

## CHAPTER 7 THE DRUG PROBLEM IN SOCIOPEdagogICAL PERSPECTIVE

### 7.1 Introduction

“In Baltimore a 25-year-old student, believing he has seen something too horrible to bear, gouges his eyes out with his own hands. Afterwards, he cannot recall what it was he thought he saw.

- In California a 15-year-old youngster, troubled by terrifying visions, seeks help at a medical centre. Back home two days later, he throws a light cord over a garage beam and hangs himself.
- In New York a 26-year-old welfare recipient stabs and kills his mother during a conversation in her kitchen, then writes on the wall: ‘I love her and didn’t mean to kill her.’ He has no memory of the grisly episode.”<sup>1</sup>

Each of these youths was under the influence of a lethal drug with the name PCP, “peace pill”, or “Angel Dust” that is viewed as the “new danger drug”. Its use and abuse leads to general disorientation, hallucinations, psychoses, violence, aggression, death and suicide. It is used by 65% of all drug users in the U.S.A. Seven million people in the U.S.A. have used this drug, and in 1977 approximately 100 persons died from it. It is viewed as even more dangerous than heroine. The average age of youths when they use this drug for the first time is 14 years. One doctor treated 38 children under the age of 8 years after using the substance. It is cheap and readily available. On American television there were regular serious announcements warning against the use of the substance.<sup>2</sup>

The misuse of medicines in our modern Western society is a serious societal evil. It has become part of the pattern of life of both old and young. When the problem of drug abuse is approached from a sociopedagogical perspective this implies that the problem will be analyzed as it exists with respect to *educands*.

The author will show how the inadequate realization of sociopedagogical essences gives rise to the problem of drug abuse by youths. Where part of the aim of educating is described as educating a child or youth to a constructive co-participation in society, the seduction of a fellow person into using drugs and also the selling of drugs certainly is one of the best examples of a destructive participation in society, and the abuse of drugs also means the destruction of one's own life.

Knowledge of this problem is of extreme importance for a parent, teacher and the personnel members of the School Psychological Help Services (school psychologists, orthopedagogues, sociopedagogues, etc.). Each educator and provider of help must be able to *identify* and must take care that he acquires knowledge and understanding of the disposition, the situation and the lifeworld of the youth user of drugs.

To show how actual the problem of drug abuse by youths currently is in R.S.A., the following are cited from a recent newspaper report:

- South Africa has at least an estimated 85,000 marijuana addicts.
- One in five White persons between 16 and 21 years, according to a study by the Human Sciences Research Council, admit that they habitually have used drugs.
- In 1978, as a result of Law No. 1 of 1971 (that of narcotics), 18,000 were found guilty in the R.S.A. On each workday 105m drug cases are heard.
- A study by the military revealed that 75 percent of all young men who had problems with drug addiction had already used drugs by 15 years of age.
- According to the South African Council for Alcoholism and Narcotics Dependency more than 75 percent of Transvaal's schools have a problem with drugs.
- Phoenix House in Johannesburg mentions that 87 percent of drug addicts treated there already began experimenting with drug use between 12 and 16 years. Ten percent of the addicts had become familiar with drugs between 16 and 18 years. The remaining 14 percent was 18 or older or between 9 and 12 years. (*Report*, 29 April, 1979).

## 7.2 Definition of concepts in connection with the drug problem

It is necessary to describe a number of concepts in connection with the problem of drugs:

\* drugs: this is any substance that brings about a psychic or physical change in a person but that can be *abused* by self-administration for unlawful purposes and that brings about a particular degree of intoxication. The name can be misleading since hallucinogenic drugs (stimulants, or “uppers”) are included that quicken the working of the brain and can even lead to delirium. Consequently, the following names also are useful:

