

Drugs—A Report on a Study in Dublin Post-Primary Schoolchildren, 1970

MONICA NEVIN
Ph.D., Dip.Psych.
The Medico-Social Research Board
Dublin
KEITH WILSON-DAVIS
B.A.(Econ.), M.B.C.S., D.S.A.
Survey Unit, Economic and Social
Research Institute, Dublin

ANGUS O'ROURKE
M.B., B.Ch., B.A.O., D.P.H.
Royal College of General Practitioners
GEOFFREY DEAN
M.D., F.R.C.P.
The Medico-Social Research Board
Dublin

THIS report has been derived from material assembled from a survey undertaken by the Irish Cancer Society and the College of General Practitioners. The statistical design and processing of the questionnaire was carried out by the Social Survey Unit of the Economic and Social Research Institute.

During the last few years there has been increasing evidence from the Gardai and other sources of an increasing use among young people of drugs, particularly marijuana but also amphetamines, LSD and, to a much smaller extent, hard drugs such as heroin. Because of this increasing problem the Department of Health appointed a Working Party on Drug Abuse under the chairmanship of Dr Karl Mullen and this Committee asked the Medico-Social Research Board for assistance in investigating the problem. The Board has already carried out and reported upon the drug scene among young people in their late teens (Masterson, 1970).

Fortunately, the Irish Cancer Society had included questions about drug usage in their study of cigarette smoking among Dublin post-primary schoolchildren and the Society and the College of General Practitioners agreed to make this part of their study available to the Medico-Social Research Board who have prepared this report.

In 1961 the Brain Committee reported that the incidence of drug misuse in Great Britain was still very small, yet three years later the Committee had to be reconvened because of the rise in the number of non-therapeutic addicts. By the following year, 1965, Bewley was writing: "There has been a marked increase in opiate addiction among young people. There has been a similar increase in the misuse of amphetamines...and the third noticeable change is that cannabis has been introduced into the country. Until a few years ago misuse of cannabis was almost non-existent. These three types of drugs have mostly been used by adolescents". In view of the fact that this pattern of rapid spread could be reproduced here in Ireland (or at least in Dublin, since drug misuse seems to be largely a metropolitan phenomenon), it is important to have as much factual information as possible regarding the incidence of drug taking among adolescents.

Definition of the term 'Drugs'

The Shorter Oxford Dictionary defines the word 'drug' as 'an original, simple, medicinal substance, organic or inorganic, used by itself or as an ingredient in medicine' and gives the year 1902 as the year in which the word was first used as a term for a narcotic or opiate. This definition leaves out of account what is probably the oldest drug of all, alcohol. Laurie (1967) interprets the word 'drug' as 'any chemical substance that alters mood, perception or consciousness and is misused to the detriment of society'—an interpretation which could cover the whole spectrum of drugs from alcohol to LSD.

The Pattern of Drug Abuse

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The habit of taking drugs is old and widespread. Nevertheless, only a certain percentage of any population becomes involved in drug-taking and of this percentage only a certain proportion become addicts. Until the middle of this century the majority of drug addicts in Europe were to be found in the group known as therapeutic addicts; that is, people who become addicted to drugs while undergoing medical treatment. In addition there were a small number of addicts from among people whose work brought them into contact with drugs, such as doctors and nurses. In 1959 there were in Great Britain 344 therapeutic addicts to hard drugs and in 1966 the number was 351. In the last fifteen years or so the pattern of drug-taking has changed and therapeutic addicts now form only a small proportion of hard drug-takers, although many hundreds of thousands are at least mildly addicted to barbiturate sedatives and tranquillizers.

Non-therapeutic addicts (drawn increasingly from among young people) form by far the highest proportion of present-day drug-takers; other than those who are taking drugs with the knowledge of their doctor. Before 1960 there were no teenage addicts to hard drugs known to the British Home Office but by 1966 teenagers formed almost a quarter of the addict population and 65 per cent of the addict population were under 34 years of age.

