

**Adolescent Involvement
in Alcohol and Drug Use.**

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Introduction.

Macken defines a drug in scientific terms "as any substance other than food which by its chemical nature affects the structure or function of a living organism". (Macken 1975:7). There are a wide range of synthetic and organic materials that can be labelled drugs. Such materials would include alcohol, tobacco, cannabis, amphetamines, barbiturates, cocaine, the opiates and also the hundreds of medicines to be found in chemist shops. Our society is a drug taking society, that is a pill for every ill. There are drugs for sleeping, headaches, stomach ailments, almost everything really. When young children see drugs being so openly used there is no wonder, they will experiment with more illicit drugs. Although illicit drugs are frowned upon, a blind eye may be turned on alcohol or the usage of prescribed drugs. Alcohol in fact is a substance which is used greatly among adolescents and it may lead to the use of more illicit drugs.

Drug use dates back thousands of years during which drugs have been used for a variety of reasons in different cultures. Such reasons may include, altering states of consciousness, obtaining relief from pain or distress and also for religious and recreational purposes. For example some South American tribes harvest cocaine from shrubs, which grows naturally in the forests where they live. This substance is used for two purposes. Firstly as an intoxicant for their festival days and also to keep them sustained if their food supply runs short. Drugs are not used in such a casual manner in societies such as Irelands as they are in the society mentioned above. Therefore when

adolescents begin to experiment with such substances this can become very alarming especially for parents.

Drug use among adolescents is a major problem today. The spread of addiction among our youth especially between the ages twelve to eighteen has become an shocking development, leaving parents feeling alarmed, frightened and often in a state of denial where they believe their child would never engage in drug use. The sad reality is drugs and drug use are everywhere and the truth cannot be escaped that drugs are a major problem. It is very rare today for a young adult to go through their adolescent years without encountering the use of drugs themselves or through other people around them. In fact drugs can be seen in all spheres of life, school, discos, pubs, parties, even sports games. Therefore how can they escape?.

Therefore the purpose of this study is to investigate,

- (i) why adolescents engage in alcohol and drug use?,
- (ii) the stages of drug use,
- (iii) the amount of education received by adolescents with regard to the effects and dangers of alcohol and drug use.

By looking at these points the situation of substance use in the teenage years should become clear, which will help the researcher to put forward proposals to solve or reduce the problem of adolescent alcohol and drug involvement in today's society.

Therefore the target population of this study is a population of adolescents engaged in either alcohol or drug use or both.

Although there have been numerous books and papers written on this subject, there can never be too many as it is such an important aspect or problem of today and resolutions need to be sought.

An adolescent is defined in the dictionary as,
"a person between childhood and the adult state".

In this study an adolescent is an individual between the ages of thirteen and nineteen i.e. the teenage years and the years where an individual is most impressionable.

Chapter two is the literature review, where various authors will be discussed. Authors such as Kandel and Akers who are deeply involved in drug use among adolescents will be discussed. They especially have developed theoretical frameworks to explain why young adults become involved in alcohol and drug use. The frameworks are descriptive in nature, therefore can be included in the literature review but also help to structure the questionnaire needed for the research. Many authors will be looked at in this chapter who have different points of view, proposing different reasons as to why adolescents become involved in alcohol and drug use. Kandel also conducted many studies on this subject some of which will be discussed in this review, including that of the stages of drug use in adolescents. A description of drugs used by adolescents and a history of drugs will also be focused on.

Chapter three is the chapter on Methodology. The method of research is a semi-structured interview, with the aid of a questionnaire. The sample to be used is that of a convenience sample, so as to get information quickly without wasting time. A qualitative type research rather than a

quantitative type is most suitable as the researcher needs to obtain personal and detailed information on a small sample (thirteen subjects).

Chapter four describes the results obtained. This chapter lays out clearly in numbers, quotes and charts the results the researcher finds after the thirteen subjects are interviewed.

Chapter five discusses the results obtained and relates them to the literature review. After the results are analysed recommendations will be made on how to improve the problem of alcohol and substance use among adolescents and finally everything will be summed up in the conclusion.

Limitations of the Research.

- Due to the small number of subjects in this study the reliability of the results will be limited.
- The time factor will limit the scope and the detail of this research study.
- The subjects were chosen by convenience sampling therefore results cannot be generalised to the total population of adolescents.
- It is not possible to completely eradicate bias from the researchers reporting of information obtained from the interviews.

Review of Literature

2.1 Description of drugs:

Alcohol:

"Alcoholic drinks consist chiefly of water and ethanol produced as the result of fermentation by yeasts of sugars from fruits, vegetables or grain...Alcohol is absorbed very quickly from the stomach into the bloodstream and starts to have an effect within five to ten minutes". (Health Promotion Unit 1994:19/21)

It's effect depends on body weight, the amount of drink taken, the type of drink, surroundings of the drinker and when food was eaten last. It gives the individual a relaxed less inhibited feeling with more confidence. Co-ordination, judgement and decision making skills diminish and also staggering, double vision and eventually unconsciousness may occur if far too much drink has been taken.

Tobacco:

Tobacco may come in the form of cigarettes, i.e. rolled in a piece of paper with or without a filter. Tobacco may be rolled in a tobacco leaf and are called cigars, smoked through pipes or rolled by the smoker with the aid of cigarette papers. The smoke is inhaled and is then exhaled leaving behind tar, nicotine etc., which may have serious health effects.

Cannabis:

This can be in the form of Marijuana or hashish.

"In Ireland cannabis is usually smoked in home-made cigarettes called joints. In the case of the resin and oil they are usually mixed with tobacco. Cannabis can be smoked in pipes, made into a drink or put into cakes or biscuits."

(Health Promotion Unit 1994:29)

LSD (Hallucinogen Drugs):

"This drug is classed as an hallucinogen, meaning that it causes a 'trip' involving changes in the perception of time and space which results in unreal sensations, the appearance of visions, the hearing of voices and delusions. It is an extremely potent drug and the minute amounts required for a 'trip' can be formed into small tablets (microdots), absorbed onto blotting paper, or peel off black stars or cartoon figures." (Health Promotion Unit 1994:51)

Amphetamines:

They are synthetic stimulants, first produced in 1887. They may be taken by mouth, dissolved in water and injected, smoked or sniffed up the nose. For example, an amphetamine known as speed is very popular among students so they can keep going around exam times. Cocaine is another example, although it is a very powerful and expensive amphetamine.

Sedatives and Minor Tranquillisers:

"Sedatives are used medically to calm people down and to help them sleep at night. The most important of the sedative drugs are the barbiturates such as Seconal and Amytal. Because they have side effects and because quite small amounts can result in an overdose, they have been largely superseded by the minor tranquillisers" (Health Promotion Unit 1994:55)

Opiates:

"Heroin and other opiates are a group of strong sleep inducing pain killers (narcotic analgesics), originally extracted from opium, the dry milky latex from the fruit of the opium poppy...Opiates can be swallowed or dissolved in water and injected, heroin can be sniffed up the nose like cocaine or smoked, ("Chasing the Dragon"). As with other drugs, injection into a vein maximises the effects and dangers"(Health Promotion Unit 1994:59/60)

2.2 A history of drug use:

The use of drugs has been ongoing for thousands of years, even though it may only have become a major problem in Ireland in the past few decades. If one takes a look at other countries and cultures, it can be seen drugs are used openly and legally. As I have already mentioned in the introduction, cocaine is harvested by South American tribes from naturally grown shrubs. They use this drug in times of festivals and times of lack of food resources, cannabis, opium and some hallucinogens are used in Eastern countries and are often sold quite openly in shops.

The first wines produced thousands of years ago probably came from fruits containing microbes. Production of first beers were similar to baking bread and the earliest reference to distilled spirits appeared about 1000 BC in China. Europeans loved the distilled spirits when they arrived in Europe but they were also the cause of many social problems in 18th century Britain. Colonial America began drinking wine, cider and distilled spirits in massive amounts. Alcohol fulfilled an array of physical, psychological and social needs. Alcohol consumption was beginning to become a bit of a problem and a Dr Rush in 1785 put forward the idea that alcoholism is a

disease. The saloon came into being where a large amount of alcohol was consumed. The saloon was blamed for social problems such as political corruption, thievery, gambling and prostitution. The Temperance Movement, known for its promotion of moderate drinking, changed its stand to nonuse of alcohol. It was supported by Henry Ford who believed those non drinking employees would be better employees and donated money to encourage this moral idea. However drinking remains to be an important factor in society and at social rituals such as weddings, but Maisto et al state that, "we are still working to learn the greater part of the mystery of how alcohol problems develop, are maintained and can be prevented and treated." (Maisto et al 1991:182)

In the late fifteenth century tobacco use spread from America over to Europe through colonisation. At first it was an expensive taste but by the early seventeenth century even the poor could afford it. Many, such as the Russian czar in 1634, tried to ban the smoking of tobacco from their countries but people continued to smoke and have done so until the present day. No country has been successful in eliminating tobacco use from their country, although smoking is becoming a very anti-social practice.

Cannabis, was first used in China through the Emperor Shen Nung about 2800 BC. Cannabis may have been used in this period for pain and illness relief, sedative purposes and countering the influences of evil spirits. Cannabis then spread to other Asian countries where it may have been used for religious purposes in India. It was not until much later that the use of Cannabis spread to the Middle East and then to North Africa. Hashish was discovered at this time. The Western European countries

seemed to adopt the use of Cannabis during the nineteenth century after reading descriptions of the hashish experience. Explaining his hashish experience Gautier endured feelings of mystery, intrigue, ecstasy, joy, fear and terror. William O'Shaugnessy, an Irish physician saw the effects of the Cannabis in the medical sphere in India and introduced it to Britain. In the United States, the 1937 Federal Marijuana Tax Act brought about the illegality of the use of cannabis. Although widespread use of Cannabis did not in fact occur in Europe until the 1960's, where tourists especially those from the United States introduced it.

LSD and other hallucinogens can be dated back to the Spanish discovery of the new world, America. Here they found Aztecs and Indians using hallucinogen plants in Mexico and other south central American countries. Different plants produced different hallucinogens, which the users said provided them with healing and telepathic powers and also for predicting the future. The explosion of hallucinogen use did not occur in Europe until the 1960's. Hoffman discovered LSD by pure accident when it landed on his skin and became absorbed giving him strange hallucinations in 1938. During the 1960's it received huge promotion through people such as author Ken Kesey and Harvard Psychologist Timothy Leary who said it changed their lives and brought about spiritual enlightenment. When the side effects such as mutant children, insanity, suicide, violence and homicidal behaviour were broadcasted, the interest and use of LSD decreased during the 1970's and the 1980's. Hallucinogens have been reintroduced through ecstasy and MDMA which have become very popular among the young especially in the 1990's.

Stimulants which include cocaine and amphetamines seem to have come about during the Spanish Civil War. Soldiers fighting in the war were given amphetamines to keep them going during the fighting. The drug allows the body to think it has had more food and sleep than it actually has. These drugs were also used during the Second World War where the usage was continued well into the 1950's. There was also widespread use among the Japanese civilians, so much so Japan had to introduce legal controls on amphetamines and set up psychiatric hospitals to deal with the problem. Nowadays amphetamines are used by adolescents and adults alike but especially in women. Cocaine seems to be a drug of the rich classes, as it is one of the most expensive drugs on the world market. It is not physically addictive but it does cause psychological dependence, although crack, a form of cocaine may be addictive both physically and psychologically.

Sedatives includes the barbiturates which were first introduced to medicine at the beginning of this century. When they first arrived they were given to patients indiscriminately without knowledge of the true side effects. Over two thousand different barbiturates were introduced into medicine. Some tried to warn of the dangers of these drugs but they were ignored. It was in the mid-fifties when the dangers were discovered. They were found to be as physically addictive as opiates and withdrawal symptoms are much worse than opiate withdrawal symptoms. The failure to use a substitute drug during withdrawal may result in death. This type of addiction is under researched even though a large number of people are addicted to them.

