

Strictly Confidential

A REPORT
ON DRUG ABUSE
IN DUBLIN

By:

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INTRODUCTION

In early June of 1969, I was asked by the Medico-Social Research Board to study the drug problem among young people in Dublin with a view to gaining some idea of the extent and type of the drug taking cult that was developing in this city. This report does not claim to be a completely comprehensive and objective portrait of the Irish drug user and the Irish drug scene.

I have spent six months gathering the information that is included in this report and I hope that it will give the reader a clearer understanding of the average young drug abuser in Dublin and the various factors that motivate or fail to motivate him. I have included a number of case histories and taped interviews with drug abusers in which they speak about themselves and their reasons for going on drugs. If, after reading this report, the reader is still somewhat confused he will realize how helpless and confused is the individual addict who struggles not only with his addiction but also in the process with the police, the courts, jail, hospital, his family and his community – a community that has, as yet, found few ways to help him.

L.C.M. January 1970.

METHOD OF STUDY

It is important to say something about my approach in studying the problem. I was immediately hampered by the unusual nature of the problem and the difficulty of locating its presence. There is in Ireland, apart from a few police and doctors reports, a complete lack of data concerning the problem. There was, therefore no reliable guideline I could use except the numerous and sometimes contradictory newspaper reports and, of course, the valuable information and advice given to me by the Drug Squad and other people involved in this field. Therefore, in gathering the content of this report, I had to start from 'square one'. My approach, basically, has been to go out and become involved in the settings in which the young drug abusers may be found – i.e. the pubs, coffee houses; jazz and beat clubs etc. I decided that I could best talk to them and understand them if I myself became involved in the drug subculture and identified myself as much as possible with them and their problem without taking drugs other than alcohol. This has meant being picked up by the police for questioning and visiting various doctors with drug takers to get drugs from the doctors.

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THE ILLEGAL USE OF DRUGS IN DUBLIN AND DRUG ADDICTION

When I was asked to gather information which would give some idea of the extent and type of this problem existing in Dublin, I was not even sure if a problem existed, but if one did, I was determined to try to understand the type of people involved in it, and why they became involved. Needless to say, I do not, after six months work, know or understand all the various types of people who abuse drugs that have an effect on the brain and the reasons why they use or abuse them. However, what little understanding I have acquired, and am capable of conveying will, I trust, act as a basis for future research.

I have, at a later stage in this report, under the heading 'Drug Abusers in General' tried to convey, in what of necessity has been a very brief outline, some of the reasons and causes behind this type of drug abuse. Consequently, before going into the various reasons behind drug abuse, I would prefer at this stage to make some comment on the size of the problem. Needless to say, the figures I quote from my own findings are not absolute because there are obviously many more abusers of drugs whom I have not heard about. In this study I have not investigated the abuse of alcohol or the many thousands who are taking drugs on a doctor's prescription.

First, let me stress that drug abuse is not confined to any one social class but occurs in all social classes, although, at present in Dublin, the majority of those who use drugs to affect their mental state belong to one of three distinct sub-groups, which I have found to exist within the total drug sub-culture. These sub-groups are differentiated

by economic and social background, the drug they use, their attitudes towards drugs, their attitudes towards life, etc. I shall have much more to say about these sub-groups at a later stage in this report. At present I am merely classifying drug users in relation to the drug they use.

(1a) HEROIN AND, OTHER OPIUM DRUGS. (see Table I)

I did state, in my preliminary report to the Board, that I would decide in my final report who are drug addicts and who are not, using as my criterion the definition of drug addiction put forward by the World Health Organization. However, in order to do this objectively, I would require a detailed medical report on each of the people I spoke to and; since this has been impossible to do, I have no other choice except to place them within a particular 'Drug Grouping'. Facts from other sources would seem to indicate that the number of drug addicts within the community is growing. 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). Although I am unable to say how many of the drug users I met are drug addicts, I will say that the majority of them, included in (1a), are addicts.

- (A) Out of the number I have reported, 33 have been in for residential treatment here or in England.

TABLE I

MAIN DRUG USED AND THE NUMBER OF PEOPLE

<u>DRUG GROUP</u>	<u>No. of People.</u>	
1(a) Heroin & other Opium drugs. e.g. Morphine (Morph.) Pethedine & Methedrine = Meth. Injection.	106	
2(b) LSD = Acid, Shit.	83 = Subcategory (A) <u>62</u> =	<u>SUBCATEGORIES</u> Members of group 1(a) who, as well as using Heroin and the other Opium drugs, also use LSD.
	Subcategory (B) <u>5</u> =	University students.
	<u>14</u> =	Others i.e. 2 typists, 3 clerks, 1 trainee accountant, 4 college of art students & 4 others I am unable to classify.
	Subcategory (C) <u>2</u> =	Secondary school students.
3(c) <u>Cannabis.</u> Pot, Grass, Smoke & Joint. Approx.	200	
4(d) <u>Amphetamines Barbiturates & Sedatives.</u> Dexedrine (dex) Mandrax (sleepers)	<u>72</u>	
Approx. Total	399 i.e. The total 461 = 62 who, as well as being included in 1(a), are also included in 2(b).	

Those are people I have met or know of through police records and other drug abusers.

(B) In each case, when I asked them if they intended to keep using drugs they answered yes. Some put forward different reasons but in all cases their intention to go on using drugs was apparent. Therefore, for this reason alone, they are all potential addicts. This fact will, I hope, become obvious in the interviews (some taped) which I have included in this report.

I have already said in my introduction that there is in Ireland, apart from a few police reports and doctors reports, a complete lack of data concerning the problem. However, the few reports I have read and what I have seen and experienced myself leaves me in no doubt that there is a problem. A problem which could reach serious proportions unless a constant effort is maintained to prevent the abuse of habit-forming drugs. A quick examination of the number of drug cases appearing before the courts in recent years will bear this out.

1965 One person came before the courts charged with a drug offence.

1966 Again, only one person came before the courts on a drug charge.

1967 We had no drug charges.

1968 Witnessed a sudden increase of approximately 18 persons, mostly teenagers, charged with possession of drugs and stealing drugs. Charges of peddling drugs were also brought by the police.

1969 To date (October 10th) the number of teenagers appearing before the Dublin District Court on drug charges has been approximately 54.

It must also be remembered that this increase in people appearing before the courts could be attributed to increased police activity in this area. However, these figures are important and, although they do not throw any clear light on the actual number of people dependent on drugs, they do help to indicate it and, particularly, they demonstrate its growing nature. Apart from what I have seen myself, I see in these figures alone all the symptoms of a growing problem. In considering any statistics on drug addiction, I believe, it is necessary to take into consideration its growing nature and its ability to spread rapidly throughout a community. In an article, published in the "Lancet", April 10th, 1965, Dr, Thomas Bewley, Consultant Psychiatrist at Tooting Bec Hospital, London, wrote: "There is, at present, a small epidemic of heroin and cocaine addiction with case-to-case spread. Epidemiological research into drug addiction is virtually non-existent, but addicts of this type become heroin and cocaine addicts only after contact with other heroin addicts (though they may have had factors in their personality which predisposed them to addiction and they may already have taken other drugs). The rate at which further persons of this type become addicts depends on the number who are already addicted". What this statement can be taken to imply is that, if you have a number of drug addicts within a community, the chances are that, given time, they will convey their problem to other members of the community. This factor alone does not account for the overall growth in drug addiction but it does, nevertheless, deserve deep consideration.

This characteristic of drug usage, to spread rapidly throughout a community, is an important factor which I think cannot be overemphasised. In Britain, in 1959, there, were 654 drug addicts known to the Home Office. This figure grew to 927 in 1965 (an increase of 100%). Perhaps more important is the fact that there were 98 non-therapeutic addicts in 1959 and 372 in 1964 (an increase of 279%). In 1965 there were 580 addicts of non-therapeutic origin. What caused this increase in a matter of a few years? There were obviously many factors at work, some of which I have outlined later on, under the heading 'Drug abuse in General', but there can be little doubt that the tendency among drug addicts to introduce other people to use hard drugs played an important part.

I quote from Alan Bestics Book "Turn me on Man", which was the result of an eight month study in 1965 of the drug scene in Britain: "In 1964, the year from which the latest figures available were issued, there were 753 addicts on the Home Office List. Most of them first took drugs, not because their doctors prescribed them to kill pain, but simply for kicks. Nearly half of them were on heroin, a drug seldom used for therapeutic purposes. They had been injected by other addicts and, in turn, they are passing on this 'infection' to their friends and relatives".

I stress this point most strongly because, apart altogether from important factors such as boredom, curiosity, the need to rebel, etc., I consider it to be one of the prime factors operating to increase the number of people dependent on hard drugs. All the addicts I have spoken to, so far in my work, were introduced to drugs for

the first time by other addicts.

Bernadette O'R. "I was coming home from school one day and I met this bloke I knew who was smoking hash. We got talking anyway and he offered me some. It really made me feel great. I felt real happy so I started taking it regularly".

Gabriel K'. "I met this bloke, John Ryan, and I moved into his pad. He was a junkie and he taught me how to mainline".

These are only two examples. I have, over the last few weeks, been present on a number of occasions when addicts have tried to convince other people to "turn on". Since June, I have met seven young people (6 boys and 1 girl) who, when I first met them, had not even taken a tranquillizer but are now regularly injecting hard drugs intravenously. Prior to their introduction to drugs they all had regular jobs. Now (January 9, 1970) only three are still working. In each of the seven cases they were introduced to drugs by people who were already using drugs regularly.

e.g. Rory S. Aged 17.

"I was always hanging around the "Cana Bar" and the "Five Club" so I knew most of the blokes on drugs. They were always raving about how great they were and the great buzz* you got. So one night at a party up in Baggot Street

*Stimulating feeling from drugs.

a few blokes were turning on with smoke and they offered me some so I tried it. It was really great. A few weeks later up in the Green one of the blokes who was at the party showed me how to skin pop an 'amp' of pethedine. I'm still on the stuff and I really like it."

