

Some Characteristics of Drug Abusers Attending a Drug Treatment Centre in Dublin

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The problem of drug abuse among adolescents in Ireland is a serious and a growing one, according to the reports of the Government Working Party (1971) and of a Churches Working Party on the abuse of drugs (1972).

About 1966 the first indications of this new Irish problem were seen in raids on chemists' shops and various stores of the old Dublin Health Authority pharmacies. At the same time Walsh (1966) reported that 16 patients had been admitted to St. Loman's Hospital suffering from amphetamine dependence. Carney, et al. (1972) in a paper on the social and psychological background of 50 young drug abusers in Dublin pointed out that 'the majority of the sample began using drugs in their post-school-leaving year'.

The number of young people involved in this type of drug abuse is very much smaller than the number of older people who abuse alcohol and probably also much smaller than the number of middle-aged people dependent on tranquillisers and hypnotics. The drug scene is an ever-changing one, and is largely dictated by the availability of the drugs on the current illicit market. It is also modified, at times dramatically, by legislation such as was used to control amphetamine abuse in 1970. In 1972, the misuse of the morphine alternative (Diconal) reported by Kelly was reduced by the co-operation of the manufacturers in removing the drug from general circulation. New drugs and new mixtures (e.g., certain cough mixtures) appear weekly in small quantities as substances of abuse or experimentation.

In October 1969, as a result of an Interim Report of the Working Party on drug abuse to the Minister for Health, the Jervis Street Hospital Drug Advisory and Treatment Centre was established. Now under the Eastern Health Board, other treatment units are functioning and still others are projected. The patients who attend at Jervis Street Drug Advisory and Treatment Centre for medical treatment do not necessarily reflect the type of abusers and extent of drug misuse among those who never seek help. Nevertheless, a study of some of the characteristics of those who attend the Jervis Street Hospital Drug Advisory and Treatment Centre gives a picture of one important section of the drug-abusing population.

Method

Each patient was interviewed on making contact with the Centre. A standard data questionnaire was used to obtain:

- (1) Basic demographic information.
- (2) Reason for and mode of referral.
- (3) Personal history-medical, educational employment.
- (4) Family background.
- (5) Details of development and pattern of drug abuse.

This questionnaire was administered by a member of the Centre team, trained in its use. The standard questionnaire was not introduced until October 1971. 539 from a total of 1,121 attending from 1969 to 1974 completed the questionnaire. These were patients, who returned to the Centre for treatment at least once and agreed to the answering of the questionnaire fully.

Results

78.6 per cent of the subjects were male, 21.4 per cent female. 95.0 per cent of the respondents were of Irish nationality, 3.0 per cent were of British nationality. 79.2 per cent of the total were Dublin-born, 10.9 per cent were born elsewhere in Ireland, 5.5 per cent were born in England. Table 1 gives the age of the respondents.

The average age for respondents was approximately 19 years 3 months. Those 21 years of age and under were almost 80% of the total. 92.5 per cent of the respondents were single, 5.6 per cent

Table 1
Age Distribution of Respondents

<i>Age</i>	<i>% represented</i>
Up to 15	4.9
16-17	23.7
18-19	29.7
20-21	21.5
22 and above	20.2

Table 2
Mode of Referral

<i>Mode of referral</i>	<i>% represented</i>
Respondent himself or herself	35.6
Family	5.4
Friend	20.1
Doctor	10.9
Casualty	13.9
Police	4.6
Other	9.5

Table 3
Age when Respondents first took drugs

<i>Age when first took drugs</i>	<i>% represented</i>
12 to 14	13.9
15	17.1
(Under 16 unspecified)	6.8
(over 16 unspecified)	13.7
16	13.5
17	16.2
18-19	12.2
20 and over	6.6

Table 4
First drug used

<i>Drug Types</i>	<i>% represented</i>
Organic Solvents (Sniffing)	4'5
Morphine	2'1
Heroin	2'6
Amphetamines	8'1
Drinamyl	2'8
Cannabis	37'0
L.S.D.	28'9
Other drugs (various, e.g., barbiturates, Mandrax, Diconal, Palfium	14'0

Figure 1

MONTHLY RECORD OF MAIN DRUG TYPES USED

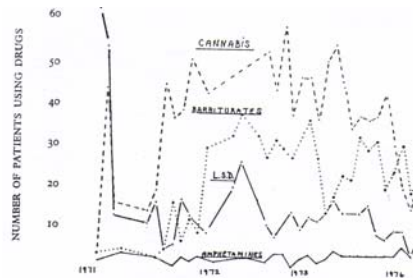
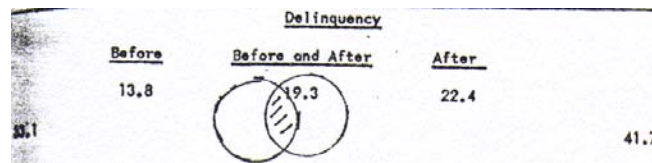


Figure 2



were married and 1-9 per cent were divorced or separated.

