

UNIVERSITY OF DURBAN
AN INVESTIGATION INTO DRUG USE AMONGST PUPILS
IN SELECTED INDIAN HIGH SCHOOLS IN THE DURBAN
MUNICIPAL AREA

BY

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ABSTRACT

This is a thesis on drug use among Indian high school pupils in the Durban municipal area. This study was undertaken because of the high incidence of drug use reported among Indian youth, and because of the paucity of factual information and research on the subject, in South Africa.

The objectives of this investigation were to obtain scientific and objective information on the dynamics and causal factors associated with the use of drugs. The findings were compared to those of existing studies.

The sample comprised of 128 drug users and 128 non-users, selected from ten Indian secondary schools in the Durban municipal area. The data from drug-users and non-users was obtained through the use of a confidential questionnaire. School guidance counsellors assisted with the administration and distribution of the questionnaires.

In this investigation the researcher compared the biographical details of both drug users and non-users. It was concluded that drug users and non-users came from divergent socio-economic backgrounds, although drug users tended to be more represented among the lower socio-economic group.

In this investigation it was established that male pupils showed more preference for the use of drugs than female pupils, and the average age of the drug users appeared to be between 15-17 years.

Although unfavourable family background was slightly more prevalent among the drug users, they did not account completely for significantly more drug use, since non-users who suffered from the same plight of unfavourable home background, did not resort to the use of drugs.

Drugs that were most commonly used by respondents in this survey included dagga, inhalants, Mandrax and codeine. It also appeared that the influence of the peer group contributed significantly to most of the pupils initiation into drug use.

It was also reported that most of the drug users indicated that they had received some information on the negative aspects of drug-taking from teachers, parents and law enforcement officials, however, some of the pupils felt that the information they received, did not really influence their behaviour and attitudes to drugs.

It is hoped that the findings of the present study will be of benefit to all concerned individuals, and that it will stimulate greater awareness and responsiveness to the problem of drug use, and the inherent problems with regard to the management thereof.

CHAPTER ONE1. INTRODUCTION

The use of drugs is not only a complex problem in itself; it is a symptom of much larger problems facing our society. One thing certain about drug use is its rapid increase - nationally and locally. Drug swallowing, drug injecting, and drug sniffing have become so common that some authorities are viewing the situation as critical.

The real tragedy of the drug scene is that many of the lives being wrecked are young lives - teenagers who still have their whole future before them.

Since time immemorial people have used chemical substances for relief from cold, hunger, deprivation, anxiety, boredom and for numerous other reasons. For some people the use of drugs has become part of their daily lives and in some cases the indulgence in, and preoccupation with drugs may eventually interfere with their physical, psychic and social well-being, and with the normal functioning of the society in which they live.

In the opinion of Van der Burgh (1976:3) "...the social taboos attached to the use of drugs were once powerful enough to protect Western societies against the destructive action of these drugs when used, and in the past twenty

years increasing social acceptance of drugs has been associated with a major epidemic of drugs at all levels of society". In taking stock of the situation, it has been observed that the use of chemical substances purely for recreational purposes is increasing significantly throughout the world.

According to Nowlis (1971:2), "...the substance abused depended upon the changes people desired and their perception of the effects of available substances". Another popular explanation for drug use is that fashion and ^{personal} modish behaviour have also frequently influenced some people to engage in such behaviour.

A common generalization is that we live in a society in which most people regularly use drugs or substances containing drugs for medication or recreation, but there are also some individuals who, for a variety of reasons abuse drugs, thereby creating problems for themselves as well as for society.

In recent years, many of the problems of drug use have attracted the attention of the public and caused national as well as international concern. The closer we look, the wider are its ramifications: we begin to discover appalling statistics about deaths, suicides and an epidemic of drug overdose among young people. One can scarcely page through

daily newspapers or popular youth magazines and not come across an article describing the growing social problem of drug use among young people.

The problem of drug use among the youth now deserves urgent attention. Public outcry and horrific vivid impressions must be replaced by calm, logical and scientific assessment of the facts, so as to enable all concerned to understand the situation, to gain useful insight into its background and ultimately, to participate in the treatment and prevention of this problem, and in this way bring about hope for the future.

The topic needs to be studied soberly and carefully. It should be recognised that when the subject of drug use is being investigated, it can easily be shown that very commonly our ideas of what drug use is all about have to do with half-truths and myths. Despite the widespread interest in the problem of drug use, many researchers agree that not enough systematic knowledge has been accumulated in respect of this area of behaviour, especially in South Africa.

In the opinion of Lavenhar (1973:807), "... even when statistical data on illicit drug use are available, there is a tendency to misuse, misunderstand and misinterpret the data". Although there is evidence concerning the chemical, pharmacological, medical and psychological explanations of drug use, little is known about the incidence and prevalence

of current drug use in any specific place, especially the problem of drug use among the Indian school-going youth in particular.

The main objective of this research is to obtain reliable and valid data and to review and analyze the data scientifically, in order to obtain a clear insight into, and a perspective of the drug problem in Indian high schools.

The problem of drug use is a complex subject involving medical, psychological, and social factors to mention but a few. Therefore to ignore any of these factors is to shirk the proper consideration of an important social problem. Every effort must be made to educate the youth, parents and teachers about the extent of the problem, and about the dangers associated with experimenting, in order to bring about both treatment and prevention of this modern but dangerous scourge.

1.1 BACKGROUND TO THE STUDY

The widespread misuse of mind-altering substances for other than prescribed medical reasons, especially among the school-going youth, is one of the more obstinate problems

facing society. Many authorities on the subject of drug use have constantly argued that the problem has now reached epidemic proportions.

Ford (1983:1) maintains that irrespective of the substance (alcohol, marijuana or inhalants), more and more youth are 'getting high'. However it is necessary to point out that despite the availability of literature on the drug problem and the numerous efforts taken to combat this unnecessary evil, the drug problem stubbornly persists.

Parents and responsible officials are both alarmed and puzzled by the apparent desire for mind-altering substances by significant numbers of high school youth, who continue to experiment with drugs despite the dangers that prevail. The youth are causing themselves untold physical and psychological damage on a large scale, by using drugs and other concoctions for other than prescribed medical uses.

Criminologists like Cronje et. al. (1976:226) are of the opinion that the increase in the rate of drug use (especially amongst the youth) is due to our, "... hectic, industrialized, technological society". The advancements in and modernization of society has had an overwhelming influence on the youth, especially as regards their experimenting with, and 'indulgence' in drugs.

According to Willis (1973:3), "... national and international concern centres around self-intoxication by means of a wide variety of drugs on the part of an expanding and apparently increasing youthful population". This has now become a cause for much concern in today's society.

From the available literature on the subject it would seem as though drug use occurs mainly in Western societies, but it is in the United States of America in particular that this problem has become a major social and political issue. Van der Walt and Cronje (1976:227) confirm this by concluding that, "... drugs in their rich variety, divergent manifestations and destructive consequences are increasing ominously in many countries around the world, including South Africa".

Amod (1985:10) contends that despite the widespread increase in the problem of drug use in Western society, it is still a fairly recent problem amongst the South African Indian youth. However, media reports indicate that the problem of drug use now appears to be reaching disconcerting proportions and it is now considered to be a major social problem within the Indian community.

In view of the scarcity of systematic information that has been accumulated on this subject of drug use in South Africa, it was deemed necessary to briefly review some of the research findings that were conducted in the United

States of America. The reason for this brief review is to try and establish its relevance for, and understanding of the Indian high school pupil's drug using patterns.

The researcher wishes to point out that a large number of the variables that have been identified in these American studies will also be tested in the present study.

An important study on drug use was conducted by Lawrence and Velleman (1974:129) who surveyed a student population of a suburban high school in Ohio State. The main hypotheses of their study were to measure the relationship between the pupil's drug use on the one hand, and parental drinking, cigarette smoking, pill-taking habits, parent's marital status, peer pressure and academic achievement.

The results of the study clearly indicated the following:

- 1) legal parent drug use such as smoking, drinking and pill-taking is strongly correlated with the students' illegal drug use,
- 2) marital status of parents is also related to student drug use,
- 3) student's choice of friends and peers were established along drug related lines,
- 4) drug users tend to achieve below their potential at school.

Lombillo and Hain (1972:189) also conducted a questionnaire survey on drug use among a high school population in South Western Florida and their findings were inter alia:

- 1) Twenty four percent (24%) of the students in their sample has used an illegal drug at least once.
- 2) Certain types of drugs are used more often than others.
- 3) Boys and girls differ in the types of drugs they use.
- 4) Marijuana was the most heavily used drug, this followed by glue-sniffing and opiates.

Frenkel and Robinson (1974:182) in their study among high school pupils attempted to differentiate the user from the non-user in terms of demographic characteristics inter alia; age, family composition, sex and attitudes towards drugs. From this study they concluded that with regard to demographic characteristics, drug users were:

- 1) Disproportionately found among boys than among girls.
- 2) Adolescents who do not live with both parents or whose parents consume alcohol, use drugs more often.
- 3) Drug users and non-users differed since a greater proportion of drug users came from homes where both parents were not living together and had more unsatisfactory relationships with their parents.
- 4) The mean age for the onset of drug use was twelve years old.

Blumensfield, Reister et. al. (1972:258) had also arrived at similar findings with regard to the possible reasons for drug use among high school pupils. Their findings were as follows:

- 1) Pupils who admitted to use of drugs described an overall poorer relationship with their family members than non-users.
- 2) Those who use drugs indicated that they felt that the 'system' goes against them and tends to be overrestrictive.
- 3) Those who use drugs were more involved in law-breaking (which included drug use itself), stealing, truancy, incorrigibility and early sexual experiences, as compared to non-users.
- 4) Marijuana accounted for the highest proportion of those students who admitted to the use of drugs.

Adler and Lotecka's (1973:537) study has also clearly highlighted the problem of drug use among school-going pupils. Some of the more significant conclusions included the following:

- 1) Drug use is part of the 'teen scene'.
- 2) Adolescents take drugs because their friends do.
- 3) Adolescents take drugs because their parents do, though they may not use the same drugs.
- 4) Adolescents who take drugs are emotionally disturbed.

- 5) Adolescents take drugs because their home lives are unsatisfactory.
- 6) Adolescents take drugs when they become alienated from society or cannot cope with the demands of the society.

Galli's (1974:246) investigation into patterns of student drug use attempted to focus on the various sociological and demographic characteristics of the group. He found that:

- 1) The rate of school absenteeism increased with increased drug use.
- 2) For most drugs, usage among males was significantly greater.
- 3) There was an inverse relationship between academic success and drug use.
- 4) There was no relationship between father's occupation and child drug use.

From the above studies, it would appear that drug use is also a serious problem among the American school-going population. These fundamental precipitators of drug use will also be considered as explanations of drug use as it exists amongst the Indian high school pupils in South Africa.

1.2 SOUTH AFRICAN STUDIES PERTAINING TO DRUG USE

The recognition of drug use among the Indian community in South Africa is a relatively recent phenomenon which needs to go a long way before any solutions are found. During the past decade the problem of drug use amongst the Indian high school population has increased dramatically and this has gained the attention of educationalists, social workers, parents and concerned members of the community.

The problem of drug use especially in Indian high schools has been the focus of numerous newspaper reports. In an article entitled "Mandrax Menace Looms" (1986:4), it was stated that, "... there has been a sharp increase in drug abuse among Durban Indians". In the same article the Minister of Law and Order revealed statistics which indicated that Chatsworth (one of the largest Indian suburbs in Durban), had the highest incidence of drug possession cases in Natal.

Quoted in the same newspaper report, the assistant director of the South African National Council on Alcohol and Drug Dependence mentioned that, "... we've noted a marked increase and the biggest problems are dagga and Mandrax, and furthermore the problem cuts across all classes of the Indian community".

The former Minister of Health Services and Welfare in the House of Delegates, Dr. M.S. Padayachee, has also acknowledged this point when he stated that drug use in Indian schools has reached 'epidemic' proportions. He also stated that use of drugs by school children will 'skyrocket' if immediate steps were not taken to stamp out this problem. According to another article, (Sunday Times Extra, January 19, (1986) it was stated that the drugs commonly used were dagga, Mandrax, glue-sniffing and the inhaling of benzine, petrol and methylated spirits.

In another article entitled, "Drugs: Startling Facts are Revealed", the problem of drug abuse among Indian school pupils was reiterated (Post Natal, February 27, 1988). A point which was further emphasized in the same article was that many children became 'hooked' on drugs after 'pushers' gave them a free taste.

"Violent Attacks Mar End of School" (Post Natal, December 14, 1987) was another article which echoed the increasing drug problem in Indian schools, where teachers have complained about the alarming rate of alcohol and drug abuse. Teachers have also voiced their concern at the number of pupils coming to school either drugged or drunk.

From the above it would appear that in the Indian community, the problem of drug use among school pupils now appears to be acute and deserves urgent attention. "The problem of drug



use has been the focus of numerous researchers, but little attention has been given to the problem in Indian schools in particular". This is the opinion of Padayachee (1981:13) who conducted a study into deviant behaviour in selected Indian high schools in Durban. According to her findings the frequency and incidence of drug use, especially in Indian schools has caused great concern among the Indian community.

It was also noted in her findings that although the problem has been given a great deal of attention by the media, welfare and community organizations over the recent years, no conclusive research has been undertaken into this specific problem.

It is worth noting that the Indian adolescent is growing up in a constantly changing social environment. Adolescents are at a critical stage of development where the transition is being made from teenager to adult. Coleman (1986:47) states that, "... they are faced with many psychosocial and psychosexual challenges and conflicts, for example, a search for identity, need for peer group approval and coming to terms with the so-called 'generation gap'.

At a conference hosted by the Regional Welfare Board for Natal, Transvaal and the Cape, Dr. Chris Soobiah (1988), principal at an Indian secondary school and Executive Member of the Regional Welfare Board emphasized that, "... possible motivators for drug use were for example, curiosity,

boredom, pleasure and self-identity problems... furthermore, the youth also engage in the use of drugs for personal gratification either to alleviate the misery that is forced on them through social conditions, or when by accident, they find that a drug or any other chemical substance makes them 'feel good'".

Bensusan (1971:viii) expounds a similar view when he maintains that the main cause of drug use is, "... rejection of the individual and this manifests itself in aggression, self-hatred and other negative attributes which in turn find expression in violence, drug peddling and crime". If we are able to meet these demands then at least we can entertain hopes of preventing the escalating problem of drug use among the youth.

Ford (1982:216) maintains that, "... during the phase of adolescence the individual undergoes a number of biological and psychological changes, and when drugs are taken they can have devastating consequences for the individual concerned and this could herald the beginning of a pattern of behaviour that may become a primary coping mechanism".

The research literature indicates that the drug use phenomenon is a complex one and several factors need to be considered when analyzing the motivations for its continued use among young people. However, more empirical studies are required to determine variables that are related to future

drug use, so that the major focus could be preventative rather than punitive or therapeutic. Moreover, hardly any documentary evidence exists on the problem of drug use among Indian high school pupils.

In view of this dearth of information, the researcher has undertaken the present study.

1.3 HISTORICAL OVERVIEW OF DRUG USE

For centuries people have sought relief for various physical and psychological discomforts through whatever substances that have been available to them in their natural environment. In most instances these were plants which contained a variety of substances which were only discovered long after their use was established. However their effects were discovered purely by trial and error.

According to Jones (1979:5), "... at first they were used by societies as part of religious healing ceremonies and for other rituals, and more emphasis was placed on prayers, incantations and charms than on the specific drugs used. Eventually certain drugs proved to be effective and their powers became highly guarded secrets known only to the people who governed their use. However it was not until the

nineteenth century that scientists began to discover precisely what chemicals were contained in these drugs, and what effects individuals drugs may have had".

McGrath (1970:1) states that, "... the earliest traces of mind-altering drugs, especially opium go back to the days of the Assyrians, Sumerians and Egyptians. He also noted that the Greeks also left written evidence that the opium poppy was known and used before the birth of Christ".

Willis (1973:38) noted that, "... the danger of users becoming dependent on opium was actually recognized by the ancient Romans, who referred to the hazards of chronic opium-taking and the ill-effects suffered by the taker when the person was deprived of it".

Another popular belief was that the practice of smoking opium for pleasure first appeared in the Far East and historians have frequently assumed that opium was first brought to India in the eight century by Arab merchants.

Du Toit (1977:239) argues that the historical use of cannabis can be traced back to the various rituals and ceremonies performed by the ancient Hindus in India. According to Du Toit (1977:240), "... cannabis use is chiefly associated with the worship of Siva, the great God of the Hindu trinity, that the hemp plant and perhaps more especially 'ganja' is associated. The hemp plant is

popularly believed to have been a great favourite of Siva and it was extensively used in the exercise of religious practices connected with this form of worship".

Furthermore many religious ascetics who are regarded with great admiration and respect by the people at large, believed that the hemp plant is a special attribute of the God Siva. These ascetics also used cannabis to overcome hunger, as well as an in meditation. Another interesting observation that was outlined by Du Toit (1977:241) was that, "... high caste Hindus for whom alcohol was taboo, were allowed 'bhang' or cannabis during religious ceremonies".

The historical use of drugs merits a much more comprehensive discussion but for the purposes of the present research, it was deemed necessary to look at it very briefly. It becomes clear from the above discussion that use of various drugs have been sanctioned and has become acceptable in many societies, as part of the religious ceremonies especially among the ancient Hindus.

However, contemporary society, which is technologically advanced and highly industrialized, has given rise to the identification and development of more powerful and addictive substances. These substances are now being used

purely for their euphoric and mind-altering effects rather than for medical purposes, and this now poses a serious problem in today's society.

1.4 TYPES OF DRUGS AND THEIR EFFECTS

Today, we live in what can be called a 'drug-taking culture'. In other words, taking drugs is a common aspect of our everyday lives. Whenever we have a headache, or feel sick or tired, or have eaten indiscriminately, we are persuaded or consoled by the fact that somewhere, there is a tablet or some other form of medication that will bring us immediate relief.

Unfortunately, there is a section of the population that uses these medicinal preparations to deliberately bring about an artificial or altered state of mind.

It is important to note that one of the most dangerous assumptions made about the effects of drugs, is that the effects frequently described in certain cases will necessarily be the same in all other cases. In fact the effects may differ considerably from person to person.

Willis (1973:17) states that if one has to take into account the effects of a drug on the mental state and behaviour of a person, one must include, "... a careful contemporary

evaluation of that person, the setting in which the individual took the drug, and his expectations of its effects". A common conclusion is that the effects of drugs differ considerably from person to person, depending on different circumstances surrounding the intake of such a drug.

Despite these limitations, the researcher is of the opinion that it is necessary to classify drugs into different types, if we wish to have a better understanding of the problem. One should bear in mind that drugs may be classified as legal or illegal. Legal drugs refer to those that may be bought in two ways: over-the-counter or by prescription.

A person may buy drugs such as (alcohol, tobacco, aspirin, cough mixture) whenever desired, at a chemist or supermarket by simply paying over-the-counter. Similarly a person may also acquire legal drugs such as 'pep-pills', sleeping tablets and tranquilizers for treatment, relief or even to cure some personal ailment, through a prescription that can be obtained from a medical practitioner.

Illegal drugs for example dagga, Mandrax, opium, LSD and so forth are prohibited by law and are not available for either recreational or commercial purposes.

If a person is found dealing or in possession of such prohibited substances, he or she can be convicted of a criminal offence in terms of the Abuse of Dependence Producing Substances and Rehabilitations Centres Act (41 of 1971).

The researcher wishes to point out at the outset that in view of the technical nature and description of the different types of drugs and their effects, much of the information that follows is accredited to Dr Silvan de Miranda (1987:10) and Adele Searle (1989:17), both of whom are renowned experts on the subject of drug and alcohol abuse in Southern Africa.

Dr de Miranda (1987:10) points out that in order to arrive at the best classification of the different types of drugs, one should take into account the main effects the drug has on the central nervous system. Thus by determining the effects of the drug on the brain, drugs can be categorized into one of the following three groups namely:

- 1) Drugs which depress the important functions of the central nervous system.
- 2) Drugs which stimulate or excite the important functions of the central nervous system.
- 3) Drugs which distort the important functions of the central nervous system by causing hallucinations.

1.5.1 Stimulant Drugs

Drugs that are classified as stimulants produce excitement, wakefulness and energy and enable the user to feel wide awake and go without sleep for long hours. They can also relieve mild depression and have also known to act as an appetite suppressant.

There are many mild, socially accepted stimulants which are not often thought of as drugs. Drinks such as coffee, tea and even the popular soft drink, Coca Cola, contains caffeine which, when induced into the bloodstream, has a stimulant action. Nicotine, which is a natural substance isolated from the tobacco plant, is also a stimulant.

It appears that the most widely used stimulant drugs especially among the youth are the amphetamines, which may also be known by street name such as 'wake-up', 'speed', 'uppers', and also by various colloquial names.

1.5.1.1 Effects of amphetamines

According to Edison, (1971:605) the amphetamines are the most dangerous of the currently used drugs that are capable of affecting mental ability. "They also cause psychological dependence and physical dependence to the user. The common

effects include excitement, restlessness and an inability to fall asleep, which causes the individual to feel cheerful and talkative".

It has been noted that despite their extensive medical use, they are minimally effective in most of the conditions for which they are prescribed. Bensusan (1971:21) points out that, "... amphetamines are not considered as addictive drugs when administered in normal amounts, but when used in excess, addiction and abuse can easily result".

1.5.1.2 'Pep-pills' ('keep awake tablets')

'Pep-pills' or 'keep awake tablets' is one type of amphetamine that is commonly used by the youth for a variety of reasons. They are easily available and provide a ready relief for the passive youth because it boosts their confidence and self-image.

Baron (1978:89) lists other common reasons for the use of 'pep-pills' which include inter alia, "... low self-esteem, peer pressure, hopelessness, shyness, camouflage of inadequacies, lack of goals, aimlessness, etc."

1.5.1.3 Slimming pills

Amphetamines are sometimes used for slimming purposes because they produce extra energy so that less food is needed, while also curbing appetite temporarily. Because these slimming pills have a specific appetite suppressant effect, the desire for food is lost and hunger pains do not develop.

Persons (especially young females) who have been introduced to amphetamines for slimming purposes, sometimes take it upon themselves to increase the dosage to obtain a greater and quicker effect. Bachman et. al. (1978:27) contend that, "... such indiscriminate use of slimming pills has been responsible for many tragedies, especially among the youth".

1.5.1.4 Cocaine

Searle (1989:73) and de Miranda (1987:32) believe that cocaine has the most powerful stimulant effect on the central nervous system. Cocaine which has street names such as ('snow', 'dust', 'coke', 'crack') is available in the form of a white crystalline powder. This powerful stimulant drug is obtained from the leaves of the cocoa tree or bush known as erythroxyton cocoa.

Cocaine has a powerful local anaesthetic effect and for this reason it has been widely used in dentistry. Apart from its local anaesthetic action, it has no other known medical uses. "When cocaine is induced into the body by injection or inhalation for non-medical purposes, the effects include euphoria, overalertness and hyperstimulation. Generally users of cocaine are psychologically dependent on it, but there are usually no withdrawal symptoms when the individual is deprived of it" (Searle, 1989:78).

1.5.1.5 "Crack"

"Crack" is a cheap and deadly form of cocaine. It is made in illegal laboratories by treating the crude cocaine base with chemicals. Unlike cocaine which is usually sniffed, "crack" is smoked in pipes.

Searle (1989:80) states that, "... once the smoke is inhaled, the drug is immediately absorbed into the bloodstream and reaches the brain within four to seven seconds". The name "crack" is derived from the crackling noise the pellets make when they are lit.

Searle (1989:80) contends that "crack" has apparently not yet made a significant appearance in South Africa. However, experts believe that the drug is the inevitable sequel to

cocaine, and unless preventative steps are taken, "crack" could be freely available in this country within the next few years.

1.5.2 Depressants

Drugs that depress the central nervous system also form another broad category of drugs that are commonly used by the youth. Depressant drugs calm the individual and also send one off to sleep. They are widely prescribed to treat stress, anxiety, mental disorders and sleeplessness.

Stockley (1986:60) states that the medical use itself has produced a serious dependence problem, and they have also been used at street level, where they are known as 'downers' or 'sleepers'.

According to de Miranda (1987:11-28) "... the effects of depressants include shallow breathing, slowing of pulses and heart rates, drowsiness, slurring of speech and the lack of muscular co-ordination. These drugs, when abused, invariably cause tolerance and hence severe withdrawal symptoms may be encountered.

The most commonly used depressants, especially among the youth include chemical substances whose effects can be classified as narcotic, hypnotic, tranquilizers, inhalants and anaesthetics".

1.5.2.1 Narcotics

1.5.2.1.1. Opium

Opium is an example of a commonly used narcotic drug. It is derived from the oriental poppy plant known as *papaver somniferum*. Opium is derived from the unripe seed capsules of the plant. Because of its powerful pain-relieving effect, it has been prescribed by doctors for the relief of pain. The non-medical uses include, the creation of an unnatural elated feeling, to eliminate worries and sometimes to produce euphoria.

1.5.2.1.2 Morphine

Morphine is the main derivative of opium. It is produced by the chemical refinement of opium. It is easily distinguished by its pure white, light brown, or off-white colour and it may be in the form of a cube, capsule, powder or solution.

Jones (1979:68)) maintains that, "... because morphine is about ten times stronger than opium, its addictive effects on the user are very strong and remarkably quick".

Morphine is usually administered by hypodermic injection (mainlining) but some drug users also take it orally. The major psychological effects of morphine use include changes in mood, drowsiness, dreaming, apathy and an inability to concentrate. Medically it is prescribed to relieve pain.

1.5.2.1.3 Heroin

- "Heroin is derived from morphine and in its pure form is said to be between four and ten times stronger than morphine" (Jones, 1979:69). Heroin has been used medically as a painkiller and in helping with post-operative pain. Because heroin is a highly addictive drug, great care is taken in the preparation and in regulating the dosage, in order to combine effective treatment with maximum safety.

Heroin can be extremely dangerous if the drug is used in large doses for so-called recreational purposes. Heroin is usually injected, but it may also be sniffed, inhaled or smoked. According to Searle (1989:98), "... injecting the drug intravenously is the fastest way to the brain, but it

is also the most dangerous method of heroin use". Addicts who share needles also run a higher risk of contracting Aids.

Heroin produces strong physical and psychological addiction. After a few weeks use the body tolerates the drug and the user becomes physically dependent thereafter. This means that the user needs regular doses of heroin in order to satisfy his craving and to avoid the unpleasant withdrawal symptoms.

1.5.2.1.4 Codeine

Codeine is also classified as one of the major central nervous system depressants, but it is generally regarded as a relatively milder drug. For medical purposes, codeine is used widely to, "... relieve pain, induce sleep and dispel coughing" (Van der Westhuizen, 1988:10). Because they are legitimately used for treating common illnesses, most people think of them as being relatively harmless, yet they are widely used, particularly among young people in this country. According to Searle (1989:108), "... youngsters use cough preparations for the sole purpose of getting 'high': some will drink an entire bottle of cough mixture early in the morning and carry on swigging from another bottle throughout the day. Pharmacists tell of youngsters

who buy two or three bottles of cough mixture at a time, disappear around the corner to drink them and are back half an hour later for another bottle".

1.5.2.2 Hypnotic-sedatives

In this group, the drugs are also central nervous system depressants and are characterized by the variety of effects on the functioning of the brain. Continuous or excessive use can cause serious physical and psychological addiction.

Van der Westhuizen (1988:11) states that, "a drug is said to be a hypnotic when moderate to maximal doses of the drug produce sleep soon after administration. Minimal doses administered over an extended period are sedatives". Hypnotic-sedatives can be broadly sub-divided into barbiturates and non-barbiturates.

Barbiturates are considered to be the most dangerous drugs that can be used, and over the years they have been the cause of many accidental deaths. Common examples of barbiturates include for example, Vesparax, Seconal, Luminal, etc. On the illegal market they are known as, 'goofballs', 'downers' or 'sleepers' (de Miranda, 1988:20).

For medical purposes, barbiturates are prescribed for the treatment of epilepsy and insomnia. "They are scheduled substances (schedule 6) and can be obtained legally only by medical prescription" (de Miranda, 1988:21). Searle (1989:95) contends that, "barbiturates can cause serious physical and psychological addiction and tolerance develops rapidly. When the drug is withheld, severe withdrawal symptoms such as anxiety, weakness and insomnia result."

Non-barbiturates, for example Mandrax is fast becoming one of the popular used illegal drugs in South Africa. Mandrax and its active ingredient methaqualone are prohibited (illegal) substances in South Africa. According to de Miranda (1987:13), "... there is a massive Mandrax abuse problem amongst all sections of the South African youth, and consequently smuggling into South Africa has become a large illegal lucrative trade".

Original Mandrax pills are flat white tablets marked with the trademark letters 'MX'. It is popularly known by the drug using sub-culture as, 'mandies', 'buttons', 'whites' (Searle, 1989:71). Because Mandrax is a prohibited substance, the tablets which are available on the street have either been smuggled in from other countries by dealers, or have been manufactured in illegal laboratories.

It is extremely expensive to purchase Mandrax tablets purely because of its illegal nature. Searle (1989:70) has concluded that, "... the high cost of Mandrax often forces young addicts to resort to crime to finance their habit: they will steal, deal in drugs and prostitute themselves to make money".

In South Africa, Mandrax is smoked together with dagga. This method, known as the "white pipe", is almost exclusive to this part of the world. "Mandrax is finely crushed, mixed with a quantity of dagga and smoked in a broken-off bottleneck or special pipe. Sometimes the crushed Mandrax is sprinkled on top of the dagga in a pipe - this mixture is called 'Cremora' (Searle, 1989:71).

The effects of Mandrax when mixed with dagga on the nervous system, produces a state of intoxication similar to alcohol use. The person feels drowsy, his or her reactions becomes sluggish, and speech becomes slurred. An overdose of Mandrax (or Mandrax mixed with dagga) can produce convulsions and an irregular heart beat and breathing which can result in death.

1.5.2.2.1 Tranquilizers eg. valium

Tranquilizers are a group of drugs that are able to relieve uncomfortable emotional feelings by reducing the levels of anxiety. They also relieve tension and produce a state of calm. Medically, they are used in the treatment of psychosis.

Stockley (1986:73) states that, "... tranquilizers on their own produce little euphoric effect, but they are often taken with alcohol to increase the effect of the drink".

Jones et.al. (1979:84) are of the opinion that addiction to tranquilizers arises from increased dosages over a long period of time and this behaviour is considered to be drug abuse.

1.5.2.2.2 Anaesthetics

One of the most potent of the central nervous system depressants are the anaesthetics. They have the ability to depress all cells in the body. There are two distinct types of anaesthetics, namely local and general.

