

Drugs — A Study in Dublin Post-Primary Schools

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There has been much public concern recently at the perceived increase in drug abuse by young people in Ireland. The evidence that there has been a rise in the use of illegal substances has emanated from addiction treatment centres and from the Garda Drugs Squad. There have also been reports of drug abuse from particular localities. There has, however, been very little information available on the extent of such abuse in a geographic sense, on the number of young people who have experimented with drugs or on the frequency of drug use.

In 1970 and 1971, a survey was carried out on the consumption of cigarettes, alcohol and drugs by those attending a random sample of post-primary schools throughout the country. Availability, use and knowledge of illegal drugs were reported separately for post-primary schools in Dublin and for schools in the remainder of the country^{1,2}. A decade later, in 1980 and 1981, the Medico-Social Research Board, the Health Education Bureau, the Irish Cancer Society and the Department of Community Health, Trinity College carried out a similar survey. The aims of the survey were to study the consumption of cigarettes, alcohol and drugs by a similar group of school-attenders and to study changes in the use of these substances since the previous survey.

We report here the findings of this recent survey of post-primary schools in Dublin City and County, in relation to the use of drugs.

Methods

Sample Size: In order to have sufficient data for detailed statistical analysis, the effective sample size was determined at a minimum of 5,000 children. The upper limit was constrained by logistical considerations – finance and the physical task of data collection. It was decided that all classes in a selected school should be surveyed to obtain an adequate cross-section of habits and attitudes by age.

Sample Selection: To select a representative sample of Dublin school-children, a probability proportional to size (PPS) sample design was used. The school was taken as the sampling unit. The probability of selection was proportional to the “weight” or size of the school (number of pupils in attendance) as a proportion of the total number of school-children in Dublin. The sampling frame used was the Department of Education list of Post-Primary

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Schools 1979-1980. The type of school (Secondary, Vocational, Community, Comprehensive) was used as a stratification factor. Each type of school was represented in the sample in proportion to its "weight" in the total population (population being used in its sampling sense of the total universe of sampling units).

Survey Procedures: The school authorities were approached and permission to carry out the survey was requested. A self-administered questionnaire was used to obtain the data. This was issued to all those attending school on the day when the class in which they were enrolled was surveyed. No teachers were present while the survey was being carried out. The school authorities requested that results for their own institution be made available to them. This was refused. Consequently, one school declined to participate and a replacement school was chosen. School-attenders were assured of the confidentiality of their responses and there was no means of identifying an individual respondent or school from the questionnaire.

To maintain comparability, the three questions on drugs which were asked in the previous (1970-1971) survey were repeated, as follows:

1. Have you ever been offered what you thought was an addictive drug? If YES, which drug or drugs?
2. Have you ever been at a party where people took drugs?
3. Have you ever taken drugs other than prescribed by a doctor? If YES, which drug or drugs have you taken?

Additional questions which were not asked in the 1970 survey included the following addenda to question 3,:

How often have you taken them? Where did you get the drug or drugs? Respondents were also asked:

4. Give an example of 1, A Soft Drug; 2, A Hard Drug.
5. Do you think soft drugs have any long-term effects on people? If YES, what effect(s)?
6. Do you think hard drugs have any long-term effects on people? If YES, what effect(s)?

Statistical Methods: The significance of comparisons between the proportions was tested where appropriate and the Chi-squared test was used to test for differences in the numbers of respondents distributed in different sub-groups³.

Results

The sample consisted of ten Secondary, four Vocational, one Comprehensive and one Community School. There were 5,189 students in attendance on the day their class was surveyed. All agreed to co-operate. Only 11 questionnaires were not adequately completed. A total of 5,178 questionnaires, therefore, were suitable for analysis. There were 3,068 boys and 2,092 girls. Their age distribution is shown in Table 1.

Contact with Drugs: There were 1,155 students, 22% of the sample, who stated that they had been offered what they thought was an addictive drug (Table 2). This ranged from 11% for girls and 23% for boys aged less than 16, to 26% for girls and 39% for boys aged 16 years and over. For boys and girls, both under and over 16 years, there was a two- to threefold increase in positive response to this question when compared with the Dublin 1970 study.

