THE MEDICO-SOCIAL RESEARCH BOARD

CHARACTERISTICS OF HEROIN AND NON-HEROIN USERS IN A NORTH CENTRAL DUBLIN AREA 1984

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Summary

Following a 1982-83 study¹ of the prevalence of the prevalence of heroin abuse in a North Central Dublin area, and a delineation of the characteristics of the heroin abusers, a control group of persons who had never taken heroin, resident in the same area and matched for age and sex, was undertaken in 1984.

A series of striking differences emerged. Compared with the control group the heroin abusers socialised much less, were markedly less influenced by family and more by drugs, had a much poorer educational and employment record, were much more likely to be unemployed; were more likely to smoke and to smoke heavily, less likely to drink but more liable to have a drinking problem in their families; were much more likely to have been arrested for a variety of offences; and were more likely to have lost one or both parents through death.

The significance of these factors is considered, and the response appropriate to them.

Introduction

In the winter of 1982-83 an investigation¹ of heroin abuse in a North Central Dublin area was carried out. It revealed a high prevalence of heroin abuse, most abusers being aged 15-24; and a profile of the heroin abuser having certain features that might be thought relevant to the abuse: for example, lack of friends and outside interests, poor educational record, unemployment, heavy cigarette smoking, frequent abstention from drink, frequent brushes with the law both associated with and independent of heroin abuse, and a high incidence of parental separation and death, and of drinking as a family problem.

To confirm or refute the relevance of that profile to the heroin abuse it was decided to survey a control population of young people resident in the same area at the time for the study but not abusing heroin. The present report gives the results of that control survey.

METHOD

The North Central Dublin area used for the original study was a clearly defined and very compact one, and accordingly it was not felt necessary to use any very elaborate methodology to ensure a fully geographically random selection of the control subjects. They were to be matched in age, sex, and area of residence with the drug abusers, but no refinement of this basic concordance was attempted.

In the preparation of the original drug-abuse profile interviews with 88 young people had been used, and it was felt that, to allow for persons who might have moved from the area since their entry into school registers (the chosen source for identification of control subjects) and for those who might be unwilling to co-operate, or who might, in the event, turn out to have abused heroin at some time, an initial pool of control subjects numbering about three times that total should be assembled.

The area in question is served by five schools and the principals of these and the Department of Education were approached for permission to use the school registers as sources of names. The age, sex, and place of residence of the children (at the time of registration) are readily accessible in the registers.

Permission was secured, and an initial list of 277 names was compiled from four schools. The first names on any one register that satisfied the age, sex, and residence requirements were used, the number of children drawn from one school being kept in rough proportion to its size in relation to the total school population.

The list was then studied by one of us (P.L.) and by two members of the North Central Dublin Committee (the 'Committee' – see original report), and 97 of the names were eliminated on the basis that the persons concerned had left the area since the time, some years previously, of first school registration. Efforts were then made to get in touch with the remaining 180 persons whose names were on the list with a view to interviewing them and completing for them a questionnaire similar to the one used in the original survey.

The first question asked of any potential interviewee was 'Have you ever used heroin?', and a positive answer to this question or the identification of that person by any two members of the Committee as someone who had taken heroin meant elimination of that person from the interviewing process. This resulted in 8 people being eliminated.

A further four persons refused to co-operate in an interview, and of the remaining 168 persons 68 could not be contacted, and 100 were interviewed during the spring and summer of 1984. This is, of course, more than the total of control interviews needed (that is, 88); and it is explained by the fact that interviews were carried out by various of the Committee's ancillary workers who were interviewing simultaneously in different locations, and so were not aware that in the closing stages of the interviewing process the required total of interviews had been exceeded.

The age and sex match was, however, still imperfect. To secure the final 88 completed questionnaires, the total of 100 was subdivided into sections by age and sex, and any surplus questionnaires in each section were eliminated by a random process. This left 9 further questionnaires needed to complete the age and sex match, and these were secured after further resort to the registers.

Anonymity of the interviewees (for G.D. and other engaged in processing the results) was secured by the same method as was used in the original study.