- \*\* dependency forming drugs
  - \*\* personality altering drugs
  - \*\* conscious-changing drugs
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- drug abuse: this means that a person gets drugs in illegal ways and uses them continually and excessively for other than legal purposes.
  - drug addiction: the intoxicating state that repeated use brings about and that includes psychic and physical dependency as well as the overwhelming compulsion to continue using it.
  - drug dependency: the state that arises as a result of the repeated use of a drug that is related to psychic and physical dependency, tolerance and euphoria.
  - hallucinations: Sensory experiences of things that don't exist.
  - delusions: false notion – something that doesn't rest on real grounds.
  - euphoria: the feeling of well-being, being stimulated and satisfied that is experienced after taking the drug. This can be dangerous since it leads to a *diminished sense of responsibility*, also *social*.

- tolerance: continually greater doses are required to obtain the dependency effect. This heightened state thus requires a continually larger dosage.
- psychic dependency: the urge to continually use the drug and to have it on hand at all costs.
- physical dependency: The metabolism of the body becomes disturbed by repeatedly taking the drug and therefore the body cannot function properly if the drug is not present. Feared symptoms of abstinence arise if the drug is withdrawn.

### 7.3 The sociopedagogical meaning of drug abuse

For the drug user and abuser reality becomes faded: he withdraws himself and is not able to take his place in society. His living socially with others, his socialization, his inter-human communication, his social-societal orientation, etc. fall short; he withdraws himself socially and cannot contribute meaningfully to social life. As far as drugs are concerned, he falls into a pattern of abuse that seriously impedes his psychic, social, academic and vocational functioning. Adequate school and study achievement are out of reach of youths who abuse drugs.

The disturbing fact is that experimentation with and addiction to drugs now occurs at a younger age than ever before.

The use of drugs thwarts and obstructs youths' search for a meaningful life and society; this works disruptively and retrogressively with respect to becoming a full-fledged adult. It is a hindrance in surmounting life problems. For them it means a retarded becoming adult and independent because he makes himself independent from anything outside of himself. It is foreign to their being youths and blocks their search for identity; it deprives them of the courage to discover *himself* and accept how he is.

The time of youth is a period for searching, of experiencing and discovering, of accepting and rejecting, of conflict between the childlike and adultlike forces in youths, of conflict in connection with confusion and hypocrisy about norms and values, of tension

about unsatisfactory relationships with educators and age-mates and of an inclination to escape, curiosity and alienation. Drugs have become part of the contemporary worldwide culture of youth and for many youth part of this search. It is the tragic manifestation of the situation in which a large part of youths in the modern Western society find themselves.

The situation of distress and lack of attunement of the youthful drug user is well illustrated by the following two cases (in English). The first description is the content of a suicide note that a drug abuser left behind after his life was destroyed by drug abuse:

#### Case I

“I have used all types of drugs from hash, pot, and acid to hard stuff. It’s all a bad scene. The people who push it don’t use it because they know it’s bad stuff. All you are doing is ruining your life and letting people make money through you.

Man if you are on the stuff please – for your sake get off it. If you can’t fight it by yourself, then get help from someone. It may be rough trying to straighten yourself out, but it’s never too late. Man at least try ... you don’t know me but, I needed help and someone helped me.

If someone offers drugs, be more of a man than I was and say no. Learn from my mistakes. I don’t want anyone to go through the hell I went through and am still going through.”

#### Case II

“...I ws in the sixth grade and 10 yers old when my experience with drugs began. My first exposure was with tranquilizers and sleeping pills in the bathroom of my home. I didn’t know what they were and I really don’t know why I did it, but I took them to my room and took four of them.

