SUBSTANCE ABUSE IS ONE OF THE HEALTH HAZARDS THAT POSE AS A MAJOR SOCIAL CHALLENGE FOR FET COLLEGES

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Abstract

In this paper the author argues that substance abuse is a major problem in our schools, as well as in FET colleges. For the purpose of this paper substance abuse will include drug abuse and alcohol abuse. The author wishes to share the outcomes of a research study that was done in five (5) Senior Secondary Schools in the Butterworth Education District in the Eastern Cape. For the purpose of the research drugs were classified into six main groups, namely depressants, stimulants, inhalants, relaxants, hallucinogens, and narcotics. It was found that alcohol is usually the first drug adolescents try even before they reach high school. The research has shown that more than 66% of learners use drugs at school level (47% boys and 19% girls) and 68% are using alcohol (49% boys and 19% girls). The main reasons for substance abuse are; a negative self-concept; to increase physical arousal and reduce sexual inhibitions; to alter perceptions of reality; and as a means of rebellion. Substance abuse can be harmful to the human body and many suffer from ill health, low concentration levels as well as depression. Lecturers at FET colleges must be vigilant and need to pick up the signs of substance abuse early. Some of these signs are trembling hands, sudden loss of weight or appetite, dilated pupils, needle marks on arms and legs, etc. We as lecturers must ensure that we are in control of the situation and provide help and assistance where and when needed.
1. INTRODUCTION

The purpose of this paper is to share with conference the outcomes of a research study that was done in five (5) selected Senior Secondary Schools in Butterworth Education District in the Eastern Cape regarding the ever increasing problem of substance abuse in Senior Secondary Schools. I regard the outcomes as important enough to share with conference as many of these learners will end up in a tertiary institution – may it be a university or FET college. I believe that if we know the trend of substance abuse at school level we at Higher Education institutions can prepare properly to overcome the problem.

Substance abuse is the overindulgence in and dependence of drugs or other chemicals leading to effects that are detrimental to the individual’s physical and mental health, or the welfare of others [1]. The disorder is characterized by a pattern of continued pathological use of a medication, non-medically indicated drug or toxin that results in repeated adversely consequences related to drug use, such as failure to meet work, family or school obligations, interpersonal conflict or legal problems.

There are ongoing debates as to the exact distinction between substance abuse and substance dependence, but current practice standard distinguishes between the two by defining substance dependence in terms of physiological and behavioural symptoms of substance use and substance abuse in terms of the social consequences of substance use [2]. Substance abuse may lead to addiction or substance dependence. Medically, physiologic dependence requires the development of tolerance leading to withdrawal symptoms. Both abuse and dependence are distinct from addiction which involves a compulsion to continue using the substance despite the negative consequences, and may or may not involve chemical dependency. Dependence almost always implies abuse, but abuse frequently occurs without dependence, particularly when an individual first begins to abuse a substance [3]. Dependence involves physiological processes while substance abuse reflects a complex interaction between the individual, the abused substance and society [4].

For the purpose of this paper substance abuse will be discussed and not substance dependence. Substance abuse will include drug and alcohol abuse.

2. DEFINITION AND DESCRIPTION OF CONCEPTS

A drug is any substance that causes the body to function differently [5]. It is a chemical which change behaviour. When these chemicals are used to make people “high”, we say that the substances are being abused [5]. For the purpose of the research study drugs were classified into six (6) main groups, namely depressants, stimulants, inhalants, relaxants, hallucinogens, and narcotics. A brief description with examples of each of these groups will be given below:

2.1. Depressants

Drugs that are classified as depressants include alcohol-based barbiturates and tranquillizers that induce a feeling of relaxation in the user [6]. Depressants usually reduce pain and anxiety and create a feeling of well-being within the person. The effects of depressants within a person are lowered inhibition, slowed pulse and breathing, poor concentration, confusion, impaired coordination and judgement, as well as a lost of memory [7]. Examples of depressants are cough mixtures, tablets prescribed by the family doctor (urbanols, aspirin, etc), idiot pills, red bullets and sleepers [6]
2.2. Stimulants

Stimulants are a class of drug that elevate mood swings and increase feelings of well-being. Stimulants are substances that stimulate the activity of the central nervous system. They are often referred to as “uppers” [4]. Examples of stimulants are cocaine, crack cocaine, speed, ecstasy, Ritalin and other amphetamines [5].

