

# ***Alcoholism in Ireland: Medical and Social Aspects***

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It is widely accepted that alcoholism is multifactorial in its causation, the factors being usually grouped under the convenient headings of social, psychological and physical, or some variant of these terms. Medical and social agencies along with research workers agree that the problem is the outcome of a three-way interaction involving the individual concerned (whether in his psychological or physical make-up), the addictive qualities of alcohol, and the social environment in which he lives, works and spends his leisure time. There is very little disagreement about this broad description of causes. There is considerable lack of consensus however about the relative weights of each category in the evolution of alcoholism. Useful reviews of competing theories of causation are provided by Gibbins (1) and Jellinek (2).

The purpose of this paper is to outline some of the theories which have been put forward to explain alcoholism in Ireland, to present certain statistical evidence and to make some tentative conclusions.

The position of Ireland in the "international league table" of alcoholism prevalence is not a subject which will be dealt with in any great detail in this paper. The discrepancies in the macrostatistical evidence for the Republic have recently been fully discussed by Walsh and Walsh (3). Their summary indicated, that although the Irish in the United States

and Britain had the highest rate of alcoholism of any ethnic group, and although the Republic ranks high in terms of both admissions to hospital and for the proportion of national income spent on drink, nevertheless, the same area ranks very low in the international table for average consumption of alcohol, for prosecutions for drunkenness, and for deaths from alcoholism or cirrhosis of the liver. An earlier report (4) on alcoholism in Northern Ireland has discussed some of the problems of interpretation of these kinds of data when used for international comparison.

Irrespective of how the Irish prevalence rates compare with other countries, and taking even the lowest estimate, alcoholism undoubtedly constitutes a very great medical and social problem in this island, both north and south. Prevention and control of the problem would be greatly aided by the acceptance of more generally agreed theories of causation.

### CAUSES OF IRISH ALCOHOLISM

The following brief summary of theories of Irish alcoholism is by no means exhaustive. It is based on a selection of various sources, including on the one hand works of a specialist or scientific nature and on the other hand cogent theories held by public persons or organisations in a position of influence on social policy.

#### *Environmental Theories*

At one time Irish weather and climate were considered an important cause of "intemperance". Bales (5) reviewing the evidence for the prevalence of this theory concludes that the belief was quite general in nineteenth-century Ireland. Lough (6) had no doubts that Irish intemperance was largely the result of the damp climate and inclement weather which caused Irishmen to drink spirits as a stimulant.

Poor food has also been blamed (6) and Bales (5) commented on the Irish tendency to substitute drinking for eating in response to certain situations.

Lack of alternatives to drink have long been blamed in Ireland for excessive consumption of alcohol. The Irish Temperance League (7) claimed credit in developing the "Cafe and Coffee-House Movement" towards the end of the last century. The hypothesis was that if facilities other than those provided by the public-house were available there would be a reduction in heavy drinking. This went so far as to provide, in Ballymena, special stabling yards unconnected with public houses (7). For the same reason, alternative leisure facilities were provided by the temperance organisations and in 1906 the Belfast Temperance Dart League had sixteen clubs, as "a very salutary counter attraction to the public-house" (7). This view of excessive drinking in Ireland is still very strong, as reflected in recent public statements such as "There are few places to go except the pub" (8), "There is nothing else for young people to do on Friday nights than to start drinking" (9). Lack of

proper playing facilities for youth is considered a factor in two recent reports (10), (11)

*Theories related to the ready availability of alcohol*

The temperance organisations maintained that the prevalence of public-houses was a cause of excessive drinking in Ireland. It was argued that severe competition led to the sale of "bad liquor" and that the great number of houses prevented adequate police supervision. In any case, "merely passing a public-house is a temptation to a man." People going home from fairs would stop at every public house on the way (7)

Housewives could easily obtain drink in a spirit grocers. The corresponding modern view is that availability of drink in the supermarket leads to excessive drinking in women (12)

The effect of licensing laws regulating the temporal availability of alcohol, on excessive drinking has always been accepted as implicit, both in the past and at present

*Theories attributing a racial predisposition*

That Irish people are physically or psychologically prone to alcoholism has been a widely held view. It was expressed by Walsh (13) as, "something in the people's constitution congenial to the excitement of ardent spirits". No specific genetic theories have yet become available, apart from that put forward by Wilson (14) that the taste of alcohol in the mouth is more attractive to the Irish than to others.

Recently some views of Irish psychological constitution have been mentioned as predisposing to alcoholism, viz, "manic-depressive streak in our people" (15), cyclo-thymic personality (16), "our innate inferiority complex" (17) and, the prevalence of endogenous depression (16)

*Socio-Cultural Theories*

The most comprehensive analysis of Irish cultural patterns in relation to drinking was carried out by Bales (5). The work is based on literary sources and relates to the early part of the last century, the object being to explain why there is a "notably higher rate of alcohol addiction among the Irish, as compared to the Orthodox Jews". He concludes that Irish drinking is convivial (as opposed to ritual) and serves the purpose of expressing solidarity with persons of the same social group (kinfolk, age-group, male company etc.) or to equality with persons of another group. Consequently, refusal to drink with a person produces hostility and often aggression. Drink is also used for utilitarian purposes, e.g. preparing for faction fights, rebelling against England, sealing bargains, and treatment for illnesses. Furthermore drinking is an integral part of the social and cultural pattern, and Irish people do not disapprove of drunkenness.

