

# *Intoxicant Use among University Students in Cork*

P. S. PARFREY  
B.Sc.  
The Department of Social and  
Preventive Medicine  
University College5 Cork

ALTHOUGH the use of psychoactive substances for recreational, medical and other purposes goes back to prehistoric times, there is currently widespread concern about the use of dependency producing drugs that adversely affect the user's interpersonal relations, or cause adverse physical, social, or economic consequences' (World Health Organization, 1973). An increasing number of young people (aged 30 years or less) are experiencing difficulties with alcohol. This must 'be of concern in view of the particularly poor prognosis for young people (Davies and Stacey, 1972). A study of drinking among 18-21 year olds in Dublin disclosed a disquieting increase in alcohol consumption by them and also by their parents (Fitzpatrick, 1972).

Abuse of psychoactive drugs and the development of drug dependence are not new problems in Ireland, but in the past the people involved were relatively few in number and largely confined to special categories. In the 1960's there was a change from the old traditional type of middle-aged, middle-class drug addict to the younger addict (Walsh, 1971). In 1969 the numbers of patients admitted for the first time to Irish psychiatric hospitals with a diagnosis of drug addiction was 65— an increase since 1965 of 58 per cent. Forty of the 65 were under 25 years.

A combined approach to the problem of alcoholism and drug dependence does not apply equally to all aspects of the problem, but in general a combined approach will apply most usefully to research W.H.O., 1967 . Considering that Hamilton Russell (1971) makes a case for regarding cigarette smoking as a dependence disorder and considers it is only 'the exceptional 2 per cent who smoke occasionally and intermittently who are truly non-dependent smokers, this combined approach may also "be applied to research on cigarette use. Consequently, a study was undertaken to discover the extent and prevalence of alcohol, drug and cigarette use among undergraduates in University 'College, Cork. and to analyse the demographic, sociological, personality and behavioural factors involved in their use.

## **Methods**

To examine intoxicant use among undergraduates in Cork a preceded questionnaire was devised and mailed to one in seven students. The population in the survey amounted to 35207 undergraduates, having a male/female ratio of 3:2. Three per cent of the population were married; 3 per cent were in religious orders and over 90 per cent were Catholics. The sample was chosen systematically from student class lists of names in alphabetical order, stratified into classes. The response rate to the questionnaire was 97 -per cent—444 out of 458 students returned the completed forms. The questionnaire was mailed during March 1.973 and 'two subsequent follow-ups ensured 'the high response rate.

The questionnaire was divided into three parts and contained 53 questions. The first part explored the respondent's personality and sociocultural background, and included some questions on cigarette use. The second part was concerned with respondent's experience of, and attitudes to, alcohol, while the final part examined the student's drug-taking experience.

Logical consistency checks confirmed the validity of the data, which was analysed by computer, following editing for accuracy and uniformity. The chi-squared test was the main test of significance. One must assume that the inevitable effect of social desirability pressures and the distorting effects of memory and self-protection have a roughly equal influence on all respondents, which enables respondents to be ordered fairly accurately with respect to their intoxicant-related behaviour (Jessor, et al., 1968).

**Table I**

Patterns of Drinking Behaviour	Male		Female		Total	
	No.	%	No.	%	No.	%
Pioneer	14	5	33	19	47	11
Non-drinker	39	15	30	17	69	16
Occasional drinker	18	7	48	27	66	15
Moderate drinker	51	19	35	20	86	20
Social drinker	101	38	27	15	128	29
Occasional drunk	37	14	4	2	41	9
Regular heavy drinker	42	2	0	0	4	1
Total	264	100	177	100	441	100

**Table II**

Amount of Money Spent Each Week on Alcoholic Drink	Male		Female		Total	
	No.	%	No.	%	No.	%
No money	62	23	84	47	146	33
Less than £1	102	39	85	47	187	42
£1-£2	64	24	10	6	74	17
£3-£4	26	10	0	0	26	6
£5-£	6	2	0	0	6	1
£8 or more	5	2	0	0	5	1
Total	265	100	179	100	444	100

