

## **THE TREATMENT OF ALCOHOL DEPENDENCE IN IRELAND**

Stephen L. Rowen

Ireland and the Irish have long had a reputation of a "love of drink" dating back from at least the nineteenth century. A great number of forces contributed to this including the extreme poverty so evident long before the Great Irish Famine of 1845-1849. In the decades following the Great Famine, men were not only devastated by their inability to feed their families, but it almost seemed as if men were encouraged by a defeated culture to frequent the pub in a context that, at worst, viewed the abuse of alcohol, as a "good man's weakness". The relationship between women and alcohol was always regarded differently, with women encouraged to stay away from the pub and be as distant from men as was possible for the time. Huge numbers emigrated not only to North America, but also to Britain, Australia, New Zealand, Argentina and many other countries. The population of Ireland dropped significantly over several generations until it reached a number less than 3,000,000 in the Republic in 1960 from a pre-famine high of over 8,000,000 for all 32 counties in 1845. In summary, both the number of individuals and the number of individuals who drank heavily was substantially reduced.

The situation now is profoundly different. Per capita consumption of alcohol has increased by about 50% in years between 1989 and 2001. This increase is most dramatic and most visible in the young adult population ages 18-24, but an increase in alcohol consumption in every age bracket has been identified. There has been a 161% increase in public order offences, most of which are associated with alcohol abuse. The number of sexual assaults has risen dramatically. Ireland leads Europe in the percentage of its 15-and 16 year olds who binge drink and is the only European country where binge drinking by girls equals binge drinking by boys. The Accident and Emergency Units of major hospitals have seen about 25% of admissions devoted to patients with alcohol related difficulties. About 20% of all patients in wards are admitted to hospital due to misuse of alcohol, often over the course of many years, due to the "wear and tear" of alcohol on the major organs of the body.

The population of Ireland is as high today as it was in 1881. The Pioneer Movement, although gaining great strength in Africa, is considered archaic by the youth in the secular Ireland of today, though an increasing number of secondary schools are allowing Pioneer members to address their pupils. Modern prosperity has resulted in our young people no longer emigrating in such great numbers as the opportunity for challenging employment in Ireland is perhaps greater than ever. Modern Irish society is more secular and more uninhibited than in the past. Today, we may need a different type of

*"The Treatment of Alcohol Dependence in Ireland"*

movement to assist us with addressing the alcohol crisis in Ireland, one that is neither religious in nature nor of a type where abstinence from alcohol is seen as the only way ahead.

The question this leaves us with is, of course, what do we do with all of this harm? When does one "cross the line" from use and abuse of alcohol into the ongoing problem of alcohol dependence? How does an individual get the help needed to make profound change happen? Today, a wide variety of public health and safety measures are being explored that include refusing to serve alcohol to an already intoxicated individual and rolling back pub opening hours to what they were a few years ago. Whether or not these measures are

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somewhat effective, ultimately it is the individual himself or herself who has to decide that enough is enough and decide to make changes in how and what they drink. And when there is a life damaging relationship with alcohol over *a protracted period* of time, experts will typically diagnose such a pattern as one of *alcohol dependence* which is best addressed in a programme that emphasizes the importance of total abstinence from alcohol and a serious commitment to physical, emotional, and spiritual recovery. Although it may vary to a degree from one person to the next, the way forward typically involves a process that combines honesty with self and others with responsibility for one's own actions.

The opportunity for change can occur in so many different ways. In abstinence based treatment programmes, such as that given by the Rutland Centre in Dublin, *what works best for most* is an approach to recovery that is solidly grounded on the principles and foundation of the Fellowship of Alcoholics Anonymous (AA), a 12-step approach established in Ohio (USA) in the 1930's. Over the centuries, individuals have found a variety of ways to "take the cure" from religious practice to physical conditioning to medication or sheer willpower. However, the 12-step approach seems the best way to address both the individual's reality that their life is truly overwhelmed by alcohol, and that the way to become truly free is to confront one's own issues with integrity and profound awareness. Further, the person in early recovery must recognize that both the problem and the solution are bigger than the individual concerned. Assuming primary responsibility for one's problems, making amends for the harm that one has caused others, and being of service to others all contain critically important ingredients for recovery.

Often one of the most significant features to the change process occurs *before* treatment begins. With individuals knowledgeable about AA, this breakthrough is called "hitting bottom". In my role as Director of the Rutland Centre, I regularly give a talk to clients called *"The Gift of Desperation"* whereby the tragedy and pain of active addiction to alcohol is viewed as the

"raw material" to be used to assist individuals to move themselves towards a better life. This is because it is often through the reality of the damage done to self and others that the individual comes to "own" their addiction to begin the process of doing the work needed to create a different future. It is so important for the client to be able to recall accurately how very bad life had become while they were in active addiction in order for them to resist the impulse "to quiet the dragon within" by resuming drinking under the mistaken notion that this time they will be strong enough to maintain control. Another hugely important change that is so important to so many is what A A calls a *spiritual breakthrough*. Although exactly how to define this varies widely, it usually involves the newly sober person's belief they have a value and a worth beyond their dependency on alcohol, and that hope for a new life is achievable. Whether or not one believes in a *Creator*, individuals describe themselves as willing and able to tap into the wisdom of others to assist them in *creating* a solution for the extreme crisis that has become the single most identifiable feature of their life.