Local anaesthetics block nerve transmissions at any point in the nervous system where the drug is applied. General anaesthetics act on the brain, resulting in a loss of consciousness and a general loss of sensations.

The common medical uses include surgery and dental extractions. According to de Miranda (1987:21), "whilst any anaesthetic can be abused, in practice ethyl chloride (liquid form) and nitrous oxide or laughing gas (gas form) are the usual ones". During the stage of anaesthesia, individuals experience a 'stage of excitement' which include effects such as euphoria and numbness.

1.5.2.2.3 Inhalant (volatile solvents)

Almost all commonly used inhalants are volatile solvents. By definition, "volatile means that they evaporate when exposed to air and solvents refer to their capacity in liquid form to dissolve many other substances" (de Miranda, 1987:1).

Volatile solvents includes a number of commercial and industrial solvents contained in spray cans.

Frequently used inhalants in South Africa are glue, petrol, nail-polish remover, paint and paint thinners, lighter fuel and typing eraser fluid. In addition, there are a number of household products that are being packaged in spray cans

which include inter alia, window cleaners, air sanitizers, furniture polishes, insecticides, disinfectants, deodorants and so forth.

There have been numerous explanations that have been suggested with regard to the possible reasons for the use of inhalants. Searle (1989:81) states that, "... for many young people in South Africa, volatile solvents are the perfect escape from a flawed reality - they're legal, they're cheap, they're readily available, they work quickly, wear off rapidly and need no preparation". It is mainly for these reasons that many young people have become attracted to use of the many volatile solvents that are presently available.

Cohen (1981:189) concluded from his research that, "... users of inhalants tend to be young, with a mean age of fourteen and the common reason outlines for inhalant use was peer group pressure".

In a fact sheet entitled Inhalant Abuse (1987) published by South African National Council on Alcohol and Drug Dependence (SANCA), the following significant findings were noted. Users in South Africa usually fall into two groups:

- a) The 8 to 12 years old who do it for 'kicks'.
- b) The 14 to 17 years old who use inhalants as part of a broader sub-culture, as a recreational past-time or as one of the possible drugs which are used experimentally.

Furthermore it was established that users were more likely to be:

- a) male,
- b) come from economically disadvantaged or broken homes,
- c) have shown significant adjustment problems,
- d) suffer from feelings of anxiety, depression, aggression, insecurity, shyness and boredom,
- e) hostility and a lack of affection are common characteristics of their background.

1.5.2.2.3.1 Methods of administration

Solvents are often inhaled directly from the container or poured on a rag, or plastic bag and sniffed or inhaled through the mouth or nose. Some users will even sniff in a restricted air space in order to speed up the effects and the potency of the drug inhaled. However, these techniques can be potentially lethal.

A common phenomenon associated with inhalant use is known as Sudden Sniffing Death (SSD). This occurs as a result of inhaling potentially dangerous substances, followed by strenuous activity or a state of panic. In this instance there are no warning signs - death occurs suddenly and swiftly.

Cohen (1973:189) has noted that a recent phenomenon among inhalant users has been, "... a high incidence of deliberate inhalation of metallic paints for the purposes of intoxication". The reason outlined for this is that spray paints are easily available and inexpensive and interestingly, the 'taste' of metallic is acceptable to the users.

1.5.3 Hallucinogens

Hallucinogens are drugs which distort the user's perception of the world. They are also known as 'psychedelics' because they affect the vital functions of the brain. The effects vary widely and can be very unpredictable depending on the mood and mental attitude of the user, and the environment in which the drugs are taken.

The mental effects of drugs include illusions, exhilaration, withdrawal and changes of mood ranging from ecstatic joy, to feelings of panic. Violent reactions may even occur. The

physical effects of hallucinogenic drugs are generally not serious. The pupils become dilated and the eyes become sensitive to light. The user may also experience restlessness and sleeplessness as the effects of the drug wears off.

1.5.3.1 Lysergic acid diethylamide

As we have noted, the hallucinogenic drugs are so named because of their special effect; which is to produce in an individual, changes in their perception of the outside world. Perhaps the best known and most potent drug in this group is lysergic acid diethylamide, hereafter referred to as LSD. Despite the hallucinogenic qualities of LSD, physical dependence does not occur, but psychological dependence may be fairly extreme.

The effects of LSD on the user can be quite frightening. According to Searle (1989:85), "there may be severe derangements of behaviour in which the person loses contact with reality, experiences frightening hallucinations - in short, develops a psychotic reaction".

1.5.3.2 Dagga (marijuana)

This is the commonest illegal drug that is used amongst the South African youth. Dagga is usually included among the hallucinogenic drugs but it merits a section on its own. The dagga plant grows widely throughout the world including Southern Africa. Dagga is obtained from the dried leaves and flowers of the plant *cannabis sativa*.

"The main psychoactive ingredient found in dagga is tetrahydrocannabinol, or THC" (Van der Westhuizen, 1988:17). The potency of the dagga depends on the amount of THC it contains.

Bensusan (1971:31) points out that, "... relatively little is known about the exact nature and extent of dagga use in South Africa, and the estimation of the incidence and prevalence of dagga use has at best been a matter of speculation rather than the result of scientific research".

One of the major stumbling blocks experienced in assessing the exact extent of the problem is because of the 'underground' nature of dagga use, which invariably makes it difficult to make a direct count of the problem.

At a South African Conference on Dagga (1983:7) it was noted that, "... thousands of persons are prosecuted annually in the Republic of South Africa for offences involving

dependence-producing substances, but an overwhelming majority of these prosecutions are for contraventions involving dagga".

Available research indicates that dagga use is primarily a youth phenomenon. Ausubel (1958:92) concluded from his research that, "... marijuana (dagga) is better adapted to teenage use than opiates since it is readily available, cheaper and considered less dangerous".

Common South African street names for dagga according to Searle (1989:58) include the Afrikaans terms like, 'boom', 'skyf', 'majat', 'Rooibaard'; although 'weed', 'grass', 'pot', 'ganga', 'Durban poison', 'intsangu', are also popular terms.

1.5.3.2.1 How dagga is taken

The most common method of consuming dagga is by smoking the substance. The effect is quick and the user can regulate the dose consumed. There are two main techniques: "A 'joint' is a hand rolled dagga cigarette made by mixing the dagga with ordinary tobacco and then smoked" (Searle, 1989:40).

Another popular technique is by smoking the dagga from a pipe or from a broken-off bottle neck. Dagga is also combined with Mandrax and then smoked, in what is commonly referred to as a 'white-pipe' in South Africa.

Once inhaled, the effects of dagga depend on the quantity consumed, the individual's mood, expectations and the situation. According to de Miranda (1987:41) "... these individuals are likely to experience feelings of elation, gaiety and well-being. The individual is also likely to become very excitable, talkative and relaxed. Perception and skilled performance in complex tasks like driving may also be seriously affected. Once the drug wears off, there may be a 'hangover', headache, nausea and irritation".

There are various signs of dependence that can be manifested by an individual who indulges excessively in the use of dagga. These may include inter alia, "bloodshot eyes, drooping eyelids, unnatural thirst or hunger, uncontrolled moods, talkativeness, giggling, impaired perception and unsteadiness" (Searle, 1987:41).

Stockley (1986:100) has noted that there are adverse psychological effects associated with long-term use and that, "... prolonged consumption may cause possible brain damage and furthermore dagga smoke has a quicker and more damaging effect on the human lung than tobacco, thereby increasing the risk of lung cancer".

1.5 CONCLUSION

From the preceding discussion, it became clear that drugs in their rich and diverse variety have vast and varied effects on the user. The effects will differ depending on the personality of the individual, the type of drug, the amount consumed and the setting in which the drug was taken.

The classification of the different types of drugs, although crude and unscientific does provide valuable insight into the nature and effects of the different types of drugs when taken by the user.

It should be remembered that when these drugs are consumed for non-medical purposes, they can cause the individual concerned untold physiological and psychological damage and even death. What needs to be emphasized regarding the problem of drug use is that it seems to be enmeshed in several myths.

Many young people are attracted to experiment with and eventually become addicted to various drugs mainly because they are ill-informed or misled about the possible effects and dangers associated with such use. In this regard, much publicity and drug education programmes are necessary in order to clarify such myths about drugs and their effects.

CHAPTER TWO

2. THEORETICAL REVIEW

2.1 INTRODUCTION

One of the most important factors promoting and encouraging the use of drugs is the euphoric effect it has for some juveniles. If one studies the incidence of drug use, it appears that it occurs in all strata of the population and it cannot be said of any juvenile that he/she is not prone to the problem of use himself/herself.

Despite the voluminous literature available there is vast ignorance concerning the different explanations of drug use. As McGrath and Scarpitti (1970:4) have noted after extensive review of the literature, "... there are simply no final answers to many of the confusing questions that are raised in the drug controversy".

Explanations related to the use and abuse of drugs are both vast and varied and therefore it is unsafe and unscientific for one to assume that drug use is caused by a single factor. It is imperative therefore, that any systematic study on drug use should consider a multiplicity of variables as possible explanations for such behaviour.

Because of the lack of understanding of the causes of drug use, there are no proven generalizations that can be applied to the entire drug-abusing population.

In this section the researcher discusses the major current theoretical approaches and explanations, in an attempt to arrive at a better understanding of the problem of drug use.

2.2 THEORIES OF DRUG USE

2.2.1 Gateway Theories

Many social scientists and researchers on the subject of drug abuse (Kandel and Faust, 1975:923-932; Noble and Barnes, 1971:620-623; Mills and Noyes, 1984:231-243) have noted an orderly progression from one drug to another as young people get more and more involved in drugs. This observation has been labelled as, "... the 'getaway', 'progression' or 'stepping-stone' hypothesis". (DuPont, 1984:6).

Essentially, this hypothesis says that there is a tendency for the individual not to confine himself to the use of one illegal drug, but to embark on experimentation with other drugs too.

Oetting and Beauvais (1986:17) also concluded that, "... the young person is likely to start with beer and cigarettes, then try marijuana and later move to other more dangerous drugs".

Garner (1983:7) in summing up conclusions of research in this area says that, "... school children who start sniffing glue are lured on to harder drugs such as heroin and LSD and ... some kids start glue sniffing in car parks and then some chaps come around and offer them little packs of heroin and this is often the beginning of the progression to more dangerous drugs".

However, the gateway theories as an explanation of drug using behaviour could very easily overlook other important explanations of drug use. Therefore it becomes very important that when one uses gateway theories as a possible explanation of drug use, one must not view these theories in isolation, instead, one should also take into account other factors such as, the personal, social, cultural, psychological, and so forth of drug users.

2.2.2 Disease - Addiction Theories

The disease - addiction approach to drug use is seen as a phenomenon that causes suffering or unhappiness to otherwise healthy people. A very well known disease-addiction model,

for example, is the tolerance - withdrawal theory. In this case, Oetting and Beauvais (1986:17) point out that, "... exposure to a drug leads to physiological addiction to that drug. Therefore with increasing or regular use, it takes more and more of the drug to meet the physiological needs of the body".

Furthermore, when the use of a drug ceases or is reduced, the drug reaches a very low level for the tolerance that has been created, the person goes into withdrawal, and physiological craving leads to confirmed and regular use.

This theory, does not stand up well as an explanation of adolescent drug use because many drugs are not physiologically addicting. Others do not necessarily lead to increased tolerance or withdrawal responses in the doses used by most young people. However, the disease-addiction concept is appealing because it is based on physiological data, and is, therefore, readily applicable to users.

2.2.3 Life - Style Theories

Life - style theories point out that there are groups of drug users that have unique and identifiable characteristics. The members of a group use about the same types of drugs, use them to the same extent, generally for

the same reasons and in the same environment. Drugs are linked to other activities and play an important part in defining the group both to its members and to outsiders.

However, the life - style theories of drug use does have flaws. In the opinion of Oetting and Beauvais (1986:18) "... the statistical methods that are used to explain life - style approaches, do not do a good job of separating and identifying small but important groups of users and may ignore some clinically important factors".

Despite these pitfalls, the life - style concept has considerable appeal. The idea is appealing because drugs play an important role in juvenile sub-cultures and therefore drugs become an integral part of a group's life - style.

2.2.4 Psychological Explanations of Drug Use

A glance at the available literature on drug use indicates that like many behavioural problems, various disciplines have contributed somewhat different ideas concerning the aetiology of this behaviour. In the psychological literature on drug usage, one notes that many kinds of drug users are identified, and the causes leading to use are thought to be multiple and frequently inter-related.

Ausubel (1958:41), suggests that, "... the psychological make-up of drug users is in some way different from that of non-users and thus associated with the aetiology of drug use". Specifically most psychologists and psychiatrists see drug use as an indicator or symptom of some emotional disorder.

According to McGarth and Scarpitti (1970:5):

"Drug use if viewed as a chemical adjustment to an inner world of unbearable tensions".

Users, then, are seen as neurotic persons who have accepted an unpopular adjustment mechanism namely, drug use.

Other sharing this viewpoint namely (Conger 1979:98) have equated the use of drugs among juveniles with an inability to face up to the challenge of playing adult roles. They point out that, "... most users experience drugs around the age of sixteen when, it is maintained, youths first meet the challenges of sex and of seriously thinking about the future and what it holds for them". In this case, drug use is seen as an avoidance mechanism.

The findings of Gerard and Kornetsky (1955:457-486) indicated that the youths experienced serious psychological maladjustment. "The statistical data provided by them indicated the subjects were described as being in a

depressed state, with feelings of futility and expected failure. A large portion of them suffered from overt schizophrenia. Most of them were found to have sex identity problems and, when compared with a control group, differed significantly on measures of personality deviation".

Chein (1964:76) also concluded that all addicts suffer from deep-rooted, major personality disorders. Furthermore, a particular set of symptoms seems to be common to most juvenile addicts." Other identifiable characteristics include the inability to enter into a prolonged, close, friendly relationship with either peers or adults; they have difficulties in assuming a masculine role; they are frequently overcome by a sense of futility, expectations of failure, and general depression, they are easily frustrated and find anxiety intolerable" (Chein, 1964:79).

Chein's (1964:79) discussion on the psychological aspects of drug use revolves around such terms as 'weak ego functioning', 'defective superego' and 'inadequate masculine functioning'. According to him, most of these so-called predispositions can be traced to the subjects early family experiences. If the subject receives too much love or not enough, or if the parents (usually the mother) are overwhelming in some way, that is, showing excessive love, affection, indulgence, then the child will develop inadequately.

This means that the child is unlikely to be able to withstand pain and discomforts. The child will be unable to cope with the complexities of society, will incorrectly assess reality, and in general, will feel incompetent around children with more varied social experiences. This type of child is thought to be much more prone to experimenting with drugs than the child with a more "conventional family life".

The importance of the mother in adolescent drug usage has been commented upon by several authors (Roebuck, 1962:261); (Mason, 1958:189-199). According to them, the mother has been described as controlling, overpowering, over-protective, guilt-ridden, hostile, aggressive and seductive towards the child. Roebuck (1962:262) found that the mother was dominant in eighty-two percent (82%) of the cases he studied. Thus the child will have personality problems if the mother has personality or psychological problems.

If the mother is incapable of adequately socializing the child, it would appear that the child has less chance of being properly prepared to interact in the social world. The child with such problems apparently is thought to be at greater risk of experimenting with drugs when they are offered to him.

Rosenfeld, cited in Seldin (1972:100) reported, "... that the typical family of the addict is not very cohesive... and describes the mother as an immature parent who vacillates between possessiveness and frank rejection".

Chein's (1964:85) study of addicts' families also attempted to see how drug-prone personalities are formed. He hypothesized that due to the addict's family background, the male adolescent addict fails to make a proper identification as a male.

The most significant findings which generated interest and which agreed with those of other researchers, was that, "... there was a strong correlation pertaining to father - figure and father - son relationships. In the homes of half of the addicts, fathers were responsible for emotional disturbances and hostile attitudes. They also displayed low moral standards and instability in employment.

aspect 2 {
In ninety-seven percent (97%) of the addict families, disturbed relationships between parents was indicated by separation and divorce. Lack of discipline and over-indulgence were present in about seventy percent (70%) of these families" (Chein, 1964:87) Rosenfeld, cited in Seldin (1972:4) also stated that, "... the father again is a remote, detached figure in the family and this could encourage participation in drugs".

It was also concluded that in the addict's family the mother assumed a more prominent role as a parent figure. Therefore drug addicts identified with their mothers due to the absence of a father figure and, thereby stood the risk of failing to assert their manhood.

aspect { de Miranda's (1974:121) clinical observations of drug use also confirmed these findings. He found that, "... drug addiction was largely a result of the absence of adequate father - figures. This situation gave rise to the mother's assumption of a dominant role in ninety percent (90%) of the cases he studied". Generally the importance of a father-figure is usually underestimated.

Although the mother plays a prominent role, initially, it is essential for a young child to make a positive identification with a father-figure. "Thus a cold emotional climate in the home, and faulty intra-familial relationships at this time can create a vulnerable situation. The drug user has been described as introverted, sensitive, quiet, passive, submissive, and lacking in masculine identification" (de Miranda, 1974:121).

2.2.4.1 Immaturity

Another important predisposing factor that is closely linked to personality and is associated with the aetiology of drug use is, immaturity. In the opinion of Ausubel (1958:41), maturational deficiency is significantly associated with juvenile becoming addicted to drugs. This he says occurs "... among individuals who fail to develop long-term drives and corresponding motivational traits characteristic of normally mature adults...".

Furthermore, due to immaturity, "... the feelings of ecstasy, well-being and euphoria or self-confidence produced by drugs, possess a unique adjustment value for them. They are strongly convinced that they have found the means of overcoming self-criticism and gaining pleasure with a minimum of effort. Because of their maturational deficiency they refuse to make adjustments through the normal channels, thus chronic usage of drugs becomes the resultant pattern" (Ausubel, 1958:41).

Apart from the above-mentioned traits, Ausubel (1958:42) also outlines what he believes to be as the principal causes of maturational immaturity.

- a) An over-protective parent who impedes the child's progress towards developing self-initiative and having a share in setting goals.

- b) An under-dominating parent who makes no demands on the child for mature behaviour. Such a child is treated as being specially priveleged, having his needs satisfied by the efforts of others.
- c) An extremely over-dominating parent imposing excessively high goals.

Thus children reared in such family circumstances have resorted to drugs as the only alleviator of their unhappiness and insecurity.

The psychological view of drug use suggests that the type of drug used is rather unimportant - it is the personality need being satisfied that matters. This means that, given a personality need for drugs, apparently to adapt to some internal or external pressure, the choice of drugs is accidental or determined by accessibility.

Isbell cited in McGrath and Scarpitti (1970:5) noted that, "... neurotics use drugs to relieve anxiety, psychopaths are looking for elation or euphoria, psychotics are trying to avoid depression, and 'normals' are trying to avoid pain. Thus for any person with limited coping abilities; due to an inadequate personality, the predisposition to the use of drugs is far greater than a person with a well developed personality".

Olivier (1973:4) in his discussion regarding the psychological factors associated with drug use and addiction; distinguishes three distinct personalities that are most susceptible to the addiction of drugs namely:

- a) Personality and Primary Addiction : where the drug has a specific adjustment value for a special personality;
- b) Personality and Symptomatic Addiction : where the drug has no specific adjustment value and taking thereof is merely a coincidental symptom of a behavioural pattern;
- c) Personality and Reactive Addiction : where the drug is used as a temporary measure by persons who are influenced by peer group norms.

(a) Personality and primary addiction

In this type of personality the drug user or addict with an inadequate personality, does not have the necessary motivational skills to regard himself as an independent person with the normal objectives for a stable life-style. Olivier (1973:4) suggests that, "... the individual is concerned mainly with the creation of a pleasure-seeking environment, is unreliable and negative, and wants the immediate gratification of his desires.

He shows no motivation to persevere when he encounters problems in his environment. He prefers to have these experiences in a semi-realistic world, with the result that drugs are ideally suited for him".

(b) Personality and symptomatic addiction

This type of addiction mainly occurs in the aggressive, anti-social personality type; namely a non-conformist because such a person does not wish to be bound by the moral norms of society. Olivier (1973:5) states that, "...as a juvenile, he will already show criminal tendencies, is filled with contempt for others and rebels against all forms of authority so that the unlawfulness of drugs offers him enough reason to indulge in the use of drugs".

(c) Personality and reactive addiction

Persons in this group are juveniles who are addicted to drugs as a result of the reaction to the pressure with the transitional stage to puberty. Furthermore, addiction to drugs may be a means whereby the juvenile is accepted into the peer group.

This type of individual personality manifests a strong degree of defiance towards the traditional norms and values, as well as any authority created by adults. Like any other form of adolescent rebelliousness, this type of addiction is caused mainly by the peer group.

In the opinion of Olivier (1973:5), "... by using the power of group approval and acceptances, the leader of a peer group can force reluctant members to participate. Because the adolescent's need for status and group identity is very intense, he will readily be prepared to give up his individual values to be accepted by the peer group".

However, when the rebellious and adventurous adolescent who, otherwise has a 'normal personality', experiments with drugs, he finds that they have very little adjustment value for him.


Hence, he has a 'fling' and forgets about the drugs. Consequently, for this individual, indulgence in drugs offers little relief for his problems.

2.2.5 Psychosocial Explanations of Drug Use

In the psychosocial explanations of drug use, an attempt is made to analyze the correlation between the psychic and social factors of a person and how it can be associated with

the aetiology of drug use. It has been found that these factors does have a significant influence on an individual's behaviour.

Abrams (1968:2153) contends that, "... sociologists traditionally have investigated the social conditions which promote drug addiction in the individual. Psychologists on the other hand, have focused on intrapsychic phenomena and personality, in an attempt to come to grips with the causes of drug use". The psychosocial theories have an advantage in that they take into account both the social environment and the personality characteristics of the person.



Among the more salient psychosocial factors that can be used as possible explanations of drug using behaviour are; peer group pressure, rebellion against parents and authority, feelings of rejection, low self-esteem, excess pressure to perform, curiosity, boredom, lack of goals and aimlessness, relief of tension and anxiety, camouflage of inadequacies, and so forth.

Some of these psychosocial factors overlap due to the fact that much of an adolescent's emotional life is complicated and closely entwined with the environment. These factors are however not necessarily listed in order of importance for any particular individual. The researcher wishes to point out that most of these psychosocial variables will also be tested in the present research.

2.2.5.1 Peer group pressure

Baron (1978:74), in his review of the psychosocial correlates of drug use maintains that, "... peer pressure, the often - subtle push by one's immediate social group and acquaintances, is one of the chief reasons cited as a cause of using drugs". Many adolescents are insecure and exhibit an overwhelming need for the approval of their group or clique.

It is human nature to need to know that you are acceptable to a certain degree, thus the need for acceptance into a peer group is perhaps at its greatest during adolescence. In this case many teenagers succumb to peer pressure and initially use drugs to gain entry to a group that is already using drugs.

A number of researchers have also reported on the close knit peer group which is deeply involved in drug use. Mclean and Bowen (1970:54) observed that teenagers use drugs because, "... everyone is doing it, and a youngster wants more than anything else to be accepted by the group, and if the group is using drugs, it is next to impossible for a youngster to stay away from it".

Wechsler and Thum (1973:1223) have reported that, "... teenagers whose friends use marijuana are also likely to be predisposed to marijuana use. Kandel et.al. (1976:441) have

also concluded from their study on teenage drug use," that drug use by one's peers is most important with respect to marijuana use. Furthermore, if their friend's use marijuana, most adolescents will also do so, irrespective of social, psychological, or familial characteristics".

Leech and Jordan (1979:69) also ascribe teenage drug use to peer group pressure. They found that if the teenager's friends' or group exert pressure on the individual in one way or another, the individual is forced to conform to what the rest of the group is doing. Because they are a group, they have certain rules and expect certain behaviour from all those who belong to it.

Oetting and Beauvais (1986:12) reported from their study that although they identified a wide range of psychosocial characteristics that related to drug involvement, "... the highest positive correlations were with peer encouragement to use drugs and the highest negative correlations were with peer sanctions against using drugs".

Proponents of the peer group theory have contended that small, identifiable peer groups determine where, when, and how drugs are used; furthermore these peer groups specifically help to shape adolescents' attitudes and beliefs about drugs.

2.2.5.2 Rebellion against parents and authority

Rebellion is the way people can show their displeasure with someone. It is part of the common adolescent experience. The adolescent normally tries to develop a sense of autonomy and independence. During puberty, they become very irritable while hormonal and psychological changes take place in their bodies and minds. They become easily upset, angry, hostile and resentful. They often see their parents and teachers as the enemy.

McClean and Bowen (1970:55) have found that, "... students' frustration with war, the 'establishment', evils in society, their parents - all are too big to be handled and drugs offer a ready escape". During this time, a classic way to rebel against someone is to practice values and life-styles that are opposite of the person being rebelled against.

According to McGlothlin (1975:46), "... rebelliousness is more often a factor in drug use than are personality defects or poor family background". Since most parents are certainly against their children using drugs, a perfect rebellion is to go out and 'get high'. Some adolescents do not even try to hide the fact from their parents. They want them to know that they are rebelling.

Leech and Jordan (1979:77) suggests that, "... it is natural for children to rebel against their parents as they get older because most parents stop them from doing things they want to do. It is the conflict between generations that leads to rebellion among teenagers who subsequently become involved in experimenting with drugs".

2.2.5.3 Feelings of rejection

A conclusion reached by Baron (1978:77) is that many teenagers have intense fear of being rejected. This feeling comes about from a combination of their own past experiences and also the physiological changes they are undergoing. As the young teenager matures, he goes through a number of physical and emotional changes, and he begins to question whether he is acceptable and attractive.

The easiest way to avoid feelings of non-acceptance is to dismiss their relevance entirely. Instead of worrying about their personal appearance, it is much easier not to think about it at all. Once a teenager learns that drugs will block these feelings completely while he is under the influence of drugs, he will turn to drugs as the most expedient way of dealing with uncomfortable personal issues.

2.2.5.4 Low self-esteem

A common belief is that low self-esteem is one characteristic that is seen in almost all persons who use drugs. Many adolescents admit that they have feelings of low self-esteem and worthlessness, and little self-confidence. Young people who do not overcome these feelings are open to a much higher risk of drug use, self-destructive behaviour, school and work failure, severe depression and even suicide.

A common escape for these children to avoid feeling bad about themselves is to 'get high' and to ignore the unpleasant thoughts. However once the effects of the drug wears off, the feelings return, and the quickest way to obtain the same euphoria is to 'get high' again. In this way they become increasingly dependent on drugs and begin to use much more of the drug concerned.

2.2.5.5 Excess pressure to perform

Some parents have a tendency to be obsessively ambitious and competitive. In these families, excessive emphasis is placed on any kind of activity : academic, cultural, sport, etc. Such parents push their children to excel in almost everything the child attempts to do.

This creates undue pressure on the child, that he may feel obligated to perform in order to please his parents. "The child experiences problems if he is unable to fulfill the expectations of his parents. Thus by adding the stress of the normal adolescent development to this undue pressure, one may have a situation that can produce overwhelming anxiety" (Baron, 1978:81). Again, drugs are a way to relieve uncomfortable feelings. In addition, rebellion is apt to be likely if the pressure is unbearable.

2.2.5.6 Curiosity and experimentation

Adolescents are at a stage of development where they are aroused by a sense of curiosity. Many adolescents report that they experiment with drugs 'just to see how it feels'. They enjoy the euphoria and want to maintain it. Eventually they will experiment with other drugs because they are curious about the different effects of the various drugs they could experience.

Therefore, curiosity and rebelliousness, reinforced by the peer group is an important contributory factor in drug use. Abrams (1968:2153) concluded that the availability of agents such as drugs, creates an opportunity for curiosity and experimentation with drugs.

2.2.5.7 Boredom

Boredom is one of the most under-rated pressures in our society. We tend to think of it as being nothing more than a mild, temporary nuisance. Teenagers complain about boredom very frequently. Coleman (1986:106) argues that boredom is now a major cause of distress, anxiety and depression.

Most teenagers lead lives that are stereotyped once they get into the daily usage of drugs. They do not spend their time constructively. Since they cannot concentrate well, school appears to be very boring. Coleman (1986:111) contends that, "... for them there can be no dreams to harbour and no ambitions to nurture... the resulting effect is that schoolwork becomes unbearably dull because they lose interest, and see little point in struggling through academic routines that they believe can lead them nowhere".

This view is supported by Leech and Jordan (1979:59) who ascribe drug use among teenagers to, "... understimulation and boredom with life in the suburbs, which causes frustration and discontent".

The only thing a drug-using adolescent cares about is drugs, so there is no variety to the schedule, no special interests or pastimes that are enjoyable, that are really constructive during their leisure-time.

2.2.5.8 Lack of goals and aimlessness

This area is closely related to boredom. Adolescence is a stage where the individual is concerned purely with pleasure-seeking principles. They tend to let life direct them where it may, which can lead to depression, boredom and even a feeling of hopelessness.

Although it is difficult for the adolescent to have his entire life planned out, he should at least have some immediate plans for the future worked out. If a person can decide on a particular goal, develop a plan for achieving such a goal, then utilize his time constructively, he will obviously feel a sense of achievement when the goal is reached.

If such an individual fails to achieve such a goal, but has an alternative plan that can work, the individual can also learn that perseverance does have its rewards. Drug use is a manifestation of adolescents who lack goals and are aimless.

2.2.5.9 Relief of tension and anxiety

The years during puberty are often coupled with numerous tensions and anxieties. This is attributed to the adolescent's fears or rejection, parental strife, low

self-esteem, which can lead to an anxiety state. It is not very easy to overcome tension and anxiety instantaneously. This can only be overcome by a long-term process which teaches us how to relax and function effectively during times of greater than usual stress.

Thus people who take drugs, generally, do not learn how to deal with anxiety because the effects of drugs will blot out the uncomfortable feelings temporarily. In the light of Baron's (1978:87) observation, "... the adolescent develops no further skills in functioning and coping with anxiety and their threshold for anxiety are lowered". This clearly plays a part in the vicious cycle of drugs.

When the adolescent feels anxious, he resorts to the use of drugs to 'get high' in order to escape such anxiety. When the drug wears off and the anxiety returns, the adolescent will again want to experience euphoria to overcome such anxiety.

2.2.5.10 Camouflage of inadequacies

Some adolescents use drugs to camouflage such problems as poor school performance, learning disabilities and social inadequacies. Juveniles with similar problems who use drugs are somewhat similar to each other because they share the

same activity. In other words, there is no particular skill associated with 'getting high'. Anyone can do it, so inadequacies are not so apparent in the group setting.

Any deficiencies for example, academic or social may lead to a teenager feeling bad about himself, lack confidence, become anxious, and even hopeless. Therefore drug use is seen as an effective way in allowing people, especially in a group know that they are appreciated for who they are, rather than for particular achievements in a certain area.