Individual factors have been singled out as causes of excessive drinking. Early this century the Anti-Treating League attempted to counteract the practice of drinking in large groups where each person in turn bought a

round This custom is still being implicated today as a cause of excessive drinking (11), (17)

A recent scientific survey of a Dublin population has stressed a further cultural factor considered to be of importance in Irish alcoholism (18) Young people were found to have an ambivalent attitude to drinking Although the drinkers used alcohol themselves they disapproved of others drinking

### *Economic factors*

The retail price of alcoholic drinks has consistently been considered an important regulator of alcohol consumption and, by implication, a method of controlling the amount of excessive drinking This view was expressed at its most simple in a debate in Grattan's Parliament Addressing the Irish House of Commons on 26th January 1791, Mr David Latouche, member for the Borough of Newcastle (Dublin County) said that "the very great and alarming excess in use of spirituous liquors, so universally prevalent, not only in this city but throughout the whole kingdom, to the utter ruin of industry, and the subversion of every moral principle, calls loudly for the interference of Parliament" Mr Henry Grattan, in reply, referred to the decrease of corn production and to the loss of revenue which would result from decreased spirit consumption and that if duty was raised beyond a certain point it would encourage clandestine distillation He went on to say that despite these disadvantages, "Whatever is done to promote sobriety in this country must be done by Parliament Parliament by the Gin Act in England sobered England, and why may not we do the same in Ireland" (19)

In modern Ireland the cost of drink is rarely mentioned as a regulator of the alcoholic problem, perhaps because it is considered that the price has reached its upper limit In addition, present day emphasis is more likely than in the past to concentrate on the drinker as a person rather than on the alcoholic drink This is illustrated by the expression, "Alcoholism comes in people and not in bottles" (20)

At the beginning of this century poverty was blamed for excessive drinking, but nowadays affluence is frequently mentioned as a cause

## TRENDS IN INDICES OF ALCOHOLISM

In order to discover whether the trends in some indices which might broadly be related to alcoholism could give any guidance about the relative weights of the possible factors in alcoholism prevalence in Ireland, data were collected on annual deaths from cirrhosis of the liver, annual prosecutions for drunkenness and admissions for alcoholism to psychiatric hospitals and units Sources included the relevant annual reports of the Registrar General, Report on Vital Statistics (Irish Republic), Judicial Statistics for Ireland (1864-1919), Statistical Abstract of Ireland, and for unpublished data, the Royal Ulster Constabulary, Garda Siochana, Home Office (London), Scottish Home and Health Department, Department of Health (Dublin), Department of Health and Social Security (London),

and the Department of Medical Records of the Northern Ireland Hospitals Authority

### *Historical trends*

Taking Northern Ireland and the Irish Republic together the peak prevalence of alcohol abuse in this island would appear to have been around the end of the last century and the beginning of the present century (Fig 1). After 1908 the death rate from cirrhosis of the liver, a disease closely associated with alcoholism, fell sharply until it reached its lowest level (20 per cent of the 1908 rate) in 1949 since when the trend has been slowly upwards again. The rate of prosecutions for the two combined categories of drunkenness (simple drunkenness and drunkenness with aggravation) shows broadly similar trends. This rate fell away precipitously between 1899 and 1918 and since then it has been gradually reducing more slowly, until the 1972 rate was less than 4 per cent of the 1899 rate.

There is a case for considering these trends as at least a broad indication of the changing prevalence of alcoholism in Ireland. Previous reports (21), (22) have shown that other indications of alcohol abuse, such as deaths from alcoholism itself, and the consumption of spirits, show similar temporal patterns to the trends in cirrhosis mortality and prosecutions for drunkenness. Furthermore Gath et al (23) demonstrated that over three-quarters of the drunkenness offenders which they studied had a serious drinking problem.

As prosecutions for drunkenness (both simple and with aggravation) are tabulated by county in the Judicial Statistics, trends for Northern Ireland and for the Irish Republic can be compared going back to 1864 (Fig 2). The rates are very similar throughout, except for the period 1919-1943 when the Northern Ireland figures showed a much slower rate of fall. A similar comparison of death rates from cirrhosis of the liver is not possible, because the Registrar General for Ireland did not tabulate deaths by county, but from the data published in the succeeding reports the trends since 1911 (Fig 3) show that from then until 1930 the rate for the Irish Republic was higher than in Northern Ireland. Nevertheless the two areas reflect broadly the general trends in Figure 1.

