



Pity the nation that has to silence its writers for speaking their minds.

INSIGHT

ADHD and RITALIN ABUSE

As we casually medicate our children, we are creating a generation that lacks independence and identity

THE NARC REPORT

with Jarrod Cronje



THE first frosts have formed on the dry Greytown landscape. Autumn seems to have whipped by faster than usual. A few days of high winds abetted the change. The maple and oak trees on the farm are prematurely bare. The days are already shorter and the long johns are out of the cupboard. Winter is here. Wasn't it just the other day that we saw 2015 in? Gosh, time flies. As a teenager I used to get so irritated when adults nagged on about how quickly time goes by. I'm nearly 40 now and eventually it all makes sense. Is time our only untainted constant in this hi-tech, modified world we've created? What is your most precious resource? Glance to the top left corner of this page. It reads: "June 11, 2015". Look at it again. Consider this profound statement — today is the last time we will ever live this date. There will never be another June 11, 2015.

Could time be our most valued yet most abused resource? Bearing in mind that it is constant, why are things changing so much faster? Why are teenagers "growing" up so much quicker? Why are we stuffing personal development into fewer years? Why are we coming across more and more diagnosis of ADHD, bipolar and anxiety disorders?

And why, oh why, do we feel the need to pathologise natural childhood behaviours into psychiatric categories and then medicate them to change the child's natural personality trait in order to suit our inability to discipline, mentor or educate them effectively?

Today I want to talk about attention-deficit/hyperactivity disorder (ADHD) and Ritalin abuse.

Methylphenidate is the active ingredient in Ritalin. It is a central nervous system stimulant drug that has become the primary choice in treating ADHD in children. Those who have symptoms of hyperactivity or who lack focus and the ability to concentrate are often diagnosed as ADHD. The drug is then administered and targets parts of the brain which are used for attentiveness and the ability to follow directions. The act of focusing also helps the child to calm down as it minimises neurological distractions, i.e. hyperactivity. Under the correct diagnosis and oral administration, a child may benefit from its usage. That is not the problem though, but I'll come back to that.

It is at this point that I'd like you to take a step back. Zoom out and look at the big picture. Look down across our society and our youth in particular. Forget about your preconceived ideas on medication, psychiatry and anything clinical. Forget about commerce, competition and classification. Forget about money, status and worldly material.

Instead, think only about a seven-year-old boy waking up on a Monday morning to a gentle kiss from Mom and a warm cup of sweet tea to stir him into the new day. Let's call him Sammy. Sammy loves his school and his mates, he loves to play cops and robbers and scare girls with frogs and spiders. Sammy loves his gang and the fort they built under the fire tree in the far corner of the school playground. Sammy is free. Sammy is alive. Sammy is poised to develop a confident character as he fulfils his dreams by bumping his head and figuring his way through life's challenges, trials and experiences. But as the months and years pass, family dynamics, society and education interfere. Sammy wakes up and Dad is already out at work. He could have sworn he heard Mom shouting at Dad in the early hours as he stumbled through the front door, but that could have been a dream. He gets up and his clothes are nicely ironed and laid out over the chair ready for him to slip into. He doesn't even have to knot his own tie. Mom is glued to her cellphone, gossiping about Dad to Auntie Sarah and racing around the kitchen as she irritatingly packs a lunch tin of packet chips, plastic juice and fried chicken nuggets. He gobbles down some multivitamins and is finger ushered out the door into the car. Sammy gets to school a little disoriented but unaware why. Something is not quite right. A few years pass. Sammy is now 14 years old, the morning madness is much the same. He hardly has to dress himself because the new domestic worker has everything ready for him. He still can't knot his own tie. A few things have changed though. Sammy has his own cellphone now. Mom eats dinner at the kitchen counter in the company of her beloved iPad, while Dad eats off his lap in front of the TV. Sammy eats in his room. He stays up late playing computer games and has stopped spending time outside with his mates during the day. They all seem to enjoy TV and Instagram now anyway. School is becoming a bore too. Who needs to learn and discover when you can google it in an instant? Sammy is bored and frustrations emerge. He can't keep still in class and battles to focus on the task at hand. He keeps getting detention and bad report cards. Mom and Dad just "don't know what to do anymore!". Arguments ensue. Nobody recognises the causes or looks for psycho-therapeutic options around family dynamics and environmental circumstances, but focus on the symptoms instead. A prescription is easily penned and Sammy gobbles down his Ritalin every morning before school.

You can stop visualising Sammy's story now. If you had to play this movie to the end how



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PHOTO: SUPPLIED

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do you think it would pan out?