The replies of those who named the drug which was offered to them are shown in Table 3. Altogether, 1,015 students (20%) named an offered drug. 740 (14%) said they were offered marijuana. 118 (2.3%) said they had been offered heroin. 2% of the sample said they had been offered a drug but did not know its name. Less than 1% of the students replied that they had been offered each of the following: cocaine, lysergic acid diethylamide (LSD), glue, bananas or mushrooms (from which it was believed psychedelic components could be obtained), tranquilizers or amphetamines.

In response to the question: "Do any of your friends use drugs?", 21% of those under 16 years and 44% of those 16 years and over gave an affirmative response (Table 4).

The number of students who stated they had been to a party where drugs had been taken also increased since 1970 (Table 5). This increase was of the order of three-fold, from 5% to 17% for those under 16 years, and from 15% to 41% for those aged 16 years or more.

Drug Use: Table 6 shows the number of students who stated that they had ever taken drugs other than those prescribed by a doctor. For boys and girls aged 16 years or more and for girls under 16 years there has been a four-fold increase in positive response when compared with the Dublin 1970 study; for boys under 16 years, this increase has been ten-fold. Significantly more of those aged over 16 years ($p < 0.01$) and significantly more boys than girls ($p < 0.01$) said they had ever taken an unprescribed drug. This ranged from 5% for girls and 12% for boys under 16 to 15% for girls and 25% for boys aged 16 years and over.

Table 7 shows the drugs which the students stated they had taken. Altogether, 485 students (9%) said they had used marijuana; 6.8% did not mention any other drug, a further 1.7% said they had also used other soft drugs, while 0.9% said they had used both marijuana and heroin. A total of 50 students (1%) stated that they had taken heroin. None of the other types of drugs had been used by more than 0.5% of the respondents.

Table 1
Sex and age distribution of those who completed questionnaire

	Age in years							Total
	12	13	14	15	16	17	18+	
Boys	311	648	750	651	461	217	48	3086
Girls	218	376	439	416	379	210	54	2092
Total	529	1024	1189	1067	840	427	102	5178

Table 2
Number and percentage of boys and girls aged less than 16 and aged 16 years and over, who stated they had been offered what they thought was an addictive drug, with comparable percentages from the Dublin 1970 study*

	Under 16 years			16 years and over		
	Number	%	1970 %	Number	%	1970 %
Boys	546	23.1	6.5	281	38.7	15.8
Girls	160	11.0	4.0	168	26.1	9.8
Total	706	18.5	5.4	449	32.8	13.2

*82 (1.6%) responders did not answer this question.

Table 3
Drugs which were offered, classified by age and sex of respondents

	Under 16 years		16 years and over		Total			
	Boys	Girls	Boys	Girls	Number	%		
Marijuana	277	68	138	95	578	11.2		
Marijuana + 1 "soft" drug	22	1	6	8	37	0.7	}	12.7
Marijuana + 2 or more "soft" drugs	14	2	15	12	43	0.8		
Heroin	13	9	10	4	36	0.7	}	2.3
Marijuana + Heroin	23	13	32	14	82	1.6		
Cocaine	11	3	13	3	30	0.6		
LSD	6	3	6	1	16	0.3		
Glue	11	5	0	0	16	0.3		
Bananas/Mushrooms	3	0	0	0	3	0.1		
Tranquilizers	18	5	3	1	27	0.5		
Amphetamines	0	0	2	0	2	0		
Others*	15	7	12	0	34	0.7		
Drug, Name Unknown	51	30	13	17	111	2.1		
Total	464	146	250	155	1,015	19.6		

*This category includes alcohol, nicotine, caffeine, cough mixtures, inhalers, aspirin and an opiate (offered to a 17-year-old boy).

Table 4
Affirmative response to question: "Do any of your friends use drugs?"