The preceding discussion has shown that a number of specific causes of drug use have been expounded. Because of the vast differences among individuals, there are many reasons why people continue to use, abuse, and finally become dependent and/or addicted to drugs.

Some researchers have strongly emphasized the personality factors of drug users as predisposing factors in the aetiology of drug use; whilst others suggest that some important causes are to be found in the various psychosocial factors. Whatever the reasons are for adolescent drug use, this evaluation of the psychological and psychosocial causes of drug use has been deemed necessary in order to obtain a balanced and objective viewpoint on the subject.

2.2.6 Socio-Criminological Explanation of Drug Use

The use and abuse of drugs by young people also involve a variety of sociological factors that need understanding in order to be familiar with the drug problem. No attempt herein will be made to completely segregate the psychological from the sociological aspects because both are frequently interrelated and such a separation would be impossible.

Sociologists and criminologists have developed elaborate theories to describe the use of drugs among juveniles and sources of their problems, and some researchers have conducted studies with extensive data and careful scientific methods. The subject of drug use among Indian schoolgoing pupils however, is quite a recent phenomenon, and most existing studies on juvenile delinquency have not focused directly on this particular problem.

It is commonly agreed that drug using behaviour is committed by youth from all backgrounds. In this section, the researcher will attempt to review and present an evaluation of some of the major sociological explanations of crime and try to establish its relationship to drug using patterns among juveniles in particular.

Much of the literature on the sociological explanations of crime and deviance generally agree that, social disorganization is the breeding ground for deviant behaviour (including the use of drugs). According to Vetter and Silverman (1986:297) "social disorganization is a condition where the social pressures for conformity on the part of the person are not uniform or harmonious".

Barnes and Teeters (1951:29) argue that, "... this state of affairs confuses the growing boy and encourages him to seek a life of excitement in which he can gain satisfaction and fulfilment in his life". Taft (1954:250) argues that, "... social disorganization with its concepts of depersonalization of human relationships and deviancy, is associated with the development of industrialization, population growth and urbanization".

Furthermore, with the decline of a rural social organization, people have lost much of the stabilizing influence of the primary associations in the family, neighbourhood, employment and interpersonal relations. Because of such social mobility, these societies are now faced with a highly disorganized populous. In this situation the youth in particular are vulnerable and susceptible to delinquency, including the use of drugs.

The personal life organization of such individuals tends to be unstable and children in particular, fail to develop many of the close primary ties - this forms the basis for non-conforming behaviour including the use of drugs.

Although Merton's anomie theory, and its refinement by Cloward and Ohlin, does make an assumption about the possible motivations for drug use, these theories were not really formulated to explain drug use per se. Because of its enormous influence and popularity, it has become imperative to briefly look at the anomie theory and its implicit view of the drug user.

According to Merton (1957:146) the basic contention of the anomie perspective is that deviant behaviour (including drug use), "... is a reaction that is produced by a dysjunction between culturally defined goals and socially accepted means of achieving these goals".

Furthermore, Merton (1957:146) states that crime and delinquency is most prominent in the following social situation, "... it is only when a system of cultural values extols virtually above all else, certain common success goals for the population at large, while the social structure rigorously restricts or completely closes access to approved modes of reaching these goals for a considerable part of the same population, that deviant behaviour ensues on a large scale."

In explaining this dysjunction between cultural goals and institutional means, Merton identified five possible ways of adapting the social psychological strain produced by anomie, namely innovation, ritualism, retreatism, conformity and rebellion.

Innovation occurs when cultural goals are accepted, but illegitimate means are used to achieve these goals; while ritualism entails a rejection of goals but an acceptance of the legitimate means. The conformist accepts both goals and legitimate means. Rebellion, according to Merton, implies rejection of both the goals and means and substituting them with a completely different social order. Retreatism is a form of withdrawal wherein both the goals and means are rejected.

The anomie theory notes that the drug addict is usually a retreatist, a person who rejects both the goals and the institutionalized means of society. Retreatists, according to Merton cited in Stevens (1982:220) are persons characterised by "defeatism"; "quietism" and "resignation".

Cloward and Ohlin's cited in Conklin, (1987:196) theory of legitimate and illegitimate opportunity can also be considered as one of the sociocriminological explanations of drug use, although the theory was not designed purely to

explain drug using behaviour. Their theory of differential opportunity is a combination of Merton's theory of anomie and Sutherland's theory of differential association.

Cloward and Ohlin relate the offender's inclination to crime both to culture and social structure. According to Cloward and Ohlin (cited in Bonn, 1984:133), "... both legitimate and illegitimate opportunities are differentially available; thus the particular adaptations to the goals - means dysjunction experienced by lower-class boys is heavily influenced by variations in illegitimate opportunities".

Furthermore, they have argued that the lower-class areas are characterised by different types of delinquents and criminal patterns and traditions. They identified three different types of delinquent subcultures which determine the type of illegal opportunity available.

"A criminal subculture oriented towards theft, extortion and illegal income; conflict subculture characterised by manipulation of violence; and retreatist subculture in which the consumption and indulgence in illegal drug use is featured" (Bonn 1984:134).

Individuals who become members of a retreatist subculture are described as "double failures" because they cannot succeed either in the conventional or criminal world.

Conklin (1981:196) states that, "... retreatist gangs include juveniles who have failed to use both legitimate and illegitimate means successfully".

As a result, they abandon success goals and retreat into the use of drugs and alcohol. The drug user is seen as establishing a life-style in which the routine of a job, the commitment to convention, and self restraint are absent.

An indication that retreatism is largely a response to one's associations and circumstances is provided in the assertion of Cloward and Ohlin cited in Shoemaker (1984:113), "... that retreatist gangs often emerge after the involvement with criminal or conflict gangs ... and furthermore they suggest that inappropriate behaviour by some in the gang, abusive drug behaviour or otherwise, can lead to a rejection by the gang members and subsequent development of a retreatist life - style."

It is also for this reason that Cloward and Ohlin hedge on the description of these doubly rejected youths as members of a retreatist gang or subculture. It is important to note that although many gangs use drugs, it is doubtful whether there are many drug oriented gangs as such.

Stevens (1982:220) argues that, "... when there is a perceived or actual inability to perform as socially acceptable, one assumes the role and self-concept of a

retreatist and turns to the use of drugs". Consequently this becomes a factor in explaining drug use among juveniles.


Albert K. Cohen cited in Vetter and Silverman (1986:317) was one of the first writers who attempted to explain lower-class gang delinquency. In his exposition, he emphasises the strain that lower-class boys face in the school situation where they are evaluated by middle-class teachers using middle-class standards.

According to Cohen, cited in Silverman (1986:317) lower-class boys are usually not socialised by their families into believing that, "... it is important to be ambitious, responsible, cultivate good manners, keep physical aggression under control, respect property of others, play constructively, and so forth".

Lower-class boys who find it difficult to meet these criteria, are disadvantaged in school and in nearly any situation where they must compete with middle-class boys for the approval of middle-class values. When this happens they are faced with constant threats to their self-esteem, and many lower-class boys retreat to the one group where they can find status namely, the delinquent gang. Such behaviour is also attributed to the pressure of the juvenile peer group.

This delinquent gang, according to Cohen, is characterised by various adjustment problems and in the process engage in deviant juvenile behaviour. Experimentation and ultimately use of drugs becomes the norm for a juvenile who is a member of such a juvenile gang.

This delinquent sub-culture deals with these problems by providing criteria of status which these children can meet. Cohen argues that the gang relieves status frustrations by allowing gang members to reverse the standards upheld by the middle-class school. It is worth mentioning that Cohen's theory was not formulated as an explanation of drug use, but it could be assumed that lower-class boys who join a delinquent sub-culture does come into contact with drugs.



Another important sociological explanation of delinquency was postulated by Walter B. Miller. Conklin (1981:199) states that Miller's view is that, "... juvenile delinquents conform to working class values, or 'focal concerns' as he calls them, and that by conformity they become delinquent".

In his theoretical exposition of juvenile delinquency, Miller examines six focal concerns of the lower class. According to Miller cited in Conklin (1981:199), "... a focal concern is an area of interest that elicits widespread and persistent attention and a high degree of emotional involvement".

The focal concern of 'trouble' refers to situations that bring unwelcome or complicating involvement with official authorities. 'Toughness' is concerned with traits such as masculinity, physical prowess, bravery and daring. 'Smartness' refers to the capacity to outwit or 'con' others.

Another focal concern of the lower class is 'fate', which is associated with luck and fortune. 'Autonomy' is another focal concern which refers to a desire to be one's own master. It is the opinion of the researcher that the sixth focal concern which deals with 'excitement', that is concerned with thrills, risk and avoidance of boredom, is the most relevant in explaining drug use among juveniles.

According to Miller cited in Silverman (1986:326-327), "... a search for excitement can also lead to gambling and the use of alcohol and narcotics". Miller contends that adherence to these focal concerns and participation in lower class social groupings combine in several ways to produce delinquency and criminality, including the use of drugs.

Both Cloward and Ohlin's, Albert K. Cohen's and Walter B. Miller's theories focused largely on lower-class delinquency. However, it would be incorrect to assume that drug use is purely a lower-class phenomenon because a large proportion of drug users also come from well-to-do middle-class backgrounds.

The labelling theory, as stated by its major proponents, draws attention to two different but fundamentally interrelated processes. Stevens (1982:221) suggests that, "... the first of these is the way in which certain acts come to be defined as deviant; namely laws pertaining to the use and abuse of drugs. The second major process and more relevant here, is to ascribe an identity to a person who comes to be defined as a drug user".

Thus the labelling theory, as an explanation of drug use, argues that one defines whom one is through interaction with others. Therefore, if society considers and labels one a drug user, one is more likely to begin to play the role of, and to think of oneself as a drug user.

Unfortunately there is a lack of sufficient and relevant literature that specifically addresses the problem of drug use per se in the labelling tradition. For instance, despite the publication on the subject by Williams, (1976:39) a close reading of the work yields few citations for the phenomenon of drug use among the labelling theorists.

Nevertheless one can easily utilize the framework of labelling theory in describing the process whereby an experimental user, (who may experiment with drugs for a number of reasons: peer pressure; adolescent rebelliousness; curiosity and so forth), is discovered using drugs and is

reacted to by both the formal agents, namely, teachers or police, and informal agents, such as family, peers, and so forth) of society.

This societal reaction casts the individual into the role of secondary deviant where he or she plays the role of drug user and begins to think of him or herself as such. This effectively reinforces the juvenile's drug using habit.

Stevens (1982:221) adds that there has been some work documenting the process of becoming a narcotic addict. These studies, while not directly concerned with labelling theory, do emphasise the process of social isolation and closure discussed by the labelling theorists.

According to Stevens (1982:221-222) "these studies have shown how novice heroin users, as they became more involved with narcotic use, identified more with their fellow heroin users, withdrew from interaction with non-users, and were gradually blocked by non-users from interaction with them, and thus began to behave and think of themselves as addicts".

Although the above-mentioned theoretical expositions of drug use have been formulated, the classical socio-criminological theories of drug behaviour have recently

given way to social psychological frameworks in which an explanation is given on individual attributes rather than on broad social-structural factors.

In this regard Kandel (1980:235-285) has outlined four theoretical frameworks, each concerned with the etiology of drug use and intended to explain the individual's decision to become involved in drugs namely:

- 2.2.6.1 Jessor's theory of problem - behaviour and deviance proneness;
- 2.2.6.2 Aker's social learning theory;
- 2.2.6.3 Kaplan's theory of self-derogation as the precursor of deviant behaviour;
- 2.2.6.4 Kandel's socialization framework.


2.2.6.1 Problem - behaviour proneness

According to Jessor (1976:125) this theory has its intellectual origins in Merton's and Cloward and Ohlin's social-structural approach to deviant behaviour. "The concept of 'problem-behaviour' or deviance refer to behaviour that departs significantly from the regulatory norms of the larger society that results in some sort of social control response".

Problem behaviours are defined as those that deviate from norms, many such norms are age-graded. These are norms that may condemn or prohibit behaviour for those who are younger, while permitting or even prescribing it for those who are older.

It is in this regard that a social psychology of problem-behaviour becomes relevant to the process of adolescent growth, development and behaviour. According to Jessor cited in Kandel (1980:253) some of the social-psychological variables defining problem-behaviour proneness includes, "... lower value on achievement and greater value on independence, greater social criticism, more tolerance of deviance, and less parental control and support, more friend's influence and approval for drug use in the perceived environment, lower school achievement and more deviant behaviour".

Jessor (1976:132) tested the social psychology of problem-behaviour on a longitudinal study of high school youth to predict time of onset of marijuana use. He concluded from this study that onset and time of onset were shown to be systematically related to a social-psychological pattern of attributes defined as deviance.



Furthermore, Jessor (1976:132) also found that, "... this pattern included lower value on achievement and greater value on independence, greater social criticism, more

tolerance of deviance, less parental control and support, more friends' influence, and more friends' approval for drug use". The nonusers of marijuana tend to represent the opposite pattern, a pattern of conformity.

Thus the problem-behaviour theory as outlined and tested by Jessor, lends support to the view that juveniles manifesting such problem-behaviour, largely due to age-graded conflicts, are more susceptible to drugs than those with conventional life-styles.

2.2.6.2 Social-learning theory

In an attempt to explain motivations for drug use among juveniles, Akers cited in Kandel (1980:255) aimed at, "... merging the sociological perspective of differential association theory (Sutherland and Cressey) and the psychological perspective of the learning theories of operant conditioning (Skinner). Akers seeks to explain through principles of operant conditioning, the process of learning from differential association".

Although the social-learning theory was developed to account for deviant behaviour in general, it has been tested specifically on adolescent drug use and drinking. The theory assumes that social learning behaviours are learned through operant conditioning and imitation. This implies that people

learn in interaction with significant groups in their lives certain norms and attributes of behaviour as good or bad. This can be directly reinforced and also act as a stimulus for other behaviour.

Akers cited in Kandel (1980:255) argues that the reinforcers can be nonsocial (as in the direct physiological effects of drugs) as well as social, "... but the principle behavioural effects come from interactions in, or under the influence of those groups, which control the individual's major sources of reinforcement and punishment, which exposes the individual to engage in such behaviour".

This theory was tested on 3 065 7th - 12th graders from eight districts in three mid-western states in the United States of America. The researchers Burgess and Akers et. al. measured four main sets of variables: imitation, differential association (family and peers), differential reinforcement, and definitions and attitudes. Differential association with using and nonusing friends as well as attitudes towards each substance was also measured.

The findings clearly indicated that both operant conditioning and the classical principles of associative learning clearly explain the addictive process. A further conclusion was that certain precipitators in the environment

(including not only the physical aspects of the addicts life-style), are closely associated with the addict drug experience.

2.2.6.3. Kaplan's theory of self-derogation

Kaplan's (1978:256) general theory of deviant behaviour is based on the, "... postulated self-esteem motive, according to which a person engages in deviant activities, in order to restore a sense of self previously damaged by self-devaluing experiences in his/her membership group. The adoption of deviant activities and identification with deviant sub-culture generate respect and approval, but only to the extent that a particular behaviour deviates from the norms of the membership group.

Kaplan (1978:256) concluded that the relationship between self-esteem and deviant behaviour is assumed to be mediated by four processes:-

- 1) subjective associations of negative self-attitudes with group membership experience;
- 2) development of opposing normative attitudes;
- 3) inability to sustain positive self-esteem through the normal procedure and;
- 4) awareness of deviant alternatives to the normative patterns.

The theory was also tested and supported in a longitudinal study of 3 148 junior high school students. It was deduced that for the group as a whole, high initial levels of self-rejection and lowering of self-esteem over time, predicted subsequent involvement in one or more of twenty two deviant behaviours, among them the use of alcohol, marijuana and narcotics.

The following findings were also significant:

- a) initiation of a deviant activity was followed by a lowering of the self-image;
- b) high self-derogation led to drinking and drug use only when adolescents perceived self-devaluating experiences in school and held opposing attitudes;
- c) high self-derogation led to deviant behaviour among middle-class but not to such a large extent as among lower-class adolescents.

An important empirical exception to the theory is the finding that lack of positive evaluation by the peer group, does not consistently predict deviant involvement. Kaplan (1978:256) concluded that participation in deviant activities requires membership in, and positive identification with the peer group.

It was also noted that not all peer groups share an interest in drug use and other deviant activities. "Involvement in deviant activities following rejection by the peer group would only occur when adolescents initially identify with a non-deviant peer group. It appears that identification with, rather than exclusion from a group engaged in deviant activities, is associated with deviant behaviour, as predicted from social learning theory" (Kaplan, 1978:255).

2.2.6.4 Socialization

The socialization explanation of drug use, according to Kandel (1980:256), makes use of concepts and processes derived from various theories, especially those of social learning and control. Drug use is one of the many adolescent behaviours that result from an interaction between individual characteristics and the competing influences of various social groups. Socialization occurs over time and is determined by a series of repeated interactions between an individual and others.

The basic theoretical issue in adolescent socialization is the extent to which certain behaviours of adolescents are dependent upon the influence of peers, or the influence of adults, especially parents. Kandel (1980:256) is of the

opinion that, "... in line with the social learning theory, two processes are clearly outlined to describe the influence of others on adolescents".

The first is imitation, in which youths model their own behaviours or attitudes, on the behaviour or attitudes of others by simply observing and replicating the behaviour. In the case of parental drug behaviour, they transpose them into forms more acceptable to the youth's life-style.

Adolescents may be more likely to start using hard liquor if their parents drink, or if their friends drink. They may also be more likely to use illegal drugs if their friends indulge in drug using habits.

The second process is social reinforcement. According to Kandel et.al. (1978:14) "adolescents internalize definitions and exhibit behaviours and values approved by significant others". To test the validity of the theory, Kandel et.al. (1978:29) studied samples, obtaining independent data from presumed source of influence of drugs - parents and peers. The following conclusions were significant with regard to Kandel's investigation:

- 1) In respect of drug involvement, parental influence was found to be small, peer influence was pre-eminent;
- 2) With respect to future life plans, parental influences were much stronger than peer influence;

- 3) An important conclusion was that parental influences are stronger for issues related to future roles; peer influences are stronger for issues related to immediate adolescent life-styles.

In order to understand the onset of drug use among adolescents, it is important to note that greater integration of these frameworks would serve as an advantage, since each emphasises or elaborates on a different part of the process involving drug involvement.

To sum up these four theoretical expositions of drug use, it can be noted that firstly; Jessor provided a broad framework within which various levels of variables are assumed to affect drug behaviour. Secondly, Kandel has emphasised the adolescent's social environment of peers and parents, thirdly; Akers has specified the mechanisms that explain how individuals are influenced by environmental factors and fourthly; Kaplan has stressed the influence of a central individual attribute namely; self-derogation. However, future studies should incorporate insights gained from all four theories.

2.3 CONCLUSION

It can be deduced from the preceding theoretical explanations of drug use that the causes of drug use are a complex phenomenon. There are simply no straight forward and clear-cut explanations for drug use, especially among juveniles. Therefore, for any systematic study on drug use, it becomes imperative that one should consider a multiplicity of variables as possible explanations for such behaviour.

The gateway explanation emphasises that there is a tendency for an individual not to confine himself/herself to the use of one illegal drug, but to start experimenting with other drugs, as the individual becomes more involved with drugs.

The disease-addiction model of drug use stresses that, exposure to a drug leads to physiological addiction of that drug. This implies that, as the individual becomes more dependent on a drug, he/she requires more and more of the drug to meet the physiological needs of the body.

The life-style theories point out that there are groups of drug users who have certain unique characteristics such as the type of drug used and the reasons for indulging in such behaviour. This theory is popular because many researchers, Bachman et.al. (1978:23), Beachy et.al. (1979:111), and Braught et.al. (1973:95) have also noted that the life-style

explanations of drug use is popular because drugs play an important role in juvenile sub-cultures, and therefore drugs become an integral part of a group's life-style.

In the psychological explanations of drug use, it was noted that most psychologists and psychiatrists see drug use as an indicator of some emotional disorder. Conger (1973:98) concluded from his study that, the use of drugs by some juveniles is related to their inability to face up to their challenge of playing adult roles.

In this approach it was also observed that defective parenting either on the part of the mother or the father, can encourage the use of drugs among some juveniles.

The psychosocial theories attempt to integrate both the social environment and the personality characteristics of the individual and relate them to the causes of drug use. These psychosocial characteristics, for example, peer pressure, rebellion, curiosity, and so forth have provided valuable insight in explaining possible reasons for drug use.

Finally, in the socio-criminological explanations of drug use, the researcher attempted to analyse the popular theories of deviance, and integrate these theories to drug use among the youth.

Although these theories were not really formulated for explaining drug use *pe se*, Merton's theory of anomie and its reformulation by Cloward and Ohlin, Cohen's subculture theory, Miller's local class focal concerns and Sutherland's differential association theory, does make assumptions about the possible motivations for drug use.

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CHAPTER THREE3. METHODOLOGY3.1 THE NATURE OF THE PRESENT STUDY

The present study is, primarily, a descriptive survey study. According to Grosf and Sardy (1985:109), descriptive study is used if, "... the evidence that the researcher needs does not already exist, but the problem does not permit either strong or weak control of conditions and groups, (i.e. the researcher cannot assign subjects), then the researcher's only choice is a descriptive study".

Behr (1973:10), states that descriptive research precedes other types of research, because before progress can be made in solving certain problems, one needs to know what the existing facts and prevailing conditions are.

According to Leedy (1985:133), the word 'descriptive' which is frequently coupled with the word 'survey', also gives insight into the nature of the method. The term "descriptive" describes the essential character of the method.

Jolliffe (1986:12), states that the descriptive surveys are undertaken in order to estimate overall properties of populations.

Thus description is necessary in any research project as it enables the researcher to describe the facts, after which explanations for the purposes of prediction and control can be made.

While descriptive research is primarily concerned with conditions as they are, it nevertheless involves much more than mere fact finding, "it must seek to discover the cause and effect relationships and attempt to give interpretations as well" (Behr, 1973:10).

Van der Westhuizen (1977:84) states that descriptive research can be classified into three main types:

1. surveys,
2. developmental studies, and
3. case studies.

The survey method is used for a large proportion of all descriptive research. Grosf and Sardy (1985:109), state that, "... survey research is characterized by the collection of evidence from a carefully selected sample of the population under study, using structured interviews, and/or questionnaires".

The data in the present study represents the results of an anonymous survey, (confidential questionnaires), administered to a sample of pupils in ten selected Indian high schools in the Durban municipal area.

The survey is one of the most widely used types of descriptive research in the behavioural sciences. Baker (1988:165), argues that, "... survey research is a method of collecting data in which a specifically defined group of individuals are asked to answer a number of identical questions. These form the dataset of the study".

The purpose of the survey is to obtain information about prevailing conditions on a planned basis. The data may be drawn from a representative sample from which generalizations may be made.

3.2 THE AIM OF THE STUDY

The lack of systematic and scientific evidence on the problem of drug use in Indian high schools has led to much speculation about the possible reasons for drug use among Indian school pupils in general.

It is for this reason that the main aim of the present study is to investigate the problem of drug use in selected Indian schools in the Durban Municipal area.

In this respect, the following aims of the study have to be taken into account:

1. To review pertinent literature in order to reveal the findings of other researchers in the field (see Chapter 1).
2. To ascertain the nature and extent of drug use among Indian high school pupils in the Durban Municipal area, through the use of a confidential questionnaire, and to compare it to a control group of non-drug users.
3. To analyse the data collected, draw conclusions, propose possible solutions and make recommendations after examining the results emanating from empirical research.

3.3 PROCEDURE IN THE PRESENT STUDY

The aims of the present study as described in 3.2 are, inter alia, to investigate the problem of drug use among pupils in selected Indian high schools in the Durban Municipal area. Only those pupils who admitted to the daily use of drugs were included in the study.

The pupils who were included in the sample ranged from standard 5 up to standard 10.

This group was compared with an equally matched group of non-drug users. The comparison was done on the basis of a number of variables, inter alia: age, sex, religion, level of education, home background and parents' occupation.

3.4 CHOICE OF LOCALE

After previewing a map of Metropolitan Durban, and taking into account the practicality and manageability of the task, the researcher decided to delimit the locale of the study only to the Durban Municipal area (see Figure 1).

This area extends from the Umgeni River in the North to the Umlazi River in the South and inwards (westwards) to Reservoir Hills. The area under study was considered to represent a reasonable cross-section of the various socio-economic groups who resided in Indian areas in the Durban Municipal area.

3.5 SELECTION OF SCHOOLS

The schools were selected from a list of all the Indian secondary schools that fell into the study area. This list of schools was obtained from the Executive Director: Research Section, in the House of Delegates.

At the time of planning the research, it was the investigator's intention to study all the schools that fell within the study area.

After careful consideration however, it was realized that such a project, apart from the being far too extensive and time consuming, would have required the help of research assistants, in addition to substantial funding.

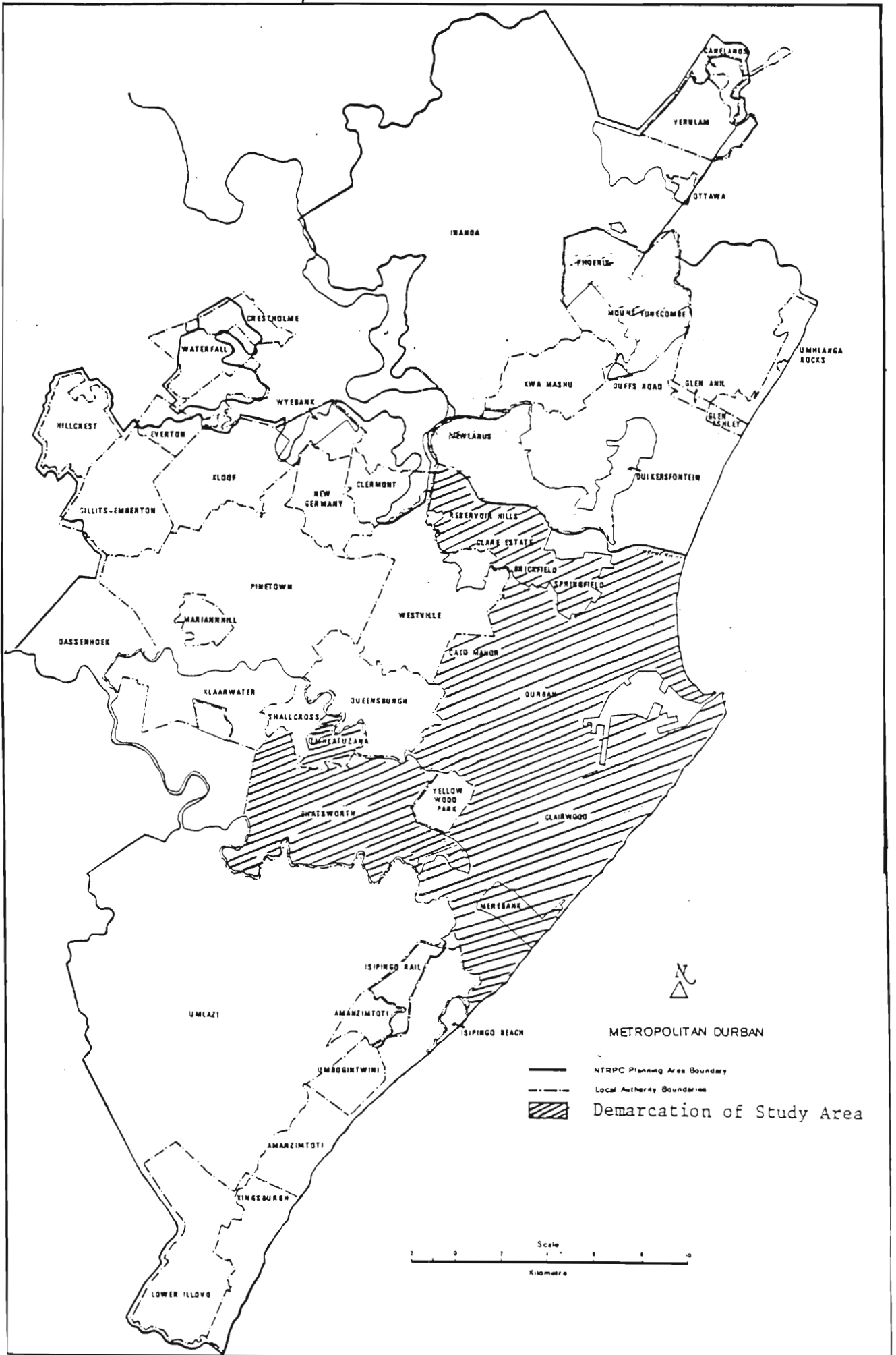
Due to these limitations, the investigator decided to select only 10 (25%) of the number of Indian secondary schools (39) located in the area of study, through a process of simple random sampling.

3.6 SAMPLING

The selection of the sample was a two-stage procedure involving:

1. Selection of schools.
2. Selection of pupils.

FIGURE 1. : MAP OF STUDY AREA



3.6.1 Selection of the sample of schools

During the time of conducting the study in 1988, there were 39 state Indian secondary schools that were located within the designated geographical area of study.

To ensure reliability and validity and to make the study representative, researcher used a type of probability sampling, namely, simple random sampling, when selecting the sample of schools for the study.

The researcher felt that 25% (10) of the total number of schools (39), would represent a fairly good cross-section of the population. The 10 schools that were selected to be included in the sample were all co-educational schools selected through the process of simple random sampling.

Cochran (1977:18), states that, "...simple random sampling is a method of selecting a desired number of units out of a given population, such that every unit has an equal chance of being drawn. In practice, a simple random sample is drawn unit by unit".

The units in the population (in this case, the schools) were numbered from 1 to 39. Ten schools were randomly chosen from a hat, and this constituted the sample of schools.

This sample of schools were scattered across the entire geographical location of the study and represented fairly accurately, a cross-section of the entire socio-economic stratum of the Indian population.

None of the schools chosen for this study will be identified by name. The reason for this is that, one of the conditions stipulated by the Executive Director : Research Section, in the House of Delegates, when granting the researcher permission to conduct the study, was that names of the schools and pupils shall not be disclosed in the study.

The main reason for this was to ensure total confidentiality and protection of the identities of each school and pupil. However, all 10 schools that were chosen in the sample will be listed alphabetically to ensure formality.

3.6.2 Selection of the sample of pupils

Once the sample of schools had been selected, the investigator had to first obtain consent from the principals of the respective schools, to conduct the study. An interesting observation in this regard was that none of the school principals refused permission to conduct the study.

After securing the consent of the school principals, the investigator visited the 10 schools personally to meet with the school guidance counsellors.

The guidance counsellors were then given a brief account of the relevance of the research and all questions pertaining to the questionnaires were answered for them, so as to ensure that the questionnaires were filled in correctly.

