



NUI MAYNOOTH

Ollscoil na hÉireann Má Nuad

EXPOSING THE MYTH OF A DRUG FREE RURAL IRELAND

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Abstract

It can be said without hesitation that drugs are currently an established feature of modern Irish society. In the past, many believed them to be solely an urban phenomenon but nowadays, they extend their reach on all areas, even the most rural parts of this island. This dissertation sets out to prove this whilst also placing a special emphasis on adolescent drug abuse. Information was sought from a variety of sources including literature, interviews and perhaps most importantly, through the surveying of more than one hundred adolescents. The results are alarming to say the least. Approximately one in three teenagers are dabbling with drugs, with cannabis being the drug of preference in the vast majority of instances. Also, it is worth noting that the average age for commencing drug use at as young as thirteen to fourteen years. In addition to this, criminal activities such as stealing and distributing drugs for profit are the most popular means by which money is acquired to fund these activities. Furthermore, the survey indicates that it is most commonly friends who supply drugs to teenagers or, in one in ten cases, a family member. Leading on from this, previous research and information acquired from a series of interviews indicate that many of these young adults may, in the near future, proceed to experiment with more dangerous Class A drugs such as cocaine. A number of recommendations have been suggested so as to counteract this ever-growing trend. For instance, it is proposed that drug awareness education commences at an earlier age, that lectures are conducted by people who have had first hand experience with drugs and also, that parents play a more pro-active role in tackling the problem as opposed to 'turning a blind eye' as many currently choose to do. Many may not agree with these proposals but one thing is for certain, changes must be implemented immediately if this problem is to be prevented from escalating out of all control.

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CHAPTER 1

Introduction:

As we proceed through the early stages of the 21st century, it can be said without hesitation that some notable changes have occurred in the landscape of Ireland over the past number of decades. One such adjustment relates to the cultural revolution embraced by the country's citizens, which has resulted in a major adjustment of attitudes and values. Coinciding with these developments, it seems that there is an ever-increasing availability and consumption of illegal drugs amongst the population, both young and old. This phenomenon is not only confined to urban areas, as was previously the case, but is now also dominant in, what is considered to be, rural Ireland. The explanations offered for this are many and varied and regularly include references to the Celtic Tiger resulting in a more affluent society, changing perceptions to illegal substances brought about by globalisation and the evolution of an increasingly experimental generation.

Throughout the subsequent dissertation, it is hoped to explore the issue of drugs in rural Ireland in much greater detail and a number of indicators will be referred to as it is attempted to illustrate their ever-growing presence in rural Ireland. Similarly, a strong emphasis is to be placed upon the matter of adolescent drug abuse in rural areas and consequently, the societal impacts and policy implications of this. It is through combining these two dominant research themes that the overall aim of the dissertation has been identified and defined as follows;

Aim:

To analyse the extent to which drugs are present in rural Ireland with a particular focus on adolescent drug abuse and its associated issues.

In addition to this, a number of objectives have been decided upon so as to keep a strong focus as the research progressed. These are phrased in the form of hypotheses which may either be accepted or rejected upon completion of the dissertation. They are as follows;

Objectives:

- There is a serious drug problem developing in rural Ireland
- This problem is particularly apparent amongst the youth population
- Some significant reforms will need to be implemented in order to address the current situation

In the next chapter, an analysis will be conducted on the most appropriate and relevant literature applicable to the primary aims and objectives identified previously. This will demonstrate what conclusions have already been reached on certain aspects of the topic and should provide an overview of some potential research questions which may merit subsequent investigation. Subsequent to this, there shall be a brief outline of the theoretical framework selected with explanations of the philosophy, origins and linkages to this dissertation.

So as to delve deeper into the subject, it has been decided upon to undertake a case study of ^① what may be considered, ^② a typical Irish rural town located in South Kilkenny. In chapter three, the locational context of this town will be explored with reference to such factors as the social composition of the population and the reasons contributing to its selection as the case study area for this dissertation. Chapter three will also focus on the various methodologies deployed throughout the course of this research and will provide details of how they were conducted, as well as any noteworthy benefits or shortcomings found.

A presentation of the principal findings of the research shall follow in chapter four and will be accompanied by a detailed analysis of what is seen to be the most significant information gained from the study. Heavily based on this, in chapter five, a number of recommendations will be made and a summary of the main conclusions drawn from the study outlined.

Throughout the dissertation, it is intended that the aforementioned aims and objectives will be supported conclusively by the data and information collected and processed over the past number of months.

CHAPTER 2

Literature Review:

An abundance of research has been conducted on the topic of illegal drugs over the past number of years, both internationally and in relation to Ireland. While it is intended to review the most significant information gathered at a national and also, regional scale, perhaps it would first be useful to examine some international studies so as to set the context for the remainder of the research. This information was mostly sought from leading journals and was used as an indication of the types of studies that have been conducted in this field previously. As teenage drug abuse is a key component of the research, it was articles relating to this aspect that were initially sourced and indeed, as one would anticipate, a large volume of work has been written on the subject.

It is the general consensus that the experimental use of illegal drugs increases with age from the early teenage years to the mid- twenties (Petersen et al. 1998, Williams et al. 2001). In fact, a study of 2,086 university students in Valladolid, Spain pinpointed 14.2 years as being the average starting age at which inhalents are used and 19.3 years for opiates (Martinez et al, 1999). So what factors influence these youths to experiment with illegal substances? Barnes et al. (2005) conducted a study on a sample of Canadian youths who smoked cannabis on a weekly basis and found that peer pressure, personality and family were the principal contributors to initiating drug use.

Peer group pressure is an explanation often offered as adolescents tend to manifest a similar substance use pattern to their friends. However, it has been added by numerous researchers (Curran et al. 1997, Dijkstra et al. 2001, Kuther, 2002 and Parker et al. 2001) that adolescents are selective of their friends^① and so^② tend to choose comrades with similar attitudes and behaviours as themselves. Hence, this may well not be as critical a factor as had been initially presumed.

It has also been shown that the role of the family in the life of the teenager has a significant impact on their potential use of illegal drugs. For instance, those who have strong relationships with their parents and siblings manifest lower illegal drug use than those with weak familial links. Two possible explanations have been offered for this correlation. Firstly, family communication patterns are imperative in the establishment of family bonds. Hence, openness, honesty and the ability to discuss problems frankly contribute to strengthened family links (Andrews et al. 1997, Beck et al. 1999). In addition to this (and possibly a consequence of close family bonds) parental monitoring of children is associated with decreased substance use.

The other dominant influential environment during the teenage years is, of course, school. Students who lack motivation in school will tend to befriend others with similar attitudes and habits (as was shown earlier) and it is common that a downward spiral will begin from this point as expectations of adult life develop in a frequently negative way. These expectations regularly involve their perceived difficulties towards entering the job

market and attaining rewarding careers as adults (Willis, 1979, Andrews et al. 1997, Parker et al. 2001 and Petersson et al. 2001).

Having briefly examined some of the factors influencing drug use in adolescence, it is now time to look towards the most effective methods employed in counteracting drug abuse, as have been highlighted in previous studies. Lilja et al (2003) conducted research on drug prevention programmes directed at adolescents in rural Finland. Overall, it was found that students perceptions regarding the risks involved in illegal drug use could not be altered significantly solely by educational programmes but rather, by individual and systematic factors outside of the school system such as increased parental involvement and supervision. Hence, it seems of the utmost importance that the alteration of social norms relating to illegal drugs should be considered as an option in formulating strategy.

However, Lowe et al. (1993) have found that the type of educational programme implemented may affect the potential outcome. Their investigation revealed that programmes which aim to alarm and frighten students of the risks involved in drug abuse tend to achieve less positive outcomes than programmes with the primary aim of informing. It was also noted in other studies (Kroger, 1997, Snow et al. 1992, Tobler, 1997 and White et al. 1998) that a 'once off' lecture on drugs and their associated risks does not produce significant changes in attitudes. Instead, they argue that at least ten hours of the school year should be assigned to awareness programmes in order to yield the expected outcomes.

Alternatively, Swisher (2000) suggests the integration of prevention measures into the school syllabus. By this means, students would investigate the impact of drug abuse on the body in biology, study the societal impacts in social studies, learn about their origin and distribution in geography, etc. While the majority of policy at the moment focuses upon diminishing the availability of drugs in society, it appears to be the general consensus of many working in the field, that future policy must aim at reducing the demand for illegal drugs. As was mentioned previously, 14.2 years is the average age of first experimentation (most commonly with cannabis) so it is imperative that a strategy is developed to discourage adolescent use and alter attitudes and opinions by the most appropriate and effective means.

This early experimentation of cannabis has been regularly credited with initiating further drug use in later years and has resulted in the naming of cannabis as the 'gateway drug'. Kandal (2003) states that there is a "developmental sequence of involvement" associated with drug use. This usually begins with the use of cigarettes and alcohol followed by the use of cannabis, which in turn precedes the use of other illicit drugs. The 'gateway hypothesis' that Kandal proposes consists of three primary aspects;

1. Sequencing: Where there is a fixed relationship between two substances (i.e. One is regularly initiated before the other)
2. Association: Whereby the initiation of one substance increases the likelihood of initiation of the second substance
3. Causation: This implies that the use of the first substance actually causes the use of the second substance

Epidemiologists have attempted to specify the role of prior drug use on subsequent use of harder drugs whilst controlling for theoretically relevant covariates and other confounding factors. Their results show that cannabis does indeed have a significant association with the subsequent use of other illicit drugs after controlling for risk and protective factors, leading Lynskey et al. (2003) to conclude that “the results...were consistent with early cannabis use having a causal role as a risk factor for other drug use”. Of course, progression is not inevitable and not everybody who uses cannabis will go on to use heroin or cocaine. However, it is fair to say that very few who use Class A drugs have not already used cannabis.

Cardoni et al. (2001) support the gateway hypothesis following their research in which animal models were used. By repeatedly exposing mice to tetrahydrocannabinol (the primary chemical in cannabis) and opiates, cross- sensitisation was documented between the two. This implies that exposure to one class of drug increases consumption of other drug classes and so, is consistent with what Kandal (2003) had proposed with the gateway hypothesis. Of course other factors may mediate causal associations also. Some suggestions by Lynskey et al. (2003) include:

- Initial pleasurable experiences may encourage continued use and broader experimentation
- ‘Safe’ early experiences may reduce the perceived risk of other drugs
- Experience with and access to cannabis may provide individuals with access to other drugs as they come into contact with drug dealers

Of course genetic and environmental factors may also be attributable to sequential drug progression and this was explored by Lynskey et al. (2003) in their study of cannabis use amongst twins in Australia. The principal findings derived from their research were indeed very interesting. Firstly, compared to their twin, who had not used cannabis by age 17, those who had used by this age had elevated lifetime rates of other drug use, illicit drug abuse/ dependence and alcohol dependence. Furthermore, individuals who initiated cannabis use before age 17 had odds of 2.1- 5.2 times higher likelihood of other drug use, alcohol dependence and other drug abuse or dependence than their co- twins who did not report early cannabis use. Also, early regular use of tobacco and alcohol emerged as the two factors most consistently associated with later illicit drug use and abuse/ dependence.

