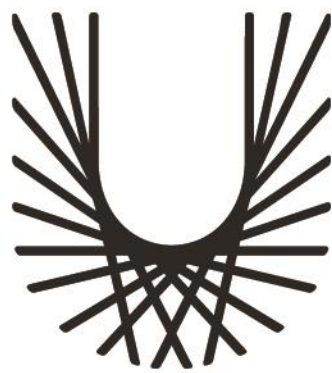

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A MORAL FERMENT
An Examination of the Moral Foundations Shaping the Involvement of Religious Organisations in Addressing Alcohol Problems in Contemporary Irish Society

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Abstract

This research explores the role of religion in alcohol related issues in contemporary Ireland, the forces shaping alcohol policy and the role of spiritually inspired methods in alcohol addiction treatment and recovery. The study's primary objective is to investigate how the evaluation of the problematic use of alcohol is constructed through multiple actors in policy formation and addiction treatment. To achieve this objective, an interdisciplinary and multi-faceted approach adopted a qualitative methodology including a literature review, theoretical framework and eighteen in-depth interviews from a diverse and eclectic mix of participants.

Alcohol policy formation and addiction treatment has been in a process of secularisation for decades, as religious institutions and concepts continue to lose legitimacy. The findings suggest that religion has very weak purchase on policy makers; nevertheless, there are often unacknowledged philosophical moral foundations to policy recommendations. Further, a broader moral malaise is identified, rooted in a neoliberal approach to alcohol policy prioritising support of the alcohol industry over the recommendations of those addressing the negative impacts of alcohol abuse. Neoliberal alcohol policy has widely been seen as creating a moral vacuum through its emphasis on individual autonomy in relation to consumption decision. While addiction therapists do not see religion as a resource to break addiction, the concept of spirituality holds significant weight in treatment, recovery and the search for meaning.

Thus, the two most salient features of the study suggest; firstly, while many see benefits of alcohol in moderation, alcohol abuse remains hugely problematic across Irish society costing the exchequer €2.35 billion annually in addition to many social ills. Secondly, despite secularisation and in conjunction with evidence-based treatments such as cognitive behavioural therapy (CBT) and motivational interviewing (MI), the existential value of spirituality continues to provide a counter-measure as a metaphysical force to aid those afflicted by addiction.

Declaration

I hereby declare that this thesis is solely my own work and has not been submitted elsewhere for the purpose of award. The thesis does not exceed 45,000 words exclusive of tables, charts, footnotes, bibliography and appendices. All other sources, including books, journal articles, online sources etc., have been referenced in according with the Harvard reference criteria and is in compliance with the regulatory policy at South East Technological University (formerly Waterford Institute of Technology).

Pat Coghlan,

February 2022

Signature: Pat Coghlan

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List of Acronyms

AA - Alcoholics Anonymous

AAI - Alcohol Action Ireland

AUD - Alcohol Use Disorder

CBT - Cognitive Behavioural Therapy

DI - Drinks Industry

FDA - Federal Drug Authority (U.S.)

HPRA - Health Products Regulatory Authority

HSE - Health Service Executive

IBDI - Irish Bishops Drugs Initiative

IPA - Interpretive Phenomenological Analysis

LVA - Licenced Vintners Association

MI - Motivational Interviewing

TI - Tobacco Industry

RCC - Roman Catholic Church

TD - Teachta Dála member of Dáil Éireann

WHO - World Health Organisation

CHAPTER ONE –INTRODUCTION

1.1 Introduction

This study explores the role of spirituality, religion and the moral foundations that shape alcohol policy and treatment in the Republic of Ireland. This chapter presents an overview of the contents of the thesis in its entirety. It achieves this by outlining the chief points of the study, its aims and objectives, its research questions and the rationale of the thesis. Finally, it provides a synopsis of the contents of the remaining chapters.

Three main areas inform the study: the role of religion in shaping attitudes toward alcohol and addiction treatment, the philosophical positions that shape alcohol policy and the role of spirituality in alcohol addiction treatment. The loss of institutional power and influence of the Catholic Church alongside the rise of neoliberal philosophy to ideological dominance and the corresponding respective loss and gain of influence over the place of alcohol in society provides the background to the study. The thesis discusses the challenges faced by various actors across a wide range of interests in addressing alcohol policy and alcohol addiction treatment. Religious organisations' perceptions of their role in the context of this change are explored. The question of their future role, rooted in their moral perspectives on alcohol problems in society and addiction treatment, is discussed. The discussion also turns to the emergence of spirituality as a distinctive category of reflection. The study considers the spiritual dimension as a response to the need for a non-technical more humanistic approach to the person and their difficulties, one which demands an ethical position. For this reason, alcohol policy, just like any other social policy can never be entirely 'secular' in the sense of being formed purely by scientific and technical knowledge. Indeed, the thesis proposes that we are not quite witnessing a secularisation of alcohol policy, as while there is criticism of moralistic perspectives and ever greater emphasis on the need for evidence-based policies, even the latter are very much rooted in moral positions. Neoliberal alcohol policy is rooted in a version of utilitarianism, public health alcohol control policies are based on a different version of utilitarianism more focused on the public good, while various therapies, while codified rationally now, stem from spiritual and metaphysical origins, such as Buddhism and Jungian psychotherapy. These are moral position with their own conception of truth and goodness. By building on a body of Irish and

international research, the study examines the philosophical foundations of alcohol policy and alcohol addiction treatment. It contributes not only to our understanding of addiction and recovery but equally to the public role of philosophy, ethics and spirituality. Through a dialogue between religious studies, social policy and sociology, the study seeks to provide an increased understanding of the interrelations between alcohol policy, addiction, treatment and philosophical positions. In so doing, the research offers a case study of attitudes to alcohol policy formation, addiction treatment and recovery which takes seriously their theological and philosophical foundations.

1.2 Research Objectives and Research Questions

The research objectives of the thesis are to examine the role of moral discourse concerning alcohol policy and addiction treatment. As Bryman (2016, p.10) notes, 'a research question is designed to indicate what the purpose of the investigation is'. Thus, the central research question of this study is: what are the moral discourses underpinning the current evaluation of the problematic use of alcohol in Irish society and how is this evaluation constructed through multiple actors in policy formation and addiction treatment? Because of the scope within one broad question, however, three narrower and more specific questions are formulated which are:

1. What is the role of religion in moral discourse in shaping alcohol related issues?
2. What are the forces that shape public policy on alcohol issues relative to values and worldviews from actors such as the alcohol industry, churches, the health sector, academia, advocates and campaigners and politicians?
3. What contribution does religious thinking and/or spiritually inspired methods in alcohol addiction treatment bring in recovery?

1.3 Rationale for the Research

The rationale for the study is based on how alcohol related problems are an area of public concern across Irish society and the consequent need for continual reflection on policy making and treatment. The research explores religious organisations, politicians, health advocacy groups, addiction treatment specialists and academics in order to explore the factors that shape discourse and alcohol policy. At the outset, however, it is helpful to

reflect on some prior issues. The term ‘Morality’ carries a range of connotations. For some, it implies a single or stable concept of objective truth about questions of conduct, motivation and how one ‘ought’ to live. Others, too, might see in the term an authoritative, even authoritarian, means through which humans are condemned or condoned. This study sees morality in terms of its etymological root as *moralis*, meaning ‘custom’ – the axiomatic thinking that frames action – and also in the philosophical sense as the demand to be reflexive about the ‘good life’. It is in this context that the study sees morality with a lower case ‘m’ rather than an upper case ‘M’. In relation to alcohol policy, the research is a response to a concrete challenge: the historical dominance of the Catholic Church in treatment, linked with the rise of the AA model, which is a ‘moral’ perspective. An important philosophical foundation here is ‘subsidiarity’ which negatively evaluates both the state and the market and argues for the role of voluntary bodies in addressing social problems such as alcohol-related harm (Brennan, 2014). The research is concerned with how, when the paternalistic culture of the Catholic Church’s ‘moral monopoly’ weakened, neoliberalism emerged as the dominant ideology (Inglis, 1998). Though this appears secular and even scientific due to its economic focus, it is no less a moral position, based on a particular view of human nature and ‘the good’. Neoliberalism rests on a moral definition of human nature as a utility maximising agent and emphasises the freedom of individuals to produce and consume. It promotes personal responsibility as opposed to being led by the state or other authorities and encourages consumerism (Harvey, 2005).

