Homelessness Among Older Adults in Prague

Causes, contexts and prospects

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FOREWORD

The object of our research was to ascertain the circumstances that led older people, especially those in middle age, to find themselves on the street. We also wanted to find out why some of them remained there for so long. The situation of middle-aged people is different to that of young people, the subject of our previous study. Middle-aged people grew up under the communist regime, in which an obligation to work was enshrined in law and anyone living on the street could be sent to prison. Many of them gained professional qualifications and found work. And yet, as time passed, they found themselves down and out, often due to the lack of a stable family environment, inadequate socialisation, and/or an ability to comply with rules. We were interested in how long these people had been living on the street, why they had become chronically homeless, and in which phase of their downward trajectory it would still be possible to mount an effective intervention. Generally speaking, young people have not spent as long on the street and therefore have a better chance of returning to society. This is not so in the case of middle-aged people, because over time they have lost the necessary habits and become accustomed to street life. They would therefore find any fundamental change of lifestyle far more demanding. A problem that afflicts both age categories is an addiction to psychoactive substances (substance use disorder). Middle-aged people tend to be addicted to alcohol, younger people to drugs. Similar findings have been reached in other countries. We also examined how effective the assistance provided by state and non-profit organisations is. The aim was to discover how the service users themselves rated it, to what extent they availed themselves of it, and whether they believed it had helped them.

We also followed up on our research into young people by monitoring developments in their lives subsequent to our study. We wanted to discover whether the people we had interviewed were still living on the street or whether they had managed to escape, i.e. whether and how they had coped with such a fundamental change of lifestyle. It would appear that an important element of any return to mainstream society is having close relationships with people who are not homeless and can assist in the process of resocialisation. Older homeless people do not have such relationships because they have been living rough for far longer. Another point of crucial importance was that younger people had not yet found themselves lumbered with such levels of debt that the sheer amounts involved and the threat of execution proceedings rendered any return to society

and employment impossible. Another significant barrier to resocialisation is a criminal past, which can contribute both to a person finding themselves homeless and remaining so. This was more frequent in our older cohort.

People in both age groups had experienced big problems coping with the demands of adulthood and had been unable to accept responsibility for their own lives. Their unresolved problems escalated over time and led to further social disaffiliation and chronic homelessness. Our analysis of this process may lead to the creation of a more effective system of support and assistance that could prevent such a downward spiral.

The authors

I. INTRODUCTION

1. SPECIFICATION OF THE PROBLEM

To be homeless is to lack any kind of private space, with its formal and emotional demarcations, i.e. to lack a concept of "home". Being homeless also tends to involve a lack of stable relationships and the safety and security that a home provides. A person's home forms a stable environment. It is a central feature of the life of every individual. It can both define them and be defined by them, and offers a sense of rootedness and belonging. (The need for a home is evident in the way that many homeless people construct their lean-tos so that they resemble houses.) A permanent place of abode serves as the physical foundation of a home, offering a person the privacy that permits them to create more stable social bonds. The loss of a home leads to reduced feelings of security and safety (Mallett et al., 2010; Nemiroff, 2010; Ravenhill, 2014).

Homelessness is one manifestation of **extreme social exclusion**. It reduces a person's sense of security and the material resources available to them. The loss of a home and the breakdown of stable social bonds is associated with more general feelings of disorientation and a lack of belonging to a particular social group and society at large. This space is then filled by the homeless community (Mallett et al., 2010). Homelessness is a manifestation of dysfunctional behaviour and problem solving, as well as **complex social failure syndrome**, i.e. an unwillingness or inability to respect societal norms and act accordingly. Opting for a life on the street liberates a person from the pressure to meet all the demands placed on them by society, while at the same time depriving them of the protection that social inclusion provides (Vágnerová, Csémy, Marek, 2012, 2013). Homeless people do not normally suffer mental illness as such, though their social failure indicates that they are not completely psychologically balanced. At the very least, the executive functions[1] on which the regulation of all conduct depends are subnormal. Whatever the proximate cause, such people are unable to exploit fully their potential, deal with ordinary life situations and the stresses arising therefrom, and occupy different social roles (often as a consequence of substance use disorder) (Mohr, 2016).