2.3. Inhalants

Inhalants are a diverse group of volatile substances whose chemical vapors can be inhaled to produce psychoactive (mind-altering) effects [8]. While other abused substances can be inhaled, the term “inhalants” is used to describe substances that are rarely, if ever, taken by any other route of administration [8]. A variety of products common in the home and workplace contain substances that can be inhaled to get high. However, people do not typically think of these products (e.g., spray, paints, glues, and cleaning fluids) as drugs because they were never intended to induce intoxicating effects. Yet young children and adolescents can easily obtain these extremely toxic substances, and are among those most likely to abuse them. In fact more 8th graders have tried inhalants than any other illicit drug [9]. Tik and petrol has become the most common inhalants in South Africa, especially in the Western Cape and Eastern Cape.

2.4. Relaxants

Relaxants are known as “euphoriants” [9]. The most common example of a relaxant is marijuana (dagga). It is said that the dagga in the Eastern Cape is the most popular of all the relaxants. The intake of dagga leads to a euphoric release from inhibitions, tensions and anxieties [10].

2.5. Hallucinogens

Hallucinogenic substances are characterized by their ability to cause changes in a person’s perception of reality [9]. Persons using hallucinogenic drugs often report seeing images, hearing sounds and feeling sensations that seem real, but do not exist [8]. Examples of hallucinogens are lysergic acid diethylamide (LSD), phencyclidine (PCP), Psilocybin (magic mushroom) Mescaline, and DMT [9]. These drugs can be smoked, snorted or ingested.

2.6. Narcotics

Any substance, natural or synthetic, which benumb or deaden, causing loss of feeling or paralysis are called narcotics [10]. Examples are opium, cocaine, heroin, etc. [11]. These are powerful depressants that induce tranquility and are extremely effective painkillers [11].

Alcohol is usually the first drug adolescents try even before they reach high school [12]. Because of its very wide-spread social use, alcohol is not often seen as a drug. Many people think alcohol provides a “high”, but it actually depresses the central nervous system [13]. Its effect on the nervous system is to relieve inhibitions, making a person feel more spontaneous and socially at ease [3].

The use of alcohol has the potential to cause death – at its greatest levels of concentration in the body it suppresses breathing [4]. The combination of alcohol and drugs, especially barbiturates, is also highly lethal. Drinking and driving – prominent causes of serious and fatal road accidents – is the greatest danger surrounding the use of alcohol. Society and the mass media encourage the
perception that alcohol is used by everybody and is even essential for pleasant and cheerful social interaction. It is therefore not surprising that alcohol is commonly used among adolescents.

3. THE SCOPE OF THE PROBLEM

This research study was completed in 2008 in the Butterworth Education District in the Eastern Cape. Five (5) Senior Secondary schools were selected. Convenience sampling was used, since it was a less costly type of sampling; the schools were easily accessible; it was less time consuming; however, it assured a high participation rate. A sample of 200 Grade 12 learners was selected from the five (5) schools consisting of 100 boys and 100 girls. Simple random sampling was used to select 40 learners per school (20 boys and 20 girls) to give each of the learners an equal opportunity to participate in the study. The research instrument that was used to collect the data was a questionnaire. The researcher got permission from the schools to collect the data during the Life Orientation periods.

The drugs were classified into the six main groups as was explained under no. 2 above, namely depressants, stimulants, inhalants, relaxants, hallucinogens and narcotics. Each drug was explained in the questionnaire and examples were given for them to identify the drug easily. Learners were requested to indicate with an “x” the most frequently used drugs amongst Grade 12 learners. Table 1 shows the responses of the respondents:

Table 1: Drug abuse by Grade 12 learners

<table>
<thead>
<tr>
<th>Type of drug</th>
<th>Responses by boys (n=100) in the form of percentages</th>
<th>Responses by girls (n=100) in the form of percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressants</td>
<td>9 %</td>
<td>5 %</td>
</tr>
<tr>
<td>Stimulants</td>
<td>3 %</td>
<td>1 %</td>
</tr>
<tr>
<td>Inhalants</td>
<td>9 %</td>
<td>3 %</td>
</tr>
<tr>
<td>Relaxants</td>
<td>21 %</td>
<td>6 %</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>2 %</td>
<td>2 %</td>
</tr>
<tr>
<td>Narcotics</td>
<td>3 %</td>
<td>2 %</td>
</tr>
</tbody>
</table>

According to the responses of Grade 12 learners in Table 1, the most common drug type that was used is relaxants by both boys (21%) and girls (6%); followed by depressants (boys = 9% and girls = 5%) and inhalants (boys = 9% and girls = 3%). Relaxants include marijuana (dagga) and it proved the assumption made under no. 2 above correct that dagga is the most popular drug amongst learners in the Eastern Cape. The researcher came to the conclusion that the drug is easily accessible, less expensive and both boys and girls are using the drug – though the results clearly show that more boys than girls are using the drug. Depressants include drugs like cough mixture, and other tables prescribed by the doctor. It seems that learners take this route more and more to obtain the drugs. Inhalants also proved to be popular among both boys and girls. The most popular drug under inhalants was “tik”. It came out very clearly that tik is easily obtainable and it increase in popularity, both amongst boys and girls.