Source of Figures

At the time of writing, January 1970, I have interviewed (some on tape) 37 people who mainline with hard drugs regularly and could be considered drug addicts or potential drug addicts. The majority of these people are known to the police. I have met or know of, at least, 42 more young people who also mainline regularly with hard drugs. In looking through the list of people charged with drug offences since January 1969, I see a total of 27 people I have so far not met or heard about. I am assuming, from their charges, which are mostly for larceny or possession of hard drugs, that these people are either drug, addicts or potential drug addicts. This brings the total number of people either known or suspected by me to be on hard drugs to approximately 106.

(2B) LSD (see Table I)

When I first began my study in June, 1969, I could find very little evidence which would suggest that LSD was a popular drug on the Dublin drug scene. In fact, for a while I was convinced that LSD played no part at all in the Dublin scene and that the only people here, who had experienced it, were those who had spent some time in England and had become involved in the drug scene there. However, in a short period of six months, the picture has changed rapidly and LSD has now become a popular drug and is, in fact, one of the easiest to acquire. A fact which the drug squad will substantiate.

LSD is used by all of the three Sub-groups I have outlined In Table I. However, I find it impossible to suggest the exact extent to which it is used by any one Sub-group although evidence would seem to suggest that it is used by Sub-group I to a greater extent than the other two Sub-groups, I have (see Table I) divided the LSD group into three Sub-categories. These three Sub-categories correlate with the three Sub-groups outlined

LSD – SUB-CATEGORY A.

This Sub-category comprises the lower economic, under privileged section of the community. I shall have much more to say about this group at a later stage. At the moment, it will suffice to say that this group represents the kernel of our drug subculture. Members of this group abuse all the drugs from Cannabis to Heroin and the other opium drugs. It was members from

this group who were responsible for the raids on the dispensaries.

It is somewhat 'traditional' for members of this group (LSD Sub-category I) to make regular trips to London. They, naturally, become involved in the drug subculture there and they bring drugs back with them. It is now becoming a regular practice to arrange with someone in London to post small quantities of drugs over to Ireland. It is particularly easy to smuggle LSD by this method since one does not require a very large quantity to go on a trip.* The fact that it is not illegal in this country also helps.

LSD – SUB-CATEGORY B.

This group consists of the university students, typists, clerks, etc, who take drugs for what they believe to be intelligent reasons. Abuse of drugs in this group is usually limited to Cannabis and, in a few cases, to the Amphetamines, Barbiturates and LSD.

At a later stage, I shall have more to say about the better educated type of drug user (LSD Sub-category B). So far, I have spoken to five university students (3 U.C.D. and 2 T.C.D., all male) who have started using LSD since the Summer. In each of the five cases they had been to America and had been introduced to the drug there.

*An experience with LSD.

e.g. Ken M'. (3rd Arts, U.C.D.)

“I was working in a hotel in New York. There were a lot of other students working there also including quite a few Americans. I started hanging around with the Americans and we used to go drinking to parties etc. on our free periods. One weekend, three of us, two Americans and myself, took a trip up to Boston to see some friends. We went to this party there and, in this upstairs room in the house where the party was, there were a crowd of people tripping out on acid*. It is difficult to explain why I decided to try it but I did anyway and I enjoyed it very much, I have taken about a dozen trips since I came home. I really think it is great if you know what you are doing and don't take too much of it.”

I have also spoken to 14 others whom I have classified in Table I.

LSD – SUB-CATEGORY C.

These are the secondary school pupils, usually in the fifth and sixth years who, in a few cases experiment with Cannabis, “pills” and, in a few rare cases, LSD. This group is still very small but there can be little doubt that it will grow. Curiosity, the urge for ‘kicks’ and the attraction of drugs are usually the reasons behind drug use in this group.

*LSD

I am not suggesting that, at present, we have a serious drug problem among our schools but there can be little doubt, from the little evidence we have that we do have some drug taking in our schools and the problem, as it did in England, will undoubtedly develop here unless preventive measures are taken and perhaps such measures can only hold the problem within bounds. I have only spoken to two secondary school pupils who have taken LSD; one whose case history I include below. In these two cases and, in the other cases I spoke to, they were introduced to drugs by older people who were already taking drugs. An increasing number of fifth and sixth year students are attending Sunday afternoon dances in the “Go Go Club”, “The Five Club” etc. These clubs are frequented by drug users. Therefore, the chances of students being offered or coming into contact with drugs are high.

CASE HISTORY

Bernadette O’R. – LSD.

Bernadette is 16 years of age, and at the moment she is undergoing a “cure” in St. Brendan’s. I consider Bernadette, without a doubt, one of the most tragic cases I have come across so far. For me, she has been the most blatant example of what curiosity and ignorance concerning drugs can do. Although she is 16 years, Bernadette could quite easily pass for 14 or 15. When I met her, the effects of her drug taking were obvious. I talked to her for about two hours and, during that whole time, she was shaking continually. At times it got so bad that she

found it difficult to speak and we had to wait until she once again gained control.

HER BACKGROUND

When she was quite young her parents were separated and she went to live with her aunt in the country. She then came to school in Dublin and lived in the Sacred Heart House, Drumcondra. It is difficult to say whether this abnormal background affected her in any way.

When I asked her how she got on with the nuns, she said:

“I like the home very much. The nuns are great and I get on with them”.

HISTORY OF DRUG TAKING.

In recent months, we have been hearing quite a bit about drugs being introduced into our schools and the number of secondary school pupils who are taking them.

Bernadette, to some degree at least, is an apt demonstration of its existence.

“I first started taking the stuff over a year ago. I was in Strand Street School at the time. I didn’t really know a lot about drugs at the time except that my friend was smoking pot. I also knew another girl in the class who was taking pot. I was coming home from school one day and I met this bloke I knew who was also

smoking hash. We got talking anyway and he offered me some. It really made me feel great. I felt real happy so I started taking it regularly.

GO GO CLUB

I then started going to the “Go Go Club” every Sunday. I used to buy about four or five cigarettes each Sunday and smoke them there.

PILLS

A month or so later my friend started to get me some pills, I used to take from twenty to thirty a day. I didn't know what they were, but they used to make me feel very drowsy. It was very nice, I was always in trouble in school but then I really started getting in to trouble, but I didn't care”.

Bernadette soon found herself a member of the growing cult in Dublin who take drugs regularly but do not distinguish between pills, hash and the harder drugs such as Heroin “Coke”* and Methedine.

“Then I got in with the crowd in Stephens Green who were on drugs.

They used to take pills, pot and some were on Heroin and Methedine. I was

*Cocaine

hanging around with them and taking pills all the time, I used to smoke a lot of pot too. Then, about Christmas, a friend came back from London and he brought some Acid = LSD with him. I took it through the mouth. The feeling is great. I can't really explain it. I felt I could do anything. Sometimes I would take it every day and sometimes on weekends.

Then, one time; I tried to give it up but I couldn't, I got sick and everything. I also tried mainlining with Heroin a few times. It was really bad. I found that I could do nothing about it. I had to have it or I would go mad. I couldn't do anything without it. I went home one night and I was so bad that I fainted and they had to send me to St. Brendan's".

I asked Bernadette about the drug problem in schools and how large it was.

"I think that a lot of the students in schools are taking pills or smoking. Most of the kids who hang around the "Go Go Club" on a Sunday are at school and most of them take pills or smoke pot. It's very easy to get down there."

FUTURE PROSPECTS.

When I asked Bernadette how she felt about the future and her chances of giving up drugs, she became very silent for a few minutes and, without looking at me, she said:

“I don’t really know”.

(3c) CANNABIS (hash, pot, grass, smoke) (see Table I)

In 1969 the Wootton Report estimated that over 40,000 people smoke marijuana in England, and in the United States it is said that 12 million people have smoked it. There can be little doubt from the existing evidence, that after alcohol, nicotine, barbiturates and tranquillisers marijuana is the most universally used drug in the Western World to alter mood. The smoking of it is slowly becoming an accepted social practice. Although marijuana has been in use for thousand of years very little research has been done on it and therefore we need more knowledge of its possible merits or dangers. What research has been done shows that the drug is relatively harmless. We also know that marijuana is definitely not a narcotic and therefore does not produce tolerance requiring higher dosages to produce the same effect. Nor does it produce addiction as in the case of narcotics, Cannabis appears to be less dangerous to both the individual and society than alcohol or cigarettes. The Home Office report on cannabis* stated that in England: ‘An increasing number of people, mainly young, in all classes of society are experimenting with this drug, and substantial numbers use it regularly for social pleasure.

There is no evidence that this activity is causing violent crime or aggressive anti-social behaviour, or is producing, in otherwise normal people, conditions of dependence or psychosis, requiring medical treatment.

*Cannabis, Report by the Advisory Committee on Drug Dependence to the Home Office, 1964 –

The experience of many other countries is that once it is established cannabis smoking tends to spread. In some parts of Western Society where interest in mood altering drugs is growing, there are indications that it may become a functional equivalent of alcohol.

In spite of the threat of severe penalties and considerable effort at enforcement, the use of cannabis in the United Kingdom does not appear to be diminishing. There is a body of opinion that criticises the present legislative treatment of cannabis on the grounds that it exaggerates the danger of the drug, and needlessly interferes with civil liberty’.

These important facts together with the obvious rise in its popularity question the practicality of enforcing the law that smoking marijuana is a criminal offence. This is a question which I would like to spend more time on at a later stage in this report, but at the moment the smoking or possession of cannabis is a criminal offence in this country and therefore it must be examined in that light.

I have already mentioned the widespread use of cannabis in America and Britain. Marijuana is also smoked in Ireland but to a lesser extent. However this cannot provide an excuse for complacency, As the Home Office report on cannabis pointed out ‘once cannabis-smoking is established it tends to spread’ and there can be little doubt at this stage that it is established. Of all the drugs available on the Dublin drug scene marijuana is the most readily available and the most universally used drug. Unlike the hard drugs (heroin, pethedine, cocaine etc.) marijuana is not confined to any one of the three subgroups I have mentioned.

However with regard to the attitudes of users towards the practice of smoking marijuana, one can clearly see the existence of two distinct groups:

- (1) The people (mostly University students, hippies and the literary types) who smoke “pot” but realize fully the implications involved and make a very clear distinction between the smoking of marijuana and the use of hard drugs:
- (2) These are mostly members of sub-groups I and II who do not worry about this distinction and are quiet prepared in the majority of cases to smoke a joint* of cannabis or inject themselves with an “amp” of morphine, depending on whatever happens to be available.