It's no coincidence that Ritalin is known as "kiddies' cocaine". The chemical components are similar and this amphetamine-like stimulant parallels the uptake effects of speed and cocaine. Many adults use it instead of cocaine. Boys are three to four times more likely to be diagnosed with ADHD. In the United States, the number of stimulant prescriptions soared from five million in 1991 to 35 million in 2007. At the same time, Ritalin-abuse based hospital visits increased 13 fold. It is one of the world's "most-stolen" medications and is also now considered as an addition to the established gateway drug category. South African schools are experiencing increasing incidents of illegal Ritalin dealing and abuse. It is seldom orally ingested at the correct dosage anymore. Instead, it is crushed and snorted via intranasal ingestion (like cocaine) or injected intravenously with a syringe

(like crystal meth or heroin). Yesterday I spoke to an ex-pupil at a very prestigious KZN private school who remembers one or two genuine ADHD prescriptions in his Grade 12 year, but he was part of a group of 12 to 14 pupils abusing and selling the drug. Some of them "fashioned" the symptoms of ADHD so that they could get prescriptions. That was 14 years ago.

Apart from the current epidemic with Ritalin abuse, even those who are correctly prescribed Ritalin are at risk of not developing the correct coping mechanisms for the "symptoms" they exhibit. And on top of this, who says that a boy who shows boisterous, assertive physical mobility and who doesn't fit into a sedentary or stayed traditional education system has a disease? That's just an excuse for society's lack of creativity in educating and mentoring youth.

With the rate at which our children are being medicated and labelled, we are by default, creat-

ing a generation of dependent, unresponsive young adults who lack independence and identity.

It's time we took a long, hard look at our mentoring skills, and since time is finite for each of us, maybe we need to rouse ourselves today. Somebody wise once told me that the longest distance between two points is a short cut. It seems that the world is intent on rewarding short cuts and has forgotten the value of the journey; the triumph of the learning process

through self-discovery and practical experiences.

Jarrod Cronje is an addiction recovery coach at Harmony Retreat, Greytown. He is passionate about treatment in the addicted community as well as the development of preventative education among youth. Feel free to contact him at Harmony at 073 989 9803 or 033 417 2227, or e-mail him at jarrod.cronje@gmail.com Client confidentiality applies.

This article contains vital information on drug and alcohol abuse. It takes courage to confront these issues so I encourage you to take the time to read through this series carefully. What questions do you have? What problems are you facing? Are you a concerned parent? Are you a school in need of a drug prevention strategy? Do you need help? Break the denial and make contact with me.

OUR READERS WRITE

STOP THE CULPRITS

I'VE noticed that traffic lights around the city are getting a new coat of paint, which I assume is part of planned maintenance. Road markings and road signs are also being renewed or replaced. While these actions are commendable, why is no action taken against the known culprits who deface road signs, streetlight poles, and electrical boxes? I am referring to those shady advertisers that do not follow municipal bylaws and stick flyers anywhere and everywhere. Their untidy flyers, which mostly advertise "same-day abortions", can be seen all over the city. Authorities don't need any leads to apprehend the culprits as their telephone numbers are printed on the flyers. It is time we put a stop to this.

R. ISHWARLALL
Raisethorpe

ROAD HAZARDS

AT the entrance to Speciality Papers in Hyslop Road, the cover for the water meter is missing. The water meter is situated across the entrance driveway. Opposite Walton's, outside Built-in Cupboard Centre in Greyling Street, the maintenance cover is missing. I urge the Msunduzi Municipality please to attend to them urgently. They are hazardous to both motor vehicles and pedestrians alike.

LOGAN GOVENDER
Pietermaritzburg

Local hero Minnaar wins

OUR minister of Sports recently spent hundreds of thousands of rands to witness two of the greatest boxers of our era. I doubt he was track side to support one of the most talented, dedicated and decorated MTB downhill riders the world has seen.

This past weekend, local legend Greg Minnaar made history by winning the World Cup

event in Scotland. He sits aside his team-mate Steve Peat as having won 17 World Cup races, which is the most by any downhill rider. What made this win more remarkable was that Minnaar had a knee operation at the end of last season and recently had surgery to his thumb. With not much to cheer about in dreary SA, it was with pride and joy that his followers wit-

nessed him clinch the win on a slippery and technical track that saw many riders crash. Thank you to SuperSport for televising the UCI events. Perhaps people will start following our real athletic heroes, rather than the overpaid, average athletes in mainstream sports.

LESTER DAY
Wembley

Pity the old codgers whom Telkom treats with disdain

TELKOM, always at the cutting edge of incompetence and inefficiency, has introduced a new service aimed at frustrating the best efforts of the old, the frail and those members of the community who are no longer at their spritely best.