### *Recent trends*

The remaining comparative trends examined were between the four areas of the British Isles for recent years only (Figs 4-7).

Death rates from cirrhosis of the liver both in Northern Ireland and in the Irish Republic have been showing a slight tendency to come closer to the Scottish rates over the period 1960-1972 (Fig 4). Yet the most notable feature is the similarity in rates between England and Wales and both parts of Ireland, in contrast to the substantially higher rate for Scotland. These differences are not in accord with the hypothesis that a "Celtic trait" is an important determining factor in alcoholism. That the substantially higher rates for Scotland are not due to differences in the age and sex composition of the population is shown by the Standardised

Figure 1

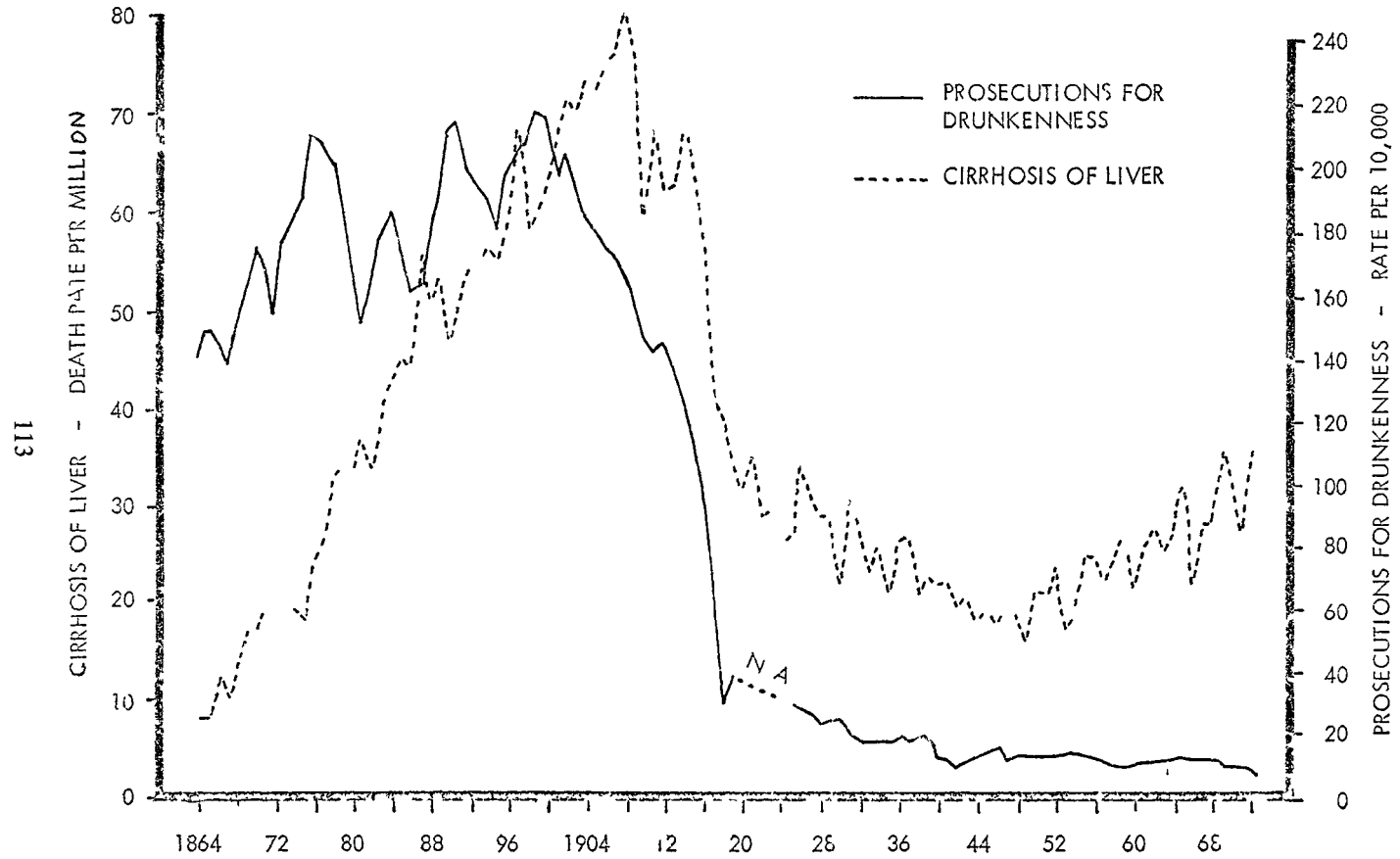