The poppy plant, which produces opium, grows naturally in Asian countries, where it is harvested. Opium was used by the

Egyptians, the Arabs and the Chinese for medical reasons and also to escape from the deprivations of life, such as drought, famine and persecution from rulers. Opium use became a common thing among the Chinese people and it seems through colonisation of Eastern countries the use of the drug spread to West Europe. The dangers of opium did not become clear until the eighteenth century, where the medical profession realised it could form a habit or addiction. The use of the drug was not stopped but continually used as a source of pain relief. Morphine was then discovered and was more successful at relieving pain during the nineteenth century. Doctors were so delighted with the new drug and its use through hypodermic syringes, they continued to prescribe the drug. During the nineteenth century the Civil War broke out in America and morphine was used to relieve pain from wounds and after the war it was placed in thousands of varieties of drugs. It was not until the middle of the nineteenth century that some States began to bring in prescription laws. Scientists and chemists thought they had found a drug which cured morphine addiction called diacetyl-morphine or heroin, but this drug also belonging to the opiates was much stronger and much more addictive and it became the first choice of the drug addicts. In 1914 a new law was passed by the Federal Government called the Harrison Narcotics Act. Taxes were placed on specific drugs and medicines containing opiates were only available when prescribed by doctors. Eventually opiates were made illegal in the United States in the hope of eliminating this drug use, but in fact individuals sought the drug illegally thereafter. Treatment centres were set up in order to combat this problem and a new synthetic drug methadone was introduced. This seemed to cure heroin addicts and is still used today but was later realised to be addictive in itself. So far no other drug has been helpful and a satisfactory cure has not been discovered.

2.3 Some U.S. studies describing drug use among adolescents:

Many surveys, such as Biannual surveys, Monitoring the future and Annual surveys of high school students, have been conducted in the United States. These type of studies are based on large, representative samples and although they may have their limitations, they have provided excellent information about drug behaviour in society. Kandel found that among the illicit drugs, marijuana is most prevalent, followed by the use of stimulants, psychedelics, sedatives and tranquillisers. She gives the example of the 1979, Monitoring the Future survey, where high school seniors were surveyed. It was found that 88 percent consumed alcohol, 51 percent used marijuana, 18 percent used stimulants, 10 percent used tranquillisers, sedatives and hallucinogens, 12 percent used cocaine with 5 percent using inhalants and .5 percent using heroin. It was also found that regular use of marijuana is more prevalent than that of alcohol use.

"In the 1979, national senior high school class, 7 percent were daily users of alcohol, 10 percent of marijuana and 25 percent of tobacco.(One fifth of all youths who had used marijuana during the previous year had used it daily)."(Johnston et al 1979 cited in Kandel 1980:241)

Kandel also found that the use of medically prescribed drugs peaked after the decline of illicit use occurred. From ages eighteen to twenty-five the use of marijuana and other illicit nonmedical drugs is most prevalent. Before the age of fourteen marijuana use rates are low but increase greatly from fifteen to seventeen years of age. Alcohol and tobacco are used over a wider age group of eighteen to thirty-four years. Usage of medical drugs occurs after the age of twenty-six.

"Stimulants appear to peak at ages 26-34, sedatives peak after the age of fifty

and the tranquillisers remain at the same levels, from age 26 on."

(Kandel 1980:242)

Before 1967 a mere 2 percent of the general population and 5 percent of college students had engaged in marijuana use. In 1977 it could be seen this trend changed immensely, with 25 percent of the general population and 64 percent of college students experimenting with marijuana.(Johnson 1973 in Kandel 1980:242). Smoking and drinking also increased in the 12-17 cohort from 15 percent in 1971 to 22 percent in 1977 with no increase in any other age group. 15-16 year old girls smoking tobacco doubled between 1968 and 1974.(U.S. Department of Health Education and Welfare '76 in Kandel 1980:242).Alcohol consumption increased in the 16-17 age group from 35 percent in 1971 to 52 percent in 1977 with no increases or slight increases in other age groups.

(Abelson et al '77 cited in Kandel 1980:242)

As a drug becomes more popular, the age of onset declines. As more individuals begin to use marijuana then more people will want to try it. Cannabis is often seen as a gateway drug, that is it may lead onto the use of stronger drugs.

2.4 Growth of drug use among adolescents in Ireland:

Looking at the history of drug use discussed beforehand, many drugs can be seen as natural and have been around for hundreds or thousands of years, while some are quite new on the drug market. They made there way to Western Europe and to Ireland where drugs has become a major problem especially among adolescents in urban areas such as Dublin. According to Macken,

"By the 1960's drug abuse was so common among the young people of the developed countries that it was inevitable that it would come to Ireland. The same factors which have driven young people in other countries to abuse drugs applied also to life in Ireland. We too have our poverty-stricken ghettos. We too have our materialistic society which demands that we get instant pleasure. Both the pressure of modern society and the influence of drug taking abroad ensured that a drug problem would grow in Ireland"(Macken 1975:22)

Macken saw that the drug problem began in the working class estates in Dublin. Young people were brought up in large families in small houses with bad prospects. They looked for some way to escape reality and when their friends came back from England and the United States they informed them of the experiences of drug use. The problem began when the adolescents broke into dispensaries of the Dublin Health Authority, where barbiturates and amphetamines could be found. In 1968 a Garda Drug Squad was set up to combat the rising drug problem in Dublin, but the technicalities of the law prevented them from doing anything positive about the problem. In 1969 all dispensaries were closed and located in a central unit in Jervis Street Hospital. "Right from the beginning, one of the most extraordinary characteristics of Irish drug abuse was the readiness of the Irish adolescents to take any drugs they could lay their hands on. I believe many of them took drugs which they thought were not physically addictive and in fact became addicted, through their own lack of knowledge."(Macken 1975:23)

Amphetamines were successfully wiped out but this led to the use of other drugs. Cannabis is one of the most highly used drugs among adolescents in Ireland, after alcohol and tobacco. LSD and other hallucinogens are also highly used. Through experts Macken has discovered that the young Irish drug scene grew from working class people using amphetamines, barbiturates and opiates,

following with the use of hallucinogens. The middle classes also began using drugs, mainly taking hallucinatory drugs, except for those with disturbed family backgrounds taking physically addictive drugs.

I have discussed the main drugs in some detail, mainly to understand where drugs originated from, what they are used for and how they are taken into the body. Now that I have put forward a better understanding of this side of drugs, I want to discover why adolescents take that step to become involved in drug use and I also want to deal with how this social problem can be tackled, so that adolescents will say 'no' to drugs and also to help those on drugs who wish to come off them, do so. The next section of the literature review proposes various reasons as to why adolescents engage in drug use, and also the stages that are involved in drug taking.

2.5 Why do adolescents engage in drug use?

In this section I wish to look at other literature explaining why adolescents engage in drug use. During this review of literature I will be incorporating the theories that relate to the factors underlying adolescent drug use. The theories themselves are of descriptive nature explaining in detail the processes underlying adolescent drug involvement, so I feel it necessary to place them in the review of literature section. The earlier sociological theories explained drug involvement, examples of which are, Cloward and Ohlin's (1960) double-failure thesis, Merton's (1975) theory of anomie and Lindesmith's (1968) craving theory. Many of these theories have been placed to the side now, mainly due to the fact, they focused on the extreme forms of drug use, such as heroin addiction. Latest theories, which I

will be discussing deal with the normal population and their self expressed experiences and opinions on drug use, rather than studies based on those in institutions or treatment centres.

"The classical sociological theories of drug behaviour have given way to social psychological frameworks in which the explanatory emphasis is on individual attributes, rather than on broad social-structural factors". (Kandel 1980:251)

I feel it necessary to begin by discussing parents and peers influences over adolescents' decisions to use drugs or not. Parents and peers have the strongest influences over a young adults life and the choices they make during their lives, therefore this is a very important area to focus on.

2.6 Parents and Peers influence on Adolescent Drug use:

I will begin this section by looking at two of the latest theories which focus on parent and peer influence, those being, Kandel's adolescent socialisation theory and Akers social learning theory.

Kandel's socialisation theory, incorporates concepts and processes taken from other theories, especially social learning and control theories. For Kandel,

"drug use is one of the many adolescent behaviours that result from an interaction between individual characteristics and the competing influences of multiple social groups." (Kandel 1980:256)

She sees that adolescents' behaviour is constructed through the 'intragenerational influences of peers or the intergenerational influences of adults, especially parents." (Kandel 1980:256)

Parents behaviour can have a strong effect on the behaviour of their children, for example those parents who drink or smoke heavily, or use pills as mood

changing substances are going to cause their children to believe this is normal behaviour and therefore the children initiating the behaviour of their parents, from early ages onwards.

Kandel takes into account social learning theory where two processes are used to describe significant others' influences over adolescents, the first of these being imitation. Adolescents will model their behaviour on the behaviour of significant others, such as parents or peers, through observation and replication. An adolescent is more than likely going to drink and smoke and use illicit drugs if their parents and friends do so. The second process is social reinforcement. This suggests that when certain values and behaviour types are accepted by significant others, then the adolescent may engage in this type of behaviour and adopt the values. For example, they may use drugs and have a relaxed attitude about substance and alcohol use. Kandel also includes control theory into her socialisation theory. This discusses the closeness of the bond between parent and child. Nye 1958, states that, "the quality of the parent-child bond is assumed to have a restraining effect on involvement in deviant and delinquent activities, irrespective of parental behaviours and values." (Kandel 1980:256)

After her longitudinal research on dyads and triads of parents and peers, Kandel found that peer influence on adolescents exceeded parental influence with regard to drug use. Although when it came to future plans such as employment, parental influence was much stronger than that of peer influence. For Kandel peer and parental influences over behaviour and values are issue specific.

"Parental influences are stronger for issues related to future roles, peer influences are stronger for issues related to immediate adolescent lifestyles."(Kandel 1980:257)

The second theoretical framework I wish to look at in this section is Akers' social learning theory. This theory, "aims to meld the sociological perspective of differential association theory (Sutherland and Cressey 1978) and the psychological perspective of the learning theories of operant conditioning, (Skinner 1959) and imitation (Bandura 1977)." (Kandel 1980:253)

This theory has been tested specifically on drinking and drug use among adolescents, although it was originally developed to account for deviant behaviours in general. Operant conditioning and imitation are the processes which affect social behaviours, according to this social learning theory. This theory has to do with rewards and punishments for types of behaviour.

"Whether deviant or conforming behaviour is acquired or persists depends on past and present rewards or punishments for the behaviour and the rewards and punishments attached to alternative behaviour-differential reinforcement." (Akers '79 cited in Kandel 1980:253).

By interacting with significant others, for example parents and peers, adolescents see certain behaviours as good or bad, which can be directly reinforced or can lead to other behaviours. For Akers the reinforcers can be social and/or non social, non social referring to the direct physiological effects of drugs.

"The principle behavioural effects come from interaction in or under the influence of those groups which control individual's major sources of reinforcement and punishment and expose them to behavioural models and normative definitions." (Akers et al 1979:638)

An empirical test of the theory was conducted in 1977 of 7th-12th graders from eight districts in three mid western states. The

variables, differential association and contact, (family and peers), imitation, differential reinforcement and definitions and attitudes were all measured. Most of the variance in the dependent variables was due to differential association with using or nonusing friends and attitudes towards each substance. Social learning theory has provided an important advance in that it "permits a specification of the mechanisms of interpersonal influence." (Kandel 1980:254) Also reinforcers can be non social as well as social which is very applicable to drug use, where behaviour can be maintained through physiological factors and the properties of the drug itself. Wickler 1973, whose ideas could be incorporated into the social learning theory, suggests that physical aspects of the environment and aspects of the addicts lifestyle, which may be seen as secondary cues in the environment, "are associated with the primary stimuli of the addicts drug experience." (Kandel 1980:254)

The theories mentioned above seem to be alike in many ways. They both deal with imitation, reinforcement where parents and peer are very influential in the type of behaviour an adolescent adopts, in this case alcohol and drug use. Kandel suggests her socialisation theory is in line with social learning theory, but Akers seems to become a bit more technical as he mentions non social reinforcers as well as social reinforcers.

Utan Macken, in his book, Drug Abuse in Ireland, interviewed Dr Luria, who has strong beliefs about drug abuse in adolescents. He puts the blame entirely on society and on adults, especially parents, who should be setting a good example for their children.