The research is concerned with moral conflict between neoliberalism and ‘nannies’, as the public health contested the position of neoliberalism with moral argument for protecting public good through controlling consumer freedom, but in particular by controlling powerful market actors (Butler, 2009). In the contemporary context, this struggle has centred on the implementation of the Public Health (Alcohol) Act 2018, which legislated for the introduction of a number of reforms, such as mandatory health labelling on all alcohol products and the regulation of advertising, marketing and sponsorship on alcohol products. Finally the work focuses on treatment services, which, while connected to questions of public policy, must address the person who has presented for treatment. Spiritual questions of motivation and meaning are inherent at this level, and can be seen in the spiritual origins of many contemporary treatment philosophies.

Within alcohol addiction treatment services, there is pressure for quicker, cheaper and more evidence-based responses than those traditionally promoted by spiritually informed therapies, such as that of the Minnesota Model. This has led to alcohol treatment becoming increasingly secularised and the retreat of the major churches from this domain, both in terms of the involvement of individual members and willingness to shape public debate (Butler, 2009). An example of this is the transition from members of religious orders to professional laity in alcohol addiction treatment centres. By the same token, it is difficult to ignore the interior and reflexive dynamics of addiction and treatment, which cannot be reduced to the determinants of either consumerist language or external regulation. Because of this, spiritual ideas remain significant among many therapists.

While treatment in Ireland historically has been dominated by the AA model (Butler, 2002), which has clear links with aspects of Christian thought (Antze, 1987), there is a current secularising trend. Religious organisations and the Catholic Church in particular are in an increasingly demoralised condition in this domain. As the paternalistic culture of the Catholic moral monopoly has waned, neoliberalism has risen to be the new moral axiom (Keohane, 2015). The thesis argues for the ambivalence of this development due to how it is linked with a large increase in alcohol consumption (Mercille, 2016). Yet there are important actors in civil society that have the potential to act as important counterweights to neoliberal philosophy and as responsible actors in the ethical debate over society's response to alcohol problems. Neoliberalism has empowered a private alcohol industry with considerable lobbying and ideological power which seeks to place the responsibility for the negatives of consumption on the consumer through slogans such as: 'Drink Responsibly'. In contrast, religious and spiritual perspectives tend to counsel restraint and inner development, while social and health advocates such as Alcohol Action Ireland have emphasised alcohol control policies. In this context, the research explores various actors' roles in shaping discourse and policy, which often takes the form of a struggle against neoliberal culture. The study critically explores the present role of spirituality in attitudes to alcohol policy, alcohol addiction and addiction recovery, especially at a policy level. Consequently, by building on and deepening knowledge on alcohol and addiction related matters with all the key actors and by conveying the social scientific findings of this study, it is envisaged that the study will help shape and impact positively on social policy.

The study hence examines the moral foundations that shape how society tackles alcohol-related harms. It explores how key actors in the alcohol field define the moral foundations that shape alcohol policy and addiction treatment. It attempts to interpret competing moral positions relating to alcohol policy to provide a better understanding of policy and treatment.

1.4 Thesis Overview

The study's theoretical grounding advocates for a mutually informed interface between theology and spirituality and sociology. These disciplines have always been linked, most clearly seen in Weberian sociology (Weber & Kalberg, 2012), which demonstrates sociology's origins in the profoundly theological category of the search for meaning. The theoretical framework applied shall pay due regard to the specifics and related concepts that are of relevance to alcohol addiction, alcohol policy, addiction treatment and the role of religion and spirituality in these matters. To this end, theoretical sociological concepts from Harry Levine (1993) and Paul Sabatier (1988) are used to aid understanding from the literature and data. Concepts from theology are also utilised throughout the thesis primarily as a means of exploring the meaning of alcohol harms for people and their sense of moral duty to address it in various ways. The studies that this thesis is in dialogue with in this regard are Christopher Cook (2004), Joan Lockwood O'Donovan (1993), Patrick McKinley Brennan (2014) and Maria Cahill (2019).

Chapters two and three explore current literature regarding alcohol policy formation and alcohol addiction treatment. In doing so, it covers a range of topics covering the Catholic concept of subsidiarity, the disease concept that guided policy until the 1990s, neoliberal governance of alcohol use, which became increasingly dominant from this era and efforts from public health to introduce alcohol control policies guided by the total population model. Chapters two and three also examine alcohol treatments and their relationship to policy, alcohol control policies, the complexities of policymaking, the power and influence of lobbying and finally, the chapters explore the literature in relation to the possibilities of an integrated policy mechanism. The chapters provide an in-depth study of the literature regarding religious ideas, religion and spirituality and their responses to alcohol problems and

how these responses stand with current policy making. In doing so, they track the changes in worldviews and philosophies of agencies in the alcohol debate. Examples of this include Temperance Movements, the Pioneer Total Abstinence Association (PTAA) and Alcoholics Anonymous (AA).

Chapter four outlines the methodological approach. The study is a qualitative study of how actors in the alcohol policy and addiction treatment field perceive the role of philosophy alongside ethical and moral positions in the alcohol field. The chapter justifies why this was the best approach for the research, as the emphasis of the study is attempting to provide a deep acuity into the complexities of human decision making and the construction of meaning. The chapter gives details of the primary source of data collection, which was gathered from eighteen in-depth interviews, while a secondary source was texts and self-help material provided by the sample. Because the concern was the policy field as a whole, the sample was drawn from a diverse and eclectic mix of participants, who were all in some way concerned with addressing alcohol-related harms and their roots in the neoliberal orthodoxy that has governed alcohol policy for some decades.

The heart of the thesis is the interviews. They provided rich and illuminating insights into varying and, at times, conflicting philosophical viewpoints. Interview participants include individuals in former Ministerial roles, people involved in alcohol policy making, health, social and religious advocates in leadership roles and therapists and management working in front-line addiction treatment and academics. Chapter five, firstly, highlights the findings that emerged from in-depth interviews of the eighteen participants who volunteered to take part in this research in relation to the research questions. These findings resulted from granular labelling, coding, thematic analysis and cross referencing of all data transcripts. The chapter, then discusses these findings in detail in relation to the respondent's personalised experiences and worldviews on alcohol topics and issues. For example, areas such as alcohol in Irish society, ease of access and normalising of alcohol, to policy, lobbying and the roles of religion and spirituality to alcohol addiction treatment are discussed. How the respondent's worldviews on these topics are shaped is also discussed. Chapter six discusses the main conclusions of the thesis. As in chapter five, the conclusions in this chapter are compared and contrasted to the literature and the theoretical concepts explored in chapters two and three. Finally, chapter six provides an overview of these conclusions in the context of further research.

CHAPTER TWO – CULTURAL FOUNDATIONS

2.1 Alcohol and Everyday Culture

Alcohol has been significant in Irish culture, having a prominent role in everyday rituals such as attending public houses and on certain special occasions (Inglis 1998; Peillon 1982). However, alcohol equally occupies an ambiguous, even dark, position in Irish culture, being also feared and problematised, resulting in Irish drinking culture being described as ambivalent (Cassidy, 1996). Thus, it seems that while there is some support for public health policies, there is also resistance and support for liberal alcohol policies.

2.2 Religion

This chapter addresses the third research question, the role of religion, religious ideas and spirituality in alcohol related matters. The chapter's objectives are, firstly, to outline the evolving moral change or ferment in how the alcohol question in Ireland is approached. Secondly, it evaluates such change against the backdrop of the changing dimensions of Irish attitudes to belief, belonging and secularisation. To achieve this objective, the past and present role of the Catholic Church in relation to alcohol related issues is explored. While there is of course a range of churches and other religions, the historical prominence of the Catholic Church in Ireland makes it the main focus of the discussion. Linked to this, an examination of Temperance Movements, the Pioneer Total Abstinence Association (PTAA) and Alcoholics Anonymous (AA) as non-governmental agencies and their response to the needs of individuals and communities in addressing alcohol problems is discussed. Because alcohol problems continue to persist in Irish society, the chapter explores whether sufficient attention has been attributed to the moral foundations that are perceived to be external to the market and the state. It examines if these philosophies provide an alternative space to broaden dialogue in conjunction with the various actors in the alcohol discussion. The chapter's focus on the topics and themes of 'self-help movements and voluntary associations' lead to the categories of subsidiarity and spirituality. The chapter also explores, in a deeper context, the research question of spirituality and its relationship to alcohol addiction recovery. Because the institutions and organisations explored are community based, subsidiarity holds particular relevance as a

foundational principle. Thus, subsidiarity and spirituality are integrated and contextualised throughout the chapter with regard to the alcohol debate. The concept of subsidiarity is provided by Joan Lockwood O'Donovan (1993), Patrick McKinley Brennan (2014) and Maria Cahill (2019). Christopher Cook (2004) and Harry Levine (1993) provide spiritual and sociological theory that is helpful in increasing an understanding of the literature and data. Finally, the way the state responds to these organisations regarding alcohol problems and as such, community, in the spirit of subsidiarity is examined.

