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Irish Drug Abusers I: Their Social Background

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That drug abuse in Ireland is a problem which demands our concern is highlighted by the reports of the Government Working Party (1971), the Churches Working Party (1972) and the Committee on Drug Education (1974). This paper is the first in a series of three which addresses itself to the problem. These three papers are based on a study of a cohort of Irish drug abusers. This, the first paper in the series, focuses on the social background of the subjects. The second paper will deal with their psychological characteristics. In the third paper a psycho-social typology of drug abusers will be presented.

Method

The subjects for the present study were a cohort of 100 drug abusers who attended a drug advisory and treatment centre attached to a large general hospital in central Dublin. All subjects included in the investigation attended this centre for the first time between November 1977 and February 1979. The term, "drug abuser," is used to denote an individual who as a result of taking psycho-active drugs has suffered either medical, psychological or social complications. Thus, drug addicts or drug dependent individuals constitute only one portion of the cohort under investigation. Subjects for the study were referred to the clinic by their general practitioners, their parents, their schools, or the courts. However, many were self referred. A detailed interview schedule was employed to collect data on the demographic, familial, educational, occupational, legal and drug abusive history of subjects. On the basis of this data the following trends relating to the social backgrounds of drug abusers were established.

Demographic Characteristics

67% of the cohort was male. The age of subjects ranged from 16 to 50 years, with a mean of 24 years, seven months. 73% were under 26 years of age at the

time of interview. This tendency for young males to dominate that section of the drug abusing population which approaches treatment centres has been noted by previous investigators in Ireland and abroad (Kelly and Sammon, 1975; Stimson, 1973; Cushman, 1974). The youthfulness of the cohort explains the fact that only 21% of subjects were married.

Table 1
Socio-economic status

Socio-economic group	% Drug Abusers	% Normal Population
1. Professional	5	7
2. Executive/Managerial	11	9
3. Inspectional/Supervisory (H)	10	7
4. Supervisory (L)**	23	3
5. (a) Non-manual/routine	23	19
(b) Skilled*	3	27
6. Semi-skilled	8	14
7. Unskilled	17	14

SES X drug abuse: $\chi^2=37.9$, $df=7$, $p<.001$

*Combining 1,2, 3,4,5(a), 6, 7/5(b): $\chi^2=20.6$, $df=1$,
 $p<.001$

**Combining 1, 2, 3, 5(a), 5(b), 6, 7/4: $\chi^2=15.86$, $df=1$,
 $p<.001$

Subjects were classed along the S.E.S. continuum in accordance with McGreil's (1973) Irish adaptation of the Hall and Jones Scale of Occupational Prestige. Assignment to a particular socio-economic group was, where possible, based on the subject's current or previous occupation if presently unemployed. If subjects had never worked, then allocation was made on the basis of their parents' occupation, or that of their spouse. Drug abusers were present in every socio-economic group. There was an overall significant relationship ($P<.001$) between S.E.S. and drug abuse.

This was due to the low frequency of drug abusers among the skilled workers group, and the high frequency of drug abusers in the lower level supervisory group as compared with the normal population statistics (Census of Population of Ireland, 1971, Vol. IV).

This increased probability of drug abuse occurring among the lower middle class has not been reported in this country before. Previous investigations have found drug abusers to be over-represented in the working classes, i.e. the skilled, semi-skilled and unskilled groups (Carney et al., 1972; Kelly and Sammon, 1975). This finding may represent either an increased level of drug abuse among the lower middle classes or an increase in the proportion of lower middle class drug abusers who are now prepared to seek treatment.

Family Structure

The average number of children in a drug abuser's family was 5.6. This figure is markedly larger than the national average of 3.5 (Census of Population of Ireland, 1971, Vol. X). The cohort was also characterised by a high level of familial problems. In all, 78% of subjects reported some form of familial inadequacy and these are presented in Table 2. Previous investigations into drug abuse in Ireland have reported above average family size (Carney et al., 1972) and familial inadequacy (Kelly and Hart, 1979) as contributory factors to, or correlates of, drug abuse. Draught (1973), in an international review of the literature, also noted the high frequency of inadequate familial structure and functioning among drug abusers. He drew no definite conclusion as to the role of the inadequate family in the development of drug abusing behaviour, though he did suggest that all types of inadequate families are characterised by deficient parental models and implied that this in turn would retard or impair socialisation among children of such families.

Education

The average age for leaving school was 16 years. 70% of subjects had progressed no further than the Intermediate Certificate* A high frequency (39%) of regular and prolonged truancy was also reported. Only six subjects were still at school or college at the time of interviewing.

Both Kelly and Sammon (1975) and Carney et al. (1972) note the early age at which Irish drug abusers

*The Intermediate Certificate examination is taken after three or four years' attendance at secondary school, and may be viewed as the Irish equivalent of the British 'O' Levels.

