

Section of Psychiatry

President Felix Post FRCP

Meeting January 13 1970

Problems of Drug Addiction

Dr J D Wright
(Health Department,
County Borough of Wolverhampton,
59 Waterloo Road, Wolverhampton, WV1 4QT)

Knowledge and Experience of Young People regarding Drug Abuse

The drug 'scene' continues to claim new members in spite of the fact that doctors, social workers, the police and educationists have been acutely concerned about the problem over the last few years. The recent legislation leading to the extension of treatment facilities has gone some way towards containing narcotic abuse. However, many workers (Connell 1968, Edwards 1969 and Chapple 1969) have highlighted the complexities and difficulties of treatment, and with the high relapse rate they are understandably reluctant to use the word 'cure' in relation to their work. Prevention through effective health education must be essential in tackling the problem of drug abuse among young people. My work and concern is with the educational aspects of this problem. In order to plan an effective and realistic health education programme, it seemed important to know something of the knowledge and experience about drugs of the young people to whom I would be speaking. This paper presents the findings of a survey carried out in April 1969 amongst 471 fourth-year pupils at three secondary schools in Wolverhampton.

Method of the Survey

The three secondary schools are situated both geographically and socially in different parts of the town. These schools were chosen because I had contact and the co-operation of the respective headmasters. It is therefore not a random selection of schools. The sample included the whole of the fourth year pupils (14- and 15-year olds), in each

school covering the full range of ability, though there is a slight bias towards the lower end of the intelligence range. There were slightly more boys than girls. I explained to the whole of the fourth year in each school that this was a confidential and anonymous survey, being carried out in order to assist me in preparing a talk and to help research. It was emphasized that at no time would any of the staff see their replies, as either I, or one of my assistants, would collect the questionnaires. The questionnaire (Fig 1) was evolved after use in a previous survey (Wright 1968) as being a reasonable compromise between open-ended questions and a ticked answer. It was explained that the pupils could tick more than one answer if this was relevant. After they had completed the questionnaire the pupils were asked to observe that one in ten had a letter in the bottom left-hand corner. I explained this random sampling and stated that we would like to interview this group to clear up any difficulties. This 10% sample was interviewed by either myself or my assistants. On statistical analysis there were no significant differences between the interviewed and total samples.

Results

In this short paper it is possible to present only the most important and interesting results. Table 1 shows replies to the question: What drugs taken by addicts do you know? The majority (93%, 439) answered this question. Of these almost nine out of ten knew the names of cannabis, narcotics (heroin in 71%) and LSD. The fact that cannabis was known by 98% (425) may possibly be explained by two factors: extensive press publicity, and the fact that cannabis is widely used in the west midlands. Press publicity has also influenced knowledge of heroin and LSD. At the time of the survey there were three registered heroin addicts in Wolverhampton (population 265,000); occasional LSD 'trips' had been

Table 1

Replies to the question: What drugs taken by addicts do you know?
439 respondents (93%)

	No.	%
Cannabis	425	98
Narcotics ●	391	91
LSD	351	87
Amphetamines	196	44
Cocaine	61	15
Barbiturates	4	1

● Heroin named in 71%

reported. Surprisingly, despite their availability amphetamines were mentioned by only 44% (196).

Only half (51%) replied to the open-ended question: What dangers of these drugs do you know? (Table 2). Even their replies are limited and show little knowledge and understanding of the dangers of these drugs. The commonest danger stated for all these drugs, except LSD, was that they 'can kill', yet only 23% of those who knew of narcotics stated this danger – a realistic answer; similarly, 14% thought cannabis kills – an unrealistic answer. For LSD, the commonest danger, stated by only 21% was that it caused 'mental illness and hallucinations'. At least there was some understanding that LSD affects the mind. Little was known of the dangers of dependence or the need to take larger doses or to take stronger drugs. Considering that amphetamines are in wide circulation, it is a cause for concern that so little was known of their effects.