Table 2 gives the mode of referral of the subjects—i.e. the individuals through whom the subjects came to the Drug Centre. The most frequent mode of referral (35-6 per cent of the total) is by the individuals themselves. Those who are referred to the drug centre by the casualty department of the hospital number 13-9 per cent of the total.

The reasons for referral given by the subjects can be put into three almost equal groups: one third of the subjects are referred because of reaction to L.S.D., especially 'flashbacks', one third give 'wanting to get off drugs' as the reason; the remaining group give a variety of reasons: requesting maintenance programme of Methadone (mainly from other drug centres), suffering withdrawals, insomnia, panic, fear.

Drug-taking among Respondents

Table 3 gives the age when the subjects first took drugs. 37-8 per cent were under 16 years of age when they first took drugs. The average age at which the subjects first took drugs was approximately 16 years 11 months.

Table 4 gives the first drug used by respondents. The most frequently recurring answer for the first drug used is for cannabis: 37 per cent. The most frequently recurring answers among the 63 per cent who did not take cannabis as a first drug are composed of those who took L.S.D. first (28.9 per cent of the total) and those who took amphetamines first (8.1 per cent of the total).

Fluctuations in the type of drug used may occur quickly. This seems to be the situation with the patients at Jervis Street, many of whom are poly-abusers—using more than two drugs. The type of fluctuation that occurs in drug-use can be seen by looking at the graphs in Figure 1.

The Figure shows how the use of barbiturates has increased considerably over the period 1971-1974. Often alcohol is abused along with barbiturates. This is the most disturbing and dangerous trend recorded at this dependency unit. Table 5 illustrates that Cannabis and L.S.D. are used by most of the respondents.

Close to a half of the subjects have injected or are injecting drugs. For almost a half of those who have

Table 5
Drug types ever used by respondents

<i>Drug Types</i>	<i>% who had used drug</i>
Amphetamines	32.5
Cannabis	78.5
L.S.D.	78.5
Barbiturates	26.2
Opiates	29.7
Diconal	8.7
Palfium	4.6

injected drugs, there is a time interval of one year, or more between starting and injecting drugs. For a significant minority of those who have injected drugs, there is no time interval between first taking and injecting drugs: they injected immediately. More than half of the subjects usually took drugs in a group; the remaining half is divided fairly evenly between those who usually took them alone and those who took them both alone and in a group. Within the drug subculture, the distinction between abuser and pusher was rarely clear. Most of the subjects say it was through a friend that they obtained their first drug. A small group said it was from a stranger, while less than one per cent mentioned a pusher. 18.6 per cent of respondents took the first drug outside Ireland—mostly in the United Kingdom.

In looking at the reasons given for taking drugs, it is discovered that drugs are usually taken from a desire to experiment and as a result of peer pressure, rather than from an attempt to cope with intra-psychic stress. Almost half of the total give the desire to experiment or curiosity as the reason for first taking drugs, and if one adds in that the first drug was taken for 'kicks' or from peer pressure, then this increases to three-quarters of the subjects. The remainder give as reasons, escapism, depression, boredom. Sophisticated motivations are not mentioned as reasons for taking the first drug.

Delinquency (defined in terms of Court Conviction) Earlier suggestions of the strong connection between drug-taking and delinquency (Carney, 1972), are again to be found in the data. 41.7 per cent of the subjects have appeared before a court since they started to take drugs with slightly more than a third of those appearing on charges of possessing drugs. Another third of those who have appeared before a court have appeared on charges of theft of breaking and entering. A small group (less than 3 per cent of the total) have appeared on charges of assault. 19.3 per cent of the subjects have appeared before a court, both prior to, and after, starting to take drugs.

Table 6
Delinquency reported by respondents

<i>Type</i>	<i>% represented</i>	
Delinquency before and after drug Abuse	19'3	55.5%
Delinquency only before drug abuse	13'8	
Delinquency only after drug abuse	22'4	
No delinquency	44'5	

Almost a third of the subjects appeared in Court before they started to take drugs, the largest group on charges of theft, or on charges of breaking and entering. Within the groups, 55'5% are delinquent and 44'5% non-delinquent.

See Figure 2

Social Class

Social class has been regarded as an important variable in distinguishing between drug takers of different types and between users and non-users. The evidence from the social background of drug users in Britain suggests that they come from all social classes. (Reeves and Plant, 1973.) This is in direct contrast to the situation reported in America. (Reeves and Plant, 1973.) Because of the age of the respondents, it would be difficult to assess social class on the basis of their own occupation. The classification was, therefore, based on father's occupation, using an adaptation of the Hall-Jones (1950) Scale of Occupational Prestige for males.

The results shown in Table 7 indicate that respondents are distributed throughout all social groups in a manner corresponding somewhat to the total adult population. (McGreil and O'Gliasain, 1974.), but were more heavily represented in the lower groups than the total population, probably because the Jervis Street Drug Advisory and Treatment Centre is a free public facility. Young people from higher social groups tend to seek private treatment.