In about an hour or so I got a ... I don’t know if it was physical or mental ... but I got a lift from them. I felt good. I just felt good. I felt like I could do things I could never have done before ... I had a powerful command over things. So I thought that if I felt that good, another pill would make me feel better. Anyhow, within a few days

all 20 pills were gone except two. I saved two of them and showed them to a friend of mine who said he could get me more. He said they were sleeping pills or tranquilizers. That was the beginning and I went on the search for more.”<sup>4</sup>

## 7.4 Classification, elaboration and dangers of abuse<sup>5</sup>

### 7.4.1 *Depressants of the central nervous system (depressive drugs):*

<i>Narcotics or opiates</i>	<i>Hypnotics</i>	<i>Tranquilizers</i>
Relieves pain, leads to sleepiness and a feeling of well-being, numbness	Relieves tension and leads to sleep	Calming, less anxiety
E.g., heroine, codine morphine, opium	E.G., barbituates	E.g., hydroxyzine
General dangers from abuse:	General dangers from abuse:	General dangers from abuse:
Euphoria Physical and psychic dependency Tolerance Spiritual and physical degeneration Dependency Behavior primarily directed to drug use	Euphoria Physical and psychic dependency Tolerance Lethal with overdose or use with alcohol Feelings and behaviors as if person under the influence of alcohol	Euphoria Physical and psychic dependency Tolerance Large doses can be lethal Danger the same with alcohol

### 7.4.2 *Stimulants of the central nervous system:*

They relieve depression, quell the appetite, provide a feeling of energy, promote sleeplessness, etc.

E.g., cocaine, amphetamines, the so-called “pep pill”.

General dangers from abuse:

Euphoria  
Psychic dependency  
Tolerance

Permanent spiritual deterioration, even insanity and madness  
Physical deterioration  
Vigilance and excitability  
Eliminate depression and weariness  
Violent behavior and hyperactivity

#### ***7.4.3 Psychadelics or hallucinogenic drugs:***

Changes in mental state, hallucinations, heightened self-confidence, perceptual disturbances (time, distance, vision, hearing), illusions, taken for the sake of "expanding consciousness" or a "trip".

E.g, marijuana, DMT, LSD

General dangers from abuse:

Psychic dependency  
Psychic disturbances  
Brain damage  
Heightened susceptibility to accidents  
Panic and fear  
Psychoses  
Death and suicide

#### ***7.4.4 Inhalants:***

Brings about exhilaration, excitement, hallucinations, coma and loss of consciousness

E.g., dissolved drugs, glue-types, gasoline, paint-thinner

General dangers from abuse:

Euphoria  
Psychic dependency  
Tolerance  
Damage to central nervous system, brain cells, liver, blood composition, etc.

#### ***7.4.5 Alcohol:***

The socially accepted drug

General dangers from abuse:

Euphoria

Psychic and physical dependency

Tolerance

Physical and mental deterioration

Poisoning and even death

It must be emphasized that the effect of drugs differs from person to person and even with the same person depending on circumstances.

The person-image of a typical drug dependent includes the following: the person withdraws himself socially and is asocial; his work or studies are going down hill; his appetite is poor; his psychic and physical dispositions are gradually declining; he turns desperately and often unlawfully to attempts to acquire drugs; he comes under the power of the drug peddler; male dependents commit theft and assaults; women become prostitutes; many commit suicide.

Drug abusers can be identified by the following symptoms: psychic, physical and behavioral changes; the person becomes giddy, relaxed, manic (“happy”), depressed, euphoric, or withdrawn; he can become very social and talkative, or he can cry excessively, laugh or argue; paranoid; sleep; languor, cower, fever, exceptional vigilance or passivity; slower pulse; sadness; itchy; constipation; blushing; excessive sweating, etc.

With his disposition and behavior a drug abuser is a danger to himself and to society.