Figure 2

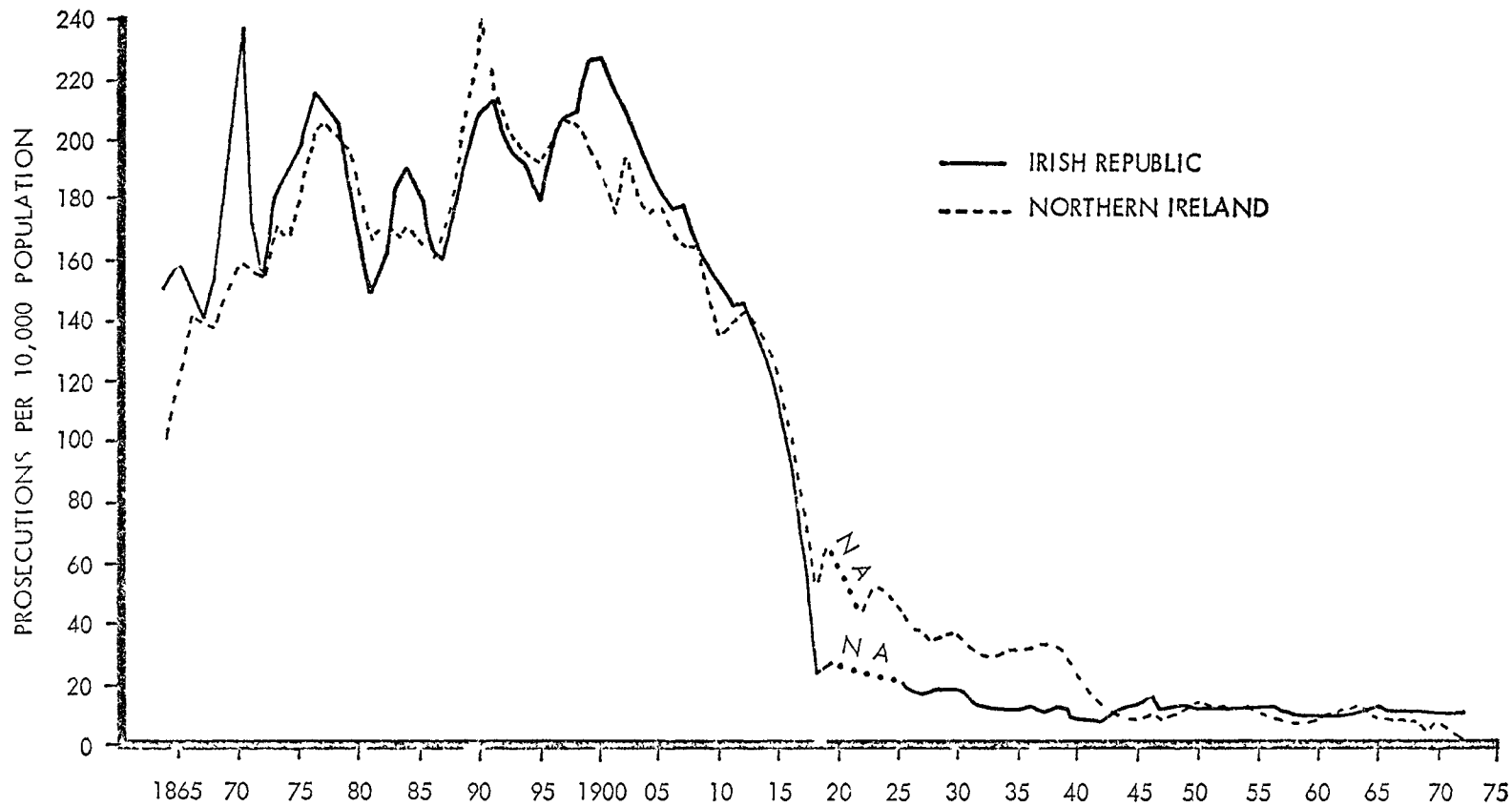


Figure 3

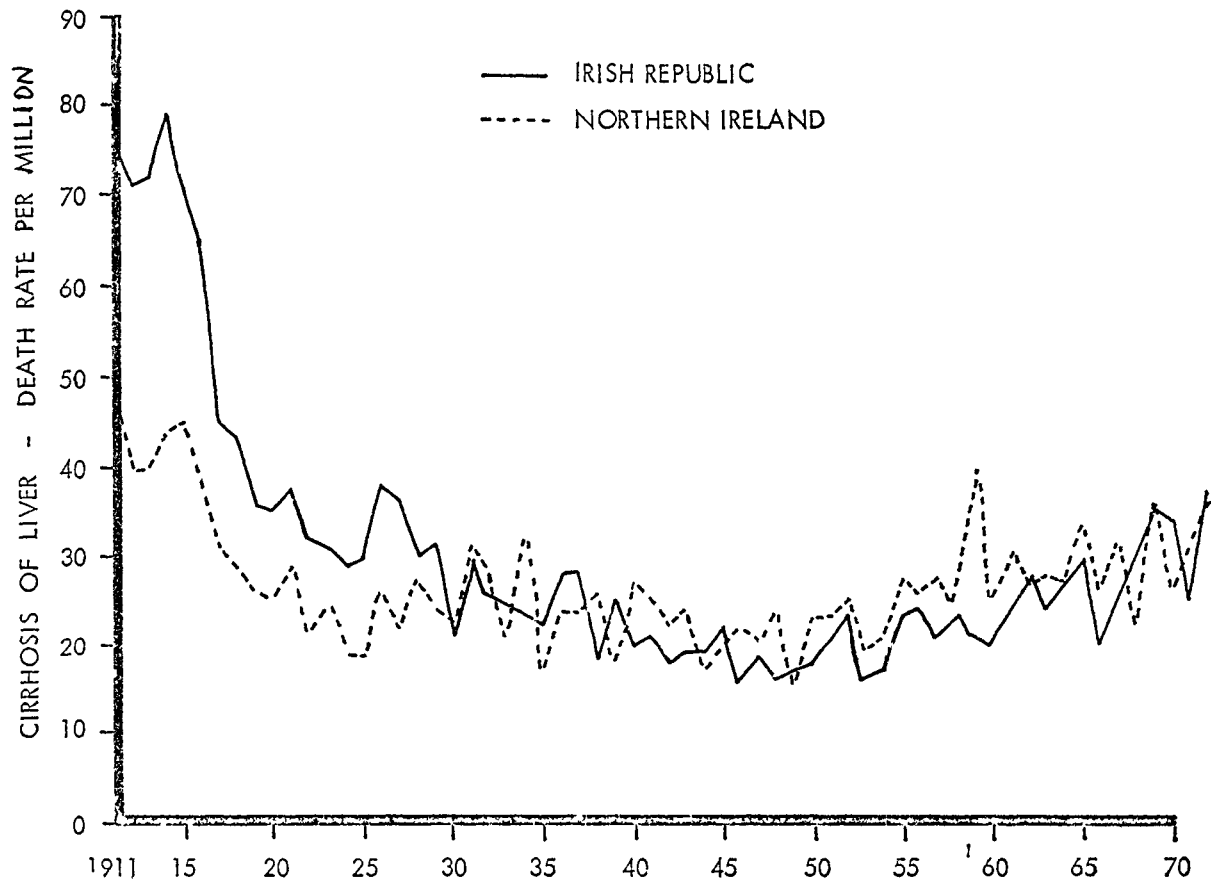




Figure 4

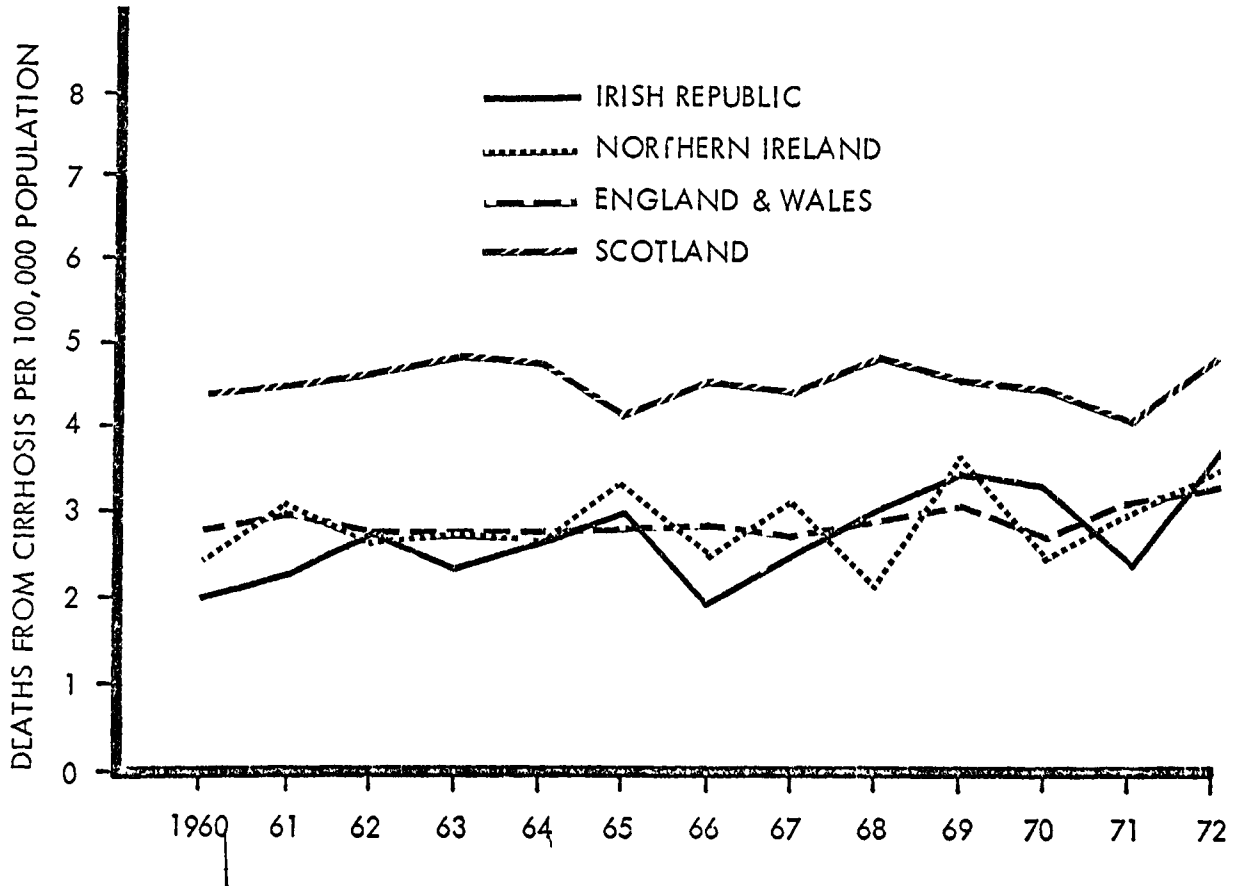


Figure 5



Figure 6

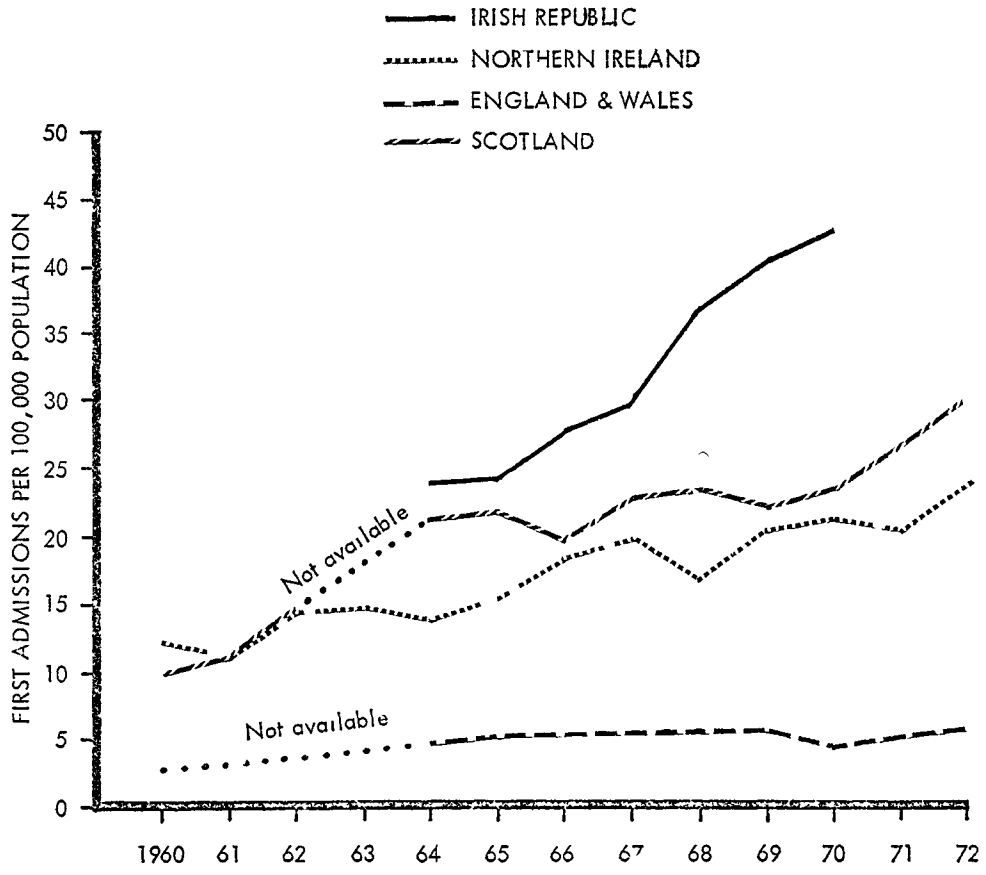
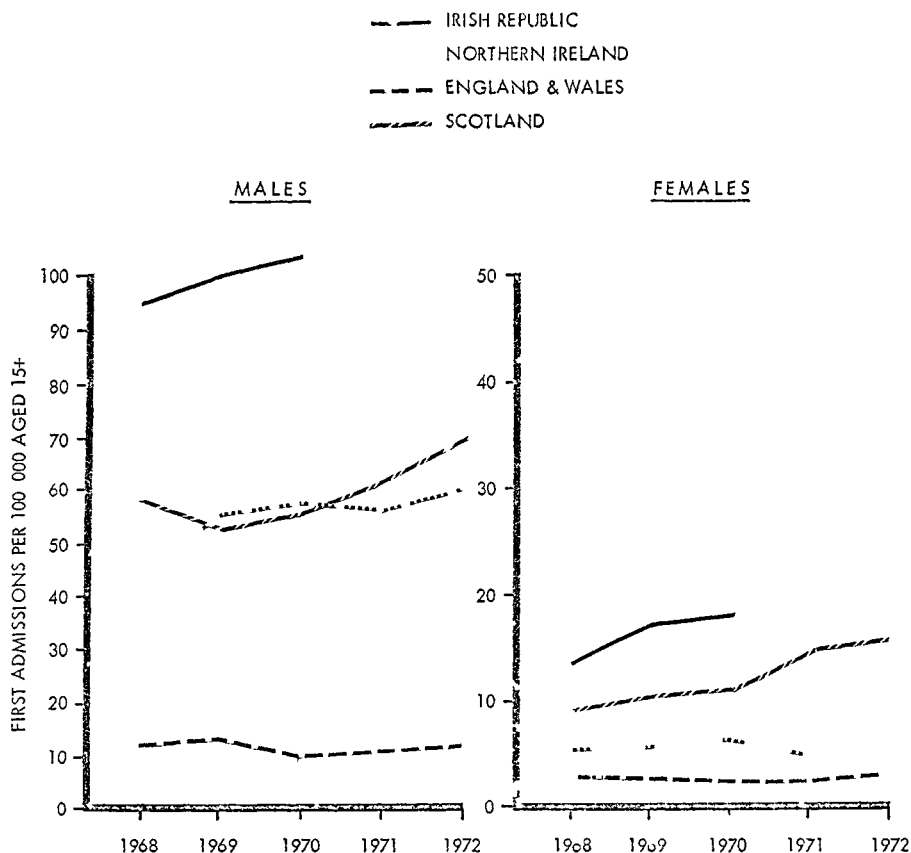