2.3 Catholic Church – Rise and Fall of Power and Influence

During the nineteenth century and in the post-famine era, the Catholic Church grew in power in Irish society. The Catholic Emancipation Act of 1829, which put an end to legal discriminations on religious grounds saw Irish Catholics benefiting in political and civic terms (Butler *et al.* 2017, p.56). What was described as a "devotional revolution" was occurring across Ireland with three quarters of the population presenting as Catholic (O'Corráin, 2018, p.726; Butler *et al.* 2017, p.57). The Catholic Church gained power 'at a time of economic failure, when the country had lost its parliament and was rapidly losing its native language,' thus making religious identity 'a source of stability and certainty' (Butler *et al.* 2017, p.5). A vacuum of sorts presented itself and the Catholic Church, recognising and capitalising on this, became the dominant moral authority. The peak of this dominance occurred between the 1920s and the 1950s, with weekly mass attendance and devotional practices reaching their height (O'Corráin, 2018, p.734). Consequently, up until the 1960s was an atypical period for the Irish Catholic Church. It found itself without an adversary institution or even 'a dialectical sparring partner' for the first time in centuries, embracing unrivalled power to influence state social policy, including alcohol policy (O'Corráin, 2018, p.726; Moran, 2009). The Catholic Church had developed a monopoly position enabling it to become a major institutional player in other social fields, particularly the state, family, education, health, social welfare and the media (Donnelly and Inglis, 2010, p. 5). The winds of change, however, were forming.

The fall of the Catholic Church in Ireland, for a variety of reasons, has contributed to the continuing secularisation of Ireland. Due to the litany of child abuse scandals and the

subsequent reputational damaged suffered by the Catholic Church in Ireland, it has played a diminished role in social policy issues since the 1990s (Mullholland 2019, p.2: Butler *et al.* 2017, p.81; Inglis, 1998). This is evident from the data gathered in this study as many interviewees, particularly senior officials in the Catholic Church readily acknowledge. These points will be discussed in detail in chapter five. However, the literature indicates that secularisation is an inevitable feature of Irish society – at least in the functional, social and political dimensions. The term secularisation refers to the process by which religious practices, thinking and institutions lose social significance. Without generalising a complex social and religious phenomenon, it originated in France during the 1700s and for three centuries the Irish Catholic Church defended itself against its impact (Wilson 1966, in Aldridge, 2000, p.2; O'Conaill 2009). While the scandals of Irish Catholicism played a substantial role in the secularisation of Ireland, it is equally accepted that the status and standing of the Catholic Church was unsustainable. Further research reveals how Catholicism was not nearly as homogenous as it seemed. Since the 1960s, there has been a sea change in the position of all the main churches in Ireland, resulting in their demise as a major force in many social areas, including education, welfare, family and health (Mullholland 2019, p.4; Donnelly and Inglis, 2010, p.15). There appears, according to the literature, to be a plethora of reasons that explain this evolving loss of influence. Regarding the overall research question, the literature illustrates how religion has little input. However, the continuing influence of the language of spirituality in alcohol addiction recovery warrants further reflection.

The institutional power and moral authority that the Catholic Church developed had significant effects for the place of alcohol in Irish culture. It tamed the somewhat wild sense of festivity that was characteristic of pre-Famine society and produced a tamer and largely conservative festive cycle (Peillon, 1982). It resulted in large temperance movements, firstly under Fr Theobald Mathew and latterly under Cardinal Paul Cullen, though these movements never emerged as successful political movements that influenced legislation and alcohol control regimes (Ferriter, 1999). The moral monopoly of the Church did help in a general sense to foster a conservative, non-liberal culture, which only began to thaw in the 1960s, notably indicated by the Intoxicating Liquor Act 1960, which liberalised alcohol controls. Perhaps the influence of the Catholic Church was seen most in the attraction of the spiritually based Disease Model, leading to the first chapter in Europe being opened in Ireland

and considerable prominence by advocates of the model in shaping alcohol policy (Butler, 2002).

2.4 Spirituality in Recovery

Despite the Catholic Church's demise and religion's limited role in matters pertaining to alcohol problems, the literature indicates that spirituality and spiritual methods continue to play a role in alcohol addiction recovery. This section attempts to narrow the focus on spirituality itself in relation to the research question. Its aim is to explore the deeper question of 'spiritual awakening' and its relevance for alcohol addiction recovery in the 12-Step model.

Christopher Cook (2004) suggests that spirituality, because of its abstract nature and inherent limitations, is a difficult concept to define. In defining spirituality, Cook (2004) provides a good working definition. Cook manages to harmonise the essence and meaning of spirituality in both broad and narrow perspectives, stating:

> …spirituality is a distinctive, potentially creative and universal dimension of human experience arising both within the inner subjective awareness of individuals and within communities, social groups and traditions. It may be experienced as relationship with that which is intimately 'inner', immanent and personal, within the self and others, and/or as relationship with that which is wholly 'other', transcendent and beyond the self. It is experienced as being of fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth and values (Cook, 2004, pp.548-549).

Cook, however, proposes that with its 'provisionality, vagueness and inherent limitations, it is hoped that the relationships fostered by academic debate will one day be creative of a more complete and satisfactory definition' (Cook, 2004, p.548.). Due to the complexity and fluidity of the concept, there may never be an agreed definition of spirituality but Cook nonetheless charts the contours of a working definition. In an Irish context, philosopher Richard Kearney proposes that 'there is a complex, rigorous logic to Irish mythical thought that gives meaning to people's lives that has been passed down through generations from Celtic times' (Kearney in Inglis, 2014, p.2). For Kearney, at least, questions of meaning and the beyond are in some sense embedded within Irish culture. Cook echoes this view at a broader level when he describes spirituality as our concern with matters 'of meaning and purpose in life, truth and values' (Cook, 2004, pp.548-549). While these notions are all fine, albeit in an abstract way, the difficulty, perhaps, is the

immeasurable dimension within spirituality. By definition, the category broadens our focus beyond strictly utilitarian or wholly immanent views of reality. Its horizon is one, perhaps, that remains always becoming and, in the best sense of the terms, provisional and incomplete.

While there remains an immeasurable dimension to spirituality, a concrete impression of its impact in treatment is possible. In one example Piderman *et al.* (2007) carried out an extensive study measuring spiritual well-being, private religious practices, positive religious coping, abstinence self-efficacy and affiliation with AA and their associations with alcoholics in treatment. Piderman's study involved 122 persons over eighteen years old, commenced in March 2002 at the Mayo Clinic Rochester and concluded eighteen months later. Its primary goal 'was to contribute to the understanding of spirituality in persons with alcohol dependence in outpatient treatment' (Piderman *et al.* 2007, p.235). Their findings propose that the involvement of 'spiritual well-being and private religious practice and affiliation with AA suggest that these specific aspects of spirituality may have an important role in assessment, treatment and possibly recovery itself' (Piderman *et al.* 2007, pp.235-236).

Further research in relation to the effects of spirituality in alcohol treatment was carried out by Strobbe (2009) over a three longitudinal study in Warsaw, Poland in which:

> …patients were assessed at baseline, one month, and 6-12 months for AA meeting attendance, affiliation, and alcohol consumption. Outcomes were obtained from 118 of 154 participants, 77% of the baseline sample. AA attendance alone did not predict improved drinking outcomes. In contrast, self-report of a spiritual awakening was significantly associated with abstinence, and the absence of any heavy drinking (Strobbe, 2009, p.x1).