During the first half of the century narcotics dominated the scene. In the 1950's stimulants (notably amphetamines) and the barbiturate drugs such as 'Purple Hearts', entered the picture. Most people will remember the stir the 'pep' pill-taking teenagers of Britain made. The problem of amphetamine consumption has been particularly serious in Japan and Sweden where it was often given intravenously, and far-reaching legal action to control the supply has been taken in both countries. Writing on the subject of amphetamines Dean (1970) has said: 'Amphetamines are drugs of addiction and have become particularly dangerous since they have been available in injectible form, i.e. methedrine... The decision of the Department of Health to ban the use of amphetamines in Ireland is undoubtedly a very sensible one'.

In the United States cannabis has been in general use since the 1930S but it is only within the last decade that its use has become widespread in Great Britain. Cannabis is known locally by a variety of names; marijuana, hashish and dagga being perhaps the best known. The slang terms by which the drug is known in the US and in Great Britain and Ireland include 'pot', 'smoke', 'grass' and 'the weed'. Depending on whether wild or cultivated plants are used and also on whether the drug is made from the dried leaves of the plant or from the resin obtained from the flowering tops, the quality and strength of cannabis varies. Strictly speaking, the term hashish should be reserved for the substance obtained from the resin alone. In South Africa, where the milder form made from cannabis leaves and called dagga is smoked, the drug 'appears to do very little harm among coloured people' (Dean, 1970). This milder form of the drug is also the one in everyday use in the United States. In Europe the form in common use is based on cannabis resin.

In Great Britain and Ireland and in the United States cannabis is almost invariably smoked as a cigarette, usually called a reefer or a joint. Unlike heroin, amphetamines or barbiturates, cannabis is not a drug of addiction in the medical sense of the phrase. Largely because of this, much controversy has raged around the wisdom of retaining the legal ban on the sale of cannabis and there is a strong body of opinion that smoking marijuana should not be considered an offence (Wootton Report, 1968).

The most recent comer to the drug scene is LSD or d-lysergic acid diethylamide which is classified as a hallucinogenic drug, others in this group being mescaline and psilocylin. LSD is probably the most potent of the group and is the most readily available. Provided the raw material is to hand, it can be manufactured by any competent chemist. It can be taken in tablet form (blue pills) or as a liquid—a drop on a lump of sugar for example. The drug distorts perception and impairs judgement. Masterson (1970) found its use in Dublin confined almost exclusively to 'university students, hippies and literary types'.

Drugs must be viewed in their social setting. Usage and effects depend not only on the particular drug used but also on the drug-taker and on the setting in which he takes the drug. Many research studies have shown that the expectations of users play a considerable part in determining the experience of drugtakers (Weil et al., 1968). That the person's own imaginative gifts may heighten his experience can be seen from the colourful accounts of hashish experience

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written by Baudelaire. Aldous Huxley's description of the effects of mescaline is another case in point. Weil et al. (1968) stress also the importance of the setting in which drugs are taken: "The drugs set and the setting interact to shape the form of a marijuana reaction".

To a psychologist one of the most interesting aspects of the problem of drug-taking is the relationship of personality to the practice of taking drugs. Research to date has not identified any typical personality type. All that can be said with certainty is that regular use of drugs is usually a symptom of maladjustment, but since the same could be said of other types of deviant or neurotic behaviour this statement is of little help. In some cases there may be a suggestion of rebellion against the values of society: 'Drug usage among young people in the cities is only one manifestation of a reaction generated by the impersonal technological society of our time' (Dean, 1970).

Most of the research into drug-use by young people is concerned with the use of drugs of addiction and the subjects have been members of special populations—inmates of Borstals or young people encountered by medical and social work agencies. There has been little research into the incidence of drug-taking among schoolchildren. However, within the past few months the results of a large-scale investigation have been reported by Dr R.S.P. Wiener of the London School of Economics (1970). Dr Wiener's sample consisted of over a thousand post-primary schoolchildren in the London area. He found that 5.4 per cent of the subjects were drug takers.