Figure 7



Mortality Ratios for cirrhosis of the liver, published annually in the Registrar General's Statistical Review of England and Wales (Part I, Appendix A) Mean values for males over the period 1961-1970 were, Scotland 173, Irish Republic 112, Northern Ireland 101, England and Wales 92 As British Isles mortality is given as 100, this implies that Scottish males had a 75 per cent greater chance of dying of liver cirrhosis.

The annual prosecution rates for drunkenness in each of the four areas again show that from 1960 to 1972 Scotland was highest but the mainly "non-Celtic" England and Wales came next with a rate gradually approaching that of Scotland. The Irish rates came lowest. The most obvious interpretation of the sharp dip in the Northern Ireland rate for 1969 and the steep decline in 1971 and 1972 is that the troubles interfered with the normal activities of the police.

Trends in admissions to psychiatric hospitals and units for the treatment of alcoholism (including alcoholic psychosis) show a very different pattern (Fig 6) The rate is substantially higher in the "Celtic" countries and the rate of increase has been greatly accelerating over the period, in contrast to the low and relatively static admission rates in England and Wales The rates for the Irish Republic seem to be particularly inconsistent when compared with the position in Figures 4 and 5

The trend in rates has been similar for men and for women (Fig 7a, 7b) During the period 1968-1972 the England and Wales rate for both sexes remained fairly steady at the lowest rate, whereas there was a steady increase in the other three countries for both sexes, the only temporary exception being during 1969-70 when a peak in the male rate for Northern Ireland overlapped with a trough in the male rate for Scotland

## DISCUSSION

It is here suggested that no analysis of the causes of Irish alcoholism is complete if it does not take into consideration the enormous decline in apparent alcohol abuse which took place at the beginning of this century If this decline was real and closely associated with our modern concepts of alcoholism, then it would indicate that alcoholism in society is a problem which is rapidly amenable to changing influences Factors of genetic origin and of racial predisposition would not therefore be considered as exerting any important influence on the prevalence of alcoholism As a corollary, a rapid change in prevalence is compatible with sensitivity to social, cultural and economic factors which have also shown rapid change since the beginning of this century

There is evidence that the decline in alcohol abuse during the period 1900-1920 was real Downward trends about the same time occurred in Britain (21) the United States (24) and Canada (25) so that the statistics are not likely to be a peculiarly Irish artefact Other contemporary evidence relating to the end of the last century suggests that alcohol abuse was rampant and well in excess of present day experience MacGowan (26) describing life in north-west Donegal in the 1870s said that his own people were "somewhat astray because of it" (poteen) The neighbourhood drank so much that farming was neglected and families sank into poverty The subsequent decline in the use of poteen seemed to accompany the decline in drunkenness and cirrhosis of the liver as illustrated in graphical form by Connell (27) (who gives the annual detections for illicit distillation from 1830-1956) Consumption of proof spirits in Ireland fell from 4.7 million gallons in 1900 to 1.4 million gallons in 1921 (28) It is also interesting to note that these measures of improved "sobriety" were accompanied by a gradual waning in activity and influence of the temperance organisations Around 1900 these organisations were a powerful lobby in Parliament and were instrumental in having a number of Irish licensing laws passed including in 1902 an Act suspending for five years the grant of additional licences Another factor which was rapidly

changing in the period was average wages. The increase in wages in the United Kingdom combined with decreased alcohol consumption meant that the expenditure on drink as a percentage of total consumer expenditure fell from 11.5 in 1900 to about 8.5 in 1912 (29). Increased availability of money may have been a factor in the decline of poteen consumption, despite the increase in taxation on legal alcoholic drinks.