Bearing in mind that the gateway hypothesis is again confounded, some⁸⁷ implications for policy and strategy are again brought to the fore. Kandal (2003) suggests that prevention or intervention programmes implemented among youths to stop the early use of so- called soft drugs, also seem to stop or reduce the use of higher stage drugs. Hence, it appears that this is certainly an aspect which merits further investigation in future research.

Let us now examine a portion of this data that demonstrates the increased consumption and availability of drugs in Ireland over the past number of decades and which also aids in the identification of emerging trends in this country's drug culture. Such indicators of Ireland's drug problem include the number of:

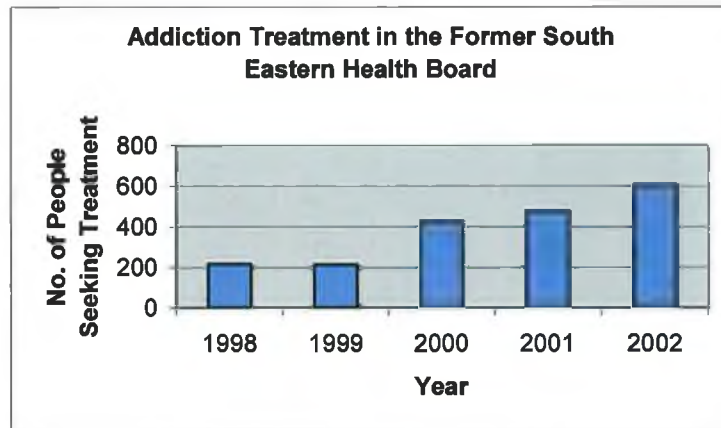
- Drug dependant persons seeking treatment
- Drug related infectious diseases
- Drug seizures nationally as well as for the Kilkenny region
- Drug prosecutions nationally as well as for the Kilkenny region

Statistics provided by the Central Treatment List (National Documentation Centre on Drug Use, 2005) clearly show that there has been a steady increase in the number of drug dependant persons seeking treatment for their addictions in specialised centres across the country. For instance, if we refer back to the data available for 1979, a total of 416 people sought treatment for drug addiction in that year. However, just twenty years on, this figure had spiraled almost ten fold to a total of 4032 people in 1999. Furthermore, there have been annual increases of as many as one thousand people extra per year seeking treatment since the year 2000. The most recent data available is for 2003 and documents 6883 people receiving treatment for addiction but it is estimated by researchers that an approximate figure of in excess of 8000 people is broadly accurate for recent times- a figure double that of 1999.

Further to this, the Drug Misuse Research Division (2003) reported an increase in the total number of treatment outlets for problem drug abuse between 1998 and 2002 within the former South Eastern Health Board region (within which Kilkenny is contained). The majority of this increase was in outpatient treatment services, however, there was also a small increase in residential treatment services. The number of people

treated in these centres experienced significant increases over the four years included in the report as we can see from the below chart:

Figure 2.1



Drug related infectious diseases have also been increasing steadily over the years according to the Health Protection Surveillance Centre (Department of Health and Children, 2006). HIV and hepatitis are the most common diseases to be included in this category and their transmission occurs most frequently through the sharing of infected syringes used for intravenous drug administration. In 2004, at least one new case of HIV was diagnosed daily in Ireland with injecting drug use being responsible for one in five of these cases. By 2005, this statistic had risen to one in four cases. However, it is believed by many in the profession that this data is greatly underestimated as it accounts only for the number of reported cases to the Health Protection Surveillance Centre while a great many remain unreported to the authorities. ✓✓

In confirmation of the extent to which drug users are affected by these such diseases, a study was commissioned by the Health Protection Surveillance Centre (2005) on treated opiate users in Dublin. The result showed that a total of 62% of those studied, tested positive for Hepatitis C, 17% for Hepatitis B and 12% for HIV.

Perhaps some of the most reliable and accurate indicators of drug availability and consumption trends in this country come from the publication of the Garda Siochana Annual Reports. A total of seven reports (dating from 1999 to 2005) were studied for the research and were then compared to identify the most significant temporal variations. At a national level, seizures of illegal drugs have increased profoundly over the specified time- frame. For instance, in 1999 a total of 2,577 kg. of cannabis was seized compared with 6,400 kg. in 2005. Cocaine seizures follow a similar pattern with 85 kg. removed from the market in 1999 compared to 229 kg. in 2005.

Not only is data provided at a national level in these reports but a breakdown is also available on a regional basis. Hence, an analysis of trends in County Kilkenny supports the hypotheses that drugs are now as much of a problem for areas located beyond the major urban centres. The following graphs aid in demonstrating some notable trends over the past number of years:

Figure 2.2

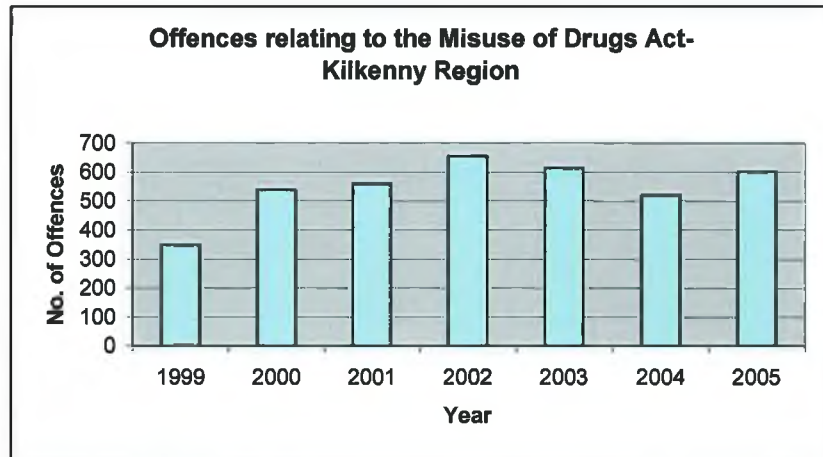
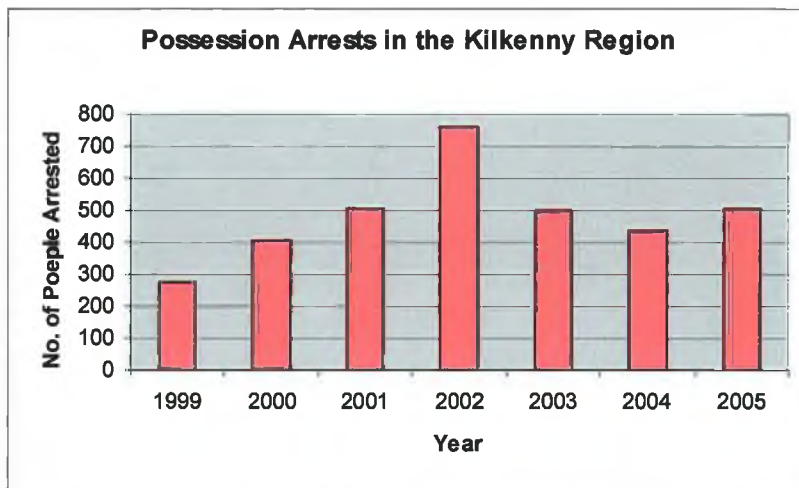


Figure 2.3

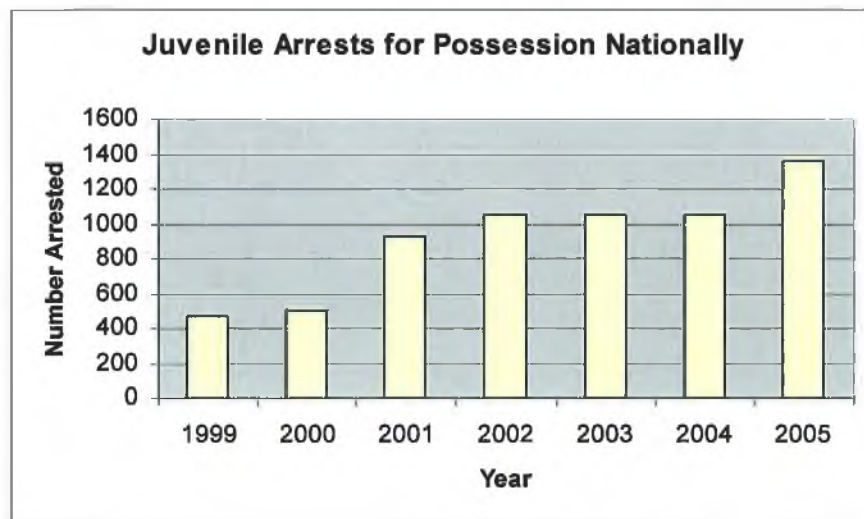


Looking firstly at Figure 2.2, we can see that the number of offences relating to the Misuse of Drugs Act for the region has been increasing for the most part since 1999 with figures peaking in 2002. Similarly, Figure 2.3 shows how possession arrests in the area

have almost doubled since 1999, with figures again peaking in 2002. This certainly shows that drugs are no longer simply an urban phenomenon and are as prominent in Kilkenny as they are elsewhere. (a)

With a focus on teenage drug abuse, two aspects of the Garda reports were of particular interest. Firstly, the number of drug awareness lectures by members of the Gardai in Kilkenny schools has decreased dramatically since 1999 with a mere 93 presented in 2005, compared to almost three times as many only two years previous. (b) This indicates that less information is being presented to children of the dangers and risks associated with drug abuse. Information is also available on the number of prosecutions for drug offences in the area and this is classified by age, so we can see from the following chart, the extent to which youth prosecutions have increased over the past number of years. This coincides with national trends as juvenile possession statistics for the entire country show a three- fold increase from 1999 to 2005 as Figure 2.4 shows:

Figure 2.4



⑧
It is evident for the presentation of the aforementioned statistics that Ireland's drug problem is indeed worsening considerably.

Theoretical Framework:

Having briefly analysed some literature relevant to this research, it is appropriate to now provide an overview of the theoretical framework used in this study. Due to the complexity of the topic, it has been particularly difficult to pinpoint a single philosophical stance or mode of explanation that relates directly to the focus of the research. However, Gattrell (2002) proposed a number of approaches applicable to the geographies of health and from this, the social interactionist approach was selected as being the most relevant to this particular dissertation.