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1 Executive functions are a set of cognitive processes that are necessary for the cognitive control of behaviour.

The concept of homelessness includes many variants of a non-standard existence that is unstable and can change depending on circumstances. The European Typology on Homelessness and Housing Exclusion (ETHOS) takes due consideration of the variability of circumstances such people find themselves in: being homeless is not a life sentence, though by the same token a return to society is not necessarily permanent (Hradecký, 2015). **Homelessness must be viewed more as a process** than a fixed state. It is a reaction to unmanageable problems and represents a last-ditch attempt to resolve them. There are many paths to homelessness and they possess a multidimensional character, i.e. there is always a combination of different factors in operation. People find themselves without a roof over their head for many different reasons. As a consequence, their subjective experience may differ, along with their willingness to strive to change their lives.

In terms of the way that people on the street choose to survive, **two basic forms of homelessness** can be distinguished (Hradecký, 2015):

- **Manifest homelessness** refers to people sleeping rough in public places, e.g. beneath bridges or in drainage canals, railway carriages or illegally occupied buildings (squats). There are fewer people living in full view on the street or in places that are not intended for human abode than there are hidden homeless people.
- **Hidden homelessness** refers to people without accommodation living in dormitories or shelters and/or crashing with friends and relatives. (Low-threshold reception centres or the Hermes vessel [originally a cargo vessel converted into a reception centre and moored on the River Vltava in Prague] do not offer 24-hour accommodation or any personal space, and therefore fall into the first category.) Hidden homelessness can be a transitional phase in the movement from street to society or vice versa.

We can further differentiate between short-term homelessness, which might involve merely a temporary episode lasting months, and chronic homelessness lasting years. The latter has more serious consequences and involves more significant changes to habits, ways of thinking and conduct, and even to an individual's entire personality. Short-term homelessness is deemed sleeping rough for a period of up to one year (Johnson and Chamberlain, 2008). According to the social adaptation hypothesis, the longer a person lives on the street, the more they adapt to this lifestyle. They strike up relationships with other homeless people and begin to adopt their patterns of behaviour. As a consequence, a return to mainstream society becomes more and more difficult. Homelessness can trigger devastating life changes often including alcohol and drug abuse and **gradual desocialisation and/or nonstandard resocialisation** within the homeless community. This decoupling from former values, norms and customs is intensified by the social stigmatisation of homeless people and their rejection by mainstream society. Changes in personality amongst the homeless then continue (Marek, Strnad and Hotovcová, 2012; Vágnerová, Csémy, Marek, 2013; Ravenhill, 2014).

Older homeless people differ from their younger counterparts both in respect of the reasons they find themselves on the street and the period of time they remain there. Middle-aged people may also possess a wider range of experiences than those on offer on the street. Many of them had previously lived a normal lifestyle. They had a family, with all the stability that implies, and a job, by means of which they were able to support themselves and which helped determine their social status and identity. For various reasons they then lost all of this. **Their descent into homelessness is accompanied by a sense of loss** that is not balanced by any significant gain (leaving aside the relative freedom and lack of obligation). People who have lived on the street from their youth and have no other experience to draw on find it easier to adapt to their social exclusion and unusual lifestyle. They did not lose a relationship or career, because they had none to begin with. A separate category comprises people who brought an alcohol or drug addiction with them onto the street. A person may find themselves in such a downward spiral at any time in life.

The **age composition of Czech homeless people is changing**. This is because thirty years ago (i.e. before the Velvet Revolution in 1989 that brought down the communist regime) nobody slept rough. Homelessness is a phenomenon that only appeared later. Over the last twenty-five years the numbers have been rising. Some people have been living on the street for several years, whereas others, especially young people, are only just arriving. (According to the employees of Naděje, an organisation working with people in need, the numbers of young homeless are rising, and this is confirmed by people who work with drug addicts.) It is therefore difficult to compare the research outputs of foreign studies with our own. Foreign studies are based on completely different assumptions, though they also occasionally note a rise in the number of homeless people in their country. This was the conclusion, for instance, of the American study by Culhane et al. (2013), which found that the age at which people were at risk of homelessness was rising. In 2010 the group most at risk in the USA was aged 49 to 51. In the Czech Republic the increase in the number of older people sleeping rough is more the result of long-term homelessness.

