Irish alcoholic women in treatment: early findings

Eileen M. Corrigan, DSW
Rutgers University, New Brunswick, New Jersey 08903, USA

Shane Butler, MSocSci
Trinity College, Dublin 2, Ireland

Published in *The International Journal of the Addictions* (1991), 26(3), 281-292

Abstract
Alcoholic women in Ireland, as in other countries, tend to drink alone and a minority are pub drinkers. There are scant data about alcoholic women who are treated as well as about the outcome of such treatment. A representative sample of women in treatment were interviewed based on consecutive admission to treatment centers in Ireland. The women will be interviewed again 1 year later. Drinking patterns, use of other drugs, parental drinking, and troubles associated with drinking are described.

INTRODUCTION
Although the Irish are regarded stereotypically (correctly or otherwise) as heavy drinkers, it is less commonly recognized that since the mid-19th century, there has been a strong temperance tradition in Ireland. There has, in particular, been a high rate of temperance-in the sense of total abstinence-among Irish women, who until the 1960ssaw regular drinking as more appropriate to men than women (Malcolm, 1986).

Since the 1960s, however, the drinking behavior of Irish women seems to have radically changed. Although there are only limited data, it appears that one aspect of social change in Irish society has been the increasing number of women in the population of drinkers. Walsh (1980) cites market research which indicated that the proportion of women who had consumed alcohol in the week prior to the interview had increased from 32% in 1968 to 48% in 1974.

A comprehensive survey of a large random sample of the adult population conducted in 1980 (O'Connor and Daly, 1985) found 69% of the women (compared to 83% of the men) now drinking alcohol. This survey points to increasing alcohol use by Irish women, especially among those 18 to 24. Some 32% of adult females are described as moderate or heavy drinkers (6 or more units per week – equivalent to three pints of beer); this increases to 53% for those between 18 and 24 (O'Connor and Daly, 1985). At the same time, Irish women with alcohol problems are reported to be coming into treatment at a higher rate than heretofore. Walsh (1980) points to a threefold increase in both first and all admissions under the diagnosis of alcoholism or alcoholic psychosis between 1965 and 1977. In 1977 the admission rate for women was four times what it had been in 1965 (Davies and Walsh, 1983).

In O'Connor and Daly's (1985) study of drinking among Irish men and women 18 and over, they found 13 % of the men and 4% of the women with drinking problems. Thus, the ratio of drinking problems for men and women is approximately 3.2: 1 whereas the ratio of rnales to females for a treated population in 1982 was reported lo be 4,3:1 (Medico-Social Research

Board, personal communication). Based on this discrepancy between the reported number of women with drinking problems and the smaller number admitted for treatment, it is quite possible that in the decade ahead women will continue to be admitted for treatment in still larger numbers; thus, it can be expected that the treated ratio may not level off for women until they reach the ratios representative of their numbers in the general population of women with drinking problems.

There has been very rapid social change in Ireland since the late '60s. Primarily there has been economic expansion and a change from a rural- to an urban-based society (particularly since becoming a member of the European Economic Community); and increased participation in education and increased participation of women in the workplace, where they now constitute approximately 30% of the total labor force (Bealc, 1986; Curtin, Jackson, and O'Connor, 1987). Ireland as a member of the European Economic Community has been compared to the nine other member nations on per capita consumption. Consistently Ireland has ranked among the lowest, either 8th, 9th or l0th, based on three different methods of assessing per capita consumption (Powell, 1987).

It is against this background that this study of Irish alcoholic women is undertaken. The rationale for the study and the methodology draw heavily on an earlier study of alcoholic women in treatment in the United States (Corrigan, 1980). The authors are aware of the continuing controversy surrounding the concept of alcoholism (see for instance**,** *British Journal of Addiction, 82: 10,* 1987, editorial) and use the phrase *alcoholic* to refer to those women who see their alcohol consumption as contributing significantly to their health, emotional, and interpersonal problem; furthermore this perception has been acknowledged by the professional helping services. Since so little is known regarding this treated population, the current study (conducted in the period 1986- 1989) provides detailed data in an area where there is little information. The study collected extensive data about the development of alcohol problems in women; their use of other drugs; the effect on health, social, and family relationships; and the course of treatment. A I-year follow up will describe the outcome of treatment, the support network of the women during treatment, and their emotional status and self-esteem; the statistical analysis will identify the salient factors contributing to the results.

