

THE ASUSE OF PSYCHOTROPIC DRUGS

During the last 12 months there has been concern in Dublin about the abuse of drugs among young people. This followed reports originating from Professor Cedric Wilson on the number of drug addicts who were in Dublin based on a study said to have been carried out by a Mr. Carey. When our Board investigated this evidence none of the 65 "addicts" reported by Mr. Carey could be traced.

None the less, the reports in the Dublin newspapers that originated from the concern of Professor Wilson, Fr. Cleary and others about the increase in those who were taking part in a subculture of drug usage have proved to be correct. It was perhaps inevitable that this subculture which was already established in London and New York would spread to Dublin, just as it has to such cities as Liverpool, Glasgow and Manchester.

Concern about this problem in Dublin was heightened by a series of raids on the dispensaries in Dublin by groups of underprivileged young men. These raids received great publicity in the evening newspapers.

The Minister for Health asked our Board to make an independent assessment of the situation and we asked Mr. Larry Masterson, who had already founded the Simon Organisation in Dublin to work among the underprivileged who "slept rough" at night, to work among this subculture. The Department of Health also appointed a Working Party to study drug abuse under the chairmanship of Dr. Karl Mullen.

Historical Background

Drugs have been used by the human race to release tension and change mood for many thousands of years. The oldest of these is probably alcohol. Cannabis Indica (Marijuana) has also been in use for at least four thousand years and is used by many millions of people in India and in the Middle East. When Marijuana is smoked either the dried leaves are used (Pot, Grass, Tea) or the stronger resin from the flowers of the plant (Hash). In South Africa where cannabis leaves are called Dagga it is brought into the city where I practised, not by the sackload but by the lorry load, and it is smoked by a high proportion of the Coloured people. Dagga appears to do very little harm among the Coloured people who smoke it and many building foremen, for instance, prefer employing regular Dagga smokers. Marijuana is a mild euphoriant and very seldom causes aggression or leads to crime, unlike alcohol. There is no evidence that it has been responsible when used alone, without alcohol, for serious injury to individuals or property, nor does it appear to be a drug of addiction (1,2,3,4,5,6).

At present two drugs are not only socially acceptable but their use is encouraged by advertising. These drugs are, of course, alcohol and nicotine (cigarettes). Of the two, cigarettes are undoubtedly the more dangerous to health and are largely responsible for the increase in death rates in middle-aged men in England and Ireland today from lung cancer, bronchitis and coronary thrombosis. Alcohol, on the other hand, causes much domestic and personal unhappiness and Dr. Dermot Walsh has shown that the admission rates in the Republic of Ireland for alcoholism and alcoholic psychosis are ten times higher in males than they are in England and Wales and that we have a very serious alcoholism problem.

After alcohol and nicotine the commonest and most serious drugs of addiction are the Barbiturates, a large variety of sleeping tablets and sedatives, such as phenobarbitone. Most barbiturate addiction is begun and encouraged by the general practitioner, of whose patients perhaps a third suffer from vague psychiatric and social troubles. During the last few years they have been supplanted to some extent by the tranquilliser which is used almost as a

placebo, often to assuage the doctor's own anxieties. In 1964 there were 16.1 million scripts for barbiturates in England and Wales. In 1968, 24 million units of barbiturates were consumed in the Republic compared with 18 million units in 1962. In addition 11 million units of tranquillisers were consumed. This is equivalent to 12% of the population taking one of these drugs three times a day for a month. (National Drugs Advisory Board.) The excessive use of barbiturates and tranquillisers on doctors' prescriptions is a very much larger problem than the drug-taking subculture that has been taken up by a few hundred adolescents in Dublin.

Nevertheless, little public reaction has taken place with regard to alcohol, cigarettes, barbiturates and tranquillisers because they are socially acceptable, unlike marijuana which is more likely to be used by young people who are in revolt against some of the accepted norms of our society. This revolt among the younger generation began on the intellectual level with such men as John Osborne, the "angry young men" and then went on to the "flower people", the "beatniks", the "hippies" etc. In the United States the revolt was most pronounced in the city ghettos which were often Negro, Mexican or Puerto Rican and in these areas marijuana was often the drug of escape rather than alcohol, largely because it was cheaper but partly because it was not used by those who represented the Establishment. Most young people probably use marijuana (Pot) in the first place out of curiosity and with no intention of becoming addicted and marijuana, unlike alcohol, is not considered to be a drug of addiction. Because smoking pot is illegal those who smoke it often become part of a subculture which uses drugs of addiction such as barbiturates, amphetamines or heroin. Knowing as they do the harmlessness of marijuana they are inclined to believe the addictive drugs are also harmless. It is a mistake to cry "wolf".