In summary the case being put forward is that deeply ingrained Irish racial or even cultural characteristics are unlikely to be a major "cause" of alcoholism. Prevention of the problem would be most effectively exerted through licensing legislation and taxation policy. In support of this case attention is drawn to a recent report from Ontario, Canada (30) which reviewed epidemiological findings and concluded that rates of alcoholism rise and fall with the overall level of alcohol use in a population and therefore that a reduction in the *per capita* alcohol consumption must lead to lower rates of alcoholism. Therefore, the authors assert, preventive measures which reduce accessibility of alcohol would appear to be substantially more effective than programmes aimed at producing "desirable" drinking patterns. This conclusion bears a striking similarity to the views expressed by Henry Grattan to the Irish Parliament in 1791.

#### ACKNOWLEDGMENTS

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## LEGENDS TO FIGURES

### *Figure 1*

Annual death rates from cirrhosis of the liver, and annual prosecution rates for drunkenness ( simple drunkenness" and aggravated drunkenness' combined) in Ireland (present Northern Ireland and Irish Republic combined) from 1864 to 1972

#### *Sources*

- (a) *Cirrhosis of Liver* For 1864-1921, Registrar General's Annual Report for Ireland (for the various years), For 1922-1972, Annual Report of the Registrar

General, Northern Ireland (for the various years), Annual Report of the Registrar General, Saorstát Éireann (various years), Report on Vital Statistics, Irish Republic (various years), Central Statistics Office, Irish Republic (personal communication)

- (b) *Prosecutions for drunkenness (Person, proceeded against)* For 1864-1919, Judicial Statistics for Ireland, Parliamentary papers (for the various years), For 1925-1972, Chief Constable of Royal Ulster Constabulary (personal communication), Ulster Year Book (various years), Statistical Abstract of Ireland (various years), Commissioner of Garda Síochána (personal communication)

*Figure 2*

Annual rate of prosecutions for drunkenness (simple drunkenness and aggravated drunkenness combined) in Northern Ireland and in the Irish Republic from 1864 to 1972

*Sources*

For 1864-1919, Judicial Statistics for Ireland, Parliamentary Papers (for the various years), For 1925-1972, Chief Constable of Royal Ulster Constabulary (personal communication), Ulster Year Book (various years), Statistical Abstract of Ireland (various years), Commissioner of Garda Síochána (personal communication)

*Figure 3*

Annual death rates from cirrhosis of the liver in Northern Ireland and in the Irish Republic from 1911 to 1972

*Sources*

Annual Report of the Registrar General, N I (for the various years), Annual Report of the Registrar General, Saorstát Éireann (various years), Report on Vital Statistics, Irish Republic (various years), Central Statistics Office, Irish Republic (personal communication)

*Figure 4*

Annual death rates from cirrhosis of the liver in Northern Ireland, the Irish Republic, Scotland and in England and Wales from 1960 to 1972

*Sources*

Annual Report of the Registrar General, Northern Ireland (for the various years), Report on Vital Statistics, Irish Republic (various years), Central Statistics Office, Irish Republic (personal communication), Annual Report of the Registrar General for Scotland (various years), Statistics Branch of the General Register Office, Edinburgh (personal communication), The Registrar General's Statistical Review of England and Wales, Part I (various years), Office of Population Censuses and Surveys, London (personal communication)

*Figure 5*

Annual rate of prosecutions for drunkenness (simple drunkenness and aggravated drunkenness combined) in Northern Ireland, the Irish Republic, Scotland and in England and Wales from 1960 to 1972

*Sources*

Chief Constable of Royal Ulster Constabulary (personal communication), Ulster Year Book (various years), Statistical Abstract of Ireland (various years), Commissioner of Garda Síochána (personal communication), Scottish Home and Health Department (personal communication), Home Office, London (personal communication)



*Figure 6*

Annual rate of first admissions to psychiatric hospitals or units of patients with alcoholism (including alcoholic psychosis) in Northern Ireland, the Irish Republic, Scotland and in England and Wales from 1960 to 1972

*Sources*

Department of Medical Records of the Northern Ireland Hospitals Authority (personal communication), Medico-Social Research Board (personal communication via Department of Health, Dublin), Scottish Home and Health Department (personal communication), Department of Health and Social Security, London (personal communication)

*Figure 7*

Annual rate of first admissions to psychiatric hospitals or units of patients with alcoholism (including alcoholic psychosis) in Northern Ireland, the Irish Republic, Scotland and in England and Wales from 1968 to 1972, (a) male first admissions per 100,000 males aged 15 years and over, (b) female first admissions per 100,000 females aged 15 years and over

*Sources*

Department of Medical Records of the Northern Ireland Hospitals Authority (personal communication), Medico-Social Research Board (personal communication) via Department of Health, Dublin, Scottish Home and Health Department, Department of Health and Social Security, London (personal communication)