The likelihood is that the members of the first group will smoke cannabis for their two or three years at College and will then graduate and forget all about it. It has for the majority of them been nothing more than a fairly pleasurable and interesting experience.

Des. 2nd year student of politics.

“Drugs don’t interest me in the slightest and it is rather unfortunate that by smoking cannabis I am committing a legal offence and termed a drug abuser. I smoke it merely to relax just as you yourself probably have a few pints”.

It is also highly unlikely that by smoking cannabis within the University group they will come into contact with hard drugs. Therefore the chances of moving on to hard drugs, by reason of being involved in a group who abuse hard drugs and thus coming under the influence of group pressures is highly unlikely.

*Cannabis cigarette.

However the smoking of cannabis in the second group can be definitely dangerous because members of this group view cannabis in a completely different light. There is a general feeling among both groups that cannabis is safe if used correctly and less dangerous than drinking or smoking, which are accepted social habits. However, in the second group the association of cannabis with other more dangerous drugs present them with the idea that all drugs are safe if used correctly.

Louis P. (Mainlining for two years)

“I know that you can become hooked on Heroin but you won’t if you use it correctly and don’t overdo it”.

One of the major reasons behind the spread of drug abuse is the involvement of teenagers in drug using groups. There is every danger that by mixing with those who smoke marijuana a teenager, as in the case of Bernadette O’R. (page 12) will become involved in a group in which both the hard and soft drugs are used indiscriminately. Within such a group there will be pressure to experiment with hard drugs and an unhappy teenager, especially with the urge to identify motivating him, can be very vulnerable to such an influence.

I have already said that Marijuana is the most universally used drug on the Dublin scene. It is used by all the three sub-groups (see Table II). I have included a taped interview with Alan below because he is a member of Sub-group II and his views about Marijuana, the legalization of Marijuana, his work, religion, etc. are fairly representative of a good deal of Marijuana smokers I met and spoke to.

ALAN.

Alan is twenty, he is middle-class and he smokes Cannabis.

Question: Are you working at the moment?

Answer: Yes, unfortunately I am working.

Question: And living with your family?

Answer: Yes.

Question: I want to talk to you from the point of view of the establishment, arguments, if you like, against Cannabis. Some people maintain that Cannabis is addictive. How do you feel about this?

Answer: Well, I think first of all that life is addictive. Well you start living and you can't stop. You breathe your first breath, you take your first bit of food and you start living. It's a continuous process until you die. So, no matter what stimulant, should it be food, drink, sex, whatever stimulant you first indulge in, obviously it is going to mean something to you. It's going to be part of your life from there on in. That's if it does mean something to you. Some people smoke and they get damn all out of it. Well, I feel sorry for them. Okay, so you smoke and you get a .lot out of it'. Well, obviously you are going to look forward to another one, aren't you?

Question: How does Cannabis make you feel? How do you feel when you are turned on, as compared with when you are turned off?

Answer: Well there is not a hell of a lot of difference except when you smoke you feel a hell of a lot more relaxed and you accept the principles of your mind a lot easier. The principles that you develop when you are sober (the word sober for want of a better word), the principles that you develop in your own mind and the things that you

say are right and wrong. You accept them and they become much more true to you when you smoke than otherwise. When you are continually under repression and different peoples' opinions when these people, being in the structure as it is, are above you. Their opinions and their thoughts and actions have a certain amount of control and a certain amount of power over you because of the system as it stands. Therefore, they exert influences on your mind although you don't wish it. So, when you have a private moment, even though you don't smoke, you do think these thoughts, but, when you smoke, they become all the more real.

Question: How do you feel about religion?

Answer: I don't know. Religion to me is a thing. It's a good thing for people to believe in because it's a code of ethics. A standard to live by. As for the origins of man, I don't know. I suppose, scientifically, you'd say we developed from an ape or something.

Question: Do you, yourself, go to Mass?

Answer: I was at Mass once in Wolverhampton. Not being a Catholic, I don't know very much about Mass but, having read a bit about it, I can only compare the Mass to a witch doctor's buggery where he recites these inclementations which surprise and mesmerize the people. That's the only thing I can compare it to because that's the way it strikes me.

Question: Being in an Irish context, I immediately assumed that you were a Catholic. What religion are you?

Answer: Well, my father was a Presbyterian, my mother was Church of Ireland, Neither of them practice any religion at the moment. I've

never practiced any religion really in my life.

Question: How far did you go education-wise?

Answer: As far as the Leaving, then I left to become a photographer, to do more than anything else. Then I, eventually, landed in this present occupation which I think is very satisfactory, because I think there is an air of mystery about it. I don't know why the film turns black, it just does. I like that.

Question: Have you ever been in prison due to smoking Cannabis?

Answer: Yes, but believe it or not, I was let off.

Question: How do you feel about kids being picked up on the streets for smoking Cannabis? I am talking about kids who only smoke Cannabis. A guy is picked up in O'Connell St. with an ounce of pot in his pocket and he is charged and gets six months for it. How do you feel about that?

Answer: I think it's wrong for any one person, or any set or body of people, to lay down rules where they can say it's wrong to do this or it's wrong to do that, without themselves having tried it. If, maybe, all the chief justices in this country would get together and they would all smoke pot and see the effects it would have on them and then say it's wrong. Okay! If these are responsible thinking men, I'd say 'okay, it's fair enough. But they don't even try it. They just condemn it out of hand. I mean there are countries in the world where it is legal and people enjoy it and it doesn't muck up their system because they have quite a good system as far as I can see in the Eastern countries.

Question: One argument people here hit you with is: Okay, fine smoking hash is legal in India, for example, but in India smoking Hashish has been part of the culture for the last four or five thousand years. It's socially accepted. It is part of the system and, therefore, not contrary to it.

Answer: This is not a Western phenomenon whatsoever, not to the working man anyway. The working man does not think, he eats, reproduces and works and that's about the size of his life, you know.

Question: The fact of it is that Indians, for example, can smoke Hash and that's it. Now, within the context of the West, they will argue that smoking Hash can, in many ways, lead to addiction, i.e. dependence on hard drugs, for example, .02% of drinkers become alcoholics 20% of Cannabis smokers end up addicts. In other words, what you can say here is that, out of every hundred people who start off smoking Cannabis, twenty will end up drug addicts. It's a very high percentage.

Answer: As they condemn Cannabis as a misdemeanour you're breaking the law and you can be jailed for it. Therefore, once you have smoked Cannabis, you have broken the law and that's it. I mean, once you break the law, forget it baby. That's the end of it. Okay, so you break the law and you take something else, it doesn't matter. I would say that, if Cannabis was legal, you could forget whatever the percentage was for drinkers becoming alcoholics. You would get a similar percentage for Cannabis smokers. The point is, once they break the law that's it. They are junkies in the eyes of the law, whether they smoke Cannabis, Heroin or drop acid, it's all the same in the eyes of the law. So I think, if the law was changed and they could make Hashish legal, you would get a similar reading on your figures.

Question: Do you think it's because Cannabis is illegal that a lot of people take it?

Answer: Yes.

Question: How do you feel about other drugs for example? You smoke Cannabis, how do you feel about turning on with "H", turning on with Methedrine, Cocaine, Morphine, pills, – the lot.

Answer: All I can say is, it's just different.

Question: Would you argue, in any way, for a kid who is flushing "H" for example; and you know, if he keeps flushing it, he will end up addicted and will probably die before he is 30.

Answer: I would not blame the kid, I would blame the system. I'd blame the environment he was raised in for causing this to be a need to be fulfilled. Whatever particular thoughts are going through his mind when he starts to shoot "H", once he starts shooting "H", obviously, he is going to like it. It's one of those things.

Question: Why do you think there is so much drug taking among kids today?

Answer: A lot of people say it's things like a generation gap. Because of their lack of excitement and general fulfillment in their lives, people, over 40 that is, are totally sexually repressed. They have repressions which are unbelievable to me anyway. I would say the main cause of the use of drugs is, people see the world around them and they take them. It's an act of defiance. Defiance against the complete repression which is coming around people. It's like a big jail which is slowly being built around peoples' personalities. They can no longer invent anything because everything is being invented for them. You can no longer create anything because every-

thing has been created for you. The world is there, all you have to do is live in it. I think this is totally wrong. I mean, surely, the thing that keeps man going is the desire to create something new, the desire to make and not just to go on like a machine, to eat and to work. It's the desire to make something different out of his environment. To make it better.

Question: Do you think that there are far better ways in objecting against the system than turning on and getting stoned on Cannabis?

Answer: Okay, you take the average kid. He thinks a hell of a lot. He wants to make things and he says to his father "I want to invent this or that" and his father says "Don't be ridiculous". There are people who do that. In other words, you are not a person. You just sit there, shut up and work or do whatever you were going to do, make your money, and have your life but, don't ever think that you are going to be one of the people who are going to make this world different, You're not going to be an inventor, you're not going to be a poet, creator, writer or painter. You're just going to be a number. This is what, I think, drives a lot of people to drugs. The attitude is bred into their fathers that they are just people, they are just the mob, they are just there, they are not to be considered. They are just to work and pro-create and that's all. That's all that is expected of them. That is all they are supposed to do. They are not expected to invent, they are not expected to create or to make the world different at all. They are just expected to stay there, stay in their place and keep their mouth shut. I mean, anybody with any sort of mind, living in this reasonably liberal system, which it is, just go mad. They have to do something to get it out of their minds, to get away from themselves. So, what do they do?....Turn on.

(4D) BARBITURATES AND AMPHETAMINES. (see Table I)

There can be little doubt that the Minister's proposed legislation, concerning the Amphetamines, will play a major part in preventing their misuse as a drug. However, at this moment in time, a problem relating to the abuse of Amphetamines and also Barbiturates does exist and, therefore, it is necessary to comment on it.