Table 2

Replies to the question: What dangers of these drugs do you know?
238 respondents (51%)

	Cannabis		Narcotics		LSD		Amphetamines	
	No.	%	No.	%	No.	%	No.	%
Can kill	60	14	90	23	42	12	25	13
Can cause mental illness, hallucinations	42	10	31	8	73	21	5	3
Causes addiction, dependence	0	0	25	6	7	2	4	2
Causes drowsiness, coma, dreaminess	17	4	12	3	10	3	4	2
Leads to stronger drugs	9	2	0	0	0	0	7	4
Other	16	4	6	2	9	3	13	7
Total who answered in Table 1	425		391		351		196	

Table 3

Replies to the question: How are these drugs taken?
439 respondents (93%)

	Cannabis		Narcotics		LSD		Amphetamines	
	No.	%	No.	%	No.	%	No.	%
Correct answer ●	325	76	188	48	154	44	175	89
Incorrect or no answer	114	27	204	52	218	62	23	12
Total who answered in Table 1	425		391		351		196	

● Cannabis – smoked; narcotics – injection; LSD and amphetamines – by mouth

The majority 93% (439) attempted the question: How are these drugs taken? (Table 3). Of those who knew of cannabis, (76%, 325) knew correctly that it was smoked, no doubt influenced by publicity and the circulation of cannabis in the midlands. Considering the publicity about heroin addiction, it was surprising that only 48% (188) of those who knew of narcotics stated that these drugs were injected. There was even more confusion about how LSD is taken. As shown in Table 1, 351 listed LSD; less than half of these (44%, 154), knew it was taken by mouth; 38% (135) thought it was taken by injections. Of the relatively few who listed amphetamines, the majority (89%, 175) knew correctly that it was taken by mouth.

Almost the whole sample, 97% (454), answered the question: Do you personally know anyone taking drugs? (Table 4). Of these 15% (67) personally knew someone taking drugs. As to what drugs they were taking, only 25 of the 67 pupils replied; the remainder either did not know or did not care to put their reply. Of these 25, 16 listed amphetamines as the drug taken. Only 7 thought those known to them were taking heroin. Unfortunately none of these 7 appeared in the interview sample; it is possible that all were referring to the same heroin addict. The 3 known heroin addicts frequent places where any young person could visit. Cannabis being as prevalent as it is in the midlands, I am surprised that it did not feature higher on the list of drugs being taken.

The young people were more forthcoming in stating where these drugs were obtained, 50 out of the 67 replying. Seventeen listed private parties

Table 4

Replies to the question: Do you personally know anyone taking drugs? 454 respondents (97%)

	No.	%
Yes	67	15
No	387	85
Drug (25 respondents):		
Amphetamines	16	
Narcotics	7	
Cannabis	6	
LSD	2	
Where obtained (50 respondents):		
Party	17	
Coffee bar	16	
Pub	7	
School	6	
Other	17	

as the source of the drugs. Coffee bars (16) and public houses (7) were the other important places mentioned where drugs were 'pushed'. Only 6 pupils said drugs were obtained in school; these were usually amphetamines. Under 'other', 14 did not state where the drugs were obtained.

Again nearly the whole sample 98% (462) answered the question: Have you ever been offered drugs? (Table 5). Encouragingly, only 5% (25) stated that they had been offered drugs. Eleven of these 25 stated which drugs they had

Table 5

Replies to the question: Have you ever been offered drugs? 462 respondents (98%)

	No.	%
Yes	25	5
No	437	95
Drug (11 respondents):		
Amphetamines	6	
Cannabis	6	
Where offered (22 respondents):		
Party	9	
School	6	
Street	3	
Other	6	

been offered, amphetamines and cannabis being the only ones mentioned. This is a small number and it is difficult to draw conclusions. Private parties (9) again head the list of where these drugs were circulated. Although none of the 6 respondents who said they were offered drugs at school appeared in the interview sample, at least these replies emphasized the need for caution in dismissing the school as a place where drugs may be in circulation.