Table 2
Familial inadequacy

Type of inadequacy	% (not exclusive)
Death of parent before subject was 16	21
Separation from parent (for at least 1 year before age of 16)	44
Poor parental relationship	40
Paternal alcoholism	33
Maternal psychiatric disorder	40
Vague or erratic disciplinary code	31

leave school. The prevalence of truancy has also been noted by Carney et al. (1972). Stimson (1973) reports similar distribution of educational attainment among heroin addicts attending treatment centres in Great Britain. In the U.S.A., two distinct patterns have emerged. Narcotic addicts tend to display a low level of educational attainment whereas abusers of psychedelic drugs tend to be high academic achievers and to be located mainly in 3rd level educational institutions (Scher, 1967).

Employment Status and Means of Support

63% of the sample were unemployed at the time of interview and 47% reported that since they had started taking drugs they had been employed less or attended school less than before drug abuse. Thus, in a large proportion of cases drug abuse may have been a contributing factor to the stunting of educational and vocational development.

Low employment rates among drug abusers have been noted previously in Irish investigations (Carney et al., 1972; Kelly and Sammon, 1975) and also in . surveys of British and American populations (Blumberg et al., 1974; Stimson, 1973; Plair and Jackson, 1970; Schut et al., 1972). The extent of employment varies from sample to sample. Carney et al. (1972) reported only 10% employment with his group of 50 Dublin drug abusers whereas Kelly and Sammon (1975), in a more extensive investigation, found that 58% of their subjects were employed either part-time or full-time. Estimates of employment rates within the British and American populations show similar variability.

How drug abusers support themselves and how they acquire money with which to buy drugs has not previously been investigated in Ireland. However, British and American investigators have identified four major sources of income for the drug abusers, viz. (1) the subjects' savings or earnings; (2) parental

support; (3) Social Welfare; (4) illegal activities such as prostitution, stealing, forging cheques or selling drugs (Chambers, 1973; Scher, 1967; Plair and Jackson, 1970; Stimson, 1973). In the present study, despite the low level of employment within the cohort, 59% of subjects supported themselves in part or full on the basis of their own earnings or savings. 39% relied upon parental support, 37% upon Social Welfare and 27% upon illegal activities. Each subject's total income derived from a combination of these four sources, i.e. the percentages are not exclusive.

Irish drug abusers differ from British and American drug abusers with regard to means of support in the extent to which they rely upon their parents for financial assistance. It is estimated that only between 0.6% and 25% of British or American drug abusers are supported in part or completely by their parents whereas in Ireland the figure is far higher (Scher, 1967; Chambers, 1973; Plair and Jackson, 1970; Stimson, 1973).

Drug Abuse

Over half of the subjects began drug abuse by taking cannabis and 15% began by taking minor tranquillisers. However, many subjects started by experimenting with other drugs (Table 3).

Table 3

First drug of abuse

Drug	%
Cannabis	55
Minor tranquillisers	15
Barbiturates	5
Amphetamines	5
Cough mixtures	5
Volatile inhalants	5
L.S.D.	4
Opioids	3
Other	3

Table 4

Duration of drug abuse

Number of years	%
1 – 3	27
4 – 6	33
7 – 9	27
Over 9	13

The average duration of drug abuse at the time of interview was five years ten months, and the average age at which drug abuse commenced was 18 years ten months.

48% of subjects had at least once abused drugs intravenously. The average length of intravenous drug abuse was three years one month for this subsection of the cohort.

Table 5

Pattern of drug abuse in the six months prior to interview

Pattern of abuse	%
(1) Poly abuse excluding opioids	25
(2) Poly abuse including opioids	21
(3) Cannabis and L.S.D.	17
(4) Opioids mainly	17
(5) Barbiturates (with or without minor tranquillisers)	8
(6) Minor tranquillisers only	7
Other	5

Patterns of drug abuse of subjects are presented in Table 5. The classification system employed is that developed by Kelly and Hart (1979). Within this system, Pattern (1) refers to the abuse of two or more drugs, excluding the opioids, or the abuse of one other drug in addition to cannabis and L.S.D. Pattern (2) differs from Pattern (1) only insofar as this type of drug abuser also either occasionally or regularly takes opioids. The other patterns of drug abuse are self-explanatory. The majority (63%) of the present cohort were involved in some form of poly-drug abuse and conformed to what has been described as a subcultural drug taking pattern (Walizer, 1975).