If we stand back and look at homelessness within a broader context, we find it is influenced by a **range of factors that can be both its cause and the reason it becomes chronic**. The greater the number of risk factors in an individual's life, the higher the likelihood that they will end up on the street or follow another downward trajectory and, for instance, end up in prison. An individual's experience of childhood can contribute to this increase in risk factors. The relationships between individual members and the overall functioning of the family unit are important factors, and can be either stressors or sources of support (Ravenhill, 2014). Their experience of childhood will affect the entire trajectory of an individual's life and will impact on the level of education and professional qualifications acquired and their lifestyle choices, including criminal activity and alcohol or drug abuse (Mabhala et al., 2016). The family serves as a nurturing

environment, while its members function as models of the behaviour of adult people. If the family is in some way dysfunctional, this can in turn lead to other problems. Coping with adulthood requires the acceptance of responsibility and the restrictions ensuing therefrom, whether this involve a career or a relationship. In both these spheres the conditions for success are already formed during childhood and adolescence, and many current homeless people lack the necessary positive experience.

A person finds themselves sleeping rough usually as a consequence of the accumulation of multiple risk factors (an atypical childhood, lack of education, problems finding work, and a tendency to escape into undesirable activities such as alcohol abuse or criminality). However, a certain trajectory in life, including homelessness, can be triggered by **personality traits** that can be genetic in origin or related to poor upbringing (Robert et al., 2005; Kidd and Shahar, 2008). Social skills are also important (Holton, 2011). Bassuk et al. (1997) confirmed that disadvantageous personality traits can increase the risk of homelessness, and the same conclusion was reached by Wong and Pilliavin (1997, 2001). Fertig and Reingold (2008) point out that, while the influence of social factors is significant, personality is more important because it determines how an individual will deal with pressure. However, there is no cast-iron personality profile of a homeless person, and many different kinds of people can find themselves on the street.

Both young and middle-aged homeless people have a higher **propensity for negative emotional experiences**. This can refer to depression, as well as irritability and a tendency to respond disproportionately to minimal stimuli with anger or rage. Such people have little control over their feelings. Similar conclusions were reached by Pěnkava (2010). Social adaptability is an important trait, or in this case its opposite, namely an **inability to adapt to society's demands**. This involves a complex of qualities manifest in relations with other people and the surrounding world and refers above all to an individual's ability to accept responsibility, respect valid rules, and not be driven solely by their own selfish needs. Without this ability a person is more reckless and prone to conflict. This then leads to **problems with interpersonal relationships**. These result from low empathy and an inability to put oneself in another's shoes, and a tendency to resolve common conflicts through radical solutions without regard for others. Poor social adaptability is usually manifest in behavioural problems during childhood and an inability or unwillingness to meet the demands of adults. Individuals with poor social adaptability cannot maintain close relationships with people and therefore lack the necessary social support in adulthood (Levinson, 2004). Undesirable personality traits are evident in work relationships and are one of the reasons why these people lose their jobs (Pěnkava, 2015).

Young homeless people admit they are indifferent to conventions, ignore social norms, are irresponsible and undisciplined, and have no desire to be subordinate to anything or anyone (Vágnerová, Csémy, Marek, 2012). Their middle-aged counterparts have a similar attitude towards rules. They too are irresponsible

and undisciplined. This can be congenital in origin but also the consequence of emotional deprivation caused by a childhood spent in a dysfunctional family or an institution. It is likely that **sleeping rough intensifies and expands the undesirable personality traits** that these people already possessed (Štěchová et al., 2008). These traits are so advanced in some homeless people that they can be deemed personality disorders. The prolonged abuse of drugs and alcohol merely serves to exacerbate the situation.