In view of the sensitive nature of the topic and to ensure confidentiality and anonymity of the pupils, the investigator felt that it would only be logical and practical for the guidance counsellors to distribute the questionnaires during the guidance lesson.

The reason for this was that it appeared that pupils generally felt more comfortable with someone they were familiar with, and in whom they confided, rather than with a total stranger. In most cases the guidance counsellors themselves volunteered to distribute the questionnaires to the pupils.

The questionnaires were left with the school guidance counsellors for two weeks to be completed, after which they were personally collected by the researcher. All mistakes were checked and verified before collecting them.

3.7 CHOICE OF METHODS FOR GATHERING DATA

The data in this study represents the results of two anonymous and confidential questionnaires distributed to two groups of pupils, namely, drug users and non-users, in 10 selected Indian high schools in the Durban Municipal area.

According to Goode and Hatt (1981:133),

"A questionnaire refers to a device for securing answers to questions by using a form which the respondent fills in himself".

Leedy (1985:135), states that,

"A commonplace instrument for observing data beyond physical reach of the observer is the questionnaire".

For the purposes of this study, the questionnaire was considered advantageous over any other data gathering tool because, by its very nature, it is considered to be a less expensive procedure, and it can be administered to a large number of individuals simultaneously.

The questionnaire also enables the researcher to obtain a wealth of information from a large number of respondents, in a relatively short space of time.

Furthermore, "... the impersonal nature of a questionnaire - its standardised word, its standardised order of questions, its standardised instructions for recording responses, ensures some uniformity from one measurement situation to another" (Selltiz, et.al. 1959:239).

The questionnaire in the present study was standardised, that is the same questionnaire was distributed to all drug users. It contained a total of 28 questions, a few with sub-sections. The questions progressed from the simple to the more difficult type of questions, and included both open and closed-ended questions.

Most questions, (except for the open-ended questions), merely required the respondent to place a cross in the appropriate space(s).

An example of the closed type of question is as follows:

EXAMPLE

Question 3. What standard are you in at present?

Std 5 Std 6 Std 7 Std 8 Std 9 Std 10

and

Question 18. Have you ever committed any offence or broken any school rules whilst under the influence of drugs?

Yes	No	Don't Know
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Open-ended questions merely required the pupils to give their opinion, attitude, feeling, or to make a statement, etc.

In the present questionnaire, an open-ended question was used as a follow-up to a closed-ended question.

EXAMPLE

Question 23. Do you feel that you need help to 'kick the habit'?

Yes	No	Don't Know
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Question 24a. If 'yes', do you know where to go to get help?

Yes	No	Don't Know
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Question 24b. If 'yes', specify,

The intention of this question was to try and ascertain from those pupils who admitted to having a drug problem, whether they were aware of any drug treatment services that were available to them in their community.

Although more information is obtained from the open type of question, it requires a greater amount of work on the researcher's part and there are difficulties in coding and analysing each response. However, it does provide greater 'meaning' i.e. quantitative versus qualitative research. It is for this reason that the investigator limited the use of open-ended questions.

3.7.1 The questionnaire to select the sample

The purpose of this questionnaire was to obtain a sample of pupils who admitted to using drugs. The school guidance counsellor assisted in the distribution of this questionnaire.

Twenty questionnaires or approximately 45% of the total number of pupils per class were distributed to pupils in each class ranging from standard 5 to standard 10.

Apart from the demographic details such as age, sex, religion, family composition, etc., the pupils were also asked the following pertinent question :

8. Have you ever used any drug for purely recreational purposes?

Yes	No
_____	_____

9. If "yes", how often do you use any drug?

Once a week	_____
Several times a week	_____
Daily	_____

Those pupils who responded to the "daily use" of drugs were thus included in the sample. These questionnaires were left with the guidance counsellors for two weeks after which they were collected personally by the researcher.

Those pupils who responded to the "daily use" of drugs were then handed a more comprehensive confidential questionnaire to fill in.

Once again, the guidance counsellors assisted with the handling and distribution of these questionnaires.

Many variables were taken into account when constructing this questionnaire, for example, the type of drug used, the reasons for abuse, the place where drugs were taken, and so forth, (See Appendix B).

The questionnaire was designed so that it could be completed by slow readers. Instructions were simple and straightforward.

The investigator also had to take into account the time factor. Due to the length of each class period, each pupil had no more than thirty-five minutes to complete the questionnaire.

However, the guidance counsellors reported that most pupils completed the questionnaire in approximately 15 - 20 minutes. It appeared that the respondents followed the instructions satisfactorily as there were a negligible number of errors in answering the questions.

Another questionnaire was also distributed to a group of non-users. This group of pupils were equally matched with those pupils who admitted to the daily use of drugs. They were matched in terms of age, sex, religion, standard of education and family composition.

3.8 DISTRIBUTION OF QUESTIONNAIRES

The researcher was able to get the co-operation of the school principals and guidance counsellors only after permission was granted by the Executive Director : Research Section, in the House of Delegates. There were numerous conditions that were set down by the Executive Director, which the researcher had to comply with, before conducting the research.

Letters were written to the school principals whose schools were selected in the sample, outlining the aims and purpose of the research. Thereafter personal visits were made to all the schools concerned.

The first set of questionnaires (See Appendix A), that is, the questionnaire to select the sample of pupils was distributed during May 1988 and were collected a week after they were handed to the respective schools.

Once the sample population of the study was listed, two other questionnaires, namely, a questionnaire to the sample of drug users, (See Appendix B), and a questionnaire to a group of non-users, (See Appendix C) were also distributed.

Sufficient time (about 2 weeks), was given to each guidance counsellor to ensure that the pupils who were selected for the sample, but who were absent, were given the opportunity to complete the questionnaire.

3.9 RESPONSE TO THE QUESTIONNAIRES

The general response to the questionnaires was as expected. This may be attributed to the following:

1. Correspondence with school principals before conducting the research, highlighting the serious nature of the problem.
2. The personal visits by the researcher to each school, and the time spent discussing the contents of the questionnaire with the school guidance counsellor.
3. Assuring both the principals and the pupils of the confidentiality of the questionnaires. Pupils were not asked to identify themselves or the name of their school.
4. The co-operation from the principals and especially the guidance counsellors and the pupils.
5. The simple nature of the questions.

All the above factors led to the investigator obtaining the following replies from the questionnaires.

TABLE 1 DISTRIBUTION OF USERS AND NON-USERS IN THE
SELECTED SCHOOLS

Name of School	No. of drug users	%	No. of non-users	%	Total	%
1. A	12	9,4	12	9,4	24	9,4
2. B	20	15,6	20	15,6	40	15,6
3. C	14	10,9	14	10,9	28	10,9
4. D	12	9,4	12	9,4	24	9,4
5. E	16	12,5	16	12,5	32	12,5
6. F	10	7,81	10	7,81	20	7,81
7. G	17	13,30	17	13,30	34	13,30
8. H	11	8,60	11	8,60	22	8,60
9. I	9	7,0	9	7,0	18	7,0
10. J	7	5,5	7	5,5	14	5,5
TOTAL	128	100	128	100	256	100

3.10 DATA PROCESSING

The data was processed statistically with the aid of a computer, thereby fulfilling the requirements of a descriptive study namely, typological description and statistical description.

Due to the number of questionnaires received, and because of the comprehensive nature of the questionnaire, it was decided that the manual processing of the data would be impractical, and the chances of error in the manual processing of the data would be far greater.

As the questionnaires were not pre-coded, each question had to be coded. The closed type of questions were easily coded. The open-ended questions posed a slight problem and more careful thought had to be given when coding such questions.

The numerical codes were transferred manually by the researcher onto data processing sheets.

In this regard, the services of an experienced system analyst programmer was invaluable in the completion of the numerical analysis of the data.

The SAS programme for social science data was used and all data were checked by means of an automatic verifier.

3.11 LIMITATIONS OF THE PRESENT STUDY

The study on drug use among Indian school pupils is a very sensitive one and the researcher encountered a variety of expected and unexpected problems. The survey researcher of course, can never be certain if his/her findings are the result of some unknown influences. In the present study the researcher was beset with several problems, both in the initial planning and execution.

In order to research the problem of drug use in selected Indian high schools in the Durban municipal area, the researcher had to first obtain permission from the Executive Director : Research Section, in the House of Delegates.

Although permission was granted to the researcher to conduct research, there were various conditions which had to be strictly adhered to, which did create a certain degree of inconvenience for the researcher. These conditions were as follows:

- a) Prior arrangements had to be made with the principals concerned.
- b) Participation in the research should be on a voluntary basis.
- c) Pupils had to inform their parents of their participation in the research.



- d) The questionnaire had to be suitably amended so as not to cause embarrassment to non-drug users by having them answer questions not applicable to them.
- e) Names of pupils and schools should not be disclosed in this thesis.
- f) There should be no disruption to normal work at the schools.

Some of the above-mentioned conditions meant that certain data that was important to the researcher, could not be obtained first hand.

The problem of absenteeism among the pupils resulted in the researcher having to go back to the school repeatedly, to complete the data collection. This presented problems in terms of time and the financial resources available.

Lastly, since the data pertaining to the pupils were obtained from the pupils themselves, the researcher had the tedious task of verifying some of the information to ensure some validity. When looking at the findings and their implications, these limitations should be taken into consideration.

3.12 DEFINITION OF TERMS USED IN THE PRESENT STUDY

3.12.1 Drug

The term drug and drug abuse means different things to different people. Harms (1973:33), maintains that defining a drug is something like having "imperfectly overlapping circles". By one definition, one set of chemicals may be included within the circle, by another definition a somewhat different, but to some degree overlapping, another set of chemicals may be included.

Searle (1989:47), states that,

"A drug can be defined as any synthetic or natural chemical substance (other than food or nutrients) that, when taken - brings about changes in the body or in the mind, or in both. Quite simply, a drug is any substance that affects or changes our feelings, thoughts or behaviour".

According to Cronje et. al. (1978:252),

"Drugs are substances (medicinal), whether of natural origin or of synthetic derivation, that affect the central

nervous system. The effect changes the physical and mental disposition and influences human behaviour."

The World Health Organisation cited in Willis (1973:15) adopted the following definition of a drug.

"Any substance that; when taken into the living organism, may modify one or more of its functions".

Laurie (1967:137), defines a drug as,

"Any substance that alters mood, perception, or consciousness and is misused, to the apparent detriment of society".

Brehm et. al. (1968:126) state that,

"Drugs in their widest sense are physical mechanisms which change the state of feeling of a person".

From these definitions it can be deduced that a drug can be defined as any substance which alters or has an effect on the mood, perception, metabolism or consciousness of the individual.

3.12.2 Drug abuse

The World Health Organisation (WHO) cited in Willis (1973:15), adopted the following definition of drug abuse for its 16th Annual Report. Drug abuse refers to,

"Persistent or sporadic excessive use inconsistent with, or unrelated to acceptable medical practice".

Brakarsh and Follingstad (1973:92), maintain that;

"Deviant adolescent drug abuse is any non-medical use of conscious altering drugs by adolescents".

According to Searle (1989:47),

"Drug abuse can be defined as the excessive or addictive use of mood - altering drugs for non-medical purposes. Any drug that is used for too long, for the wrong reasons and in excessive doses constitutes abuse".

Van der Burgh (1975:3) states that the term drug abuse implies certain value judgements which at the present time, are contentious, especially if abuse means any drug use without medical supervision.

"Drug abuse may therefore refer to illicit drug orientated or drug seeking behaviour. A person will be considered to have abused drugs if he/she has the specific intention of gaining a euphoric effect" (Van der Burgh, 1976:3).

The term drug use will be used in its widest sense to refer to the use, usually by self-administration of any drug in a given manner that digresses from the accepted social or medical patterns within a given culture.

3.12.3 Non-users

'Non-users' use no drugs. This categorization refers generally to those not using illegal drugs, but occasionally it does include alcohol and tobacco.

3.12.4 Drug addicts

The World Health Organization (WHO) cited in Willis (1973:15) agreed on the following definition of drug addicts:

"A drug addict is someone who takes drugs continually or sporadically counter to, and incompatible with the psychological and physical effect for which it is

intended. The result psychological and physical dependence jeopardises his existence and drugs become the sole object and motive for life, to the extent that he may withdraw from ordinary wholesome society and fall victim to crime, suicide, moral, spiritual, emotional and physical decay".

3.12.5 Drug addiction

Jones et. al. (1979:118), state that,

"Drug addiction is a state of periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic)".

According to McCagy (1985:258),

"Addiction is supposed to describe compulsive, repetitive drug use associated with increased dosage to overcome tolerance and physical dependence, stemming from withdrawal symptoms".

From the above definitions it would appear that there are certain common characteristics associated with drug addiction namely:

1. An overpowering desire or need, (compulsion), to continue taking the drug and to obtain it by any means.
2. A tendency to increase the dose.
3. A psychic, (psychological), and generally a physical dependence on the effects of the drug.
4. A detrimental effect on the individual and on society.

3.12.6 Drug dependence

The definition proposed by the World Health Organization cited in Willis (1973:13), is as follows:

"Drug dependence refers to a state arising from repeated administration of a drug on a periodic or continuous basis".

Furthermore, the WHO defined drug dependence as follows:

"A state, psychic and sometimes physical, resulting from the interaction between a living organism and a drug, characterized by the behavioural and other responses that always include a compulsion to take the drug on a continuous or periodic

basis in order to experience its psychic effects and sometimes to avoid the discomfort of its absence".

3.12.7 Physical dependence

This refers to a condition in which the body has adjusted to the presence of a drug and, when forced to function without the drug, reacts with a characteristic illness called, "abstinence syndrome", or "withdrawal illness".

3.12.8 Psychological dependence

Psychological dependence or emotional dependence is an expression of a more subtle relationship between the drug and the individual.

Searle (1989:52) states that,

"... psychological dependence occurs when a user develops an intense mental craving for the pleasurable effects of the drugs of abuse. The person begins to rely on the drug to produce a state of well-being and may reach a stage when the person thinks that he/she cannot cope with life unless he/she is using the drug".

This capacity for psychological dependence does not depend solely on the drug, but has to do with the psychological make-up of the individual concerned.

3.12.9 Tolerance

Willis (1973:15), states that,

"Tolerance is manifested when repeated doses of the same amount of a drug become less effective and progressively larger doses are required to secure the desired effect".

3.12.10. Habituation

Cornacchia (1978:35), defines habituation as,

"A condition resulting from the repeated consumption of a drug, which involves little or no evidence of tolerance, some psychological dependence, no physical dependence, and a desire (but not a compulsion to continue taking the drug for the feeling of well-being that it engenders".

CHAPTER FOUR

4. ANALYSIS OF DATA

4.1 FINDINGS OF THE PRESENT STUDY

4.2 INTRODUCTION

In the Republic of South Africa, little research has been conducted in respect of drug use among the Indian high school youth. It is hoped that the findings of this report will contribute to a better understanding of the phenomenon of drug use among the Indian high school youth.

It will be recalled that the aims of the present study are:

- (a) To review pertinent literature in order to reveal the findings of other researchers in the field (Chapter One).
- (b) To investigate the nature and extent of drug use among Indian high school pupils in the Durban municipal area, through the use of a confidential questionnaire.
- (c) To analyse the data collected, draw conclusions, propose possible solutions, and make recommendations after examining the results emanating from empirical research.

The questionnaire was divided into two sections. The first section requested information about drug users as well as non-users concerning their demographic details such as, age, sex, religious affiliation, educational level at school, family background and so forth.

The second section of the questionnaire surveyed the dynamics of drug use and concentrated on variables such as the type of drugs used, the frequency of use, pupils' first experience with drugs, the amount of money spent on drugs, the reasons for using drugs, and so forth.

Due to the enormous volume of information which was collected, it was deemed necessary to classify the data under the following headings:

- (a) Analysis of the demographic details (section A of the questionnaire), such as age, sex, religion, level of education, family composition of both drug users and non-users.
- (b) Analysis of the data in respect of the dynamics of drug use (section B of the questionnaire).

The investigator wishes to point out that the total percentage for some questions may frequently not total 100%, owing to the fact that there were multiple responses to some questions, and some respondents selected more than one response.

4.3 ANALYSIS OF THE DATA PERTAINING TO THE BIOGRAPHICAL DETAILS OF DRUG USERS AND NON-USERS

In the present study, 25% (10) schools out of a total population of 39 Indian high schools in the Durban municipal area were surveyed. The drug users from these schools number 128 and were compared to a group of 128 non-users.

The distribution of pupils, both drug users and non-users in terms of each school are presented in Table 2. For the purpose of anonymity and confidentiality required by the questionnaire, none of the schools were identified by name.

The researcher took cognisance of the fact that, while the percentage of drug use in any one school was not high, the presence of even a few could be disturbing.

4.3.1 Analysis of Drug Users and Non-Users in the Selected Schools

TABLE 2

DISTRIBUTION OF DRUGS USERS AND NON-USERS IN TERMS OF EACH SCHOOL

Name of School	No. of drug users	%	No. of non-users	%	Total
1. A	12	9,4	12	9,4	24
2. B	20	15,6	20	15,6	40
3. C	14	10,9	14	10,9	28
4. D	12	9,4	12	9,4	24
5. E	16	12,5	16	12,5	32
6. F	10	7,8	10	7,8	20
7. G	17	13,3	17	13,3	34
8. H	11	8,6	11	8,6	22
9. I	9	7,0	9	7,0	18
10. J	7	5,5	7	5,5	14
TOTAL	128	100	128	100	256

The results presented in Table 2 illustrates that, in all of the ten schools surveyed, school B had the highest number 20 (15,6%) of drug users, school G had the second highest number 17 (13,3%) of drug users.

The number of drug users in school E was 16 (12,5%), and that in school C, was 14 (10,9%). The percentage of drug users reported in the remaining schools did not exceed 9,4%.

School's B, C, D, G, and I are situated in various areas of the suburb of Chatsworth, which is South West of central Durban (See Figure 1). The houses in these areas were constructed by the Durban City Corporation.

Most of the people who reside in these areas are tenants of the City Council. The pupils in these schools came from average to below average socio-economic homes.

However, a survey conducted by Sugden (1972:70) the University of Durban-Westville, revealed that the population of Chatsworth was drawn from all over the Durban Metropolitan area and thus represents a wide range of socio-economic levels.

School A is situated in the suburb of Reservoir Hills, which is towards the North Western side of Durban. This area is generally regarded as an above average socio-economic residential area.

School J is situated to the North-North West of central Durban in an area known as Springfield. Pupils attending this school are regarded as coming from average to below average socio-economic families.

School F is situated to the South of central Durban in the suburb of Merebank. This area is inhabited by people from a variety of socio-economic backgrounds.

Sixteen (12,5%) of drug users were in school E. This school is situated in the suburb called Clairwood which is situated towards the South of Durban. Clairwood is regarded as one of the oldest Indian settlements in South Africa.

Many pioneering Indian indentured labourers settled in this area. However, this area is rapidly being turned into an industrial area. This has forced many people to leave the area.

It is worth noting that many of the pupils attending school E did not necessarily reside in the suburb of Clairwood. This could be attributed to the fact that it is one of the few Indian secondary schools in Durban, that offers a variety of technical and commercial subjects, thereby attracting many pupils to this school.

4.3.2 Analysis of Drug Users and Non-Users According to Age

FIGURE 2
DISTRIBUTION OF DRUG USERS AND NON-USERS ACCORDING TO
AGE

age

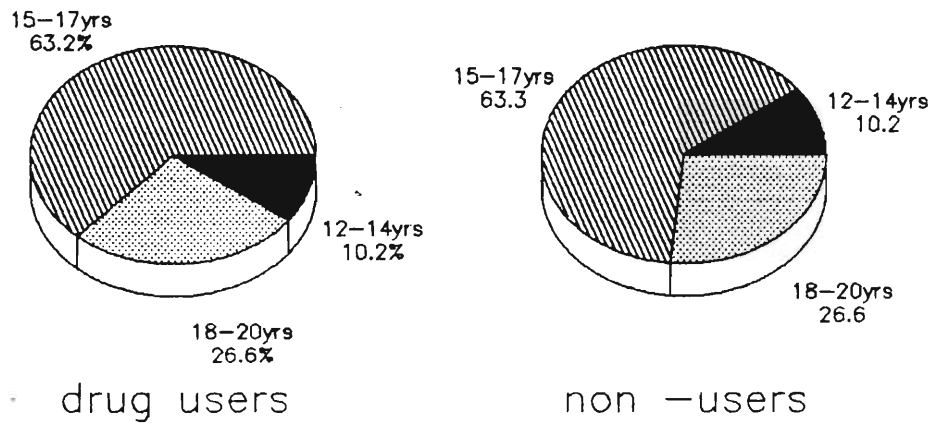


Figure 2 reports the percentage of drug users and non-users falling into specific categories of age. It has been noted in the present investigation that the highest number of drug users and non-users had a mean age of 16 years, and were from the range, 15-17 years.

The age group 15-17 years yields the highest percentage for drug users, 63,2% (80) and 63,3% (81) for non-users. It had also been established that the most number of pupils in each school were between 15 and 17 years old.

This gave rise to a significantly higher number of drug users and non-users falling within this age range.

In the range 18-20 years, drug users constituted 29,7% (38) and non-users made up 26,6% (33) of the sample of pupils that were investigated. In comparison to the ages of pupils in the overall school population, this age group did not constitute a very large number.

Finally, 10 (7,8%) of the drug users and 13 (10,2%) of the non-users ranged between 12-14 years of age.

These findings compare favourably with Galli (1974:240) who concluded from his study that the majority of students in his sample reported having used drugs between the ages of 15-17 years old.

Similar conclusions were noted by Brook et. al. (1977:386). They deduced from their study on drug use among adolescent school-going pupils that, with respect to age, 11% of the 13-15 year olds reported drug use especially marijuana, whereas 59% of the 16-17 year olds also reporting drug use.

The survey of McKillip et. al. (1973:3) on patterns and correlates of drug use among high school pupils, found the distribution of the ages of drug users to be as follows:

(a) 11 years or younger	0,5%
(b) 12 to 14 years old	7,8%
(c) 15 to 16 years old	41,7%
(d) 17 to 20 years old	49,5%
(e) 21 years of age or older	0,5%

In this study the highest number of drug users were to be found within the range 17-20 years old, and the mean age was 18,5 years old.

However, in another study conducted by Anhalt and Klein (1976:593), it was found that the ages of pupils who used drugs ranged from 12 to 16 years, with 82,7% in the 13 to 14 year old range.

It is thus postulated that, with regard to age, the findings of this investigation are generally in keeping with that of other researchers, that is, most drug users in high schools are in their mid to late teens.

4.3.3 Analysis of Drug Users and Non-Users According to Sex

TABLE 3

DISTRIBUTION OF DRUGS USERS AND NON-USERS ACCORDING TO

SEX

Sex	No. of drug users	%	No. of non-users	%	Total	%
Male	121	94,5	119	93	240	94
Female	7	5,5	9	7	16	6
TOTAL	128	100	128	100	256	100

Does drug use occur more amongst boys than girls? This has been a puzzling question, and responses to it have been varied.

The most common explanation emphasises the *traditional* differences between male and female roles, the former being more conducive to drug use and other forms of delinquency than the latter.

The sex distribution of drug users and non-users is reflected in Table 3. One hundred and twenty-one, (94,5%) of the pupils who admitted to using drugs were male pupils, the percentage of females who admitted to drug use was significantly lower, 5,5% (7).

Numerically, there was not much difference between the sexes among the non-users when compared to drug users.

A cursory examination of these figures may lead one to immediately conclude that more males than females use drugs. The researcher also examined the overall composition of each school population in terms of the sex distribution.

An interesting observation was that some of the schools reported having slightly more females than males in their school populations. Despite this difference, it has been observed from this study that, relatively more males use drugs than females.

Suchman (1968:373) has also noted a close association between sex and drug use. He concluded that males are almost three times as likely as females to be using drugs.

Block and Goodman (1978:935) have also established a similar pattern of drug use among the sexes. They concluded that pupils who used more than one illicit drug, are somewhat likely to be male.

Berg (1970:789) who also measured demographic characteristics of drug users found that, on the whole, illicit drug use occurs more frequently among males than among females. She identified that 71% of the males and 29% of the females reported that they had been involved in some illicit drug activity.

Bachman et. al. (1972:837) have reported that, of the 318 pupils who indicated that they had used an illegal drug, 62% were boys and 38% were girls. This also reflects the fact that a larger proportion of boys than girls in their sample were drug users.

Another significant study conducted by Fejer and Smart (1973:381-383) also reported that male students knew significantly more ($p < .001$) about drugs than female students, and were slightly more permissive towards drugs.

All that remains to be said is that numerous investigations carried out at different points in time, in different regions of the world, using different research techniques, have consistently discovered a sex differentiation in drug use.

The present study supports the findings of all those studies previously cited in respect of the relatively low incidence of female drug use.

4.3.4 Analysis of Drug Users and Non-Users According to Religion

TABLE 4
DISTRIBUTION OF DRUGS USERS AND NON-USERS ACCORDING TO RELIGION

Religion	No. of drug users	%	No. of non-users	%	Total	%
Hindu	55	42,96	68	53,12	123	48
Islam	33	25,78	22	17,18	55	21
Christianity	40	31,25	38	29,68	78	31
TOTAL	128	100	128	100	256	100

An examination of Table 4 reveals that 43% (55) of the drug users belong to the Hindu group, 25,8% (33) of the drug users belong to the Islamic religion and 31,3% (40) followed the teachings of Christianity.

The corresponding percentage for non-users are 53,1%, 17% and 29,7% respectively.

It is difficult to ascertain whether this relationship between religious affiliations and drug use is a real one or, merely a reflection of the greater number of people belonging to the Hindu population group.

Because of the uneven distribution of pupils in the various religious groups, the researcher decided further to analyse the incidence of drug use in terms of the religious group to which they belonged.

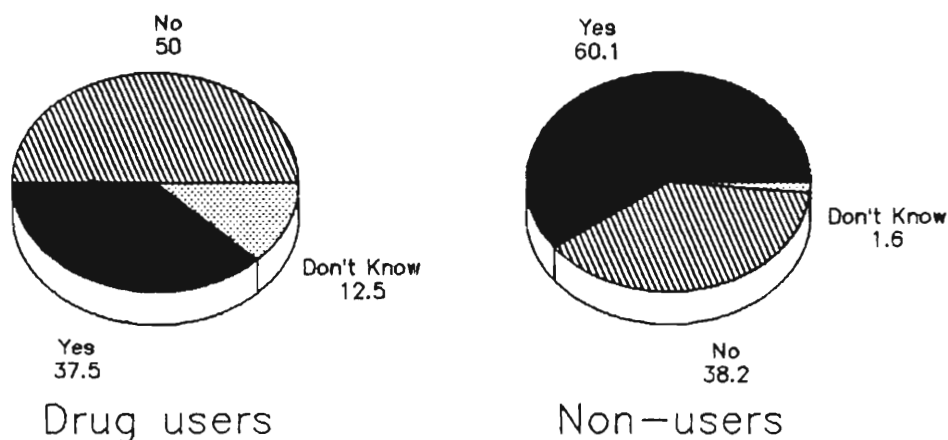
Of the total number of Hindu pupils (123), 44,7% were said to be using drugs. Of the total number of Muslim pupils (55), 60% were drug users, and lastly of the total number of Christian pupils (78) 51,2% were reported to be drug users.

Taken in terms of their respective groups it is evident that more Muslim and Christian pupils use drugs than the Hindu pupils.

The researcher went one step further and decided to analyse the attitudes of the pupils towards religion.

4.3.5 Analysis of Drug Users and Non-Users According to their Attitude Towards Religion

FIGURE 3
DISTRIBUTION OF DRUG USERS AND NON-USERS ACCORDING TO THEIR ATTITUDE TOWARDS RELIGION



From Figure 3 it can be seen that 50% of the drug users as compared 38,2% of non-users said that their religion has no value.

Only 37,5% of the drug users as compared to 60,1% of the non-users responded positively by indicating that religion had tremendous value in determining their life-style. Finally, it was reported that 12,5% of the drug users as compared to only 1,56% said they did not know whether religion has any value for them.

Steffanhagan et al cited in Rosenberg et. al. (1974:77) have also found that drug users indicated that they were less religiously orientated than non-users.

Burkett (1975:268) reported that, the greater the extent of involvement in religious activities by the child, the greater the likelihood that the child will maintain religious beliefs which will oppose the use of drugs.

Block and Goodman (1978:935) have also concluded from their survey on drug abuse among high school pupils that, although there was no difference when the pupils' religious affiliation was considered, it was established that the less religious pupils was more likely to use illicit drugs.

Amoateng and Bahr (1986:55) have noted that existing research has shown that drug use is less frequent among those involved in religious organizations. The particular denomination appears to be relatively unimportant.

They found that those who felt that religion was not a significant factor affecting their life-style, were more likely to have reported drug use.

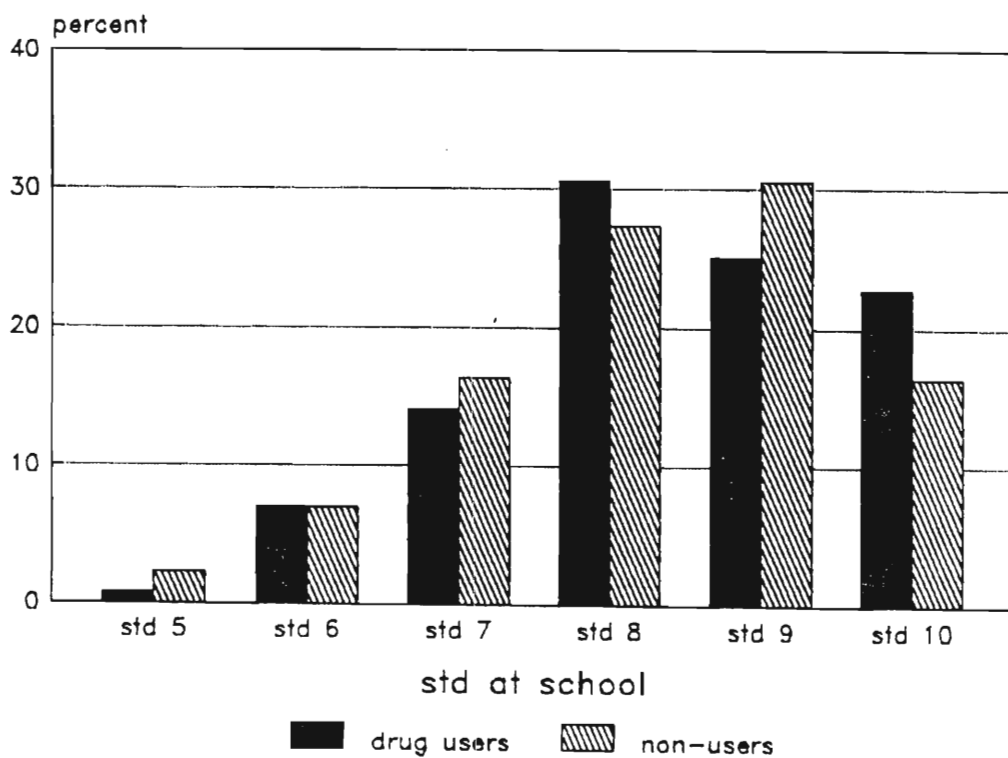
Radosevich et. al. (1980:152) maintain that attempts at determining the relationship between religion and substance use have resulted in disparate findings.