The number of people who became addicted to Barbiturates and Amphetamines, over a period of time, even when they have been prescribed by a doctor, is a well known problem. However, in the last few years, the Amphetamines and the Barbiturates have also become an important part of the teenage drug cult. Facts gathered in England and America, concerning the problem of drug abuse, indicate a very clear pattern of drug consumption in the majority of individuals before they become addicted; i.e. he starts on "pills" or pot for kicks but slowly, over a period of time, his tolerance builds up and he no longer receives the same kick. Therefore, his need for a greater kick increases and this need drives him on to try hard drugs such as Heroin and Cocaine which are always available and promise him the ultimate satisfaction for his need. While this is an oversimplified explanation of what actually happens, I mention it merely to indicate another link between the developing problem here and the problem in England and America. All the addicts and potential addicts I spoke to in Dublin began their career by taking "pills". In addition to pills, it is probably true here, as it is in other, countries, that some will move on to hard drugs. The same is probably not true

of Marijuana. However, if a person started smoking Marijuana, within the context of Subgroup I*, the chances of moving on to hard drugs are much greater than if a person started smoking Cannabis in Subgroup II* or Subgroup III* because abuse of the hard drugs is an accepted practice in the first Subgroup.

The pattern of drug consumption, which I have previously spoken about, can be clearly seen from the following Case History:

CASE HISTORY

Joan M'. From Pills To Hard Drugs.

Joan is 19 years of age. I was first introduced to Joan in a pub in Skerries by an addict friend who is, at the moment, serving a year's sentence in St. Patricks for possession of hard drugs.

During the Summer of 1969, Skerries became a favourite weekend resort for drug users from Dublin and Northern Ireland (Belfast mainly) who used to congregate there on weekends in order to 'rave up' on drugs. Joan was a regular weekend visitor to Skerries and it was on one of those weekends in July that I met her. At that stage in her history she was taking pills and 'smoking pot on the odd occasion¹', usually on weekends. She has since moved on to 'mainlining' and hard drugs.

*See Table II for outline of Subgroups.

BACKGROUND:

There is nothing very unusual about Joan's background. In fact it is the background of the majority of nineteen year-old girls. However, Joan and everything she stands for help to demonstrate the fact that drug abuse is not confined merely to the underprivileged, problematic section of the younger generation but, in fact, can occur in all classes, irrespective of background.

The following extracts are from a taped interview with Joan:

Interviewer: 'Joan, I want to know a little bit about you and your family. Tell me about your family first, how did you get on with them?'

Joan: 'I don't want to give you my address but I live in Howth with my father, mother and two younger sisters, who are still at school. I suppose that really it's a very normal family. My mother stays at home all day doing the housework and my father works for an insurance company in town. I'm working as a typist for another insurance company. I don't really know, but I think I get on O.K. with my folks. I mean, there are no big problems. There are the usual arguments about staying out late at night, wearing my skirts too short, but generally we get on O.K. I think that every kid has those problems with his folks'.

Interviewer: 'You said you were a typist. When did you start that and how do you like it?'

Joan: 'I don't like it very much. Its a bit boring but I need the money.'

Interviewer: 'When did you start?'

Joan: 'When I left school after doing my leaving. I hadn't got enough honours to go to college so I did a course in shorthand and typing and when I was finished I got this job. I don't know but I would like to do teaching. I like kids a lot'.

Interviewer: 'Did you take, or know anything about, drugs when you were at school?'

Joan: 'No, are you crazy? I knew nothing about drugs until about a year ago'.

Interviewer: 'This is probably a difficult question, but, when and why did you start playing around with drugs?'

Joan: 'When I left school I started going into town on weekends. You know, hanging around town during the day and going to the clubs at night. It was great because living out in Howth, you see the same faces all the time and after a while, it gets a bit boring. I met lots of new people and sort of got in with the crowd. It probably sounds silly, but they were great you know. They were happy and they didn't care much about anything. I knew that some of them were taking pills and on the needle. At first, it frightened me but then after a while I didn't really mind. The needle still frightens me. I'd never touch it.'

Interviewer: 'When did you first take drugs?'

Joan: 'Well, I was offered the stuff plenty of times before I took it. But, this night, a crowd of us decided to have a party in this fellow's flat. Everybody at the party was smoking pot or taking pills with their drink. I just decided to try it. I only smoked pot then. It's hard to describe the effect. I just felt great and very relaxed. Everything was great. I didn't feel like doing anything

except sitting back and listening to records. I remember that someone put on a Beatles L.P. and now everytime I listen to it I get half stoned. I really felt happy. The next weekend we went to a club. It was the "Countdown" I think and I tried some sleepers. They made me feel all drowsy and nice.'

Interviewer: 'Do you know why you started taking drugs?'

Joan: 'Well; I only take them on weekends so I don't consider myself a junkie or anything. I suppose that I take them because most of the crowd I hang around with take them. Some of them are on the Spike* but I don't think that I will ever end up on that.'

I met Joan again recently in a pub in Baggot St. and she confessed that she had just started 'fixing' herself with Morphine and Pethedine. However, she feels fairly confident that she can give it up when she wants to. The problem is that at the present she does not want to give it up and it could soon be too late.

*Spike = Hypodermic needle.

One major characteristic of the Dublin 'drug scene' is the utter, and sometimes unbelievable ignorance among people on the 'drug scene'; concerning the dangers inherent in the abuse of drugs. I have, on numerous occasions, sat in cafes or pubs with drug abusers and listened while they argued that the only drugs you could become 'hooked on'* were Heroin and Cocaine. They will even argue this point despite all the evidence you can put forward concerning the addictive qualities of drugs such as Morphine and Pethedine. This ignorance is especially apparent as regards the Amphetamines and the Barbiturates.

It is not an exaggeration to say that there is almost universal belief that they are completely harmless and not in any way addictive. Therefore, in such a situation, it is not surprising to find a large number abusing 'pills' and the supply is also increasing.

It has been impossible for me to discover the extent of drug abuse in our schools but, of the 72 pill abusers I have noted in this report, 33 are between the ages of 15 years and 17 years and are either attending technical school or secondary school. In all of the cases I spoke to, their knowledge of Amphetamines and Barbiturates was limited to the one fact that they made them 'feel good'. They all assured me that many of their friends, both in school and outside, were taking pills. In some cases, they even supplied me with names. However, I have not included these people in my number of pill abusers. I met, or was introduced to the majority of these 33 people at the popular Sunday afternoon dances for young people which are now being sponsored by most of the beat clubs in the city.

*Addicted to drugs.

Although I cannot supply the number, and time has not allowed me to investigate the scene further, I am convinced that many more teenagers are abusing 'pills' without being aware of the inherent danger. Thus, the problem could be much greater than we imagine.

SOURCE AND AVAILABILITY OF DRUGS IN DUBLIN.

In this section, I am trying to answer two rather difficult questions: i.e. (1) What is the source? (2) What is the availability of drugs in Dublin? The first question is, to a large extent, a police problem and should only be answered by them. However, since it is obviously one of the factors determining the amount of drugs available, it deserves some comment from me.

It was perhaps inevitable that, once London developed as a source for illicit drugs, Dublin, placed as it is in relation to London, would not be long in developing a supply. However, from what I have seen, and from reports I have had from the police, Dublin has not yet developed an organized 'black market' offering to the drug abuser a constant supply of any particular drug. This is not to say that all the drugs present on the London scene are not also present here. They are, but one cannot depend on a constant supply of any one particular drug. One may find an abundant supply of LSD for a whole week and the following week there is none or very little to be found. Consequently, although the supply of a particular hard drug may be non-existent at any specific time, there is usually a sufficient supply of other hard drugs to keep our drug abuser happy. The result is that we do not have, yet, in this country, the 'straight Heroin Addict' who fixes himself with Heroin all the time. Our drug addicts, or potential drug addicts, must therefore, be prepared to inject themselves with whatever hard drug they can lay their hands on: i.e. Morphine, Pethedine, Cocaine, Heroin, Methedrine or Physeptone. I have even witnessed a few cases where they have

injected themselves with Amphetamines, LSD and even ordinary tap water. However, there can be little doubt that a certain stability is beginning to enter the 'market' and the supply of drugs, such as LSD, Marijuana and some of the hard drugs such as Morphine and Pethedine, is becoming more regular and constant.

At present, drugs are arriving on the scene from six sources:

1. England. (Particularly London)
2. Northern Ireland.
3. Raids on chemist shops.
4. Forged prescriptions.
5. Doctors who readily give out prescriptions, indiscriminately, for Barbiturates, Amphetamines and, in the case of one particular doctor, who hands out 'amps' of Morphine and Pethedine to drug users.
6. People who attempt, and sometimes succeed, in growing Marijuana in their back-garden or greenhouse. There is also the case of the young man who is known by the police to be producing LSD by means of a homemade 'Laboratory' in his own house.

1. LONDON.

There is yet no evidence to suggest that large amounts of drugs are being smuggled into this country. This is to say that we have not got a 'Cosa Nostra' type organization, as in America or possibly England, who specialize in supplying drugs for the 'black market'. Nor do we have the full-time professional 'pusher'.*

* One who sells drugs for a living.

However, drugs are being brought in from London in small quantities and we do have the 'pusher-user'. I have already mentioned that members of Sub-groups I and II, (see Table II) are regularly travelling between Dublin and London. While in London, they become involved in the drug subculture and, when they come back to Dublin, they normally bring some drugs back with them and arrange with friends in London to send drugs to them in Dublin. It is especially easy to send LSD, Marijuana and small quantities of Heroin through the post. I have met a number of users who acquire their drugs in this fashion. Judging from the rather large amounts of LSD and Marijuana available in Dublin over the last few months, the illegal importation of those drugs is increasing at an alarming rate. It is also alarming to note that, in the later half of 1969, and in the first few weeks of 1970, small quantities of Chinese Heroin have also been available in Dublin. I have only met one person who came over from London to Dublin to sell drugs specifically and he was a 'pusher-user'. While in Dublin, he arranged with friends in London to have small quantities of Marijuana and LSD sent over to him in Dublin. I have also heard rumours of larger quantities of drugs being smuggled in on the Car Ferry and on flights coming in from London.