Looking back in geographical history and specifically at Habermas' theory of, what he termed 'cognitive interests', it is clear that this study is primarily practical and therefore, links with the approach of the historical hermeneutic sciences. By complying with the characteristics of this approach, the research does not intend to be supportive of, or even be involved with theories or laws, but rather seeks a greater understanding of the causal processes involved in the development of a particular situation or scenario.

The social interactionist approach has been deemed the most appropriate and relevant to this dissertation largely due to its incorporation of humanistic perspectives that "address implicitly human beliefs, values and meanings" (Gattrell, 2002: 32). The role of the individual is extremely important when examining a topic such as that of drug usage and it is imperative that the researcher has an in-depth understanding of the users attitudes, perspectives, mindsets, etc.- overall, what can be collectively termed as their

subjective experience. By optimising this understanding, the researcher may then be capable of identifying such factors as the driving forces that cause people to use drugs or the particular frame of mind that a person is in when the critical decision to use drugs is reached. It is of utmost importance that these aspects are investigated throughout the research, as it is a core component of the social interactionist approach that the researcher must learn to see things from other perspectives. However, this may only be achieved through interaction with the individual being studied. Rationality is another key concept and one specific aspect that the theory highlights is that what may seem completely irrational to you or me, could be perceived as being perfectly logical to somebody else. Therefore, again, an emphasis is placed upon understanding

The methodology adopted by the social interactionist approach is essentially qualitative, or, what have in the past been depicted as 'soft' methods. This again works in accordance with the thesis as the methodology includes the analysis of literature, interviews and also, surveys conducted with the use of questionnaires^(b). These methods will be explored in much greater detail in the next chapter.

Now that the principal characteristics of the social interactionist approach have been studied, it is now time to look briefly at some of the criticism this approach has been subjected to. Positivist hold this framework in particularly low regard arguing that nothing concrete can be drawn from this means of research due to the fact that results are not verified by the scientific and nomothetic methods they advocate. Also, the fact that social interactionists focus on the interviewing and surveying of small populations has

been disputed, as it is queried ⁶ if these small numbers are representative of local populations as a whole and hence, any conclusions drawn may prove difficult to credit.

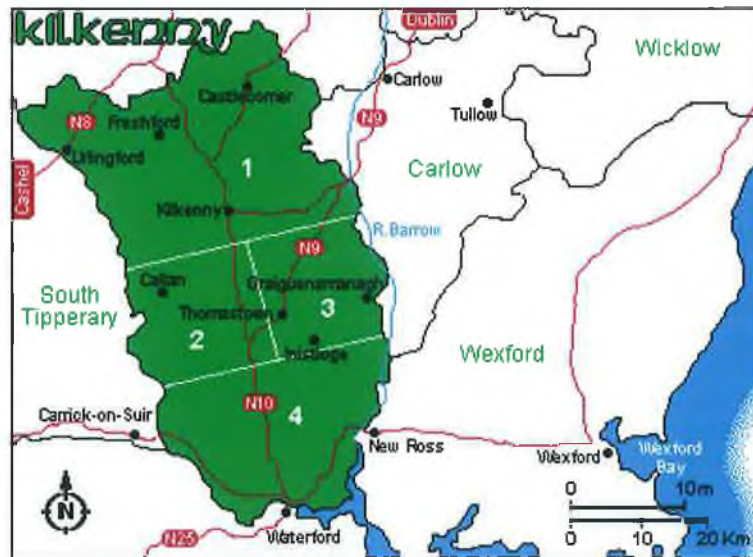
From this brief synopsis, it is hoped that it is clear why the social interactionist approach was selected as the theoretical framework for the research. However, to reiterate the main points may prove beneficial. The social interactionist approach is explicitly humanistic with a strong emphasis placed upon the individual. Similarly, this dissertation focuses to a large extent on the individual with their subjective experience playing a prominent role. For the research to progress significantly, an understanding of the processes that influence the individual is needed. In terms of the theoretical framework, “the ultimate goal is empathetic understanding and explanation rooted in the social, rather than the natural world” (Gattrell, 2002: 32). Finally, as regards methodology, the social interactionist approach incorporates qualitative methods with a particular focus placed upon small, local communities. This correlates closely to the case study used in this dissertation which will be discussed in the coming chapter. From the previous paragraphs, it is assumed that the selection of the social interactionist approach has been justified and sufficient evidence provided so as to demonstrate its compatibility with this dissertation.

CHAPTER 3

Locational Context

As was mentioned previously, it was decided upon to conduct a case study on a rural area and thus, the town of Thomastown was selected. Thomastown is located on the banks of the River Nore in south County Kilkenny. It is also positioned on the major route way of the N9 which links Dublin to the southern cities of Waterford and Cork. The town, although located in a sheltered valley surrounded by countryside is nonetheless very central to the main urban areas in the south-east. For instance, the cities and towns of Kilkenny, Carlow, Waterford and New Ross are all nearby as can be seen from the below map.

Figure 3.1



Source: http://www.countykilkenny.com/pics/map_kilkenny.gif

Like many other towns in rural Ireland, the landscape of Thomastown has been transformed dramatically over the past number of decades. For instance, development has been rife for a number of years now with numerous housing estates and businesses being constructed resulting in the extension of the town outwards along all major routes. The population is experiencing similar expansion with figures consistently increasing to what is now an estimated 4,000 people. However, this figure has yet to be confirmed in the publication of the 2006 census statistics.

The town also has a significantly youthful population.^(a) So as to facilitate this, there are two national schools educating children from the area. However, due to increasingly large class sizes an amalgamation of these schools into a single, mixed primary school is currently being implemented.^(b) Furthermore, the town is also fortunate to have a mixed secondary school called Grennan College where a broad range of subjects are included in the school syllabus. One final point to note involves the town's contribution to the arts with many famous musicians and artists choosing to live in the locality.

From this brief synopsis, the main features of the town's demographic composition have been identified and explanations offered where plausible. Let us now examine some of the factors influencing Thomastown's⁽¹⁾ selection as the basis for the case study in this particular dissertation.

^(c) The reasons for choosing Thomastown as the focal point of the research were many and varied. An extremely important factor contributing to the area being the focus

of the research involves the author's familiarity with the town and hinterland. Having lived there for two decades and having family who still reside in the area was to prove beneficial throughout the research. For example, people who were to be approached by the researcher for the purpose of interviews were perhaps more inclined to participate due to the fact that they had had previous encounters with, and knowledge of, what was being investigated. Their familiarity with the researcher also was to be of great benefit, as people tend to discuss matters more openly and honestly with a familiar face as opposed to an outsider, who they have never encountered previously. Another point worth noting here is that people would also be more willing to provide supplementary contact information (i.e. names, phone numbers, addresses, etc.) if there was an aspect which they felt somebody else would be more knowledgeable.

Similarly, having been a former student of Grennan College who later returned to work temporarily as a teacher, the researcher was of the belief that this was the best place for the survey to be conducted as a personal relationship existed between her and the staff at the school which would make the data collection process both more enjoyable and easier to orchestrate. It is primarily for the above stated reasons that the town of Thomastown was selected as the case study area for this dissertation.

Methodology

The methodology adopted for this research project is both quantitative and qualitative in nature. As was demonstrated from the literature review in the previous chapter, a significant amount of information was sourced from secondary data sources, such as reports and academic journals. While this aspect of the methodology will be examined in the closing paragraphs of this chapter, perhaps for the moment, an emphasis should be placed upon the primary data collection methods adopted, as the bulk of the principal findings derived from the research originate from these sources. Therefore, this section shall commence by looking at how questionnaires and interviews were selected and orchestrated for the purpose of primary data collection.

(a) With the primary aim of the dissertation having a major focus on adolescent drug use, it was felt that questionnaires were essential in the collection of data regarding teenage attitudes and values as well as usage and trends. The option of approaching youths on the street to conduct a survey on a 'one on one' basis was immediately discounted as it was felt that the response rate would be too low. Also, as it is a sensitive subject, concern was expressed regarding the honesty of responses and thus, the integrity of the results. Orchestrating a postal questionnaire was not seen to be a viable option either for similar reasons. ✓✓

Hence, it was decided that the most appropriate location to conduct a survey of its kind, would be in a school. The survey would be completely anonymous and the process

would also be convenient as an extensive sample could be surveyed simultaneously while supervision was in place. Grennan College, located within the case- study area was thought to be ideal as it is a co-educational school. The advantage of this is that both genders could be surveyed simultaneously, as opposed to conducting surveys separately in single sex schools, which would be more time consuming and would require supplementary organization. Also, all students of the school would be from Thomastown or the environs and so, would have a predominantly rural background.

With this much decided upon, the initial step was to contact the school principal Mr. William Norton to seek his permission for the survey. A meeting was arranged and the main aspects of the project discussed with Mr. Norton, who in turn, gave his approval for the survey to take place on Wednesday, April 26th 2006. However, concern was expressed for parents who would perhaps be curious as to the purpose of their child or children participating in such a study. With this in mind, it was decided to draft a cover letter explaining the details of the research and providing assurance that no detailed personal information relating to them or their family would be sought. This was to be distributed to students in school, to bring home to their parents, on the Friday prior to the survey being conducted.

The next step was to draft a pilot survey so as to see if there were any apparent difficulties in terms of the structure and design, the phrasing of particular questions or indeed, any other aspect of the questionnaire. With the pilot survey prepared, a number of copies were distributed to a sample of transition year students and also, to the family and

friends of the researcher. Fortunately, no major difficulties were encountered and so, two hundred copies of the questionnaire were printed.

The layout of the questionnaire was very simple in design and thirteen core questions were included. However, as a number of questions resulted in follow on questions (depending on the participants answers throughout the survey), a total of thirty questions featured in all. Also included on the first page of the survey booklet was a brief note to the students, reminding them that their answers were anonymous and strictly confidential, whilst encouraging them to respond honestly.

With that the survey begins, asking the student some basic factual questions such as their gender, age and year in school. The purpose of these questions was two fold- firstly, to acquire a general profile of the respondent and secondly, to ease the respondent into the survey with some simple questions.

Question four proceeds to ask students if they have ever smoked cigarettes. Two follow up questions require elaboration in the form of disclosing the age at which they first smoked and revealing if they continue to smoke regularly. This was thought to be a particularly significant inclusion in the questionnaire as correlations have been identified between youth cigarette smoking and teenage cannabis smoking in previous studies (Kandal, 2003 and Lynskey et al. 2003). Question five is a direct question inquiring as to whether the respondent has friends who smoke.