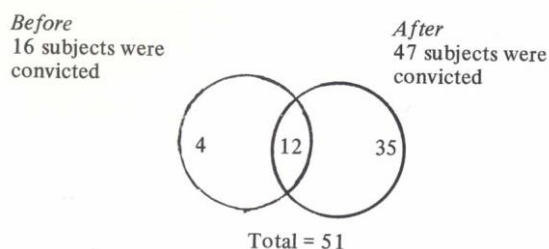
Most subjects (72%) abused drugs on a daily or almost daily basis. 32% had overdosed at least once prior to attendance at the clinic and a further 27% reported a history of repeated overdose. Quite a large proportion (40%) of subjects had been treated at other centres for physical and psychological drug related disorders prior to first attendance at the clinic. 38% of subjects reported that they had a serious alcohol problem in addition to their other drug problem. This figure is marginally but not significantly higher than that reported by Carroll et al. (1977). Having extensively surveyed the literature, he estimated that about 30% of drug abusers supplement their illegal drug abuse with a high level of alcohol intake.

Criminality

A total of 51 drug abusers from the cohort had been convicted. Of these, 16 had been convicted for delinquent behaviour prior to the commencement of drug abuse.

There was a statistically significant ($P < .001$) increase in the proportion of non-drug related non-violent crimes for which the cohort were convicted

Figure 1: Criminality before and after drug abuse.



after the commencement of their drug abuse (Table 6). No concomitant increase in the frequency of convictions for violent crimes was reported. This remained constant at 6%. 25% of the cohort were convicted for drug related non-violent crimes after they had begun abusing drugs.

This overall increase in criminality after the onset of drug abuse was previously reported by Kelly and Sammon (1975) in their study of Dublin drugabusers. However, the specific types of crime which contribute to this overall increase had not previously been investigated in this country. The current results which indicate that drug related and non-drug related non-violent crimes contribute most to the increase in criminality subsequent to abuse are in accordance with the findings of international investigations (Blum, 1969; Tinkleberg, 1973).

Table 6

Convictions for criminal offences before and after the commencement of drug abuse

Type of crime	% convicted before drug abuse (not exclusive)	% convicted after drug abuse (not exclusive)
Non-drug related non-violent*	13	33
Non-drug related violent	6	6
Drug related non-violent	-	25

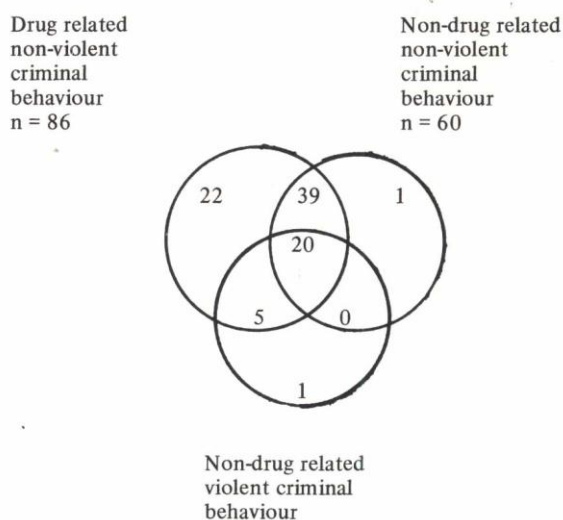
*Chi² = 11.18, df=1, p<.001

Levels of criminal behaviour to which subjects admitted, tended to be higher than the levels of crime for which they were convicted. In the six months prior to the interview, 88% of subjects reported some form of criminal behaviour. 60% of subjects admitted to at least one non-drug related non-violent criminal act such as stealing, housebreaking, vandalism, forging cheques or obtaining things by false pretences. Non-drug related violent criminal activities were reported by 26% of subjects. Because of the illegality of drug abuse itself almost the entire sample (86%) admitted to drug related non-violent criminal behaviour such as being in illegal possession of drugs, selling drugs or altering a prescription (Fig. 2). The few who did not

report drug-related criminal behaviour, legitimately acquired and abused medically prescribed drugs, or drugs for which no prescription was needed, such as cough mixtures or volatile inhalants.

Overall, 5% of the cohort had served a sentence in a juvenile prison and 25% had done so in an adult prison. These rates of imprisonment are considerably lower than those reported by Stimson (1973) for heroin addicts attending London treatment centres: he reports 39% to have been in juvenile prisons and 28% in adult prisons. They are also markedly lower than imprisonment rates for drug abusers attending treatment centres in America. Chambers et al. (1968) noted in an all negro sample that 83% had been imprisoned prior to their attending Lexington Hospital for treatment, and Valliant (1966) in a stratified negro and white sample recorded an imprisonment rate of 92% among narcotic abusers seeking treatment.

Figure 2: Criminal behaviour in the six months prior to interview.