"The result is that young people, especially in middle and upper income groups, are reaching college age without any firmly established behavioural concepts, about the dividing line between propriety and impropriety. As a

result the individual reacts to a variety of situations, including the possibility of drug use, on the basis of emotions and wants rather than within the context of parentally established and accepted guidelines."

(Dr. Louria cited in Macken 1975:61)

Macken found that among those taking drugs in Dublin, there is a rejection of values of society in which they live. They do not agree with their parents ideas and beliefs especially about making money and possessing materialistic objects. Getting a job is seen as boring. If they get a job they may find it difficult to adhere to rules, such as punctuality. They are more attracted to creative jobs such as writing and painting. They often leave school because they 'couldn't handle it anymore', and the religion in which they are brought up in is often rejected. A psychologist working in a treatment centre informed Macken that the lack of communication between children and their parents is the main cause of drug use among adolescents.

Most of the drug users Macken encountered, had parents that smoked and drank excessively. It was in the middle and upper classes that parents were found to take drugs, like amphetamines or sedatives, especially the mothers. These drugs helped them get through their daily struggles, not realising their children may have been observing and imitating.

James Comberton believes that,

"by far the strongest reason for entry into the drug scene is peer pressure, the most powerful source outside the home." (Comberton 1982:20)

Pressure from other adolescents or young adults, as well as the drug environment are a major threat to other young individuals. If an adolescents' friends are all engaging in drug use and are telling of their experiences, then it may be very difficult in preventing that adolescent from trying the drugs. They may become curious and want to feel part of the gang - nobody wants to be the

odd one out. Comberton believes that drinking and smoking cannabis have become the thing to do.(Comberton 1982:22)

Kandel conducted a survey on adolescent marijuana use and the role of parents and peers. She found that there seems to be a link between adolescent use of illegal drugs and parents use of legal psychoactive drugs. Kandel believes illegal drug use, "is a juvenile manifestation of adult behaviour." (Kandel 1973:1067). Also these adolescents who use marijuana, LSD and other drugs have often stated their parents use drugs such as tranquillisers, amphetamines or barbiturates, but Kandel found that peer influence on adolescent drug use is stronger than parental influence.

The survey was conducted in New York State, including eighteen schools. Two samples were drawn, (i) a stratified sample of high schools and (ii) a sample of students clustered by homerooms and stratified to represent the different grades in a high school. Mail questionnaires were sent to the fathers or mothers of the interviewees. Kandel found 37% of the adolescents using marijuana reported their mothers use of tranquillisers, while 24% of the users perceive their mothers to be non users. But 33% of adolescents use marijuana when their mother report using tranquillisers compared to 28% of marijuana users when the mother reports being a non user.

"For all types of psychoactive drug use, the associations of adolescent illegal drug use with parental self reports are lower by a factor of two, than the associations with adolescents perceptions of parental behaviour."

(Kandel 1973: 1068). A most interesting finding is the important role of peers in the use of marijuana by adolescents.

" Adolescent marijuana use is strongly related not only to friends perceived marijuana use but to the friends self reported use."(Kandel 1973:1068).

7% of adolescents who use marijuana believe their friends to be nonusers of the substance, compared to 92% who use marijuana see all their friends as users. Kandel found the use of marijuana and other illegal drugs is what friends mostly have in common. When she looked at triads, of adolescents marijuana use, the best friends marijuana use and the parents psychoactive drug use, she found that while peers and parents have independent effects on adolescents marijuana use the effect of peers is much greater than the effect of parents. In fact the parents use of drugs seems to be related to adolescent drug use, when use already exists in the peer group.

"Children of non drug using parents are somewhat less likely to use drugs, whereas children of drug using parents are more likely to use drugs."

(Kandel 1973:1070)

Kandel's results seem to fit the theory of differential association developed by Sutherland and Cressey, where adolescents will learn delinquent roles if delinquent role models in adolescent peer groups are available. The family can lead the young adult to delinquent behaviour through their imitation of the family's delinquent behaviour or through their escape from a hostile climate in the family home, but delinquent activity must be present in the peer culture surrounding the adolescent. The bottom line is, "peer behaviour is the crucial determining factor in adolescent drug use and parental behaviour becomes important once such behaviour exists in the peer group." (Kandel 1973:1070)

Parents and peers have a strong influence on whether an adolescent chooses to engage in drug use or not. Peers especially, have a significant influence as it is at this adolescent time that an individual interacts intensively and exclusively with those of the same age. If an adolescent's friends are engaging in alcohol and drug use, then it is almost

certain the young individual will join his/her friends. Parents also have an influence over the decisions an adolescent will make. If the parents are drug users, then the adolescent may imitate their parents, using more illicit drugs in some cases. The quality of the bond between parent and child may also be effective. If the bond is poor and the adolescent has a disturbed family background, this may present a perfect opportunity for adolescents to engage in drug use. As mentioned before the drug environment must exist in order for this to happen. Drug use in this situation is an escape from reality and the hardships of life at home. A good bond does not necessarily mean that drug use will not occur, but parents will have more control over their children both morally and physically, which may prevent drug use. Kandel points out that parent and peer influences are issue specific, whereby parents have an influence over decisions about future roles, such as education, while peers have an influence over present roles, such as leisure activities. All in all it is quite apparent that parents and peers have strong and possibly the strongest influences over an adolescent's decision to engage in drug use.

2.7 Self-Derogation:

This theory produced by Kaplan is "based on the postulated self esteem motive, according to which a person engages in deviant activities in order to restore a sense of self, previously damaged by self devaluing experiences in his/her membership group." (Kandel 1980:254). When an adolescent begins using alcohol and drugs and associates with drug users then the respect and approval that is missing, returns. The adolescent feels they belong there, they are liked and have friends and the drug use may continue. Kaplan suggests that,

"the relationship between self esteem and deviant behaviour is assumed to be mediated by four processes; (a) subjective association of negative self attitudes with group membership experience; (b) development of contra-normative attitudes;(c) inability to sustain positive self-esteem through normative response patterns;(d) awareness of deviant alternatives to the normative pattern."(Kandel 1980:254)

When a three way longitudinal study was conducted on junior high school students, it was found alcohol, marihuana and narcotic drug use could be predicted after the adolescents underwent high levels of self rejection and lowering of self esteem over time. Also after the adolescents engaged in the deviant activity, the levels of negative self image fell. Kaplan suggests that membership of a deviant group, rather than no membership, associates the adolescent with deviant behaviour.

The perfect example of Kaplan's theory is a book by Poolbeg called 'Lisa: The Story of an Irish Drug Addict'. She was a girl who was singled out from day one in school. The other children knew she came from a poor background and she was tarnished with the names, 'dirty', and 'knacker'. Due to these attacks she became withdrawn and listless, so much so she was labelled 'backward', and 'retarded' by teachers. She had no friends and so invented friends. One day she gathered all her determination and strength and decided never to endure this mental torture again. Lisa became good at sports, choir and debating - teachers were shocked. It was two girls from her basketball team that introduced her to coedine and veganin. These tablets led to outrageous conduct, where the school lost an important debate and basketball match. Eventually she was expelled from school and she felt a sense of relief, to be away from the place that caused her so much hurt, fear and anguish for years. Lisa continued to take the pills, mainly barbiturates, later

coming into contact with more illicit drugs through those she called her friends. Starting from a school girl experimenting with pills and medicines, she moved to a hidden world of hard drugs, hospitals, criminal escapades, pushers, pimps, prostitution and heroin addiction. Lisa's lack of self esteem due to the torment she underwent at school led to drug initiation. She connected herself to a group of people, who offered her respect as well as drugs. She had something in common with those people and she no longer endured self-devaluing experiences. This type of occurrence is very common in schools. If an adolescent is lacking in confidence, or may have a learning disability many teachers have not got the patience or understanding for such a situation. Instead they add to the problem by embarrassing them in front of their peers, and with a sensitive child this can lead to all sorts of problems such as deviant behaviour. The adolescent may also lack friends in their class and very often they may be too afraid or too embarrassed to inform parents. If the adolescent comes into contact with drug pushers, especially of their own age, then they see the opportunity of becoming the member of a group where friends can be made, and an escape from reality through the use of the drugs can be sought.

2.8 Modern Society:

In his section I will focus on literature that deal with the society we live in today and the pressures this society places on adolescents to conform to norms and values.

Macken wonders why New York, one of the richest cities in the world, contains such a large amount of drug addicts. He continues, that New York is a materialistic world and this world has failed young people miserably. They are brought up with the belief they must achieve



the best jobs, have a nice house and own the best car but in fact this system has failed them. Thousands of young individuals travel to New York in search of this materialistic lifestyle, but many of them are not as successful as they thought they would be. Many of them lose sight of their original goals and Macken states many of the adolescents opt out of this ideal world and begin to experiment with drugs. Dr. Louria gives an explanation as to why this may be occurring.

"...in a society where the acquisition of wealth and power are far more important than the means by which these are achieved, in a culture for which sensory and physical pleasures are more important than ideals or constructive activity, it is inevitable that drugs are freely available, they will form an intrinsic part of the search for kicks."(Dr Louria cited in Macken 1975:60).

This new industrial society has everybody competing with one another for jobs and houses and many young individuals cannot handle the stress of this society. They may turn to alcohol and drug use to relieve these anxieties. Pressure is being placed on adolescents at home and in school to receive a good education and obtain a high standard job. Some adolescents may find this pressure very hard to live with especially if they are not as bright as other pupils, and alcohol and drug use may become very appealing.

The psychologist (does not mention name), which Macken interviewed believes that as Ireland has just become an industrial nation, everything is fast moving, including the rate in which adolescents are growing. The young individual needs to grow at a slow pace, learning values and norms as they continue to grow, but children are mentally older than they were ten to twenty years ago. They go out with boys/girls, engage in sexual intercourse and become pregnant at much earlier ages. Due to the fact they have not grown up slowly other problems occur leading to stress

and tension and therefore an escape occurs through alcohol consumption and drug use. Adolescents also have to deal with the strain of becoming independent, getting a job living in this materialistic world, which can at times get too much for the adolescent to cope with. The same psychologist believes that people like him are dealing with disturbed adolescents taking drugs rather than the drug scene itself. Many come from lower social backgrounds into the clinic and it was noted that the adolescents use the drugs to relieve stress and tension brought about by other problems.

An adolescent's living conditions can also lead to alcohol and drug use. Some living conditions are in a disastrous state. When the industrial society began to take shape many moved to the city for a chance of a better life, only to move into overcrowded housing, which were built for the working class people. Often there are no gardens and no recreational areas for the young. Large families living in small houses is not an ideal situation for an adolescent to grow up in. The adolescent will have little or no privacy and may have to share what he/she owns. The adolescent may feel deprived and stressed and drug initiation may relieve these tensions. When these adolescents leave school, which they often have to do at a young age to support their families, they enter dead end jobs with poor pay, because they have no qualifications or because of the address they reside at. As I mentioned in a previous section, this situation occurred in Dublin in the 1960's and 1970's which gave rise to a serious drug problem among the young in the working classes.

Macken also suggests the mass media gives false illusions about adolescent futures. They do not inform the young that success comes due to years of hard work and trying your best is often not good enough. The young see their favourite pop stars and film stars and long to be

like them. When they find themselves in dead end jobs after leaving school early, their aspirations are destroyed. Many of these young individuals may then engage in alcohol and drug use to forget their troubles, even for a short while.

In fact, it is actually the stress and tension caused by, materialistic objects, unemployment or poor employment, poor living conditions and the media that lead adolescents to consume alcohol and experiment with drugs. Some areas in society are so far from their reach that they begin to reject the norms of society and thus engage in drug use. This may be the only thing that helps them feel better about their lives, where they can escape from time to time.

Although Macken's work is very interesting and very relative to the 1960's and 1970's it may be somewhat outdated for the present 1990's. Macken focuses a lot on deprived areas and the lack of employment as reasons for alcohol and drug use. Today Ireland has become very prosperous with most people being able to obtain jobs or even engage in a training course of some sort. Life has become less depressing for many. Macken also fails to recognise drug use in the middle and upper classes, which is also very relevant to adolescents' alcohol and drug use. He focuses more on heroin use which relates to the lower classes rather than on drug use among other classes. This is not to suggest that unemployment and deprived areas do not have relevance on alcohol and drug use in society today as it still exists but not to the same extent as in the 1960's and 1970's.