Question six is of similar structure to question four, asking the participants if they have ever consumed alcohol. Those who said that they have, are required to proceed to answer supplementary questions regarding the age at which they first drank and also asking if they drink on a regular basis. Question seven, is a direct question asking if their friends drink. Again, these questions were included in a bid to establish correlations between drinking patterns and drug usage.

It is at question eight that the focus turns to drugs, with a direct question asking if the respondent has ever experimented with illegal drugs. If the respondent answers that they have, then a series of twelve additional questions follow, probing for supplementary information. The initial four questions relate to the age of first use, the first drug used, the drug most regularly used and the types of drugs used in the past. These mostly require the respondent to specify their answer, except in the last instance where a list is provided with the most common illegal drugs and the participant must tick the appropriate box or boxes.

It is at this point that the questionnaire becomes more opinion and attitude orientated. Question eight (f) asks candidates to use the Likert ^(e) scale to rank in order of importance, the factors contributing to their decision to begin taking drugs. Five options were provided so as to assess the relative importance of each factor against others. It was thought that this was an important question to include as it could potentially indicate the most significant reasons for adolescent drug use and may even have possible policy implications. In case an important option was excluded, question eight (g) followed to

ask if respondents could think of other reasons as to why young people decide to take drugs. Next a 'tick the box' question followed, asking where drugs could be purchased. Once again, this was perceived to be an important inclusion as it could possibly have implications regarding policing and drug prevention measures in the locality.

Question eight (i) asked respondents the means by which they could afford to pay for drugs. The subsequent question however, continued to ask respondents to reveal if there were other methods by which they could pay for drugs, that were not included in the options provided with the previous question. The basis for this question was to ascertain if young people were involved in illegal activities so as to fund their drug habit.

The final two questions were devised so as to establish the availability of drugs to young people in the area. While question eight (l) asked respondents how easy it would be to purchase drugs, question eight (m) similarly asked how long it would take to be supplied with drugs. These questions were to provide responses which would demonstrate the extent of the availability of drugs within the area and more specifically, drug availability to adolescents.

Question nine was a simple, factual question asking candidates if they had friends who used drugs. The purpose of this question was to establish the extent of drug usage amongst youth populations.

The next set of questions focus on the broad topic of awareness. Question ten inquires if the dangers of taking drugs had been discussed with the respondent. If they said it had, a supplementary question followed asking who it was that provided this information. Similarly, question eleven asks how aware respondents are of the risks of taking drugs. Question twelve proceeds to ask an opinion question relating to whether respondents believe there is a need for increased information, regarding these risks, to be provided. Where a respondent states that there is a need for increased information, they are then asked to suggest some ways that this could be done. These questions were important for inclusion as the answers show the methods identified by the students for which to establish how drug awareness should be provided. These responses should be heeded and possibly considered for future implementation.

The final question in the survey involves the participant's assessment of the extent of the drug problem in the area. This was perceived to be an important addition to the questionnaire so as the youth perception of the areas drug problem could be gauged.

All in all, a total of one hundred and twenty five surveys were conducted on the students of Grennan College. As it was at the discretion of the school principal which classes were to be surveyed, only first, second and fifth years were included as third and sixth years were in preparation for their exams. Although this was nonetheless a sizeable sample, it was felt that responses may have been unbalanced due to the fact that the majority of the sample was derived from the youngest students in the school. Perhaps the inclusion of the older classes may have resulted in slightly different results as it would be,

presumably, this age group who would have the most experience with drugs. Thus, this is something which should be taken into consideration when the questionnaire analysis is being discussed.

(§) With the questionnaires completed, it was now time to commence coding so as to facilitate input into the SPSS (Statistical package for the Social Sciences) analysis system. This coding of the questionnaires involves the data being transformed into a numerical format. However, first and foremost, it was necessary to devise a system. It was decided that closed questions, with only a limited variety of answers, would have a code assigned to each possible response. More difficult to code was the open questions however, as they had no pre-specified answers. Therefore, to facilitate coding, an analysis of these questions was necessary, whereby a number of completed questionnaires were examined and common answer categories identified. As no numerical data was sought from the questionnaire, it was nominal or category data that was derived from the survey.

Interviews were another important component of the primary data source collection and a number were conducted throughout the course of the research. Again, as the topic of drug use is quite sensitive, a number of those interviewed were ensured anonymity and confidentiality throughout.

The first interview to be conducted was with a frequent drug user who was contacted through sources established throughout the course of the research. Questions

were formulated with an emphasis placed upon obtaining his insights and opinions into the subject whilst also using the opportunity to supplement the researcher's own knowledge and aid understanding of the users perspectives and actions. With this in mind, it was decided upon that the 'interview guide' approach would be the most effective method to adopt. Therefore, although a number of topics were specified prior to the meeting, these were flexible and so, could be adapted so as to allow for other specific issues of importance to be revealed. Hence, this interview was conducted in a more informant-directed manner whereby the interviewee controlled what direction the interview took.

The next interview to be conducted was with a member of the Garda Síochána, who is based in the Thomastown area and who has a wealth of experience in the drug squad. He wished to remain anonymous for the purpose of this research. Initially a draft set of questions were produced and given to the Garda in question prior to the interview. These were indicative of the themes to be discussed and their purpose was to allow the interviewee adequate time to prepare his answers.

Once more, the 'interview guide' approach was selected as the most appropriate as it was thought that a more rigid questionnaire technique would be unsuitable. The reason for this was because the interviewee was thought to have an abundance of knowledge on the subject and so, it was felt that the interview would be susceptible to alter direction as it progressed, so as to incorporate other relevant aspects of the topic. It was the opinion of the interviewer that elaboration should in no way be prohibited-

hence, the adoption of a largely unstructured style. By this, it is meant that, although a significant number of questions were prepared in advance, a degree of flexibility was still available so that if other topics of interest were to arise throughout the course of the interview, they too could be included and addressed accordingly.

The purpose of this interview was primarily to obtain factual information on the drug situation within the case- study area of Thomastown, as well as obtaining insights and opinions from the interviewee. However, this was not to be the case as the interviewee was poorly prepared and admitted to not examining the draft questions that had been supplied prior to the interview. Also, the interviewee was unwilling to allow the interview to be recorded so notes had to be taken instead, with the quotes transcribed accordingly. Overall, this was perhaps the least successful interview to be conducted.

Mr. William Norton, principal of Grennan College, Thomastown was to be interviewed next. Mr. Norton's selection as a participant was largely due to his experience and interaction with adolescents as gained through his profession. Once again, it was, for the most part, his opinions and insights into the issue of adolescent drug abuse that was sought, rather than factual information, as was the case previously. A different approach was adopted for the purpose of this interview, namely the closed quantitative approach. Ten specific questions were formulated prior to the interview and a draft of these was sent to Mr. Norton, as was requested. An important aspect of this approach was that all areas of relevance had to be covered in these questions, as flexibility was minimal.

In order to gain an understanding of the personal effects of drug abuse, it was decided to interview a counsellor, Mr. Seamus Caulfield, on the issue. Mr. Caulfield was selected so as to assist the researcher in understanding both the psychology of a drug user and also, to explain the impacts that drug abuse has on relationships and the like. From this interview, it was mostly the interviewees insights and opinions that were sought but some descriptive information regarding real- life cases was also shared. This interview was very informal and almost adopted the format of a discussion at certain times. While some key questions were prepared in advance, at the time the interviewer felt that the format taken throughout the interview was perhaps more beneficial for the research, rather than maintaining a rigid structure.

As can be seen from the literature review, a number of secondary data sources have been incorporated into the study to provide a context within which the study may be set, and also, to support the research in terms of demonstrating the results of other studies and providing evidence to show that there is indeed an opportunity for supplementary investigation.

As was indicated previously, quantitative data was sought in relation to four specific aspects. These were:

1. People seeking treatment for drug dependency and addiction
2. Drug related infectious diseases
3. Drug seizures
4. Drug prosecutions

The Central Treatment List was the principal source of information where statistics could be obtained in relation to the number of people seeking treatment for drug addiction or dependency at specialized centres across the country. While figures are provided for each year, it appears that publication does not occur on an annual basis but rather every four years. This was problematic as the last available figures are for the year 2003. This was disappointing from the researchers perspective as more up to date information would, of course, have been preferable.

Another difficulty with this information is that it is represented on a national basis only, and is not broken down to display the figures for each county. Information sought from the Drug Misuse Research Division was, similarly, problematic. Again, reports are published every four years, with the last publication charting the number of treatment outlets in operation between 1998 and 2002. The spatial reference of the reports was also not ideal, as it covered what was formerly known as the South Eastern Health Board, as opposed to providing data on a county basis, which would have been much more useful for the purpose of this research. It is difficult to doubt the reliability of this data, as both the Central Treatment List and the Drug Misuse Research Division are, presumably, unbiased organizations, whose primary function is to record and publish their research findings for the public.

The next aspect to be studied was in relation to drug related infectious diseases in Ireland. The Health Protection Surveillance Agency is responsible for the collection and publication of this data. While figures were available for as recently as 2005, again, it

was from a spatial perspective that problems were encountered, as data was only available at a national level. It is also worth noting that some apprehension was expressed in previous research regarding the accuracy of these statistics. This is because the Health Protection Surveillance Agency relies upon doctors and hospitals to report all new cases of hepatitis and HIV. However, it is suspected that this is not always strictly adhered to, and a sizeable quantity of cases remain unknown to the relevant authorities.

The final source of quantitative data for this research was the Garda Síochána Annual Reports. These are published in May of each year and contain data on a wide variety of criminal activities including statistics for drug possession and drug seizures. While the data is initially provided at a national scale, it is further broken down on a regional basis, as well as for each county. This was particularly beneficial for examining trends in County Kilkenny. Unfortunately, no information is available at a detailed local level however.

One advantage of these reports is that comparability is relatively easy as each publication follows the same format as the last. Also, the level of detail contained in these reports is excellent. For instance, not only is information available on the number of prosecutions made against those in possession of illegal drugs, but this is further broken down according to the characteristics of the individual- for example, their age, gender, etc. This is helpful in establishing profiles of those most typically inclined to be involved in the illegal drugs trade. The reliability of this data cannot be disputed and it appears to be perhaps the most robust and comprehensive of all quantitative data encountered.

These sources were all analysed through extensive reading and, in some instances, the data was converted into graphs (see literature review) so as to facilitate comparison and aid in the identification of possible trends. A critical analysis was also conducted whereby the aforementioned limitations were contemplated and assessed extensively.