A more modest study is that carried out in April 1969 by Dr J.D. Wright of the Health Department of the County Borough of Wolverhampton, among 471 fourth year pupils at secondary schools in Wolverhampton. The stated aim of this study was 'to find out something of the knowledge and experience about drugs of the young people'. Dr Wright hoped that the information thus obtained would help him in planning 'an effective and realistic health education programme'. The children were asked if they had been offered drugs and if they personally knew anyone taking drugs, but they were not asked if they themselves had taken drugs. They were also asked:—

1. What drugs taken by addicts do you know?
2. What dangers do you know of each of these drugs?
3. How are these drugs taken?

Dr Wright found that in Wolverhampton 1 in 20 of the schoolchildren had been offered drugs, cannabis and amphetamines being the drugs mentioned. 1 in 7 of the young people knew personally someone who was taking drugs; only a third of this number knew how the drug was taken. The majority of the young people knew the names of the commonly abused drugs but only 51 per cent had any idea of the dangers of the various drugs. About three-quarters of the sample first heard about drugs from TV; a secondary major source was newspapers.

The study of the use of drugs by children attending post-primary schools in Dublin can be compared with that undertaken by the Addiction Research Foundation and the Board of Education in the City of London, Ontario, Canada. In this study the questionnaire was completed by all grades of 12 London secondary schools and 11,454 were satisfactorily completed. 19 per cent of the boys and 13 per cent of the girls had used some drugs. Among boys 30 per cent had used drugs once or twice, 15 per cent three or four times and 23 per cent 17 times or more. Among girls, 40 per cent had used drugs once or twice, 15 per cent three or four times and 20 per cent 17 times or more. Glue, tranquillisers, marijuana and 'speed' or pep pills were the commonest drugs that were used and the commonest of all was 'glue' including other solvents. 7.9 per cent of the boys and 3.6 per cent of the girls said that they had tried marijuana.

In the study of children at London, Ontario, secondary schools 18 per cent of the boys and 9 per cent of the girls said they would try marijuana, and 5 per cent of the boys and 2 per cent of the girls said they would try LSD if offered it at a party. 22 per cent of the students regarded marijuana as 'satisfying a need for relief developed by people living in our complex society'. 90 per cent of the students in London reported that the drugs they use are easy to obtain (1969).

Large-scale surveys which include a proportion of schoolchildren in the survey-making are Chein's classic 'Narcotics, Delinquency and Social Policy' (1964) and Goldberg's studies (1968) of the Swedish drug problem.

Results of Survey

The survey was carried out in the Spring of 1970. From the list of 145 recognized post-primary Dublin schools issued by the Department of Education (1968/69) a random sample of 14 was taken.

A structured questionnaire was used to obtain the data. To ensure uniformity the administration of the survey-questionnaire was carried out by one person, a member of the survey team trained in survey techniques. No teacher was present during the administration and the questionnaires were collected by the administrator. There was no means of identifying the child from the questionnaire and in editing it was clear that only a few had been completed in a facetious manner. This report is based on the replies to the questions and there was no way to check the statements. Some students may not have told the truth. However, similar studies have shown that the children generally tell the truth to this type of question as far as they see it.

There was a total of 5,483 subjects in the sample, ranging in age from 11 to 19 years. The number and distribution of the subjects by age and sex is shown in Table I.

The questions relating to drugs were three in number:

1. Did you ever take drugs? (If yes, please state drug taken.)
2. Have you ever been offered what you thought was an addictive drug? (If yes please state which drug.)
3. Have you ever been at a party where people took drugs? (Ring correct answer.)