A life on the street **leads to the disruption of relationships with members of mainstream society** (Davies, 2010). The homeless are a disadvantaged and vulnerable group, whose members are routinely ostracised and even on occasion subject to physical assault by the public. Their feelings of insecurity are not alleviated by the fact that their social networks comprise other homeless people, who for the most part do not represent a stable, nurturing environment. Life on the street involves many traumatic experiences that impact negatively in the form of the stress caused by social stigmatisation, low self-esteem, and a lack of support ensuing from the depletion and distortion of interpersonal relations (Renedo and Jovchelovitch, 2007. Davies, 2010). Homeless people live in relative social isolation, without the standard protection commonly available to members of mainstream society. Homelessness liberates a person from the pressure of society's duties and demands. However, this is a freedom that functions as a vacuum. Homeless people are aware of their low social status and react to their social exclusion by isolating themselves still further and engaging in minor infractions such as harassment.

The habits and lifestyle of a homeless person usually take several years to become entrenched. This process is accompanied by a transformation in self-image. Homeless people gradually lose all control over their lives, and a meaningful return to mainstream society becomes more and more difficult. Generally speaking, the longer a person is on the street, the more they change. Their values and competencies change and the negative consequences of risky activities (e.g. drug addiction and alcoholism) are compounded. Sometimes their health deteriorates or further social disaffiliation occurs (e.g. time spent in prison). An awareness of their downward trajectory, their rejection by mainstream society, and the lack of a supportive environment complicate the process of rejoining society. They are now part of the homeless community and have no other friends or acquaintances. By this time they usually identify with this community. They are aware that they have changed for the worse and that they are deemed unacceptable by the public, but they are no longer willing or even capable of seeking to change. In the chronically homeless a feeling of resignation and a reluctance to deal with problems that appear to them to be irresolvable (repaying a debt or abstaining from alcohol or drugs) prevails. These people reject any course of action that would require effort from them, and their desocialisation and personality disintegration continues, especially if they are long-term drug users or alcoholics.

1.1 OUR OBJECTIVES

Above all we wanted to **learn how middle-aged homeless people view the course of their lives** and the situation they now find themselves in.

- To what extent they believe their family and their experience of childhood played a role; how they lived as adults prior to becoming homeless; what kind of education they had and whether they were able to find and hold onto work, live with a long-term partner, and look after their children; and what milestones of their lives they consider important and why.

- We were also interested in how they explain their descent into homelessness, how they rate themselves and their life on the street, and to what extent they believe they contributed to their own downfall. It is clear that any evaluation of previous phases of life will be influenced by the current situation, which in turn could impact their view of the future.

We hope that the life stories of the people we interviewed will contribute to a general understanding of the paths that can lead to homelessness. This in turn will provide a data set that could assist in the selection of an appropriate strategy for working with people at risk.

We also set out to discover **whether, and if so how, chronic or long-term homelessness differs from short-term homelessness**, i.e. whether people sleeping rough for longer than 10 years differ in any way from **those who have been homeless for a shorter time**. It has been shown that middle-aged people take longer to adapt to life on the street than young people. In the case of older people the critical period is four to five years, whereas in the case of young people it is only two years. Between both groups there can be a difference in terms of personality (personality traits, ingrained experiences and habits, and level of education or professional qualifications), but also in terms of risk-related activities, especially alcohol and drug abuse and criminal conduct, and ultimately in terms of the severity of personality disorder and mental health. Identifying the potential differences will make it easier to define more precisely the risk of chronic homelessness and enable outreach workers to focus more on what might prevent people from remaining indefinitely on the street.

1.2 METHODOLOGY

Our research was based on a qualitative analysis of detailed interviews that took place from June 2016 to May 2017. We conducted a semi-structured interview, i.e. one with a predetermined range of topics. The interview focused on the life story of individuals, their childhood and adolescence, the education they had received and their social adaptability as children and teenagers, their entry into adulthood, and their experience of employment, relationships and parenthood. In short, we examined the period prior to our respondents becoming homeless,

but also looked at their lives as homeless people and how they felt about the future. During the course of the interview, the people interviewed were given sufficient space to say anything and everything they wanted, and most of them responded to this positively. Generally speaking, they were happy with the interest being displayed in their life story, possibly because this was not something they had often encountered. Each interview lasted an average of two hours and was recorded with the permission of the participants and then transcribed verbatim.