**Table III**

Frequency of Going Out to Drink	Male		Female		Total	
	No.	%	No.	%	No.	%
Do not go drinking at present	62	24	78	43	140	31
Less than once a month	18	7	41	23	59	13
Once a month	22	8	16	9	38	9
Weekends	94	35	30	17	124	28
Few times during week	61	23	14	8	75	17
Once a day	7	3	0	0	7	2
Total	264	100	179	100	443	100

**Table IV**

Frequency of Drinking Spirits	Male		Female		Total	
	No.	%	No.	%	No.	%
Do not drink at present	61	24	75	42	136	31
Drink, but never spirits	51	19	25	14	76	17
Few times a year	120	45	61	34	181	41
Weekends	27	10	13	7	40	9
Few times a week	6	2	5	3	11	2
Total	265	100	179	100	444	100

**Table V**

Frequency of Getting Drunk	Male		Female		Total	
	No.	%	No.	%	No.	%
Do not drink at present	61	23	42	136	31	
Drink, but never drunk	47	18	62	35	109	25
Once or twice a year	90	34	35	20	125	28
Once or twice a month	51	19	7	4	58	13
Weekends	15	6	0	0	15	3
Total	264	100	179	100	443	100

**Table VI**

Proportion of Close Friends Who Drink	Male		Female		Total	
	No.	%	No.	%	No.	%
None	6	2	11	6	17	3
Some	54	20	73	41	127	29
Most	147	56	78	44	225	51
All	58	22	16	9	74	17
Total	265	100	178	100	443	100

**Table VII**

Age at Taking First Alcoholic Drink	Male		Female		Total	
	No.	%	No.	%	No.	%
Younger than n years	33	14	24	16	57	15
11-14	23	10	14	10	37	10
15-16	67	28	42	29	109	18
17-18	84	35	40	34	133	34
Older than 18 years	32	13	16	11	48	13
Total	239	100	145	100	384	100

**Table VIII**

Place of Introduction to Alcohol	Male		Female		Total	
	No.	%	No.	%	No.	%
Home	55	23	59	41	114	30
Bar or Hotel	138	58	65	45	203	13
Dance hall or Club	9	4	3	2	12	3
Open Air	14	6	0	0	14	10
None of the above	22	9	18	12	40	10
Total	238	100	145	100	383	100

**Table IX**

Reason for Taking First Alcoholic Drink	Male		Female		Total	
	No.	%	No.	%	No.	%
Parent', gave me a drink	38	16	39	27	77	20
Close relatives gave me a drink	11	5	9	6	20	5
Friends encouraged me	33	14	10	-	43	11
Celebrating a success	11	9	20	14	42	11
Curiosity	92	38	40	28	132	34
Depressed or anxious	6	3	1	1	7	2
None of the above	36	15	26	18	62	17
Total	238	100	145	100	383	100

**Table X**

Drug Taken at least Once						
	Male		Female		Total	
	No.	%	No	%	No.	%
Marijuana	60	23	23	13	83	19
L.S.D.	8	3	5	3	13	3
Barbiturates or amphetamines	11	4	3	2	14	3
Sample Response	264	100	178	100	442	100

**Table XI**

Future Intention to take Drugs, if the Opportunity Arises						
	Male		Female		Total	
	No.	%	No	%	No.	%
Marijuana	80	30	30	17	110	25
L.S.D.	10	4	5	3	15	3
Barbiturates or Amphetamines	11	4	3	2	14	3
Heroin or some hard drug	3	1	0	0	3	1
Sample Response	265	100	179	100	144	100

In response to the call in the Report to the Minister for Health by the Irish National Council on Alcoholism (1973) and also in the Report of the Working Party on Drug Abuse (1971) for specific statistical evidence related to many aspects of in- toxicant use, the paper presented here refers mainly to the extent and prevalence of undergraduate alcohol, drug and cigarette use in University College, Cork.