According to Miller *et al.* (2019), the 12-step programme, while emphasising the contribution of character flaws to addiction, does not embrace a specific type of etiology. However, describing the importance of spirituality as being central to the 12-step programme, they claim that 'people are powerless to resolve addiction on their own and the help of a higher power is essential' (Miller *et al.* 2019, p.26). Linked to this, are the recommendations for a programme of spiritual awakening and personal recovery within AA and other 12-step programmes (ibid). For Kurtz, 'a spiritual awakening is understood as the means to move from destructive independence to proper dependence on God and others' (Kurtz 1991, in Miller *et al.* 2019, p.26). Describing a spiritual awakening Galanter *et al.* propose that it is 'an avowal of having experienced a transformation in

disposition and perspective, rather than an explicitly defined change' (Galanter *et al.* 2014, p.332). Both Kurtz and Galanter's description of a spiritual awakening are compatible with Cook's definition of spirituality and in doing so helps to increase an understanding. For example, 'it may be experienced as relationship with that which is wholly 'Other', transcendent and beyond the self' (Cook, 2004, pp.548-549).

The 'Other' or the transcendent that Cook refers to is further distilled by Ralph W. Hood (2019), of Chattanooga University, whose specialty is the psychology of religion. Via the philosophy and psychology of William James, Hood explores the problem of scientific reductionism and the need, perhaps, to acknowledge that while the effects of spirituality in treatment is, of course, measurable, there is always another horizon at play. He illustrates how for William James, 'the subject of natural science is only provisional and that there is *something more*. Hood goes on to describe this significance:

> …all the natural science assumptions that we associate with the religious traditions, the people who found those traditions and the experiences they had are probably correct, it looks like Saint Paul might have been hysterical, it looks like Martin Luther might have been a manic depressive, but so what. These are descriptions that try to give the causal conditions that are operating – but there is something more and that something more – the existential value, the spiritual significance cannot be dismissed because you think you know or you identified the causal origins. So saying that, William James says that the natural science description of a neurological state will always remain true, but it never can be the explanation, the value, the existential and spiritual significance of something more that it might express (Hood 2019, 6:53).

Hood explores in some depth the phenomenon of 'something more' and by doing so he proposes that in the aftermath of a spiritual experience or a spiritual awakening the individual experiences a complete change of worldview. This, according to Hood, is primarily due to the the existential value of the spiritual significance, which for the individual experiencing this phenomenon, is very much a real thing. According to Hood (2019), despite the most modern scientific advances, the existential and spiritual significance of these phenomena still hold relevance as they are a distinct category and cannot be reduced to scientific/naturalistic explanations alone. Thus, the literature suggests that modern science, despite all its discoveries, explanations and advances cannot provide a credible evaluation and explanation of phenomena such as spiritual experiences and spiritual awakenings, due to their ineffable nature. More specifically, humans need meaning – a sense of ultimate ends, a structure to live by and attachments. This connects with Cook's definition of spirituality, where addiction is linked to the absence of meaning. More recent literature reveals that through brain imaging, the

experience after a spiritual awakening provides diminished cravings for alcohol, resulting in a decrease of alcohol consumption and reductions in professional treatment (Galanter *et al*. 2020, p.731; Strobbe, 2009, p.110). The literature, in demonstrating the existential value of the spiritual experience, illustrates a clear link whereby spirituality continues to play a large part in the philosophy and advocacy of AA and other 12 Step models in alcohol addiction recovery. Examples and accounts of spiritual experiences provided by data participants and how they compare to the literature are discussed in detail in chapter five. The involvement of self-help movements and voluntary associations in relation to alcohol and its associated problems in an Irish context is now discussed.

2.5 Temperance Movements and Cultural Foundations

Prior to the prominence of the Disease Model, religion had shaped alcohol's position in Irish culture primarily through temperance movements. The Irish temperance movement 'began with impetus from American temperance reformers, as the work of evangelical Protestants in Ulster and then of Quakers in Dublin' (Malcolm 1986 in Levine, 1993, p.20). Alcohol is deemed dangerous and problematic in relation to its ability to destroy an individual's self-control, therefore any society where temperance movements evolved and grew is deemed a temperance culture (Levine, 1993, p.24). In the early twentieth century with temperance philosophy highlighting the dangers to men's souls through family separation and liquor drinking, large scale ongoing temperance movements concerned by the dangers of alcohol were established only in some societies (Levine, 1993, p.16; Bancroft, 2009, p.22). Because of alcohol's powerful consciousness-altering ability and its regular misuse, temperance movements, ensuring that alcohol was a live political issue in the UK, the US and Nordic countries became themselves transnational, social, political and very powerful movements (Bancroft, 2009, p.21; Levine, 1993, p.16).

The politics of alcohol was and arguably remains largely symbolic, focusing on regulating behaviour for wider reasons, or for discrediting the lifestyle of certain groups within society who are perceived to be unsavoury. Historically, it was generally perceived that women, the working class and immigrants drank to excess and this reflects the extent that moral authority had in generally shaping attitudes on alcohol. The temperance movement's voluntaristic approach involved moral exhortations on the dangers of

alcohol, demanded that tavern owners repent and exhorted men to practice restraint in drinking, which achieved widespread acceptance and legitimacy in the larger society (Bancroft, 2009, p.21; Levine, 1993, p.17). Levine highlighted nine countries that adopted temperance cultures: Finland, Sweden, Norway, Iceland and the English-speaking cultures of the US, Canada, the UK, Australia and New Zealand where some of active versions of the old temperance organizations remain (Levine, 1993, p.17). Almost all these countries, with the exception of the UK had some experiments with prohibition. For a large part of the nineteenth and early twentieth century, the preferred alcoholic drink in temperance cultures was chiefly distilled liquor in the form of vodka, whiskey and gin which was believed to be responsible for many of society's ills – a topic of social controversy (Bancroft, 2009, p.2; Levine, 1993, p.17).

In Ireland, while the Roman Catholic Church played a pivotal part in shaping culture, nonetheless, diversity was evident from within. On the one hand, it endorsed a relative tolerance of alcohol, with the Catholic News Agency noting: 'from a beer at dinner to the wine transubstantiated at the Last Supper, sharing a drink has held a profoundly important place in shaping people's lives through the ages' (Mena, 2017). On the other hand, Catholic priest, Fr Theobald Mathew (1790-1856) was the founder of the largest temperance movement in Ireland during the nineteenth-century. During this period, the earliest European temperance organizations were forming in Ireland and in 1838 Fr Mathew became president of the Cork Total Abstinence Society. Over the following six years he travelled throughout Ireland where crowds flocked to hear him and take the temperance pledge. The number of abstainers in Ireland in 1841 was estimated to be 4,647,000 with consumption of spirits dropping by approximately 50 percent over a three-year period, much of this decrease attributable to Mathew's efforts (Encyclopedia Britannica, 2018). Due to Mathew's successful efforts through ongoing organisation, he subsequently developed the reputation of being something of a miracle worker among many thousands of Catholics across Ireland (Levine, 1993, p.20; Townend, 2002, in Butler *et al.* 2017, p.57). Fr Mathew was deemed to be the most famous non-Protestant nineteenth century temperance crusader in Ireland, particularly in the 1840s and for these reasons such claims cannot be discounted (Butler *et al.* 2017, p.57; Levine, 1993, p.20).

A key factor in relation to Fr Mathew's temperance success was that of his alliance with Ireland's lead politician of the era, 'The Liberator', Daniel O'Connell. For example, 'right

from the outset, unlike Father Mathew, O'Connell perceived that temperance could contribute to the achievement of national rights' (Malcolm, 1986, p.128). Malcolm notes however that Fr Mathew's wishes were that the temperance crusade should be non-political and non-sectarian. According to Malcolm, O'Connell was aware of this. Nonetheless, at this point O'Connell's Repeal movement was enjoying only limited success. O'Connell, ever the astute politician, moved to align himself with temperance and perhaps more crucially, identify temperance with Repeal. By capturing the temperance movement, he successfully secured it to the 'chariot of Repeal' (Malcolm, 1986, p.130). By announcing the benefits of abstinence, O'Connell then took a personal pledge in October 1840, positioning himself advantageously to converting millions to the Repeal cause (Malcolm, 1986, p.129; Butler *et al.* 2017, p.57). Between 1840 and 1842 two changes were occurring in tandem; O'Connell's Repeal was gaining momentum, while simultaneously, Mathew's temperance crusade was declining. In January 1843, O'Connell, despite his earlier alliance and advocacy with Mathew, 'withdrew his pledge on medical grounds' (Malcolm, 1986, p.130). O'Connell, who did not want to alienate support from the alcohol industry now claimed, 'the temperance movement had passed too heavy a censure …on the former condition of the country by suggesting that the Irish were a drunken people' (ibid). This shift by O'Connell illustrated that political expediency was his sole objective with his alliance to the temperance movement and clearly highlighted that the most important aspect, for him, was the support of the alcohol industry (Malcolm 1986, p. 130; Butler *et al.* 2017, p.57). Thus, as is much evident in contemporary times, this also demonstrates in a historic context the ability of the alcohol industry to influence the political system.