	Under 16 years		16 years and over	
	No.	%	No.	%
Boys	570	24.2	363	50.0
Girls	225	15.5	244	38.0
Total	795	20.9	607	44.3

The frequency with which the students said they had taken unprescribed drugs is shown in Table 8. Among those who said they had taken a drug, there was no significant difference in the frequency with which boys and girls did so, either for those aged under 16 years or for those who were 16 years or over. Of those who had ever used marijuana, one-third had used it on one, two or three occasions. A further one-third described their use as "occasional", 16% as "regularly" and 14% as "weekly". This meant that, of the entire sample, 6% had used marijuana on more than three occasions with 3% describing their use as being on a regular or on a weekly basis. Of the 50 students who stated they had used heroin, 46 answered the question relating to frequency of use; 13 of these said they used it regularly and 20 that they used heroin on a weekly basis.

The majority (61%) of those who had ever taken an unprescribed drug stated that they had obtained it from a friend, 15% from a dealer and 11% from both a dealer and a friend (Table 9).

Characteristics of Drug-users: Drug use was more frequent among boys and among those who were over 16 years of age. The majority of those who had ever used an unprescribed drug described themselves as regular smokers (Table 10). This association between the use of drugs and being a regular smoker was significant, for boys and girls, under and over 16 years ($p < 0.01$ in each group). Overall, however, a minority of those who were smokers had ever used an unprescribed drug. There was a similar association between the use of an unprescribed drug and being a regular drinker (Table 11).

From the information given about father's occupation, it was possible to categorise 92% of respondents into one of the 12 socio-economic groups used by the Irish Census. Those whose fathers were unemployed, retired, sick or deceased were placed in an additional category. These groups were then combined to give five social classes (Table 12). There was no significant difference between the social classes, in the proportion of all the students who stated they had ever used an unprescribed drug. This was also true when the use of drugs by those in different social classes was analysed for boys or girls, aged less than 16 or aged 16 years or more.

The question on pocket money was answered by 90% of respondents. The more pocket money a student received, the more likely he or she was to respond positively to the question on drug use. This is shown in Table 13 for boys aged less than 16, but it was true for each of the age and sex categories.

Table 5

Respondents who stated they had been to a party where drugs had been taken*

	Under 16 years			16 years and over		
	Number	%	1970 %	Number	%	1970 %
Boys	433	18.4	4.2	322	44.4	14.9
Girls	194	13.4	5.6	245	38.1	15.9
Total	627	16.5	4.9	567	41.4	15.3

*This question was not answered by 83 (1.6%) respondents.

Table 6

Respondents who had ever taken drugs other than those prescribed by a doctor*

	Under 16 years			16 years and over		
	Number	%	1970 %	Number	%	1970 %
Boys	276	11.7	1.4	183	25.2	5.9
Girls	67	4.6	1.2	97	15.1	3.7
Total	343	9.0	1.3	280	20.0	4.9

*This question was not answered by 137 respondents (2.7%)

Table 7

Drugs which were taken, classified by age and sex of respondents**

	Under 16 years		16 years and over		Total		
	Boys	Girls	Boys	Girls	Number	%	
Marijuana	142	36	114	61	353	6.8	} 8.5
Marijuana + 1 "soft" drug	19	1	13	9	42	0.8	
Marijuana + 2 or more "soft" drugs	16	3	16	9	44	0.9	
Heroin	2	1	1	0	4	0.1	} 1.0
Marijuana + Heroin	18	6	17	5	46	0.9	
Cocaine	1	0	1	0	2	0	
LSD	0	1	0	1	2	0	
Glue	5	0	1	0	6	0.1	
Bananas/Mushrooms	4	0	0	0	4	0.1	
Tranquilizers	9	7	5	4	25	0.5	
Amphetamines	1	1	2	0	4	0.1	
Others*	13	8	3	1	25	0.5	
Drug, Name Unknown	6	2	6	3	17	0.3	
Total	236	66	179	93	574	11.1	

* See Table 3.