Discussion

From this survey of selected variables an integrated description of the social background of the cohort may be established. Overall, the subjects who participated in this investigation were young unmarried males aged under 26 years. With the cohort, the lower middle class was over-represented. Generally, subjects came from inadequate families of above average size. Most subjects had left school by the age of 16 years, having passed only their Intermediate Certificate. While at school, many had truanted. The majority of subjects were unemployed and relied upon a combination of past savings, parental support, social welfare and criminal activity for their income. They showed high levels of non-drug related non-violent

criminal behaviour prior to abuse. Subsequent to abuse, a significant increase in the number of non-drug related non-violent convictions occurred. The overall level of violent criminal behaviour and the number of convictions for violent crimes were comparatively low. Less than one-third had been convicted as an adult or juvenile offender. Cannabis was the most common first drug of abuse. The average subject commenced his drug abuse at about 19 and had been taking drugs for six years before his first attendance at the clinic. About half had abused drugs intravenously. At the time of interview the majority of subjects could be described as heavy sub-cultural poly drug abusers. Most of the cohort had overdosed at least once and a large proportion had previously been treated for physical and psychological problems associated with drug abuse. A large proportion reported that they had an alcohol problem in addition to their other drug problem.

There are many similarities between Irish treatment-seeking drug abusers and their British and American counterparts. Perhaps the ways in which these populations differ is of greatest interest. The present study suggests that Irish treatment-seeking drug abusers tend to be of higher socio-economic status, are less likely to have been imprisoned and rely more on their parents for financial assistance than British or American drug abusers. A more rigorous investigation of these differences might prove to be a fruitful one for further research. Furthermore, since S.E.S. and previous history of imprisonment may be related to outcome, another possible hypothesis is that Irish subjects have a more favourable prognosis than British or American drug abusers.

Summary

This article, the first in a series of three, examines the social backgrounds of a cohort of one hundred drug abusers attending a drug advisory and treatment centre attached to a large general hospital in central Dublin. A number of important trends were noted. Subjects were predominantly under 26, unmarried and male. Within the cohort, the lower middle class was over-represented. Subjects came from inadequate families of above average size. While at school many subjects had truanted and most had left school by the age of 16 years. The majority of subjects were unemployed. A significant increase in non-violent criminal activity was noted after the commencement of drug abuse. Cannabis was the most common first drug of abuse, and at the time of interview the majority of subjects were subcultural poly-drug abusers. High incidences of previous overdoses and alcohol abuse

were also noted. The results of the present study are discussed in the light of similar British and American investigations.

Acknowledgement

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References

- Blum R. (1969). Drugs and Violence. In: Mulvihill DJ., Tumin M.M. et al. (eds.). *Crimes of Violence: A staff report submitted to the National Commission on the causes and prevention of violence*. Washington D.C.: U.S. Government Printing Office, 1461-1523.
- Blumberg H.H., Cohen S.D. et al. (1974). *Intern. J. Addict.*, 9: 1-23.
- Braucht N.G., Brakarsh D. et al. (1973). *Psycholog. Bull.*, 79: 92-106.
- Carney P.A. and Timms M.W. (1972). *Brit. J. Addict.*, 67: 199-207.
- Carroll J.F., Malloy T.E. et al. (1977). *Amer. J. Drug Alcohol Abuse*, 4: 293-315.
- Census of Population of Ireland 1971, Vol. X*. Central Statistics Office.
- Chambers C.D. (1973). Criminal behaviour and black narcotic addicts (Unpublished).
- Chambers C.D., Moffitt A.D. et al. (1968). *Internal. J. Addict.*, 3: 329-343.
- Cushman P.J. (1974). In: *Federal Probation*, 38: 38-43.
- Kelly M.G. and Hart I. (1979). *J. Irish med. Ass.*, 72: 138-144.
- Kelly M.G. and Sammon F. (1975). *J. Irish med. Ass.*, 68: No. 5.
- McGreil M. (1973). College of Industrial Relations.
- Plair and Jackson (1970). District of Columbia: Department of Corrections.
- Report of the Committee on Drug Education* (1974). Dublin: Stationery Office.
- Report of the Working Party on Drug Abuse* (1971). Dublin: Stationery Office.
- Report of the Working Party on the Abuse of Drugs* (1972). Dublin: Irish Council of Churches/Roman Catholic joint group on social problems.
- Scher J. (1967). *Intern. J. Addict.*, 2: 171-190.
- Schut J., Wohlmuth T.W. et al. (1972). Paper presented before the Canadian Society of Chemotherapy (July 6-7), Quebec.
- Stimson G.V. (1973). *Heroin and Behaviour*. Shannon, Ireland: Irish University Press.
- Tinkleberg J. (1973). Drugs and Crime. I. Literature Review. Appendix, Vol. 1: Patterns and consequences of drug use. Washington D.C.: U.S. Government Printing Office, 242-267.
- Valliant G-E. (1966). *Arch. Gen. Psychiat.*, 15: 599-609.
- Walizer D.G. (1975). *Internal. J. Addict.*, 10: 927-936.