Home situation of respondents

The mean family size for respondents was 5-4. Almost three-quarters of the subjects are living with their parents. For 14-1 per cent of the respondents, their father is deceased; for 5-9 per cent, their mother is deceased.

To the question, 'does your family know or suspect that you take drugs?' more than half of the respondents say that their family knows or give an answer 'yes', indicating that the family knows or suspects the respondent takes drugs. About a quarter say that their family does not know or suspect that the respondent takes drugs. Less than half of those whose family knows or suspects that they take drugs wish their family to be contacted by the Centre (if necessary) in helping them.

Education

Looking at the school-leaving age of respondents, one finds that three groupings emerge: one group of more than a third of the respondents left school at 14 years of age. Another group of slightly more than a third left school at 15 or 16. The remaining group has stayed on at school until 17 or 18, or more gone on to third level education, 11.0 per cent of the subjects passed Leaving Certificate. 7.0 per cent are still in Second Level Education studying for their Leaving Certificate. University students make up

Table 7 Occupational Level of Fathers of Respondents

<i>Occupational Level</i>	<i>% represented</i>	<i>est. % represented in Dublin adult population</i>	<i>Difference</i>
1. Professionally Qualified and High Administrative.			
2. Managerial and Executive	10'2	16'8	- 6'6
3. Inspectional, Supervisory and Other non-Manual (Higher Grade)	9'3	13'0	- 3'7
4. Inspectional, Supervisory and Other non-manual (Lower Grade)	8'5	10'3	- 1'8
5. Routine Grades of Non-Manual Skilled Manual	25'9	35'6	- 9'7
6. Manual, Semi-Skilled	22'0	10'4	+11'6
7. Manual, routine	12'0	12'8	- 0'8
Not applicable*	12'2		

*Father of Respondent deceased, etc.

only a small percentage of the subjects from this centre 3.5 Per cent were still at university; another 1.1 per cent of the subjects are graduates; and a further 1.1 per cent entered university and dropped out. (Less than 1 per cent of the total respondents had been, or were still, at other third level educational institutions).

These figures must be interpreted in the context of the introductory remark, that the patients who attend at Jervis St., for medical treatment do not necessarily reflect the type of abuser and extent of drug misuse among the total population. The figure of 1/3 respondents leaving school at 14 years and a total of more than half before 16 years of age, indicates that there is probably a large area for preventative work. The policy of placing a qualified school counsellor to deal with all behaviour disorders, including drug abuse, is considered in the Report of the Drug Committee on Education (1974) to be a desirable one.

Employment

Unemployment is a serious problem for many of the respondents. Slightly more than a half of the respondents are employed or are still students or are married women with young children. The under (slightly less than half of the total respondents) are unemployed. Almost a third have been unemployed for a period of more than a year since starting to work and for many of these the time of unemployment extends to two and three years.

Many of the young people who take drugs may do so because of their inability to hold down a regular job, or to cope with the strains of the job. Others may take drugs as a way of escaping from the only type of work that is open to them: work which offers no satisfaction, bad wages, and no hope of advancement.

Many of the respondents move from job to job very quickly. More than a third of the subjects had held five jobs or more since they started to work.

Conclusion

This paper has been mainly a descriptive report of some of the characteristics of 539 young people attending a Drug Treatment Centre in Dublin between 1971 and 1974. It is emphasised that the group reported on are not necessarily representative of those who experiment with, or abuse, drugs in the Community. (There are no exact figures for the community, nor is there a register of drug-abusers—as is the case in the United Kingdom, but a system of voluntary notification does exist).

Among the conclusions to be drawn are:–

- (1) There has been an increase in drug taking and a change in the trends in drug taking since Walsh reported 16 amphetamine dependent patients in 1966.
- (2) In the 539 cases reported from the Jervis Street Drug Advisory and Treatment Centre during the period 1971-1974:
 - (a) most of those attending were 21 years of age and under. More than three-quarters are males.
 - (b) Cannabis and L.S.D. are used by most of those attending the Centre. Between a quarter and a third had used amphetamines or opiates or barbiturates. Close to a half had injected drugs.
 - (c) the most dangerous trend noted was the abuse of hypnotics, especially the barbiturates taken orally or parenterally, often with alcohol. To a lesser extent, but every bit as dangerous, is the combination of Mandrax with alcohol.
 - (d) More than a half of those attending the Centre had appeared in Court and of this group, almost a third had been in Court both before and after starting to take drugs.
 - (e) Those attending the Centre were from all socio-economic levels. The lower socio-economic levels were more heavily represented than in the general population.
 - (f) In terms of education, one third leave school at 14 years; and another third at 15 or 16 years.
 - (g) Slightly less than half of the respondents are unemployed. Frequent movement from job to job and long periods of unemployment characterise a good number of those attending the Centre.

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