It was clear in the analysis of results that about 66% of Grade 12 learners are using drugs (47% boys and 19% girls). It was established that 49% of boys are using alcohol and 19% girls. Other inferences were made regarding the results of the research but I believe for the purpose of this conference it is important to point out that alcohol and drug abuse are common occurrences at our schools as well as at FET colleges and a conference of this nature is important to discuss the social challenges in FET colleges with special reference to substance abuse.
4. REASONS FOR SUBSTANCE ABUSE

The questionnaire included a question where learners were requested to give reasons for substance abuse. The responses of learners were categorized into themes and the categories of themes and percentages are presented in Table 2 below.

Table 2: Reasons for substance abuse

<table>
<thead>
<tr>
<th>Categories/Themes</th>
<th>Responses by boys (n=100) as percentages</th>
<th>Responses by girls (n=100) as percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase physical arousal and reduce sexual inhibitions</td>
<td>35 %</td>
<td>41 %</td>
</tr>
<tr>
<td>Negative self-concept</td>
<td>32 %</td>
<td>10 %</td>
</tr>
<tr>
<td>Challenge adult authority</td>
<td>14 %</td>
<td>36 %</td>
</tr>
<tr>
<td>Peer pressure</td>
<td>10 %</td>
<td>7 %</td>
</tr>
<tr>
<td>Alter perceptions of reality</td>
<td>9 %</td>
<td>6 %</td>
</tr>
</tbody>
</table>

4.1. Increase physical arousal and reduce sexual inhibitions

The adolescent’s physical development is usually accompanied by heightened awareness of body sensations [14]. Taken in small quantities of alcohol has a relaxing effect that may accentuate these bodily sensations. The respondents indicated that when they were under the influence of alcohol then all inhibitions disappear. Especially the boys feel that they can “chat up any girl” and they actually believe that they will be successful with any girl. It gives them confidence and they do not have problems to become sexually aroused. Among the girls it became clear that they are not shy to “hunt the man”. If they are sober then they are shy, but when under the influence just the opposite is true.

4.2. Negative self-concept

It was interesting to note that both girls and boys indicated that they suffer from a negative self-concept, hence the abuse of alcohol and drugs. They indicated that they do not have the confidence to ask a partner to accompany them to social functions. Many of the boys said that they started to drink in order to have more confidence – a clear indication that they suffer from a negative self-concept.

4.3. Challenge adult authority

Numerous studies documented how young adolescents challenge and mock adult authority in their play and other activities [15]. The learners in the classroom become more and more aggressive, cheeky, moody, disobedient and irritable. Psychologist agrees that this is a clear sign of the young people who are challenging adult authority [16]. These people are in what I call the emancipation phase of their life and they need to prove to adults that they can stand on their own. Unfortunately many of these young ones do not have the confidence to do that and therefore they abuse substances to serve as a crutch for them [17].

4.4. Peer pressure

The pressure to be the same as others especially during adolescents by the peer group has a very strong influence on the development of the individual [4]. The feeling of belonging as described
in his theory by Maslow [18] plays a very important part in the life of the individual. Socially and emotionally it is the period in the child’s life where he/she is in a process of separating from the family (emancipation phase) and identifying very strongly with the peer group. Because of peer pressure – and often the more severe pressure of the drug-controlling networks, dependency on one drug may lead to dependency on another - and often more dangerous drugs. This may lead to a rapid downward cycle of substance abuse.

4.5. Alter perceptions of reality

Many of the adolescents do not want to or cannot face up to reality. They want to escape from the present situation and create a utopia for themselves. Poverty plays a very crucial role in this regard. After using the drug, especially “tik” they see themselves as successful people that can change the world. They need the drugs or alcohol to give them that feeling of security that they in control of there lives and the world (escape from reality syndrome).

5. HARMFUL EFFECTS/ HEALTH HAZARDS

Jones states that drug abuse (including alcohol and tobacco) can be harmful to the human body [6]. Drug users suffer more ill health and die sooner than other people. Nutt & King agree when they argue that a person who abuse alcohol interferes with normal bodily functioning [1]. The uncontrolled or excessive use of soft or “harmless” drugs (aspirin, cough mixture, etc.) may poison the body, resulting in failure of organs such as the heart, kidneys and liver [1].