### Results

*Alcohol Use.* Fourteen per cent of the sample—10 per cent of males and 19 per cent of females—have never taken alcohol. Eighty-one per cent N=78 of 17-18 year olds had taken a drink compared

**Table XII**

Place Approached to Buy Drugs in Ireland						
	Male		Female		Total	
	No.	%	No	%	No.	%
Party	22	8	5	3	27	6
Pub or Hotel	21	8	5	3	26	6
Outdoors	18	7	7	4	25	6
Dance or Club	12	5	5	3	17	4
Elsewhere	26	10	10	6	36	8
Sample Response	265	100	179	100	444	100

**Table XIII**

Source of Access to Drugs						
	Male		Female		Total	
	No.	%	No	%	No.	%
Friends on drugs	95	36	45	25	140	32
Pusher	28	11	17	10	45	10
Medically, hospital or home	25	9	14	8	39	9
By stealing drugs	9	3	1	1	10	2
Sample Response	265	100	179	100	444	100

**Table XIV**

## Pattern of Cigarette Smoking

	Male		Female		Total	
	No.	%	No	%	No.	%
Nonsmoker	165	63	129	72	294	67
1-5 cigs/day	18	7	22	12	40	9
6-10 cigs/day	27	10	17	10	44	10
11-20 cigs/day	41	16	9	5	50	11
More than 20 cigs/day	9	4	2	1	11	3
Total	260	100	179	100	439	100

with 96 per cent (N=89) of 'those students 23 years or older.

*Patterns of Drinking Behaviour.* Seven patterns of drinking behaviour (derived from Mann, 1962) were described in the questionnaire, the respondent marking off the pattern he considered most appropriate to his drinking behaviour. These categories were (i) Pioneer (member of a Catholic Total Abstinence Association); (ii) nondrinker (does not drink but is not a pioneer); (iii) occasional drinker (drinks socially a few times a year); (iv) moderate drinker (drinks when drinking is in order but never more than 2-3 drinks); (v) social drinker (does not limit consumption but rarely drinks to drunkenness); (vi) occasional drunk indulges in short periods of drinking to drunkenness at sporadic intervals; (vii) regular heavy drinker. From Table I it can be seen that a higher proportion of females {36 per cent) than of males (20 per cent) do not drink, whereas a higher proportion of males (52 per cent) than of females 17 per cent are social drinkers or occasional drunks.

*Money Spoil on Drink.* Although about one- third of students spend no money on drink, 4 per cent of males spend £5 or more a week on drink. It can be seen from Table II, which shows the amount of money spent each week on alcoholic drink, that the vast majority of females who drink spend less than £1 a week on drink.

*Frequency of Going out to Drink.* Table III shows that, as expected, a higher proportion of females (23 per cent) than of males (7 per cent) go drinking less than once a month whereas higher proportions of males (26 per cent) than of females (8 per cent) go drinking during the week. It is of interest that over three-fifths of males and a quarter of females go drinking at least once a week, if not more frequently.

*Frequency of Drinking Spirits.* No significant association was obtained between spirit drinking and sex. Table IV illustrates that 12 per cent of males and 10 per cent of females drink spirits at weekends or during the week. However, 25 per cent of student drinkers do not drink spirits and a further 59 per cent do so a few times a year.

*Frequency of Getting Drunk.* Nearly a quarter of the students who drink claimed they never got drunk and a further 28 per cent of these students claimed they got drunk only once or twice a year. Table V illustrates the frequency of getting drunk related to sex.

*Family and Peer Group Drinking.* It would appear that peer group pressures, as illustrated by the proportion of close friends drinking, encouragement by friends to drink and sibling drinking have a greater influence on student drinking behaviour than family related factors, such as frequency of serious family conflict, parental drinking, and parental knowledge of drinking. Sixty-nine per cent (N=300) of respondents' fathers and 44 per cent (N=193) of their mothers drink, but student patterns of drinking behaviour were significantly related to use of alcohol by mother. The association between male drinking behaviour and alcohol use by mother was not significant but for females a significant association was obtained ( $P < .05$ ). Seventy-eight per cent of males and 53 per cent of females considered that most or all of their close friends drank (Table VI), and 62 per cent (N=273) of students had sibling(s) who drink, both variables being associated with increased frequency of drinking below the .001 level of significance.