2. NORTHERN IRELAND.

As with London, there is a constant traffic of drugs and drug users between Dublin and Belfast. The drugs concerned are Marijuana, LSD and, in a few rare cases, Heroin. In the six months I spent

*A person who sells and uses drugs.

studying the Dublin drug scene, I only met one person who could be termed a 'pusher' because he sold drugs but did not use them himself, He travels down regularly from Belfast for the sole purpose of selling Marijuana. I was introduced to him in 'The Bailey' by an addict friend. 'The Bailey' is one of about five pubs in Dublin which have become a 'meeting place' for drug users and where you can buy your drugs provided you are known and know who to ask. When I asked my pusher friend if I could accompany him for the night he agreed.

We left 'The Bailey', off Grafton Street, and headed for 'The Checkmate Club' in Harcourt Street where he had a few 'customers' waiting. On our way up Grafton Street, we were stopped four times by both boys and girls (a total of nine people, all around the age of 16) who wanted 'to score some pot' *. We made one '10/- deal'** and three '£1 deals'.

'The Checkmate Club' is a basement disc club situated at the corner of Harcourt Street and St. Stephen's Green. After paying our 5/- entrance fee, we made our way down a shaky staircase into the basement where the dance was being held. The basement itself could not have measured more than 50 feet by 30 feet yet there were at least 200 people, either dancing or standing around the walls and the small stage, listening to the group. The only lighting came from about three coloured lights with the result that we found it

*To buy Cannabis ** A 10/- deal is a quantity of Cannabis is sufficient for about 5 cigarettes and a £1 deal is sufficient for about 10 cigarettes.

impossible to distinguish anything but shadows and 'human-like silhouettes'. After we had, literally, battled our way through the crowd, we positioned ourselves in a corner just left of the stage. A poster on the stage announced that this was "a swinging disc session for swinging teenagers". Whatever about it being a "swinging disc session" it certainly was a dance for teenagers. I doubt if there was anybody present who was more than 18. The majority were about 15 to 16 years of age. After standing for about ten minutes in the corner, I asked my friend if it would not be better for him to go out and mingle with the crowd in an attempt to make a few sales. He answered my query with a grin and said "no, they know I'm here and where I am, and if they want to make a deal, they will come. Just wait and see". He was right because after about five more minutes, we were approached by a young girl who could not have been more than 14. She bought 10/- worth of hash from him. When she had gone, my friend told me that she was still at school but he did not know which one, and that she regularly bought hash from him. We remained in the club for about half an hour longer and in that time we were approached by 12 more people (nine boys and three girls) all of whom bought some hash. We then left the Club and headed down to "MacDaid's" pub where we sold hash to five more people. These were much older (20-25 years) and members of the 'literary set' who frequent "MacDaid's". When we had made these 'deals', we called it a night and went for a cup of coffee. It was ten minutes to twelve at that stage. We had left "The Bailey" at about a quarter to ten. Thus in a matter of two hours my pusher friend had made 28 'deals' with a total of 28 people, and according to him, that meant a clear profit of nearly £12.

To my mind, the most alarming fact about this episode was, not the amount of marijuana he sold, but rather, the age of the people he sold it to. Apart from the five in "MacDaid's", who were about 20 to 25 years of age, the 23 others were all in the 15 to 17 age group and the majority of them I am sure were still attending school.

3. RAID ON CHEMIST SHOPS, HOSPITALS, ETC..

In the last two years raids on chemist shops, dispensaries and hospitals have been a popular way of acquiring drugs. In fact it was as a result of a series of raids on dispensaries in the Dublin area that the police first became aware of the problem. Eventually the Health Department were forced to introduce tighter security measures in the dispensaries, particularly in relation to the hard drugs. It is difficult to say how successful these measures have been in preventing raiders acquiring hard drugs. In only 11 of the 31 dispensaries raided last year (1969) did the raiders fail to get drugs. The following is a list of the number of robberies reported to the police which were carried out in an attempt to get drugs. This list only covers the year 1969.

- A. 31 dispensaries were raided. They were all in the Dublin area except for 1 in Leixlip and 1 in Bray. In only 11 of the 31 dispensaries raided did the raiders fail to get drugs.
- B. 45 doctor's bags were stolen. In all cases the culprits acquired hard drugs.
- C. 4 wholesale chemists, 10 retail chemists.

In all of the 14 raids on chemist shops the culprits were successful in acquiring hard drugs.

- D. 7 hospitals were raided. Hard drugs were taken from all of the 7 hospitals.
- E. 1 case of a small quantity of physeptone which was stolen from a patient in St. Brendans, The patient had the drug for therapeutic reasons and it was stolen from him while outside the hospital.
- F. Already in 1970, at the time of writing (January 16th), the following raids have been carried out in an attempt to get drugs:-
- A. 3 dispensaries (1 in Dublin (Inchicore).
(
(1 in Boyle
(
(1 in Kerry

In all cases hard drugs were acquired.

- B. 2 chemist shops, drugs also acquired.
- C. 1 private hospital
1 public hospital

In both cases hard drugs were acquired.

- D. A small quantity of morphine was also taken from the life boats on the Dun Laoire/Hollyhead ferry.

The same pattern would also seem to be starting up for 1970.

4. FORGED PRESCRIPTIONS.

Forged prescriptions have, from the very start, been a popular method of acquiring Amphetamines and Barbiturates It is easy to acquire a prescription pad and from there on it is merely a question of filling it out correctly. I have, on several occasions, sat in "The Bailey", or other pubs, and watched while they filled out prescription sheets for Dexedrine which they had stolen from some doctor's surgery. In the majority of cases, these forged prescriptions are accepted by the chemist without question.

5. DOCTORS

During the course of my investigation, I have heard of several doctors in the Dublin area, who are reputed to give out readily prescriptions for both Amphetamines and Barbiturates and, in some cases, hard drugs such as Morphine and Pethedine. I paid a visit to one of these doctors and discovered that the rumours I had heard were true. Apart from this one doctor, I would not like to say how many more are involved in this practice, but I would suggest, most strongly, that an investigation to discover how many doctors are over-prescribing, or illegally prescribing in Dublin, be carried out by the inspectors of the Medical Council.

A VISIT TO DR. X

I had heard my addict friend talking about these doctors and on one occasion I asked one of them, Aden F, would he object if I went along with him to see Doctor X as a patient. He agreed. We went down to his dispensary the following morning and asked the receptionist if we could see Doctor X immediately, telling her what our problem was, She went in to see him and after a few minutes came out and told us that Doctor X could not see us at that particular time but if we wished we could call up to his house at 5 o'clock that afternoon.

We went up to see him at 5 o'clock and proceeded to tell him our stories. Aden told him that he had been on Heroin (which he was) but that at the moment he had no money and he needed 'a fix' badly, I told him that I had just returned from England where I had been on Dexedrine.

I had cut myself down to ten a day and since I had not had any since I returned from England I was in a bad way and needed a prescription. He accepted both our stories without comment or questioning. He allowed Aden fix himself (1 amp of Morphine and 1 amp of Pethedrine) immediately and gave me a prescription for 30 Dexedrine tablets. When we were leaving he gave us 7 amps of Pethedrine (50 m.g.) + 20 Dexedrine tablets unasked, and told us both to call back the following day. I did not go back the following day but Aden did with three more fellow addicts and again they received a rather large supply of Morphine and Pethedrine. They also told him that I was sick and could not make it so he gave them 20 more Dexedrine tablets for me. He did not ask for payment for the Morphine, Pethedrine or Dexedrine, nor for the "consultation".

6. EXPERIMENTAL HOME-GROWN DRUGS

I do not know how many people are attempting to grow Marijuana or produce LSD at home. I have not even attempted to investigate this field of activity. However, I have met two U.C.D. students who have attempted to grow Marijuana in the back garden of a house in Leeson St. and have been quite successful in their venture. I have attempted to smoke a sample of the Marijuana they grew and found it to be quite potent. The drug squad have also reported to me the case of the young man who is attempting to produce LSD in a home made laboratory. I do not know how successful he has been.

THE DUBLIN DRUG SUBCULTURE AND THE SUBGROUPS INVOLVED (See Table II)

In this part of the report I am attempting to talk about drug users in terms of groups and subgroups. I have divided the drug users I have met and spoken to into three subgroups (see table II). It is far too easy to place an individual in a particular category or subgroup and believe, as some do, that by doing so we have answered all the questions relating to him and his problem. This division of drug users into three subgroups which I have outlined in Table II and examine here is intended to do nothing other than to convey some idea of the economic and social background from which they come. By classifying these in a neatly defined subgroup we may be casting some light on the question as to why they abuse drugs, but we are not answering that question. I have, under the heading 'Drug Abusers in General', attempted to speak about these, not as members of groups or subgroups but as individuals. I have included some taped interviews in which they speak about themselves, their problems, their relationship to life, etc. Their answers to some of the questions will, I hope, help to give a much greater understanding of them and their problem.

THE DRUG SUBCULTURE

The drug subculture includes all those people who abuse drugs which have an effect on the brain. It does not by our definition include those who use alcohol, nicotine or the many thousands who are taking drugs on a doctors prescription. I have, after six months research, met or known of 599 members of the subculture. I have absolutely no doubt that the number of people involved is actually much larger and that, as a subculture it is still in its embryonic stages.

TABLE II

THE DUBLIN DRUG SUBCULTURE AND THE SUBGROUPS INVOLVED

The Dublin Drug subculture can be divided into three subgroups which I have outlined in greater detail on page 3. The following is merely a diagram with short notes on the three subgroups:

DRUG SUBCULTURE

This includes all those people who abuse drugs which have an effect on the brain. It does not include those who use alcohol, nicotine or the many thousands who are taking drugs on a doctors prescription.

SUBGROUP I

This subgroup comprises the lower economic, underprivileged section of the community. All the drugs are abused by this subgroup.

SUBGROUP II

This subgroup consists of the university students, hippies and the literary types. Abuse of drugs in this subgroup is usually limited to Cannabis and, in a few cases, to Amphetamines, Barbiturates and LSD.

SUBGROUP III

Those are the secondary school pupils, usually fifth and sixth year, who occasionally experiment with Cannabis, pills and, in a few rare cases, LSD.