Amendments to Original Questionnaire

From the original questionnaire Questions 29 to 49 inclusive, and Question 51, all of them relating to heroin abuse, were omitted for the control questionnaire. Otherwise the two questionnaires were identical.

For the deleted Questions 29 to 32 inclusive the following substitute questions were used in the control questionnaire:

- Q. 29 Have you ever been offered heroin? 1 Yes 2 No
- Q. 30 If Yes, how old were you when you were first offered heroin?
- Q. 31 And who offered it to you then? 1 Dealer/Pusher 2 Friend
 - 3 Relative 4 Other
- Q. 32 Have you been offered heroin since? 1 Yes 2 No

RESULTS

The 88 interviewees were resident in the North Central Dublin area on the specified date, and their age and sex structure, shown in the table, corresponded to that of the 88 abusers used for compilation of the original heroin-abuse profile.

1982-83 North Central Dublin: Heroin-Abuse Profile/Control Populations:

			Age and Sex
	<u>15-19</u>	<u>20-24</u>	<u>Over 24</u>
Male	17	27	9
Female	18	13	4

Comparison of Heroin Abusers with Non-Abusing Controls

This will be provided in the form of the answers given by the abusers and by the control subjects to a majority of the questions in the questionnaires. As in the report on the original study, the answers to a few of the questions are omitted as they added little to the profile of abusers or controls.

If the summated figures for all the answers to any one question, in the case of abusers or of the controls, do not total 88 (or whatever lesser figure may be appropriate, depending on the question), the reason is that some interviewees either did not answer the question or else gave an indeterminate answer.

The key words in each question are stressed. The numbering of the questions corresponds with the numbering in the control questionnaire. Where, as in most cases after the answers to Question 6, both the abuser and control answers are provided ad plain figures the abuser figure comes first, the control figure second, the two being separated by a comma (thus: 48, 15).

Questions 1 and 2 referred to age and sex.

- 3. Number of friends? Abusers: 12 had no friends, and only 9 had ten or more. Controls: 2 had no friends, and 31 had ten or more.
- <u>4.</u> <u>Membership of a club?</u> 53 abusers, 68 controls claimed membership.
- <u>5.</u> <u>Regular hobby?</u> 30 abusers, 60 controls claimed one.
- <u>6.</u> Regular sport/game? 9 abusers, 63 controls claimed participation.
- 7. Strongest influence in your life? Parents: 13, 52. Drugs: 47, 0.
- TV: 0, 1. Religion: 0, 0. Priest: 0, 0. Spouse and children: 0, 20.

(In the case of the other categories of influence, neither the absolute nor the comparative figures seemed significant.)

8. Age at leaving school? – Eleven: 1, 2. Twelve: 4, 3. Thirteen: 26, 7.

Fourteen: 28, 19. Fifteen: 25, 26. Sixteen: 1, 11. Seventeen: 1, 7.

Eighteen: 1, 5. (Still at school: 0, 8.)

9. Type of school last at? – Primary: 40, 21. Secondary: 6, 23.

Vocational: 18, 38. Other (mainly 'special' in the case of abusers): 24, 6.

- <u>10.</u> <u>Certificate/Qualification/Skill gained?</u> Yes: 4, 27.
- 11. Can you read? No: 10, 5.
- 12. <u>Can you write?</u> No: 10, 6.

- 13. Working now? Yes: 4, 46.
- 14. Nature of work? Unskilled manual: 2, 9. Semi-skilled manual: 0, 8.

Skilled manual: 1, 10, Clerical: 0, 6. Other: 1, 13.

- <u>15.</u> <u>Unemployment status?</u> Compulsory: 64, 19. Voluntary: 9, 2.
- Disabled/sick/retired: 2, 2. Housewife or equivalent: 9, 11. Other: 0, 1.
- 16. Longest period in a job? Less than a year: 55, 15. More than a year: 26, 59.
- 17. Longest period of unemployment? Less than a year: 7, 29.