*Circumstances of First Drink.* Fifteen per cent of students took their first alcoholic drink when younger than 11 years of age, a small proportion did so between 11 and 15 years; and the majority did so between 15 and 18 years (Table VII). With increasing age at first drink the proportion of students who do not now drink decreases. Small proportions of males and females who took their first drink when younger than 11 years are now social drinkers. Male and female drinking behaviour was strongly related to age at introduction to alcohol ( $P < .001$ ).

Over half of the students were introduced to alcohol in a bar or hotel and nearly a third obtained their first drink at home. Table VIII illustrates the significant association between place of introduction to alcohol and sex. Analysis of the significant association between student patterns of drinking behaviour and place of introduction to alcohol revealed that among males introduced to alcohol at home relatively high proportions do not drink and relatively low proportions are social drinkers ( $P < .001$ ). The opposite pertains to those introduced to alcohol in a bar or hotel. Female alcohol-related behaviour was not significantly associated with place of introduction to alcohol.

Over a third of students who have taken alcohol claimed they did so on the first occasion because they were curious and a further quarter did so because their parents or relatives gave them a drink. The distribution of students by reason for taking their first drink and by sex is shown in Table IX. No significant association was obtained between student patterns of drinking behaviour and reason for taking first drink.

### **Drug Use**

From Table X it may be observed that 23 per cent of males and 13 per cent of females have taken marijuana at least once and small percentages have taken L.S.D., or barbiturates or amphetamines. Nobody admitted to the use of heroin or some other hard drug. In all 89 students in the sample admitted they had taken drugs. Seven males and 1 female claimed they take marijuana regularly and 1 male admitted to taking L.S.D. regularly.

Thirty-four per cent ( $N=21$ ) of males and 4% per cent ( $N=11$ ) of females who had taken drugs had no second occasion of drug use. The time interval between the first and second occasion of drug use was about a week in 23 per cent ( $N=14$ ) of males who had taken drugs, about a month in 29 per cent ( $N=18$ ), and about a year in 15 per cent ( $N=9$ ). The time interval between first and second occasion of drug use was about a week in 30 per cent ( $N=10$ ) of females who had taken drugs, about a month in 9 per cent ( $N=2$ ), and about a year in 13 per cent ( $N=3$ ).

*Circumstances of First Drug-taking Experience.* Of 88 students who had taken drugs 15 (17 per cent) took them when 15-17 years old, 27 (31 per cent) did so when 18-19 years old, 39 (44 per cent) did so when 20-21 years and the remaining 7 (8 per cent) took them when older than 21 years. No significant difference between males and females was observed on analysis of age at first occasion of drug use.

On their first occasion of drug use 48 per cent of males and 39 per cent of females who had taken drugs got drugs from friends in Ireland and a further 27 per cent of males and 39 per cent of females who had taken drugs got drugs from friends abroad. The vast majority of students who have taken drugs—81 per cent ( $N=52$ ) of males and 92 per cent ( $N=23$ ) of females—took drugs on the first occasion out of curiosity. One male and one female took drugs on the first occasion because their friends were taking drugs and they felt like joining them, 3 males did so for kicks, 2 males did so because they were bored, and 1 female took drugs as an escape from conventional life.

*Spread of Drug Use.* An idea of the interaction between drug users and the rest of the population, which may lead to an increase in the use of drugs, can be deduced from consideration of the following factors: (a) the number of students encouraged by friends to take drugs for non-medical reasons, (b) the number of siblings or friends who have taken drugs, (c) the number of

students who would take drugs if the opportunity arose, (d) the number of students approached to buy drugs in Ireland, (e) the number of students with access to drugs if they wanted to take them.

(a) Seventeen per cent (N=46) of males and 9 per cent (N=17) of females considered they had been encouraged by their friends to take drugs, a factor significantly associated with both previous marijuana experience and the intention to take drugs if the opportunity arose.

(b) Thirty-six per cent (N=95) of males and 28 per cent (N=50) of females claimed they had friends who had taken drugs, and 9 per cent of students (N=38) had siblings who had experience of drugs. Both these peer group factors were significantly associated with previous marijuana use and with the intention to take marijuana, if the opportunity arose.

