Social and Psychological Back-Ground of Drug Addicts Interviewed in Dublin

R. D. STEVENSON
M.D., D.P.M.
Consultant Psychiatrist
St Brendan's Hospital,
Lecturer in Psychiatry, R.C.S.I.

A. CARNEY
M.B., D.P.M.
Psychiatric Registrar
Mater Hospital
(formerly of St Brendan's Hospital)

PRIOR to 1966, abuse, dependence and addiction to drugs that produce marked changes in mood and behaviour was limited mainly to individuals in their thirties and older. A common but relatively harmless form of dependence is that found in individuals who limit the use of these drugs to their legitimate medical use but who are resistant to complete withdrawal. Amongst those dependent on drugs are a smaller number who will progress to use these drugs outside their legitimate medical purpose.

For instance, the use of barbiturates to induce sleep may produce dependence on barbiturates for sleep and resistance to complete withdrawal, but to use the same amount to induce euphoria in a social situation is abuse. Similarly, the use of amphetamines to produce euphoria when prescribed as an anorexic, is abuse.

Before the new phenomenon of drug abuse in the young appeared here, barbiturates and amphetamines were the drugs most commonly abused. Amongst the abusers, nurses, pharmacists, doctors and their wives were over-represented. This is because they had easy access to drugs. Opiate abuse was much less common and, with the exception of the therapeutic addict, was limited to the medical and paramedical professions.

The older type of drug abuse differs in some important ways from the new phenomenon of drug abuse among the young. The former take their drugs in isolation and are usually unknown to each other. They are generally less active in recruiting others to drug taking, although it has been shown that amphetamines abuse can spread among housewives in a housing estate; it has also been found that doctors themselves, when addicted to drugs, tend to over prescribe and thus have a higher incidence of drug abuse amongst their patients than has the non-addicted doctor. Also, the older drug abusers take drugs to overcome emotional stress rather than to find positive euphoria. They also take their drugs by more orthodox routes than the younger group (orally, in contrast to intravenously).

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In contrast, the new, younger drug abusers most frequently take their drugs in a group setting and form a distinct subculture. They actively recruit others to the habit; also, their presence in a society attracts others to join. The initial reason for taking a drug is not to overcome emotional stress; in our sample only 8 per cent took drugs to overcome emotional stress.

In the present decade it is evident that certain drugs (amphetamines, cannabis and L.S.D.) have now replaced the use of alcohol by some of the youth. Instead of drinking parties, we now find drug parties.

Those of us who have been involved from the beginning soon realized that the individuals who abused drugs were individuals who would not normally appear at our Out-Patient Clinics.

We devised a preceded questionnaire to collect as much 'hard' data as possible on how, if at all, drug abusers functioned prior to their drug taking. What factors in their behaviour and personality made them different to the non-abuser.

The sample consists of 50 individuals seen by both of us in St Dympna's or St Brendan's since late 1968. 25 of the sample were in-patients and 25 were out-patients. All subjects who were admitted were assessed on the Cattell 16 Personality Factor Questionnaire.

Mode of referral of those attending hospital:

40%	were self referrals (mainly seeking drugs).
50%	attended under coercion from the Courts or from relatives.
10%	requesting help to get off drugs.

Results:

Age of sample 14-23 years, average 18 years.

Male	78%
Single	96%
Irish born	90%
Foreign born (1 American, 4 British)	10%
Urban	88%
Non-urban	12%

Education Standard reached:

Primary	50%
Intermediate Certificate	36%
Leaving Certificate	14%
Technical	4%
University	4%

Primary Education only: (25 subjects)

Passed Primary	34%
Failed Primary	10%
Failed to sit Primary	56%
Mitched frequently	36%

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Secondary Education: (25 subjects)

Passed Intermediate	24%
Failed Intermediate	6%
Did not sit Intermediate	10%
Passed Leaving Certificate	8%
Did not sit Leaving Certificate	42%
Failed Leaving Certificate	10%

Only 4% took drugs while attending primary or secondary education. Therefore both the high rate of examination failure and failure to sit examinations pre-existed drug use.

Technical School:

All failed to complete course. 4%

University:

2 entered University, both dropped out. One developed a chronic schizophrenic like illness following LSD.

Work record:

Age of starting work 13-17 years, average 15 years.

Number of jobs held:

Nil	8%
One job only	16%
(14% remained unemployed after 1st job.)	
2-5 jobs	40%
6-10 jobs	24%
11-20+ jobs	12%

Number of periods of unemployment:

None	6%
I-5	54%
6-10	26%
11-20+	14%

Duration of unemployment periods:

Less than 3 months	30%
4-6 months	28%
7-12 months	26%
1-2+ years	14%

Duration of longest period of continuous employment:

Less than 3 months	16%
4-6 months	20%
7-12 months	36%
2-5 years	18%

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From the poor school and work record of the sample it seems that many of our sample have a basic personality disorder. This became more evident when we examined their involvement with the law, prior to taking drugs (excluding alcohol).

Pre-drug Court attendance:

46% appeared in Court or were dealt with by the Junior Liaison Officer for crimes such as
Vandalism.
Stealing.
Assault.
Mitching.
4% committed to approved schools.
4% to prison.

Psychiatric history prior to drug-taking:

12% attended child psychiatrists.
4% attended special schools.
84% had no previous psychiatric history.

FAMILY HISTORY :

Because of the high incidence of delinquent behaviour, truancy and poor work record of the sample, one would expect some form of family pathology and to some extent this was found to -be true.