Those who dial their numbers with digital dexterity are spared the rigours of the new service, whereas dodgy old codgers, and I include myself in that category, are treated with an arrogant disdain that is simply breathtak-

ing. Take a moment to check the number you are dialling, or pause for an instant in the process, and you are informed abruptly that the number you have dialled does not exist. You are then disconnected and left to start all over again. Pity the frail, the lame and those suffering from degenerative diseases who simply need a bit of extra time to tap out their numbers. Telkom doesn't give a tinker's cuss!

JOHN GARDENER
Howick

• THE Editor welcomes letters to The Witness. Preference will be given to well-written, topical letters of under 225 words. Keeping your letters brief will enable us to publish a wider selection. It is policy to publish letters over the names of their writers unless there is very good reason not to.

URGENT APPEAL

A HUMBLE and urgent appeal is made to President Jacob Zuma to show ethical leadership and take responsibility for the Nkandla project.

The Nkandla project will seriously hamper our efforts to end corruption and moral degeneration. A very strong message was sent to Zuma via the Catholic Church at the Southern African Bishop's Conference. Bishop Abel Gaba indicated that it is morally unjustifiable to spend to R246 million on one's home, while thousands do not have food to eat and are living in squalor camps. Does he ever worry about the poor and needy? The right thing to do is to pay back the money.

J.J. PILLAY
Pietermaritzburg

The doors of learning not open to all

ELIZABETH WALTON

THERE is a line in South Africa's Freedom Charter, which was drafted 60 years ago, that foreshadows the country's current attitude to education. It declares: "The doors of learning and culture shall be open to all!"

Twenty-one years into its life as a democracy, South Africa appears at first glance to have met the Freedom Charter's challenge. Almost 97,5% of the country's children aged between seven and 17 are attending primary or secondary schools.

The picture was very different during apartheid, particularly for black South African children at every level of schooling. In 1982, only 57,4% black children attended primary school and just 17,2% were enrolled in high school.

But access hasn't improved across the board. Not all children have fared well. An estimated 200 000 children and adolescents do not attend school, many of whom have disabilities or special needs. The school gates are closed to these children partly because teachers lack the skills needed to teach pupils who have disabilities or need extra support.

The solution seems simple: if teachers haven't been properly prepared to help differently abled pupils, why don't we just train them better?

South Africa has followed international trends by making a policy commitment to inclusive education. The Department of Basic Education defines this as "the process of addressing the diverse needs of all learners by reducing barriers to and within the learning environment".

Canadian academic Tim Loreman says that teachers cannot be expected to teach inclusively if they don't have a positive attitude to pupils with disabilities. Teachers need access to classroom strategies that give all their pupils the opportunity to learn and they must be committed to collaborative, lifelong learning.

The provincial departments of Education, universities and various non-governmental organisations offer workshops and short courses to boost teachers' knowledge, skills and attitudes, to enable them to teach inclusively.

Most of this training is not held at schools. Teachers leave their campuses, are lectured by experts and then return to their posts. The assumption is that after being trained, teachers will apply their new knowledge in the classroom.

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Professors Norma Nel and Oupa Lebeloane, Helene Muller and I, wanted to investigate whether this was the case. We surveyed 19 teachers who attended a workshop about aspects of inclusive education. Initially, the teachers all said they were satisfied with the training.

Eight months later, we interviewed 10 of the teachers in two focus groups to see how they had implemented the workshop's lessons. With only a few exceptions, the answer was: "I haven't".

The teachers gave a number of reasons, including some of their perceptions.

- High pupil to teacher ratios. The teachers said it was difficult to give extra attention to struggling pupils because they felt their classes were too full.
- A lack of teacher assistants, particularly to help pupils with additional support needs.
- Inadequate space in their classrooms, particularly where pupils use wheelchairs.
- The pressure of covering the fast-moving curriculum as well as preparing pupils for the government-mandated Annual National Assessments, which test literacy and numeracy levels.

Crucially, the teachers felt that the challenges of the school environment make it too difficult to translate the principles presented in the workshop into specific lesson content. One said: "You can train us until we are blue in our faces, we are still going to struggle."

The teachers didn't believe that more workshops would solve these problems. Instead, they suggested taking learning-support specialists to schools to help adapt the curriculum to their pupils' diverse needs. These specialists could also guide teachers' efforts to differentiate their lessons and assessment to ensure inclusive learning.

The teachers also shared a deeper misgiving. Despite the policy on inclusive education, they were not all convinced that children with learning difficulties and other disabilities should be in mainstream schools. They complained that they weren't consulted properly before their school was made accessible for disabled children.

This study and others like it emphasise that in-service professional development is far more complex than merely "workshopping" teachers on topics that are deemed important.

High-quality, well-delivered courses and workshops are needed for teacher professional development, but they are not a magic potion. Effective professional development must acknowledge the interplay between the content of workshops, teachers' attitudes towards their own learning and the challenging realities of South African classroom life.

— The Conversation
(http://theconversation.com)

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