(c) Table XI shows the number of students who would take drugs if the opportunity arose. A quarter of the sample would take marijuana, and smaller proportions would take L.S.D. or barbiturates or amphetamines. Three males would take heroin or some other hard drug.

(d) The places where students were approached to buy drugs in Ireland is shown in Table XII. Although relatively large numbers were approached to buy drugs at a dance or party, or in a pub or hotel, or outdoors, a further 8 per cent claimed they were approached elsewhere.

(e) A large number of students had access to drugs if they wanted to take them. Table XIII shows that the largest proportion (32%) felt they had access to drugs through friends on drugs, while 10 per cent had access via a pusher.

### **Cigarette Use**

Sixty-three per cent of males and 72 per cent of females do not smoke. Table XIV also shows that a higher proportion of males (19%) than of females (6%) smoke heavily (smoke more than 10 cigarettes a day).

*Smoking in the Home.* In this survey 48 per cent (N=210) of students had fathers who smoked. 30 per cent (N=167) had mothers who did so and 49 per cent (N=221) had sibling(s) who smoked. Although little correlation was obtained between student smoking habits of parents, a significant association was obtained between the smoking habits of mother and father. Forty-three per cent (N=86) of fathers who smoke have wives who also smoke, whereas 54 per cent (N=90) of mothers who smoke have husbands who also smoke. Student cigarette use was significantly associated with their sibling(s) smoking habits. Sixty-two per cent (N=136) of undergraduates whose sibling(s) smoked were nonsmokers and 19 per cent (N=41) were heavy smokers, whereas 72 per cent (N=158) of undergraduates whose sibling(s) did not smoke were nonsmokers and 9 per cent (N=20) were heavy smokers.

### **Discussion**

As a race the Irish consume large quantities of alcohol. A recent report (Irish Times, 1973) disclosed a per capita consumption increase of stout, ale and lager from 18.6 gallons a year in 1969 to 23.2 in 1973. This represents a steady percentage growth in the market for stout, ale and lager of around 7 per cent per annum. Although Ireland's per capita consumption is one of the lowest in Europe, this is readily explained by the fact that a large number of teetotallers exist in this country. Therefore, instead of the sales of alcohol being spread equally among the people a large proportion of its drinking population drink excessively.

In a survey on drinking among young people (aged 18-21 years) from a municipal and a private housing estate, Fitzpatrick (Irish National Council of Alcoholism, 1973) found that 84 per cent of males and 75 per cent of females had taken drink at one time or another, as compared with 90 per cent of males and 81 per cent of females in the present study. Fitzpatrick (Irish National Council of Alcoholism, 1973) also discovered that 82 per cent of males and 70 per cent of females were taking drink at the time of her survey and that 45 per cent of males and 7 per cent of females considered themselves as regular drinkers. This present survey obtained similar figures—80 per cent of males and 64 per cent of females drink, 38 per cent of males and 15 per cent of

females considering themselves as social drinkers. In contrast to the Irish studies only 2 per cent of male students in one college and 4 per cent of males in another college in London abstain (Zacune and Hensman, 1971). The religious influence on Cork males to abstain is not as strong as on females as demonstrated by the fact that 5 per cent of males and 19 per cent of females were Pioneers. In the Dublin sample (Irish National Council of Alcoholism, 1973) 14 per cent of males and 23 per cent of females were Confirmation Pledge holders or Pioneers.

Edwards, Chandler and Hensman conducted a survey on drinking habits in a sample of adults (aged 18 years or over) from six housing estates in one South London borough. They observed (Zacune and Hensman, 1971) that 29 per cent of males and 56 per cent of females went drinking about once or less than once a month, as contrasted with 15 per cent of males and 32 per cent of females in the present study. Furthermore, in the London survey 7 per cent of males and 10 per cent of females never went drinking as contrasted with 24 per cent of males and 43 per cent of females in the present survey, demonstrating perhaps the unequal spread of alcohol use among the Irish, compared with Londoners.