## **7.5 Sociopedagogical bases for drug abuse**

The factors (sociopedagogically viewed) that give rise to drug abuse are schematically described as follows:<sup>6</sup>



*Family*

*Social-societal*

*Personal*

Family relationships  
Family completeness  
Poor example

Group pressure  
Loneliness  
Friendships

Experiments  
Seeks pleasure  
Seeks esthetic experiences  
Self-discovery  
Depression

Family conflict  
Inadequate authority

Defiance of authority  
Prosperity  
Availability

Seeks contact with dealers  
Boredom

Curiosity  
Escape tension, pressure and frustrations

Mass media  
Permissiveness  
Conflicts and problems in society

Alienation  
Anxiety  
Neuroticism

Refusal to endure  
“psychic pain”

Levin<sup>7</sup> finds in an investigation that the following holds as motivations for the dependent use of drugs::

<i>Provided reasons for use</i>	<i>Number</i>	<i>Percent</i>
Curiosity	196	43.75
Peer group’s influence, acceptance by peer group	103	22.90
Symptom alleviation of anxiety and depression	78	17.41
Pleasure, “kicks”, the experience	33	7.37
Boredom	14	3.13
Tension	7	1.56
Pseudotherapeutic (“mind expansion”)	6	1.34
Revolt against authority	2	.45
Heightened effectiveness	1	.22
Don’t know, uncertain	8	1.79
	448	100.00

In this regard, the following types of drug users can be distinguished:

*experimental drug users*

- under the influence of peers

- defiance of authority
- curiosity
- seeks new experiences

*depressive drug users*

- attempt to link up or self-defense
- loneliness
- despair
- emptiness
- feelings of inferiority

*characterological drug users:* a youth who is/was subjected to deprivation, inconsistency and rejection, and who seeks relief from the “pain of devaluation”.

## 7.6 The inadequate realization of sociopedagogical essences as leading to drug abuse

### 7.6.1 *Inadequate living together educatively:*

When educating *in* society, especially regarding living together educatively (educative relationships) and marital living together (marital relationships) are realized inadequately in the *family*, they become factors that can predispose a child and youth to use and abuse drugs. In this connection, inadequate living together educatively can assume the following forms: **parents** exemplifying inappropriate norms; educative neglect; family lability.

- *Parental exemplification of inappropriate norms:* A modern person is not allowed to experience old age, fatigue, pain, tension, alarm, sleeplessness or misfortune. For each possible complaint or misfortune there is a prescribed or advertised pill, medication or drug in the house. A modern person has a mania for using medicine for the sake of promoting his state of health rather than following a correct diet or doing physical exercise. A surplus of medicine is kept on hand for treating each situation of tension or pain. There are pain-killers, tranquillizing drugs, drugs for indigestion, drugs to stay awake, sleeping pills, energy providers, cold and cough

medicines, diet pills, bracers, and drugs that provide minerals and vitamins.

These drugs are inappropriate and are used excessively so that people often are poisoned by overdoses and land in the hospital or die. A mass person is enslaved by these drugs. This undisciplined and injudicious use of drugs (pill culture) present a dangerous example to a child who also takes his medicine with the slightest complaint and with whom the principle takes root that the use of medicines is not dangerous or harmful. In this way a child and youth later are at the mercy of drug dependency. One then is astonished that adults regard the drug abuse of youth with such shock and indignity in the midst of the fact that it is the adults and not the youths who are the greatest abusers of tranquilizers, sleeping pills, alcohol, etc. Studies have shown a close connection between the use of prescriptive drugs by parents and the abuse of non-prescriptive drugs by their children. The child is a medicine optimist—he is immersed in the view that for every feeling of disturbance there is a drug that can eliminate it.

- \* *Educative neglect:* Neglect especially of the emotional and normative educating (an authority-less, permissive educative attitude) of a child and youth can give rise to their use and abuse of drugs. If especially the father does not step up with authority and function as an adequate identification figure, he leaves the youths vulnerable. Also, in this regard, the findings of Levin<sup>8</sup> are meaningful:

\*\* nearly 60% of those examined had very good relationships with their mothers, but the relationship with their fathers was weak. I view a weak relationship with the father as one of the most important factors giving rise to drug dependency. A weak father figure who does not adequately play his role of authority and therefore does not make it possible for him to be a good identification figure, givbes rise to a weak conscience in the child that then makes him more vulnerable to drugs.