** This question was not answered by 49 (7.6%) of those who stated they had taken an unprescribed drug.

Knowledge of Drugs: The question “Give an example of a soft drug” was answered by 85% of respondents. Of these, 33% gave “don’t know” as a response — 40% of the under-16’s, and 15% of those aged 16 years or more. A soft drug, such as marijuana, was named by 55%, while a further 9% gave aspirin as an example. Of the 92% who answered the question on the effects of soft drugs, 19% answered that they did not know of any effects, while 43% considered soft drugs to have long-term effects.

Eighty-six per cent of the students answered the question “Give an example of a hard drug”. However, 30% of those who answered stated that they did not know of any hard drugs. 57% correctly named a hard drug, the majority mentioning heroin. The question relating to the long-term effects of hard drugs was answered by 92% of the sample. The majority (77.6%) stated that hard drugs did have long-term effects; 5% said hard drugs had no long-term effects and 18% gave “don’t know” as an answer. 78% named a long-term effect of hard drugs, of whom 26% answered “don’t know”.

For all of the questions relating to the knowledge of drugs, the percentage answering “don’t know” was approximately twice as great among the under-16’s when compared with those aged 16 years or more.

Discussion

The sample of schools chosen resulted in approximately 1,000 more boys than girls being surveyed. Chance could have resulted in more boys’ than girls’ schools being chosen. This was not so, except for vocational schools, where 1,507 boys were surveyed compared with 383 girls. This reflects the larger attendance by boys at vocational schools and resulted in the overall greater representation of boys among the students surveyed.

It is likely that drug use as determined by this survey is a minimum prevalence for the use of drugs by all young people of this age group (12 to 18 years). It is reasonable to surmise that those who were not present in school on the day the survey was done would have a higher prevalence of drug use. Similarly, those who drop out of school early would be expected to have a higher prevalence of drug use and a higher prevalence of drug-related problems. Many of the questions were open-ended, and the names of drugs were volunteered. It is possible that the questions on drug use would have yielded a higher positive response if the respondents had been given a list of drugs and asked to state whether or not they had ever used any of them. Some of the students may not have classified glue, “magic mushrooms” or tranquilizers as drugs and would, therefore, have omitted to mention their use. Nearly 3% of the sample stated they had been offered what they considered to be an addictive drug, but neglected to name the offered drug, which may have been due to fear. Some of this discrepancy may also have been due to ignorance, since 11% of those under the age of 16 and 7% over 16 years who had been offered a drug stated that they did not know its name. Similarly, fear of detection or ignorance may explain why 8% of those who stated they had taken an unprescribed drug did not name the drug(s) involved.

Table 8

Frequency of taking unprescribed drugs among boys and girls under 16 years and among those aged 16 years and over

Number of occasions took drugs:	Number of occasions took drugs:						Total
	Once	Twice	Three Times	Occasionally	Regularly	Weekly	
<i>Under 16 years*</i>							
Any drug: Boys	77	17	9	80	35	33	251
Girls	15	7	7	20	9	7	65
<i>16 years and over**</i>							
Any drug: Boys	26	13	10	73	30	28	180
Girls	24	7	12	30	11	11	95
Total: Any drug	142	44	38	203	85	79	591
Marijuana	104	31	32	166	77	66	476
Heroin	3	1	1	8	13	20	46

* $\chi^2 = 7.62$ (d.f.5) Not significant.

** $\chi^2 = 11.0$ (d.f.5) Not significant.

Table 9

Source of supply, as stated by those who had ever taken drugs

	Number	%
Friend	352	61.3
Dealer (pusher)	85	14.8
Friend and dealer	61	10.6
At home	25	4.4
At a party	7	1.2
Grow the drug	6	1.1
Abroad	4	0.7
Source not stated	34	5.9

Table 10

Number of those in each sex and age group who had ever used an unprescribed drug according to the smoking category in which respondents placed themselves

	Never used drug		Used drug		X ² Test: 1 d.f.
	Never/ex-/occasional smoker	Regular smoker	Never/ex-/occasional smoker	Regular smoker	
<i>Under 16 years</i>					
Boys	1,447	551	54	221	p<0.01
Girls	1,076	273	13	54	p<0.01
<i>16 years and over</i>					
Boys	420	107	56	127	p<0.01
Girls	399	126	23	74	p<0.01
Total	3,342	1,057	146	476	

This survey of Dublin school-children was completed prior to the summer vacation in 1981. Subsequently, there has been much discussion in the media of the increase in drug use by young people. One could speculate that increased public discussion might encourage young people to admit to drug use or, alternatively, students might falsely declare that they used drugs. This survey was completed before such public discussion commenced, and it is likely that the information volunteered at that time represents the minimum use of drugs by those surveyed.