Thus one cannot state conclusively that drug use is a characteristic of a particular religion.

4.3.6 Analysis of Drug Users and Non-Users According to Level of Education

FIGURE 4

DISTRIBUTION OF DRUG USERS AND NON-USERS ACCORDING TO LEVEL OF EDUCATION AT SCHOOL



An inspection of Figure 4 indicates that 30,5% (39) of the drug users were reported to be in standard 8, 25% (32) were in standard 9, 22,7% (29) were presently in standard 10.

It was also reported that 14,1% (18) of the respondents were in standard 7, 9 (7%) of the pupils were at present in standard 6 and finally, 0,8% of the pupils were in standard 5.

The corresponding figures for non-users were, 27,3% (35) who were in standard 8, 30,5% (39) in standard 9, 16,4% (21) in standard 10 and standard 7 respectively. 7% (9) of the non-users were in standard 6 and finally, 2,3% of the non-users were reported to be in standard 5.

It was ascertained from this investigation that, because of the uneven distribution of pupils in the various standards and in the various schools, the researcher attempted to analyse the extent of drug use in terms of the total number of pupils, per standard in the sample.

Of the total number of pupils in standard 8, 52,7% (74) had used drugs, 32 (45%) of the pupils in standard 9 reported to have used drugs, 29 (58%) of the matric pupils stated that they use drugs.

Eighteen (46,1%) of the pupils in standard 7, 50% (9) of the pupils in standard 6, and finally 1 (25%) of the pupils in standard 5 also stated that they use drugs.

An interesting deduction emerges from these figures. It has been established from this study that, the highest percentage of pupils who reported that they used drugs were the matric pupils (58%), followed by 52,7% of the pupils in standard eight.

What is surprising is that approximately half (50%) of the pupils in standard six reported that they have used drugs; whilst 46% of the standard 7 pupils, and 45% of the standard 9 pupils indicated that they used drugs.

It would appear that there also seems to be a correlation between the age levels of drug users and the present standard they are studying at school.

In this investigation the highest percentage (62,5%) of pupils were in the age group 15-17 years and 29,7% were in the age group 18-20 years. One can therefore assume that the majority of the drug users were between the ages of 15 years to 20 years.

The reasons for these variations in the patterns of drug use among pupils in different standards at school, are not clear-cut and straight forward. Numerous variables should be taken into account when trying to explain this phenomenon e.g. peer pressure, curiosity, rebellion, and so forth.

The researcher wishes to point out that a more comprehensive discussion on the specific reasons for drug use will follow later on in this chapter.

The pupils were also asked whether they had failed any standard at school.

Seventy-nine (61,7%) of the drug users responded affirmatively, namely that they had failed a standard at school, whilst only 32,8% (42) of the non-users responded positively to the same question.

It is apparent from this that there appears to be a relationship between poor school performance and drug use. Anhalt and Klein (1976:593) found the same disturbing correlation between poor school performance and drug use. They concluded that drug users academic performance was significantly lower than non-users.

Lawrence and Velleman (1974:135) measured the relationship between school achievement and drug use among a sample of high school pupils. They argued that pupils who use drugs three or more times per week are more likely to be underachievers at school - 50,3%, as compared to only 30,4% overachievers.

Smith (1973) cited in Radosevich et. al. (1980:152) suggests that school grades may be lowered as a result of drug use, inasmuch as long-term users produced the lowest grades and non-users had the highest.

Because this study was not a longitudinal study and all variables were not explored thoroughly, one cannot be concise in assuming that there is a definite correlation between low academic performance and drug use.

The findings of this investigation may lend support to the contention that poor school performance may be attributed to drug use.

4.3.7 Distribution of Drug Users and Non-Users According to Family Background

TABLE 5

DISTRIBUTION OF DRUGS USERS AND NON-USERS ACCORDING TO FAMILY BACKGROUND

	No. of drug users	%	No. of non-users	%	Total	%
Both parents	69	53,9	93	72,7	162	63,3
Mother only	28	21,9	16	12,5	44	17,2
Father only	4	3,1	4	3,1	8	3,1
Mother/step- father	11	8,6	6	4,7	17	6,7
Father/step- mother	5	3,9	5	3,9	10	3,9
Grandparent/s	4	3,1	1	0,8	5	1,9
Guardian/s	7	5,5	3	2,3	10	3,9
Other	0	0	0	0	0	0
TOTAL	128	100	128	100	256	100

Table 5 indicates the distribution of drug users and non-users according to family background.

It is noted that 93 (72,7%) of the non-users lived with both parents, as compared to only 69 (53,9%) of the drug users. A significantly higher percentage, 21,9% (28) of the drug users lived with their mother only, as compared to only 12,5% (16) of the non-users.

An equal number of drug users and non-users 4 (3,1%) lived with their father only.

The data presented in Table 5 shows higher percentages of drug users 8,6% (11) who lived with their mother and stepfather, 3,1% (4) lived with their grandparent/s and 5,5% lived with their guardian/s. The percentage for non-users were remarkably lower when compared to the drug users.

This data also agrees with the research findings of Lawrence and Velleman (1974:129) who concluded that marital status of parents is also related to student drug use.

The findings of Dembo et. al. (1982:363) also lends support to the findings of this investigation. They pointed out that most of the youths (56%) indicated that they lived with both parents, however, residence in mother-headed households was high (36%).

Only 1% noted that they lived with their father only, and 3% claimed that they resided with neither of their parents.

In contrast to the results of the present investigation, McKillip et. al. (1973:3) found that, 82,9% of the student drug users they surveyed were living with both parents, 13% were living with their mother only, 2,2% were living with their father only, while 18% had living arrangements other than those listed above.

On the contrary to this study, Frenkel and Robinson (1974:182) deduced from their study that, with regard to family composition, drug users and non-users differed, since a greater proportion of drug users from homes where both parents were not living together, and had relatively unsatisfactory relationships with their parents.

It is also important to note that family composition and family structure does have an influence in determining the behaviour of a youth. Although the researcher did not specifically measure the relationship between the family structure and a drug use, numerous studies have identified such a correlation.

The researcher felt that a brief discussion of these research findings may throw more light on the subject. Blumensfield, Reister et. al. (1972:258) identified that pupils who admitted to the use of drugs, have described an overall poorer relationship and discord with their family members, than non-users.

Amoateng and Bahr (1986:56-57) have indicated that an important aspect of family structure which may influence adolescent drug use, is the number of parents in the home.

They have estimated that over 50% of the children will live in a single-parent family, sometime before they reach age 18 years, and this may predispose them to early drug using behaviour. Furthermore, their study also revealed that children are likely to live in households in which one parent is the natural parent, as most mothers divorce and latter remarry.

Vaillant (1960) cited in Amoateng and Bahr (1986:57) identified that family fragmentation in the form of actual physical loss, that is, death or separation of parents, has often been noted in the family backgrounds of narcotic addicts.

The findings of Van der Burgh (1979:20) show that the respondents from broken homes made more use of dagga and other drugs, than respondents from stable homes.

Harbin and Maziar cited in Stanton (1979:3) have also noted that many of the drug users they studied experienced early separation or death of a parent.

Levine and Kozak (1979:99) established from their study that, the data indicated that many parents exhibited a marked disinterest, or were deficient in their responsibility for effective parenting, and did not establish certain basic rules, concerning how their children spent their leisure time.

Rosenfeld cited in Seldin (1972:100) studied the family of the drug addict. She reported many families to be broken by death, divorce, or desertion. The typical family is not cohesive.

She too describes the mother as an immature parent who vacillates between possessiveness and frank rejection. The male offspring in this family situation does not receive validation of himself as an individual and as a man.

So, it can be deduced from these findings that, family composition and family structure, does play a role in adolescent drug use.

4.3.8 Analysis of Drug Users and Non-Users According to Parent/Guardians Occupation

4.3.8.1 Father's occupation

Numerous studies on adolescent drug use have accepted the fact that father's occupation is an indicator of socio-economic status. In this study, the following categories of occupations were obtained from the questionnaire; which will be used as an indicator of socio-economic background, namely, factory-worker, clerical worker, businessperson, artisan, salesperson, teacher.

As there were few doctors or lawyers indicated as father's occupation, it was decided to include them with teachers, and refer to them as the professional group.

Factory-workers in this study refers to skilled, semi-skilled and unskilled factory hands. Clerical workers include all office workers and persons in a supervisory capacity such as, foremen and factory charge-hands.

Shop assistants refer to assistants in wholesale as well as retail trade. The category "own business" includes people who are self-employed.

There were pupils who indicated their father's occupation as "other". This group includes bus drivers, pensioners, waiters, corporation workers, etc.

For the purpose of this study, the researcher further categorised these groups with the help of Naguran's (1978:208) status classification of occupations.

Thus the following categories emerged:

Low Status Occupations	Middle Status Occupations	High Status Occupations
Factory-worker, artisans, 'other'	Clerical worker, shop assistants, salesmen	Own business, Professions: (teacher, doctor, lawyer

There have been many studies that have attempted to correlate father's occupation with their children's drug use.

One such study was conducted by Barker and Adams (1963:300). They found from a study on drug users, particularly glue-sniffers that, the occupations of most of the fathers and step-fathers were characterised as unskilled, usually of low status.

In another investigation by McKillip et. al. (1973:3), it was also established that socio-economic status was also determined by father's occupation. In terms of their study they had identified the following categories of father's occupation:

a)	semi-skilled	25%
b)	skilled technical	16,8%
c)	proprietor of small business, store, etc.	20,8%
d)	professional, manager, etc	20,6%

Dembo et. al. (1979:560) also tried to correlate drug use among urban youth with socio-economic status or occupation of the household head. They arrived at the following conclusions :

a)	professional or owner/managerial job	26%
b)	sales, clerical or service position	20%
c)	semi- or unskilled job	38%
d)	unemployed	16%

This shows that the fathers' of pupils who use drugs, occupied low status occupations.

In contrast to the above-mentioned findings, Noble and Barnes (1971:621) who investigated drug-taking in adolescent girls, found that most of the girls came from homes which were materially adequate and had parents who worked in skilled or semi-skilled jobs.

Galli (1974:246) came up with an interesting deduction from his research. He found that there was no relationship between father's occupation and child drug use.

Examination of Table 6 shows that a greater number of the fathers of non-users (14%) than fathers of drug users (5%), occupied high status occupations.

A similar pattern emerged with respect to the middle status occupations, that is, 16% of the non-using pupils' fathers as compared to 10% of the deviant pupils' fathers, occupied middle status occupations.

As far as low status occupations were concerned, it was found that a greater percentage of the drug using pupils' fathers occupied low status occupations.

In the present study it had been found that the fathers of the drug using pupils, in comparison to the fathers of non-using pupils, were less represented in the high status occupations, whereas there were slightly more of the drug using pupils' fathers in low status occupations.

TABLE 6
DISTRIBUTION OF FATHERS OF PUPILS ACCORDING TO THEIR
OCCUPATION

OCCUPATION	No. of drug users	%	No. of non-users	%	Total
<u>High Status</u>					
1. Professional	5	3,9	14	11	19
2. Own Business	13	10,15	25	19,53	38
<u>Middle Status</u>					
3. Shop Assistant	10	7,81	16	12,5	26
4. Clerical	16	12,5	24	18,75	40
<u>Low Status</u>					
5. Skilled	8	6,25	6	4,68	14
6. Semi-skilled	29	22,65	10	7,81	39
7. Other	32	25	30	23,43	62
8. Unemployed	15	11,71	3	2,34	18
TOTAL	128	100	128	100	256

4.3.8.2 Employment status of mother

An important social change during the past two decades has been an increase in the employment of married mothers. Amoateng and Bahr (1986:56) contend that single women with children have always tended to have a high labour force participating rate. In recent years, their number has increased substantially, but the numbers of married mothers at work has grown even more.

It has been postulated that if the mother works, the child might not be supervised as closely as when one parent is at home; this could increase the chance of involvement in delinquent activities, including drug use for purely recreational purposes.

Hirshi (1969) cited in Amoateng and Bahr (1986:57) suggests that higher delinquency, including drug use among children of working class mothers is due to differences in the quality of supervision.

Consistent with this interpretation is Harbin and Maziar's (1975) finding that drug use was more common when youths were supervised less adequately.

TABLE 7
DISTRIBUTION OF MOTHERS OF PUPILS ACCORDING TO
EMPLOYMENT STATUS

Occupation of Mother	No. of drug users	%	No. of non-users	%	Total	%
Employed	29	23	54	42,18	83	32,4
Unemployed but Seeking Employment	13	10	7	5,46	20	7,8
Housewife	86	67	67	52,34	153	59,8
TOTAL	128	100	128	100	256	100

An inspection of the data presented in Table 7 indicates that a greater number (13) of the mothers of the drug users compared to 7 of the non-users were unemployed or seeking employment.

The researcher wishes to point out at this stage that one has to be careful not to assume causal relationships, since other factors might have influenced the adolescent before the mother actually went out to work.

Further, in the Indian community, the working married women is perhaps a phenomenon that is here to stay, but her career should not become her major task to the detriment of her family.

It is therefore doubtful whether any valid deductions can be made with regard to the influence of working mothers, as such, on the drug using pupil's adjustments.

4.3.8.3 Occupations of step-parents and guardians

In the present study, the researcher identified that none of the step-parents of the drug users occupied high status occupations. In contrast to this, step-parents of non-users were more represented in middle to high status occupations.

An interesting observation of step-parents of both drug users and non-users was that, almost an equal percentage of step-mothers of drug users (50%) and non-users (49,8%) were housewives.

It was also reported that 43,4% of the step-fathers of drug users indicated that they occupied low status occupations.

Another finding which also became clearly evident in this study was that, as far as non-using pupils' step-parents and guardians were concerned, 50% of the guardians occupied middle status occupations, while the other 50% of the guardians occupied low status occupations.

What becomes clear from the above discussion is that, in addition to fewer of the non-using pupils having step-parents or guardians, the step-parents and guardians of the non-using pupils occupied better jobs than the deviant drug using pupils' step-parents or guardians.

Once again, it cannot be said that a direct relationship exists between the occupation of guardians/step-parents and drug use.

4.4 ANALYSIS OF THE DATA PERTAINING TO THE DYNAMICS
OF DRUGS USED

4.4.1. Analysis of Drug Users According to the Type of
Drug Used

TABLE 8

DISTRIBUTION OF DRUG USERS ACCORDING TO THE TYPE OF
DRUG USED

Type of Drug	Frequency	Percent
Codeine (cough mixture)	25	20
Mandrax	39	30
Valium	3	2
Anaesthetics (Ether)	5	4
Inhalants (Glue, benzine)	42	33
Amphetamines (keep awake pills)	14	11
Slimming pills	2	2
Cocaine	1	1
Dagga	66	52
LSD	0	0
Other	4	3

Table 8 summarizes the findings of the types of drugs used by the respondents.

While drug usage was reported for most of the drugs listed in this survey, none of the pupils reported that they have used LSD.

An interesting feature that emerged from this study was that one of the pupils reported that he/she had used cocaine. This response could be false and subjected to some verification, since the problem of cocaine use has not really reached epidemic proportions in South Africa, especially among the Indian high school youth.

Pupils were also asked to specify any "other" drug which they had used, which was not listed in the questionnaire. One of the respondents indicated that he/she had used the drug called 'Roche'. Three of the respondents indicated that they used the drug called 'Wellconal'.

From Table 8 it appears that dagga use constituted the highest percentage (52%) of any of the drugs that were listed in the questionnaire. Some of the main reasons cited for dagga use are, its easy availability, it is cheaper and also considered less dangerous.

Kandel, Kessler, and Marguiles (1978:13) noted that, adolescents' beliefs and values favourable to the use of marijuana and association with marijuana-using peers, are the strongest predictors of marijuana use.

In addition to this, Theron (1973:35) outlined the following reasons for dagga smoking:

- a) It is characteristic of dagga smoking that it usually takes place in small groups;
- b) The members of these 'dagga smoking circles' are generally friends and confidants, and engage in this activity on a regular basis - it is not a gathering of total strangers;
- c) It is a self-perpetuating activity in that it reinforces the group's cohesion, reaffirming its social bonds by repeatedly engaging in the activity;
- d) One of the essential ingredients of this group activity is that of companionship and peer acceptance. Sharing a 'joint' (which, typically is passed around from smoker to smoker) creates group intimacy and has a distinct socialising power.

The use of dagga by respondents in this sample confirms patterns previously reported by other investigators.

Knoble (1983:14) has noted that in South Africa, the available evidence suggests that (dagga) is the main drug used (possibly because it is readily available), whereas, LSD, heroin, amphetamines, and barbiturates, are also used, although to a much lesser extent.

Van der Burgh (1973) cited in Knoble (1983:14) concluded from his study of 4 588 White young males that, a significant proportion of dagga use had taken place while the young men were still attending school.

This lends support to the finding that the phenomenon of illicit dagga use in South Africa is, as in the case in other parts of the world, gradually filtering down to the younger and younger age group, and more and more school children were being "turned on" to dagga.

In Du Toit's (1978:8) study among 1 152 high school students in Durban, it was ascertained that 14% of the White as against 19% of the Indian, 12% of the Coloured and 17% of the Black pupils had used dagga at least once in the past (in other words, while still attending school).

In the present study it was ascertained that 52% of the Indian high school pupils used dagga. When one compares Du Toit's study (1978) against the present study (1990), one can clearly see that dagga use is increasing ominously among the Indian school pupil.

Smart and Fejer (1973:154) found that, while illicit drugs such as solvents, LSD, other hallucinogens, and opiates were not nearly as popular, marijuana was the most prevalent of the illicit drugs used.

Single, Kandel and Faust (1974:346) also identified from their investigation that, marijuana use accounted for the highest percentage of any other drug used.

On the contrary, McBride and McCoy (1982:291) found only 20,1% of the drug users in their sample used marijuana, while a significantly higher percentage (32,9%) used narcotic substances.

Tec's study (1970:659) on differential involvement with marijuana also lends support to the findings of this investigation.

His findings were as follows:

18% had not tried marijuana and did not want to;

25% had not tried, but would like to try it;

36% had tried it once;

46% used it occasionally and,

The highest percentages was 65% who use it regularly.

In the present investigation, inhalant use (glue, benzine, methylated spirits) constitute 33% of the total number of all the other drugs used. Searle (1989:81) contends that for many young people in South Africa, inhalants are the perfect escape from a flawed reality. She noted that inhalants are, "... legal, cheap, readily available, they work quickly, need no preparation and wears off rapidly".

Cohen (1973:189) concluded that users of inhalants tend to be young with a mean age of 14 years, and the common reason outlined for inhalant use was peer pressure.

Tshabalala (1985:7) identified the following common causes for inhalant use, particularly glue and benzine among the Black population:

- a) Poor social and economic conditions at home;
- b) Unstable or broken homes;
- c) Lack of parental love and care;
- d) A feeling of insecurity which leads to general apathy and a defeatist attitude.

Barker and Adams (1963:300) who studied a random sample of 28 boys who sniffed glue, have suggested that there may be psychological reasons which may pre-empt the youngster to start sniffing inhalants.

They contended that glue-sniffing might be brought about by frustrations like, the inability to met the goals set for them by their parents, rejection by the parents who may not meet the emotional needs of the child, lack of love and understanding of the child, and quarrelling between the parents which gives children a sense of insecurity or a feeling of not belonging.

In his study, Crooke (1972:67) noted the following characteristics of inhalant sniffers. The mean age of sniffers in one study was reported to be 13 years, and in all other studies, the typical inhalant user was described as a young adolescent.

Furthermore, most reported inhalant sniffers were mostly boys of varying socio-economic background.

In the present study it was discovered that the majority of the inhalant users were also in their early teens. The danger associated with inhalant use is that such youngsters may start off with inhalants and gradually progress to the more dangerous and addictive drugs.

It was also reported from this investigation that codeine use by pupils accounted for 20% of all the types of drugs that were listed in the questionnaire. In a study by Wechsler and Thum (1973:1223) it was found that codeine/cough syrup accounted for a higher percentage of all the other types of drugs listed in their investigation.

Medically, codeine is a preparation that is widely used to relieve pain, induce sleep and dispel coughing and it is commonly found in most homes.

Once a youngster realises the effects of codeine in cough mixture preparations, there may be a strong possibility that such an individual may take it upon himself/herself to start using more and more of the substance to gain the desired effect.

Walgenbach (1986:9) argued that along with the severe physical addiction to substances containing for example codeine, severe psychological dependency also occurs.

Furthermore, she noted that there are no simple answers to the complexity of addiction to substances containing codeine. Many youngsters who continually use codeine just to experience euphoria are not aware of the untold psychological and physiological damage that they are causing themselves.

With regard to the non-medical use of codeine preparations, pharmaceutical companies which manufacture and market such preparations, should make the public aware of the dangers associated with the non-medical use of such preparations.

Mandrax accounted for 30% of the total number of the different drugs that were used. This figure is alarmingly high and leads to much concern.

A unique phenomenon has developed in South Africa concerning the use of Mandrax. "Mandrax is usually smoked together with dagga. The Mandrax tablet is finely crushed, mixed with a quantity of dagga and smoked in a broken-off bottleneck or a special pipe" (Searle, 1989:71).

The effects of this mixture produces a state of intoxication similar to alcohol use.

An overdose of Mandrax mixed with dagga can produce convulsions, irregular heart beat and breathing which can eventually result in death.

Despite Mandrax being a prohibited drug, it is still available illegally on the black market. Teenagers who use Mandrax combined with dagga may eventually become addicted to these drugs, and repeated administration of this combination may lead to the detriment of the individual and to society.

What is advocated in this regard is stricter control and more quicker apprehension of those individuals who are dealing in Mandrax. The youth should also be warned of the dangerous effects of prolonged use of such drugs.

Amphetamine use (eg. pep-pills, keep awake tablets, slimming pills) accounted for 11% of the drugs that were used. There are a number of reasons perpetuated for amphetamine use among the youth.

Amphetamines are easily available over-the-counter and they can also provide a boost to one's self-confidence and self-image. Teenagers also report using amphetamines to keep awake at night when studying, or to stay up late at parties.

Appetite suppressants, which may also be classified as amphetamines can also lead to dependence. The indiscriminate use of slimming pills in this study, was reported to have been more prevalent among females than males.

These young females who have been introduced to amphetamines for slimming purposes, sometimes take it upon themselves to increase the dosage in order to obtain a quicker effect.

Bachman et. al. (1978:27) state that such indiscriminate use of slimming pills has been responsible for many tragedies especially among young females.

Although it was not significantly represented in this study, use of slimming pills accounted for 2% of the total number of drugs that were used by respondents in this study.

The percentage reported for the used of the other drugs were generally very low: anaesthetics 4% and valium 2%.

One must bear in mind that anaesthetics are used widely in the medical profession and it may not be readily available to the user. The low percentage reported can be attributed to its relative inaccessibility to the user.

After examining the various types of drugs and the extent of its use among school pupils, the researcher attempted to identify the frequency and prevalence of the use of different type of drugs.

4.4.2 Analysis of Drug Users According to the Frequency of Drug Use

Figure 5 reports on the frequency and prevalence of the different types of drugs that were used.

A cursory glance at Figure 5 indicates that codeine, mandrax, inhalants and dagga were the drugs most frequently and commonly used by respondents in this survey.

A closer examination of each of the drugs which were used on a daily basis, reveals the following:



FREQUENCY OF DRUG USE

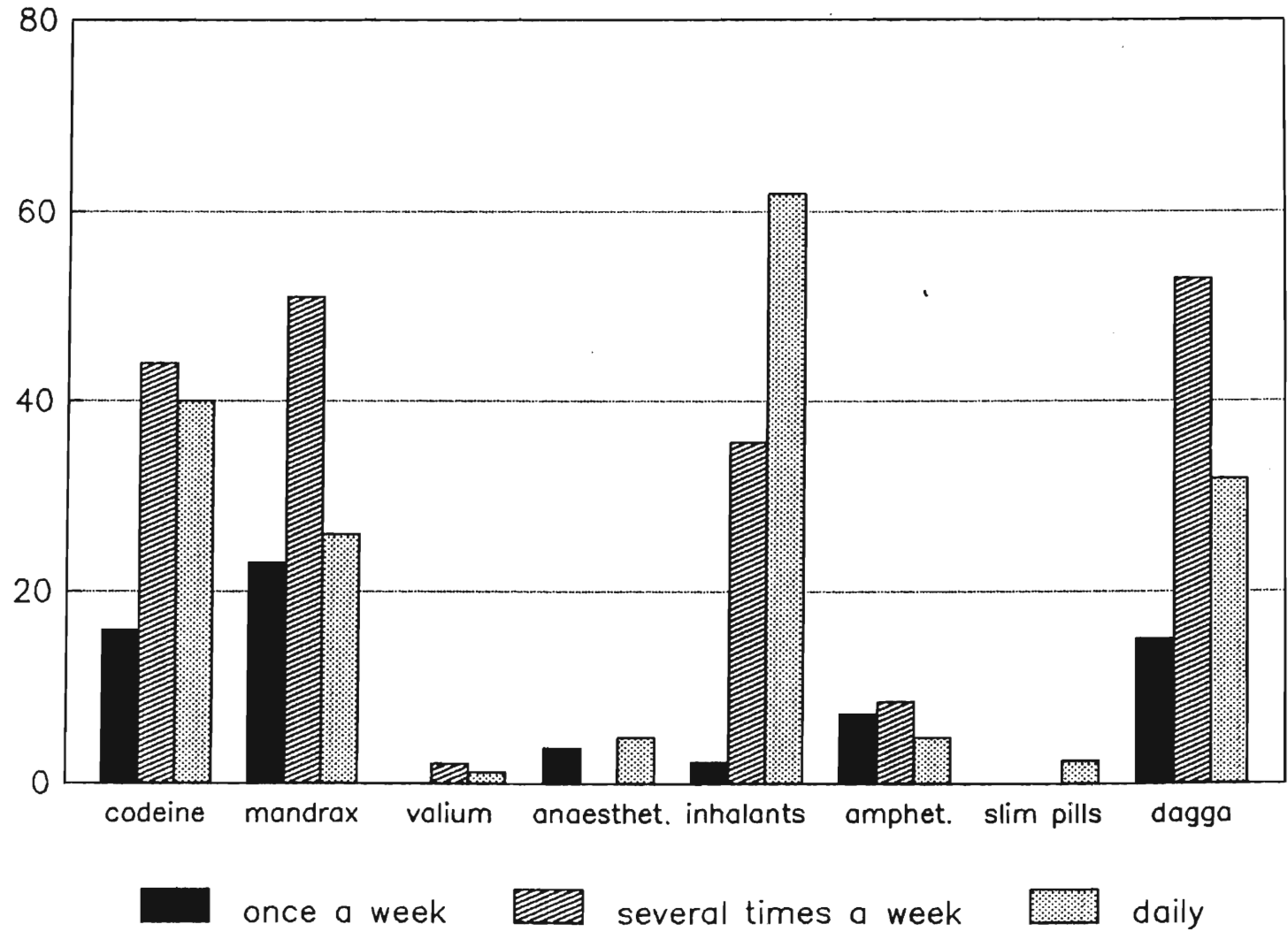


FIGURE 5

- a) Valium, anaesthetics and amphetamines were hardly used on a daily basis.
- b) The percentage for the use of inhalants was reported as 61,9%.
- c) 40% reported using codeine.
- d) 31,8% used dagga daily.
- e) 26,3% had used mandrax on a daily basis.

These statistics are alarmingly high and reflect the growing problem of drug use among Indian high school pupils. With regard to codeine, one can assume that one of the main reasons for its popularity among teenagers is that it is readily available and easily accessible in the home.

Other reasons cited for its use are curiosity, experimentation and peer pressure which attracts many youngsters to use such substances.

The percentage reported for the use of dagga and Mandrax on a daily basis, also echoes the acute problem of drug use in Indian schools.

Many pupils indicated that they used dagga and Mandrax 'just to get high' or because their 'friend's use it'. Pupils who are emotionally insecure and who have a weak will power, are bound to become more susceptible to the use of these drugs, just to escape reality.

The daily use of these drugs points out that these youths may eventually become either physically or psychologically dependent.

When physical dependence occurs, this results in a condition in which the body has adjusted to the presence of these drugs and, when forced to function without the drug, reacts with a characteristic illness called, "abstinence syndrome" or "withdrawal illness".

On the other hand, psychological dependence on these drugs does not depend solely on the drug, but has to do with the psychological make-up of the individual concerned.

If the individual is emotionally weak, the chances of him/her resorting to the use of these drugs are facilitated.

The pupils were also asked to indicate those drugs which they had used "several times a week".

The highest percentage was recorded for dagga use (53%), Mandrax accounted for 51,25%, codeine 44%, inhalants 37,5% and amphetamines 8,6%. None of the respondents indicated that they had used slimming pills several times a week.

With regard to the use of drugs at least "once a week", it can be seen from Figure 5 that a similar pattern had developed that is, codeine 16%, Mandrax 23%, dagga 15,1%. An

interesting finding was that there was significantly lower percentage reported for inhalant use, at least "once a week".

In some, it can be argued that the results of this study have shown that some of the pupils have shown greater preferences for drugs such as inhalants, codeine, dagga and Mandrax.

However, it may be incorrect to assume that because the other drugs such as anaesthetics, valium and amphetamines were not as significantly represented on such a large scale as the other drugs, they should not be ignored or even disregarded.

It is important to note that irrespective of the frequency use of such drugs, they could serve as a vital predictors of future drug use.