SUBGROUP I:

Nils Byerot, a research fellow in drug dependence, with the Swedish National Medical Board, has shown that when drug abuse was first introduced into Sweden the abusers were nearly all very disturbed persons. The epidemic proceeded to spread into criminal circles until the last two years when it began to spread into the schools and universities and affect the average healthy teenager. This pattern has also been seen in America where those who first became addicted were in the majority of cases maladjusted persons, usually people with deep psychological disturbances and an unfavourable social background. When the mass abuse becomes more widespread, less and less deviating persons are drawn in and finally perfectly ordinary people. There is abundant proof of this development. Although no research of this nature has yet been carried out in Dublin, there would seem to be some evidence, from those working in the field and from what I have witnessed myself, that the same pattern of spread is happening here: i.e. Drug abuse first started affecting the underprivileged, lower economic section of the community and particularly those of this group who were either psychologically or socially maladjusted and that now it is beginning to spread into the fairly middle class, stable section of the community. This last section would include the majority in Subgroups II and III (see Table II). Subgroup I comprises the lower economic underprivileged section of the community. This group come from the over-crowded 'slums' such as "Sean MacDermot St. Corporation Place", and the new housing estates – "Finglas, Ballyfermot", etc.

These are the areas which, over the years, have created a problem for the forces of justice, in terms of juvenile delinquency, gang warfare and crime of every type. When in recent years, drug abuse first became a problem, it was among the youth from these areas that it was first detected. If we break down the number of people charged from January, 1969 to June of the same year, in relation to the occupation of each person charged, we see that the majority, apart from those who were unemployed, were working class and belonged to the lower economic section of the community.

1969: January to July, there were 43 persons charged with drug offences.

TABLE. 1a.

Occupation	Number of Persons Charged
Unemployed	22
Packer	1
Lorry Driver	2
Apprentice	2
Shop Assistant	1
Storeman	1
Dispatch Clerk	1
Post Office Clerk	1
Clerk	1
Jeweller	1
Photographer	2
Foreign National	3
Student	5
TOTAL	= <u>43</u>

Just as juvenile delinquency and crime have always been a problem in our crowded, working-class areas it is not necessarily a valid judgment to suggest that drug abuse could, in the next few years, create a serious problem in these areas. However, abuse of the hard drugs is already beginning to create a problem in the slum areas of some American cities.

Dr. Stevenson, Co-Director of St. Dymphna's Clinic for Drug Dependents, maintains that the majority of those who come into the clinic, or those who come into St. Brendan's for treatment, are socially and/or psychologically maladjusted in some way. Their drug dependence although a serious problem, is merely a symptom of maladjustment, psychological disturbances, social grievances, etc. If such a theory is true, it then creates a serious problem. With such cases, it is not merely a question of curing their physical and or/psychological dependence on a drug. Having done this we must then give them the ability to cope with and adjust adequately to their environment. This is, in fact, the most difficult phase of the job and surely those who work with drug dependents cannot be blamed for having such a very small success rate. On numerous occasions, during my investigations, I spoke to abusers in prison and in hospital who, although they may have been away from drugs for six months, had no intention of staying away once they were released.

TONY MacN'.

Interviewed while serving six months in Mountjoy for larceny of drugs.

“I know that I was in bits when I was brought in and that I look O.K. now but I don't know. Sometimes I feel O.K. but when I get out I know I just won't be able to do without them”.

Tony was out of Mountjoy just three days when he again ended up in Jervis St. Hospital from an overdose of drugs. The problem, unfortunately, is much greater than merely one of drug abuse or even drug dependence. It is far too easy to moralize about juvenile delinquency, drug abuse, etc. from behind a desk but when one attempts to view the environment and conditions under which these 'kids' live it is small wonder that they express themselves and relieve their frustrations through delinquency and drug abuse.

In terms of actual numbers, it is difficult to say how large this subgroup is. Therefore, I shall decline from putting an actual number on it except to say that the majority of the members of 'Drug Group (1A)' (see Table I) are members of this subgroup. All the drugs available on the 'Dublin scene' are used indiscriminately by this subgroup. In talking to them one is immediately struck by the very narrow distinction they make between the soft drugs and the hard drugs. In fact, it is true to say that, for quite a number of them, no distinction at all exists and they are quite prepared to use whatever drug happens to be available.

JENNY F’.

“You hear a lot of people saying that the stuff is addictive and that you can get hooked on it but I’ve been using it for a while now and I’m still O.K. I think it is just whatever your attitude is”.

It is also true that within this subgroup, drugs possess a certain attraction in that they represent status. The teenager who is ‘on drugs’ immediately assumes a certain status and this status demands a certain respect and admiration from the friends and pals he ‘hangs around with’. Use of the ‘spike’ (hypodermic needle) especially carries with it great status and respect. Within the context of this subgroup the ‘junkie’ believes himself to be and often is the ‘in bloke on the scene’ and the person to whom everyone looks up and respects.

e.g. ANTHONY F’.

Question: ‘Do you think that taking drugs give you a certain position among your friends? I mean, do they look up to you and admire you because you take drugs?’

Answer: ‘Yeah, when I started taking drugs and the word spread around, people used to come up to me in ‘The Five’, you know, and say ‘listen man, I hear you’re taking gear*’ you know. Some of these blokes I never even spoke to before.’

Question: Why did this happen, do you think?

Answer: Because I was on gear and everybody was on it. I mean, even the Beatles and the Stones were taking the stuff. It was the in thing. The chicks* used to love it.’

*1 Drugs. *2 Girls.

This type of attitude is prevalent within this group and it is, to say the least, unhealthy. It is therefore natural that a teenager, in attempting to join this group, or gain respect and acceptance from them, would be influenced to start taking drugs if he believed that by doing this he would achieve the respect and acceptance he is looking for. I shall have more to say about reasons for going 'on' to drugs at a later stage.

SUBGROUP II

I have already spoken about the pattern in the spread of drug abuse which I believe to be developing in Dublin, I am now going to speak about the second group who are an important element in the spread of drug abuse. This group consists of the university students, "hippies" and literary types. These can be regarded as the middle-class and possibly more stable element. In the vast majority of cases, they differ completely from Subgroup I and to a lesser extent Subgroup III in their economic and social background, the drugs they use, their reasons for using drugs, and particularly in their attitudes towards drugs.

At present the drug most universally used by this group is cannabis and in a few cases LSD. In a few very rare cases they use Amphetamines and Barbiturates. In the majority of cases, their reasons for smoking 'pot' and taking LSD are what could be termed pseudo intellectual. In very few cases is their use of drugs the manifestation of a deep psychological and/or social maladjustment.

When asked for their reasons for smoking marijuana (or in the few cases LSD) they repeatedly use terms such as 'inner experience', 'heightened sensitivity', 'deeper understanding', etc. They smoke Marijuana purely because it helps them to relax, appreciate music and poetry better and gain a better understanding from it. Some have also maintained that it helps them enjoy sex better.

JIM C. (2nd year Arts Student)

"I sometimes go home at night after being in the library or on weekends and I smoke a joint or two, I like it, it just helps me to relax and appreciate some music. That's about all. It doesn't really do anything else for me".

The vast majority of the university students I spoke to who smoke Marijuana smoke it purely for pleasure. They will, in the majority of cases, continue to smoke Marijuana for their time in college without feeling any desire to try other drugs. They will then graduate and like most college 'activities' they will forget about it. To them it has been nothing more than an interesting and pleasurable experience.

The other members of this subgroup, the hippies and the literary types, also view 'pot' in a similar way. However, their smoking of 'pot' is sometimes part of a conscious rejection of the way of life, values etc. of the older generation. In speaking about 'pot' they regularly speak in terms of this 'modern technological society' and 'the need in man for inner experience'. An apt example of their attitude is Gary. He dresses in the usual hippie fashion, spends most of his time sitting around the Bailey and MacDaid's and he considers himself a poet.

GARY

“The whole set up really bugs me. They spend all their time building factories and industries and all they have time for is making money. They never have time for anything else. I mean, take my old man, ‘he has worked very hard all his life and although I wouldn’t say he is rich he has plenty of money but that’s all. He’s not particularly happy. He never listens to music or tries to relax. He’s just hung up most of the time. Take me, I don’t work, I just write poetry and smoke but I enjoy life. I don’t have any problems, no blood pressure. I have just given up the lousy rat race and it really feels good”

Use of the hard drugs such as Morphine, Pethedine, Cocaine and Heroin is non-existent in this subgroup and the members make a very clear distinction between the smoking of Marijuana and the use of other drugs.

Gary: “Sure I smoke ‘pot’ but spike is something else. I don’t need it.

SUBGROUP III

This subgroup consists of the technical and secondary school pupils, usually fifth and sixth year, who in a few cases experiment with Cannabis, pills and in a few rare cases, LSD. I have, during the 6 months of my research, spoken to a total of 53 technical or secondary school pupils who use drugs. In Table III I have classified them in relation to sex, age-group, school and drug used. Apart from the few I know about, I am unable to say how large the actual problem is in our schools. A more detailed research project in this area is called for. However, I have certain doubts about the success of the normal questionnaire type survey.

TABLE OF SECONDARY SCHOOL AND TECHNICAL SCHOOL PUPILS WHO ABUSE DRUGS

TABLE III

DRUG	SEX		Total	AGE GROUP	SCHOOL		
	Male	Female			Secondary	Technical	Total
Heroin & other Opium drugs	2	–	2	15 to 17 yrs.	2	–	2
LSD	–	1	1	16 yrs.	1	–	1
Cannabis	11	6	17	15 to 17 yrs.	13	4	17
Amphetamines & Barbiturates	24	9	33	15 to 17 yrs.	15	18	33

This would, undoubtedly, depend on the form of the questionnaire or on the interviewer if one was used. If these questionnaires were combined with a urine testing this may have a better possibility of success.