METHODOLOGY

Essentially this is a replication of a study carried out in the United States (Corrigan, 1980). Minor modifications were made in the interview schedules to accommodate differences in education, and income. The initial interview with the woman was expanded to capture childhood sexual experiences, an area which has received considerable attention in the literature subsequent to the original study. To elicit a fuller picture of what the women viewed as supportive of their efforts to eliminate or reduce their drinking the follow-up interview incorporated a number of additional questions on social supports (MOOS and Moos, 1981).

The selection of treatment centers reflects the organization of alcoholism treatment services in Ireland at this time. While psychiatrists and general medical practitioners detoxify and counsel individual patients on an outpatient basis (to an extent that can only be guessed at, since few or no data are available), formal alcoholism treatment has over the past 20 years been increasingly seen as appropriate to inpatient settings. Alcoholism accounted for less than 11% of all psychiatric hospital admissions in 1965, but by the early 1980s it accounted for approximately one quarter of all annual psychiatric hospitalizations (O'Hare and Walsh, 1987). The other major change has been the development of structured treatment programs in Ireland consisting of group therapy, family therapy, individual counselling, and the presentation of didactic material on alcohol and dependency following detoxification. This development was accelerated by the influence of the “Minnesota Model" (Anderson, 1982), on Irish treatment services and through the provision of counsellor training programs by the Irish National Council

on Alcoholism. At the time the study commenced there were three principal types of formal alcoholism treatment programs:

1. Those located in private psychiatric hospitals serving patients from middle and upper social class backgrounds whose treatment costs were, in the main, paid by commercial health insurance schemes.
2. Some located in public psychiatric hospitals and units, run by regional Health Boards, primarily serving patients from lower social class backgrounds who were not required to pay for their treatment.
3. Nonmedical alcoholism treatment centers based on the "Minnesota Model" which dealt exclusively with dependency and took a mixture of private and public patients.

All three types of programs were philosophically similar and provided a structured program of approximately 6 weeks, and all three are represented in the present study.

The treatment centers were selected if they admitted women in sufficient numbers to justify the training of staff to administer the standardized interview. The activities report for Irish psychiatric hospitals and units (O'Hare and Walsh, 1985) was the primary basis for the final selections made. In addition, consideration was given to including women from both rural and urban Ireland. It was known, however, that several of the Dublin centers treated patients who resided outside Dublin.

A total of seven treatment centers participated in the present study, contributing between 10 to 26 patients. The number of patients was generally proportionate to the hospital's contribution to the total number of women patients seen annually. To provide a representative sample consecutive admissions after a specified date was agreed upon became the basis for controlling for any selection bias in the three private and four public treatment centers participating in the study. Brief demographic data were also gathered for those patients who were missed for any reason at the treatment centers.

The treatment staff liaison at the hospital designated to interview the patients was also responsible for assuring that treatment information was obtained from the staff member responsible for treatment; questionnaires were completed by the staff at the beginning and termination of treatment. The interviews were carried out over a year's time beginning in July of 1986 and were completed by July of 1987. A total of 114 women were interviewed. A follow-up began in February of 1988. A number of hypotheses guided the study and the present paper offers data on several of these hypotheses:

1. Licit drug use will be found for a majority of the women.
2. A majority of the women will still be making efforts to hide their drinking as they enter treatment.
3. Health problems will be extensive and a majority will show severe symptoms of psychiatric impairment.

FINDINGS

Description of Women

As shown in Table 1, the women are on the average 43 years of age; however, a considerable percentage (43 %) are under 40 years. Almost two thirds have been married and 54% are currently married. A majority (72 %) have had at least a secondary education, 1 1 % having a university degree. Almost one third (31 %) have a family income of less than 26,000, while about a fourth (26%) have income of more than 215,000 yearly. As expected, almost all (94%)

of the women are Catholic. More than half of the women are part of the workforce with 18 % unemployed as they entered a treatment setting.