The Types of Drugs used in the Drugs Subculture of Modern City Life

The drugs which are commonly used illegally have been divided into roughly two groups, the "hard" drugs which are drugs which cause rapid addiction and undermine morale and health. The most important in this group are the opium drugs, such as heroin, morphine and pethedine, but hard drugs also include cocaine. The second group are the "soft" drugs which do not usually cause addiction although they may do so; the least harmful of these is undoubtedly marijuana. The other commonly used drugs are the amphetamines which are drugs that cause excitement or stimulation and drugs that cause hallucination such as "LSD". The amphetamines, or mixtures of amphetamines and barbiturates, "purple hearts", have been used by young people in large quantities in the big cities for the last 20 years. Amphetamines first came into prominence when they were used by the soldiers and air crews on both sides during the last war to maintain mental and physical activity and to delay fatigue and prevent hunger. They are often used by medical and other students to maintain wakefulness when working for exams, very few of whom become addicted. Nevertheless, these are drugs of addiction and have become particularly dangerous since they have been available in injectible form, e.g. methedrine. By injection they cause marked excitement, much more pronounced than is usually obtained by amphetamines by mouth. The decision of the Department of Health to ban the use of these drugs in Ireland is undoubtedly a very sensible one because they are of little value in medical practice and doctors have often inadvertently caused addiction to this drug as they have to barbiturates.

A Problem of Modern City Life

The problem of drug abuse, as it is presenting itself in adolescents is largely an urban, or in Ireland a Dublin, phenomenon involving the involving the underprivileged, mainly involved adolescents for whose experimentations with drugs is merely one facet of a general disturbance of personality. Most of them could not in any sense be described as drug addicts although some are undoubtedly on the way to becoming so.

In the past the number of patients admitted to psychiatric hospitals for drug addiction was of little significance. Since October 1968, 29 drug addicts have been admitted to our psychiatric hospitals and growing numbers are appearing in the Out-patient Departments of our general hospitals (Annual Report of Dr. Ivor Browne, Chief Psychiatrist, Dublin Health Authority).

Drug usage among young people in the cities is only one manifestation of a reaction generated by the impersonal technological society of our time. We should turn our attention back to the root cause within our society, the diminishing influence of the individual on decisions affecting him and the blatant commercial exploitation of the genuine strivings of young people.

The report on drug taking in Dublin includes a number of taped interviews with different types of drug users. These tapes give a clear indication of the background frustrations that have led to the formation of this, as yet small, subculture in Dublin (Report attached).

The Working Party on drug abuse are anxious that studies should be made by means of questionnaires of school-leaving children to see how many of them are taking drugs. I am just convinced that this may be a worthwhile exercise although I approach it with no great enthusiasm. It is probably worthwhile so as to make possible a comparison of the situation in 1970 with the situation in five or ten years' time.

Suggested Remedies.

General. There is a dearth of facilities for young people in Dublin, for instance, community centres, sports clubs and swimming pools. Hardly any effort is made to enlist the aid of young people in decision making. Our health facilities are directed purely to the treatment of disease and there is a dire need for an active group dedicated to spreading information already available as to how we can enjoy more positive health; for instance, by sports clubs and by active measures to discourage cigarette smoking and excessive alcohol consumption. How can we expect young people to listen to their elders on the subject of drug usage as long as we actively encourage cigarette smoking - a much more dangerous drug to health than marijuana and alcohol.

Soft Drugs. It is considered by jurists to be a great error to have laws on the statute book which are not enforceable. In the United States, where it is said that 12 Billion people have used marijuana, it has not been practicable to enforce the law that smoking marijuana is a criminal offence. Over 40,000 people smoke marijuana in England (4). It appears to make nonsense of the law that young people in Ireland are sent to prison for smoking marijuana and yet the drinking of alcohol is socially encouraged by the publicity media.