4.4.3 Analysis of Drug Users According to Age of Onset of Drug Use

FIGURE 6

DISTRIBUTION OF DRUG USERS ACCORDING TO AGE OF ONSET OF DRUG USE

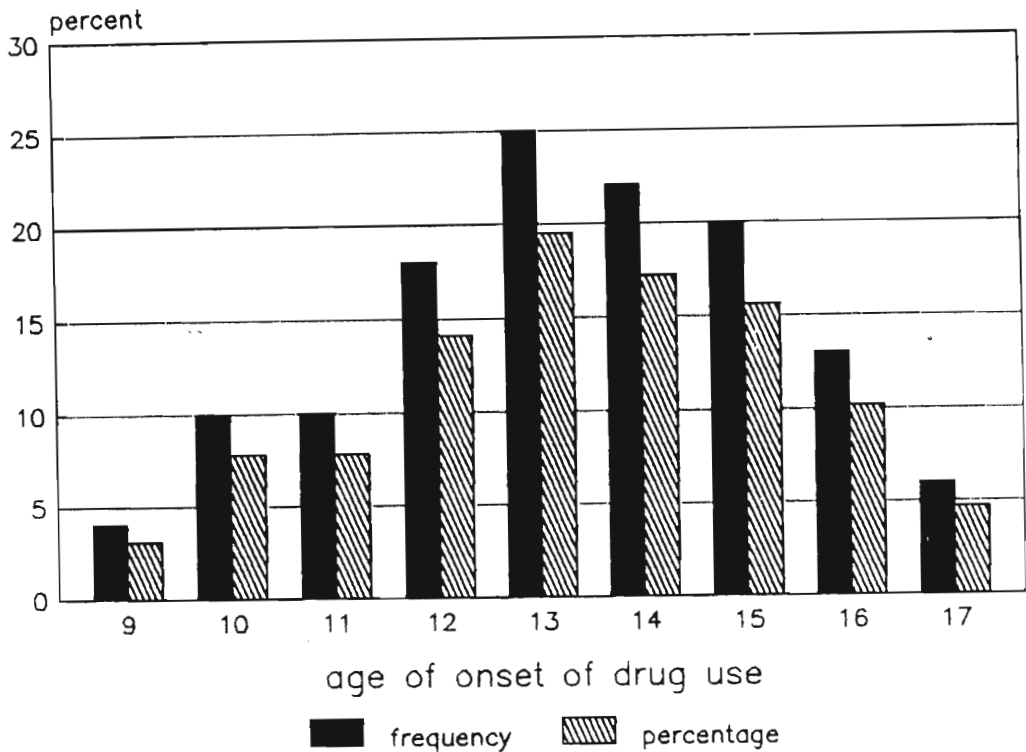


Figure 6 represents the ages that drug users first started using drugs. The data shows that a greater percentage of the respondents, 19,5% (25) had started using drugs at the age of 13 years and gradually decreases as the adolescent reaches maturity.

Louw's study of White male drug users cited in Cronje (1976:234) lends support to the findings of this study. He found that the use of drugs generally begins among children

at the average age of 13,7 years, that is, during puberty, and that it rises sharply during early and middle adolescence, and then declines.

Cole and Hall (1970:108) reported that 20% of the respondents in their study reported using drugs for the first time at the average age of 13 years. However, it was also deduced from their study that approximately 50% of their sample first used drugs at ages 16-20 years.

From this Cole and Hall (1970) concluded that the beginning of drug use is primarily an adolescent phenomenon.

On the contrary, Van der Bergh (1979:16) concluded from his research on drugs and the South African youth that, the greatest proportion of the respondents started using drugs at the age of 16 years.

However, the findings of Brook et. al. (1977:383) identified that, with increasing age, there is an increase in the use of drugs, especially marijuana.

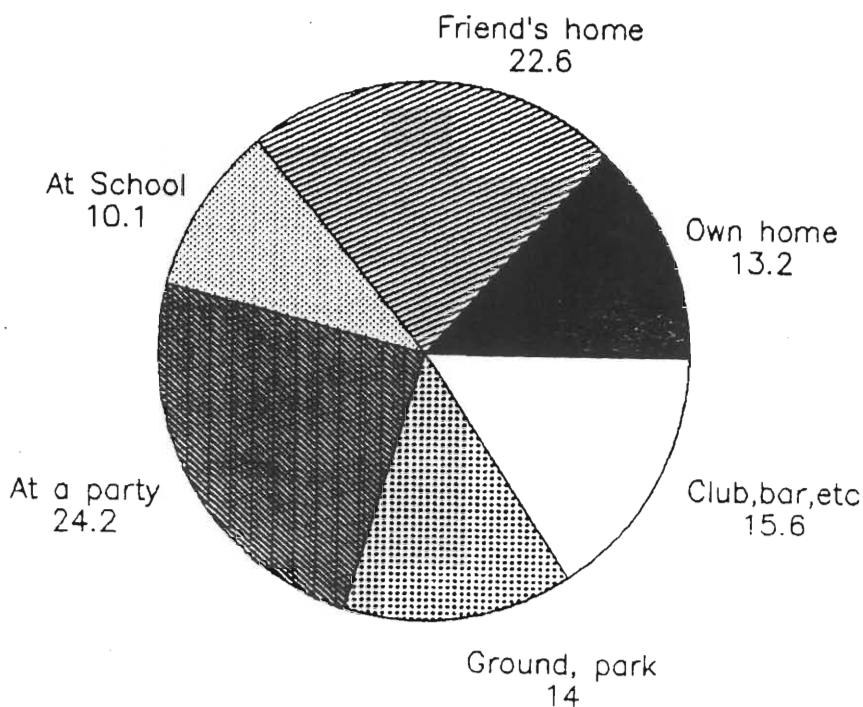
Thus it can be stated that the age of onset of drug use among adolescents is not a fixed one. This can be attributed to the discrepancy in the age of onset of initial drug use in this study.

However, the findings of this investigation revealed that pupils may start using drugs at an early age, and the rate of use may increase as the adolescent matures.

4.4.4 Analysis of Drug Users According to the Place Where they had their First Experience with Drugs

FIGURE 7

DISTRIBUTION OF DRUG USERS ACCORDING TO THE PLACE WHERE THEY HAD THEIR FIRST EXPERIENCE WITH DRUGS



An examination of Figure 7 shows that a fairly large percentage of the respondents, 24,2% stated that they had their first experience with drugs at a party; 22,6% reported

that they first experienced drugs at a friend's home'; 15,6% stated that they had first used drugs at a commercial location, (club, bar, cinema).

(14%) of the pupils reported having used drugs for the first time at a non-commercial location, (ground, park, pathway), 13,2% had their first experience with drugs in their own home, and finally 10,1% had their first experience with drugs at school.

Numerous investigations, inter alia, Calhoun (1974), Wechsler and Thum (1973) and Louw's study, cited in Cronje et. al. (1976) have also arrived at similar findings.

Louw cited in Cronje et. al. (1976:248) outlined the following reasons why juveniles may experiment with drugs at social gatherings or parties:

- a) There is a casual attitude at parties, and the crowd influences the individual.
- b) There is free and easy access to drugs and alcohol.
- c) People are stimulated sexually and brought to temptation to start using drugs.
- d) The individual wants to experience 'excitement' and may lose his/her self-control and act impulsively, thereby experimenting with drugs.

Levine and Kozak (1979:94) reported that, while high school students were asked only to note in which circumstances they were likely to use drugs, their responses indicated that both social and peer group activities were influential.

They concluded that 73% of the subjects they interviewed used drugs at 'parties' and 'dances', while 34,2% used drugs at 'concerts' or 'movies'.

This leads to the speculation that being entertained does not provide enough gratification without stimulation of drugs, and with so much in their lives to engage them, such students are nevertheless bored and seek relief by passive withdrawal, instead of positive activity.

It was noted in the present study that 22,6% of the respondents indicated that they had first used drugs at a 'friend's home'. It is worth noting that peer pressure plays a significant role in influencing an adolescent's life-style and behaviour.

Kandel et. al. (1976:46) examination of juvenile drug use indicated that an overwhelming majority of the respondents stated that they had first experienced drug use with friends, 59% being school friends.

In this regard it may be postulated that, the closer the individual is towards a friend who uses drugs, the greater the involvement in the use of drugs with such a friend.

In the present study, although only 10,1% of the respondents stated that they had their first experience with drugs at school, this figure, although comparatively low, shows that experimenting with drugs at school with friends, forms the 'gateway' to future drug use.

Another interesting finding in the present study is that, 13,2% of the respondents stated that they had their first experience with drugs in their own home.

It may appear that, the availability and accessibility of tablets, solvents, cough mixture preparations and so forth, gives the juvenile an opportunity to start experimenting with such substances in his own home.

Many investigations have concluded that there also appears to be a strong relationship between drug use among adolescents and drug use of their parents. Most of them have been summarized by Smart and Fejer (1972), Tec (1974), Jensen (1973).

It appears from these studies that children who experiment with drugs at home for the first time, do so because of their parents' permissiveness towards such drugs.

4.4.5 Analysis of Drug Users According to Person/s with whom they had their First Experience with Drugs

FIGURE 8

DISTRIBUTION OF DRUG USERS ACCORDING TO PERSON/S WITH WHOM THEY HAD THEIR FIRST EXPERIENCE WITH DRUGS

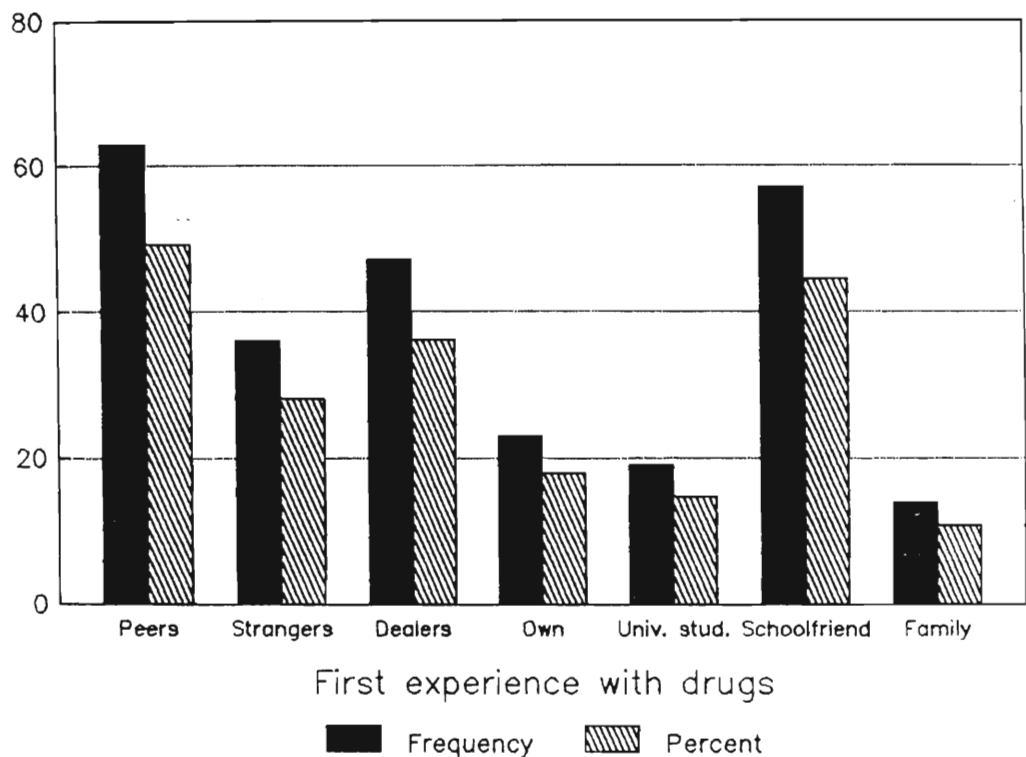


Figure 8 indicates that the highest percentage, 49% (63) of the respondents reported that they had their first experience with drugs with their peers. Forty-five percent (57) stated that they had their first experience with drugs with school-friends, 36% with sellers (dealers), 28% with strangers, 18% on their own, 15% with university students and 11% with family members (brother, cousin, etc.).

The importance of peer influence in drug use is probably the best and most consistently documented finding in all of the literature on adolescent drug use (Wechsler and Thum, 1973; McKillip et. al. 1973; Tec, 1974; Lawrence and Velleman, 1974; Jessor and Jessor, 1974; Kandel et. al. 1976).

It is thus a reasonable conclusion that the youth who uses drugs will differentially associate with other adolescent substance users. According to Radosevich et. al. (1980:148) peer influence is also found in those studies that ask respondents the settings in which they use drugs and the reasons for using drugs.

Hindelang (1976) cited in Radosevich et. al. (1980:148) found that the use of various drugs was one of the activities most often done in groups, even more often than any other deviant activity.

The reasons most often given for use of drugs consistently included, the desire to conform to peer expectations and perceived pressure from peers. Fears of their disapproval is often reported as reasons for use of drugs.

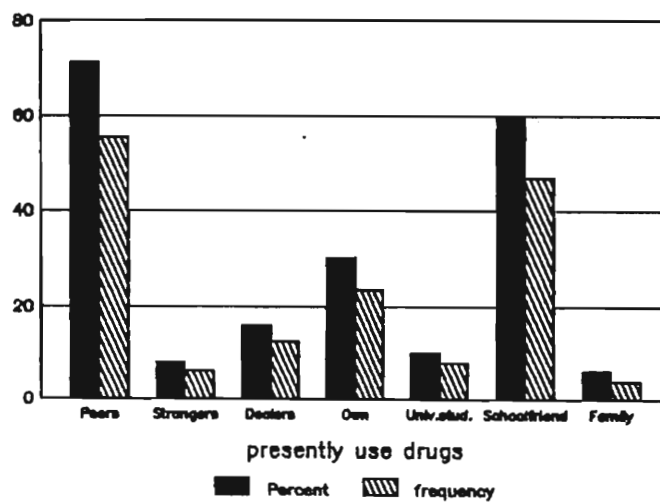
Therefore, the fact of primary peer group influence on adolescent drug use is well demonstrated. One process clearly demonstrated is that association with drug using peers, is a major source of supply and knowledge about drugs.

The above reasons regarding adolescents first experience with drugs with their school-friends, who may also be their close peers, can also be attributed to the relatively high percentage (45%) found in the present study.

4.4.6 Analysis of Drug Users According to Person/s with whom they Presently Use Drugs

FIGURE 9

DISTRIBUTION OF DRUG USERS ACCORDING TO PERSON/S WITH WHOM THEY PRESENTLY USE DRUGS



It is apparent from Figure 9 that drug use is largely a peer group activity. Approximately 56% of the respondents indicated that, at present, they use drugs with their peers,

47% stated that they presently use drugs with school-friends, 23,4% responded by saying that they use drugs on their own.

Lower percentages were reported by pupils who indicated that they presently use drugs with family member (3,9%), university students (7,8%) and strangers (6,2%).

Once again, these statistics point out that most adolescents use drugs because their peers or friends use drugs. Numerous research findings have also found evidence in support of these findings.

An alarming high percentage (47%) of the respondents said that they presently use drugs with school-friends. This illustrates that drugs are becoming increasingly accessible to school-children who are currently using these substances at school.

This now poses a major problem in trying to control and prevent such a situation in the school. In this regard, school personnel should try and take the necessary steps when such pupils are discovered to be using drugs at school, in order to prevent the problem from escalating.

4.4.7 Analysis of Drug Users According to Reasons for Taking Drugs

TABLE 9
DISTRIBUTION OF DRUG USERS ACCORDING TO THE REASONS FOR TAKING DRUGS

Reasons for taking drugs	Frequency	Percent
Friend/s use it	53	41,4
Rebellion against parents/ authority	23	18,0
Rejection	26	20,3
Relieve depression	23	18,0
Curiosity	27	21,1
Boredom	18	14,1
To get 'high'	48	37,5
Fun or 'kicks'	38	29,7
To relax	19	14,8
Perform better at school	10	7,8
To express feelings	10	7,8
Help control anger	7	5,46
Other	4	3,10

The respondents were asked the following pertinent question, "Which of the following best describes your reason/s for taking drugs?"

Table 9 indicates the variations of the responses received. It was ascertained that the highest number, 53 (41,4%) of the subjects used drugs because their friends or peers used drugs. Mclean and Bowen (1979:54) have reported that teenagers take drugs because,

"... everyone is doing it, and a youngster wants more than anything else to be accepted by the group, and if the group is using drugs, it is next to impossible to stay away from it".

It has been argued by Johnson (1973) cited in Van der Bergh (1979:8) that "... persons who spend a great deal of time with their peer group in relative isolation from adult controls, are likely to engage in a wide variety of unconventional behaviour".

In other words, the greater the peer cultural involvement, the greater the involvement in unconventional behaviour, especially the use of drugs.

In addition, other researchers have found peer use and peer approval of use to be important predictors of drug use e.g. (Beachy et. al. 1979; Radosevich et. al. 1980; Akers et. al. 1979; Mclean and Bowen, 1979; Oetting and Beauvais, 1986;

McKillip et al 1973). All these investigators have emphasised a strong positive relationship between peer use of drug and teenage drug use.

Thirty-eight percent of the respondents reported that they used drugs purely 'to get high'. It must be borne in mind that adolescents are at a critical stage of development where the transition is being made from teenager to adult.

At this stage of development they are faced with many psychosocial and psychological conflicts, namely, the search for identity and the need for peer group approval. In this situation, the adolescents' spirit of adventure and the need to experiment and to 'get high' is therefore enhanced.

These findings are in keeping with those of other researchers (Lombillo and Hain, 1972; Kandel and Faust, 1975; Friedman and Santo, 1984).

Among the other reasons listed for taking drugs, 29,7% (38) of the students reported using drugs mainly for fun or 'kicks'. Since drug use among adolescents is strongly influenced by peers, the desire to experiment and experience the effects of drugs is also encouraged by others.

A closer inspection of Table 10 and a review of the data shows that there was an overlap in these responses. For example, students who reported using drugs 'to get high' also stated that they use drugs purely for fun or 'kicks'.

Frenkel et. al. (1974:182) concluded from their investigation that 21% of the drug users became interested in drugs 'for kicks'. Similar findings were also noted by Kandel, Kessler and Marguiles (1978:25).

The findings of Block and Goodman (1978:944) also indicate that drugs were used for 'excitement' or 'kicks'. In addition, drug users were more likely to have plans to try drugs which they had not yet experienced, than students who did not use any illicit drug.

Twenty-one percent of the respondents in this study stated that they use drugs out of 'curiosity'. Many adolescents generally report that they experiment with drugs "just to see how it feels". They enjoy the euphoria and want to maintain it. Eventually, they will experiment with other drugs because they are curious about the effects of the various drugs they could experience.

✓ Mclean and Bowen (1970:55) reported that some students get carried away with the belief that drugs will expand their minds and give them a better understanding of themselves; therefore they become curious about different drugs and

their effects. Frenkel et. al. (1974:182) found that 33% of the drug users in their sample became interested in drugs "out of curiosity".

Friedman and Santo (1984:42) concluded from their investigation that 34% of male students and 45,5% female students stated that they use drugs mainly because of 'curiosity' and the 'desire to see for oneself what it is like'.

Nowlis (1971:18) also found that one of the chief reasons for drug use was 'curiosity' and a desire for some physical, psychological and social change.

Twenty-three (18%) of the respondents began using drugs because of 'rebellion against parents or any other form of authority'. It is reported by Mclean and Bowen (1970:55) that, "... students' frustration with war, the 'establishment', evils in society, their parents - are all too big to be handled". In this regard, drugs offer a ready escape for such a troubled adolescent.

The findings in the present study with regard to 'rebellion', tend to support the findings of Kandel, Kessler and Marguiles (1978:25). They found that adolescent initiation into drug use is mostly due to rebellion.

Harris (1971) cited in Brakarsh et. al. (1973:100) is of the opinion that drug usage is a form of rebellion against, or alienation from established society.

Similarly, Radosevich et. al. (1980:151) noted that adolescent substance use can be attributed to rebellion against adult models and authority in general, and parents specifically.

It should be noted noted that 18% of the respondents reported that they use drugs because of "feelings of rejection".

& Baron (1978:77) states that many teenager have an intense feeling of being rejected. This can be due to a combination of past experiences and also the physiological, physical and emotional changes they are undergoing.

✓ Once a teenager learns that drugs will 'black out' these feeling entirely while he/she is under the influence of drugs, he will turn to drugs as the most expedient way dealing with these uncomfortable personal issues.

✓ Blumensfield et. al. (1972:602) and Friedman's and Santo's (1984:43) findings that drug use is due to 'feelings of rejection', has also been noted by Tec (1972:662).

Nineteen (14,8%) of the respondents also indicated that one of the reasons given for them using drugs in "to relax". Tec (1972:662) investigated differential involvement with marijuana among high school students.

He concluded that 44% and 37% of the pupils who used marijuana regularly, did so "to make them feel happy" and to "feel free". The findings of Kandel et. al. (1978:25) are also similar to the ones just reviewed.

The present study also revealed that 18 (14,1%) of the respondents stated that they use drugs because of 'boredom'. In this regard, Coleman (1986:106) argues that 'boredom' is now a major cause of distress, anxiety and depression among teenagers, and their extra-ordinary dependence on drugs is just one more consequence of the teenagers' inability to cope with boredom and stress.

Since they cannot concentrate well, school appears to be very boring and unbearably dull and drugs are often used as a primary coping mechanism.

A slightly lower percentage 7,8% (10) of drug users stated that they presently use drugs 'to express their feelings' and to 'perform better at school', and 5,4% of the respondents reported that they use drugs, 'to help control their anger'.

The following 'other' reasons listed for using drugs were:

- a) to be in "fashion".
- b) to be a "sport".
- c) to "escape from problems".
- d) "machismo".

From the above discussion, it becomes imperative that the reasons that were stipulated by pupils in this study for using drugs, were diversified. It is this important to note that, when attempting to explain the reasons for drug use, especially among adolescents, one should not do so in isolation, but to view it in a broad perspective.

4.4.8 Analysis of Drug Users According to the Amount of Money Spent on Drugs per Week

FIGURE 10

DISTRIBUTION OF DRUG USERS ACCORDING TO THE AMOUNT OF MONEY SPENT ON DRUGS PER WEEK

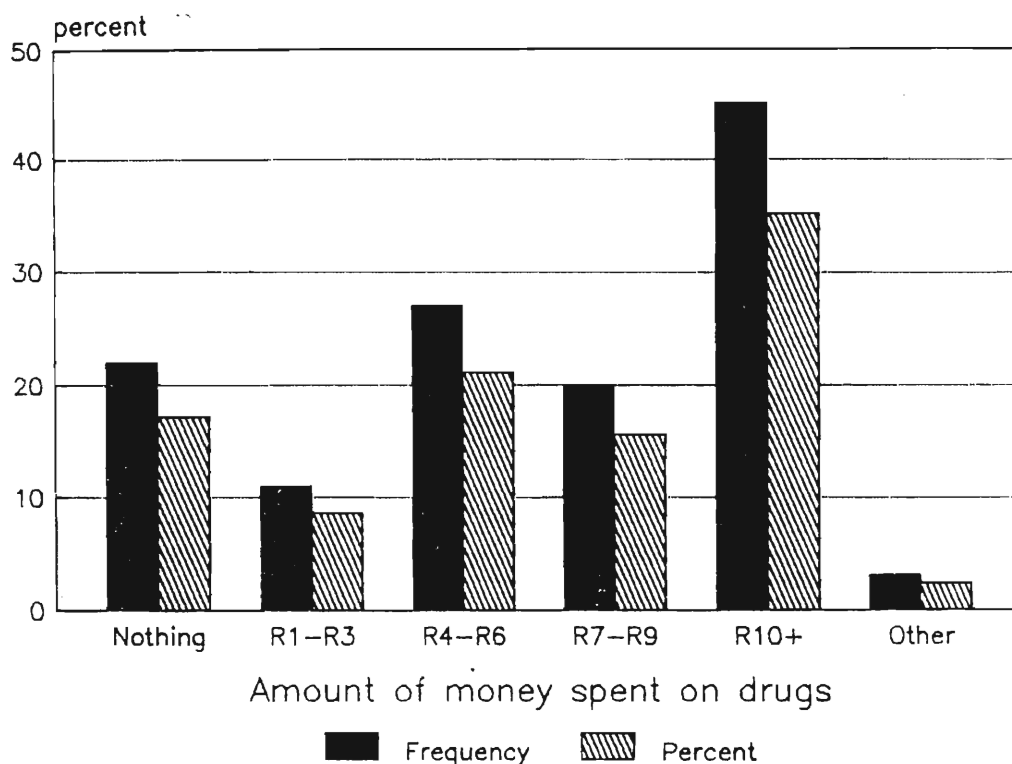


Figure 10 presents the frequencies and percentages of the amount of money spent on drugs per week. Forty-five (35,2%) of the pupils stated that they spent more than R10 per week to purchase drgs, 21,7% spent between R4 - R6, 16% spent between R7-R9 rands per week.

8.6% spent approximately R1-R3, and 17,2% reported spending nothing per week on drugs.

Enquiries by the researcher revealed that illegal drugs, for example, Mandrax and dagga, are only available from dealers on the "black market".

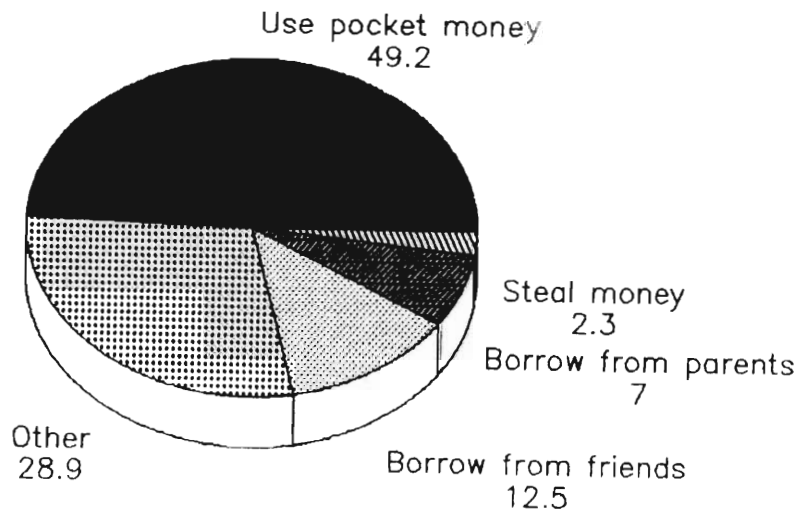
Informal conversations with dealers illustrated that, for example, one Mandrax tablet can be bought for approximately R8-R10, or even more at any given time.

This could be one of the reasons attributed to the high percentage (35,2%) of drug users who reported that they spend more than R10 per week on drugs.

4.4.9 Analysis of Drug Users According to the Sources of Supply of Money for Drugs

FIGURE 11

DISTRIBUTION OF DRUG USERS ACCORDING TO SOURCES OF SUPPLY OF MONEY FOR DRUGS



The way money is obtained for drugs

The respondents were also asked the following question: "How do you obtain money for drugs?" Figure 11 presents the responses to this question.

The highest percentages 49,2% (62) stated that they use their "pocket money", 12,5% indicated that they "borrow money from their friends".

Seven percent reported that they "borrow money from their parents", 2,3% stated that they "steal money in order to purchase drugs, and finally, 28,9% of the pupils indicated that they obtain money from other sources.

Some of the "other" methods of obtaining money for drugs included the following:

- a) work part-time.
- b) friend's buy it.
- c) "its given to me".
- d) from relatives.
- e) from dealers.

However, Cole and Hall (1970:108) have pointed out that most adolescent drug users obtained money for the cost of drugs in many ways, all of them 'bad'; aside from a few who received their supply legitimately from a doctor.

Furthermore, they found that the commonest crime was stealing, either money or goods, and the pawning of the stolen goods. This was followed by gambling, selling narcotics to others and prostitution.

What was very significant was that these acts were committed in support of the habit, not while the individual was under the influence of drugs.

4.4.10 Analysis of Drug Users According to Whether they were Under the Influence of Drug at School

TABLE 10

DISTRIBUTION OF DRUG USERS ACCORDING TO WHETHER THEY WERE UNDER THE INFLUENCE OF DRUGS AT SCHOOL

Under Influence of Drugs at School	Frequency	Percent
Yes	99	77,3
No	29	22,7
TOTAL	128	100

It is reported from Table 10 that a greater percentage (77,3%) indicated that they had been under the influence of drugs at school. Conversely, only 22,7% indicated that they were never under the influence of drugs at school.

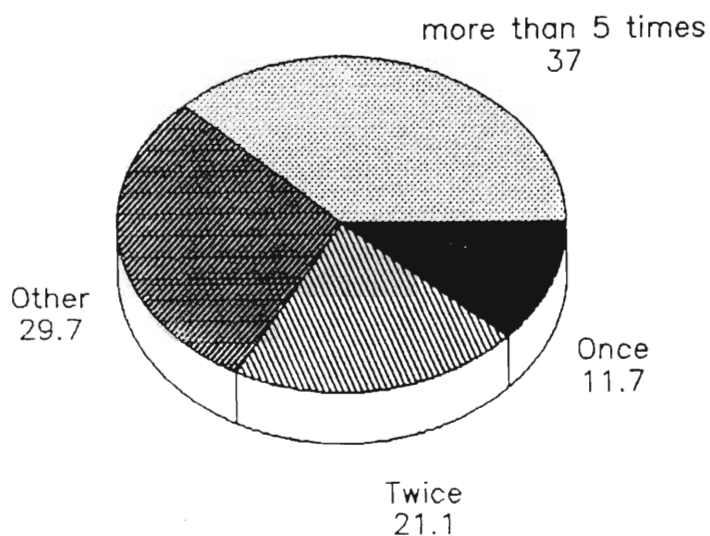
This percentage (77,3%) is alarmingly high and gives one an indication of the seriousness and urgency of the problem of drug use that is now becoming such a common phenomenon in Indian high schools.

School personnel, should be made aware of this disturbing figure, and preventative and drug educational programmes should be well designed and presented, in order to curtail this problem among school-going pupils.

4.4.11 Analysis of Drug Users According to the Number of Times they had been Under the Influence of Drugs at School

FIGURE 12

DISTRIBUTION OF DRUG USERS ACCORDING TO THE NUMBER OF TIMES THEY HAD BEEN UNDER THE INFLUENCE OF DRUGS AT SCHOOL



No. of times under influence of drugs

Figure 12 illustrates the percentages of the number of times the respondents had been under the influence of drugs at school. It was recorded that the highest percentage (36,7%) stated that they were under the influence of drugs at school more than five times, 21,1% indicated that they were under the influence of drugs at school on two occasions, 11,7% stated that they were under the influence of drugs only once, and approximately 29,7% responded in the "other" category.

Once again, this leads one to the speculation that more and more teenagers are attending school whilst being under the influence of drugs. In a newspaper report (Post, Natal, Dec. 14, 1987), it was reported that teachers have been complaining about the alarming rate of drug and alcohol use among pupils.

Furthermore, teachers have voiced their concern at the number of pupils coming to school either drugged or drunk. It may appear that some of the teachers are not adequately equipped to deal with the problem, and in this way many pupils who genuinely have a serious drug problem, are often overlooked and sometimes even ignored.

In this regard, the response should entail drug education programmes that are preventative and therapeutic, rather than merely punitive.