Table *1 Background Characteristics*

	Number	%
Age (mean = 42.8)		
Under 30	14	12.3
30-39	35	30.7
40-49	37	32.5
Over 50	28	24.6
Marital status		
Currently married	61	53.5
Separated, divorced, widowed	19	16.7
Never married	34	29.8
Education		
Primary	32	28.1
Secondary	56	49.1
Vocational	14	12.3
University/NIHE	12	10.5
Family income (Irish punts)		
Less than 3,999	23	20.2
4,000-5.999	12	10.5
6,000-7.999	9	7.9
8,000-9.999	11	9.6
10,000-14,999	29	25.4
15,000-19,999	10	8.8
20,000-24,999	8	7.0
25,000 and over	12	10.5
Religion		
Catholic	107	93.9
Protestant, other	7	6.3
Employment		
Currently employed	43	37.7
Unemployed	20	17.5
Not in labor force (housewife, *n* = 42; retired, *n* = 9)	51	44.7
Occupation (ever worked)		
Service workers	I8	15.8
Private household workers	1	0.9
Operatives/kindred workers	8	7.0
Craftsperson/kindred workers	10	8.8
Clerical, sales	39	34.2
Professional, technical (managerial, administrators, proprietors)	35	30.7
Never worked	3	2.6
Residence (city, town, rural)		
Dublin	54	47.4
City-outside Dublin	4	3.5
Town	34	29.8
Rural	17	14.9
Outside Ireland	4	3.5
Homeless	1	0.9
Location of treatment		
Dublin	81	71.1
Outside Dublin	33	28.9

Approximately half of the women are residents of Dublin while the others come from towns (33%) and rural areas (15%) outside Dublin. The majority of the women (71 %), however, were treated in Dublin; this reflects the location of two private treatment settings which draws patients from all over Ireland.

Drinking Patterns and Other Drug Use

Rather surprisingly, just half of the women report they are binge drinkers, with almost as many saying they drink every day (Table 2). When drinking the quantity shows remarkable diversity with almost 10% reporting less than 5 drinks daily while 18 % drink 21 or more drinks. The most frequently cited beverage prior to entering treatment was vodka or a combination of several beverages. When they started to drink at an average age of 23 they were as likely to drink beer as vodka. Quite common, however, was a combination of drinks such as lager and vodka.

Table 2 ***Description of Drinking, Other Drug Use, Family Drinking, Treatment, and Emotional Health***

	Number	%
Type of drinking		
Every day	56	49.1
Binge	58	50.9
Amount usually drinks daily		
Less than 5 drinks	11	9.6
5-7	18	15.8
8-11	27	23.7
12-14	22	19.3
15-20	I5	13.2
21 or more	21	18.4
Other drug use while drinking	58	50.9
Context of drinking		
Drinks most often at home	85	74.6
Restaurants and pubs most often	29	25.5
Most likely to drink alone	82	71.9
Pub drinking alone	11	9.6
Still hiding drinking	*60*	52.6
Family drinking		
Father drunk (often, sometimes)	50	45.9
Mother drunk (often, sometimes)	32	34.0
Husband's drinking (fairly heavy–heavy)	42	56.7
Drink together (ever married)	68	87.2
Drunk together (ever married)	35	44.9
Prior treatment	69	60.5
Emotional health score		
0-3	16	14.0
4	8	7.0
5-6	18	15.8
7 or more	72	63.2
Age (average, mean)		
At initial use: 22.9 years		
When problem drinking began: 35.4 years		

It is not unusual for women with a primary diagnosis of alcoholism to also take other drugs. Most commonly many of the women report using sleeping pills (55 %) and tranquilizers (58%). As to their taking other drugs while drinking, just over half (51 %) state they used other drugs while drinking, supporting the first hypothesis. The most frequent drug used while drinking was

tranquilizers (37%) with sleeping pills ranking second (22 %). Of the illegal drugs only marijuana, with 13 % using it, was appreciable. All other drugs were less than 5% of individual use. Given this background of other drug use, it is not unexpected that accidental drug overdoses affected 15 % of the women.

As to the context of their drinking, it is most often at home (75 %) and alone. A smaller percentage (25%) report drinking most often at a restaurant or pub, with 11 % stating they are most likely to drink alone at a pub. Since most women in this study (86%) believe women are more rejected than men because of their drinking it is quite credible that more than half (53%) are still hiding their drinking as they entered treatment for a drinking problem, supporting the second hypothesis.

Of considerable interest is the drinking of their parents; some 87% of the fathers and 56% of the mothers drink. Almost half of their fathers (46%) are reported to have been drunk (often, sometimes); while mothers are less likely than father to be drunk, the proportion can be viewed as substantial, 34%. Of the women who have been married the majority are married to heavy drinking men, 57%. Almost all of the married women drank with their husbands, *92%,* and it was not unusual to get drunk together.