 More than a year: 75, 37.
- 18. Religion? Catholic: 88, 87. Nil: 0, 1.
- 19. Smoke cigarettes? Yes: 82, 41.
- <u>20.</u> <u>How many cigarettes a day?</u> One to four: 0, 4. Five to nine: 3, 5.

Ten to nineteen: 13, 19. Twenty+: 64, 13.

- <u>21.</u> <u>Do you drink?</u> Yes: 38, 68.
- 22. How often do you drink? Four or more times a week: 12, 13. Less often: 26, 55.
- 23. What do you drink? Beer/ale/stout/cider: 36, 61. Wine: 1, 0. Spirits: 1, 4. Soft drink: 0, 3.
- Number of drinks on each occasion? One: 3, 1. Two: 0, 3.Three: 10, 18. Four: 9, 15. More than four: 16, 31.
- <u>25.</u> <u>Drink ever a problem for you or family?</u> Yes: 30, 15.
- <u>26.</u> Ever regularly taken a non-prescribed drug, heroin aside? Yes: 83, 8.
- 29. (Controls only) Ever been offered heroin? Yes: 14.
- 30. (Controls only) <u>How old were you then?</u> Fifteen to nineteen: 12. Twenty+: 2.
- 31. (Controls only) Who offered it to you? Dealer/pusher: 6. Friend: 7. Relative: 0, Other: 1.
- 32. (Controls only) <u>Have you been offered heroin since?</u> Yes: 6.
- <u>50.</u> Who takes heroin? Friends, most: 55, 0. A few: 24, 16. Nil: 4, 72. Relatives, most: 6, 1. A few: 38, 22. Nil: 39, 65.

Ever arrested for the following, not in connection with heroin? –	<u>Abusers</u>	Controls
Theft from vehicle	40	12
Theft from shop	55	15
Theft from house	26	8
Theft of vehicle	43	11
Assault	29	12
Other offence	37	14

(<u>Note</u>: In the case of both the abusers and the controls a substantial proportion of the 'ever arrested' had been arrested for more than one offence. Thus 10 of the controls accounted for 48 arrests, or two-thirds of the controls' total arrests.)

- <u>53.</u> Parents alive. Living together: 49, 72. Separated: 7, 2. Had separated in past: 2, 0.
- 54. One or both parents dead. Separated while both alive: 9, 1.

 Not separated while alive: 20, 13.

DISCUSSION

It seems clear that in the North Central Dublin district studied the young who abuse heroin represent a section of the youth population that is quite sharply demarcated from its peers, though it is not possible to say whether endogenous or exogenous factors are more relevant to that demarcation.

Thus, as concerns ordinary social life: six times as many abusers as controls had lives empty of friendship, and more than three times as many controls as abusers had lives rich in friendship; twice as many controls as abusers had a regular hobby, and no fewer than seven times as many participated regularly in a sport or game. These are very striking comparisons.

The strongest influence in the lives of more than 50% of the abusers was

drugs: in the case of the controls it was either the parents or a spouse and children for more than 80%.

The clear-cut distinction is maintained in schooling: the controls staying on at school substantially longer than the abusers (mean leaving ages 15 and 14 respectively), being two to three times as likely to have achieved secondary/vocational education, and being much less likely to have gone to a special school. Almost 7 times as many controls as abusers had gained some certificate or qualification or skill at school, and only a half as many were unable to read or write.

Only 4 of the abusers were employed, compared with 46 of the controls. That less than 1 in 20 of the abusers was working was striking; but just as striking is the fact that almost half of a randomly selected group of young people in central Dublin are out of work. However, whatever the relationship of unemployment and drug taking, clearly there is no <u>inevitable</u> progression from the first to the second. The abusers, when working, had been able to hold down their jobs for less time than the controls; and when unemployed, had endured that status for a longer time.

As to cigarettes: almost all the abusers smoked, but less than half the controls. Moreover, the abusers were about five times more likely to be heavy smokers. The position was in part reversed as regards drink, with more than half the abusers being abstainers, but only about a quarter of the controls. The type of drink favoured, and the number of drinks taken on each drinking occasion did not differ between the two groups; but the abusers were more likely to drink frequently, and perhaps most significantly, were twice as likely as the controls to have had drink as a family problem.