CHAPTER 4

Questionnaire Analysis

As the primary aim of this dissertation was focused upon adolescent drug use, unsurprisingly, the majority of the analysis is derived from data sourced from the survey conducted in Grennan College. In the coming chapter, the analysis will commence by looking firstly at the prevalence of drugs in the sample before proceeding to examine the characteristics of a typical adolescent user. Next, an examination of other issues brought to light by the survey will ensue before, finally, the focus will turn towards policy issues and potential action that could be taken to counteract trends.

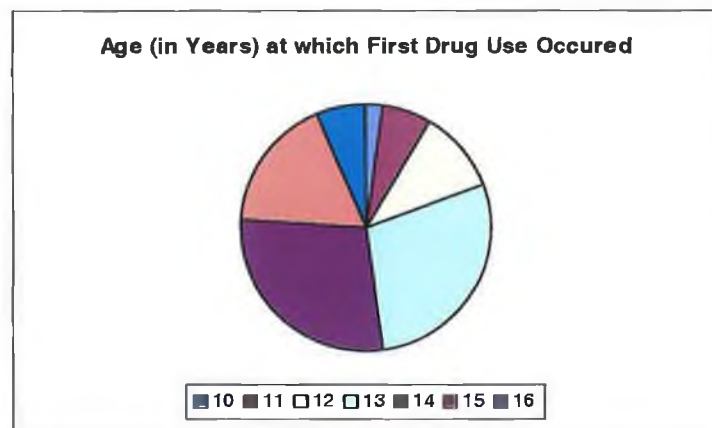
Of the one hundred and twenty five sample, a total of 37% have experimented with drugs at some point. So as to demonstrate the extent of drugs in teenage society, 62% of those surveyed admitted that their friends have used drugs. However, one point worth noting is that of those who have taken drugs, a much higher statistic of 87% have friends who have used drugs. If we recall the research (Willis, 1979, Andrews et al. 1997, Parker et al. 2001 and Petersson et al. 2001) mentioned in the literature review, it had been suggested that adolescents tend to befriend others with similar attitudes and habits. This indeed seems to be suggested in the findings of this research also.

Of those who have used drugs, the division between male and female usage was not as distinctive as one may have initially anticipated with 54% of drug users being male

and 46% being female. Also, drug usage varied considerably according to age. If the data is broken down according to survey participant's year in school, 11% of those in their first year of secondary education used drugs compared to 31% in second year and 40% in fifth year. The vast difference between usage in first and second year is, perhaps, indicative of a period of experimentation. This shall be explored further now.

The age at which drugs were first used was variable ranging from eleven years to sixteen years of age. The following chart shows how the majority of experimentation begins from thirteen to fourteen years.

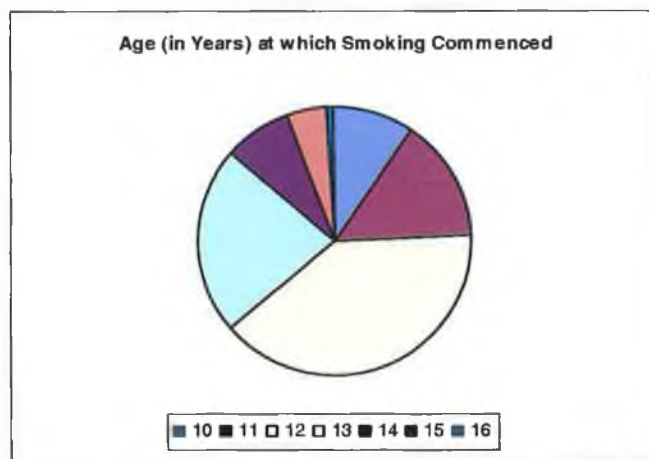
Figure 4.1



This supports the results of the study conducted by Martinez et al. (1999) in Spain (9) whereby fourteen years of age was pinpointed as the average age at which drug use commenced.

As was outlined in the literature review, previous research has shown that there appears to be a correlation between cigarette smoking preceding initial drug use. Hence, it was decided to assess this aspect to see if a pattern could be identified in this particular research. The first point to note is that, of those who used drugs, 96% smoked cigarettes with 63% smoking regularly. By examining the age at which these teenagers first began to smoke, it is clear that a younger starting age is apparent when compared to the age at which the majority of drug experimentation commenced. Figure 4.2 demonstrates this, as we can see that the majority of those surveyed began to smoke at the age of twelve years.

Figure 4.2



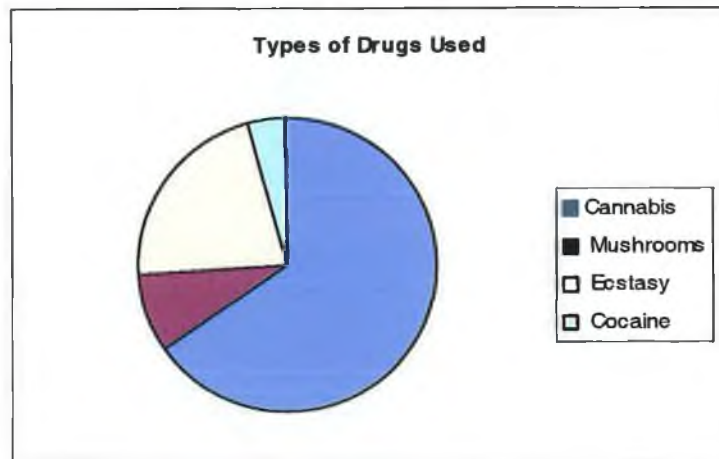
Similarly, it was thought that an examination of the linkages between drug use and alcohol consumption might produce interesting results. Of the sample who used drugs, 98% had, at one point, consumed alcohol with 70% doing so on a regular basis. This is considerably higher than the statistics for those who had not used drugs. These showed that a lesser figure of 82% had consumed alcohol during their lifetime with 52%

doing so regularly. This indeed is indicative of an association between the two substances. ✓✓

Results showing the age at which alcohol consumption commences, on average, seems to indicate a similar pattern to initial drug experimentation, with the majority of those surveyed beginning to consume alcohol from the age of thirteen. Perhaps this is indicative of the two substances being experimented with simultaneously at approximately thirteen to fourteen years of age, and with cigarette smoking preceding this by an average of one year. From this, it appears that the theory of sequencing (whereby one substance is regularly initiated before another and a fixed relationship exists between the two) proposed by Kandel (2002), may indeed be relevant in this instance also. ✓✓

By a clear margin, cannabis was the most commonly used drug of choice for first time users, accounting for 96% of instances. Ecstasy was the only other drug named by participants and this was in a mere 4% of cases. When asked of the type of drug most regularly used, again cannabis was, without doubt, the most frequently used being stated in 91% of cases. Ecstasy featured to a lesser extent being regularly used by 7% of the sample while magic mushrooms were applicable to 2% of candidates. In general, it was cannabis which was the most significant in all aspects, with over two-thirds (65%) of respondents having used it at some point. Figure 4.3 displays the other drugs that the candidates have experimented with.

Figure 4.3



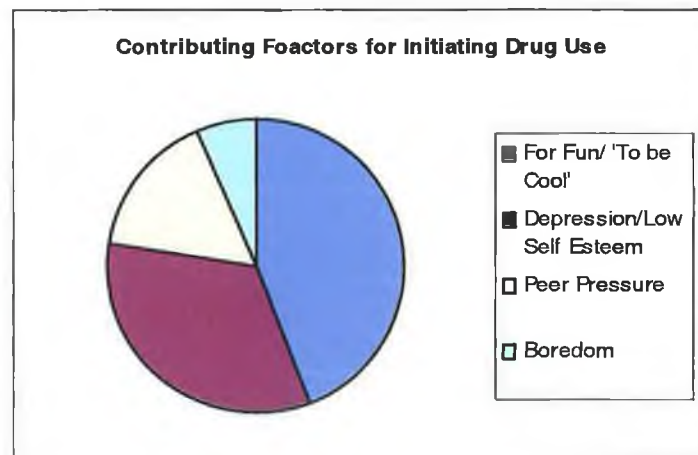
It is clear that ecstasy, although featuring significantly less than cannabis, is still dominant in almost one fifth of cases. The selection of these drugs for use by adolescents is understandable. For example, cannabis is widely perceived to be a so-called 'safe' drug and so, it is evident from the vast majority of research, that it is most frequently the drug of choice for first time users. The inclusion of ecstasy is possibly linked with its extensive availability as well as its low expense (one tablet may cost as little as five Euro). Possibly the inclusion of magic mushrooms may be attributable to their widespread availability. For example, for a period during 2005 and early 2006, magic mushrooms could be purchased in shops nationwide. Their sale has since been prohibited and these such shops have now been closed. However, if they are sourced by the individual themselves from fields, there is no cost to be borne. (2)

The next aspect of the research to be considered involves the reasoning behind using illegal drugs. 28% of those surveyed responded that experimentation (believed to

be closely linked to curiosity) was the most important factor leading to initial drug use. Closely, in second place came escapism, with 20% choosing this option. Friends, (and presumably their influence), were expressed to be the third most important reason and rebellion the fourth. The least most important factor in the initiation of drug use was attributable to the celebrity glamourisation of drugs.

However, when asked to offer suggestions as to why teenagers choose to take drugs, some interesting issues arose. As can be seen from Figure 4.4, 'to be cool' or for fun was stated most often. Depression or low self esteem was seen to be another significant factor while peer pressure featured to a lesser extent accounting for a mere 13% of responses. Boredom was also mentioned as a contributory factor.

Figure 4.4



Regarding the locations where young people can buy drugs, unsurprisingly, off the streets was listed in half of all cases. Discos or the location of other social events also

featured predominantly with over a quarter of candidates selecting this response. The purchase of drugs in school or within the school grounds was also mentioned by a number of respondents. When asked about other places that drugs could be purchased, a vast 63% of the sample stated that they regularly purchase drugs from friends. This is alarming as it indicates that a high level of drug dealing is in operation amongst adolescents. However, what is perhaps an even more startling discovery, is that 11% of respondents revealed that they are able to purchase drugs at home from family members. This indicates that, presumably, older siblings play an important role in the provision of illegal drugs to teenagers.

The next aspect of the questionnaire to be examined is in relation to the means by which adolescents can afford to pay for drugs. The results show that the majority of respondents (37%) use their wages from part time jobs to fund such activities while pocket money, provided by parents, was used in one fifth of cases. 11% of candidates stated that they used what savings they had accumulated to assist in paying for illegal drugs while a slightly lesser figure said that money received as presents for birthdays, Christmas, etc. contributed to funding the purchase of drugs. Almost one quarter of those surveyed stated that they paid for drugs by other means. When asked to specify what these were, two particular methods dominated the response. Stealing was the most common method associated with funding adolescent drug use and was specified in an alarming 59% of cases. Even more worrying however, is that selling drugs for profit accounted for a further 24% of responses. This clearly demonstrates that adolescents are actively participating in illegal activities so as to finance their drug habits.