*A recovery-programme from alcoholism should optimally be residential: no opportunities for relapse, no work and family pressures but offering a structured day, with full time for sustained therapeutic work*

Once the individual has decided that his/her relationship with alcohol may have to change significantly, an assessment interview is scheduled at either a residential or outpatient treatment programme. Although either approach can be very effective, the great advantage to a residential programme is the intensity of the work that is undertaken. Outpatient services are less expensive, but they also attempt to support an individual in the early process of recovery by providing only a few hours of therapy each week whilst the individual concerned continues to try and recover while still facing all the usual pressures of work and family life. In a residential programme, the client is a member of a therapeutic community where each and every event is designed and structured in a purposeful way to support recovery. Residential programmes vary in their strictness. The Rutland Centre insists that clients make a total commitment to participate for the full six-weeks of treatment without any weekend passes or breaks from treatment. What this means in effect is that not only is the newly sober person spared the temptation of visiting a pub or off license, but they invest nearly every waking hour on their recovery without any of the distractions of daily life. This is very powerful for the clients as they are called upon to focus exclusively on the damage done by their drinking (and possible other addictions) and as they attempt to deal honestly with the negative feelings that exacerbated the addiction to the extreme outcome that eventually brought the alcohol dependent client to seek help. Awareness of the need to change followed by a commitment to abstinence is both very crucial to the early stages of recovery. It is not enough to stop drinking; many alcoholics do that every Monday morning. What is

critical then is for the client to *stay stopped* which can only occur by dealing effectively with shame, fear (particularly fear of other people) and loneliness that is at the core of alcohol dependency.

Once the new client has decided to enter treatment, he/she is given an admission date. If an alcohol dependent person is very chronic, admission to treatment might be preceded by the need for medical detoxification. This involves a physician providing medical treatment to bring the patient safely to the point whereby they can abstain from alcohol without any dangerous withdrawal symptoms. Once alcohol and drug free, the client is welcomed into the treatment programme by both staff *and* other residents. The new arrivals are assigned to a treatment group and asked to participate to the best of their ability in a group activities, lectures, counselling sessions, and also to assist in all light housekeeping chores (referred to as therapeutic duties) that are designed to provide the client with some sense of order and structure in daily life.

Treatment is sometimes described as the *process of discovery*. Much of the work can be viewed as taking place in four different areas: one is *education and information* about addiction. Because the most important relationship in the life of the individual with alcohol dependency is her/his connection with alcohol, the newly sober person is challenged to examine carefully how they have denied, protected or minimized the central importance that alcohol has assumed. There is also ample opportunity to come to understand the nature and progression of addiction, the role of denial, the importance of surrender, and so forth.

The next critical area is the *therapy* itself that includes active participation in ten intense therapy groups per week as well as individual, couple and family counselling as needed. This is invaluable for the clients in their need to examine the connection between the stress and struggle of life and the typical response to such pressures by alcoholic drinking. So much of this work is conducted in a group setting. Such a process may seem daunting at first, but it may help many clients to describe seeing themselves in the stories of others. Working in a "roomful of mirrors" is invaluable to clients in their quest to understand their feelings and their addictive behaviour better.

The third area that is central to the work is that of *family participation* in the treatment. This is valuable not only because family members often have information that will assist the resident in getting as clear a picture as possible about the nature and extent of addiction to alcohol, but also so that the family can get helper *themselves*. Addiction is always a thief. It has been called the "gift" that keeps on taking. Addiction to alcohol is so painful and distressing that almost always family members are damaged by fear, shame and isolation. Family members are encouraged to understand that they will benefit greatly from learning about how addiction affects *everybody*. Through active participation in treatment on each and every Family Day (which is on

Tuesdays at the Rutland Centre), they will learn strategies on how to discontinue counterproductive efforts to "fix" the alcohol dependent person in their life as well as to learn better self-care.

The fourth and final major aspect of treatment is providing the client with a thorough introduction to the *Fellowship of Alcoholics Anonymous*. Treatment is powerful and hugely supportive to the process of change. But it's not enough! Twelve-step fellowships such as AA provide participants with a *programme for life*. Clients may be successfully treated in six weeks, but recovery takes a lifetime.

Once primary treatment is completed, most residential centres will provide weekly support groups (and crisis counselling services) to clients for at least one year. Usually referred to as *Aftercare*, it is designed to provide participants with a safe, supportive place to go as the individual in sobriety begins to re-experience old and difficult feelings but without the "crutch" that alcohol no longer provides. These two-hour weekly support groups do not emphasize the past, but rather the day-to-day struggles of early recovery. Learning to cope with the pressures and strains of daily life is a challenge not to be minimized. Family members, though relieved at the welcome change brought by sobriety, are often struggling with a whole new set of family dynamics, as individuals within the family begin to interact in an entirely new way. It is for this reason that aftercare support for family members is also provided. And again, using the Rutland Centre as an example, additional family services are offered, from having the partner join former residents in "regular aftercare", to a new service such as Child Focused Family Counselling which gives school age children of former residential clients an opportunity to "find their voice" for their own healing from the trauma of parental alcoholism.

Addiction to alcohol is just one of many life-threatening conditions commonly encountered in modern life. Its effects are horrific not only for the drinker, but for family, friends and the community at large. The sad news is that most of those suffering are sincerely deluded into thinking that things are not so bad despite a plethora of evidence to the contrary. Ireland today continues to be a "Nation in Denial" as its collective problem with alcohol continues to worsen. A significant change in public consciousness is needed if Ireland is ever to shift its direction and truly become a nation where responsibility replaces recklessness as the predominant characteristic of our national attitude towards alcohol. Change is always possible. Miracles happen every day in recovery from addiction to alcohol. Profound hope for change can and does occur for individuals courageous enough to do the work of early recovery. We can only hope that, when they are ready to confront the most difficult challenge of their lives, the treatment community will be able to meet them with all the resources they require.

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