4.4.12 Analysis of Drug Users According to Breaking School Rules whilst being Under the Influence of Drugs at School

TABLE 11

DISTRIBUTION OF DRUG USERS ACCORDING TO WHETHER THEY HAD BROKEN SCHOOL RULES WHILST UNDER THE INFLUENCE OF DRUGS

Have you broken school rules	Frequency	Percent
Yes	76	59,4
No	52	40,6
TOTAL	128	100

Seventy-six (59,4%)m of the pupils responded affirmatively and 52 (40,6%) replied that they did not commit any offence or broke any school rules whilst being under the influence of drugs.

Empirical research concentrating on the relationship between adolescent drug use and self-reported delinquency at school has been limited.



Beachy et. al. (1979:313), however, point out that there is some evidence to indicate that those individuals with high rates of delinquency also have high rates of drug and alcohol use, and those with low rates of delinquency tend to have low rates of use of these substances.

McBride and McCoy (1981:282) observed that, "... a large proportion of criminals have engaged in drug use and a large proportion of drug users have engaged in criminal behaviour. However, part of the relationship between drugs and crime, is the result of the legal system that makes the possession of certain drugs illegal in itself.

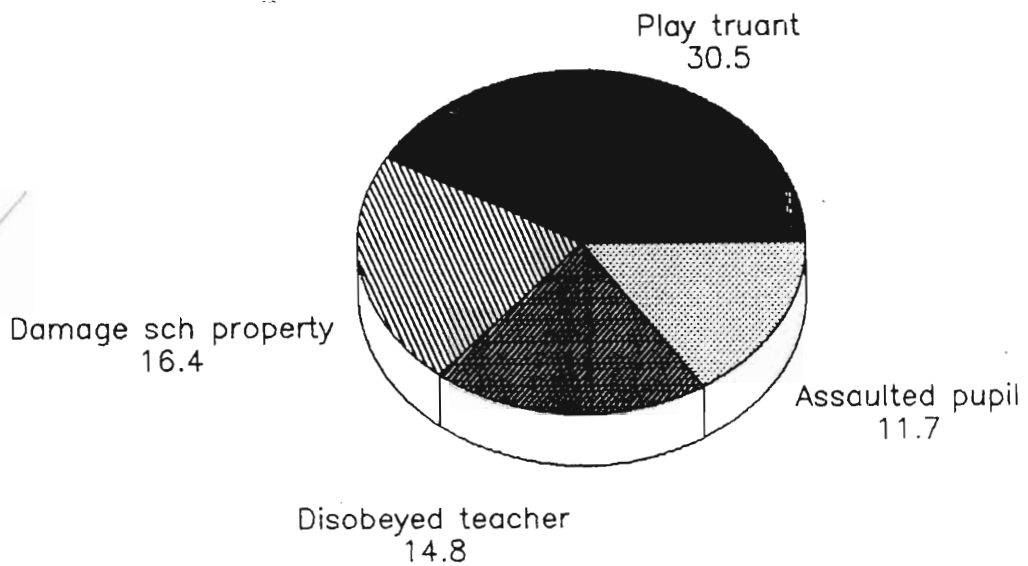
Although much misconduct and delinquent behaviour is undoubtedly committed under the influence of some drug, we cannot simply conclude that drugs are the only direct cause.

Much depends on the human and social factors - these substances do not have the same effect on everyone, and the consequences are not the same for everyone. Therefore not all drug users commit offences and vice versa.

4.4.13 Analysis of Drug Users According to Types of Deviant Acts Committed at School

FIGURE 13

DISTRIBUTION OF DRUG USERS ACCORDING TO TYPES OF DEVIANT ACTS COMMITTED AT SCHOOL



Deviant acts committed at school

In this study it was reported that approximately 39 (30,5%) of the pupils "played truant" from school, 21 (16,4%) indicated that they "damage school property", 19 (14,8%) stated that they "disobeyed a teacher", and 15 (11,7%) of the respondents said that they "assaulted another pupil".

This illustrates that there appears to be a correlation between drug use and juvenile delinquency especially at school.

The findings of Wechsler and Thum (1973:1223) also lend support to the results of the present research. In their study on teenage drinking and drug use, they concluded that the following types of delinquent activities were the most common, namely, cheating at school, fighting, theft, property damage, and trouble with school authorities.

Levine and Kozak's (1979:97) study on drug use and vandalism also provided interesting information about student delinquency. It was found that 17% of the fifth and sixth graders in their study reported having fought with another student, whilst only 13,3% of the pupils of the seventh and eighth grades reported having resorted to this behaviour.

The study of Blumensfield et al (1972:609) also confirm the relationship between drug use and delinquency. They concluded that the drug users, when compared to non-users, tended to believe that the "system" had unjust laws.

Furthermore, they reported that the drug users were also more likely to have violated the law, had trouble in school, and had early sexual experiences.

Relevant research has found that youths who do not attend school regularly have higher drug use rates than those who do (Kandel, 1975,: Smart, 1975).

Elliot and Ageton (1976) cited in McBride and McCoy (1982:142), in a major longitudinal study of delinquent behaviour, found a strong correlation between the commission of delinquent acts, primarily property crimes, and the use of all types of illicit drugs, particularly marijuana.

These researchers have also reported that all types of drug users are more likely to commit property crimes and less likely to commit crimes against persons.

A study by Beachy et. al. (1979:374) also illustrated the relationship between drug use and delinquency. In this study the researchers weighted the nature of the delinquency, with a numerical code, for example, a weight of "4" indicated a "serious offence", an item with a weight of "2" indicated a "moderately serious offence", and a weight of "1" indicated the "least serious offence".

From their study, the following results were significant:

<u>ITEMS</u>	<u>WEIGHTS</u>
Hurt/assault somebody badly	4
Hit/disobeyed instructor or supervisor	2
Damaged school property on purpose	1

The results of Beachy's study suggested that there is at least a rough association between drug use and certain types of delinquent behaviour.

What should be noted is that, the practical benefit of research in this area should be of considerable benefit to teachers and staff members, who come into contact with such delinquent behaviour at school.

Programs should be designed so that this kind of behaviour could be detected early, and the necessary steps should be taken to try and prevent such behaviour.

It must be stressed that where drug education programs are utilized, the "education" should be relevant to the school children and their social environment, and should aim at providing them with guidelines for alternative lifestyles, where illicit drug use has no place.

In essence, if it is possible to learn about the drugs that are preferred by the youth, it may also be possible to predict his/her level of delinquency.

Such information could be used to sensitize the teachers and other staff members of the pupils who use drugs, and they could incorporate this information into programs that may be used to modify such behaviour.

4.4.14 Analysis of Drug Users According to Whether
Teacher Caught them Using Drugs

TABLE 12

DISTRIBUTION OF DRUG USERS ACCORDING TO WHETHER A
TEACHER CAUGHT THEM USING DRUGS

Did a teacher catch you using drugs?	Frequency	Percent
Yes	40	31,25
No	87	67,96
Not Applicable	1	0,78
TOTAL	128	100

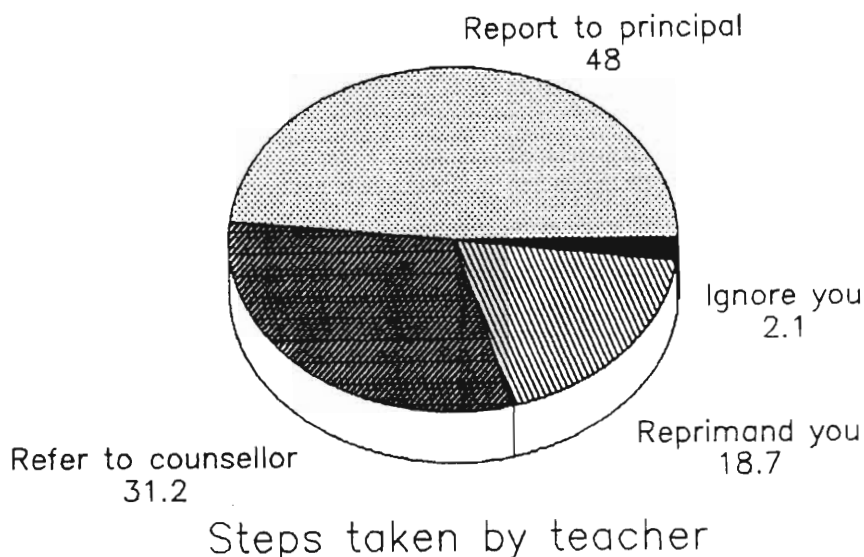
The data in the present study reflected that, in 31,25% (40) of the cases, a teacher caught the pupils taking drugs, whilst 67,96% (87) reported that they were not caught by a teacher for using drugs.

The respondents were also asked what steps the teacher resorted to, if he/she found out that they were using drugs.

4.4.15 Analysis of Drug Users According to the Steps Taken by the Teacher

FIGURE 14

DISTRIBUTION OF DRUG USERS ACCORDING TO STEPS TAKEN BY THE TEACHER



Forty-eight percent of the pupils stated that the teacher "reported them to the principal", 31.2% indicated that the teacher "referred them for counselling", 18.7% said that the teacher "reprimanded them" and 2.1% of the pupils reported that the teacher ignored him/her.

From these variations in the responses received, it can be assumed that most teachers are not adequately prepared to deal with the problem of drug use among their pupils.

It is thus envisaged that trainee teachers should be educated regarding the identification of potential drug users in their classroom, and they should take the appropriate steps to prevent or rehabilitate pupils who are manifesting a drug problem.

4.4.16 Analysis of Drug Users According to Whether Parent/Guardian 'caught' them Using drugs

In response to the question, "Did your parent, step-parent, guardian "catch" you using drugs?", the following responses were received.

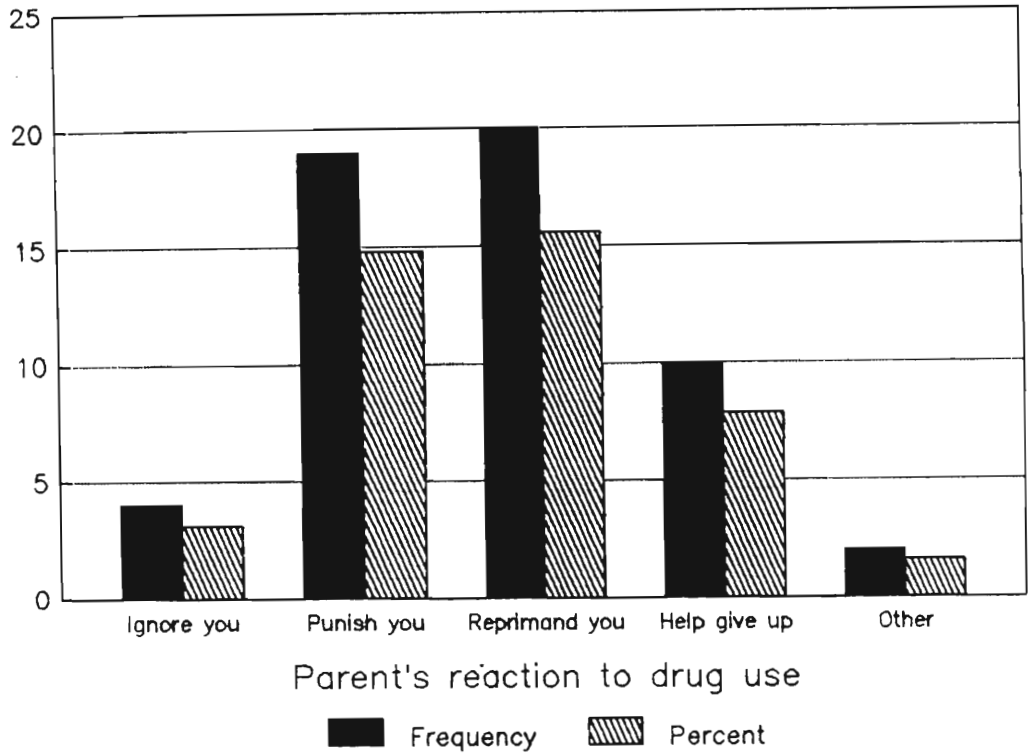
It was reported that 48 (37,5%) of the pupils acknowledged the fact that their parent/s, step-parent/s or guardian/s knew about their indulgence in drugs.

On the other hand, 80 (62,5%) indicated that their parent/s, step-parent/s or guardian/s did not know or find out about them using drugs.

4.4.17 Analysis of Drug Users According to their Parents' Reaction to Drug Use

FIGURE 15

DISTRIBUTION OF DRUG USE ACCORDING TO THEIR PARENTS' REACTION TO DRUG USE



In Figure 15 the distribution of drug users according to their parents reaction to drug use is reported. Twenty (15,6%) of the drug users stated that their parents "reprimanded them", 19 (14,8%) indicated that they were "punished" by their parents, 10 (7,8%) said that their parents "helped them give up drugs" and 4 (3,1%) reported that their parents "ignored them".

This differential reaction by the parents can be attributed to the kind of discipline the child receives from his/her parents. In this regard, the role of both parents in socialising and disciplining the child is emphasised.

Cornacchia et. al. (1978:13) are of the opinion that, although parents are primarily responsible for the medical and health care of their children, they:

- a) often do not recognise problems;
- b) frequently do not know what to do when a deviation occurs, and may turn to the school for guidance, and
- c) often ignore their responsibility and continue to send their children with drug problems to school to be educated.

Cronje et. al. (1976:104) have argued that, "... the exercise of parental discipline consists in the parents' way of creating, or failing to create a specific order in the lives of their children, and the extent of their success or failure in using discipline, lays the basis for the socialization of their offspring".

It thus appears that, when there is an inconsistency between parents in disciplining their children, no authority can be established, since parental influence suffers because the children rejects parental authority and lose respect for their parents.

Once again, the data presented in Figure 15 serves as a clear indication of the types of parental reaction towards their children who are using drugs.

4.4.18 Analysis of Drug Users According to Whether they Need Help to "kick the habit"

TABLE 13

DISTRIBUTION OF DRUG USERS ACCORDING TO WHETHER THEY NEED HELP TO "KICK THE HABIT"

Do you need help to "kick the habit"	Frequency	Percent
Yes	49	38,3
No	58	45,3
Don't know	21	16,4
TOTAL	128	100

Table 13 reflects the data of drug users according to whether they feel that they need help to 'kick the habit'.

Fifty-eight (45,3%) indicated that they do not require any help to 'kick the habit', 49 (38,3%) responded positively, namely, that they do require help, and finally 21 (16,4%) indicated that they "don't know" whether they require help to "kick" the habit.

It was ascertained that, those pupils who indicated that they do not need help 'to kick the habit' did so because, they felt that they did not consider their use of drugs to be a major problem.

Another reason that could also be attributed to the negative response of whether they need help to 'kick the habit', may be that, some of the pupils were afraid that they may become exposed and labelled as drug addicts.

When the respondents were asked to specify the place where they could go to get help, the following responses were received:

- a) indicated that they would go to a social worker to get help;
- b) reported that they would go to SANCA, and
- c) stated that they would go to guidance counsellor.

An interesting finding was that, 78,1% of the pupils stated that this question did not have any value for them.

This may serve as an indication that the majority of drug users were unaware of any drug treatment services where they could go, to in order to get help for their problem.

This demonstrates that there is now a dire need for properly administered drug treatment services, especially in the schools. Such services should be designed in such a manner so that pupils would go voluntarily - without any coercion, to seek assistance for their problem.

4.4.19 Analysis of Drug Users According to Whether they Felt that Drug Use is Increasing in their Community

TABLE 14

DISTRIBUTION OF DRUG USERS ACCORDING TO WHETHER THEY FELT THAT DRUG USE IS INCREASING IN THE COMMUNITY

Is drug use increasing in your community?	Frequency	Percent
Yes	63	49,21
No	49	38,28
Don't know	16	12,5
TOTAL	128	100

It can be seen from Table 14 that 63 (49,21%) of the respondents felt that drug use is now considered to be an increasing problem in their community, 49 (38,28%) indicated that drug use is not an increasing problem, and 16(12,5%) stated that they did not know whether the problem of drug use is an increasing problem in their community.

From the responses received, it may be assumed that most pupils are aware that there is now a serious drug problem facing many pupils in their community.

However, the question one may ask is, "What is being done to try and prevent and remedy this problem?" There are no simple solutions to this question, since the whole problem of drug use, especially among teenagers is a complex one.

Any attempt at designing an effective drug education prevention program should take into account a multiplicity of variables such as, psychological, social, cultural, psychosocial and economic factors, this would ensure success of such a program.

4.4.20 Analysis of Drug Users According to the Extent of the Problem of Drug Use

FIGURE 16

DISTRIBUTION OF DRUG USERS ACCORDING TO THE EXTENT OF THE PROBLEM OF DRUG USE

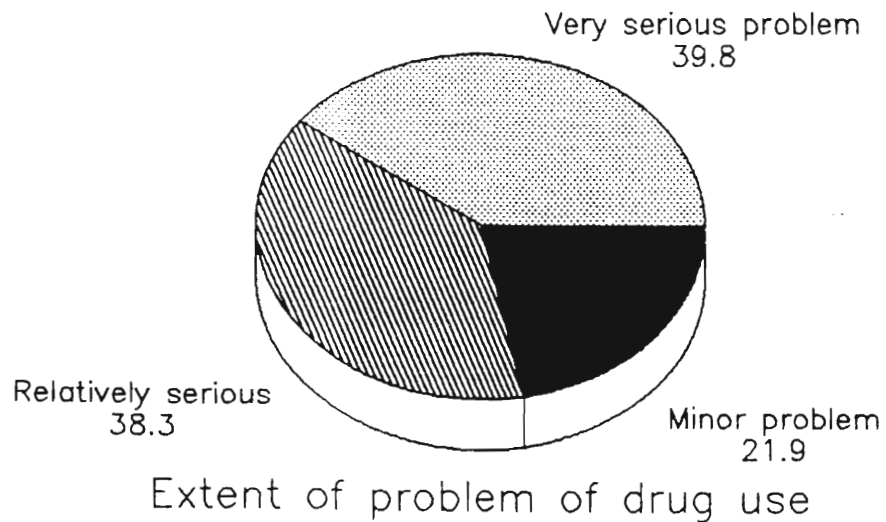


Figure 16 illustrates to what extent pupils consider the problem of drug use to be serious. Fifty-one (39,8%) felt that drug use among school pupils is now a "very serious problem".

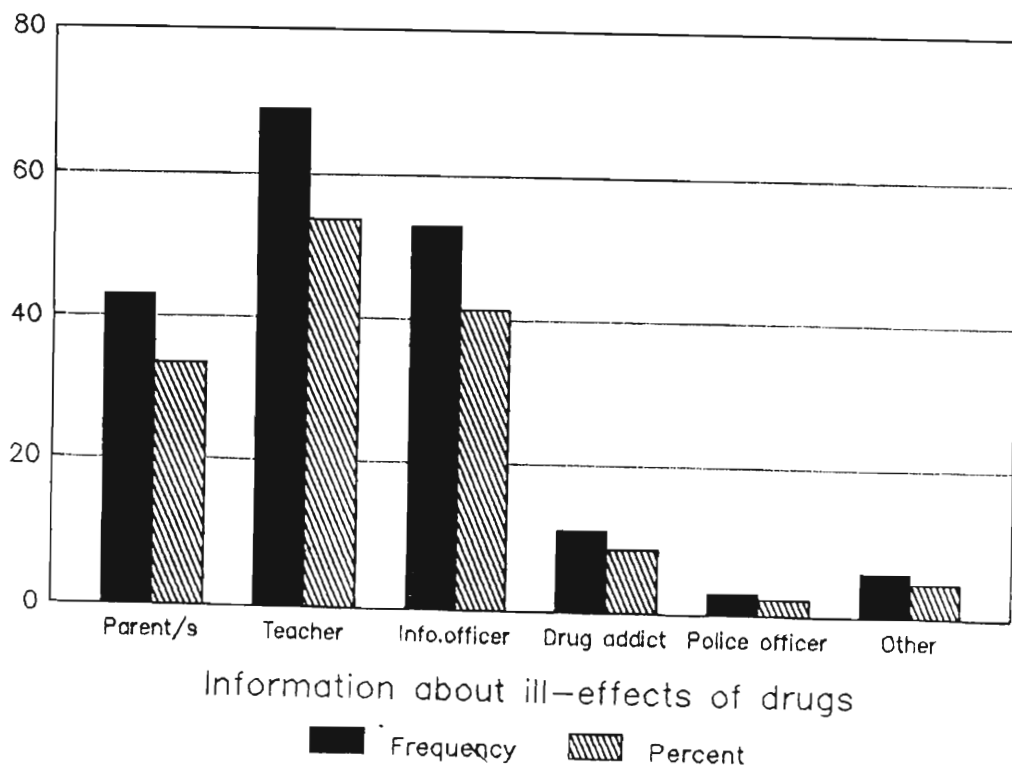
Forty-nine (38,3%) indicated that it is a "relatively serious problem", and 28 (21,9%) responded by saying that drug use is a "minor problem" in their community.

Once again, this demonstrates the perceived urgency of the situation. It is thus imperative that immediate steps be considered to prevent this grave problem from reaching uncontrollable and unmanageable proportions.

4.4.21 Analysis of Drug Users According to Information Received about ill-effects of drugs

FIGURE 17

DISTRIBUTION OF DRUG USERS ACCORDING TO INFORMATION RECEIVED ABOUT ILL-EFFECTS OF DRUGS



Sixty-nine (53,9%) of the pupils reported that they had received information about the ill-effects of drugs from their teachers, 53 (41,4%) indicated that they were told about the negative effects of drugs by an information officer, and 43 (33,6%) reported that they were given advice about drugs by their parents.

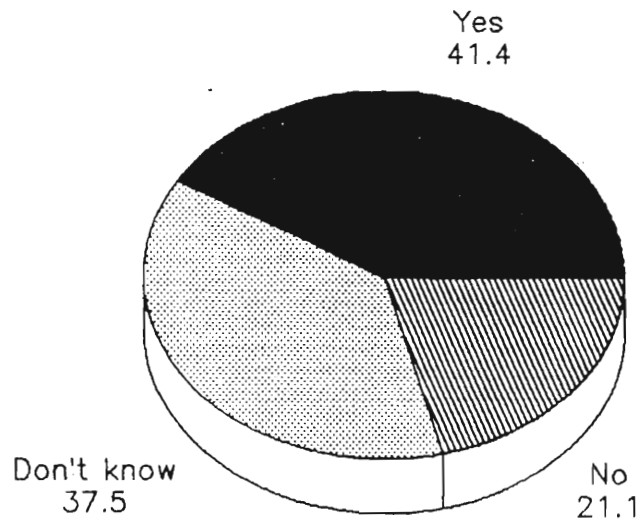
Among the other sources of information about the ill-effects of drugs, 8,9% reported receiving information about drugs from a former drug addict, 2,4% from a police officer, 4,7% reported receiving information from other sources, e.g. family members, friends, newspapers, magazines, etc.

In a study on dagga use, Le Roux and Botha (1983:19) also asked whether any teacher had warned them against the use of dagga. They concluded that more than half of the non-dagga smokers answered in the affirmative, as opposed one quarter of the chronic dagga smokers.

Furthermore, these authors have argued that it is probable that warnings by teachers, positively affected some of the non-dagga smoking respondents. Indeed, a number of respondents reported that had it not been for the role a specific teacher had played, it is likely that they would have started to use dagga.

4.4.21 Analysis of Drug Users According to Benefit from Information on ill-effects of Drugs

FIGURE 18
DISTRIBUTION OF DRUG USERS ACCORDING TO BENEFIT FROM INFORMATION ON ILL-EFFECTS OF DRUGS



The data in the present study shows that 41,4% of the respondents in the sample indicated that the information they had received about the ill-effects of drugs was useful.

(21,1%) of the pupils felt that the information they received did not really influence their behaviour and attitudes to drugs.

A relatively high number 48 (37,5%) indicated that they did not know whether such information was of any value to them.

It thus appears that adult models and their attitude towards drug use can have a negative influence on young people who are contemplating the use of drugs.

It should be noted that the manner in which such information is presented to the pupils can drastically affect their attitudes either to start experimenting with drugs, or refraining from drug use.

4.5 CONCLUSION

Analysis and interpretation of the data has revealed that the causes of drug use among school pupils is a perplexing phenomenon.

Studies on drug use have attempted to isolate numerous variables and they have been compared to drug users as well as non-users.

In this investigation the researcher also attempted to compare personal or biographical details of both drug users and non-users in the selected schools studied. What appears from this investigation is that, both drug users and

non-users same from divergent socio-economic backgrounds, although drug users tended to be more represented among the lower socio-economic group.

Although unfavourable family background was slightly more prevalent among the drug users, they did not account completely for significantly more drug use, since non-users who suffered the same plight of unfavourable home background, did not resort to the use of drugs.

In this investigation it was also established that male pupils showed more preference for the use of drugs than female pupils, and the average age of the drug users appeared to be between 15 - 17 years of age. , *ref. 216 217 218*

Pupils who showed more identity and affiliation towards their religion, were less likely to engage in the use of drugs, but one cannot categorically state that drug use is a characteristic of a particular religion.

It also appears that the influence of the peer group has contributed significantly to most of the pupils initiation into drug use. The stronger the peer influence, the greater the opportunity to start experimenting with drugs which could eventually lead to dependency on such drugs.

It was also reported that most of the drug users indicated they ~~they~~ had received some information on the negative aspects of drugs from their teachers.

In this regard it is advocated that teachers and guidance counsellors can play a vital role in influencing the lives of potential drug users, since these pupils spend a greater part of their time in the school situation.

What the drug using pupils require is positive interrelationships and the opportunity for communication with their parents, teachers and other adult role models.

This could enable them to develop a more positive attitude thereby channelling them away from the use of potential habit-forming drugs.

Thus, one has to be very careful not to assume simplistic causal relationships when trying to explain drug use among school pupils in particular.

Therefore it becomes imperative that a multitude of variables should be taken into account when trying to arrive at some reasonable and acceptable motivations for drug use.

CHAPTER FIVE

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 GENERAL CONCLUSIONS

It has been ascertained from this investigation that there appear to be certain fundamental differences between the biographical details of drug users and non-users.

With regard to sex, it was found that a greater percentage of the pupils who admitted to using drugs were males, the percentage of females who admitted to drug use was significantly lower (see Table 3). Among other researchers who support this conclusion are Suchman (1968), Berg (1970), Block and Goodman (1978) and Bachman et. al. (1978).

Numerically, there was not much difference between the sexes among the non-users, when compared to the drug users. It is quite possible that, because girls in the Indian community enjoy a more sheltered life than boys, and because girls are subject to harsh public opinion in respect of drug use, they tend to resort to less drug use.

Regarding the religious affiliation of drug users and non-users, it was ascertained that the highest number of respondents in this sample followed the Hindu religion.

Because of the uneven distribution of pupils in the different religious groups, it was difficult to ascertain whether this relationship between religious affiliation and drug use was a real one, or merely a reflection of a greater number of pupils belonging to the Hindu religious group in the population generally.

In terms of the pupils' attitude towards religion, it was concluded that a significantly higher percentage of drug users, in comparison to non-users, felt that religion did not have any value in determining their life-style.

Although no firm conclusions can be drawn as to which religious groups produced more drug users, it was interesting to note that a large proportion of the drug users attached little significance to religion.

Once again, it can be assumed that religion, which once was a binding force in the Indian family, seemed to be "watered down" in the homes of drug users. This fact, together with all other situational factors may have given rise to pupils using drugs.

The findings of Burkett (1975) and Amoateng and Bahr (1986) also supports the contention that drug use is less frequent among those pupils involved in religious activities.

Another significant conclusion in this investigation was that the highest percentage of pupils who used drugs were more represented in the higher standards at school, (Std 8, Std 9 and Std 10), and fell into the age category of 17-20 years.

Due to uneven distribution of pupils per standard in the different schools, the researcher attempted to establish the total number of pupils per standard in the sample. Upon closer examination, it was concluded that the highest percentage of the pupils who use drugs were the matric pupils.

The findings with regard to poor school performance and drug use indicate that a greater proportion of the drug users, when compared to the non-users, found school to be very dull and boring. A negative attitude toward schooling and failure and poor performance at school, could therefore be correlated with drug use.

The findings of Anhalt and Klein (1976); Lawrence and Velleman (1974) and Smith (1973) cited in Radosevich et. al. (1980) lend support to this conclusion.

Due to the fact that this was not a longitudinal study, and all variables were not explored thoroughly, one cannot be specific in assuming a definite correlation between poor school performance and drug use. Further investigation is suggested in this regard.'

In respect of the findings relating to the make-up of families, a somewhat higher proportion of the drug users came from broken homes and were living with foster parents or guardians.

Step-parents were also more significantly represented amongst drug users than non-users. Numerous researchers have also concluded that marital status of parents/guardians is also related to student drug use, and drug users were reported to have more unsatisfactory relationships with their parents (see Chapter 4, 4.3.8).

In addition to the larger proportion of drug using pupils having fathers with low status occupations, it was also reported that a number of their mothers were either employed or trying to seek employment.

Research revolving around working mothers and drug use among their children denies any relationship between the two factors, provided that sufficient attention is given to her family, and that she improves the financial conditions at home. However, if the mother works, it has been postulated

that the child may not be supervised as closely as when the mother is at home. This could increase the involvement of drug use by these children. Consistent with this interpretation are the findings of Harbin and Maziar (1975) and Hirsh (1961).

With regard to the type of drugs used by the respondents, it was found in this study that the majority of pupils have shown a greater preference for dagga, mandrax, codeine (found commonly in cough mixture preparations) and inhalants. Other drugs, for example valium, cocaine and amphetamines, were not as significantly represented.

It may be assumed that most pupils used drugs such as codeine, dagga and inhalants mainly because they are easily available. Other reasons cited for the preference of these drugs were that they were considered to be less dangerous, and because they were fairly cheap. In respect of dagga use, Single, Kandel and Faust (1974), Smart and Fejer (1972) and Tec (1972) also concur with the findings of this investigation.

With regard to the use of Mandrax, it may appear that, because of its extremely addictive properties, individual users are forced to use more and more of the drug, in order to gain the desired effect. This may contribute to a large number of the respondents using Mandrax.

It was also concluded that the use of inhalants among young children is increasing rapidly in the Indian population. This could be attributed to numerous factors, inter alia; they require no preparation, they are easy to use, and they are found in most commercial aerosol spray cans in many households.

What is surprising is that the use of drugs is gradually filtering down to the younger and younger age group, and more and more school-children are becoming curious about experimenting with drugs. It is also worth noting that the danger associated with the use of inhalants was that youngsters may start off with inhalants, and then gradually progress to the more dangerous and addictive substances.