This questionnaire was completed before a health education talk was given on the subject of drug abuse. Nevertheless almost all the sample, 98% (460), replied to the question: where did you

QUESTIONNAIRE ON DRUG DEPENDENCE

CONFIDENTIAL

1. What drugs taken by addicts do you know?					
2. What dangers do you know of each of these drugs?					
3. How are these drugs taken? (please tick)	Mouth	Injection	Smoked	Mouth	Injection
	Injection	Smoked		Smoked	Smoked
4. Do you personally know anyone taking drugs? (Please tick) If yes, what drugs did they take? Where did they get them? (Please tick)	Yes				
	No				
	Coffee bar				
	Party				
	Pub				
	School				
	Street				
	Other				
				5. Have you ever been offered drugs? (Please tick) If yes, what drugs were you offered? If yes, where? (Please tick)	Yes
				No	No
				Coffee bar	Coffee bar
				Party	Party
				Pub	Pub
				School	School
				Street	Street
				Other	Other
				Television	
				Radio	
				Newspapers	
				Talk in School	
				Books	
				Friends	
				Parents	
				Other	
				Please state	
				6. Where did you first hear about drugs? (Please tick)	
				Television	
				Radio	
				Newspapers	
				Talk in School	
				Books	
				Friends	
				Parents	
				Other	
				Please state	
				7. Why do you think young people take these drugs?	

Fig 1 Questionnaire on drug dependence

Table 6Replies to the question: **Where did you first hear about drugs? 460 respondents (98%)**

	No.	%
Television	347	75
Newspapers	200	45
Friends	56	12
Radio	51	11
Parents	33	7
Others	23	5

first hear about drugs? (Table 6). The order of the sources of information is what we might expect, with television 75% (347) and newspapers (45%, 200) heading the list. Friends, that well-known source of inaccurate information, influenced 12% (56), and sadly only 7% (33) received information from their parents. This emphasizes that a large proportion of parents know very little about the dangers of these drugs and are therefore unlikely to discuss the subject with their young people.

Table 7Replies to the question: **Why do you think young people take these drugs? 425 respondents (90%)**

	No.	%
Because friends do, trendy	163	39
For the experience, curiosity, sensation	134	32
To feel big, show off, grown up	123	29
For kicks, for fun	90	21
To escape problems, reality	81	19
To relieve boredom, depression	24	6
Affraid of being thought a coward	16	4
Other	33	8

The majority (90%, 425) were prepared to express their views in an open-ended question as to why young people take drugs (Table 7). The two commonest reasons given by those who answered the question were 'because friends do, to be trendy' (39%, 163), and 'for the experience, curiosity' (32%, 134), which illustrate pressures which a young person faces during his vulnerable years of achieving maturity. It is surprising that only 6% (24) thought drugs were taken 'to relieve boredom' and 4% (16) in order 'not to be thought a coward'. It is interesting that so many different reasons were given for taking drugs.

Conclusions

From this survey I would draw the following four conclusions:

(1) There is still in the minds of many people, including a number of headteachers (Randall 1969), the fear that by talking about drugs we shall be introducing an idea. This survey demon-

strates that the idea is already there, and that it is a confused and inaccurate idea. The majority of these young people (93%, 435; Tables 1-3) knew the names of the commonly abused drugs, but few (51%, 238) had any idea of the dangers of the various drugs. Even those who did list any dangers gave few details. It is perhaps surprising that less than half the sample knew of amphetamines, although almost all of these knew correctly how it was taken. The distribution of knowledge reflects the extensive coverage by the mass media of communication of cannabis, heroin and LSD, but to a less extent of amphetamines. There was, however, confusion as to how LSD was taken; three-quarters of the sample knew of this drug and of these almost half knew the correct route, but more than a third thought it was injected.

(2) It is a matter for concern that one in seven of these young people knew personally someone who was taking drugs (Table 4); only a third of this number knew the drug taken. One in twenty of the sample had themselves been offered drugs, amphetamines and cannabis being the only ones mentioned (Table 5). (In a similar survey carried out in April 1968, amongst 317 pupils, one in five claimed to know personally someone taking drugs, and one in eight to have been offered drugs.)

The replies as to where drugs were encountered emphasize that any young person may unwittingly and through no desire on his part find himself in an environment where drugs are being taken. Any place where young people meet may be a potential source of drugs and, although 'school' was only mentioned by a small number, no headteacher can afford to be complacent about his school being immune. Most young people are introduced to drugs by their friends, not usually by organized criminals, this being borne out by the fact that 'private parties' was the most commonly stated source of contact.

There is no doubt that contact with drugs is a reality for a significant number of these young people.