That practically all the abusers had regularly taken some non-prescribed drug, other than heroin, was to be expected; but that only 1 in 11 of the controls had done so is very surprising. Clearly, if they were telling the truth, the commonly held belief that most young people today at least sample drugs does not hold for this central Dublin population, commonly held to be at high risk for

such sampling. Also surprising is the fact that only 1 in 6 of the controls had even been offered heroin. Heroin taking is very common among the friends of abusers, much less so among those of controls (though still practised by a few of the friends of about 1 in 5); and is not uncommon among the relatives of abusers, but less common among those of controls (though involving a few of the relatives of about 1 in 4).

As to brushes with the law not connected with heroin, the abusers were about three times more likely than the controls to have been arrested for any or all of a series of thieving/assault offences. In the case of the controls a minority (10 out of 88) accounted for a majority of the arrests.

Finally, only 14 of the controls but 29 (1 in 3) of the abusers had lost one or both parents. Moreover, in the case of 18 abusers the parents were or had been separated, whereas separation had affected only 3 of the non-abusers.

This marked disparity between the two groups promoted a re-examination of the original abuser questionnaires, and it emerged that in the case of no fewer than 24 of the 30 abusers who said alcohol had been a problem in the family there had been death of one or both parents and/or parental separation. There seems therefore to be one fairly well defined subset of this youth population at high risk for heroin abuse. A substantial number of the abusers did not answer the question about alcoholism as a family problem, so that the subset may even be somewhat higher than these figures suggest.

Lastly, of the abusers 88 and of the controls 87 claimed to be Catholics; and while no formal study of the matter was attempted, more of the controls than of the abusers appeared to be practising their religion.

CONCLUSION

What conclusions may properly be drawn? – The statement in the original report that 'it is difficult not to think that these young people [the abusers] are the victims of society' can still be made if with somewhat less certainty. The controls live in the same deprived area as the abusers, have a high (50%) unemployment

rate, are in a social milieu where drug taking, crime, and alcohol abuse are common, and yet somehow have not merely in the main kept completely clear of heroin but have very largely kept clear of other drugs too. They were an elite group, specially selected? – They were chosen at random, and in order to secure 100 interviews only 8 out of 180 persons were eliminated as heroin takers and 4 for non-co-operation.

However, any debate as to whether nature or nurture is more important to the production of a heroin-dependent young person, or as to the degree to which determining factors may be modified – any such debate would be sterile. Common sense and compassion suggest that, in seeking to address the problem, one should assume that intrinsically undesirable external factors, whether in the early environment, or the present environment, or in some particular personal mishap (loss of a parent, loss of a job), are involved in producing drug abuse and can be altered; and one should seek to redress them. The apparent existence of a large heroin-free, population of young people is cause for hope: if they can be heroin-free, so perhaps can the entire youth population, and, if not in this generation, then in the next. One must surely act upon that assumption, not resort to an unfruitful fatalism, whether of heredity or of environment.

As to remedial action, it would appear, in brief, that, to help to prevent drug abuse in this or similar populations, attention should be given to: encouragement of social life and of hobbies and sports; improvement in length of education and end achievement; provision of jobs; and discouragement of cigarette smoking and of frequent drinking. Those children and young persons should be regarded as at special risk who have suffered parental loss and/or separation and/or whose families have alcoholism as a problem. Clearly all these matters call for remedial action aside from any association they may have with drug abuse. In view of the religious beliefs of the young people studied it may be thought that the local Catholic church is one obvious agency through which some of this remedial action should be channelled.

Here then is a challenge: for parents, for the clergy, for teachers, for social workers, health educators, publicans, and government – and, not least, for the young people themselves. Let us hope it is taken up and not only with words.

ACKNOWLEDGEMENTS

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REFERENCE

1. Dean G, Bradshaw J and Lavelle P. Drug Misuse in Ireland, 1982-83: Investigation in a North-Central Dublin area and in Galway, Sligo and Cork. Medico-Social Research Board, Dublin, 1983.