2.9 Boredom, Rebellion, Enjoyment:

Glassner and Loughlin found during the ethnographic phase of their research on drug taking among adolescents,

adolescents often complained of nothing to do and that they were bored. When the fieldworker asked them what they had done since they were last interviewed, the answer was nothing. Two respondents, Donna and Kirke said that they started using drugs because other interesting options were unavailable and drugs were readily available and provided them with something to do. The respondents said they took drugs, 'when it is boring and there are no parties around' and because it is something for them to do. Galssner and Loughlin discovered drug taking is something to do collectively, nobody really gets high alone. As Ann (another respondent) puts it, getting high alone is 'very boring, you're not gonna sit there and get rowdy by yourself, unless you're crazy'. Respondents suggested they were bored because they were tired of 'hanging out' in the same place with the same people and that they were not stimulated enough in school, where maths class was given as an example of complete boredom. Kirke(respondent), said he did not have anything else to do except get high and listen to music. He was asked if he had other options or alternatives to getting high would he still get high. He replies, he would still get high but not as much. Adolescents are always complaining about being bored and having nothing to do, but this state can actually lead to drug initiation. If an adolescent is sitting around doing nothing and he she is offered a piece of excitement, something to do, the majority would probably engage in drug use.

Adolescents are often rebellious especially in the home or in school. They seem to contain a kind of wild streak, which can very often get out of hand and cause trouble. This rebellion may be due to problems at home or other such problems, but very often there are no problems. The adolescent gets a 'buzz' out of causing trouble and going against the norms of society. One such act may be alcohol and /or drug use. No matter how many

times they may be told about the dangers of drugs and how the use of them is a deviant behaviour, the more this adolescent wishes to try them. They may do this to annoy or disappoint their families and teachers again getting a kick out of the trouble they may be causing. The adolescent may discontinue use after doing what they set out to do, or they may continue down the path of drug taking, leading onto harder more illicit drugs.

Some adolescents may find the experience of alcohol and/or drug use to be most enjoyable. Very often adolescents begin their drug use by starting with drinking alcohol and smoking cigarettes and if they get great enjoyment out of this the movement onto illicit drugs may be inevitable. As I have mentioned before in Akers' social learning theory, Akers suggests that non social reinforcers can be used to explain drug initiation. The actual physical effects and properties of the drug in use can be capable of allowing continuation of use. The user enjoys the experience they receive from the drugs, which may lead the adolescent onto the use of more illicit drugs, where they may obtain a greater and better experience, but also more problems.

2.10 Stages in Adolescent Involvement in Drug Use:

Kandel conducted two longitudinal surveys based on random sample of high school students in the State of New York, where she found that drug use does not begin with the use of marijuana but usually with legal drugs at first. The legal drugs include beer and wine at first moving onto cigarettes or hard liquor. Some of the adolescents move onto the use of marijuana and then some marijuana users move onto more illicit drugs. Kandel develops a model showing four stages of adolescent involvement in

drug use: beer or wine-hard liquor or cigarettes- marihuana-other illicit drugs. The first longitudinal cohort of adolescents, was a two phase random sample which represented public secondary school students in New York State. The adolescents were surveyed in their classrooms through structured self administered questionnaires , in the fall and spring of the one year, with an interval of five to six months. 5468 pupils were interviewed. The second longitudinal cohort of adolescents were those from the senior classes of the same eighteen sample schools. They were contacted a third time five to nine months after their graduation from high school. The adolescents were asked each of the three times if (i) they had ever used the fourteen legal and illegal substances, (ii) if they had used them within the past month.

The results of the first survey showed that adolescent drug use behaviour 'fitted a valid Guttman scale'.(Kandel 1975:912) The pattern of drug use contained seven steps.

(i)nonuse; (ii) legal drugs only (beer wine cigarette or hard liquor); (iii) cannabis(marijuana, hashish); (iv) pills (ups, downs, tranquillise); (v) psychedelics (LSD, other psychedelics); (vi) cocaine; and (vii) heroin.

The Guttman scale model implies that a pupil has used the drug they mention as well as those on the lower scale. For example if a pupil claims to be using cannabis, then it presumed he/she has used beer/wine, cigarettes/hard liquor also, but has not used any of the higher ranked drugs.

"The power of the approach, resides in the fact, that Guttman scaling provides, for each respondent a complete and unambiguous summary of cumulative patterns of drug use up to a particular point in time,(or during a specific period)." (Kandel 1975:912)

Kandel also found that progression or regression of drug use usually occurs through the adjacent categories. For example if a cannabis user began to

regress then they would begin or continue to use hard liquor/cigarettes and stop there or continue to regress until nonuse occurs.

"Of the youths who are still using heroin by time two, more than half discontinued their use of some of the drugs at a lower step during the follow up period."(Kandel 1975:913)

Kandel found that drug use begins with legal drugs and progression from nonuse to the use of illicit drugs rarely occurs. Legal drugs seem to be a necessary stage between nonuse and use of illicit drugs. During the time between fall and spring, 36 percent of nonusers had progressed to using legal drugs, and 1 percent started to use legal drugs and cannabis. Only 1 percent went onto using illegal drugs from nonuse. She also found that illegal drug users regressed to illegal or legal drugs lower on the scale but did not regress directly to nonuse. It was found on the follow up periods that most of those who progress from legal drugs progress only to marijuana. Marijuana is the step before other illicit drugs, such as pills, LSD or heroin and only 2 percent progressed from the legal drug use stage to the pill stage without first trying marijuana. 26 percent of the high school students and 16 percent of the graduated seniors progressed from marijuana to the illicit drugs higher on the Guttman scale.

Kandel states that those using legal drugs in the first interview were placed into five groups and were asked if they were using one legal substance, two in combination or three altogether. Those who were nonusers started drinking wine/beer.

"Two to three times as many beer and wine users progress to hard liquor as progress to cigarettes. Further more while more than half the cigarette smokers subsequently start to drink hard liquor, a few of the adolescents who start hard

liquor right after beer and wine subsequently start to smoke."

(Kandel 1975: 913-914)

Kandel also states that just because an adolescent uses a particular drug does not mean they will continue up the scale to harder drugs. Many adolescents stop at a certain age or regress back down the scale through the different stages, although patterns of use are likely to follow certain paths.

"Few drug users proceed to a drug at a particular stage without first trying the preceding one. In addition, different factors are related to drug use behaviour at each of the stages."(Kandel 1975:914)

I feel the stages in adolescent drug involvement are very important in understanding drug initiation in adolescents. The fact is most adolescents will begin by drinking alcohol and smoking cigarettes and then progressing up the scale. For my research I think it would be interesting to see if my results correspond with Kandel's model and the Guttman scale.

2.11 Conclusion:

During this literature review, I looked at the definitions of the drugs, most commonly used by adolescents and also where these drugs originated from. I feel it is necessary to know this information to understand how drugs fell into the hand of adolescents and also the effect they have on the young individual. I then proceeded to focus on various authors, who suggested reasons as to why adolescents become involved in alcohol and drug use. The reasons varied from peer pressure, to parental influence and the pressures of modern society. I found the parent and peer influences to be most commonly dealt with by authors. Usually the adolescent spends their days with either their family, friends or both and therefore it is only natural they would

have a major influence over the daily lives of the adolescents. If family members or peers are involved in the use or promotion of alcohol and drugs, then it is only certain that the adolescent will follow in suit, unless the young person has a very strong mind, rejecting these views of their families and peers. Also it was interesting to see the society we live in today, i.e. industrial society has repercussions on the adolescents which live within its boundaries. In fact Macken blames the industrial society in Ireland for the drug problem that occurred in Dublin during the 1960's. I found that there are so many influences and pressures on adolescents in society today, it is not hard to believe why they resort to drug taking. I also feel it was necessary to focus on Kandel's stages in adolescent drug use, to understand exactly the stages that are involved in alcohol consumption and drug use. Many of the factors mentioned through this chapter explain why nonusers begin to take drugs, legal drugs and maybe why they progress up the scale to harder more illicit drugs.

Methodology.

Research Design.

"Research is simply the manner in which men solve the knotty problems in their attempt to push back the frontiers of human ignorance". (Leedy, 1974:5)

The purpose of this study, is to find a way to combat the alcohol and drug problems among adolescents in today's society. In past times a 'just say no' campaign was established but this has failed. The researcher feels the solution is to find out why adolescents engage in alcohol and drug use and to tackle these problems through education of adolescents and parents alike, that is education which begins in primary school and not when it may be too late.

The research will look at the following areas:

- Drinking and tobacco consumption.
- Drug use.
- Stages in drug use.
- the amount of education adolescents receive about the effects of drinking, smoking and drug use at the moment.

When the research is complete, the researcher hopes to find the main reasons for alcohol and drug use among adolescents, if stages of drug use exists and to see how much education adolescents receive about this topic. The purpose of looking at the stages of adolescent drug involvement, is to see if adolescents progress onto stronger more illicit drugs and if they do exist, this is a problem which also has to be dealt with through education and rehabilitation.

In order to obtain relevant information a series of questions were designed in the format of a questionnaire. The questionnaire is divided into four sections which were designed specifically for the purpose of obtaining relevant information pertinent to the research questions. The method with which this questionnaire was administered was by interview.

Due to the nature of this study, the sample population was obtained by convenience sampling, through the researcher approaching those whom she knew were involved in drinking, smoking and/or drug use behaviour. This cut down the problem of interviewing people whose information would not be relevant for the questionnaire. All the subjects were from an urban background. Of those who were approached to answer the questionnaire, thirteen individuals agreed to take part in the study. One individual took part in the pilot study.

For the purpose of this study an interview was found to be the most suitable technique due to the personal nature of the information sought and the researchers personal preferences. Also any queries or difficulties in comprehending the questions asked, could be dealt with immediately.

All information obtained was recorded with permission of the interviewees. The data was then analysed to determine the results of the given hypothesis.

Instrumentation.

"The interview is probably man's oldest and most often used device for obtaining information". (Kerlinger 1973:480)

The tool used to collect the relevant data for this study was a semi-structured interview based on the questionnaire designed by the researcher. A

semi-structured interview was found to be the most suitable technique for many reasons:

- The researcher can follow the guidelines of this questionnaire followed by open discussion to elaborate points.
- The carefully prepared questions make sure that the required ground is covered.
- Any arising queries or difficulties may be clarified immediately.
- The semi-structured interview allows the researcher to compare the views and accounts of the representative groups.
- The researcher can establish a rapport with the interviewee and more information may be obtained regarding personal questions. (Kerlinger 1973)

One major shortcoming of using interviews is that it may not be possible to completely remove bias from the subjects own verbal reporting. However, as many constraints as possible were applied in order to minimise bias where possible.

A pilot study was conducted with one subject who fulfilled the necessary criteria for this study, to test data collection procedures and to evaluate the effectiveness of the tool in answering the research questions. From the pilot study it was found that certain areas within the questionnaire needed alterations.

Section B.

Do you drink alcohol?. This question was originally a closed question but to obtain the relevant information about which type of alcoholic drink, which was relevant for the stages of adolescent drug involvement, the researcher found it necessary to add "if yes, please specify", to the question.

Section C.

Do you use drugs?. This question was originally a closed question but again for the stages of adolescent drug involvement, the researcher found it necessary to include the section, "If yes please specify, (in order of use)".

The questionnaire was devised by the researcher for the purpose of this study. In designing the questionnaire the literature relating to alcohol and drug use including theoretical frameworks were reviewed in order to provide a framework for developing the questionnaire. The questionnaire was kept short and to the point and was used merely to probe certain questions leading to a conversation about that topic e.g. parents and peers influence. It was also used to keep the interviewer on track asking questions in a sequential order. The questionnaire designed has been divided into four sections:

Section A: General Information.

Section A aims at finding the age group to which the subject belongs to and also what their occupation is at present. It consists of one closed question and one open ended question.

Section B: Drinking/Smoking.

This section asks the subjects why they started drinking/smoking and what beverages they drink. Alcohol is an important factor to look at as this is usually the starting point of alcohol and drug problems. This section consists of three open-ended questions and two semi-open questions.