Recurring themes were identified and the transcripts then divided into certain spheres. These spheres were then further broken down into subcategories offering the opinions and experiences of the respondents. The analytical induction method was used to determine these subcategories, which is based on a search for similarities allowing for a consistent strategy of comparison (Osborn and Smith, 2008). We compared the resulting subcategories with those of other studies and discovered that other researchers, e.g. Mabhala et al. (2016), examined the determinants leading to homelessness in a similar way. The narrative of homelessness can be seen in relation to the past, present and future. Our approach to the present and our future expectations derives from our interpretation of the past. Over time, some people have a tendency to "amend" their life story and interpret it in a different way so as to bring it in line with their current self-image.

It is clear that the life stories as recounted by our respondents may not be accurate. Distortions may appear depending on the significance of individual events and the gradual disappearance of recollections, especially regarding events stretching back further back in time. There are inaccuracies regarding the timing of events, and the stories are sometimes self-contradictory. People sleeping rough have a tendency to "polish" their life story so as to appear in a more favourable light. The positive correction of a story helps boost their self-esteem, which has been damaged in all sorts of ways by their awareness of their own social disaffiliation. Certain inaccuracies and lacunae can be attributed to the long-term use of drugs that affect the functioning of memory, and/or the effects of a homeless lifestyle that makes no demands on cognitive activity. The stories recounted by young people were shorter. Our younger respondents felt no need to defend their homeless status and often understood it as a process of finding themselves. We did not encounter this approach in older people.

In order to supplement the information acquired we used a questionnaire intended to track several key areas of life on a far larger cohort. The questionnaire focused on identifying demographic data, the process that led to people finding themselves on the street, which life events had influenced them, what their current sources of income were, and where they lived. Using the questionnaire we explored the frequency of chronic somatic diseases and mental disorders, individual psychiatric symptoms of addictive behaviour, and the degree of social alienation.

1.3 A DESCRIPTION OF THE GROUP UNDER EXAMINATION

Our cohort comprised 90 homeless people aged between 37 and 54, of whom 70 were men and 20 women. The ratio of men to women was 78/22, which corresponds to the ratio of men and women in the homeless community as a whole. For instance, McDonagh (2011) found that 84% percent of homeless people are men and 16% women, Panadero et al. (2015) found the figures to be 83% and 17% respectively, while Ciapessoni (2016) studied a cohort comprising 77% men and 23% women. We sought respondents by means of various charities for the homeless (a Salvation Army shelter, the low-threshold drop-in centre run by the organisation Naděje as part of its outreach programme, and the dispensary of the Mobile Social Services), the *Nový Prostor* magazine sold by homeless vendors [the Czech equivalent of *The Big Issue*: trans.], in the waiting room of a probation officer, and out on the streets (in Malešice and at the Vltavská metro station). All the people we met were contacted and all agreed to be interviewed. A small remittance of CZK 200 [USD 8.7] was paid.

Tab. 1. The group under examination

|	no.	average age	SD	average duration of homelessness	SD	average age upon becoming homeless	SD
men	70	45.6	5.3	9.5	7.0	36.3	7.2
women	20	43.5	4.2	8.4	6.1	33.1	8.2

The average age of homeless women is somewhat lower than that of their male counterparts. Women also found themselves sleeping rough at a younger age than men, though the difference is not statistically important ($t = 1.68$).

The age a person became homeless is important. People currently aged 47–55 began sleeping rough on average aged 38.4 (SD = 7.98), while people aged 37–46 became homeless aged 32.9 (SD = 8.04). The difference between both groups is significant: $t = 3.19$, $df = 88$, $p = 0.01$. What this means is that **the age at which people are becoming homeless is dropping**. The reason is clear: older people were young adults under the former communist regime, when it was impossible to stop working and when a person could not become homeless because they would find themselves in prison for what was called "parasitism".