In the midst of a permissive educating a youth does not arrive at the accountability and strength of mind to deal with problems . When the consistent and reasonable setting of demands and prohibitions are not part of a child's educating, he does not develop a feeling of security and self-confidence and also not the ability to endure frustrations.

\* *Family lability:* Tension, conflict, divorce, disruption and instability in a modern, vulnerable family create situations and relationships from which a youth escapes into drug abuse.

\*\* In 50.66% of those studied there were family disturbances present in one degree or another (divorce, parents unhappily married, father or mother deceased, etc.). On the other hand, for 48% there were no family problems (according to Levin).<sup>9</sup>

### ***7.6.2 Inadequate educating to society***

If a child and youth are not adequately accompanied and controlled (in terms of norms and values) with his socialization and with his going out to social-societal reality and if he is prematurely and excessively exposed to societal influences, he easily comes under the unfavorable influencing of societal factors and social groupings that increase the possibility that he can come into contact with drugs. Neglecting *educating to society* means that he is not supported in selecting and assimilating societal influences that are related to the use of drugs. Especially if educating to the meaningful use of free time activity fails and a youth falls into emptiness, boredom and loneliness he can participate in unfavorable free time groupings and activities where there is a search for senseless enjoyment, a situation is created within which he will begin to experiment with drugs. Group pressure and influence are most intense during the time of youth and most youths are led to try drugs for the first time by an intimate friend or age-mate.

### ***7.6.3 Inadequate educative communication***

The fall from intimate educative relationships means isolation and alienation for a youth and the vacuum of the generation gap that arises in this way is filled with experiences of loneliness, attitudes of

protest and escaping from reality by youths. They handle their feelings of loneliness or attitudes of protest by escaping into drug use and it appears that youths proceed to the use and abuse of drugs for the following personal reasons: personal problems; escape from academics; search for pleasure; curiosity; for the sake of social interaction; attitude regarding the problems of society; one's own inner tensions, anxiety and threat; challenge of authority; neuroticizing.

Drug use often is paired with youths' withdrawal from society (the so-called "drop out" phenomenon). This withdrawal and the destructiveness of drug use then are for them an alternative to a constructive participation in society.

#### ***7.6.4 Inadequate influencing by society***

The modern societal masses live a "will to pleasure" rather than a "will to meaning", and the *permissive* and *pleasure-seeking* attunement of the masses favor the free use of means of pleasure. Also the availability and accessibility of drugs in a particular society are factors (compare the Netherlands and the U.S.A.). Contact inflation and loneliness, prosperity, permissiveness, neuroticizing, massification, norm crisis and societal tension are societal factors that impel youths to use drugs. Advertisements and promotions for pleasure and tranquillizers via the mass media lure the unleashed individual to use them. Excessive sensational publicity often exaggerates the problem of drug use and awakens in youths an abnormal interest in them, that then promotes experimenting with them by receptive and unstable youths who seek adventure, excitement and pleasure.

#### ***7.6.5 Inadequate social-societal orientation***

This has to do with the events of social position choice, social emancipation, the acceptance of society and acceptance by society that fails regarding youths because their educating to this is inadequate. Then a youth cannot handle his own future orientation, the massive change of society and also the problems of society and thus feels confusion and uncertainty about his position in it.

When youths seek a place *in* and acceptance *by* society and don't find it, they find acceptance and the easing of their loneliness in pedagogically undesirable groupings that *seduce* them into using drugs. In order to win or strengthen acceptance by the group and in order to find the sense and value of their own existence and of their own interpersonal relationships in the group experience, they participate in the drug activities of the group because "everyone" does it and because it is the "in thing". Often the "kick" of the drug is secondary and this primarily has to do with youths conforming to group pressure.