Section C: Drugs.

This section focuses on why the adolescents started to use drugs and also the stages of the use of different drugs. The stages of adolescent drug use are analysed here through the conversation between the researcher and respondent, and this suggests why interviews are very useful in this situation. This section consists of one semi-open question and one open ended question.

Section D: Education.

This section aims to see how much information the adolescents receive about the effects of drinking/smoking and drug use in school, at home and in other areas and also attempts to see how effective this information is on the adolescent. This section consists of two open ended questions and two semi-open questions.

Reliability.

"Reliability is the accuracy or precision of a measuring instrument".

(Kerlinger 1973:443)

The reliability of the questionnaire used in this study has not been established as the questionnaire was specifically drawn up for the purpose of the study and therefore has never been used before. In order to see if the questionnaire was reliable, a retest situation would have to be administered and due to time constraints involved this was not a possibility.

Validity.

Validity refers to "the extent to which a measure actually measured what it is supposed to measure". (Payton 1994:343)

Due to the fact that this questionnaire was designed specifically for the purpose of this study, all sections have not been validated. However, a pilot study was conducted and also all subjects were interviewed by the researcher indicating that all reporting of the data originated from the same source, therefore, some degree of validity may have occurred.

Sample Selection.

Convenience sampling was the method employed for the selection of the subjects for this study. A convenience sample can be defined as " not a truly representative sample but a sample chosen for the convenience of the research". (Payton 1988:41)

The researcher approached some adolescents and asked them if they would be interested in answering a few questions about drinking, smoking and drug use. It was difficult to get the adolescent to answer the questions because they seemed to think the information might not remain private and that parents may find out. In the end thirteen subjects were very willing to answer the questions openly and honestly, trusting the researcher to keep the information private and to dispose of the tape recordings immediately after data analysis.

Data Collection.

Thirteen semi-structured interviews were conducted. The interviews took place at the home of the researcher, which maximised privacy and less interruption. The interviews took a half an hour approximately and all subjects were interviewed separately. During the interviews, questions were asked in a

predetermined sequence. Answers were reflected back to the adolescents to ensure that information was not misconstrued. All the interviews were recorded with the permission of the subjects who were then given reassurance that all tapes will be destroyed when the researcher no longer requires them.

Data Analysis.

The researcher felt that quantitative statistics were not applicable because of the small numbers of subjects involved and because of the descriptive data the researcher sought to obtain. From each of the four sections, individual questions were analysed and described using numbers and charts to illustrate and aid the description of the findings. The findings were also presented through quotes obtained from the tape recordings, which presents clearly the respondents answers and opinions.

Results

This study is concerned with, why adolescents engage in alcohol and drug use, if stages of drug use exist and do adolescents receive much information about the effect of alcohol and drug use.

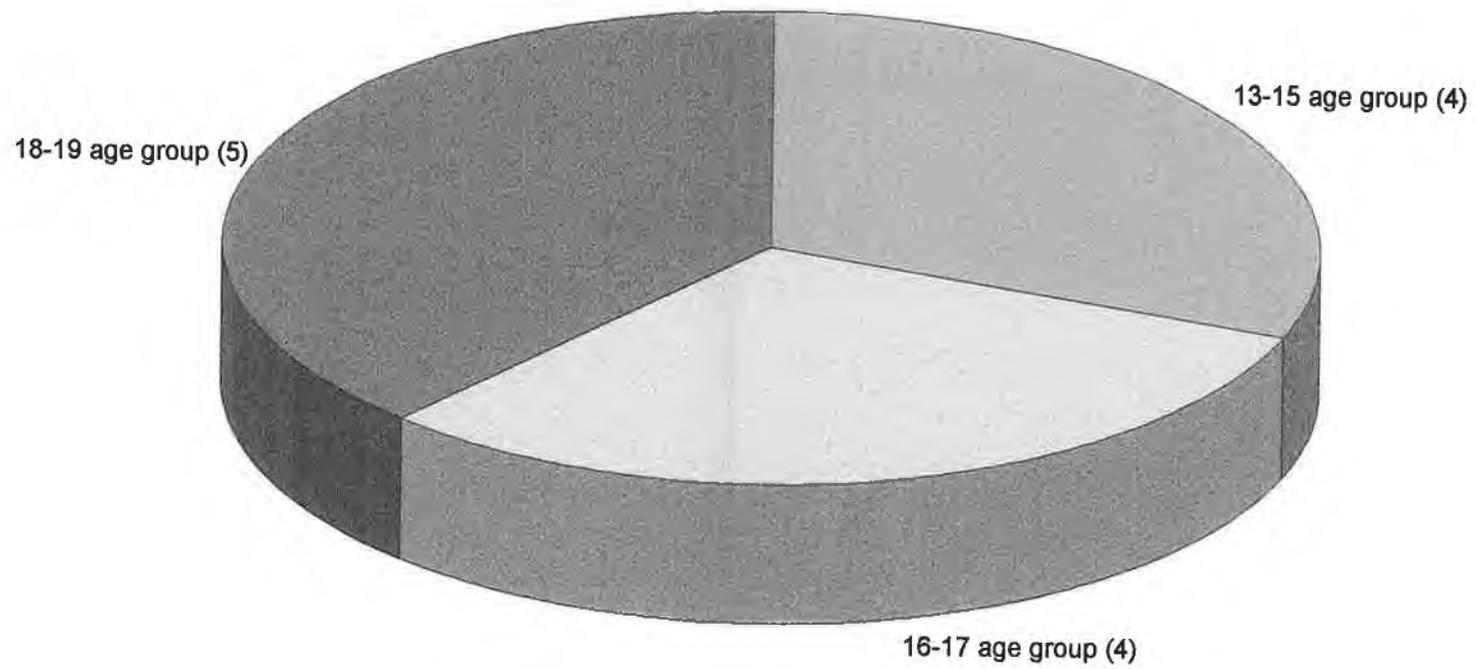
In order to display and analyse the data obtained from the interview in a comprehensible fashion, the following data will be presented in a predetermined sequence based on the format of the questionnaire used.

The format of the results will appear under different sections. Section A deals with general information. Section B is concerned with alcohol and tobacco use. Section C is concerned with drug use, and will deal with the stages in adolescent drug use. The last section Section D, deals with the amount of education the adolescents in question receive about the dangers of too much alcohol consumption and also drug use.

Section A: General Information.

Of the 13 subjects, 4 respondents, belong to the 13-15 age group, 4 respondents, belong to the 16-17 age group and 5 respondents belong to the 18-19 age group.

Chart 1- Age Group of Interviewees



Again of the 13 subjects, 3 subjects, are in third year in secondary school, 1 subject is in transition year in secondary school, 3 subjects are in sixth year of secondary school, 1 subject is in fifth year of secondary school, while 2 subjects are working, one full time and one partime and 3 subjects, are in college, two in fist year and one in second year.

Section B: Alcohol and Tobacco Consumption.

All 13 subjects, drank alcohol regularly, some drinking light beer, some hard liquor and some subjects drank both. To go into this in more depth the researcher will give statistics in the form of numbers on the drinking and smoking habits of the adolescents.

7 respondents drink light beer only such, as Ritz, Budweiser, Carlsberg and Guinness. 4 respondents drink hard liquor only such as vodka and Southern Comfort. 2 subjects drink both beer and hard liquor.

8 respondents smoke tobacco on a daily basis, while three said they used to smoke but gave them up. Two subjects do not smoke at all.

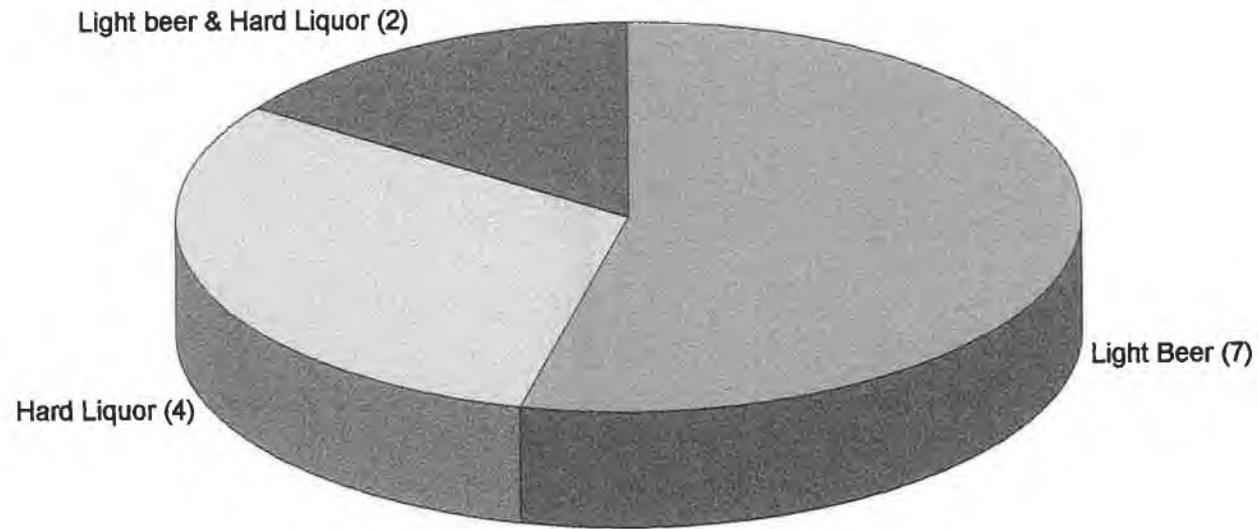
Some of the comments about drinking and smoking were:

" I like the taste of Bud (Budweiser), sometimes I can't wait for the weekend so I can get a few pints down me".

"I like drinking shorts, they get you drunk quicker, especially if you drink them straight. Yea vodka is my favourite drink".

Alcoholic Beverages Taken by Subjects

Chart 2



"I used to smoke but not any more...I didn't like the taste".

"I love a cigarette especially when I'm having a drink, they really help me to relax and when I'm bored they are something to do".

Why did you start to drink and/or smoke?:

All of the subjects drank some type of alcoholic beverage and there were many reasons as to why they took their first drink, which I will divide into sections.

The first section is **peer pressure**.

4 respondents stated they took their first drink due to peer pressure. The friends of the interviewees started to drink and for fear of being left out of the group they started to drink. One girl said;

" My friends weren't including me anymore, so I started to drink like them....I became better friends with them again".

The second section is also **peer pressure** but pressure **from an older age group**.

4 respondents said it was somebody older who had pressurised them into taking a drink. The subjects said;

"My friends older sister had a party one night and she let us drink, so we did....it was a bit frightening getting drunk for the first time, I was only 13."

"It was my older cousin who persuaded me to have a drink one night...I did feel a bit pressurised, all her friends were looking".

The third section deals with **parents**.

2 respondents claimed it was due to their parents, why they took their first drink. The said;

"My parents drink and I was curious to see what it tastes like, after watching them drink".

"We had a party at home and my Dad said I could have drink if I wanted...so that was my first drink".

The fourth and last section includes enjoyment, boredom and curiosity as reasons for some of the subjects taking their first drink.

One subject said it was curiosity that caused her to have her first drink.

" I went to night-clubs at a young age, I didn't have to drink at the club but I was curious."

One subject said he took his first drink for enjoyment.