Fr Mathew's temperance campaign of the 1830s and 1840s, though enjoying success for a brief period, was nonetheless short-lived. Further research reveals that more crucially, perhaps than political fallout, the Catholic Church, ultimately did not support Fr Mathew in a manner to which the temperance priest would have wished. In illustrating their discomfort with Mathew's aversion to alcohol consumption and interdenominational leanings, Catholic bishops played no part in the maintenance or continuation of Mathew's movement following his death in 1856 (Fagan and Butler, 2011, p.262). This provides an example of how the results from Mathew's charismatic leadership ability meant little in the aftermath of his death because of the Catholic Church's traditional relative tolerance on alcohol. Catholic Ireland, which could be described as a non-temperance culture

differed significantly from some Protestant countries which in the main, can be described as temperance cultures. In capturing the mood from the Irish Catholic standpoint, Butler notes that:

> The Catholic Church in Ireland (to which 95 per cent of the population outside of the north-eastern corner of the country belonged), while not unaware of the various problems stemming from alcohol, could not be expected to either promote a fundamentalist type of anti-alcohol sentiment among its members or support political members reflecting such views (Butler *et al*. 2017, p.59).

Levine (1993) outlines two factors that strongly associate with temperance culture. Firstly, ‘people in temperance cultures drank a considerable portion of their alcohol in distilled liquor mainly vodka, gin, rum, or whiskey, secondly, all the temperance cultures were predominantly Protestant societies’ (Levine, 1993, p.17). Further, wealthy merchants, big employers, working class and many of the middle class supported temperance (ibid). Non-temperance cultures on the other hand, generally lacked either a Protestant tradition, a pattern of distilled liquor drinking, or both and did not develop large temperance movements (Levine, 1993, p.20). This can be seen as a way of explaining the Irish case as outlined above in Butler’s quote. Ireland was a spirit drinking culture before the Famine. Following the Famine, taste shifted to beer and not spirits that temperance movements typically target, with consumption increasing only moderately, standing well below the UK average, until the 1990s. Northern Ireland, on the other hand, is very much a Temperance culture. It has 15% less of the number of licensed premises per people that Ireland has and traditionally a 40% rate of abstinence, as opposed to the 20-25% of the South.

By way of analysis, Levine draws on the sociological theory of Weber and Durkheim as they focused on Protestantism and understood it in a broadly cultural or strongly anthropological sense in the early twentieth century. According to Levine, both Durkheim’s study *Suicide* (1897) and Weber’s *The Protestant Ethic and the Spirit of Capitalism* (1905) focused on self-regulation and control and contained the same sociological point – that there were real cultural and social differences among Catholics and Protestants. For Durkheim, self-control and self-sufficiency was produced by the “religious individualism” of Protestantism. Protestant cultures, he argued, amounted to less regulation by others, ‘producing egoism and they weakened the moral influence of other people producing anomie’ (Levine, 1993, p.24). Levine states that in any temperance culture, alcohol was deemed to be dangerous and problematic because of the

perception about alcohol's ability to destroy individual self-control. Consequently, alcohol itself became the focus of the anxieties and concerns of individual self-control (ibid). Likewise, for Weber, self-restraint and self- regulation resulted from the "worldly asceticism" of Protestantism with 'both tendencies increasing the concern with self-regulation' (ibid). Linking this to temperance culture, Levine proposes that this culture adapted to Protestant cultures as it provided an ideological method of dealing with regulation and self-discipline. Because the Catholic Church, for the most part, retained the holders 'as the social conscience and moral guardian of Irish society' (Donnelly and Inglis, 2010, p.1), during the eighteenth, nineteenth and much of the twentieth centuries, their involvement with the Pioneers is now discussed.

2.6 Pioneer Total Abstinence Association (PTAA)

According to Levine (1993), despite Fr Mathew's and Irish Protestants' successes in temperance organisations in the nineteenth Century, Irish Catholics could not, for the most part, be persuaded to take up the temperance cause. It was to be a further four decades after the death of Fr Mathew of continuing Protestant temperance proselytizing and by the work of another Irish Catholic temperance organizer that culminated in the founding of the Pioneer Total Abstinence Association (PTAA) (Levine, 1993, p.20). The organizer in question was Fr James Cullen of New Ross, whose establishment in 1898 of the PTAA, Ireland's largest temperance movement, signalled the climax of the temperance movement in the nineteenth-century Ireland (Malcolm, 1986, p.306; Fagan and Butler, 2011, p.261). The PTAA were a more bureaucratised and centralised movement seeking to avoid the wild enthusiasm of Mathew's movement. With the establishment of the Irish Free State in 1922 under the Anglo-Irish Treaty, alcohol issues were reported to be extensive across Ireland and 'critics of Irish alcohol consumption saw this time of transition as an opportunity to tackle excess' (Ferriter, 2015, p.5). Ferriter notes:

> …in the early twentieth century it was widely agreed that the country was drinking excessively, there were numerous references in its reports to women addicted to alcohol, or 'confirmed drunkards' as they were labelled. But there were such a variety of vested interests in the alcohol industry that a cynicism existed about the extent to which politicians would be prepared to enact legislation or help foster a climate that would reduce consumption (Ferriter, 2015, p.5).

The literature illustrates that the political establishment of that period and the Catholic Church co-existed in a conciliatory collusion of mind-sets, demonstrating both the challenges and complexity of the alcohol debate. According to Butler (2002), while acknowledging the possible negatives and harm caused by alcohol, the Irish Pioneer movement was consistent with the view proposed by the Catholic Church that alcohol was intrinsically good, nonetheless due to abuse, some may abstain for religious reasons (Butler, 2002, p.19). This signals a key difference between the PTAA and the traditional Protestant temperance movements and indeed Fr Mathew's campaign in how they viewed alcohol – the Catholic Church's relative tolerance of alcohol and the more fundamentalist type objection to alcohol of some Protestant Churches. This particular disparity between Fr Mathew's temperance movement and the PTAA is one of many examples of 'Irelands tortured relationship with alcohol and the difficulty of finding a middle ground with regard to consumption' (Ferriter, 2015, p.2). There were however, many different aspects to the PTAA and previous temperance movements, namely Fr Mathew's 1840s crusade, particularly in relation organisation, according to Malcolm (1986). A distinguishing feature between the PTAA and its predecessors in the Irish temperance movement was Cullen's obsession 'not just with organisation and commitment, but his patience, he certainly built slowly and with a view to producing a lasting movement' (Malcolm, 1986, p.317).

The PTAA's membership was small and elitist, noted for its commitment and discipline reflecting Cullen's conviction of a 'Pioneer' membership forging an exemplary trail in an Ireland rife with alcohol abuse (Malcolm, 1986, p.317; Fagan and Butler, 2011, p.261). It was also, according to Malcolm (1986), a highly structured and carefully thought-out organisation that, crucially, was to remain deeply rooted to the Catholic Church. Fr Cullen believed that a society or individual working external to the Church could not be sustained long-term once the initial enthusiasm had dissipated. He learned from the mistakes of Fr Mathew. Furthermore, because Cullen and the PTAA were seen to be dedicated and pious Catholics, he was not subject to criticism, as Fr Mathew had been, of allying himself with the Protestants, seeking to harm the alcohol industry, or defying his superiors. Cullen also aligned himself to the Gaelic revival movement, to which teetotallers and revivalists found this cultural nationalism to be congenial. For Malcolm, where Mathew had failed, Cullen succeeded; 'by establishing an enduring total abstinence movement allied to the two most powerful forces in Irish society, Catholicism and nationalism' (Malcolm, 1986,

pp.320-321). By the mid-twentieth Century, Cullen's patience was rewarded, the PTAA had become 'the largest Catholic lay association in the Irish Republic with an estimated membership of 500,000' (Ferriter, 2015, p.1). An example of its followership was evident in June 1949 whereby '80,000 members of the Pioneer Total Abstinence Association crammed into the Gaelic Athletic Association (GAA) stadium at Croke Park in Dublin for the golden jubilee celebrations of the PTAA (ibid).