Table I Number and Distribution of Subjects in Sample

Sex	Age										Totals
	11	12	13	14	15	16	17	18	19	Unknown	
Boys	4	165	593	736	674	474	316	44	1	8	3,015
Girls	37	246	520	541	475	367	248	30	1	3	2,468
Total	41	411	1,113	1,277	1,149	841	564	74	2	11	5,483

A complete breakdown, by age and by sex, of those who stated they had taken drugs is given in Table II. A total of 126 schoolchildren claimed to have taken drugs but one, a girl who said she had taken cannabis, did not specify her age. Of the 126 who claimed to have taken drugs, 79 were boys and 47 were girls. The percentage in the total sample claiming to have taken drugs is 2.3.

Table II Distribution by Age and by Sex of Those Who Stated they had taken Drugs

Sex	Age									Totals
	11	12	13	14	15	16	17	18+	Unknown	
Boys	–	–	3	10	17	28	18	3	–	79
Girls	–	1	3	9	9	11	13	–	1	47
Total	–	1	6	19	26	39	31	3	1	126

As can be seen, 79 out of 3,015, i.e. 2.6 per cent, of the boys and 47 out of 2,468, i.e. 1.9 per cent of the girls, claim to have taken drugs. The lower percentage of girls is in keeping with the findings of most studies to date.

If the age groups are combined into two categories, 'under 16 years' and '16+ years', we find that 73 out of the 1,481 subjects in the 16+ category, or 4.9 per cent, stated they had taken drugs while only 1.3 per cent (52 out of 3,991) of the 'under 16' category claimed to have done

so. The considerably higher incidence in the upper age groups is not unexpected. It will be remembered that the percentage for the entire sample was 2.3.

Taking the sexes separately, in the 16+ age group there are 49 boys, or 5.9 per cent of the total number of boys in the sample aged 16+, and 24 girls, or 3.7 per cent of the total of girls in the sample aged 16+, who stated they had taken drugs. In the under 16 age group 30 of the boys claimed to have taken drugs, i.e. 1.4 per cent of the total number of boys under 16 in the sample, and 22 girls, i.e. 1.2 per cent of the total number of girls under 16 years.

Table III.0 shows that 85 of the schoolchildren had tried only one drug while 18 had tried either two or three; 23 of those who stated they had taken drugs did not name the drug taken. The 23 were widely distributed over the various schools.

Table III.0 Type of Drug Used

One Drug Users		Two or Three Drug Users	
	No.		No.
Cannabis	66	Cannabis and L.S.D.	6
L.S.D.	7	Cannabis and Amphetamines	4
Heroin	5	Cannabis and Librium	1
Opium	1	Cannabis and Morphine	1
Amphetamines	3	Cannabis, Amphetamine and Opium	1
Librium	3	Cannabis, L.S.D. and Opium	1
	–	L.S.D. and Amphetamines	1
	85	L.S.D. and Heroin	1
	–	Heroin and Methedrine	1
		Amphetamines, Heroin and Librium	1
			<u>18</u>

Out of 126 who claimed to have used drugs, 103 specified the drug used; 35 claimed to have used one drug only and 18 claimed to have used two or more drugs. Cannabis was the drug specified by the greatest number, a total of 80 (or 77.7 per cent of those who specified the drug or drugs used) claiming to have taken it.

Table III.1 shows a breakdown by sex and by age of those who claimed to have used cannabis.

There is no significant difference between the proportion of boys and of girls claiming to have smoked cannabis. If there had been the same number of girls as boys in the sample then the calculated number of girls who had smoked cannabis would be 43 which is not significantly different to the number of boys, 45.

Table III. 1 Those who claim to have used Cannabis (Alone or in combination) by Sex and by Age

Age	11	12	13	14	15	16	17	18+	Unknown	Totals
Boys	–	–	3	5	6	15	13	3	–	45
Girls	–	–	2	6	9	8	9	–	1	35
Totals	–	–	5	11	15	23	22	3	1	80

Table III.2 shows the distribution by age and by sex of those who claimed to have used L.S.D., amphetamines, opiates or librium.