At least 40% of all fatal road accidents involve alcohol. The use of alcohol and other drugs has a negative effect on the person’s ability to concentrate for long periods of time and it will effect his/her scholastic development negatively. The person may become withdrawn, moody, irritable and aggressive.

It is a well-known fact that cigarette smoking is a health hazard and may cause lung cancer, cardiac arrest and respiratory problems [3]. Abuse of drugs can lead to asthma. Asthma occurs because of bronchial (tubes in the lung) muscular spasms, which in turn occurs because of imbalances of sympathetic and parasympathetic innervations [5]. The sympathetic and the parasympathetic branches are two main branches of the autonomic nervous system [12]. The sympathetic branches mobilize a person’s energy in the preparation for “fight or flight” and the parasympathetic branch involves more with conservation of bodily resources than with preparation for emergencies [12]. Among the organs affected by the distribution of the sympathetic and parasympathetic fibers are the heart, lungs, stomach, pancreas, liver and genitals [1]. The abuse of alcohol and drugs will therefore have a harmful effect on all these organs.

6. SIGNS OF SUBSTANCE ABUSE

It should be very clear that early detection and intervention are critical if we want to remedy the situation. For this to take place lecturers at FET colleges must be vigilant and need to pick up the signs of substance abuse. Some of these signs are trembling hands, sudden loss of weight or appetite, or need to sleep, dilated pupils, reddened eyes, staggering or stumbling movements, and odour of incense or air freshener to mask the smell of dagga, for example. Other signs include needle marks on the arms or legs, which may come from injections, scabs, boils or sores caused by injections, rapidly changing moods, anxiety, panic reactions, and vomiting. There are also other warning signs like lapses in memory or “blackouts” and in the final stages of substance abuse the person is unable to stop, yet gets little or no pleasure from the drug or alcohol.
However, the most prevalent and pervasive symptom exhibited by the person involved in substance abuse is that of denial and a refusal to acknowledge that they have a problem.

For any person, in this case the college lecturer, it is important to realize that in the early stages of substance abuse there are outward signs that we need to pick up. A person who is involved with substance abuse can function normally most of the time, but the aforementioned signs coupled with personality changes must alert us that something is wrong and that the person needs help urgently. We as lecturers are not the experts – we need the assistance of psychologists. We can only identify the problem and then need to refer the person to a counselor. That is the reason I believe that if we are really serious to address this evil at our FET colleges a wellness centre is of cardinal importance where counselors and psychologists can deal with the problem.

7. HELP AND ASSISTANCE FOR SUBSTANCE ABUSERS

There is a world of help and support available if you need guidance. To get a better picture of where the abuser is right now contact the family doctor. Based on the doctor’s assessment of the severity of the problem the treatment could involve several phases. If the person has become “chemically dependent” upon drugs and alcohol, treatment may include detoxification; taking doctor-prescribed medications to help prevent a return to the abuse.

Counseling can help you to identify situations and feelings that trigger the urge to drink or to use a drug and to find new ways to respond, that do not include substance abuse. The involvement of family members can be important; so many programmes also offer materials for family members to read to become familiar with the problem. Virtually all treatment for alcohol and drug abuse includes meetings with the South African National Council on Alcoholism and drug Dependence (SANCA) [19]. SANCA uses a spiritual, but not religious, programme of recovery and has helped literally millions of people find their paths to recovery since its inception in 1935 [19]. Other forms of help can be found at welfare agencies or counseling services, e.g. Life Line; hospitals or clinics; and any office of the Psychological and Guidance Services of Education Departments.

8. CONCLUSION

This paper attempted to highlight some of the outcomes of a research study among Grade 12 learners regarding substance abuse. It came out very clearly that there are many learners in Senior Secondary schools who are guilty of substance abuse. These learners are street-smart, slick and challenge the authority of the educators. They are spoilt, less disciplined and there is a clear lack of work ethic at schools. It was found that these learners who were found to be guilty of substance abuse are bereft of morals and values. Disruptive behaviour, back-chatting and insolence towards educators by these learners are every day occurrences in our schools. Many of these learners will end up in FET colleges and it becomes the lecturers in these colleges responsibility to respond to the social challenge of substance abuse. This paper tried to give an idea of the scope of the problem; the reasons for substance abuse; harmful effects and health hazards of substance abuse; signs to look out for those students who are involved in substance abuse; and the paper concluded by indicating that help and assistance are available.

Times have changed and we live in a violent and stressful society and the young people find themselves involved in substance abuse. The onus is on us to develop programmes that will concentrate on the emotional, social and political energy of the youth; as well as constructive activities so that the young people at our FET colleges may become part of a society free of substance abuse.
REFERENCES