Other drugs such as LSD, valium, cocaine and so forth were hardly reported to be used by the respondents.

The use of codeine was also reported to be one of the common drugs that were widely used by the respondents. It may appear that many young people who use substances containing codeine, may be unaware of the untold psychological and physiological damages they may be causing themselves. Stricter control and dispensing measures are advocated in this regard.

The use of amphetamines was also reported in this investigation. It is possible that most of the pupils who indicated that they used amphetamines (including slimming pills) did so once they had experienced the effects, and because they are also easily available over-the-counter.

The indiscriminate use of "keep awake tablets" by pupils was also reported in this investigation. It appeared that most of the pupils stated that they used such "pep-pills" mainly to keep awake at night when studying, or to stay up late at night at parties.

More stringent measures to control the non-medical use of these drugs are suggested, and the youth should be educated and advised about the misuse of these drugs for euphoric purposes.

Upon closer examination of the frequency of use of the different drugs, it was concluded that the highest percentage of the respondents used inhalants on a daily basis, followed by codeine, dagga and mandrax.

What is alarming is that those respondents who indicated that they use these drugs on a daily basis, may eventually become physically or psychologically dependent. This may create tremendous drawbacks when trying to treat such individuals in refraining from further drug use.

With regard to the age when respondents first started using drugs, the data in this study showed that a higher percentage of the respondents had started using drugs at the age of 13 years. It may appear that the likelihood of starting to take drugs decreases with increasing age.

Many investigations such as Louw (1976); Cole and Hall (1970) and van der Bergh (1979) have also arrived at the similar conclusion, namely that, respondents reported using drugs for the first time at the average age of 13 years.

In the present study it was found that a higher percentage of the pupils stated that they had their first experience with drug 'at a party', 'at a friend's home' or at a commercial location (club, bar, cinema).

A slightly lower percentage of the pupils reported that they had used drugs for the first time at a non-commercial location (open-ground, park, pathway). This conclusion is also supported by the findings of inter alia, Calhoun (1974); Wechsler and Thum (1973) and Cronje et. al. (1976).

In this regard the influence of the peer group is highlighted. It may therefore be postulated that the closer the young person is towards a friend who uses drugs, the more likely the involvement in the use of drugs with such a friend.

With regard to the person/s with whom pupils had their first experience with drugs, it was reported that a significantly higher percentage of the pupils had indicated that they had their first experience with drugs with their peers. A slightly lower percentage of the pupils indicated that they had their first experience with drugs with dealers, university students, family members, or on their own.

It has been suggested that the most common reasons given for the use of drugs may include the desire to conform to pressure from peers. Furthermore, many youngsters felt that fear of their disapproval by peers was often reported as one of the reasons for the use of drugs.

The following conclusions emerged regarding the most common reasons advocated by the pupils for using drugs. The highest number of pupils stated that they use drugs because their 'friend's use it'. Once again, it may appear that a youngster who spends a great deal of time with his/her peer group, in relative isolation from adult control, is more likely to engage in a wide variety of unconventional behaviour - one of them may be the use of drugs.

This fact has been well documented by many researchers, namely, Beachy et. al. (1979); Radosevich et. al. (1980); Akers et. al. (1979); Mclean and Bowen (1979); Oetting and

Beauvais (1986) and McKillip et. al. (1973). These researchers have established that peer use and peer approval of use, were found to be important predictors of drug use.

Other reasons stated for the use of drugs included, inter alia, 'boredom', 'for kicks', 'curiosity', 'to get high', and so forth. These reasons may conceivably heighten the likelihood of peer influence in drug use.

It was also reported that the findings of the present study with regard to 'rebellion' tend to support the conclusions of Kandel et. al. (1978) and Radosevich et. al. (1980). These researchers have also deduced that adolescent initiation into drug use is mostly due to 'rebellion'.

From the findings of this study it was further concluded that many of the pupils also cited amongst other reasons; 'feelings of rejection', 'to relieve depression'. 'to relax', 'to perform better at school', 'to express feelings' and 'to help control anger', for using drugs.

In this study, it was ascertained that the reasons that were outlined by the respondents for using drugs, were diversified. Therefore, one should, of necessity, take into account all these variables when trying to explain drug use among pupils.

The findings of this study also revealed that the highest percentage of the drug users reported to have spent more than R10 per week on drugs, and most of the pupils indicated that they had used their "pocket money" to purchase drugs. Among the other methods of obtaining drugs, it was also reported by some of the pupils that they 'work part-time' or 'its given to them' or their 'friend's buy it for them'.

However, one should note that not all drug users obtain money for drugs through the legitimate and conventional channels. Some resort to unconventional or deviant means, for example, stealing, gambling, prostitution, in order to supplement their resources to purchase drugs.

It was also concluded from this study that the majority of drug users indicated that they had been under the influence of drugs at school. The highest percentage of the respondents stated that they had been under the influence of drugs at school on more than five occasions per week.

This reflects the urgency of dealing with growing problem of drug use among pupils in most Indian secondary schools. However, this problem could be curtailed with more drug education programmes that should be designed to be preventative and therapeutic, rather than being purely punitive.

Another interesting deduction of this study was that some of the pupils who indicated that they had attended school whilst being under the influence of drugs, had also indicated that they had broken school rules, or engaged in some sort of deviant activity.

Researchers such as Beachy et. al. (1979) and McBride and McCoy (1982) have indicated that those individuals with high rates of delinquency also have high rates of drug abuse, and vice versa. Although not specifically researched, this tendency appears to have emerged in the present study.

Although much misconduct and delinquent behaviour may undoubtedly be committed under the influence of drugs, one cannot conclude that drugs are the only direct cause. One should also consider the individual - human factors which may influence the individual to engage in the use of drugs.

Furthermore, all drugs may not necessarily have the same effect on everyone, and the outcome of such drug use may not be the same for everyone. It is thus postulated that not all drug users commit offences and vice versa.

Of those pupils who indicated that they had committed any deviant act at school, the highest percentage of the respondents indicated that they 'had played truant from

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school' - some stated that they had 'damaged school property', they were 'disobedient towards a teacher', and some also reported that they had 'assaulted another pupil'.

The findings of Blumensfield et. al. (1972); Levine and Kozak (1979) and Wechsler and Thum (1973) have also documented this relationship between drug use and delinquency. Kandel (1975) and Smart and Fejer (1972) have also established that youths who do not attend school regularly, have higher drug use rates than youths who do not.

From the present investigation it was also found that pupils had indicated a teacher had identified some of the pupils to be using drugs. However, the actions taken by the teacher who had identified pupils to be using drugs were varied. The highest number of drug users indicated that the teacher had 'reported them to the principal, and lower percentages were recorded by some of the pupils who stated that the teacher 'referred them for counselling', or 'reprimanded them' or 'ignored them'.

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These responses by the teachers may serve to illustrate that some of the teachers are inadequately prepared to deal with the problem of drug use among their pupils.

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The present study also reflected on the parents' reaction to their children who use drugs. Some of the pupils reported that they were either 'reprimanded', 'punished', 'ignored' or 'helped' by their parents to abstain from further drug use.

In this regard, it is envisaged that, as soon as parents identify drug use among their children, they should take the appropriate steps to discourage such behaviour. Parents should not ignore their responsibility and should not rely on the school or the teacher, in trying to instil proper values in their children.

Another interesting conclusion which emerged from this investigation was that a higher percentage of the drug users felt that they did not need help to 'kick the habit'. This creates some cause for concern because some of the drug users are not really aware of the seriousness of their problem, and continue to engage in the use of drugs, which may have disastrous consequences for them.

Another reason that may be postulated for this type of attitude could be that they were afraid to seek help, for fear of being exposed or labelled as drug addicts by the community or by their peers.

It was established that a slightly higher percentage of the respondents stipulated that the problem of drug use is increasing in their community. Furthermore, it was also deduced that the majority of the respondents considered the problem of drug use among school pupils to be a serious one. This demonstrates the perceived urgency of the situation. In this regard it is suggested that immediate steps be considered to prevent the problem from reaching uncontrollable proportions.

The majority of the respondents also stated that they had received information about the ill-effects of drugs from their teachers, an information officer or their parents. A relatively high number of respondents indicated that they were unsure whether such information was of any value to them. What should be borne in mind is that the manner in which such information is relayed to the pupils, may drastically affect their attitude either to start experimenting with drugs, or refraining from drug use.

The findings here suggest the need for teachers, parents and all concerned officials to be able to identify children manifesting problems of drug use, in the hope of solving the problem and even preventing future drug use in schools. Although a few deviations from other studies cited were found, the general findings in this study tend to substantiate previous results.

5.2 RECOMMENDATIONS

The use of drugs, especially by the youth is a complex phenomenon. Therefore one cannot assume that there is a single cure or short-cut that will solve the problem of drug use, especially in the school. The present research has thrown some light on the causal factors in the genesis of drug use.

There are conflicting views however, among both "drug experts" and knowledgeable educationalists, about whether teaching school children about drugs is helpful or harmful. Some are of the opinion that information of this nature will dissuade young people from experimenting with drugs, whilst others maintain that the childrens' curiosity will merely be aroused, and this information will help them satisfy their curiosity.

Whatever the viewpoint held, it must be stressed that where drug education programmes are utilised, the "education" should be relevant to the school children and their social environment. Furthermore, it should aim at providing them with guidelines for alternative life-styles where drug use has no place.

Before any recommendations for the treatment and prevention of drug use are suggested, it is deemed necessary to first evaluate past attempts to the solution of the problem.

One such approach to drug education may involve the invitation of a law enforcement official to address school pupils about the dangers associated with drug use.

Lawler (1971:65) has pointed out that the law enforcement official merely adopts the following approach, "... if you use drugs, you will be arrested... if you are arrested it will be on your record... if it is on your record, you will have problems later on in life getting a job".

In this approach the law enforcement official may approach drug use from the point of view, that the pupils' were simply breaking the law. However, one may argue that some of the pupils may not be in favour of breaking the law, but the motivation of not breaking the law may not stop them from using drugs.

It is evident from this, that the effectiveness of introducing a law enforcement official to change the pupils' attitudes towards drugs, may be questionable, and ineffective, to a certain degree. It thus appears that pupils may have become immuned to such 'talks' and therefore they may have very little effect.

On the other hand, the use of former drug addicts to drug education may also be beset with numerous problems.

When a former drug addict is invited to address school pupils on the dangers of drug use, he merely makes a presentation concerning his life story, some of the problems he had encountered along the way, or some of the possibilities of why he started using drugs.

The former drug addict may also indicate to the pupils that it is foolish to start using drugs and that is not the life-style to live. In most instances this individual may be very articulate and speaks with confidence - generally he makes a good presentation to the pupils. But sometimes the effects on the school pupils may be reversed.

In this regard some immature pupils in a group may want to role play, as they watch and want to be a former drug addict someday. If the former drug addict has stopped misusing drugs, he may be unconsciously telling his/her audience that they can try drugs, and then give them up as he has done.

The effectiveness of the use of films on drugs can also be questionable. Personal viewing of some of these films by the researcher revealed that some of these films were outdated and inappropriate. Furthermore, these films did not take into account the recent trends in fashion and music, which appears to be appealing to many school pupils.

Some of the scenes in these films may either be interpreted by some of the pupils as being comical, or some of the pupils may become disgusted at viewing scenes such as, injecting hypodermic needles into various parts of the human anatomy.

If the intention of such films on drugs is to scare the pupils, one may assume that some of the pupils may not use drugs. However, if one uses films on drug education, this does not create any room for dialogue with the pupils.

In the light of these pitfalls with some of the techniques of drug education, the following recommendations are suggested. It should be noted that these recommendations are not meant to be prescriptive, since there appears to be no single model or single program that is usable, useful and totally successful.

In the opinion of the researcher, any attempt at curbing the drug problem amongst the youth should be geared toward educating and informing young people, parents and the community at large, on the physical, social and emotional implications of drug taking.

Community action groups consisting, for instance, of school personnel, medical and mental health professionals, representatives from religious organizations, political

leaders, legal practitioners, parents and the youth, have a definite role to play in making the community aware of the drug use prevalent amongst the youth.

It appears that some of these preventative measures are currently in practice in some Indian high schools. Much of these programmes have been initiated by the South African National Council on Alcohol and Drug Dependence. However, these techniques need to be constantly evaluated and updated, in order to determine their effectiveness for the pupils.

5.2.1 The Peer Group Approach

The peer group approach is based on the fact that the pupils are very much influenced by their peers. This approach revolves around the exchange of information, facts debated, group involvement and situations between pupils where honesty and concern should guide such discussions.

It appears that pupils who actively deal with their peers in a mature manner while in a group situation, may in the long run, develop more lasting attitudes toward the drug scene.

They are more concerned with what their peers think about drugs than with what adults think.

The philosophy behind the peer group approach is that drugs are used for different reasons: for group acceptance, to socialise, experiment with, and in some cases to accept reality.


It should be pointed out that one cannot talk about drugs in a vacuum. One should relate it to life and to health. In this approach the emphasis should be on establishing effective rapport between peers. It is suggested that when pupils want to start talking about drug education, they will be more ready for it because of this rapport.

5.2.2 The Role of Pupils Themselves in Combating Drug Use


This can be linked to the peer group approach. The pupils should arm themselves with knowledge to resist drugs. In this instance, the contributions of initiatives such as Teenagers Against Drug Abuse (TADA) has been welcomed by many individuals.

Enquiries by the reseacher has revealed that TADA has not been established at all schools. It is therefore suggested that in those schools where TADA has not been establishment, school personnel should suggest the establishment of such an organization by the pupils.

TADA can assist pupils who have a drug problem, and potential drug users, by making them aware about taking drugs - when they may not listen to a teacher, and would indulge in these habits out of defiance.

Since TADA is made up of pupils, it should be able to assist in a more subtle way because they could be more approachable than teachers. Drug use and abuse usually starts as a result of peer pressure, but TADA as a peer group can hopefully pressurize these drug users and abusers in a different direction, thereby curing them of their bad habits. 

It is suggested that TADA as a group should pay more careful attention to the following:

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- a. Learning about the effects and risks of the different types of drugs.
 - b. Learning about the symptoms of drug use and abuse, and the names of organizations and individuals that are available to help, when friends or family are in trouble.
 - c. Knowing school rules on drugs and ways to help make the school policy on drugs work.
 - d. Knowing the school procedures for dealing with drug offences.
 - e. Knowing the laws on drug use and the penalties for contravening them.

- f. Developing skill in communicating their opposition to drugs and their ability to refuse drugs.
- g. Becoming actively involved in efforts to inform the community about the drug problem.

It is thus suggested that greater support and encouragement by teachers, parents, and other adult role models is necessary, to ensure the success of such an effort by the pupils themselves.

It is envisaged that better guidance and supervision (though not directly) by adult role models, can ensure the success of such an initiative by the pupils themselves.

5.2.3 The Responsibility of Schools

Schools can no more ignore the misuse of drugs than they can ignore value of educating the pupils, since a high proportion of drug users start using drugs whilst still at school.

It is to be expected that all teenagers will be in contact with drugs at some time or the other, and as far as it can, the school should take steps to protect them, as it does from other dangers.

Even in primary schools, there is room for helping young children to discriminate among the various drugs and medicines they are likely to see at home, and it is not too soon to begin education in their correct use.

- It is suggested that talks on the use and misuse of drugs should not be separated from the general programme of education. The programme should be given within the school curriculum, largely by the pupils' own teachers. This should be linked to such subjects as science, home economics, geography, history, religious studies, as well as to those activities which satisfy emotive needs such as poetry, drama, music, painting and dance. ○

Furthermore the school should also pay more attention to more specific procedures in combating drug use among the pupils. In this regard Bennett (1986:1) advocates the following measures which may also be adopted by the Indian high school personnel:

1. The school should determine the extent and character of drug use and establish a means of monitoring it regularly.

This may be achieved in the following ways:

- a. The school should conduct anonymous surveys of pupils and school personnel and consult with local law enforcement officials to identify the extent of the drug problem.
 - b. Bring together school personnel to identify areas where drugs are being used and sold.
 - c. Meet with parents to help determine the nature and extent of drug use.
 - d. Maintain records on drug use in the school over time, for use in evaluating and improving prevention efforts, records may also include information on drug related arrests and school discipline problems.
 - e. Inform the community, in non-technical language, of the results of the school's assessment of the drug problem.
2. The school should establish clear, specific rules on drug use, including strong corrective actions.

o The school rules should clearly establish that drug use, possession, and sale on school grounds and at school functions will not be tolerated.

These rules should apply to both students and school personnel, and may include prevention, intervention, treatment, ^{as well as.} and disciplinary measures. o

It is also important that the school rules should:

- a. Specify concisely what constitutes a drug offence by defining illegal substances, the area of the school's jurisdiction (e.g. the school property, its surroundings, and all school related activities, such as educational excursions, sports events), and all types of violations namely; drug possession, use, and sale of drugs.
- b. The school should state the consequences for violating school rules; because the appropriate punishment should be linked with treatment and counselling.
- c. The school should describe procedures for handling violations, including: legal issues that may be associated with disciplinary measures.
- d. The school should also enforce rules against drug use fairly and consistently. This may be achieved by ensuring that everyone understands the rules and procedures followed, in case of infractions.
- e. The school should also make available copies of the school rules, and distribute it to all parents, teachers, and pupils, and take other steps to publicize the rules.
- f. It is also suggested that the school should impose strict security measures that restricts access to intruders, and prohibit any drug dealing in the schools.

Bennett (1986:4) suggests that the school should also implement a comprehensive drug prevention curriculum, which teaches that drug use is wrong and harmful, and it should also support and strengthen resistance to drugs.

This programme would have as its main objectives to value and maintain sound personal health, to respect laws and rules prohibiting drugs, to resist pressures to use drugs, and to promote pupils activities that are drug-free and offer healthy avenues for student interests.

In developing a program, school staff should determine curriculum content appropriate for the school's drug problem, base the curriculum on an understanding of why children try drugs, in order to teach them how to resist pressures to use drugs.

The school should also try to reach out to the community for support and assistance in making the school's anti-drug programme work. In this regard the school should collaborate with parents, school committees, law enforcement officers, treatment organizations, and private groups. This may be achieved in the following ways:

- a. By increasing community understanding of the problem through meetings, media coverage, and educational programmes.

- b. By building public support for school rules, develop agreement on the goals of a school drug policy, including prevention and enforcement goals.
- c. By educating the community about the effects and extent of the drug problem.
- d. By strengthening contacts with law enforcement agencies through discussions about the school's specific drug problems, and the ways they can assist in drug education and enforcement.
- e. The school should also call on professionals, such as medical practitioners and pharmacists, to share their expertise on drug use as class lecturers.
- f. The school should also try and collect the resources of community groups and businesses to support the program.

5.2.4 The Role of the Teacher

Because the teacher is in daily contact with the pupils for longer periods than most adults, he/she may be able to contribute vital information about drugs to the pupils, if he/she is a sensitive and informed observer.

- o The teacher's role would seem to be to help the pupil acquire the knowledge necessary for him to make an "informed decision".

This knowledge imparted by the teacher should include, the physiological and psychological effects of drugs, laws related drug usage, motivations of drug users knowledge of one's self, and/or the pharmacological nature of various drugs.

Drug education in schools - like all other education, should be given within the context of a proper relationship between the teacher and the pupils, based on sympathetic understanding of the pupil's situation (especially his/her emotional situation).

Teachers should note that one cannot talk about drugs out of context. It has to be approached from a total point of view, examining all inputs. 0

5.2.5 The Role of Parents and the Community

0 Parents and the community should recognize their roles in preparing young people to mature successfully in society. Special programmes need to be planned to encourage their participation, understanding, and support.

0 Parents, in particular, need reassurance and direction so that the sense of urgency to "do something" is not misdirected toward intimidating young people and widening the gap of the generations.

The alienation and loneliness which characterize so many drug users are much less likely to develop in a good home atmosphere. Parents should offer sympathetic hearing, understanding of the child's problem and proper guidance. In this way the young person will not have reason to escape, by using drugs.

It is clear that if youngsters are to be helped, the entire spectrum of community agencies and resources must be heavily involved.

This should include the police, social welfare agencies, religious organizations, cultural and sports societies. Today we need to show young people that they do not need drugs to be 'turned on' to life.

- o The more we can make education (and life itself) a mind-expanding experience, the less likely it will be that young people will seek this from drugs.

5.2.6 The Appointment of School Social Workers

The importance of a school social worker in the treatment, education, and prevention of drug use is also very important. The Minister of Health Services and Welfare in the House of Delegates, Mr I Kathrada, has also pointed out

that it is essential that these appointments be made, since early identification of pupils manifesting drug problems, can necessitate timeous intervention and prevention.

It appears that a pilot programme of appointing such school social workers is currently underway. Trainee social workers are presently also being placed at some Indian high schools, to deal with the social problems of school children. However one cannot evaluate these appointments, since this programme is still in its initial stage.

5.2.7 Information

There is a need for accurate information on drugs. Most published reports and statistics have been compiled from outdated police and hospital records. There should be a bureau and a small committee to receive and collate information from all sources. At present the distribution of information on drugs is largely co-ordinated by the South African National Council on Alcohol and Drug Dependence.

It is advocated that such information should be more appealing and interesting to young people. This could be done by using language that is more easily understood by young people.

5.2.8 Research

In order to monitor and control the use of drugs, the first requirement is for up-to-date reliable data and statistics. This information should be supplied by those institutions responsible for the treatment and control of drug users.

Such information and data could be used in formulating effective measures against the use of drugs.

5.2.9 Other Institutions

- It would follow that the development of "healthy" attitudes and behaviour is the function of other institutions within our society. The family and religious organisations can be far more effective regarding attitudinal development towards drugs, than presently is the case. The medical profession should concern itself with behaviour of drug users and should not prescribe habit-forming drugs indiscriminately.
- Drug use is not a school problem, but rather a problem of our total society. Drug use can best be combated by each institution in society defining its appropriate role and by increased communication among these institutions.

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APPENDIX A

UNIVERSITY OF DURBAN-WESTVILLE

DEPARTMENT OF CRIMINOLOGY

Questionnaire to select the sample of drug users.

Dear Pupil

I am at present engaged in a research on drug use in Indian High Schools in Durban. One aspect of this research project is to make a comparison between pupils who are drug users and pupils who are non-drug users. By drug use I mean the use of any of the following types of drugs for non-medical reasons.

Stimulants e.g. Amphetamines : keep awake tablets, slimming tablets, etc.

Depressants e.g. codeine (cough mixture), mandrax, valium, glue, benzine, petrol, etc.

Hallucinogens e.g. dagga, LSD, etc.

In order to make this comparison I shall need your co-operation. It would be highly appreciated if you would complete this short questionnaire honestly and truthfully, and return it to me as soon as possible. Remember all information supplied will be treated as strictly confidential and neither you nor your school will be identified in any way.

Thanking you for your co-operation.

Yours sincerely

K. PILLAY

PROF. RR GRASER
Head of the Department

6. What is the occupation of the person/s you are living with?

	Businessperson	Housewife	Teacher	Artisan	Clerk	Nurse	Salesperson	Factory worker	Other
Mother									
Father									
Stepmother									
Stepfather									
Grandparent/s									
Other (Specify									

7. State the name of the district where you live e.g. Overport, Chatsworth (Unit 5A), Reservoir Hills, etc.

8. Have you ever used any drug for purely recreational purposes?

Yes	No
-----	----

9. If yes, how often do you use any drug?

Once a week	
Several times a week	
Daily	

APPENDIX B

UNIVERSITY OF DURBAN-WESTVILLE
DEPARTMENT OF CRIMINOLOGY

CONFIDENTIAL QUESTIONNAIRE

Dear Pupil

I am at present conducting a research project on Drug use in Indian High Schools in Durban for an M.A. degree, and for this reason I will need your co-operation. This survey is completely confidential. Nobody in this school is going to see your answers. After you have answered your questionnaires they will be taken and placed in a computer for analysis.

Just to show you how confidential your answers are going to be, I am not going to ask you to put your name on the questionnaire. Therefore neither your parents, teachers or anybody else will ever be able to know what you have written.

Therefore be as frank, honest and truthful as possible. Remember it is important for this research for each person to give his/her own answers to the questions and not somebody else's.

Thanking you for your co-operation.

Yours sincerely

K PILLAY

PROF RR GRASER
HEAD OF DEPARTMENT

CONFIDENTIAL QUESTIONNAIRE

AN INVESTIGATION INTO DRUG USE AMONGST PUPILS IN
SELECTED INDIAN HIGH SCHOOLS IN THE DURBAN MUNICIPAL
AREA

SECTION A
BIOGRAPHICAL DETAILS

1. How old are you?

12-14 yrs	15-17 yrs	18-20 yrs	21+

2. Sex

Male	Female

3. Religion

Hindu	Islam	Christianity	Other (Specify)	None

4. Do you think that religion has any value in determining your life-style?

Yes	No	Don't Know

5. What standard are you in at present?

Std 5	Std 6	Std 7	Std 8	Std 9	Std 10

6. Have you ever failed any standard/class at school?

Yes	No

7. Are you living with?

	Yes	No
Both parents		
Mother only		
Father only		
Mother and Stepfather		
Father and Stepmother		
Grandparent/s		
Guardian/s		
Other (Specify)		

8. What is the occupation of the person/s you are living with?

	Business-person	Housewife	Teacher	Artisan	Clerk	Nurse	Sales-person	Factory-worker	Other
Mother									
Father									
Stepmother									
Stepfather									
Grandparent/s									
Other (Specify)									

9. State the name of the district where you live e.g. Overport, Chatsworth (Unit 5A), Reservoir Hills, etc.

SECTION B

DYNAMICS OF DRUG USE

10a. Which of the following drugs have you ever used?

Codeine	
Mandrax	
Valium	
Anaesthetics (Ether)	
Inhalants (Glue, Benzine)	
Amphetamines (Keep Awake Tablets)	
Appetite Suppressants (Slimming Pills)	
Cocaine	
Dagga	
LSD	
Other Drugs (Specify)	

10b. How often have you used the drug/s?

	Once a Week	Several Times a Week	Daily	Other
Codeine				
Mandrax				
Valium				
Anaesthetics (Ether)				
Inhalants (Glue, Benzine)				
Amphetamines (Keep Awake Tablets)				
Appetite Suppressants (Slimming Pills)				
Cocaine				
Dagga				
LSD				
Other Drugs (Specify)				

11. How old were you when you first started taking drugs?

12. Where did you have your first experience with drugs?

Own Home

Friend's Home

At School

At a party

Non-commercial Location e.g. Car Park, Football Ground, Park, etc. (Specify) _____

Commercial Location e.g. Shopping Centre, Bar, Cinema, Club etc. (Specify) _____

Other (Specify) _____

13. With whom did you have your first experience with drugs?

Peers, friends (other than schoolfriends)	
Strangers	
Sellers (Dealers)	
On your own	
University students	
Schoolfriends	
Family Member (e.g. Brother, Uncle etc.)	
Other (Specify)	

14. With whom do you presently use drugs?

Peers, friends (other than schoolfriends)	
Strangers	
Sellers (Dealers)	
On your own	
University students	
Schoolfriends	
Family Member (e.g. Brother, Uncle etc.)	
Other (Specify)	

15. Which of the following best describes your reason/s for taking drugs?

Your friend/s use it	
Rebellion against parents and authority	
Feelings of rejection	
To relieve depression	
Curiosity and desire to see for oneself	
Boredom	
Want to get 'high'	
To have some fun or for 'kicks'	
To relax	
To perform better at school	
To help express your feelings	
To help control your anger	
Other (Specify)	

16. How much money per week do you spend on drugs?

Nothing	
R1 - R3	
R4 - R6	
R7 - R9	
R10+	
Other (Specify)	
Don't know	

17. How do you obtain money to buy drugs?

Use pocket money	
Steal money to buy it	
Borrow money from parents	
Borrow money from friends	
Other (Specify)	

18a. Have you ever been under the influence of drugs at school?

Yes	No	N/A

18b. If yes, state number of times.

Once	
Twice	
More than five times	
Don't know	
Other (Specify)	

19. Have you ever committed any offence or broken any school rules whilst being under the influence of drugs?

Yes	No	N/A

20. If yes, did you?

play truant	
damaged school property	
assaulted another pupil	
disobeyed a teacher	
Other (specify)	

21a. Did a teacher catch you using any drug?

Yes	No	N/A

21b. If yes, did the teacher?

ignore you	
reprimand you	
report you to the principal	
refer you for counselling	
don't know	
other (specify)	

22a. Did your parent/s stepparent/s, guardian/s 'catch' you using any drugs?

Yes	No	N/A

22b. If yes, did your parent/s, stepparent/s, guardian/s?

	Yes	No
Punish you for taking drugs		
Reprimand you for taking drugs		
Ignore you		
Help you to give up taking drugs		
Other (Specify)		

23. Do you feel that you need help to "kick the habit"?

Yes	No	Don't know

24a. If yes, do you know where to go to get help?

Yes	No	Don't know

24b. If yes, specify

25a Is drug use among school going pupils an increasing problem in your community?

Yes	No	Don't know

25b. If yes, do you consider it to be a?

	Yes	No
Minor problem		
Relatively serious problem		
Very serious problem		

26. Have you ever received any information about the ill-effects and dangers of drug-taking from any of the following people?

	Yes	No
Parents		
Teacher		
Information Officer		
Former Drug Addict		
Police Officer		
Other (Specify)		

27. If yes, did you feel they were helpful?

Yes	No	Don't know

APPENDIX C

UNIVERSITY OF DURBAN-WESTVILLE
DEPARTMENT OF CRIMINOLOGY

CONFIDENTIAL QUESTIONNAIRE

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Thanking you for your co-operation.

Yours sincerely

K PILLAY

PROF RR GRASER
HEAD OF DEPARTMENT

APPENDIX C

CONFIDENTIAL QUESTIONNAIRE

AN INVESTIGATION INTO DRUG USE AMONGST PUPILS IN
SELECTED INDIAN HIGH SCHOOLS IN THE DURBAN MUNICIPAL
AREA

BIOGRAPHICAL DETAILS

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Yes	No	Don't Know

5. What standard are you in at present?

Std 5	Std 6	Std 7	Std 8	Std 9	Std 10

6. Have you ever failed any standard/class at school?

Yes	No

7. Are you living with?

	Yes	No
Both parents		
Mother only		
Father only		
Mother and Stepfather		
Father and Stepmother		
Grandparent/s		
Guardian/s		
Other (Specify)		

8. What is the occupation of the person/s you are living with?

	Business- person	Housewife	Teacher	Artisan	Clerk	Nurse	Sales- person	Factory- worker	Other
Mother									
Father									
Stepmother									
Stepfather									
Grandparent/s									
Other (Specify									

9. State the name of the district where you live e.g. Overport, Chatsworth (Unit 5A), Reservoir Hills, etc.
