

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.”¹

Each of these youth 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 youth 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.²

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 with respect to *educands*.

The author shows how the inadequate realization of sociopedagogical essences gives rise to the problem of drug abuse by youth. Where part of the aim of educating is educating a child or youth to a constructive co-participation in society, the seduction of a fellow person into using drugs and also selling drugs 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 take care that he/she 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 youth 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, because 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 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 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

Several concepts related to the problem of drugs re described:

* drugs: this is any substance which brings about a psychic or physical change in a person, but which can be *abused* by self-administration for unlawful purposes and which brings about a degree of intoxication. The name can be misleading since hallucinogenic drugs (stimulants, or “uppers”) are included which 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 which repeated use brings about, and which includes psychic and physical dependency, as well as the overwhelming compulsion to continue using it.
 - drug dependency: the state which arises from the repeated use of a drug related to psychic and physical dependency, tolerance and euphoria.
 - hallucinations: Sensory experiences of things which don't exist.
 - delusions: false notion – something which doesn't rest on real grounds.
 - euphoria: the feeling of well-being, being stimulated and satisfied which is experienced after taking the drug. This can be dangerous since it leads to a *diminished sense of responsibility*.

- 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 the body cannot function properly if the drug is not present. Fear 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/she withdraws him/herself and is not able to take his/her place in society. His/her living socially with others, socialization, interhuman communication, social-societal orientation, etc. fall short; he/she withdraws him/herself socially, and cannot contribute meaningfully to social life. As far as drugs are concerned, he/she falls into a pattern of abuse which seriously impedes his/her psychic, social, academic and vocational functioning. Adequate school and study achievement are out of reach of youth who abuse drugs.

The disturbing fact is that experimentation with and addiction to drugs now occur 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/she makes him/herself independent from anything outside of him/herself. It is foreign to their being youths and blocks their search for identity; it deprives him/her of the courage to discover *him/herself* and accept how he/she 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 them, of conflict in connection with confusion and hypocrisy about norms and values, of tension about unsatisfactory relationships with educators and agemates and of an inclination to escape, curiosity and alienation. Drugs have become part of the contemporary worldwide culture of youth, and for many, part of this search. It is the tragic manifestation of the situation in which a large part of youth 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 which 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 was in the sixth grade and 10 years 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.”⁴

7.4 Classification, elaboration and dangers of abuse⁵

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 same with 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 dependency Tolerance Large doses can Danger the 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 “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 him/herself socially and is asocial; his/her work or studies are going down hill; his/her appetite is poor; his/her psychic and physical dispositions are gradually declining; he/dhe turns desperately and often unlawfully to attempts to acquire drugs; he/she 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 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/her disposition and behavior, a drug abuser is a danger to him/herself and to society.

7.5 Sociopedagogical bases for drug abuse

The factors (sociopedagogically viewed) which give rise to drug abuse are schematically described as follows:⁶

Family

Family relationships
Family completeness
Poor example

Family conflict
Inadequate authority

Social-societal

Group pressure
Loneliness
Friendships

Defiance of authority
Prosperity
Availability

Seeks contact with dealers
Boredom

Mass media
Permissiveness
Conflicts and problems in society

Personal

Experiments
Seeks pleasure
Seeks esthetic experiences
Self-discovery
Depression

Curiosity
Escape tension, pressure and frustrations
Alienation
Anxiety
Neuroticism

Refusal to endure
“psychic pain”

Levin⁷ 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 which 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/her state of health rather than following a healthy diet or doing physical exercise. A surplus of medicine is kept on hand for treating each situation of tension or pain. There are painkillers, tranquillizing drugs, drugs for indigestion, drugs to stay awake, sleeping pills, energy providers, cold and cough medicines, diet pills, bracers, and drugs which 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/her 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 when adults

regard the drug abuse of youth with such shock and indignity even though it is the adults and not the youth who are the greatest abusers of tranquillizers, sleeping pills, alcohol, etc. Studies have shown a close connection between

the use of prescriptive drugs by parents and the abuse of nonprescriptive drugs by their children. The child is a medicine optimist—he/she is immersed in the view that for every feeling of disturbance there is a drug which 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 youth vulnerable. Also, in this regard, the findings of Levin⁸ 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, gives rise to a weak conscience in the child which then makes him/her more vulnerable to drugs.