The survey shows an increase in contact with drugs since the 1970 survey. The use of drugs by the school-children surveyed has also increased in that time. The most frequently used drug was marijuana and the second most common drug was heroin. These results are in accord with the evidence available from the treatment centres and from the Garda Drug Squad. The increase in the use of illicit drugs appears to be greatest among boys under 16 years of age, which is also in accord with information available from personnel involved with those presenting for treatment. Contact with and the use of drugs did not differ between the social classes. There was no evidence that the use of drugs was significantly greater among those whose fathers were unemployed, sick or dead. Those who stated they had ever used an unprescribed drug were more likely to also state that they were regular smokers or regular drinkers and that they received more than the average amount of pocket money when compared with others of the same sex and age group. There is no information from the present survey on the characteristics of those who are likely to progress from the use of drugs to drug dependence.

The schools surveyed were in a wide range of geographic locations within Dublin City and County. The results were not analysed on a school by school basis. Nevertheless, it was clear from the behaviour and reactions of the students that contact with and use of drugs was not confined to a minority of schools, or to particular types of schools or localities.

Despite the increase in contact with drugs, the young people had a high abstention rate and a high percentage of “don’t know” answers to the questions relating to the knowledge of drugs. While the percentage of “don’t knows” was lower in the older age groups, the survey shows that the increase in contact with and use of drugs has been greatest in the under-16’s. This points to the need to improve the education on drugs available in schools. Recommendations on how this could be done have been put forward in the Report of the Working Party on Drug Abuse, in “Drug Abuse – A Report to the Churches in Ireland” and in “Education Against Addiction — a Report of the First Annual Conference of the Health Education Bureau”⁴⁻⁶. These reports were all in agreement that education on addictive substances should take place as an integral part of a broader programme of education in civics, biology, health or religion. These reports also made recommendations on social, administrative and legislative changes which, if implemented, would reduce the availability of addictive substances and reduce the prevalence of drug dependence among young people.

Table 11

Use of an unprescribed drug according to respondents’ alcohol category

	Never used drug		Used drug		X ² Test: 1 d.f.
	Never/ex-/ occasional drinker	Regular drinker	Never/ex-/ occasional drinker	Regular drinker	
<i>Under 16 years</i>					
Boys	1,893	74	200	67	p<0.01
Girls	1,323	17	56	9	p<0.01
<i>16 years and over</i>					
Boys	490	35	126	55	p<0.01
Girls	509	15	63	32	p<0.01
Total	4,215	141	445	163	

Table 12

Social class to which respondents belonged according to whether or not they stated they had ever used an unprescribed drug*

	Social Class					Total
	1	2	3	4	5	
Drug	133	147	161	62	81	584
No Drug	936	1,196	1,113	447	505	4,197
Total	1,069	1,343	1,274	509	586	4,781

* χ^2 (4 d.f.) = 3.69, not significant.

(Social classes: 1=professional/managerial; 2=other non-manual; 3=skilled self-employed workers, farmers; 4=semi-skilled, unskilled; 5=retired, unemployed, redundant, sick, dead.)

Table 13

Pocket money received by boys aged less than 16 years, categorised by their statements re drug use*

	Pocket Money Per Week					Total
	£0-	3-	8-	13+	"As required" but limited	
Drug	67	109	39	23	3	241
No Drug	1,057	531	124	68	23	1,803
Total	1,124	640	163	91	26	2,044

* χ^2 (4 d.f.) = 92.62, $p < 0.01$.

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