Since the 1960s, the PTAA's membership has gradually decreased to approximately 100,000. The literature proposes that environmental changes in society such as increased secularisation aligned with continuing loss of institutional power within the Catholic Church have been cited for this occurrence. Due to continuing publicity about clerical sex abuse scandals and their cover-ups by the official Church resulting in reputational damage – the moral authority of the Church has been substantially eroded (Inglis, 1998; Butler *et al*. 2017; Fagan and Butler, 2011). In an effort to determine the PTAA's current and future standing in Irish society, Fagan and Butler (2011), carried out a qualitative study entitled 'What are we about'. The study was carried against the background of ongoing secularisation asking the associations leadership how it defined its aims of religious temperance in a radical changing external environment. The authors note that there is considerable confusion among the associations leadership on this question, emphasising once more, the complexity of the alcohol question. For example, the authors quote Whetten (1987), who in exploring organisational growth and decline, applied life cycle analogies, suggested that the PTAA can be considered to be in 'terminal decline due to changes in its external environment – notably the emergence of a more secularised society within which alcohol consumption has been culturally normalized' (Fagan and Butler, 2011, p.263).

Conversely, the authors propose that due to increased public awareness of the prevalence of alcohol-related problems and the growth of the public health perspective on alcohol issues – 'predictions of the inevitable demise of the Pioneers might seem unwarranted' (ibid). Instead, Fagan and Butler note that it is precisely because of the ongoing problematic alcohol consumption and external environmental changes – 'that such changes have given a new lease of life to a temperance movement' (ibid). In relation to this, international studies indicate that Ireland, despite being noted for extreme problematic drinking practices has higher proportions of abstainers than other countries

– which arguably is largely attributed to the success of the PTAA (Fagan and Butler, 2011, p.261). The area that 'demonstrated most confusion and disagreement' among respondents was how the aims of the PTAA were perceived in the context of increasing alcohol consumption, Ireland's decreasing religiosity and the survival of the PTAA's Catholic temperance (Fagan and Butler, 2011, p.266). For instance, when asked ''what exactly is the primary aim of the Pioneer Association?" all respondents struggled and answered ambiguously and differed significantly. Some believed solely in a spiritual role for the organisation, others believed in advocacy – 'that the PTAA could and should play an active role in lobbying for alcohol policy reform' (ibid). In summary, Fagan and Butler (2011), suggest that if the PTAA is to survive it needs have organisational clarity in order to eliminate the current ambiguity around the precise nature of its modus operandi and objectives. As with the Pioneers, AA's attitude to alcohol is one of total abstinence, while embracing the 12 Step model and spirituality as its main method of dealing with alcohol addiction.

To conclude, Ireland does not fit clearly into the category of a temperance culture, but does share many characteristics with temperance societies. It is perhaps the ambivalence of the Church to fully support temperance campaigners within its ranks that inhibited its power. Nonetheless, temperance movements were popular, with mass membership though with elitist leadership and helped shaped a culture with to a degree conservative attitudes towards alcohol. As Irish society modernised in the post WWII period, a new consumerist and liberalising society would problematise the place of alcohol in culture again. The primary moral response in this era was Alcoholics Anonymous and the orthodoxy of the Disease Model.

2.7 Alcoholics Anonymous (AA)

Alcoholics Anonymous (AA) was founded by two middle class men from New England in the U.S. in 1935. Bill Wilson, a New York stockbroker and Bob Smith a physician, got together through a non-alcoholic Fellowship that emphasized universal spiritual values (Doyle, 2009, p.103; Levine, 1993, p.27; Alcoholics Anonymous, 2020). AA views itself as a 'Fellowship of men and women who share their experiences, strength and hope with each other so that they may solve their common problem and help others to recover from alcoholism' (Sparks, *et al.* 2017, p.558). The chief objective of their Fellowships is 'to

stay sober and help the alcoholics to achieve sobriety' (ibid). Throughout the early stages of its development, AA had concluded that alcoholism was a disease in that:

> Bill emphasized that alcoholism was a malady of mind, emotions and body. This all-important fact he had learned from Dr. William D. Silkworth of Towns Hospital in New York, where Bill had often been a patient. Though a physician, Dr. Bob had not known alcoholism to be a disease. Responding to Bill's convincing ideas, he soon got sober, never to drink again. The founding spark of A.A. had been struck (Alcoholics Anonymous, 2020).

AA's origin is rooted in evangelical Christianity and the idea of a leaderless organisation is enshrined in its philosophy. It did not involve itself with any other group associated with alcohol problems and neither did it enter into alcohol politics or policy (Fagan and Butler, 2011, p.263; Levine, 1993, p.27). Rather, AA is seen as a way of living and being, a spiritual programme with a strong missionary element, advocating that sobriety depends upon bringing the message of AA to others with recovery achieved by a 'spiritual awakening' through the 12-Step model (Levine, 1993, p.27; Babor *et al.* 2010, p.220; Miller and Kurtz, 1994, p.161; Kelly, 2016, p.930). Globally, it is estimated that AA is the largest used source for helping people with alcohol problems with over 2.2 million members in 100,000 groups across 150 countries and is often used as an accompaniment or a substitute to treatment (Babor *et al*. 2010, p.220).

On 25th November 1946, eleven years after its foundation, AA held its inaugural meeting in Ireland, with Ireland also being the first European country where AA was established (Doyle, 2009, p.103; Butler and Jordan, 2007, p.879; Butler, 2002, p.25). Butler (2002), notes two criteria that the AA initially recognised as being crucial to their survival in Ireland. Firstly, AA needed to become an ally of the Catholic Church or it would not survive. Secondly, 'either AA publicised itself in Dublin or it would perish of dry rot' (Butler, 2002, p.26). As it transpired, AA found a willing ally in the Dublin media, as the evidence suggests AA's philosophical views on alcoholism as a disease of the spirit incurred no hostility and was presented uncritically (ibid). Because of the spiritual aspect to AA's ideology in the 12-Step programme, potential for conflict with the Catholic Church was real and 'ran the risk of being seen as threatening to usurp the role of the Church in Ireland' (Butler, 2002, p.27). AA became fortunate again, however, as it found favour with an innovative cleric and editor of the influential journal, *The Furrow*, Canon J.G. McGarry, Professor of Pastoral Theology, Maynooth. According to Butler, the first AA article in *The Furrow* written in 1952 by Fr Seán O'Riordan discussed similar content published by an American pastoral magazine. O'Riordan claimed that 'Alcoholics

Anonymous insist more vigorously on the practice of Christian ascetics and the spiritual life than do priests of the Church of Christ' (ibid). While this was clearly controversial, nevertheless, AA, through its own skilful methods, the support of Canon McGarry, *The Furrow* and the Dublin press 'avoided direct conflict with the Roman Catholic Church and in the main managed its entry into Irish society' (Butler, 2002, pp.27-28). In terms of membership, its numbers rose steadily from forty five in 1946, to 5,750 members in 1976, which was a key period for AA in Ireland and by 1986, membership had increased to 9,000 (Butler, 2002, p.26). This was a considerable achievement in the Catholic dominated Ireland of that period, not only for AA, but also for the vision and leadership shown by Canon McGarry, Fr O'Riordan and the Dublin press. Crucially, it is testament to the abilities of AA's early members and the pragmatism of its Fellowship, given that its origins belong with the Protestant evangelical tradition of the USA (Butler and Jordan, 2007, p.879; Butler, 2002, p.27).