In permissive educating, a youth does not become accountable and have the 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/she 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).⁹

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/her socialization and with his/her going out to social-societal reality, and if he/she is prematurely and excessively exposed to societal influences, he/she easily comes under the unfavorable influencing of societal factors and social groupings, which increase the possibility that he/she encounters drugs. Neglecting *educating to society* means that he/she is not supported in selecting and assimilating societal influences which 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/she can participate in unfavorable free time groupings and activities where there is a search for senseless enjoyment, a situation is created within which he/she will begin to experiment with drugs. Group pressure and influence are most intense during the time of youth, and most youth are led to try drugs for the first time by an intimate friend or agemate.

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 which arises in this way is filled with experiences of loneliness, attitudes of protest and escaping from reality. They handle their feelings of loneliness or attitudes of protest by escaping into drug use, and it appears that they 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 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 which impel youth to use drugs. Advertisements and promotions for pleasure and tranquilizers via the mass media lure the unleashed individual to use them. Excessive sensational publicity often exaggerates the problem of drug use and awakens in youth an abnormal interest in them which then promotes experimenting with them by receptive and unstable youth who seek adventure, excitement and pleasure.

7.6.5 Inadequate social-societal orientation

This has to do with the events of choice of social position, social emancipation, the acceptance of society and acceptance by society which fail youth because their educating to this is inadequate. Then, a youth cannot handle his/her own future orientation, the massive change of society and the problems of society and, thus, he/she feels confusion and uncertainty about his/her position in it. When youth 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 which *seduce* them into using drugs. To win or strengthen acceptance by the group, and 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 youth conforming to group pressure.

Regarding societal demands for achievement and efficiency (so the societal machine can turn), many disoriented youth 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 youth, 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 prosperity, is not meaningful, and *life* does not work and, thus, youth alienation also is at hand. Adults and youth are subjected to overstimulation and are overwhelmed by a pressure and complexity which exceeds their 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 him/herself at the impasse of a negative self-image and an existence without identity and meaning. He/she experiences distrust as well as the senselessness of his/her own life and of his/her unsatisfactory interpersonal relationships. He/she tries to fill this inner emptiness by a search for pleasure. He/she is a “seeker for kicks”. His/her search for identity (self-discovery and

self-awareness), for a clarification of existence and for the meaning of life and of society lead him/her to use drugs. He/she tries to escape his/her social alienation and identity confusion in drug use. His/her vacuum of existence is filled by the drug experience, and he/she turns “inward” to find life answers and clarification of distress. He/she then uses drugs to compensate for his/her passivity, ego-weakness and lack of identity. If a youth finds answers to his/her questions about his/her own existence and about life and society, and if life and society even are consciousness-expanding experiences for him/her, he/she 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/her life. Then, he/she 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. In 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.¹⁰

7.7 Preventing and combating drug abuse

Botha¹¹ presents the following guidelines for preventing and combating the use and abuse of drugs by youth:

- **Stabilizing family relationships:** It is shown that educative 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 youth resistant to this attack. The parents must be involved in the help provided the drug-addicted youth. Rehabilitation of drug-addicted youth 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 youth 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 youth in such groups can feel at home and can receive support. This can provide him/her 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, youth must (again) be confronted with their life and social-societal responsibilities.
- [Making youth religiously resistant to drug abuse: A drug abuser has not discovered the deeper sense and meaning of his/her own life and escapes into the temporary and harmful pleasurable experience which drugs provide him/her. A youth who, by his/her belief, gives sense to his/her life is not exposed to the experience of senselessness which 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 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 need 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”

To provide an expanded insight into the lifeworld of the drug user, and to help the involved educator with his/her identification of the drug user, the following contribution is made of a terms from the “language” used concerning the use and abuse of drugs:¹²

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 for 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

- ¹As cited in: *The Reader's Digest*, November, 1978, p. 152.
- ²Op cit., pp. 152-156.
- ³See: (i) *Dwelmiddel misbruik en die gebruik en misgebruik van medisyne*. 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.
- ⁴Hendrik, I. G. and Jones, R. L.: op cit., pp. 90 and 91.
- ⁵See: Above mentioned Brochure of the Department of Health.
- ⁶See: (i) Botha, T. R.: op cit., p. 128. (ii) Hendrik, I. G. and Jones, R. L.: op cit., p. 126.
- ⁷Levin, A.: "Die dwelmiddelafhanklike in psigologiese perspektief", in: *Nou-Blad*, August 1976, Vol. 7 (2), p. 89.
- ⁸Levin, A.: op cit., p. 92.
- ⁹Ibid.
- ¹⁰Botha, T. R.: op cit., p. 133.
- ¹¹Botha, T. R.: op cit., pp. 133-135.
- ¹²Hendrik, I. G. and Jones, R. L.: op cit., pp. 118-120.