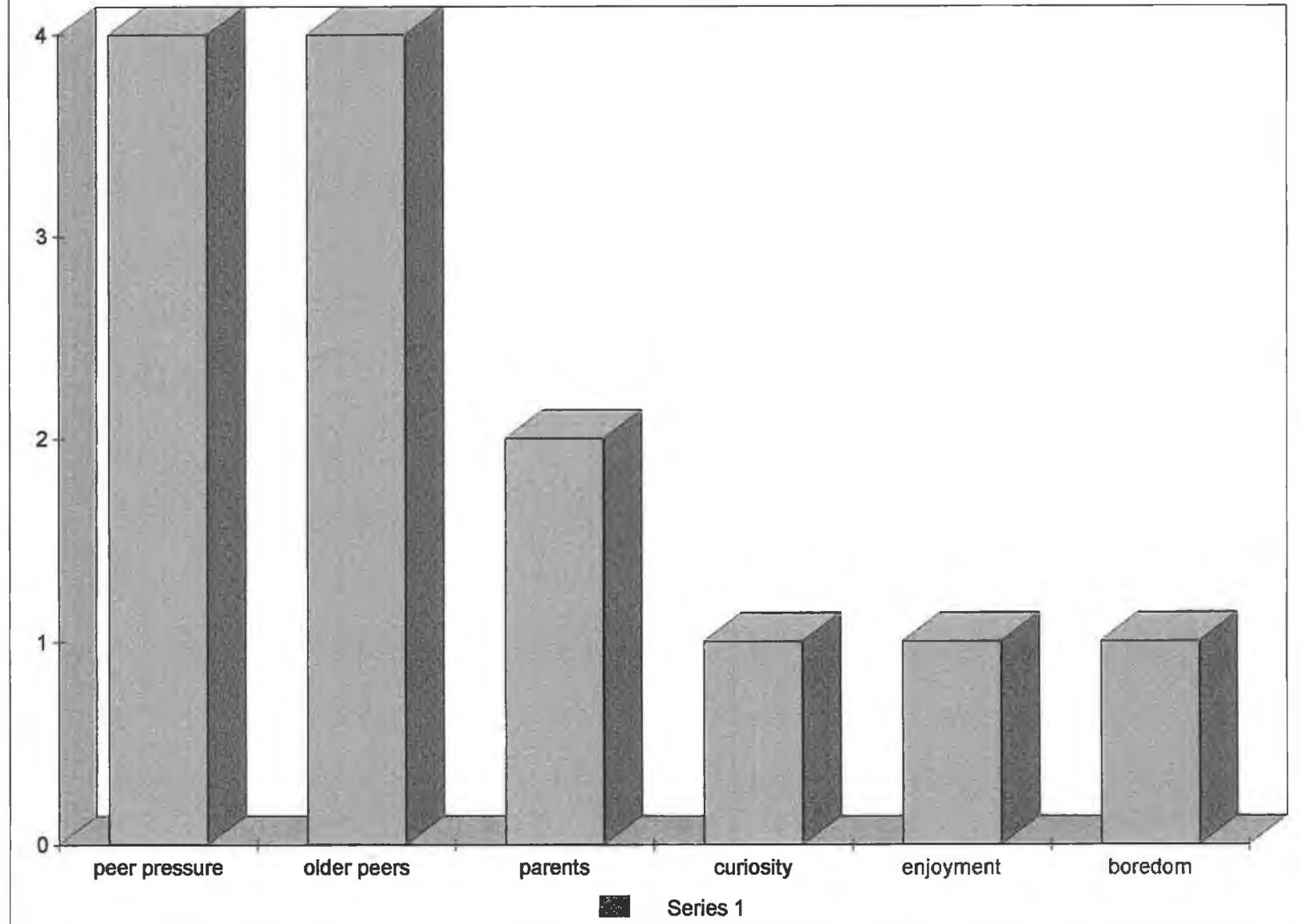
"Me and my friends wanted to get drunk before we went to the local disco, so we could have a good time even if the disco was rubbish".

One subject said she started to drink because she and her friends were bored.

" One day, my Mam was gone out so I went to the drink cabinet and we had some vodka between us ...we only did it because we were bored stiff".

Reasons for Engaging in Alcohol Use

Chart 3



Age of alcohol initiation:

Of the 13 subjects, 2 took their first drink when they were thirteen, 5 respondents were fourteen years of age when they took their first drink, 4 were fifteen when they started drinking and finally 2 subjects were 16 when they took their drink.

Tobacco:

Of those who smoke and those who used to smoke i.e. 11 of the thirteen subjects, 8 of the eleven subjects said a friend offered them their first cigarette while 3 said it was one of their parents who offered them their first cigarette.

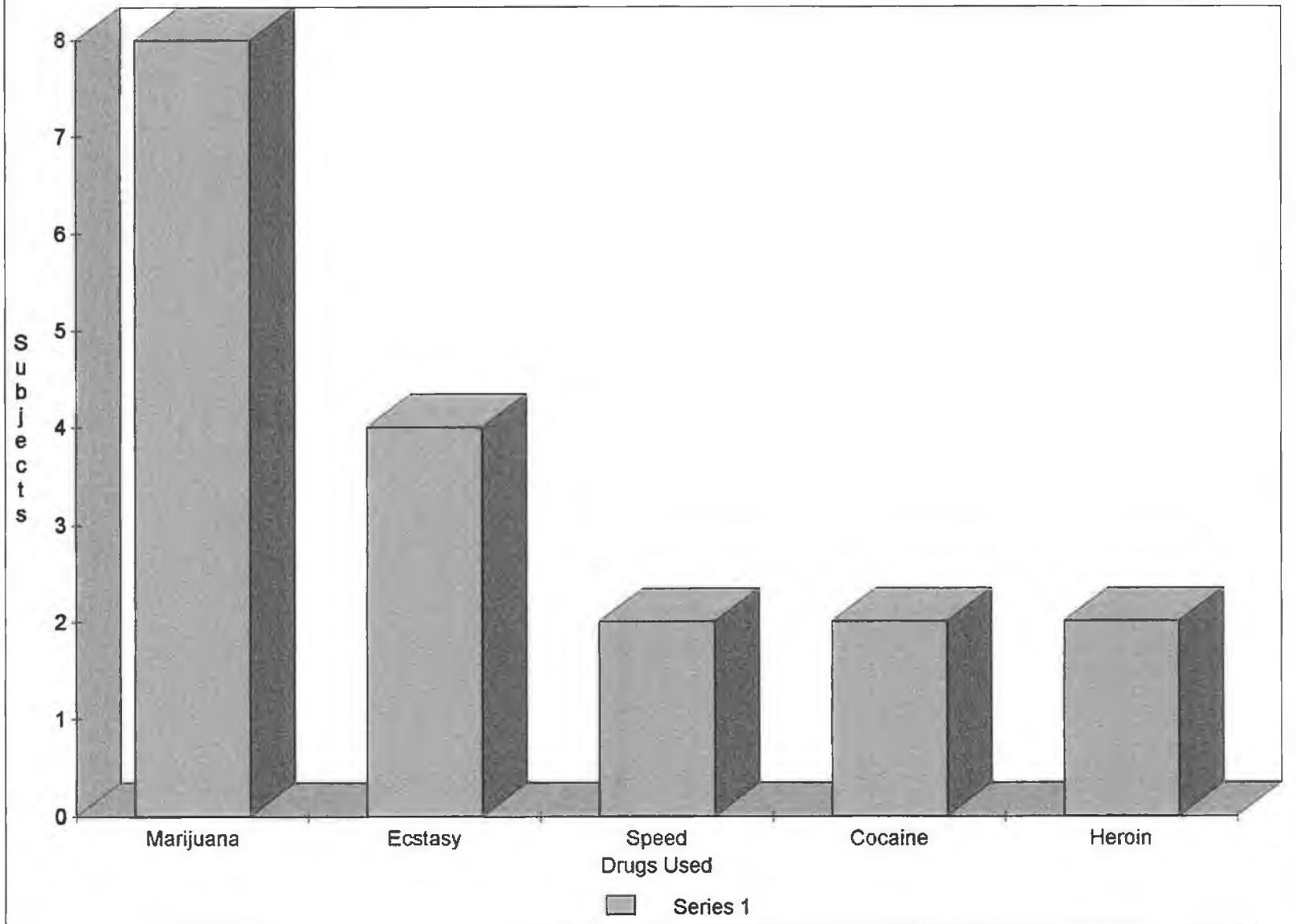
Section C: Drug Use.

Of the 13 interviewees 5 did not engage in drug use. 3 subjects were from the 13-15 age group and 2 were from the 16-17 age group. Therefore 8 respondents used drugs of some sort.

Of the eight subjects who engaged in drug use 2 used marijuana only. 1 respondent used marijuana and took Ecstasy most weekends. 2 subjects used marijuana regularly and Ecstasy and cocaine on occasion. 1 subject used marijuana and speed. 1 subject used marijuana and Ecstasy on occasion but mainly engaged in the use of heroin now. It all depended how much money he had to spare at the time. 1 subject used marijuana and speed on occasion but mainly heroin again depending on how much money there was to spare. 1 of the eight subjects taking drugs, was from the 13-15 age group. 2 members, of the total eight subjects from the 16-17 age group engaged in drug use while all

Drugs Used by the Eight Drug Users

Chart 4



members of the 18-19 age group, 5 subjects, engaged in drug use.

Some opinions expressed were:

From one girl from the 13-15 age group.

" No I don't take drugs, I'd be too afraid to try, besides my parents would kill me if they found out".

From a male in the 16-17 age group.

" Ah! I only do a bit of marijuana now and then, when we want a laugh, but only sometimes".

And from a male in the 18-19 age group.

" I used to do marijuana and 'E' alot but I just wasn't getting a great 'buzz' from them anymore, so I tried heroin. The buzz from that was great, I loved it, I still do, but the more you want it , the more expensive it becomes".

Another girl from the 18-19 age group stated that.

"I don't use drugs all the time, but when it comes to exam time I find they help me to relax alot especially marijuana, I also take speed to keep me going and to stay up at night to study. Then when the stress is over, I don't give them up altogether but I cut down a great deal".

Why did you start to use drugs?:

Eight of the thirteen subjects were using drugs, so these were the individuals answering the questions in this section. Again it is broken up into sections.

Friends:

3 of the eight subjects said it was their friends who encouraged them to use drugs for the first time.

they said;

"A friend of mine had tried marijuana and told me what a 'buzz' she got from it and that I should try it so I did".

"I started because my friends were smoking it, (marijuana), and they said it was a laugh".

"Because I wasn't taking 'E' (ecstasy) like my friends, they thought I was a "chicken" and to avoid the jeers I began taking it regularly especially at weekends, when we'd go out".

Parents.

1 of the eight subjects claimed he began to use drugs because of his parents.

"My Da takes drugs like heroin, and my Ma smoke marijuana sometimes... I grew up in a drug taking environment I suppose, It's what I know. My parents never stopped me taking drugs, I only ever got in trouble with the Guards for taking drugs... I love the high I get from the 'gear'(drugs) , I don't think I could give it up if I wanted... I started with the Marijuana and 'E' but then moved onto heroin, I felt it was the next step of enjoyment... I always knew I'd end up taking it".

Stress Relief.

3 of the eight subjects claimed they started taking drugs as a form of stress relief.

"I started because my friends said it was a great way to mellow out and I needed some of that, for the stress at work".

"Smoking marijuana helps me to relax and get away from the problems at home. I also take 'E' and sometimes cocaine for a bit of fun at weekends".

"I started using marijuana and 'E' when I was about 16, because of the pressures I was under at school and at home to do well. I left school early and I suppose I do hang around with the wrong crowd and then I started taking heroin because marijuana and 'E' just didn't help me enough with the stresses of life".