Table III.2 Distribution by Age and by Sex of those who claimed to have used L.S.D., Amphetamines, Opiates or Librium

Sex	Age						Totals
	13	14	15	16	17	18+	
Boys	2	4	4	10	6	1	27
Girls	—	2	3	2	3	—	10
Total	2	6	7	12	9	1	37

In the total school population covered by the survey 1,406, or 25.7 per cent, of the pupils said they were regular cigarette smokers. Of the pupils in the sample who claimed to have taken drugs (126 in all) 83, or 66 per cent claimed to be regular cigarette smokers. This result is in accordance with previous findings that children who smoke are more likely to take drugs (Wright, 1970).

A formal χ^2 test is shown in Table IV.

Table IV* Drugs and Cigarette Smoking

	Cigarette Smokers	Non Cigarette Smokers	Total
Drug Takers	83	43	126
Non Drug Takers	1,323	4,023	5,346
Total	1,406	4,066	5,472

$\chi^2=111.5$ (1 d.f.) is, of course, overwhelmingly significant.

*This table is based on 5,472 pupils who stated their age.

Table V.0 shows the distribution of the subjects in the sample by social class, and Table V.1 show the distribution by social class of those who stated they had taken drugs.

Table V.0 Distribution of Subjects by Social Class

Social Class	BOYS		GIRLS		TOTALS	
	Number	Percentage	Number	Percentage	Number	Percentage
Professional, Administrative and Executive	417	13.8	712	28.8	1,129	20.6
Clerical, Supervisory etc. Grades	737	24.4	722	29.3	1,459	26.6
Skilled Manual	1,012	33.6	522	21.2	1,534	28.0
Semi and Unskilled	432	14.3	213	8.6	645	11.8
Farmers	22	0.7	47	1.9	69	1.3
Fathers Retired	30	1.0	18	0.7	48	0.9
Fathers Deceased or No Answers	365	12.1	234	9.5	599	10.9
Totals	3,015	99.9	2,468	100	5,483	100.1

Table V.1 Distribution by Social Class of those who stated they had taken drugs

	Professional Administrative and Executive	Clerical Supervisory Etc.	Skilled Manual	Semi and Unskilled	Fathers Deceased or No Answer
Number Who Took Drugs	30	37	27	11	20
Number At Risk	1,129	1,459	1,534	645	599
Percentage	2.7	2.5	1.8	1.7	3.3

Those Who were Offered Drugs

It was reasonable to expect that the number of pupils who at some time or another were offered drugs would be greater than the number who actually took drugs. Table VI.0 shows that 7.5 per cent claimed to have been offered drugs and Table VI.1 shows the distribution by age and by sex

of those offered drugs. A higher proportion of boys (274 out of 3,015) than of girls (136 out of 2,468) claim to have been offered drugs.

When the subjects offered drugs are grouped into two categories, those under 16 and those 16 years old or over, (Table VI.2), it can be seen that 13.2 per cent of those over 16 years claim to have been offered drugs compared to only 5.4 per cent of those under 16 (11 of the subjects did not specify their age). Table VI.2 also gives the percentage for each of the sexes.

Table VI.3 gives the type of drug offered by sex and by age. It can be seen that again cannabis heads the list. A large number, 196, did not give the name of the drug offered.