An indirect comparison between the Dublin and Cork surveys was possible on the use of spirits. Seven per cent of males in the Dublin sample (Irish National Council of Alcoholism, 1973) and 37 per cent of females drank spirits as -their usual drink. Abbott (1970) also noted during his survey on the drinking habits in a Cardiff housing estate that his overall impression of the families seen was that men were basically mainly beer drinkers, while the wives' choice of drink tended to be wines or cocktails of various types. Among Cork students 12 per cent of males and 10 per cent of females drink spirits a few times a week or at weekends, and no significant association was observed between sex and spirit drinking.

The excessive social drinker is difficult to define and more difficult to assess in terms of a data- computerized questionnaire. He might be said to be an individual who gives an extraordinary priority to the expenditure of time and money on the consumption of alcohol. In some people excessive social drinking may be a prelude to alcoholism, particularly when there is an increase in the frequency and intensity of their drinking, leading to a dependency on alcohol. On the other hand, some excessive social drinkers may be able to maintain the same level of consumption over many years without becoming addicted to alcohol. The indications of excessive social drinking from this study are as follows: 1 per cent of the sample (all males) consider themselves regular heavy drinkers; 3 per cent of students spend £5 or more a week on drink; 1 per cent of students go drinking once a day; 2 per cent drink spirits a few times a week and 3 per cent get drunk every weekend.

A low proportion of students in Cork took their first drink between 11 and 15 years and a high proportion did so between 15 and 18 years, perhaps illustrating the effect of the Confirmation Pledge which encourages adolescents to abstain for religious reasons. An examination of the age at which subjects report first tasting alcohol in Scottish teenagers, showed that most adolescents remember first experiencing alcohol between the ages of 13 and 14 years (Davies and Stacey, 1972). In fact, 47 per cent of boys and 27 per cent of girls in the Scottish survey report being introduced before this modal age, compared with 14 per cent of males and 16 per cent of females in the Cork survey.

Fitzpatrick (1972) suggests that because of parental ambivalence towards drink, most first drinks in her Dublin sample were taken outside the home in the company of friends. The pub was the location for the males and a party or pub for the females. Similarly, among Cork undergraduates 58 per cent of males and 45 per cent of females were first introduced to alcohol in bar or hotel although 23 per cent of males and 41 per cent of females cited home as place of introduction to alcohol. In the present study 16 per cent of males and 27 per cent of females on their first occasion of alcohol use took drink because their parents gave it to them. This contrasts with the Scottish observation (Davies and Stacey 1972) that 47 per cent of males and 40 per cent of females endorsed 'parents' in reply to 'who gave you your first taste of alcohol'.



The significant associations between age at and place of introduction to alcohol and student patterns of drinking behaviour may support Lord Errol and his committee who believe that Britain should adopt a more relaxed attitude to alcohol (Lancet, 1973). Parents who treat moderate alcohol consumption as acceptable and do not retain an ambivalent attitude to alcohol use, may produce moderate and controlled attitudes to alcohol use among their children. Introduction to alcohol at home, when young, particularly by parents, appears to increase the tendency to moderate or non-drinking behaviour.

In general it is believed that when the use of a drug is widely accepted by society (e.g. alcohol in Ireland) the number of users tends to be large, their personal characteristics vary enormously and the proportion of those who become dependent is relatively small. Conversely, it is also probable that, where the non-medical use of drugs meets with widespread social disapproval (e.g. heroin in the Western World) the number of users will tend to be relatively smaller than in situations where such is approved. However, in recent years new patterns of drug use have developed. Drugs traditionally used in certain parts of the world are used elsewhere. A second new trend is the use in some countries of all types of dependence-producing drugs by adolescents and pre-adolescents from the middle and upper classes. There is also a trend towards multiple drug use by the same person (W.H.O., 1973).

In the present study 23 per cent of males and 13 per cent of females had taken marijuana, at least once, and about 3 per cent of students had taken L.S.D. and a similar percentage had taken barbiturates or amphetamines. In the academic years 1967-1968 and 1968-1969 the proportion of Irish University students attending the student health service who admitted to having taken drugs appeared to remain approximately constant, but recently this proportion has increased (Working Party on Drug Abuse, 1971). In a survey carried out from 1969-1971 in a British University Kosviner, Hawks, and Webb (1973) discovered that 44 per cent of men and 36 per cent of women had tried cannabis, a higher proportion than observed in the present study. However, in two other universities studied by Kosviner et al., 24 per cent and 27 per cent of males had experience of cannabis. Among students in selected universities in the United States, 26-50 per cent had used cannabis at least once and the rate was similar among young adults aged 18-25 in the general population (W.H.O., 1971).