The length of time these people have spent on the street is important. People aged 47–55 (N = 39) have been homeless for an average of 11.5 years (SD = 4.06), people aged 37–46 (N = 51) for an average of 7.9 (SD = 5.83). This is an important difference statistically: $t = 3.25$, $df = 88$, $p = 0.01$. What this means is that **older homeless people have been living on the street for a longer period of time**. This may be because, after several years of sleeping rough, they are no longer able to change their lifestyle.

Those of our cohort who have been on the street for 10 years and more comprise 38 individuals. Their average age is 46.3 (SD = 5.3) and they have been homeless since the age of 30.3 on average (SD = 6.6). Those of our cohort who have been on the street for four years or less comprise 24 individuals. Their average age is 42.6 (SD = 9.7) and they have been homeless since the age of 42.5 on average (SD = 5.5). The groups do not differ significantly in respect of current age (t = 1.9, df = 60), but more in respect of the age they became homeless (t = 7.4, df = 60, p = 0.001). Middle-aged people who have been sleeping rough for a short period of time only became homeless later in life. We may assume that these groups will differ in respect of other aspects (see below).

The cohort for the questionnaire comprised 342 homeless people, of whom 271 were men (79%) and 71 women (21%). The average age was 48 (SD = 14). The time spent homeless differed, with 51% of the group having lived on the street for three years or more. We sought respondents in shelters (27%), low-threshold drop-in centres (70%) and on the street (3%) at locations in Prague (39%), Brno (28%), Ostrava (21%), Mladá Boleslav (7%) and Beroun (5%).
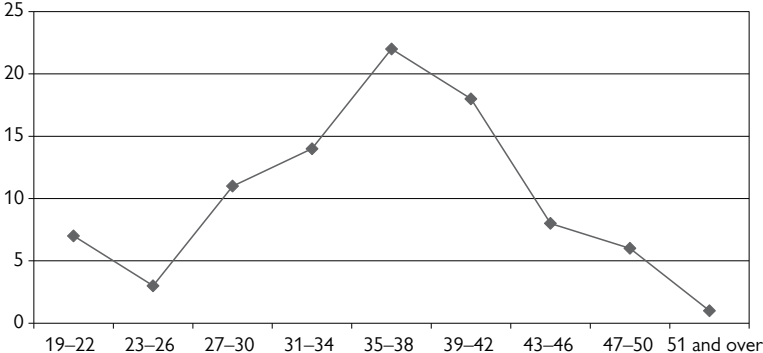
Graph 1. The age at which a person became homeless (the graph shows absolute figures).
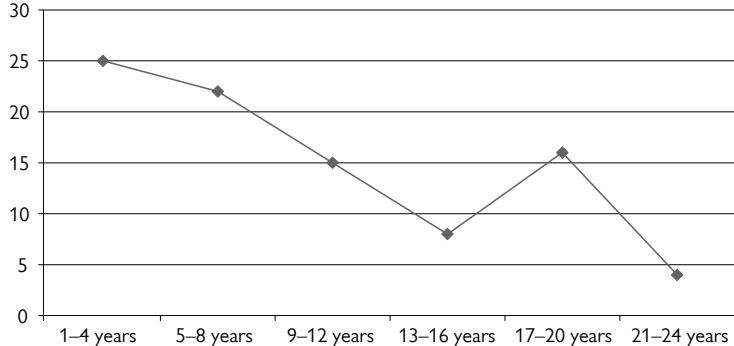
Graph 2. Length of time middle-aged people have been homeless (the graph shows absolute figures).

II. LIFE PRIOR TO BECOMING HOMELESS

1. HOMELESS PEOPLE RATE THEIR CHILDHOOD AND FAMILY OF ORIGIN

There are many different risk factors that increase vulnerability to homelessness, with these individual factors then accumulating (Coward-Bucher, 2008). One such factor is a person's **negative experience with their parents, i.e. with the way they spent their childhood and adolescence**. These early experiences are important for the rest of life and the direction an individual takes in adulthood. The relationships a person has later in life derive from their experience with their parents. If the parents neglected, mistreated or even abused them, they have no idea how such relationships should function and end up acting towards other people as inconsiderately as their parents behaved to them or to each other. People who had no satisfactory relationship in childhood often cannot trust anyone and cannot respond appropriately in ordinary situations. They have never learned to take responsibility and to reach decisions with a view to their possible consequences. They have not learned to take other people into account. If the family of origin of people who are currently homeless did not provide a stable, functional environment and suitable models of conduct and problem solving, our respondents lacked support and were unable to acquire the requisite experiences. The absence of positive experiences is manifest in repeated failure at school and subsequently in their employment and interpersonal relationships.