Table VI.0 Number who claimed to have been offered drugs

	Number	Percentage
Boys	274	9.1
Girls	136	5.5
Total	410	
Percentage of Total Sample		7.5

Table VI.1 Distribution by Age and by Sex of those who claim to have been offered drugs

Sex	Age									Totals
	11	12	13	14	15	16	17	18	19	
Boys	–	3	23	38	78	71	51	9	1	274
Girls	1	1	8	30	33	30	29	4	–	136
Totals	1	4	31	68	111	101	80	13	1	410

Table VI.2 Number offered drugs grouped in two categories, under 16 years and 16+ years

	Number Offered Drugs Under 16 years		Number Offered Drugs 16 and Over	
	Number	Percentage	Number	Percentage
Boys	142	6.5	132	15.8
Girls	73	4.0	63	9.8
Total	215		195	
Percentage of Sample		5.4	Percentage of Sample	13.2

Table VI.3 Type of Drug offered by Age

Age	Type of Drug					Unknown*	Totals
	LDD	Cannabis	Stimulants	Opiates	Sedatives		
11	–	–	–	–	–	1	1
12	1	–	–	–	–	3	4
13	1	5	1	2	–	22	31
14	7	19	3	5	–	34	68
15	4	40	8	2	3	54	111
16	8	40	4	7	–	42	101
17	9	23	4	7	3	34	80
18	2	5	1	–	–	5	13
19	–	–	–	–	–	1	1
Total	32	132	21	23	6	196	410

* Included under this heading are 4 who gave coke and aspirin as the drug offered and 2 who mentioned 'banana'.

The number who claimed to have attended a party at which people took drugs is given in Table VII.0.

Table VII.0 Number who said they had attended a party at which people took drugs

	Number	Percentage
Boys	216	7.2
Girls	205	8.3
Total	421	7.7

Table VII.1 gives the distribution by age and by sex of those who had attended a party at which people took drugs.

Table VII.1 Number who said they had been at a party at which people took drugs, by age and sex.

Sex	Age									Totals
	11	12	13	14	15	16	17	18	19	
Boys	–	1	13	28	50	66	46	12	–	216
Girls	0	3	14	34	51	50	49	4	–	205
Totals	0	4	27	62	101	116	95	16	–	421

Table VII.2 Number who attended a party at which people took drugs subdivided into categories ‘under 16’ and ‘16+ years’

	Under 16	16+ Years
Number of boys	92	124
Number at risk	2,172	835
Percentage	4.2	14.9
Number of girls	102	103
Number at risk	1,819	646
Percentage	5.6	15.9

When Tables VI.1 and VII.1 are compared it can be seen that at least 58 boys claim to have been offered drugs but did not say they were at a party at which people took drugs, and at least 69 girls said they were at such a type of party but did not claim that drugs were offered to them.

Discussion

Most previous studies have found more males than females among drug-takers. Although this is so in our sample when all drugs are considered it does not hold when we consider the pattern for marijuana. As shown earlier, the proportion of girls in the sample who experiment with ‘pot’ is similar to the proportion of boys.

Type of Drug Used. By and large the picture is one of soft drug use; 66 of the drug takers, or almost 53 per cent, claiming to have used only cannabis. A further 14 had used cannabis in conjunction with some other drug.

It is perhaps disquieting that so many claimed to have used LSD but the problem may be no more serious than that the glamour of ‘going on a trip’ could have tempted them to try LSD once. Unfortunately, we have no information about the frequency of drug use among the respondents. Those in our survey who had used more than one drug seemed quite catholic in their choice. Masterson (1970) spoke of the indiscriminate choice of drugs of those members of the youth drug subculture whom he met and Hawks notes the ease with which drug users in his

study could alternate between drugs of a very different type: 'The willingness of those interviewed to alternate between two drugs (heroin and methylamphetamine) with such a totally contrasting pharmacological action suggests that any theory which seeks to relate specific drug choice to personality or to a particular type of reaction against society is simple-minded' (Hawks et al., 1969).

It is understandable that so many (196) did not give the name of the drug they had been offered. They might have forgotten the exact name or they might never have known what they had been offered. A question to test the respondents' drug knowledge (how a particular drug is taken, its effects, etc.) could have been included in the questionnaire with profit. Dr Wright (1970) found that 25, or 5 per cent, of the schoolchildren had been offered drugs but only 12 gave the name of the drug offered, 6 mentioned cannabis and 6 mentioned amphetamines in the Wolverhampton study.