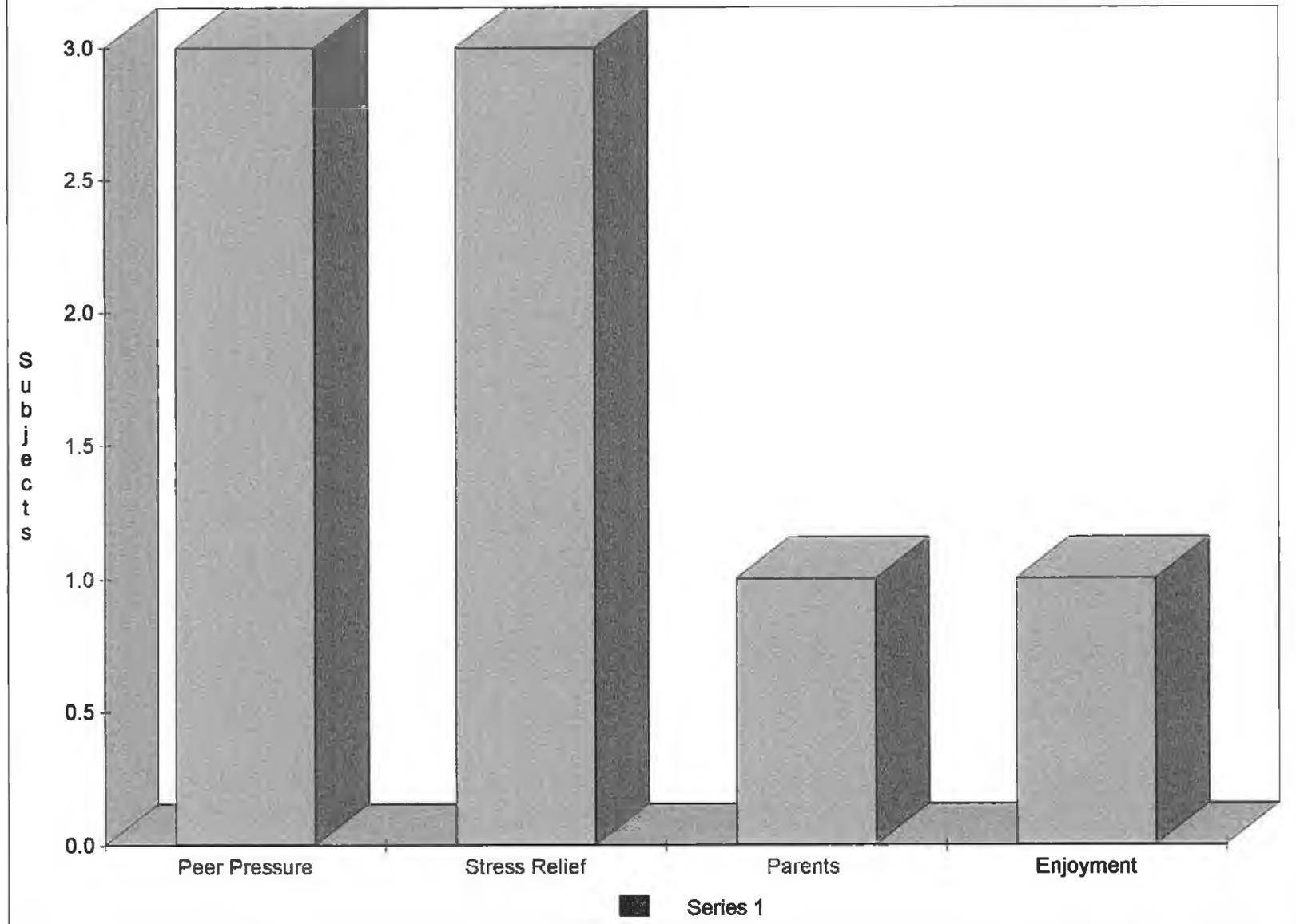
Enjoyment.

1 subject claimed he took drugs for enjoyment. he said;

"The drink and the fags weren't hitting the spot anymore so I wanted something stronger, something to hit the spot, so I started smoking marijuana. I don't think there is any harm in it, I think it really helps me to relax. All my mates do it... I think it's great".

Reasons for Engaging in Drug Use

Chart5



Stages in Adolescent Drug Involvement.

The researcher found that stages did occur in alcohol and drug use. All the subjects, 13 drank, 8 smoking regularly and 8 using drugs regularly. From the interviewees the researcher found that of those drinking, 8 progressed to using drugs. Of the eight drug using subjects 2, one subject in the 13-15 age group and one subject in the 16-17 age group, progressed to using soft drugs like marijuana. 1 subject, in the 16-17 age group, progressed to marijuana and then to 'E'. 2 subjects in the 18-19 age group progressed to marijuana and then to 'E' and cocaine, but marijuana was the main drug used. 1 subject in the 18-19 cohort progressed to using marijuana then 'E' and then heroin, where heroin is the drug mainly used. 1 subject in the 18-19 age group progressed to using marijuana then 'E' and speed and then heroin where heroin is the main drug used. 1 subject in the 18-19 age group progressed to using marijuana and speed. The researchers did not find any regression apart from those who gave up cigarettes altogether. The researcher also found that true progression did not occur, e.g. when a subject progressed to using heroin they also continued to use the previous drugs on some occasions depending on the amount of money available to them at the time.

When the researcher asked the subjects if they would progress onto harder more illicit drugs the results were, 4 of the eight subjects said they would progress onto more illicit drugs and 4 said they would not.

Some comments were;

"It's alright smoking marijuana and taking a few 'Es', but I wouldn't do anything stronger, it's too dangerous".

"I probably would use different drugs, just too see what they are like".

Section D: Education.

2 of the 13 subjects claimed they get/got talks about the effects of alcohol and drug use in school often, 3 claimed they received information in school occasionally. 6 respondents claim they receive information about the same rarely and 2 respondents never received information on this topic.

When asked if they received the same information at home, 4 subjects received information from their parents often, 3 received this information occasionally, 3 claimed they rarely received information about this subject at home while 3 respondents do not receive any information at home about this topic.

Some comments were;

"Yes, I regularly get a lecture, they'd kill me if I took drugs".

"Yes, nearly everyday...they would murder me if they knew what I did".

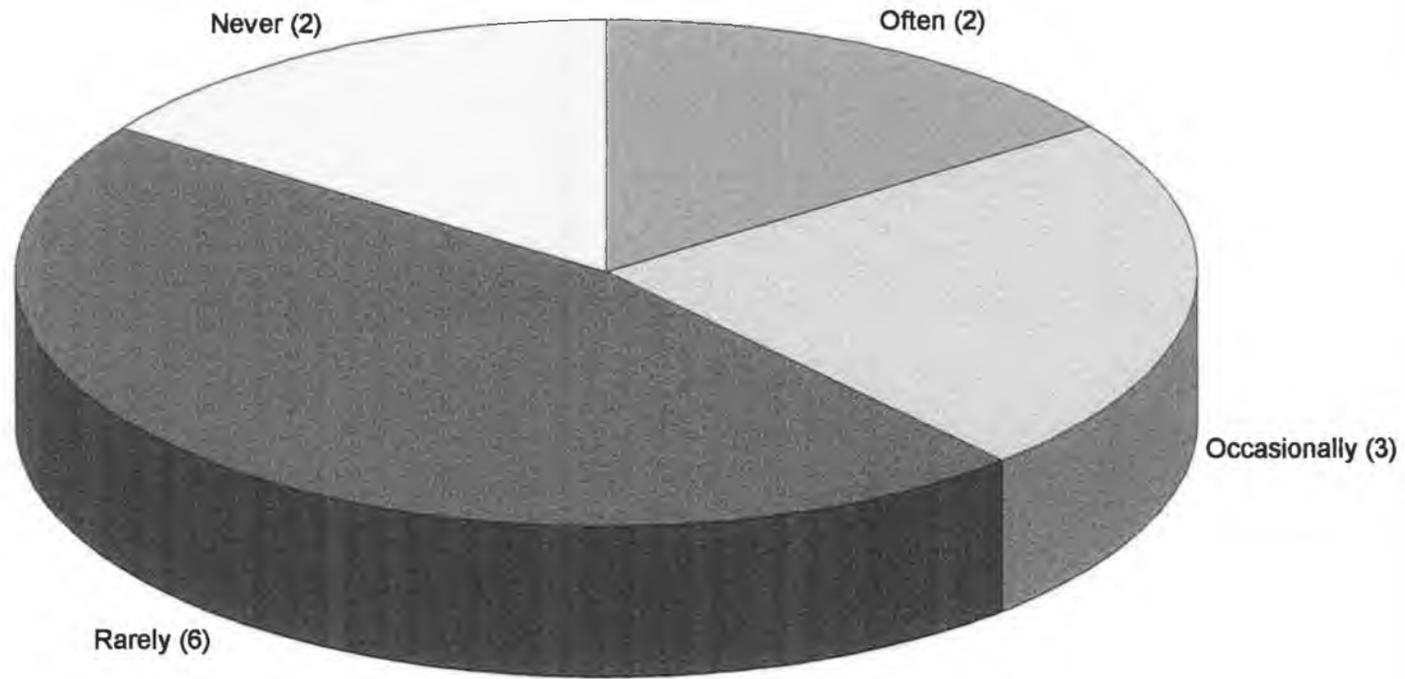
"Yes, they occasionally warn me of the dangers".

"No, they don't talk about things like that, they'd be shocked if they found out what I was doing".

The subjects were asked where else they may have received information about the effects of alcohol and drug use. 5 respondents said the television, 5 said the television and radio, 2 said the television and friends and lastly 1 respondent said their friends informed them of the effects.

Percentage of Info. received in School

Chart 6



5 respondents said yes and 8 said no when asked if the source of information mentioned before, i.e. school, parents, television, radio, friends, would persuade them not to or stop using alcohol and drugs.

"Yes, the information really scared me. A drug addict came into talk to us and I decided I just wouldn't like to end up like him".

"No, at the time of the lecture, you think I must stop using them, they're going to kill me but the next day you've forgotten about it and you continue using them".

Summary of Results.

This section outlines the relevant data and results from this study. The results reveal that alcohol and drug use is very prominent among these thirteen subjects. All of the thirteen interviewed consumed alcohol and eight of those were engaged in drug use.

It was found that the adolescents use a wide variety of drugs, ranging from light beer to heroin. The adolescents gave a varied range of reasons as to why they used alcohol and drugs. The most predominant reasons are found to be, peer pressure, stress relief from the grievances of daily life and also parents. Other reasons included boredom enjoyment and curiosity.

As the researcher interviewed three different age groups the drugs seemed to get more illicit as the adolescents got older. Although regression was not noted, (except for cigarettes), progression was found from alcohol to marijuana, 'E', speed, cocaine and heroin relating to Kandel's model and Guttman's scale which I will discuss in the next chapter. Total progression did not seem to occur, where an adolescent would use a variety of drugs.

With regard to the section on education, the adolescents are given minimal information on the effects of alcohol and drug use, in school and at home where this topic should greatly stressed and dealt with properly. Although eleven out of thirteen receive information in school

and ten out of thirteen receive the same at home, the information received about alcohol and drug use seems to be minimal, irregular and not at all effective.

To conclude, there is definitely a problem of alcohol and drug abuse among these respondents. There are many reasons for the use of these substances and the stages in adolescent drug involvement seem to exist. Education on this topic is very minimal and poor.

Discussion.

This chapter intends to deal with the results found in the previous chapter. In discussing the following results, relevant literature reviewed in chapter two will be reflected upon in order to discuss the results obtained.

I will begin by discussing Section B, that is the section on drinking and smoking. As I have mentioned before all thirteen subjects drank alcohol regularly. The respondents ranged from ages 13-19 and drank alcoholic beverages which ranged from light beer to hard liquor. Various reasons were given as to why they engaged in alcohol use. The largest amount of respondents claimed they started to drink because of peer pressure. 4 respondents claimed it was peers of their own age while 4 claimed it was peers that were that bit older than them, such as an older sister or older cousin. 2 subjects claimed they began to drink because of their parents. The last three respondents began to drink because one claimed it was due to the need for enjoyment, one blamed boredom and one blamed curiosity. Looking back at the literature discussed, Kandel sees that adolescents will model their behaviour on the behaviour of significant others, such as parents or peers, through observation and replication. Kandel also mentions social reinforcement, when certain values and behaviour types are accepted by significant others, then adolescents may engage in this type of behaviour. Akers' theory of social reinforcement shows that operant conditioning and imitation are the processes which effect social behaviours. The researcher found that these theoretical frameworks are most applicable to the findings of the research. Ten of the thirteen subjects claimed it was through observation and imitation, relaxed values and attitudes about drinking that caused them to

try it. One subject said the reason he took a drink is because he wanted to enjoy himself at the disco. This could be related to Akers' idea that reinforcers can be non-social as well as social. The feeling an adolescent gets from the drink can cause the adolescent to start drinking in order to have a good time. Another respondent blamed boredom on why her first drink was taken. This may relate to Glassner and Loughlin's idea that during their study adolescents often complained of having nothing to do and that they were bored, hence they may get involved in drinking as did one subject. The last subject drank because of curiosity, which may have come about due to observation and imitation of peers and/or parents.

Of those who engaged in smoking cigarettes, including those who gave them up, said they started because of friends offering them a cigarette and through observation and replication the adolescent begins to smoke.