AA's philosophy is often confused in professional and public understandings on alcoholism. Key aspects which are noted in AAs literature, such as moral-volitional, dispositional disease models and personality models are often misunderstood leading to confusion and, thus, misrepresentation (Miller and Kurtz, 1994, p.164). According to Miller and Kurtz (1994), AA believe that central to and the deep root of alcoholic behaviour is "character" which is referred to as 'defects of character'. Traits such as dishonesty, defiance, obsession with control, resentment and grandiosity are seen as indicators of negative alcoholic behaviours. For AA, combatting these negatives through practice of the 12 Step model brings character attributes such as patience, humility and honesty and recovery (Miller and Kurtz, 1994, p.161). By taking the dispositional disease model of alcoholism, Miller and Kurtz (1994) illustrate one way in which AA differs from 'the otherwise overwhelming evidence that biological factors, not psychological or emotional factors, usher in the disease' (Milam and Ketcham 1983, in Miller and Kurtz, 1994, p.161). AA believe that there are a multitude of factors that contribute to alcoholism and not only physical abnormality – because 'to do so is to deny the spiritual, psychological and social aspects of alcoholism and of humanity' (ibid). Given then, that AA are consistent in the multi-dimensional aspects of alcoholism, 'its encompassing implicit model might be called spiritual-bio-psycho-social' (ibid).

The moral-volitional model proposes that drinking is a matter of will and decision. This, however, is another area that leads to confusion. AA supports the rights of alcoholics to choose their own path in 'that drinking is not a wilful choice for true alcoholics' (Miller and Kurtz, 1994, p.163). In this, Bill Wilson describes his personal belief in the power of choice of an alcoholic, 'as active alcoholics, we lost our ability to choose whether we would drink ...Yet we finally did make choices that brought about our recovery... we chose to 'become willing,' and no better choice did we ever make' (Wilson, 1967, p. 4, in Miller and Kurtz, 1994, p.163). For Miller and Kurtz, the confusion regarding the nature, causes and treatment of alcoholism leading to constructs that are contradictory and incompatible. This then raises questions; is it a binary condition, a continuum or a group of subtypes? Is it a moral problem? To what extent are alcoholics responsible for their actions? Is there only one way to recover? (Miller and Kurtz, 1994, p.164). In attempting to answer, Miller and Kurtz advise treatment professionals and researchers to remove these issues from AA and understand that AA is essentially a spiritual programme of living. Moreover, counsellors, by having a clear knowledge of how AA differs from other models, would be better equipped in preparing and choosing their clients for AA referral (Miller and Kurtz, 1994, p.165). Aside from the aforementioned differentials, AA is also critiqued in its overall strategy by some observers.

Critics argue that AA is a cult relying on God as a motivation to action, using brainwashing techniques and bullying its members into a certain way of behaviour (Kaskutas 2009; American Addiction Centres, 2021). Further criticism of AA is seen in the case of individuals who do not subscribe to the notion of a higher power and/or spirituality. This can be problematic and prove to be an obstacle. For instance, many feel discomfort at the mere mention of anything spiritual, putting some off trying AA, undermining its ability as a scientific intervention tool and preventing clinicians from recommending it (American Addiction Centres, 2021; Kelly, 2016, p.933). O'Brien, in acknowledging that AA is designed on the model of a Christian sect and is therefore non-scientific, proposes that key to AA's success is that it 'enshrines the principals of self-control' (O'Brien 2018, p. 21). Nonetheless, such self-control appears to be contingent on the help of others as 'mutual help is more accurate than self-help because of the importance of reciprocal support in these networks, rather than trying to go it alone' (Miller *et al.* 2019, p.251). The 12-step Fellowship places strong emphasis on seeking external help and is not seen as a formal treatment but rather an adjunct to formal

treatment whose methods include member behavioural monitoring and strong transcendental goal objectives (Miller *et al.* 2019, p.251; O'Brien 2018, p. 21; Babor *et al*. 2010, p.220). AA neither participates in nor subscribes to formal rehabilitation or treatment programmes. Moreover, AA does not claim to be scientific and does not see its methods as the leading or sole method to aid those who wish to stop drinking. For example:

> AA writings do not assert that: (1) there is only one form of alcoholism or alcohol problem; (2) moderate drinking is impossible for everyone with alcohol problems; (3) alcoholics should be labelled, confronted aggressively or coerced into treatment; (4) alcoholics are riddled with denial and other defence mechanisms; (5) alcoholism is purely a physical disorder; (6) alcoholism is hereditary; (7) there is only one way to recover; or (8) alcoholics are not responsible for their condition or actions. These assertions involve outside economic, political, social, moral, legal and disciplinary issues on which AA takes no stand (Miller and Kurtz, 1994, p.164).

A number of the above points were specifically emphasised by two long-serving AA members who contributed to this research and will be discussed in detail in chapter five. The previous three sections, temperance movements, the Pioneers and AA are local, non-governmental associations operating on a charitable basis and addressing social needs and problems in relation to alcohol.

In their stated ideal of working for the common good of community, the Temperance Movements, the PTAA and AA exemplify aspects of the Catholic social doctrine of subsidiarity. According to Brennan (2014), Pope Pius XI claimed that social justice is achieved when each individual member is given what it needs to carry out its rightful function (Brennan, 2014, p.37). Social justice, is the combined organicity of the common good, or in other words, it is the insistence that the common good be secured by groups, organisations and institutions (Hittinger 2002, in Brennan, 2014, p.37). As a consequence, 'subsidiarity' is a principle derivative of social justice, according to which each member of society is enabled to perform its social role for the common good' (ibid). By embracing these concepts, Temperance movements, the Pioneers and Alcoholics Anonymous establish themselves firmly as institutions within the category of Catholic subsidiarity. They emphasise the communal dimension of spirituality. As Cook (2004, p.548) puts it: 'spirituality is a distinctive and universal dimension of human experience arising both within the inner subjective awareness of individuals and within communities, social groups and traditions.' Describing community, Schweigert (2002), proposes that people have a natural understanding of mutual accountability, along with a natural resonance to

others, e.g. mutual care that reciprocates particularly in time of need. The entwinement of accountability and care by responding to human needs, is for Schweigert – the power and language of community. Such power of community, therefore, is interpersonal and 'moral rather than legal; it fixes on the individual conscience of each member' (Schweigert, 2002, p.42). Of course, like all ideologies, subsidiarity had more imminent and less idealistic aspects. The Catholic Church and religious figures were concerned with the temporal realm and ideology is a form of power that can promote earthly interests. Subsidiarity was a post-French Revolution philosophy developed by Catholic thinkers as a form of defence against secular politics and capitalism, which was eroding its position. However, it is also an ideal, which expresses a vision of the good life, human flourishing and distributive justice.

2.8 Summary – Chapter Two

This chapter explored institutions and organisations external to the state and the market, their relationship to alcohol and the philosophies upon which they are based. It focussed on the role and influence of religious and social movements, the Catholic Church, Temperance Movements, the PTAA and AA – each of which connect to the concepts of subsidiarity and spirituality. The objectives of the chapter were two-fold. Firstly, to examine their approaches in relation to alcohol, alcohol issues and community and to develop a moral synthesis of their response to alcohol problems. Secondly, to explore if such a synthesis can increase understanding and add impetus to the alcohol debate. To achieve this objective, their responses to alcohol problems was explored through the lens of subsidiarity and spirituality.

A primary theme is the diminished role of the institutional Catholic Church in social and alcohol policy issues since the 1990s (Mullholland 2019, p.2: Butler *et al.* 2017, p.81; Inglis, 1998). Data gathered through this study from senior officials within the Irish Catholic Church acknowledge these findings, which are discussed in chapter five. Linked to this, is the ability of the Catholic Church to influence society has significantly deteriorated. The literature provided many reasons for this, such as the child-abuse scandals and their subsequent cover-up by some in authority, leading to an erosion of trust in the Church. However, a sub-theme emerged indicating that secularisation was an inevitable outcome, regardless of these scandals (Aldridge, 2000; O'Conaill, 2009;

Mullholland, 2019; Donnelly and Inglis, 2010). Another emerging theme was that despite an array of evolving treatment methods, spirituality in recovery from alcohol addiction is still valued (Doyle, 2009, p.103; Alcoholics Anonymous, 2020; Levine, 1993, p.27; Babor *et al.* 2010, p.220; Miller and Kurtz, 1994, p.161; Kelly, 2016, p.930; Miller *et al*. 2019). This is a key factor in relation to this research, as one of the research questions is interested in spirituality and its relationship to recovery, which is also discussed in chapter five. Spiritual and sociological theoretical concepts from Cook (2004) and Levine (1993), were integrated throughout the chapter to provide a grounding for the texts. A theme emanating from this was that Temperance Movements and AA have their origins in Protestant culture as Protestantism was seen to be better equipped in dealing with regulation and self-discipline in alcohol issues (Levine, 1993). The principles of subsidiarity (O'Donovan 1993; Brennan 2014; Cahill 2019), were also helpful in providing an understanding of the topics and emerging themes. Of the four organisations studied, AA appear to be the clearest in its objectives, purpose and status within the community in relation to alcohol. A lack of organisational clarity, for instance, within the PTAA, with some members advocating a purely spiritual role, while others pushing to lobby for reform in alcohol policy amounts to an ambiguity in its objectives and, therefore, its future (Fagan and Butler, 2011). Thus, the literature suggests that in their present format, a combined synthesis of the organisations studied offer primarily, a reactive role, that is, spiritual aid in recovery from alcohol problems. Regarding the organisation's relationship with the state, current literature indicates that they enjoy little impetus with a meaningful proactive role, that of prevention, in relation to alcohol policy formation.