Fathers:

84% alive aged 42-64, average 45 years.
16% dead, one by suicide.
18% were absent from home for long periods.
16% alcoholic (repeated episode of violence when drunk, keeping family short of money or pawning furniture for drink etc.).
10% of fathers attended a psychiatrist.

Therefore 50% of fathers were either absent, alcoholic or dead. The remainder seemed remarkably stable, judging by their employment record.

Number of jobs held:

1-2	70%
3-4	30%

None had prolonged periods of unemployment. Average duration of employment 20 years.

Occupational classification of fathers:

Professional	4%
Semi-professional	4%
Skilled	42%
Semi-skilled	22%
Unskilled	28%

Mothers:

All were alive, aged 36-59, average 43 years.
Many of the mothers were over-anxious.

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47% were on ‘nerve tablets’.
18% were under psychiatric care.
4% had attempted suicide, one frequently.
9% were alcoholic (frequently drinking excessively at home).

Patients average age at parents separation or divorce—11 years.

Lack of communication between parents and children is often cited as a factor in drug abuse among children. In Ireland it has been suggested that this is due to the great age disparity between father and child due to late marriages. We found in our sample that the average age of the father at birth of the first child was only 24 years.

Siblings:

Number of siblings in family 1-13, average 5. Size of family including patient–

1	8%
2-5	38%
6-9	30%
10-14	24%

There is also a considerable amount of problems among the siblings:
14% attended a psychiatrist.
4% were abusing drugs.
28% were delinquent.

Birth order of patient’.

8% only child.
20% youngest child.
28% eldest child.

Drug-usage (this includes substance nor normally considered drugs). Glue, cleaning fluid, etc.

Age of first taking drugs:

11-19 years, average 15 years.

Source of first drug:

From a friend at no cost	68%
Bought illegally	28%
From doctor	4%

Reasons for taking first drug:

Only 4% took first drug for depression.
The remaining 96% took first drug for a variety of reasons, curiosity, ‘for kicks’, etc.

First Drug Taken:

Amphetamine	34%
Cannabis	24%
Nutmeg	
Glue	6%
Cleaning fluid	
L.S.D.	12%

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Heroin	10%
Morphine	2%
Dymeril	2%
Artane	2%

Routes of administration of first drug:

Oral administration, including inhalation	92%
Intramuscular	0%
Intravenous	8%

Country where first drug was taken:

Ireland	58%
England	40%
U.S.A.	2%

Duration of drug taking:

Less than 6 months	6%
6-12 months	18%
1-2 years	20
2-3 years	36
3-5 years	14%
5 years +	6%

When a drug, usually taken intravenously (opiates, amphetamines, barbiturates) become unavailable, the abuser frequently uses L.S.D. orally. This accounts for the discrepancy between the route of administration of the last drug (40% intravenous) and the number who have taken drugs over a period (54%). There are also a number not all included in the sample, having taken intravenous opiates for some years then turn to L.S.D.

Most commonly used drug just prior to interview:

Diconal	52%
Morphia	16%
Cannabis	40%
L.S.D.	62%
Barbiturates	20%
Amphetamines	12%
Mandrax	2%
Heroin	8%

100% have used Cannabis and L.S.D.
14% use Cannabis and L.S.D. and no other drug (excluding alcohol).
86% use Cannabis, L.S.D. and other drug or drugs.

68% take opiates by Choice—

Heroin	40%
Morphia	18%
Other Opiates	8%

Heroin is generally unobtainable in Ireland but some of our sample periodically go to

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London to obtain a supply.

With the exception of L.S.D. which seems easily available, there is no constant supply of any drug, due to the activity of the drug squad and the measure of security given to drugs in Pharmacies. Therefore there is a considerable amount of poly-pharmacy. All but 16 per cent of the sample admit to using drugs on each occasion they become available.

Source of drugs in months prior to interview:

By prescription from G.P.	4%
Hospital Treatment Centre	4%
Forged prescription	10%
From friends	20%
Unknown	56%

Present routes of administration:

Orally only	32%
Intra-venous	68%

Physical complications due to drug taking:

Jaundice	15%
Abscesses	36%
Overdose	36%

Since completing this report, 6% of the patients seen have died from overdosage—two in England and one in Ireland.

Psychological testing using the 16 P.F. on the patients showed that the personality profile presented had a positive correlation of .6 with psychopathy, as compared with .2 with general neurotics.

Conclusion

It is evident from psychological testing and from their history that most of the drug abusers who attend hospital for treatment have a basic personality disorder. It would be a grave error, however, to believe that drug abuse will remain limited to behaviour disordered individuals and be thus self-limiting. It has been found for instance in Sweden, that while those initially involved in drug abuse are often very deviant, it eventually spreads to the apparently 'normal'. We feel that this also is occurring here.

Accepting the present population of abusers attending hospital as a behaviour disordered group, it is not surprising that the results of treatment are generally reported as disappointing.

References

Bejerot, N. (1969) Fundamental facts on addiction Swedish National Medical Research Board.
Bewley, T.H. (l965A) *Lancet* 148. (I965B) *Brit. med. J.* ii 1284. (1966) *Bull. Narcot. 20* No. 4, 1.
Connell, P.H. (1962) *Med. Wld.* (Lond.) 96, 18, 106.
Edward, G. (Feb. 1968) *Practitioner* No. 1196 Vol. 200.
Goldberg, L. *Bull. Narcot.* XX, No. 2.
Willis, J.M. *Practitioner* Vol. 200 P. 220.
W.H.O. (1964) Expert Committee on Drug Dependence.

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