A survey in 6 New Jersey high schools placed the use of L.S.D. among senior students at 4 per cent in 1969-1970 (Louria, 1972). Among Cork undergraduates 3 per cent of males and of females admitted to having taken L.S.D. The Working Party on Drug Abuse (1971) also reported an increase in the universities had occurred in those who take L.S.D. occasionally. Before the introduction of regulations restricting the distribution of amphetamines, instances of amphetamine abuse were encountered in Irish universities, again usually on an occasional basis (Working Party on Drug Abuse, 1971). This present survey shows that 4 per cent of males and 2 per cent of females have taken barbiturates or amphetamines at least once.

A W.H.O. report on Youth and Drugs (1973) suggests most experimentation of dependence producing drugs takes place during adolescence. However, a high proportion of Cork students who have taken drugs took them at the age of 20-21 years. Nonetheless, 17 per cent had their first occasion of drug use between 15 and 17 years. Frequently it has been thought that students started taking drugs abroad but the present survey reveals that 45 per cent of students who have taken drugs got them from friends on drugs in Ireland. Since a great many young people first try drugs (especially alcohol and marijuana) in the company of others, the novice may find that in endeavouring to satisfy his curiosity he may also have achieved a sense of 'belonging' to the group involved (W.H.O., 1973). The vast majority of students who have taken marijuana in Cork took drugs on the first occasion because they were curious and only two students took drugs on the first occasion because their friends were taking drugs and they felt like joining them.

When certain drugs can be obtained only with great difficulty the users of these drugs must be few. Nevertheless, despite the ready availability of dependence producing drugs, they are not used at all, or are not used in damaging amounts by a great many persons (W.H.O., 1973). In

the present survey large numbers of students had been approached to buy drugs in Ireland in a pub or hotel, at a dance or club, at a party, or outdoors. Furthermore, nearly a third of the students considered they had access to drugs, if they wanted to take them, through friends on drugs, and a tenth had access to drugs via a pusher. In Glasgow University in 1971 a third of male and a quarter of female medical students had been offered drugs and 13 per cent of the medical students had taken marijuana (McKay, Hawthorne and McCartney. 1973). In 1972 the number offered drugs had increased, particularly in males, and 16 per cent of the Glasgow medical students had experience of marijuana.

As well as living in areas where a number of drugs can be readily obtained many persons live in cultures that facilitate positive attitudes towards drug use. Among Cork undergraduates a quarter of students would take marijuana if the opportunity arose, while a positive attitude towards future use of L.S.D., or barbiturates or amphetamines does not appear to be widespread. Considering the relative social acceptability of marijuana use in U.C.C. and the undoubted peer group pressures that exist—as illustrated by the number of students encouraged by their friends to take drugs and by the number with friends or siblings who have taken drugs—further spread of marijuana use is possible.

The data of the Tobacco Research Council (1969) shows that between 19<sup>48</sup> and 1968 the prevalence of smoking among men in Britain (aged 16 years or over) decreased from 72 per cent to 68.6 per cent. Over the same period the percentage of women smokers increased from 39.6 per cent to 43.2 per cent. It is probable, that the cigarette smoking habit started among the better educated and those in the more privileged social classes. Now it seems as though the better educated are beginning to stop the smoking habit, judging by the results of this sample survey of university students which shows that 37 per cent of males and 28 per cent of females smoke cigarettes and that 48 per cent of their fathers and a smaller proportion (38%) of their mothers smoke. This is supported by the marked reduction in smoking habits that has 'been observed among doctors, the graduate staff of Edinburgh University (1971), and numbers of other professional groups (J.I.M.A., 1972).