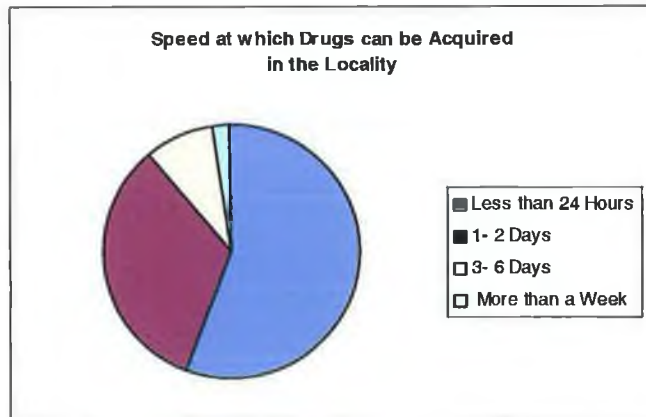
So as to assess the availability of drugs to teenagers within the case study area, respondents were asked to rate the ease of purchasing drugs. Figure 4.5 shows that over half replied that it was very easy to do so in the locality. A significant number stated that it was fairly easy, with a further quarter of respondents adding that it was fair. A mere 4% replied that it was fairly difficult while none of the candidates responded by saying that it was very difficult.

Figure 4.5



In order to probe this aspect further, a question relating to the speed at which drugs can be acquired ensued. Again, it appears from the results that the availability of drugs is widespread with over half saying that drugs could be acquired within a period of twenty- four hours. One third revealed that they could obtain drugs within two days while a lesser figure said it would take between three and six days to retrieve drugs. Only 2% stated that it would take in excess of one week for drugs to be acquired. Figure 4.6 shows these statistics clearly.

Figure 4.6



The next section of the analysis to be discussed relates to drug awareness and information provision to teenagers. Of the entire sample surveyed, a total of 74% stated that the dangers of drug use were explained to them. However, of the portion of the sample who admitted to taking drugs, a slightly lesser figure of 67% responded the same. The reason for this variation is debatable as those involved with drugs may genuinely be ignorant of the risks or may alternatively choose to ignore the reality of drug use and the associated consequences. ✓✓✓

Parents, by and large, seemed to be the most active in providing such information to their children and were held accountable for doing so in 31% of cases. Teachers also featured prominently, being responsible for the provision of information in 22% of instances. The Gardai Siochana were mentioned also and were deemed responsible in 13% of responses, presumably as a result of the drug awareness lectures conducted in schools nationwide. Information received from family and friends contributed to 4% of the responses respectively.

When candidates were asked to rate their level of risk awareness regarding drug use, the vast majority stated that they were very aware of the associated risks. Over two thirds added that they had some knowledge of the risks involved while a mere 4% said that they were completely unaware. However, compared to the results of the surveys completed by those who have taken drugs, responses differ considerably. Only 50% of those stated that they were very aware of the risks with a further 43% adding that they had some knowledge. 7% admitted that they were completely unaware of the risks. Figure 4.6 and 4.7 demonstrate the contrast between the responses received from those who take drugs and those who do not. It comes as little surprise that those who take drugs appear to be considerably less aware of the risks involved in doing so, and the argument regarding genuine ignorance and deliberate ignorance mentioned previously, may be applicable in this instance also.

Figure 4.6 (d)

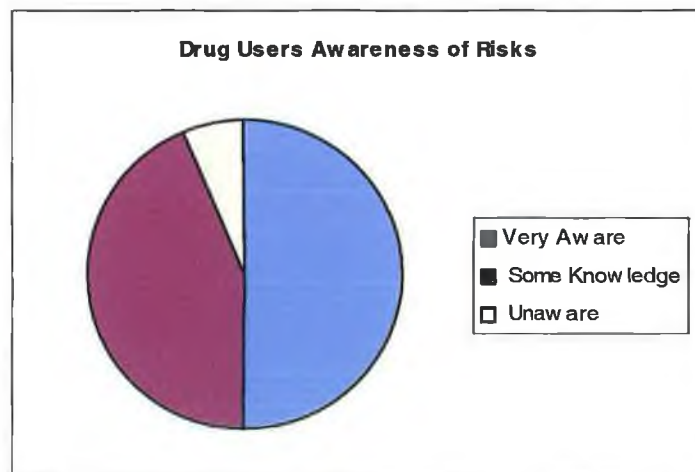
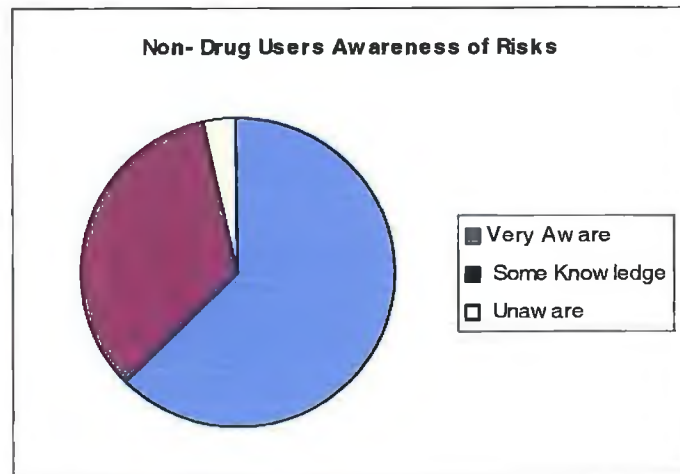


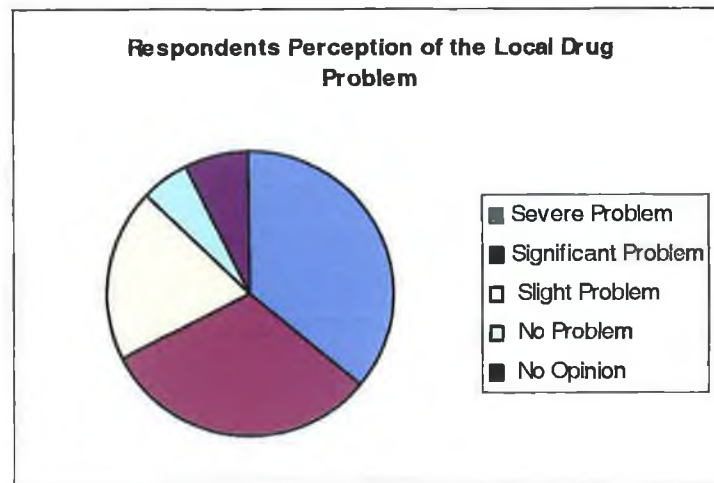
Figure 4.7



All in all, 61% of students stated that there is a need for increased information to be provided in relation to the risks involved with the use of drugs. A number of suggestions were offered in turn regarding the methods by which such information could be provided. School talks and discussions were the most consistent responses, being offered in 28% of instances. Strong visual advertisements showing the physical effects of continued drug abuse was also mentioned in 10% of responses. The inclusion of issues relating to drugs and their effects into the school curriculum was another relatively common response, accounting for 7% of answers. Television programmes informing the public of the dangers associated with drug abuse was also mentioned as was more discussion of the issue at home.

The final question included in the survey asked candidates to rate the degree of the local drug problem. Figure 4.8 shows the responses offered.

Figure 4.8



For the most part, it seems to be the general consensus of the sample, that there is indeed a problem in the locality. The overwhelming majority stated that there was a problem within the area with a mere 7% of respondents concluding that there was no problem whatsoever. These results vary only minutely when broken down according to those who have taken drugs and those who have not. Therefore, it appears that the above chart is representative of the opinion of the entire sample.

Interview Analysis

The results derived from the questionnaire analysis have generally been confirmed by those who have been interviewed during the course of the research. For instance, all interviewees agreed that drug use is now commencing at a much earlier age than it was just a few years ago. In fact, the drug user interviewed even went so far as to say that “children are using drugs- it’s starting at a much earlier age these days”, before adding that a decade ago “sixteen was the youngest that any of us smoked”. Availability was the principal explanation offered to account for this. Other possible reasons included adolescents having more money and also, less supervision from parents who, in many instances, will both be working outside the home.

A number of suggestions were offered regarding the measures that could be taken in order to counteract this trend. Interfering with the supply of drugs was one such measure that was frequently mentioned. This would involve specifically targeting drug dealers who provide the drugs to teenagers. However, as the Garda interviewed stated that the current enforcement measures are “inadequate” as the “units are small and undermanned”, this may not be as viable an option as had been anticipated.

Increased education was suggested also by some of the interviewees. Albeit, as the majority of the questionnaire sample stated that they had knowledge of the risks associated with drug abuse but yet were not deterred from using drugs, it is difficult to assess the success rates of such programmes. Indeed, a certain rebellion may actually be

expected as a consequence of such education, as is often the case when an adolescent is continuously warned against a certain action. ✓✓✓

The provision of more facilities directed specifically at adolescents was another factor that was highlighted by the interviewees. The purpose of this would be “to entertain the kids a bit more...keep them busy and keep their minds away from the alcohol and drugs scene”. In support of this point, boredom was listed as a contributory factor in the initiation of drug use in the survey conducted.

It was agreed by all interview participants that there is a significant drug problem in the case study area. As the Garda stated, Thomastown is “like any other rural town”, drugs are “widely available”. For the most part, he admitted that it is soft drugs that are most prevalent in the locality but continued to say that in more recent times, cocaine incidence has increased markedly. As research has shown (Kandel, 2002), the use of soft drugs such as cannabis generally precedes the use of hard drugs, like cocaine or heroin. This was reiterated by the drug user who confirmed that this is a trend applicable to most, saying “anybody that smoked when we were sixteen or seventeen was more than willing to try ecstasy or cocaine a few years later”. The justification provided for this is that “they see people doing it every day and it doesn’t look like it’s doing them any harm”.

The effects of drugs on teenagers was agreed by all to be extremely worrying. One interviewee claimed that “it affects their brains and affects their way of thinking”,

while another similarly added “drugs are affecting the way they think and the way their life actually takes its course, so the nation will suffer as a whole in a few decades if it continues as it is”. Other aspects that were brought to light from the interviews include the loss of potential experienced by many as a consequence of cannabis use. Smokers were said to have “poor ambition”, find themselves “stuck in a rut” and generally tend to be “poor achievers”.