A clear differentiation should be made between the casual and occasional use of a drug such as marijuana and the deliberate exploitation of young people for profit. The importing and trading in drugs for illicit use should remain an offence.

The medical profession could help greatly by using much more discretion in the prescription of barbiturates and tranquillisers. The Pharmaceutical Society of Ireland could carry out a very interesting study, perhaps under the aegis of The Medico-Social Research Board, if they analysed all the prescriptions for barbiturate drugs. Such an analysis should make it possible to find out how many people in Ireland are taking barbiturate drugs regularly, say for six months or longer, and are, therefore, inevitably addicted to them. A similar study could be undertaken into the consumption of tranquillisers. The banning of the importation, manufacture and sale of amphetamines is a most useful step forward.

Hard Drugs. These are the drugs which cause serious drug addiction and these are the drugs in which it is necessary to apply legal sanctions in order to treat the addicted.

1. Drugs should be very well protected from theft. This has now been done to a great extent.
2. Doctors who prescribe hard drugs when they should not should be dealt with by the Medical Council.
3. The drug squad are well aware of the names of most of those who are taking Hard drugs regularly. These addicts should be admitted to hospital for treatment and, if necessary, legal sanction should be available to see that they stay in hospital for a sufficient length of time.
4. Hospitalisation of those addicted to hard drugs will be of little value unless these patients are well supervised, found work and given a great deal of support, on discharge from hospital. Perhaps a system of parole could be used and the patient would be discharged to the care of suitably trained and supported social worker. He would require the legal power to re-admit the patient if he showed signs of relapsing into the use of hard drugs.
5. Law enforcement agents should continue to take all the necessary possible action to prevent the illegal importation of drugs into the country by co-operation with their colleagues in England, Northern Ireland and the United States.

Agreement as to what course of action should be undertaken.

I would like to suggest that there should be a conference which would include the Minister for Health to obtain the support of the Dail, Dr. Ivor Browne, Sergeant Mullins of the Drug Squad, Dr. Karl Mullen and any other desired representatives of the Working Party on Drug Abuse, and myself as representative of The Medico-Social Research Board, to come to an agreement about our general philosophical approach to the problem of drug abuse in Ireland with the realisation that this problem is going to remain with us and will almost certainly increase in the next few years.

In conclusion, while these views are personal and subject to review, my present view is that action should be taken along the following lines:-

1. Hard drugs should only be available to addicts at a special treatment centre and legal sanctions should be available to see that these addicts stay in hospital as long as necessary for psychiatric treatment. On discharge they should be paroled to a 'social worker who would be in a position to give them support, find them work and look after their welfare. He would be armed with the power to re-admit them to hospital if necessary.
2. The Pharmaceutical Society should carry out a study of prescriptions to see how great is the problem of barbiturate and tranquilliser addiction in Ireland.
3. The Department of Health has already taken very valuable action in banning the manufacture and sale of amphetamines and LSD.
4. The problem of alcoholism and cigarette smoking are the most important drug problems in Ireland.
5. The smoking of marijuana should not be encouraged but it should not be a legal offence.
6. There is just marginal advantage in carrying out a survey in schools as to the present use of drugs, as long as it is very tactfully done.

7. There is an argument in favour of education programmes that would enable the less privileged to appreciate the dangers of drugs. The better educated already know quite enough about the use of soft drugs from popular literature which has discussed the subject almost ad nauseam in the last few months. The use of barbiturates and tranquillisers should be discouraged by the medical profession who could do a great deal to prevent the excessive use of drugs generally among the public.
8. A real effort should be made to damp down the emotional excitement attached to the drug subculture. Perhaps an approach could be made to the publicity media to deal with the matter in a much lower key. Much of the anger against drug abuse among young people from the older generation represents a reaction against those who are in revolt rather than specific concern about the use of drugs. As has been stated above, many of the older generation in Ireland are addicted to alcohol and cigarettes.
9. Most important of all, it should be realised that the developing problem of a drug-taking subculture is a symptom of a sickness within our urban society. A failure on the part of the older generation to provide a sense of purpose and participation in the development of modern society and a revolt of youth against the material and commercial values that appear to be paramount in the thinking of the established generation.

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