### **Summary**

To examine cigarette, alcohol and drug use among undergraduates in University College, Cork a pre-coded questionnaire was mailed to 1 in 7 (458) students, chosen systematically. The response rate was 97 per cent. Twenty per cent of males and 36 per cent of females do not drink, whereas a higher proportion of males (52 %) than of females (17%) are social drinkers or occasional drunks, sixty nine per cent of respondents' fathers and 44 per cent of their mothers drink. Other variables investigated include money spent on drink, frequency of going out to drink, frequency of drinking spirits, frequency of getting drunk, and peer group drinking. The majority of students were introduced to alcohol between the ages of 15 and 18 years. Over half of students were introduced to alcohol in a bar or hotel and a further third obtained their first drink at home. A large proportion (33 %) of students who had taken alcohol claimed they did so because they were curious and a further quarter did so because their parents or relatives gave them a drink.

Twenty three per cent of males and 13 per cent of females have taken marijuana at least once and small percentages have taken L.S.D. or barbiturates or amphetamines. Circumstances of first drug-taking experience are presented. Spread of drug use is possible following consideration of the number of students encouraged by friends to take drugs, the number of siblings or friends who have taken drugs, the number of students who would take drugs if the opportunity arose, the number of students approached to buy drugs in Ireland, and the number of students with access to drugs if they wanted to take them.

Thirty seven per cent of males and 28 per cent of females smoke. In this survey 48 per cent of students had fathers who smoked and 38 per cent had mothers who did so.

## Acknowledgements

I thank Professor J.P. Corridan, Professor of Social and Preventive Medicine, University College, Cork. for the supervision, patience and criticism he offered throughout the project. I wish to thank Dr T.M.F. O'Donovan, Lecturer in Statistics, the staffs of the Computer Science and the various academic and administrative departments who gave their assistance. Finally, thanks are due also to my student colleagues without whose response the project could not have been completed.

## References

- Abbott, M. (1970) *J. Alcoholism*, **5**, 96-98.
- Davies, J. and Stacey, B. Teenagers and alcohol, Vol. II. (1972) Government Social Survey. H.M.S.O., London.
- Fitzpatrick, J. (1972) *Soc. Studies*, **1**, 51-61.
- Hamilton Russell, M.A. (1971) *Brit. J. Med. Psychol.*, **44**, 1-16.
- Irish National Council of Alcoholism. (1973) Report to the Minister for Health. General Statistics Office, Dublin. *Irish Times* (1973). 16 October, p. 10.
- Jessor, R., Graves, T.D., Hanson, R.C., Jessor, S.L. *Society, Personality and Deviant Behaviour* (1968). Holt, Rinehart and Winston, Inc., New York. *J. Irish med. Ass.*, (1972) *Editorial.*, **65**, 446.
- Kosviner, A., Hawks, D., Webb, M.G.T. (1973) *Brit. J. Addict.*, **69**, 35-60.
- Lancet. (1973) *Editorial*. **1**, 142.
- Louria, b.B. (1972) *Hith. Ser. Rep.*, **87**. 414-417.
- Mann, M.: *Primer on Alcoholism*. (1962) p. 60. Victor Gollancz Ltd., London.
- McKay, A.J., Hawthorne, V.M., McCartney. H.N. (1973) *Brit. med. J.*, **1**, 540-543.
- Tobacco Research Council (Ed. Todd, G.F.). Statistics of smoking in the United Kingdom. (1969) Tobacco Research Council, London.
- Walsh, D.: The Irish Addiction Scene. (1971) Address to the International Conference on Alcoholism and Addiction.
- World Health Organization expert committee on Mental Health (1967) Fourteenth Report. Services for the prevention and treatment of dependence on alcohol and other drugs. *Wld. Hlth. Org. Techn. Rep. Ser.*, 363.
- World Health Organization. (1971). *Wld. Hlth. Org. Techn. Rep. Ser.*. 478.
- World Health Organization. (1973). *Wld. Hlth. Org. Techn. Rep. Ser.*, 516.
- Working Party on Drug Abuse. (1971) Government Report. General Statistics Office, Dublin.
- Zacune. J. and Hensman, C. (1971) *Drugs, Alcohol and Tobacco in Britain*. Heinemann, London.