CHARACTERISTICS OF THIS SUBGROUP

The members of this subgroup are motivated, in the majority of cases, to use drugs not because of some basic inadequacy within themselves which urges them to seek a support in drugs or because they have rebelled against the 'technological age' and seek the key to 'inner experience' through 'pot' and LSD. The reason is usually much more simple than that. In the majority of cases, they are motivated into using drugs by such things as curiosity, boredom, the fact that some of their friends take drugs etc. In all but three of the 53 cases I spoke to they were introduced to drugs by friends who were already using drugs. The following Table (Table IV) overleaf will, I hope, convey some idea of the circumstances under which they were introduced to drugs:

TABLE IV

METHOD OF INTRODUCTION TO DRUGS

Method of Introduction to Drugs	Male	Number Female	Total
Read about drugs in newspapers, became interested and contacted friends who were using drugs.	2	–	2
Heard lecture about drugs in school became interested and contacted friends who were using drugs.	–	1	1
Introduced by brother who was on drugs.	1	–	1
Introduced to drugs at Sunday afternoon dances in GO Go and Five Clubs	31	11	42
Introduced by boyfriend or girl friend.	3	4	7
TOTAL	37	16	53

As can be seen from Table IV, the majority, except those who had read or heard about drugs, were introduced by a friend or group of friends who were already on drugs. Among the members of this group, the mere fact of associating or coming into contact with drug users would seem to be the major factor contributing to the spread of drug abuse among members. The majority of this age group (15 to 17 years) possess a constant urge to identify with and conform to the group. The need to gain acceptance from their friends can force them to do things that they normally would not do if left to themselves. If the practice of drug abuse is an accepted part of the group, with which the young teenager is trying to identify, the possibility that he will start smoking 'pot' or taking 'pills' becomes a probability.

CAROL (15 year, old schoolgirl).

I take some pot on weekends and now and again a few sleepers.* I take them because I like them but I suppose that when I started taking them I did it because everybody else was".

I have already mentioned that these Sunday afternoon dances sponsored by beat clubs for young teenagers are also frequented by members of Subgroup I. This, obviously, means that drugs are present and being passed around. Such a situation will create problems for the vulnerable teenager.

* Mandrax.

IGNORANCE AND CURIOSITY CONCERNING DRUGS

There exists a great curiosity concerning drugs in this subgroup and, unfortunately, this curiosity is normally combined with a great deal of ignorance concerning drugs and their effects on the individual. I have described how this ignorance can, in general, be attributed to all members of the group. Considering this fact and the fact that a great many school pupils will, undoubtedly, come into contact with drugs there would seem to be some necessity for preventive measures. Perhaps a well-planned series of school lectures on the various aspects of drug taking might be a step in the right direction. As an example of the ignorance that exists, I quote from a taped interview with a sixteen year old secondary school pupil:

Question: “John, at the moment, you are smoking Cannabis and taking ‘pills’ quite regularly. Do you not think that you may move on to harder drugs or become addicted”?

Answer: “No, I don’t think so, I know that you can become ‘hooked’ on Heroin but you’ll be O.K. if you don’t go near the stuff. I don’t ever intend touching it but I don’t mind trying anything else”.

DRUG ABUSERS IN GENERAL

To some extent it is true as Peter Laurie (DRUGS by Peter Laurie, Pelican, 1969) points out that “of all the social problems, drug abuse is the most intractable and inexplicable. No one in the world has an adequate answer”. However, in attempting to give an adequate answer it is too easy to think of the problem in terms of statistics, groups and subgroups and believe that, by doing this, we have answered all the relevant questions concerning the addict and his problem. Unfortunately, it is not as simple as that. Such classification, very rarely if ever, make mention of the individual drug user who, after all is the most important factor operating in the drug subculture. We must go much deeper and attempt to see and understand him, not merely as the member of a particular subgroup but as an individual. How does he conceive of himself? Is the cause of his problem to be found within himself or within the world in which he lives? We must ‘look inside his mind’. By doing so we may find in him a similarity to ourselves and such an insight may give us the understanding we need in our approach and attitude towards him and his problem. Like the majority of social problems, it cannot be painted in ‘black and white’ terms. Neither can it be explained merely by the interaction of any two variables. It must be examined in relation to other problems and within the context of the total society. We may then begin to see the problem not merely as a matter of ‘temporary disorganization’ but as the symptom of a basic sickness and an inherent contradiction within the existing structure.

DRUG ABUSE AND RELATED PROBLEMS

Man's relationship to drugs is a long one and, according to some experts, it goes right back to before recorded history. Drugs have been in use for a variety of purposes – religious, pleasure, medicinal and social. The attitude of society and the community towards drugs has also had a varied and complex history. In some societies drugs, for instance Mescaline, have been praised and, at the same time prohibited by another. Likewise, a drug (e.g. Cannabis) may be widely used by one segment of a community and objected to by another. It is also true that, ever a time, a society's attitude towards a drug may change and even reverse itself. Opiates were legally accepted prior to World War I, in the United States, and were prohibited afterwards. The current drug problem now affecting the United States, Great Britain, Ireland and numerous other Western countries, is not a new phenomenon although it has changed in essence and is now more complex. Drugs have now become part of a new subculture. The subculture of the young characterised so readily by its form of dress, expression and attitude towards life. For some, this has involved a rejection of many of the morals and values of the previous generation, a reaction against mechanization and technology and a general disillusionment about the certainty and reliability of the external world. All of this has resulted in a renewed emphasis on inner experience of a spiritual nature. "THE DOORS OF PERCEPTION" by Aldous Huxley, thirteen years ago, promised 'a world that human beings had never had before... loving kindness, peace and joy.... visions of unimaginable richness and significance.... eons of blissful experience miraculously telescoped into a single hour..... the human

being will be able to achieve, effortlessly, what in the past could only be achieved with difficulty by means of self control and spiritual exercises'. Since then many have accepted the invitation to enter the 'doors of perception' by the introduction of the LSD cult and other psychedelic drugs to America and the rest of the Western world. For some, LSD is nothing more than a pleasant (or unpleasant) experience. For others, it is an expression of complete rejection of society as in the case of the "Psychedelic League for Spiritual Discovery", whose slogan is 'turn on, tune in, drop out'.

However, the concept of rejection and disillusionment, although it may answer some of the questions concerning the present day phenomenon of drug abuse, does not answer all the questions. I have, over the past few months, heard so many different reasons as to why people start taking drugs that I am possibly slightly more confused, now than when I began. The classifications of reasons is unending. Some of the reasons I note here have been the result of research carried out in other countries. However, the extent to which research on the social factors contributing to drug abuse in other countries is of relevance to the situation in Ireland, is highly debatable:

1. We have a slightly different social structure present here which would, obviously, determine or help to determine the type of drug abuser we have at present in so far as environment is a factor contributing to drug abuse.
2. The problem in Ireland is still largely a new phenomenon, whereas a large portion of research on the problem in other

countries has been carried out long after the problem has been well established.. For example, the WHO Committee on Drug Dependence found that the existence of a large drug subculture in America is a major factor contributing to the spread of the problem there. In Ireland, the existence of a small drug subculture obviously plays an important role in the spread of the problem, but to a much lesser extent than in America. However, all of the factors I mention contribute to some degree to an explanation of the drug problem here. Others, such as the one I noted above, will obviously increase in importance as the problem develops.

As I have already said, the classification of reasons is unending. Some are motivated by an inherent inadequacy and inability to cope with the reality of everyday life as they see it. They are prone to emotional strain and are constantly finding themselves in situations, at home, in work and at school or college, where they cannot cope and thus they give way to depression. Eventually, they may discover that, by taking drugs, they are capable of coping and are not as affected by problems as they were previously. Their drug, therefore, becomes a constant support to them in their daily life. Most of us cope with anxiety by changing the situation that causes it. For example, a young man settles his late-adolescent anxiety about his place in life by embarking on a career. Such a course will inevitably produce more immediate worries but he is stable enough to take a long-term view; setbacks are now played off against long-term successes. He concentrates all his efforts on the future and

all situations are viewed in relation to future events. But our inadequate or unstable personality does not view situations in this way; he believes that anything which will not make him feel better now will never make him feel better. Therefore, since few situations in life are open to immediate alteration, he prefers or he is driven to eliminate anxiety itself. Whenever a situation becomes painful he uses drugs to eliminate his drive to follow it through. It is not surprising he seldom has a job or a home or a wife etc. With this group drug taking is merely the manifestation of an inner more complex problem which was present even before they started this drug taking. Is it not probable that they would have turned to drink or some other form of escape if they had not discovered drugs?

The case history of John D'. demonstrates this point. His problem is not merely his drug taking but something much deeper and less tangible.

CASE HISTORY: John D'.

John is 19 years of age. He has been living away from home for the past eighteen months. At present he is sleeping out rough in a derelict house in the Rathmines area. He is in a very bad physical condition because of his constant drug taking and the way of life he leads. However, he refuses my offer to get him in the Jervis St. Clinic because he firmly believes that they put the fuzz on to you'. I take John as an example because his

Police.

problem is not merely his drug taking or even his way of life. These are merely manifestations of what is a much greater, more complex problem. He is not taking drugs out of boredom, curiosity or because he has intellectually rebelled against 'our' way of life. He is on drugs because he is simply inadequate and unable to come to grips with the type of society in which he lives. He lacks the drive, enthusiasm, determination, which the majority of human beings possess and which help us to cope with and overcome the various problems we come up against day after day. We are more or less adequate. John is not capable of coping with the various situations he finds himself in; he is not stable enough to take a long-term view; setbacks are not played off against long-term successes and so the problems multiply.

FAMILY BACKGROUND.

John so far as he knows, was born somewhere in Dublin and lived with his mother until he was sixteen in one room in Gardiner Street. He never knew his father. His relationship with his mother seems, from what he says, to have been quite good. 'I liked my old lady. She worked hard to keep me going and even when she found out that I was taking gear^{*1} she used to stand by me. I mean, she used to go mad and start crying and all but, I don't know, she was always with me, if you know what I mean. Sometimes even, she used to give me bread^{*2} and she must have known that I was spending it on drugs, you know. I was the only one in the family so she must have loved me.'

^{*1}Drugs. ^{*2}Money.

SCHOOL LIFE.

John remained in primary school until he was fourteen, but then left due to financial problems at home. He had, according to himself, a fairly tough time at school and was unable to make any friends there.