An assessment of the women's prior efforts to obtain treatment show almost two thirds (61 %) have had prior treatment. For most (68 %) it has been as an inpatient, the predominantly available treatment modality. At the time of their most recent admission for treatment they were found to be rated psychiatrically impaired as reflected in the score on the emotional health scale (Langner, 1962). This 22-item index has been found to correlate with what psychiatrists judge to be psychiatric disorder, primarily psychoneurosis, and will be useful in assessing change between the initial and follow-up interview. A score of 7 or more indicates psychiatric impairment and this applies to almost two thirds of the women, 63%, which supports the third study hypothesis. The average score of 8.5 leads to a designation of impaired for this group.

Troubles Resulting from Drinking

The consequences of drinking are considerable. Selected descriptions of some troubles due to drinking are shown in Table 3**.** Outstanding are the substantial numbers who acknowledge spending more money than they ought to, going without drinking to prove they can, an inability to remember the night before, not being able to stop drinking once they start, hands shaky in the morning, and having a drink first thing in the morning to steady their nerves.

Relatively few (about 8 %) have been in trouble with the police for a drinking offense or drunk driving. Somewhat more (18 %) have been involved in road accidents.

The proportion of women who view their drinking as interfering with homemaking tasks is relatively low-not able to cook, 18%, and not able to shop for food, 22%. A slightly higher percentage acknowledge not being able to care for themselves (28%) or not being able to care for their home, 29%.

The relatively high percentage of women, 30%, who have attempted suicide is considered substantial but consistent with the weight of the evidence pointing to rather severe psychopathology, most likely depression resulting from alcoholic intake. The emotional health score discussed earlier (Langner, 1962) which reflects psychiatric impairment, is quite sensitive to depression. The women also report a high degree of violent behavior, 38 %.

Table 3 *Troubles Resulting From Drinking*

	Number	%
Have you ever spent more money than you ought Lo on drink?	97	85.1
Have you ever gone without drink for a period to prove you can do so?	88	77.2
Have you ever had financial problems due to drinking?	51	44.7
Have you ever been in trouble with the police due to a "drunk" offense (other than drunk driving)?	10	8.8
Have you ever been in trouble with police for drunk driving?	9	7.9
Have you ever been in trouble with police for anything else connected wit11 drinking?	9	7.9
Have you ever been in a road accident (as a driver or pedestrian) because of drinking?	21	18.4
Have you ever been in other accidents (for example, at home or work) because of drinking?	47	41.2
After drinking, have you ever found you can't remember the night before? ("blackouts")	94	82.5
Do you ever f i d hat when you start drinking you can't stop7	99	86.8
After drinking, have you found your hands shaky in the morning?	80	70.2
Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	79	69.3
Have you ever heard or seen things due to drinking?	28	24.6
Attempted suicide?	34	29.8
Not able to cook, fairly often?	21	18.4
Not able to care for sell; fairly often?	32	28.1
Not able to shop for food, fairly often?	25	21.9
Not able to care for home, fairly often?	33	28.9

Trouble Score Average (mean), 8; standard deviation, 3.18

DISCUSSION

This paper, describing alcoholic women who entered treatment in Ireland in 1986-1987, is the first report from this follow-up study on alcoholic women. Although women are now highly visible in Irish pubs, this particular group of women are seldom seen drinking there. Rather they follow the pattern of drinking now quite familiar to most alcoholic women-they drink primarily at home and alone (Corrigan, 1980). Pub drinking is not ruled out but it applies to a minority of these women.

The majority are in their middle years and married; like other alcoholic women they are extensive users of other drugs, albeit legal prescribed drugs (Drug Abuse Warning Network, 1982; Corrigan, 1980). As intended by the sampling strategy, there is considerable diversity in the group being studied; a heterogeneous group emerged-they are women with varied education and family income, two thirds have a secondary or university education, and almost one third have a family income beyond £15,000 yearly.

Most startling are the substantial numbers who describe themselves as binge drinkers. Yet even with this inconsistent pattern of drinking the troubles experienced are as pervasive as found with those who drink every day; since most (87 %) report an inability to stop drinking once they start this may seem inconsistent with their description of binges. An appreciable number of women have had prior treatment. This current effort to obtain help may portend improvement for the future as found in a similar study in the United States (Corrigan, 1980). The present study took place when official public policy on treatment of alcoholism was beginning to shift from a long-standing emphasis on inpatient treatment towards one which

relied largely on outpatient or community-based interventions. While the results of the present study can be appropriately generalized to inpatient care it would obviously be of considerable interest to replicate such a study with a group of women in outpatient care with a view to assessing the severity of their problems and the help provided. The strength of the study is its panel design and independent data secured from the staff of the treatment centers. Its major limitation is the lack of an experimental design with a control group and random assignment to treatment, a much needed design for future research. There will also be independent assessment of the women at the follow-up but this will not be uniform except in those instances where the husbands of married women are interviewed. Self-reports of alcoholics, however, have been found to be reliable for both reporting of drinking and drinking- related behavior, and more recently for life events that occurred in the distant past (Polich, 1982; Sobell et al., 1988).