It is also the general consensus of those interviewed that there is not enough awareness amongst parents of the extent to which drugs are prevalent in society. The belief is that parents are simply in denial refusing to believe that their son or daughter would be willing participants in such activities. One interviewee stated that “they’ll never, ever know...it’s always going to be the secret life of their child”. Lectures and seminars in schools to educate children and parents alike was seen to be the most appropriate response by most. The benefit of this approach is that both parties are “there together and listening to people who have experience of the subject and know what they’re talking about...they’re learning together”. The media was also perceived to be influential in drug awareness provision and it is viewed by all that this is a resource that could be optimized further in future.

CHAPTER 5

Recommendations

The findings of this research have resulted in the development of some new approaches that could potentially be adopted so as to counteract current trends. The first of these to be considered involves a transition, whereby a focus should now be placed upon reducing the demand for illegal drugs, as opposed to solely focusing upon reducing the supply of drugs, as is, and indeed always has been, the case.

In order for adolescents to change their attitude to drugs, it is recommended that education relating to these illegal substances and their associated effects should commence at an earlier age. It is clear that experimentation now begins at the age of approximately thirteen to fourteen years for the most part. Even before this age, many would have already been dabbling with cigarettes.

The 'gateway theory' proposed by Kandel (2003) in her research indicates that if one substance was to be removed from the sequence, the pattern of development would be significantly hindered. Hence, if fewer people started smoking cigarettes in their youth, the likelihood is that fewer would experiment with cannabis and following on, fewer would experiment with hard drugs. ✓✓

In order for this to occur, education on such issues must commence in the latter years of the child's primary school education. At present, there is no emphasis placed upon these such issues at this stage of education, but rather commences in secondary school. It is clear from the results of the survey conducted that, by this stage, it is too late as many would have already began experimentation. However, a brief weekly discussion on the effects of cigarettes, alcohol and drugs for the older classes attending primary school would be much more effective as pupils would have fewer preconceptions and would not have developed attitudes to the substances by this early stage. If a negative attitude towards cigarettes, alcohol and drugs were to be formed at this early stage and a certain social stigma established, it is believed that this would be effective in reducing the numbers consuming these substances in their early teens and thus, following on through into later life. ✓✓

At present, in the instance of Grennan College, Garda lectures are conducted on second year students annually. Again, it is believed that these informative discussions should instead be directed at first year students for reasons similar to those listed in the previous paragraph. Although these are an important aspect of adolescent drug education and are indeed very informative, many students suggested in their survey responses that they would be more inclined to heed warnings received from somebody who had a personal knowledge of drugs and who would talk about their own real life experiences. It is in no way being suggested that the lectures provided by the Garda Siochana should be dismissed altogether, but rather should work in conjunction with lectures provided by reformed drug addicts or drug addiction counselors, who students may relate to better.

Alongside these programmes, it is proposed that the integration of the topic into the school syllabus would be advantageous. This could be done in a number of ways- either as a stand alone class with associated projects and research to be completed by students or included as a dimension of existing subjects such as biology, chemistry, social studies, geography, etc. This could be easily orchestrated using an integrated approach and the co-operation of the teaching staff. After all, it has been proven in a number of studies (Kroger, 1997, Snow et al. 1992, Tobler, 1997 and White et al. 1998) that a 'once off' lecture on drugs and their associated risks does not produce significant changes in adolescents' attitudes. Therefore, it is imperative that the topic is regularly addressed and discussed in a learning environment.

The final recommendation to be made from this research relates to the provision of information to parents. It is thought that an educational programme needs to be established to increase parent awareness. Actual samples of the drugs should be shown to parents so that they would be able to recognize these substances again. Also, physical and behavioural effects should be discussed so that parents would be capable of recognizing the indicators of drug use in their children. At present, a great number of parents are oblivious to such indicators, but armed with knowledge, they may be more prepared to approach their child if they are suspect drug usage. This would be a major deterrent for many adolescents who would rely heavily on their parent's naivety and ignorance to get away with their behaviour.

Conclusions

With the findings of the research analysed and recommendations provided, perhaps it would now be beneficial to re-iterate the main aspects addressed throughout the duration of the dissertation. Of course, the primary aim of the research was to establish whether there is a drug problem in existence in rural Ireland, and following on from this, to examine the extent of this problem. Indeed, through the analysis of literature and reports, it has been proven repeatedly that drugs feature significantly in rural Ireland as we progress through the twenty- first century, with trends showing a steady increase in prevalence over the past number of years.

If we refer back to the literature review, a number of indicators were used to measure the extent of drugs in rural Ireland. These included statistics based upon drug seizures and prosecutions, as well as data relating to treatment for addiction and dependency and drug related infectious diseases. These indicators all conclusively supported the hypotheses that drugs are becoming an increasingly prominent aspect of rural life in Ireland.

In conjunction with the primary aim aforementioned, a particular emphasis was placed upon adolescent drug abuse in rural areas. Overall, it appears that as many as one in three teenagers surveyed have experimented with drugs with the average age of initiation being as young as approximately thirteen to fourteen years. This is indeed an

extremely worrying statistic as a significant portion of these will have a higher likelihood of using hard drugs in future years, as has been examined and established previously.

The implications of this spiraling drug usage are many and varied, as we have seen throughout the research. For instance, criminal activities such as stealing and distributing drugs were cited by many as being the methods through which they obtain money to fund their habit. Other implications include disillusionment with life, disinterest in school and activities such as sports as well as a lack of ambition and desire to succeed. No doubt these factors will have many negative effects on the social structure of this country in the years to come and immediate action is required so as to rectify these trends.

However, is there really anything that can be done so as to counteract, what we have now established to be, a nationwide drug phenomenon? The answer to this is yes, a lot can be done induce a turnaround of the current situation. Numerous recommendations have already been made but personally, I believe a shift in the attitude of the youth population to drugs is essential for any progress to be made. Early education of the risks associated with drug abuse is imperative if the rate of drug experimentation is to be halted. A number of suggestions have been offered as to how this could be achieved, but perhaps the commencement of drug education in primary school is of the most importance. Of course, the inclusion of drug awareness in the school syllabus and the provision of information to parents are also essential if progress is to be made in the near

future. Adolescent drug abuse is a matter of urgency and there is not a moment to be spared in the implementation of new strategy.

As a final note, I would like to refer back to the objectives that were phrased as hypotheses at the beginning of the dissertation. These were:

- There is a serious drug problem developing in rural Ireland
- This problem is particularly apparent amongst the youth population
- Some significant reforms will need to be implemented in order to address the current situation

I now accept these hypotheses as, it is my personal belief, that the weight of evidence gathered throughout the course of the research, provides a considerable degree of support for their acceptance.

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Appendix



NUI MAYNOOTH
Ollscoil na hÉireann Má Nuad

April, 2006

Dear Parent,

I am currently studying for a Masters degree in geography at the National University of Ireland, Maynooth. As part of my studies, I am required to conduct detailed research into a topic of my choice with the final results being presented in the form of a thesis. For this, I have decided to research the subject of drugs in rural Ireland.

I intend to analyse this topic from a number of different perspectives but I am particularly interested in drug awareness and drug use amongst teenage populations. As a result, a questionnaire will be distributed to the students of Grennan College on Wednesday, the 26th of this month with which I shall endeavor to gain an insight into these aspects.

The purpose of this letter is to assure you, the parent, and also your child, that full confidentiality will be maintained throughout the course of the research. At no point in the questionnaire is any child required to reveal any personal information whatsoever as regards themselves or their families. In fact, it will be reiterated on the day that participants are **not** to put any names on the survey and so, anonymity will be ensured in this way.

The overall results of the questionnaire will be available upon completion of the thesis from August, 2006. If any additional information is required, please do not hesitate to contact me at catherine.finan@nuim.ie. Your assistance, and that of your child, in this research is greatly appreciated.

Sincere Thanks,
Catherine Finan

Grennan College Student Survey

Dear Student,

Thank you for taking the time to fill out this survey. Firstly, I would like to ensure you that I am the only person who will have access to these questionnaires and that nobody else will ever see any of the completed papers. Also, as you are **not** to put your name on the surveys, all information is strictly private and it would be impossible to trace surveys back to the students who completed them. With this in mind, I would like to encourage you all to answer the following questions as honestly as possible. Many thanks again for your help.

1. Are you:

Male Female

2. How old are you? _____

3. What year are you in? _____

4. Have you ever smoked cigarettes? Yes No

➤ If yes:

○ What age were you when you smoked your first cigarette? _____

○ Do you currently smoke on a regular basis? Yes No

5. Do any of your friends smoke cigarettes? Yes No

6. Have you ever consumed alcohol? Yes No

➤ If yes:

- What age were you when you first drank alcohol? _____
- Do you currently drink on a regular basis? Yes No

7. Do any of your friends drink alcohol? Yes No

8. Have you ever experimented with drugs? Yes No

➤ If yes:

(If no, please skip to question 9)

- (a) What age were you when you first used drugs? _____
- (b) What type of drugs have you used? (Please tick all appropriate boxes)

Cannabis	<input type="checkbox"/>
Mushrooms	<input type="checkbox"/>
Ecstasy (Pills)	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>
Other	<input type="checkbox"/>

- (c) What was the first drug that you used? _____
- (d) What drug would you use most regularly? _____
- (e) Why did you decide to use drugs? (Please rank in order of importance the reasons why you decided to use drugs. Eg. 1 = Most important, 5 = Least important)

Because your friends were doing it	<input type="checkbox"/>
To try new things & experiment	<input type="checkbox"/>
To escape from normality	<input type="checkbox"/>
Because some celebrities use drugs	<input type="checkbox"/>
Because you were told not to by parents, etc.	<input type="checkbox"/>

- (f) For what other reasons might young people decide to use drugs?

- (g) Where would you purchase drugs if you wished to do so?

(Please tick appropriate box)

Discos/ Other Social Events	<input type="checkbox"/>
At School	<input type="checkbox"/>
Through Sporting Events	<input type="checkbox"/>
On the Streets	<input type="checkbox"/>
Other Place? _____	<input type="checkbox"/>

- (h) Where else might young people be able to purchase drugs?

- (i) How could you afford to pay for these drugs?

(Please tick appropriate box)

Pocket Money from Parents	<input type="checkbox"/>
Money from a Part- Time Job	<input type="checkbox"/>
Savings	<input type="checkbox"/>
Money Received as Presents from Family, etc.	<input type="checkbox"/>
Other	<input type="checkbox"/>

- (j) What other ways might young people be able to afford to buy drugs?