‘I hated school. The teachers were always on to me about something. They used never leave me alone. Even the blokes in school were always picking on me and pushing me around. I know they were a whole shower of ‘cunts’ but I even tried to make friends with some of them but they wouldn’t have any of it. I know you probably won’t believe this but, anytime anything happened in the class they all tried to blame me. I remember once a bloke’s school book was stolen and everybody, even the teachers, blamed me. A few days later they found out that he had left the book somewhere else and they did ‘fuck all’ about it after they had been blaming me for it all the time.’

Having left school after failing his primary certificate, John went to work as a messenger boy. Even in this situation, he found it difficult to cope.

‘I suppose the money was Okay then but I hated the bloke who was in charge. He was always pushing me around and thought he was the big man. I stayed there until I was about 15 1/2 and he sacked me. One day I went delivering messages with the bike and when I was coming back, I went into this other shop to get some fags and when I came out the bike was gone. When I told your man what happened, he sacked me.’

Finding himself without a job and with nothing to do all day, John started to spend most of his time sitting around restaurants in town. 'I had nothing else to do and the old lady was always shouting and on to me to get a job so I started hanging around town. I used to nearly spend all day sitting in places like The Broadway and the Rainbow. I used to see the same blokes and birds in there every day. We used to talk and then we started hanging around together. They were okay. They never asked you anything and you hadn't got to do anything special for them. It's funny, but we were all the same. There was no real difference between us. A good few of them were on stuff. I mean they were only taking a few pills and a bit of pot now and again. I don't know why I started but I suppose it was because most of my mates were on them. I first started taking 'pot' up behind the Go-Go Club'.

John remained on 'pills' and Marijuana for the next year and a half. During that time, he became more and more involved in the Dublin drug taking set and did not attempt to seek re-employment. About a year ago he was introduced to the syringe and hard drugs for the first time. He did not refuse. 'I took my first fix with Pethedine. It was really good. I have been on the stuff more or less since then. When my old lady found out she went mad. I got sick one night in bed. It was terrible. The next morning she found the works* under my bed. I decided that I had better skip it before things got worse'.

* Syringe.

Then we have those who are not, particularly, inadequate or prone to anxiety but start taking drugs for 'kicks', boredom or curiosity. They read or hear about drugs and, immediately, their curiosity is aroused and they want to 'turn on'. Some youngsters, it should be noted, never progress in drugs beyond this stage. Perhaps for some of the more vulnerable, purple hearts or reefers are not sufficient to satisfy their needed kicks or curiosity. They are introduced to Heroin or Morphine, etc. by friends and acquaintances at parties and clubs and begin to take it for new experiences or to find out what it is like. If, at this stage, he does not stop he will inevitably end up dependent.

Harry H.

At the moment, Harry is serving six months in Mountjoy for larceny of drugs.

'I used to play in a beat group and we were always travelling around the beat clubs. I knew most of the people who used to rave up on drugs. I heard a lot about it and read about it in the papers. Everybody was always saying what a great buzz you got. I was curious to see what it was like and, one night, I decided to try it. I tried some Dex. the first time, I tell you man, it was really something'.

Another factor operating in the spread of drug use, as with other practices and attitudes, is the basic relationship between man and the group as a basic unit of the society. There is a tendency in most men to accept practices, attitudes, values, etc. which have been

accepted by the group. This factor is particularly important in relation to the spread of drug abuse. I have met several normal school-going or working youngsters who did not possess an extraordinary curiosity but did start taking drugs because of their involvement in a drug using group. This latter reason I consider to be one of the major factors combined with the urge within every drug dependant or drug abuser to turn other non-users 'on'. There is a stage in the development of every adolescent, when the "herd mentality" urges him, to seek identification with some group. In seeking this identification and involvement with the group it is necessary that the adolescent accept the norms, values and practices inherent within the group. If drug taking is an accepted practice within the group, he will undoubtedly be influenced to experiment with drugs and especially with this urge to identify motivating him he can be quite vulnerable to such an influence. I emphasise this point because I firmly believe that we are slowly reaching the stage in Dublin, if indeed we have not already, when the young adolescent, by merely going to a beat club or the local parish hop, is coming into contact with both drugs and drug users. This point is aptly demonstrated by a story which I was told recently and which I believe to be true. It concerns a certain girls secondary school in Dublin where the teacher decided that it would be a useful exercise for the fifth year girls to carry out a minor study on drugs. In the course of the preliminary preparation, she happened to mention that it would be a great help if they could acquire samples of the various drugs available to young people. Next day she was rather shocked to discover that the girls had brought in samples of all the drugs, both hard and soft.

available in the present market. This example, if nothing else, at least demonstrates the easy availability of drugs.

However useful and necessary it may be to seek the cause of drug abuse within the individual, we are, if we go no further, failing in our analysis and lacking in whatever solution we may come to. It is far too easy to explain any problem (drug abuse, juvenile delinquency, poverty, etc.) in terms of the individual's inadequacy and inability to cope. It is even easier to believe that by giving him support and guidance we are helping him to adapt to his environment and thus solving the problem. Unfortunately, the reality of the situation is quite different. We are building more drug clinics, alcoholic units, aftercare services, developing better probation services, etc. but the problems still remain. Those measures are, in themselves, necessary but only as a short term solution. We must go beyond the individual in seeking the cause and solution to their problem. Possibly men are inadequate because they are placed, by circumstances and forces completely outside their control, in situations which make them inadequate. If so, we must attempt to analyse the circumstances and forces and, above all, the situations into which they lead man. This approach necessitates an examination of the values, institutions and structures around which our society revolves. We must attempt to discover whether there is a relationship between the problems and the way in which society is organized and is organizing its members. To fail to do this is to rationalize the problem in terms of the existing structure.

RECOMMENDATIONS

In considering any plans to deal with the problem of drug abuse we must remember that of all the variables (drugs, pushers, addicts) operating to create the 'drug problem' the addict is the only irreplaceable variable. At present, here and in other countries, a great deal of our efforts are spent in dealing with the problem only after it has become a problem and not in preventing the problem. 'If you wish to alter or annihilate a pyramid of numbers in a serial relation, you alter or remove the bottom number'. If you wish to annihilate the junk pyramid, you must start with the bottom of the pyramid: the addict in the street, and stop tilting quixotically for the 'higher ups' so called, all of whom are immediately replaceable. The addict in the street who must have junk to live is the one irreplaceable factor in the junk equation. When there are no more addicts to buy junk there will be no junk traffic. As long as junk-need exists, someone will service it. (William S. Burroughs, Naked Lunch).

Adequately equipped drug clinics, advisory services, better police precautions all have an important part to play in the fight against drug abuse but the existence of these measures alone must not lead us to believe that we are on our way to solving the problem. Attempts to cure existing drug addicts or to prevent the illegal supply of drugs must be combined with an even greater attempt to annihilate those factors which are operating within the individual and society to create the problem. We must destroy not only drug abuse but the factors which cause it.

SUGGESTIONS.

- (I) An acceptance of the fact that there exists at present a drug problem in Dublin.
- (II) There is a great need for more research on two planes:
 - (a) Research into drug abusers in an attempt to establish the various factors operating within themselves and their environment, which make them more vulnerable to the problem of drug abuse.
 - (b) More stringent research on the drugs coming on the market and their possible effects on individuals.

These research projects could be carried out by the setting up of a research unit in Jervis St. run by an inter-disciplinary staff.

SOFT_DRUGS: Amphetamines and Barbiturates

(1) The banning of the Amphetamines from the market will undoubtedly play a major part in preventing abuse of these drugs. However 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, going to become addicted to them. A similar study could be undertaken into the consumption of tranquillisers.

(II) Evidence which I have gathered myself and evidence from other sources would seem to indicate that we have a developing drug problem in our schools. I think a survey among our schools as to the present use of drugs would be worthwhile. This survey could comprise the completion of a tactful questionnaire. A urine test in certain schools could easily be included in the annual medical check-up, but to test a large number of samples would be costly

Cannabis:

There has been very little research carried out on the effects of marijuana and thus we have very little knowledge of its merits or dangers. However we do know that marijuana is not a narcotic and it does not produce tolerance requiring higher dosage to produce the same effect. Nor does it produce addiction. At present many, including some reputable doctors and scientists are seeking to legalize it. Their arguments are that the law is not enforceable, that the use of marijuana is a private act and does not harm the individual nor society, and that it is less dangerous than cigarette smoking and alcohol. However while my views are personal and subject to change, my present view is that the selling of marijuana should not at present be legalized, but the possession of marijuana should be at the most a minor offence. Although the use of marijuana is a private act it may have the potential, like alcohol, to harm society. We should not encourage adolescents, who have not yet learnt to cope with life's problems, to use marijuana as a means of escape.

I do know that the harmful effects of alcohol and nicotine are greater than those of marijuana and that those substances are legal. However, if alcohol and nicotine were not already legal, we might very well decide not to legalize them. In a few years time we will know whether marijuana has any harmful effects. If it is harmless we can review our position. If it turns out to be harmful and we have 'legalized' it we will have succeeded in introducing yet another public health hazard.

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.

(I) Drugs should be well protected from theft.

- i.e,
- (a) Dispensaries.
 - (b) Chemist shops.
 - (c) Hospitals.
 - (d) Doctors' bags.

(II) Doctors who prescribe hard drugs when they should not, should be dealt with by the Medical Council.

(III) Addicts who come before the courts should not be sent to prison but should be admitted to Hospital for treatment and, if necessary, legal sanction should be available to send them to hospital and to ensure that they stay in hospital for a sufficient length of time.

(IV) 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.

(V) Careful watch should be kept on the progress being made in St. Dympnas Drug Clinic, with a view to introducing changes if necessary. Personally I am rather doubtful concerning the possibility of treating alcoholics and drug addicts within the one clinic and I think that this question should be investigated more fully.

GENERAL RECOMMENDATIONS:

(I) The Drug Squad as it exists at the moment cannot be expected to deal adequately with the increasing problem of the use of hard drugs. They should be enlarged and given the resources thought necessary to deal with the problem

(II) A well planned educational programme should be introduced in our schools to help young people appreciate the dangers of drugs.

(III) The news media (newspapers, television, radio) should be requested to deal with the drug problem in a less sensational way, This might help to diminish the attraction drugs possess for some people.