The heterogeneity of alcoholic women is once again demonstrated in this particular study. The diversity is especially apparent in education and income; however, there are a number of commonalities as it relates to drinking-related behaviour such as the great likelihood of their drinking being private rather than public. The toll on their functioning is most apparent in the troubles cited (suicide attempts, accidents) and the large number (almost two thirds) who are considered to be psychiatrically impaired based on the emotional health assessment. Many, too, have had previous treatment. Mote than half are in heavy-drinking marriages and drinking couples are the norm. The implications for practice and intervention are fairly straightforward. Where the women are in heavy-drinking marriages it is essential that their husbands be involved in treatment and planning for aftercare. A support system which would involve AA membership and, ideally, other group support for women (possibly women-only groups) could well help the women beyond their present development. A future article will expand the descriptive data, especially as it concerns the consequences of their drinking.

ACKNOWLEDGMENTS

This work was conducted under the auspices of the Department of Health, Dublin, Fulbright Senior Scholars Program Rutgers University, Research Council and international program awards. An advisory committee for the study commented on the paper: V. Darling, N. Kearney, and M. Webb, Trinity College; H. Burke, University College, Dublin; D. Walsh, Health Research Boatd, Dublin. We are grateful for their contribution.

REFERENCES

ANDERSON, D.J. The Minnesota experience. In P. Golding (ed.), *AIcoholism: :A Modern Perspective.* Lancaster: MTP Press, 1982.

BEALE, J. *Women in Ireland.* Dublin: Gill and Macmillan Ltd., 1986. *British Journal of Addiction.* Editorial. *82: 10,* 1987.

CORRIGAN, E.M. *Alcohol Women in Treatment.* New York: Oxford University Press, 1980.

CURTIN, C., JACKSON, P., and O'CONNOR, B. *Gender in Irish Society.* Galway: Galway University Press, 1987.

DAVIES, P., and WALSH, D. Alcohol problems and alcohol control in Ireland. In P. Davies and D. Walsh (eds.), *Alcohol Problems and Alcohol Control in Europe,* New York: Gardiner Press, 1983, pp. 90-106.

DRUG ABUSE WARNING NETWORK. *Project Dawn Annual Report-1982.* Rockville, *MD,* National Institute *on* Drug Abuse, 1982.

LANGNER, T.S. A twenty-two item screening score for psychiatric symptoms indicating impairment. *Journal of Health and Human Behavior* 3: 269-276, *1962.*

MALCOLM, E. *Ireland Sober, Ireland Free: Drink and Temperance in Nineteenth Century Ireland,* Dublin: Gill and Macmillan, 1986**.**

MOOS, R.H., and MOOS, B.S. The process of recovery from alcoholism: 11**.** Comparing functioning in families of alcoholics and matched control families, Journal of *Studies on Alcohol* 45(2): 111-118, 1981.

O'CONNOR, J., and DALY, M. *The Smoking Habit.* Dublin: Health Education Bureau, 1985.

O'HARE, A., and WALSH, D. *Activities of Irish Psychiatric Hospitals and Units, 1984.* Dublin: Health Research Board, 1987.

O'HARE, A,, and WALSH, D. *Activities of Irish Psychiatric Hospitals and Units, 1982.* Dublin: Medico-Social Research Board, 1985.

POLICH, J.M. The validity of self-reports in alcoholism research *Addictive Behavior* 7: 123-132, 1982.

POWELL, M. Data nole-8. Alcohol data in the European Community. *British Journal of Addictions* 82: 559-565, 1987.

SOBELL, L.C., ET AL. The reliability of alcohol abusers' self-reports of drinking and life events that occurred hi the distant past *Journal of Studies on Alcohol 49:* 225-232, 1988.

WALSH, D. *Drinking in Ireland: A Review of Trends in Alcohol consumption, Alcohol Related Problems and Policies Towards Alcohol,* Dublin: Economic and Social Research Institute, 1980.