- (k) If you wished to purchase drugs, how easy do you think this would be? (Please tick appropriate box)

Very Easy	Fairly Easy	Fair	Fairly Difficult	Very Difficult

- (l) If you wished to purchase drugs, how long do you think this would take? (Please tick appropriate box)

Less than 24 hours	1-2 Days	3- 6 Days	More than a week

9. Do any of your friends use drugs? Yes No

10. Have the dangers of taking drugs ever been discussed with you?

Yes No

➤ If yes:

- Who was it that informed you?

(Please tick appropriate box)

Parents/ Guardians	
Teachers	
Friends	
Other Family Members	
Other: _____	

11. How aware do you think you are of the risks of using drugs?

(Please tick appropriate box)

Very Aware	Have Some Knowledge	Not Aware

12. Do you think that there is a need for more information to be provided to young people about the risks of using drugs?

Yes No No Opinion

➤ If yes:

- What ways could be this be done?

13. To what extent do you think there is a drug problem among young people in the area? (Please tick the appropriate box)

Severe Problem	Significant Problem	Slight Problem	No Problem	No Opinion

Thank You for Completing the Questionnaire

All Answers are Strictly Private & Confidential

Interview #1- Drug User

Q. You are a frequent drug user. What drug would you most regularly use?

A. Most regularly, I would smoke cannabis. I smoke it every day during my time off from work and especially at the weekend with my friends. If there was a party I'd go through twice as much per week.

Q. So how much would you go through per week?

A. I would probably go through, because I have expensive tastes, about E120 worth per week. That's a half ounce. But in general, a half ounce would cost you E60.

Q. Would you use hard drugs regularly?

A. I'd use hard drugs maybe on the weekend but only on occasion. It wouldn't be what I'd look forward to doing on the weekend if you know what I mean...just at a party or something like that.

Q. What type of hard drugs would you use?

A. I'd normally dabble with ecstasy or cocaine.

Q. At what age did you first begin using drugs?

A. I started smoking cannabis at sixteen. I'm twenty- six now. At seventeen I suppose I started enjoying it and smoking it regularly.

Q. At what age then did you start experimenting with other drugs?

A. Maybe at eighteen when I hit the pub scene and started going out drinking and stuff like that. It was available then so I just bought it.

Q. What type of drugs did you use?

A. Generally ecstasy and cocaine. When I was younger it was ecstasy but in the last maybe four years, it's been cocaine. A combination of both really. I've also dabbled with LSD and mushrooms. That's about it.

Q. What made you decide to first begin taking drugs?

A. Because my friends did it and I was curious. Maybe there was a bit of peer pressure but it was a conscious decision as such to start smoking.

Q. Do you find it difficult to obtain drugs in the area?

A. It's not really a problem to get drugs- there is a lot of people who are selling so it's not a problem at all to be honest. It's easier to get cocaine and ecstasy. Cannabis is harder to get because there is a lot more people smoking. But in general, yes, it is easy to get drugs.

Q. Do you think that there is a drug problem in the area?

A. Yes, there is definitely a drug problem. Children are using drugs- it's starting at a much earlier age these days, like twelve or thirteen years of age. When I was young, sixteen was the youngest that any of us smoked.

Q. Why do you think that people are beginning to use drugs at an earlier age?

A. Maybe because it's available to them more so than it was for us when we were young. It's because it's there that they take it or smoke it or whatever.

Q. What do you think could be done in order to prevent younger people from using drugs?

A. It's a difficult question to answer. You have to tackle it at both ends of the scale if you know what I mean. The dealers bringing in the drugs and tackling it in the pubs and stuff like that. Just catching the people who have it in their pockets and relying on people to tell the Gardai. It's very difficult to control. There's so much money involved. Maybe just try to entertain the kids a bit more. Provide some more facilities- groups, clubs...stuff like that to keep them busy. Keep their minds away from the alcohol and drugs scene.

Q. Have you yourself ever dealt drugs?

A. I've sold drugs. Not on a large scale and just so I could pay less for what I was smoking myself. Just cannabis. For instance, if I got an ounce, I might sell some. Say I pay E100 for an ounce and then sell three quarters of that at E30 each, I only pay E10 myself for the same amount.

Q. Who would your clientele consist of?

A. Generally friends of similar age. I'd rarely, rarely sell to people younger than me except brothers of friends or something like that. Again, it's very, very rare that I would do this because it's not worth the hassle and the worry. Besides, there's not enough money to be made from doing it at that scale. You have to be selling a lot to be able to make some money and I'm not interested.

Q. Do you think you'll ever give up drugs?

A. Eventually I'll have to make the decision to stop. Life changes and so do people's situations. I like to smoke but ecstasy and cocaine I can do without totally. I'd have no problem giving them up.

Q. Would you consider yourself to be dependant on cannabis after smoking for ten years?

A. Maybe psychologically dependant if you can understand that. It's not physically addicted but more addicted to the idea of being stoned and the fear of what to do or how to react to not being that way. Like will people see that I'm acting strange? It's more of a psychological dependence on it definitely.

Q. So you think you're at the point where you've been on drugs for so long that you don't know what it would be like not to be?

A. That's it. I haven't gone two days without drugs in about eight or nine years maybe so it's very difficult to foresee how I'd be after a month of not smoking.

It's just that my situation stayed the same and I enjoy smoking. It's nice to spend your time off relaxing.

Q. Is there anything that would deter you completely from taking drugs?

A. Not really. It's totally up to the individual, I think, to make a conscious decision not to smoke.

Q. Say if there were stricter laws regarding drugs in Ireland- similar to those in other countries such as Turkey or Morocco- do you think that that would be a sufficient deterrent?

A. That might deter people but I don't think that would solve the problem. People will still find places to smoke. They'll smoke in their houses or something. They'll find ways to do it. The penalty doesn't really bother people I think.

Q. What is your opinion on the legalisation of cannabis?

A. I would agree and I would disagree at the same time. There's a lot of people that have smoked for thirty odd years of their lives and still lead good lives. They have families and children but they use cannabis as a way of relaxing on their time off. What harm are they doing? Legalisation though. I'm not sure really. Would it cause problems? Yes, it probably would.

Q. Do you think that with young people starting to use drugs so early that there is going to be a serious drug problem in years to come involving harder drugs?

A. The youth population at the moment is using a lot more so I think it might affect the population as a whole in maybe twenty years when these people have grown up. It affects their brains and affects their way of thinking. Their brains haven't developed yet as a thirteen year old, even as a fifteen or sixteen year old and drugs are affecting the way they think and the way their life actually takes its course so the nation will suffer as a whole in a few decades if it continues as it is.

Q. You mentioned you made the transition from soft drugs to harder drugs. Do you think that this is a trend applicable to most people?

A. Yes. Anybody that smoked when we were sixteen or seventeen was more than willing to try ecstasy or cocaine a few years later. They see people doing it every day and it doesn't look like it's doing them any harm. For instance you see somebody on the street and say "how are you" and they say "I'm fine" and you say "but I saw you last night and you were in bits". So they think if they can take it and be ok the next day the why not.

Q. Have you ever considered your own health throughout the past decade of using drugs?

A. Health isn't that important to me at the moment obviously. I've smoked for the past ten years. I also have a bad diet and I don't exercise so I'm generally not a healthy person. If I was healthy, I wouldn't be smoking full stop. But because I'm not healthy, smoking doesn't bother me.

Q. Do you smoke cigarettes as well?

A. I do, yes.

Q. Did you smoke cigarettes before you started using cannabis?

A. I did. I started messing with cigarettes when I was young- maybe fourteen or fifteen.

Q. Again, do you think that's a trend that is applicable to most first time users....that they would have smoked cigarettes first?

A. Yes. It's easier for nicotine smokers to smoke cannabis. Although I do have friends who don't smoke cigarettes but have the odd pull of a joint. Years ago, it was impossible because you'd be coughing and spluttering. So, yes, I do think it's easier for smokers who are used to nicotine.

Q. Do you think there's enough awareness out there amongst parents regarding their children's activities?

A. I don't think so. I think the parents are in denial when they say "My son wouldn't do that" or "My daughter wouldn't do this". There's not enough awareness out there for parents I don't think. They need to be brought to ground level. If they were given an invisible cloak and brought to the usual hangouts and shown the behaviour....kids all sitting around drinking and taking drugs. They'd get a fright. They'll never, ever know. It's always going to be the secret life of their child. I think drug talks in schools are very important for both parents and children. To be

there together and listening to people who have experience of the subject and know what they're talking about. They're learning together.

Q. Anything else you'd like to mention before we finish up?

A. Nothing in particular, no. Thanks.

Interview #2- Garda

Q. Explain briefly your role within the Garda Siochana?

A. "Crime detection and investigation"

Q. To what extent do you rate the current drug situation in Ireland?

A. "Significant problem"

Q. Do you believe that drugs feature to the same extent in rural Ireland as they do in urban areas?

A. "Higher incidence in recent times"

Q. Do you think that people are beginning to use drugs from an earlier age?

A. "Yes" because of "more money, less supervision with both parents often working and wider availability of the drugs"

Q. Do you think that with young people starting to use drugs earlier that there is going to be a serious problem in years to come involving harder drugs?

A. "Hard to say"... "cannabis is a lifestyle"

Q. What do you think could be done so as to prevent young people from using drugs?

A. "Increased education and a better, more integrated approach"

Q. Do you believe there is enough awareness of the issue in the media to warn of the potential risks concerning drug abuse?

A. "No, not in relation to soft drugs"... "Seems to be campaigning for their legislation"

Q. What do you believe to be the most profound impacts on society as a result of the recent drug culture?

A. "Lost potential as a result of cannabis use"... smokers have "poor ambition", find themselves "stuck in a rut" and are generally "poor achievers"

Q. In your profession, have you seen an increase in drug related crime incidents in recent years?

A. "Yes"

Q. How would you rate the drug situation in the Thomastown area?

A. "Like any other rural town"....."widely available"

Q. Which do you believe are more prevalent in the locality- hard drugs or soft drugs?

A. "Soft drugs".....although recently there has been a "higher incidence of cocaine use"

Q. What is your opinion of the current enforcement measures in existence to counteract drug use?

A. "Inadequate....units are small and undermanned"

Q. What methods do you personally believe to be the most effective?

A. "Targeting dealers". Also need for a more "integrated, multi-agency approach" linking in other divisions such as "the Criminal Assets Bureau"

Q. What is your opinion on the argument for the decriminalisation of cannabis?

A. "Not in favour"...."wouldn't change anything"

Q. If you could eradicate one drug completely, what would it be and why?

A. "Heroin because of the devastating effects it has on the body"

Q. How do you envision Irelands drug situation in years to come?

A. "Worse because this has been the trend for a number of years"

Q. Do you think the same trend is applicable to Thomastown?

A. "Yes"