(3) Almost three-quarters of the sample first heard about drugs from television; a secondary major source of information was the newspapers (Table 6). It is therefore important to ensure that producers and editors are encouraged to accept the heavy burden of responsibility to present drug taking in its true light. Could not television and the press, for example, give less publicity to court appearances of pop stars on drugs charges?

The fact that only 33 of these young people received information about drugs from their parents supports my own observations that most parents do not understand the dangers of drugs

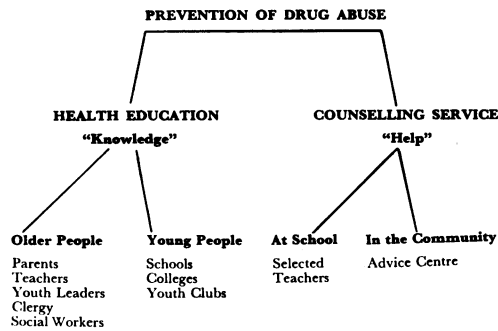


Fig 2 Scheme for prevention of drug abuse

to their children and often lack the necessary facts themselves. Over recent months I have been aware of an apathy by parents when they have been given an opportunity to discuss the subject e.g. at a parent/teacher association meeting. I feel television and the press have so conditioned the public to this four-letter word, that parents are bored with the subject to the extent of unwittingly burying their heads in the sand over the real situation.

My third conclusion, therefore, is that we must ensure that all young people receive accurate and complete information on this subject.

(4) The reasons for drug taking (Table 7) would appear to fall into two main categories: the desire to conform to the peer group – ‘because friends do, curiosity and to feel big’; and to meet a dissatisfaction with life – ‘for kicks, to escape problems or to relieve boredom’. The challenge to us of the first category is to convince young people that even if it is the ‘in’ thing to do, abusing drugs is not worth the risk. The challenge of the second category is that we should demonstrate such quality and enthusiasm for life that young people see the experience of drugs to be the fraud it really is.

Recommendations

This survey has shown me that our preventive work should take place in two main spheres: preventive health education; and a youth counselling service (Fig 2). Under these two headings I would like to make four recommendations.

(1) We must educate older people who are in contact with the young about the types, effects, dangers and social consequences of drug taking. As emphasized by Randall (1969) and supported by my experience in Wolverhampton, a number of headteachers are still unconvinced of the need

of education about drugs. So often young people know more about drugs than their parents and we must equip the parents with the facts to help bridge the communication gap.

(2) We shall be failing in our duty if we do not educate young people about this hazard to their health. As the Department of Education and Science (1968) says, ‘Drug taking should be discussed in its proper context of health education’. At present in our schools health education programme in Wolverhampton, we discuss drug taking in the fourth year and upwards but the age in which we impart this information needs constant review in the light of the changing ‘scene’. We urgently need a convincing and comprehensive film, produced in this country, which uses real-life situations to present the dangers of drug taking.

(3) Since the immature and unstable young person is particularly vulnerable to taking drugs to overcome his inadequacies, help must be readily available at school to assist him to come to terms with his personal and emotional problems. Many schools have seen this need and have appointed selected teachers as counsellors.

(4) There is a need for local advice centres where young people can discuss confidentially their personal and social problems which, if left unsolved, may lead to drug taking. Such an advice centre would provide a counselling service for young people already taking drugs and for parents seeking guidance. It would also be a centre for collating local information.

Acknowledgments: I would like to acknowledge help given me by Mr M Shaw, Miss S A Soanes, Mr J Lockley and Mr B Harding.

REFERENCES

- Chapple P (1969) In: Schofield *et al.* (1969), p 27
 Connell P H (1968) *Proc. roy. Soc. Med.* 61, 178
 Edwards G (1969) *Lancet* i, 768
 Department of Education and Science (1968) A Handbook of Health Education. HMSO, London
 Randall S (1969) *Drugs in Your Town*. Bromley Council of Social Services
 Schofield M, Joyce C R B, Mitcheson M, Downes D & Chapple P (1969) *Behind the Drug Scene*. Family Doctor Publication B 54. London
 Wright J D (1968) *Hlth Educ. J.* 27, 111

Dr David Hawks read a paper entitled **The Epidemiology of Drug Dependence**. It will be published in *Bulletin on Narcotics* (1970) 22, No. 3