Next, Section C will be discussed which includes what drugs the adolescents take, why they take them and also the stages of adolescent drug involvement. There were again varied reasons as to why the thirteen subjects began to use drugs. Many of the reasons were similar to those used for drinking. Eight out of the thirteen subjects began to use drugs and the drugs used included, marijuana Ecstasy, speed, cocaine and heroin. 3 subjects claimed it was their friends who encouraged them to use drugs for the first time. The literature used for drinking and peer pressure, which I have mentioned above, can also be applied here, where Kandel's and Akers' theories are very applicable to this study. One respondent claimed it was his parents fault why he became involved in drug use, as he grew up in a drug taking environment. The theory of differential association developed by Sutherland and Cressey claims the family can lead the young adult to delinquent behaviour

through their imitation of the families delinquent behaviour but delinquent activity must be present in the peer culture surrounding the adolescent.

Kandel and Akers give strong points of view about parent and peer influence, as do their surveys but in this study five out of the eight subjects involved in drug use were not influenced by peers and only one respondent was influenced by parents. Therefore could it be parents and peers do not have as strong an influence over adolescents drug use as is reported. Very often it is not the actual influence of peers and parents but they offer drugs to adolescents and it is the curiosity of the adolescent that begins drug initiation.

Akers' non social reinforcers has an effect on this subject, where he claims he loves the 'high' he gets and he felt that moving onto heroin was the next step of enjoyment. 3 of the eight drug using subjects claim they started taking drugs as a form of stress relief, that is the stress of work, school, college, exams and home. Macken 1975 believes the new industrial society has everybody competing with one another for jobs, houses and many young individuals cannot handle the stress of this society. They may turn to alcohol and drug use to cope with the stress of this society. Today's society is far too materialistic which is not helped by the media.

From this study it was obvious that the pressures of modern society were relevant to adolescent alcohol and drug involvement. Three of the eight subjects were using drugs because of the stress of school, exams and work.

One subject claimed he used marijuana because alcohol and tobacco alone were not 'hitting the spot' as he put it. He uses drugs as a source of enjoyment, again the physiological factors and the properties of the drugs setting in , which Akers has mentioned in his theory.

The main reasons the researcher found to be the causes of adolescents engaging in substance use for the first time are peers, parents, stress, enjoyment, boredom and curiosity. Adolescents seem to observe and listen to parents and peers who take alcohol and drugs and hence begin to use substances themselves. If an adolescent is in an environment of drug taking then they are more than likely going to become involved in alcohol/tobacco and/or drug use. Stress relief from today's society is also a big reason as to why adolescents begin to use these substances. Adolescents today are under tremendous pressure from home and school to do well. They are competing with thousands of others for good jobs homes etc. and some see themselves as never achieving these objectives which may lead to tension and stress which can be relieved through drug use. This is a very real problem in today's society one which may be forgotten about by parents and teachers, who often forget what it is like to be an adolescent and the pressures they are under.

The researcher found that stages in adolescent drug use did exist. Firstly Kandel's model and Guttman's scale will be discussed and then compared to the results found in this study. Basically Kandel's model sees a transition from legal drugs, including beer and wine at first and then moving onto cigarettes and hard liquor, to illegal drugs where some move onto the use of marijuana and then more illicit drugs such as Ecstasy, speed, cocaine and heroin. The results of Kandel's research showed that drug use behaviour 'fitted a valid Guttman scale' (Kandel 1975:912) This scale contains seven steps; (i) nonuse; (ii) legal drugs only (beer, wine, cigarettes or hard liquor); (iii) Cannabis (marijuana, hashish); (iv) Pills (ups, downs, tranquillisers); (v) psychedelics (LSD, Ecstasy etc.); (vi) cocaine; (vii) heroin.

In this research the results related quite closely to Kandel's findings. All subjects used alcohol therefore this research starts on

on point (ii) of the scale. Eight of the thirteen subjects had moved on from the legal drug use onto the illegal drug stage.² of the eight subjects, one from the 13-15 age group and one from the 16-17 age group had progressed onto the use of marijuana. 1 subject in the 16-17 age group progressed to marijuana and then to ecstasy. 2 subjects in the 18-19 age group progressed to marijuana, then ecstasy and then cocaine. 1 subject in the 18-19 age group progressed to marijuana and then speed. 1 respondent in the 18-19 age group progressed to using marijuana, then ecstasy and then heroin. 1 respondent in the 18-19 age group progressed to using marijuana, then ecstasy and speed and then heroin. It can be seen as one moves up through the age cohorts, the more the illicit drugs are used. Only one subject from the 13-15 age group is engaged in illicit drug use while two from the 16-17 age group are involved in drug use, i.e. marijuana and ecstasy. It is those from the 18-19 age group that are engaged in the use of drugs such as speed, cocaine and heroin. The ideal situation would be to interview the younger age groups at a later date to see if they progress further up the scale eventually. It is clear though that progression did occur for eight of the subjects and the older the subjects the harder and illicit the drugs taken. The researcher did not note any regression except maybe for cigarettes but progression did occur through the adjacent categories. Progression does not seem to be as straight forward as Kandel finds it. All age groups drank alcohol ranging from light beer to hard liquor and the use of both by some subjects. Also the researcher noted continual use of drugs further back the scale even though they had progressed. For example one subject used heroin mainly, but when money was short he reverted back to using marijuana, ecstasy and/or speed. Therefore the researcher did not find true progression among the subjects, as there was a continual use of various drugs among the

subjects. According to Kandel many adolescents stop use at a certain age or regress back down the scale through the different stages.

"Few drug users proceed to a drug at a particular stage without first trying the preceding one. In addition different factors are related to drug use behaviour at each of the stages"(Kandel 1975:914)

The researcher noted that the adolescent used marijuana to relax and calm down, they used ecstasy and cocaine especially if they were going out dancing to clubs etc. speed was seen to be used in exam situations, which can be related back to Akers' non-social reinforcers. Heroin was used by those who were brought up in a drug environment or if they started hanging around with the wrong crowd. Those using heroin were from working class backgrounds and fitted the description portrayed by Macken 1975 when he described those who took drugs in the 1960's-1970's, who were from poor housing estates with no prospects. Basically stages of adolescent involvement in drug use were very similar to Kandel's findings.

Recommendations.

From the study conducted, it is obvious that alcohol and drug use are a big problem among adolescents in the research. It is not possible to generalise but from the sample, eight of the thirteen subjects were engaged in drug use and so too were their friends. It is the researchers purpose here to make recommendations on how to combat this problem of alcohol and drug use among adolescents. In Britain, they have discovered that the 'just say no' campaign did not work, as teenage drug use increased eight fold there after. The Government is now setting up a New Drug White Paper.

This policy intends to bring in education about alcohol and drugs into schools as early as primary school and also rehabilitation of offenders instead of jail where problems can only get worse.

A report from the Working Party on teenage drinking 1974 in Ireland suggests that even though the thought of adolescents using drugs is alarming, alcohol is often seen as being a minor problem compared to drugs, yet a lot more trouble seems to be associated with alcohol use. Looking at the Kandel's findings it can be seen that alcohol is the first stage of drug use, therefore if adolescents are persuaded not to get involved in alcohol use they may never become involved in drugs and the cycle is broken.

"An educational programme needs to be developed within our cultural setting... an educational programme which will be based on facts rather than myths".(Joint Group 1974:17)

Harry Ree found that Headmasters of schools' reaction about drug taking youths was one of worry.

"Admittedly there are good reasons why many Heads, most of them probably over forty, should find the problems presented by drugs in school exceptionally worrying".(Ree in McAlhone pg 61)

The reasons include the media painting a black picture about the drug scene and also this problem is fairly new in schools of today compared to those schools of the past.

From the research undertaken in this study, education about the effects of alcohol and drug use was very poor. The majority of respondents rarely receive any beneficial information in school and also at home. If this is the situation then it is no wonder adolescents do not realise the danger they are putting their lives in when using these substances.

They obviously begin to use the drugs without truly knowing what effects they will have in the long run.

My first recommendation and probably the most important, is for the existence of regular, factual information in school about alcohol and drug use. This education must begin at the youngest age possible. Secondly parents must also be educated. Some parents put this type of thing to the back of their minds and think their child would never do such a thing. When a drug problem does occur in the family, parents often take a ordering/demanding, warning/threatening or moralising/preaching approach which may cause the adolescent to keep the problem to themselves. Comberton 1982 suggests that parents should be more advising, give solutions and be supportive to allow an adolescent open up to them. The key word is communication i.e. good communication between adolescents and their parents.

My third recommendation is that there should be tighter legislation on the selling of alcohol and cigarettes. Many public houses etc. allow underage drinkers to enter their premises often not through their own knowledge as some young adults know how to make themselves look older. ID issued by the Gardai/Police should be applicable to all entering public houses, off-licences and clubs etc. Also the selling of cigarettes to under sixteen year olds is illegal but this is also a great problem. It is often hard to distinguish between a fifteen year old and a sixteen year old, therefore the only solution may be to bring the legal age up to eighteen. At this age the adolescent may have a greater understanding of the effects of smoking and again the issued ID may be used. The Gardai/Police should focus more on the situation of drug use among adolescents through getting involved more with the youth and more presence on the streets especially in areas where

adolescents might engage in drug use. Lastly, instead of jailing offenders or placing them in homes, they should be rehabilitated, therefore a larger amount of clinics and counselling services should be set up for the user and his/her family.

Conclusion.

This study is concerned with the problem of alcohol and drug taking among adolescents. The researcher has completed a study which has helped (i) to discover why adolescents begin to use alcohol and drugs, (ii) the stages of drug use to see how adolescents progress onto harder more illicit drugs and lastly (iii) to see how much education adolescents receive about the effects of alcohol and drug use. By looking at the previous three areas they may help to combat the problem of adolescents taking drugs, the continual use of drugs through the stages of drug use and to improve education.

After the research, it was found there are various reasons to explain why adolescents engage in alcohol and drug use. The most predominant reason being , peer pressure, parents influence and stress relief. Curiosity, boredom and enjoyment also came into the picture but not at the same extent as did the others. Stages of drug use did seem to occur but as Macken 1975 stated the worrying thing about the adolescents he looked at is that they would take any drugs they could get their hands on, which the researcher found to be true in two of the subjects, true progression did not

occur in this study. It would be interesting to complete a later study to see if the adolescents progressed further or regressed down the scale.

Limited education about the effects of alcohol and drug use seemed to exist, which is a problem which must be seriously tackled. The research findings related mostly to Kandel's theory of adolescent socialisation and Akers' social learning theory but Macken's industrial society and the stress caused by it also had a great impact. The education part of the research was used in the recommendations and more education was recommended at an earlier age. Other recommendations included, education for parents, tighter legislation and rehabilitation for young offenders.

It would be interesting to conduct another study in the future, after the recommendations stated were put into practice to see if the problem would be resolved somewhat or will the alcohol and drug using adolescents always be a problem for society. As society today becomes more and more modern, the introduction of new substances is always a reality and danger. If a strong hold is taken over the situation now then further problems in the future may not occur.

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Appendix.

Section A: General Information.

(1). How old are you?.

13-15 years

16-17 years

18-19 years

(2). What is your occupation? _____

Section B: Alcohol and Tobacco Consumption.

(3). Do you drink?

Yes

No

3(b). If so please specify which drinks. _____

(4). Why did you start to drink? _____

(5). Do you smoke?.

Yes

No

5(b). If so how often?. _____

(6). Why did you start to smoke?. _____

(7). At what age did you begin to drink?. _____

Section C: Drug Use.

(8). Do you use drugs?.

Yes

No

8(a). If so please specify which drug(s). _____

(9). Why did you start to use drugs?. _____

9(b). At what age did you begin to use this/these drug(s)?. _____

Section D: Education

10. Do/did you receive any education about the effects of drinking, smoking and drug use in school?

Yes

No

10(b). If yes, how often and how informative was this information? _____

11. Do/did you receive any education about the effects of drinking, smoking and drug use at home?

Yes

No

11(b) . If yes, how often and how informative was the information? _____

12. Where else might you have received information about the effects of drinking, smoking and drug use?. _____

13. Did the above sources of information persuade you not to drink alcohol, smoke tobacco and/or use drugs?. _____