Regarding societal demands for achievement and efficiency (so the societal machine can turn) many disoriented youths feel that all other areas of achievement are closed to them and they reject the demand to achieve because they do not accept the existing order and question the sense of achieving in society. Then the "achievement" of drug use becomes for them an achievement-in-opposition to society - "do your own thing". In addition, they also question the sense of adults' material achievement if it cannot guarantee a meaningful and happy life.

Of youths it is demanded that they realize an "adult" disposition and behavior before they are ready, but at the same time they must pass through an elongated period of youth without really knowing what their role and position are in society. Thus, they are compelled to enter their future without cognizance of their identity and position and they feel inferior, isolated and without a position in society. They become *alienated* if they do not develop their deeper sense of existence and independence. Alienation arises in almost all drug abusers and is an important factor in their falling into drug abuse. The disruptive influence of modern society, the fact that modern persons are alienated from themselves and their fellow persons, and the realization that their existence, in the midst of prosperity, is not meaningful and in the full sense of the word *life* does not work and thus youth alienation also is at hand. Adults and youths are subjected to over-stimulation and are overwhelmed by a pressure and complexity that exceeds the ability to deal with them. They cannot assimilate the fast change and the following experiences lead to drug abuse:

- confusion, disorientation
- weariness, anxiety, tension, being irritated
- apathy and withdrawal. (Future shock” – Toffler)

### **7.6.6 *Inadequate identity acquisition***

When fundamental trust, educative communication and educative identification fail as essences of the event of identity acquisition, a youth finds himself at the impasse of a negative self-image and an existence without identity and meaning. He experiences distrust as well as the senselessness of his own life and of his unsatisfactory interpersonal relationships. He tries to fill this inner emptiness by a search for pleasure. He is a “seeker for kicks”. His search for identity (self-discovery and self-awareness), for a clarification of existence and for the meaning of life and society lead him to use drugs. He tries to escape his social alienation and identity confusion in drug use. His vacuum of existence is filled by the drug experience and he turns “inward” to find life answers and clarification of distress. He then uses drugs to compensate for his passivity, ego-weakness and lack of identity. If a youth finds answers to his questions about his own existence and about life and society and if life and society even are consciousness-expanding experiences for him he will not take refuge in drugs for the sake of consciousness-expanding experiences.

Especially because of an *inadequate religious educating* a youth does not arrive at genuine religious experiences and a Higher Purpose and Great Model of Identification are missing from his life. Then he tries by means of psychedelic drugs to realize these “religious” experiences. “Here the abuse of drugs can be viewed as an attempt to acquire religious experiences at a time when pressure, tension and the complexity of existence take on such dimensions that they are difficult to deal with. By using drugs they seek an ‘expansion of mind’ and some believe that in this way they even can get in touch with God,” according to Botha.<sup>10</sup>

## **7.7 Preventing and combating drug abuse**

Botha<sup>11</sup> presents the following guidelines for preventing and combating the use and abuse of drugs by youths:

- **Stabilizing family relationships:** It is shown that education impeding family factors and inadequate educative communication often are the grounds for drug abuse. The child and youth in such an unfavorable family situation normally are not protected against the attack of seduction regarding drugs. Family stability and adequate educating make youths resistant to this attack. The parents must be involved in the help provided the drug-addicted youth. Rehabilitation of the drug-addicted youths must be via help provided by psychiatrists and/or pastoral psychologists.
- **Consistent, strong actions must be taken against drug abusers at school:** In this way unfavorable group forming and the seduction to use drugs must be combated.
- **The establishment of pedagogically accountable intimate groupings:** Children and youths who must forego the intimate bonding of pedagogical we-ness at home generally are open to unfavorable group forming. Youth clubs/organizations can contribute to preventing and combating drug abuse because the youths in such groups can feel at home and can receive support. This can provide him with a new social perspective and attribution of [new] meaning. Healthy activities such as excursions, camping, participating in sports and group work are valuable and necessary. Boredom and loneliness must be eliminated at all costs. In these groups and activities youths must (again) be confronted with their life and social-societal responsibilities.
- **Making religiously resistant to drug abuse:** A drug abuser has not discovered the deeper sense and meaning of his own life and escapes into the temporary and harmful pleasurable experience that drugs provide him. A youth who by his belief gives sense to his life is not exposed to the experience of senselessness that characterizes the life of a drug abuser. The meaning-giving significance of belief in Jesus Christ as *personal* Saver of Sinners undoubtedly is one of the most important oppositions to falling into drug dependency.
- **Rehabilitation measures of the government:** Because of the fact that laws of the land forbid the use and sale of drugs and regulates the use of dangerous medicines also makes it possible to treat drug dependency in government controlled