The influence of a problematic family environment on the subsequent lives of homeless people has been confirmed primarily by studies of young people living on the street (Cauce et al., 2000; Votta and Manion, 2003; Tyler, 2006; Bearsley-Smith et al., 2008; Coward-Bucher, 2008; Ferguson, 2009). According to these researchers, people who have lived on the streets from a young age are far more likely to come from families that did not provide a stable and nurturing environment. Their parents drank to excess and were often in prison. They sometimes suffered mental health problems or personality defects and were unable to manage their own lives. They probably also possessed less favourable genetic predispositions, which they may have passed on to their children. This might involve a tendency to be impulsive, non-empathetic, irresponsible, or to display negative affectivity and aggressive responses. Though most of these studies were concerned with the families of young homeless people, the burden ensuing from a lack of the security and safety of a functional family environment has been

shown to affect the lives of people who are now middle-aged (Caton et al., 2005; Ravenhill, 2014; Hradecký, 2015; Mabhala et al., 2016). Caton et al. (2005) report that 21% of middle-aged people sleeping rough grew up outside their own family, and 24% of them had experienced a very troubled family environment. Brown et al. (2016) found that 38% of people sleeping rough had not spent their childhood in their natal family and lacked a nurturing environment.

A third of the young homeless people we questioned felt they had had an unsatisfactory childhood. Many of them were raised in a children's home or by foster parents (Vágnerová, Csémy, Marek, 2013). A similar experience was reported by some of our middle-aged cohort, with **37% describing their family of origin as problematic**. Some of them (16%) spent their childhood in institutional care or with a foster family. Almost half (47%) rated their natal family as having functioned satisfactorily at least up until the age of 12. In the group of young homeless people, 45% rated their family positively. Middle-aged people who found themselves on the street while still young (by the time they were 28) made up 18% of the entire group. In the majority of cases (75%) they came from dysfunctional families or spent their childhood elsewhere, either in foster care or a children's home. It is likely that people with negative family experiences find themselves on the street at a younger age because they lack the basic requirements to deal with the demands of adulthood.
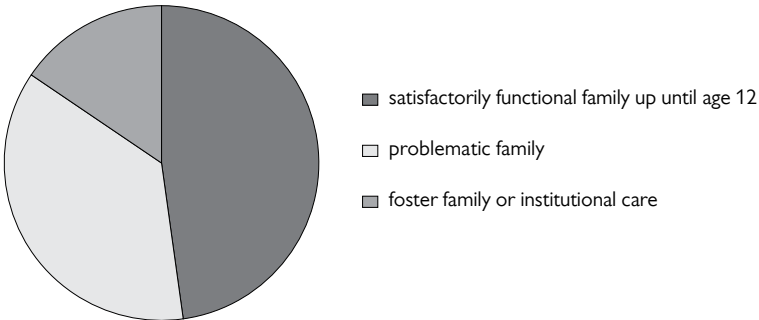
Graph 3. How middle-aged homeless people rate their childhood (shown in absolute figures)

Thirty-two percent of our middle-aged respondents believed that the problems in their dysfunctional families were caused by the **father** (whom they described as an alcoholic, gambler, repeat offender, or suffering mental health issues). Only 14% of those questioned cited the **mother** as problematic (for reasons of alcoholism, criminality or mental health issues). In the group of young homeless people, 31% cited their father as the source of problems and 20% the mother (Vágnerová, Csémy, Marek, 2013).

The parents of our middle-aged respondents often drank to excess. Foreign studies report problems with drugs, though this did not feature large in