The number who claimed to have attended private parties is rather high but it is worth recording that Dr Wright found that 'private parties' was highest on the list of places where young people claimed drugs could be obtained. Again a question to test the drug knowledge of the boys and girls in the survey carried out here would have helped to assess the value of the answers to the question 'Have you ever been at a party where drugs could be obtained?'

Conclusion

The study has made a start in identifying young people still at school who experiment with drugs or who are occasional drug users. It is possible some of the schoolchildren in the sample are regular drug users but no questions which would measure the frequency of drug use among the pupils were asked. However, the general picture appears to be one of experimentation rather than one of regular use.

It was found that 2.3 per cent of the sample claimed to have taken drugs.

The drug takers were more likely to come from the upper age groups than from the lower age groups. That is, 4.9 per cent of the respondents aged 16 years and over stated they had taken drugs and 1.3 per cent of the respondents under 16 years reported similarly.

In the survey sample the pupils claiming to have taken drugs are a little more likely to be the children of white-collar workers than of manual workers. A further study is required to obtain information about those children who normally leave school at the age of 14 or 15.

When all drugs are taken into consideration, more boys than girls take drugs and the difference is probably significant but when cannabis only is in question there is no significant difference. The expected result that drug takers are likely to be regular cigarette smokers is also found.

A higher percentage, 7.5 per cent, claimed to have been offered drugs than claimed to have taken drugs (2.3 per cent). In other aspects the pattern of those who had been offered drugs is fairly similar to the pattern among those who took drugs. The percentage who claimed to have been at a party at which drugs could be obtained is 7.7 per cent.

There is no doubt that most of the post-primary schoolchildren are aware of the increasing use of drugs such as 'pot' and know that they can be obtained. It may be that for some of them the taking of marijuana is an initiation into adulthood and a means of achieving status.

It is the small proportion who may become regular users or move on from marijuana to LSD, amphetamines and hard drugs which causes concern. When drugs are taken only for 'kicks' the problem is thought by many to be less serious than when they are taken as a prop by young people faced with emotional situations, and this second group among post-primary schoolchildren is probably very small.

This study of the use of drugs among children at post-primary Dublin schools shows that we have a similar pattern of drug usage to that found by Dr Wright (1970) in an English city of medium size, Wolverhampton. Nevertheless, 5 per cent of our post-primary schoolchildren aged over 16 have tried drugs, usually marijuana, and there is no doubt that these children are aware of the drug cult among young people and can obtain marijuana fairly easily. Our children should be told truthfully the facts we have about the dangers of drug addiction and the risk that when they start experimenting with marijuana, in itself apparently fairly harmless, they are in danger of experimenting with other drugs such as heroin, which are drugs of addiction and which will destroy their health and happiness.

Teaching children about the use and abuse of drugs, including cigarettes and alcohol, should not be approached as an isolated subject but should be part of training at school to assure the development of a mature relationship with friends, parents and teachers. Whether to experiment with drugs is only one of the problems of adolescence and a better understanding of drugs and their dangers can best be obtained by discussion with the right person in a quiet way at the same time as other problems of adolescence are under discussion.

Summary

In a study among Dublin post-primary school-children undertaken by the Irish Cancer Society, the College of General Practitioners, the Economic and Social Research Institute and the Medico-Social Research Board, 2.3 per cent of the sample claimed to have experimented with drugs. Over the age of 16 years 4.9 per cent claimed they had tried a drug and under the age of 16 it was 1.3 per cent. Marijuana was the drug that was most commonly mentioned, and there was no difference between the proportion of girls and boys who had tried smoking marijuana. Very few had experimented with hard drugs and this small group were chiefly boys. At present the problem of drug usage by Dublin post-primary schoolchildren would appear to be a small one but these children are aware of the current use of drugs to alter mood and suitable steps should be taken to make sure that they understand the dangers of drug addiction.

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