centers (Law of Refuge and Rehabilitation Centers, 1971). Children who abuse drugs and who also are in need of help are protected by Child Law (1960) and are committed to a Place of Safety if recommended by a national welfare bureau. Legislation thus is a way in which society fulfills its pedagogical responsibility with respect to drug abusers. This legislation also is directed against drug sellers and their extremely destructive participation in society.

## 7.8 A contribution to “drug language”

In order to provide an expanded insight into the lifeworld of the drug user and in order to help the involved educator with his identification of the drug user, the following contribution is made of a number of words from the “language” that is used around the use and abuse of drugs:<sup>12</sup>

bag – a small packet of drugs  
bagman – the seller of drugs or “drug pusher”  
bang – an injection of narcotics  
bean – a capsule  
bennies – benzedrine tablets  
blast party – a group fo drug users who smoke together  
boy – heroine  
bread – money for drugs  
busted – arrested for drug possession  
C – cocaine  
cold turkey – sudden withdrawal without medications  
connect – buy drugs  
cook up a pill – smoke opium  
dynamite – strong narcotic  
fix – an injection  
fly – take a narcotic  
grass – raw marijuana  
happy dust – cocaine  
high – under the influence of drugs  
hooked – addicted  
joy pop – inject drugs occasionally  
junkie – a drug user  
kick – break off from drugs

main liner – an addict who injects the drug directly  
off – doesn't use drugs anymore  
pad – drug users place of residence  
pop – an injection  
pure – pure drugs of a high quality  
shooting gallery – place where addicts gather to use drugs  
shot – an injection  
sniffing – sniffing drugs through the nose  
speedball – a mixture of heroine and cocaine  
stuff – drugs  
tea – marijuana  
vic – victim of a strong dose  
weed-head – addict.

## References

- <sup>1</sup>As cited in: *The Reader's Digest*, November, 1978, p. 152.  
<sup>2</sup>Op cit., pp. 152-156.  
<sup>3</sup>See: (i) *Dwelmmidelmisbruik en die gebruik en misgebruik van medisyn*. Brochure of the Department of Health, R.S.A.  
(ii) Hendrik, I. G. and Jones, R. L.: *Student dissent in the schools*, Boston, 1972, pp. 88-120. (iii) Botha, T. R.: *Die sosiale lewe van die kind in opvoeding*, op cit., pp. 124-125.  
<sup>4</sup>Hendrik, I. G. and Jones, R. L.: op ccit., pp. 90 and 91.  
<sup>5</sup>See: Above mentioned Brochure of the Department of Health.  
<sup>6</sup>See: (i) Botha, T. R.: op cit., p. 128. (ii) Hendrik, I. G. and Jones, R. L.: op cit., p. 126.  
<sup>7</sup>Levin, A.: "Die dwelmmiddelafhanklike in psigologiese perspektief", in: *Nou-Blad*, August 1976, Vol. 7 (2), p. 89.  
<sup>8</sup>Levin, A.: op cit., p. 92.  
<sup>9</sup>Ibid.  
<sup>10</sup>Botha, T. R.: op cit., p. 133.  
<sup>11</sup>Botha, T. R.: op cit., pp. 133-135.  
<sup>12</sup>Hendrik, I. G. and Jones, R. L.: op cit., pp. 118-120.