CHAPTER THREE – SUBSIDIARITY, NEOLIBERALISM AND PUBLIC HEALTH

3.1 Introduction

This chapter presents a literature review on the topic of alcohol, its consumption, its associated harms, addiction treatment, lobbying and alcohol control policies. As there is inevitable moral and philosophical debate underlying alcohol policy, the chapter provides an overview of the ongoing conflict between paradigms with conflicting philosophical, anthropological, moral and political visions that amount to the 'moral ferment' alluded to in the title of this work. By exploring paradigms such as (a) neoliberalism, (b) public health, (c) biomedicine and (d) spirituality, the chapter explores two important research questions: the forces that shape alcohol policy and the role that moral discourses play in alcohol addiction and recovery. For example, neoliberalism proposes that markets are benign, consumers are rational and responsible, apart from a small number of deviants (Haydock, 2014). Public health claims that markets are potentially exploitative, consumers are irrational and mimetic to an extent and thus require regulation by experts concerned with the public good (Butler *et al.* 2017).

Biomedical markers play a limited role in detecting harmful and hazardous drinking in public health settings and community where high sensitivity is required (Boyle *et al.* 2013, pp. 777), while spirituality explores addiction at the deeper level as a loss of connection to self, society, world and nature. The sections link to demonstrate how the paradigms continually vie with one another over time. For instance, public health argues that increased alcohol consumption causes increased harms, both being a consequence of a neoliberal philosophy that favours the alcohol industry. In relation to how alcohol-related harms are addressed, this has to a significant extent replaced the paradigm of the disease concept which emphasised a biological or characterological predisposition toward addiction, affecting only a minority, requiring little state regulation. Of course, some oscillation between these poles will likely be a feature of the field.

Within this complex arena, opposing arguments around contemporary approaches to treatments are explored. These range from a proposition by Miller *et al.* (2019) 'that most people do recover contrary to public opinion', to examining case studies in motivational

interviewing and the 12 Step model. Throughout the chapter, theoretical concepts are utilised to ground the texts. Following a review of scientific evidence in alcohol research, a discussion takes place on the complexities on policymaking and the impact of lobbying by the alcohol industry against Sabatier's (1988) theory of policy change an 'advocacy coalition framework (ACF). Finally, in connecting the various threads in the alcohol debate to the research questions, the chapter explores current literature in relation to an interdisciplinary and evidence-based approach for an integrated alcohol policy.

3.2 Neoliberal Governance

According to Boyle *et al.* (2013, pp.8-9), alcohol policy should be based on an interdisciplinary scientific approach. In reality, policy is shaped through a range of complex conflicting goods and philosophies. The many dimensions across society that contribute to such complexities include social, medical, legal, political and business interests and seek 'to define how state, market, personal liberty, social influence, revenue, health, public order and national power could be reconciled in the drink question' (O'Brien, 2018, p.150). While multiple goods vie to shape alcohol policy, the overall trend in Ireland has been the dominance of neoliberalism. It is understandable, then, that according to McCambridge *et al.* (2018), the policies most likely to be effective in reducing alcohol harms are policies that regulate the behaviour of the alcohol industry, such as the control of prices and availability, as the alcohol industry has been the beneficiary of national alcohol policies. An example occurred in Ireland in 2005, when proposed legislation was abandoned after successful lobbying by the advertising and alcohol industries to make way for self-regulation (McCambridge *et al.*2018, p.1571: Hope, 2014, p. 236). As far back as 1984, it was proposed by the Department of Health that a national alcohol policy can only be initiated by recognising all relevant government inter-departmental representatives, by considering restrictions on availability, advertising and enforcement of existing legislation on underage drinking and drink-driving (Butler, 2009, p.347).

We must first then consider neoliberal philosophy, which has become the dominant moral foundation of drinking culture and alcohol policy over the past five decades. The neoliberal approach places an emphasis on responsibilising consumers and light-touch regulation, which is contested by the public health perspective. Houghton (2012) notes

the Irish Government's laissez-faire attitude to the alcohol issue is typified in a speech given by the then Minister for Health, Michael Noonan at the National Alcohol Policy launch in 1996. Mr Noonan proposed the type of Ireland that he would like to see was one where 'individuals who are well educated and mature and when you give them information which is relevant to their own well-being they will make individual sovereign decisions in their own interest' (Houghton, 2012, p.146). Minister Noonan's philosophy exemplifies the neoliberal approach as being one of the main moral foundations and key motivators upon which alcohol policy is largely based today. As such, this is the reigning orthodoxy to which the public health perspective is responding. Minister Noonan's approach is seen as problematic in that 'the neoliberal economics perspective assumes that people are well-informed and rational actors who make best choices in their own self-interest' (Boyle *et al.* 2013, p. 867). Moreover, radical free-market ideology argues that 'firms do not have any corporate social responsibility while at the same time they maximize profits within the laws' (ibid).

Such assumptions are controversial because they are founded on a limited notion of personhood, based on a rational actor model and do not account for power differences in markets, where certain actors – such as the alcohol industry – have the power to shape the behaviour of regulators and consumers. The public health approach on the other hand, through the idea of the total population model argues that there are structural determinants to well-being and thus, there needs to be a degree of expert management of environmental factors, guided by the motive of the public good. Boyle *et al.* for instance, give the example that while 'those in poverty, of course, have the right to drink and even to abuse, alcohol; it is not in their self-interest to do so' (Boyle *et al.* 2013, pp. 868). Data gathered in interviews for this study, most particularly from those who have recent Ministerial experience in alcohol policy, demonstrates a change in philosophical position from the 1990s and the neoliberal orthodoxy as expressed by Minister Noonan, being in contrast, much more sympathetic to public health principles.

Hope (2014) argues that in the 1990s and 2000s, a neoliberal orthodoxy adopted by government made alcohol control policies difficult to implement. With the establishment of the Strategic Task Force on Alcohol between 2002 and 2004, recommendations were put forward to place restrictions on alcohol promotions and new policies to restrict alcohol

availability and alcohol marketing. While it appeared for a period that the government would adopt a policy approach based on public health, by 2005, the purported legislation was abandoned to make way for self-regulation because of the vigorous and successful lobbying by the advertising and alcohol industries (Hope, 2014, p. 236). According to Boyle *et al.* (2013), a common presumption by some is that the objectives of the public and private sectors in reducing alcohol-related harm are irreconcilable. The pursuit of profit is the presumed agenda of the private sector, which is expected to oppose public policy positions that infringe on its interests. Governments, on the other hand, are deemed to be accountable to the public good and are 'expected to address issues relevant to society' (Boyle *et al.* 2013, p. 835). However, government policy and industry policy have often aligned. The question then arises as to whether this is the case in Ireland in relation to alcohol issues and alcohol policies – as Boyle *et al.* (2013) allude to. In this context Mercille (2016) notes that patterns of consumption and harm has been shaped by policies of neoliberalisation by the Irish government and indeed in the global economy since the 1980s, leading to strong support of the agenda of the alcohol industry by government.

Neoliberalism can be seen as a set of ideas and practices to maintain a hierarchy of power over the ordinary citizen by the corporate sector, with policy proposals expecting government to adopt an adversarial stance towards the alcohol industry on regulation, containing small prospect of implementation (Mercille, 2016, p.60; Butler, 2009, p.344). The ideological dimension of neoliberalism through range of institutions like marketing and public relations firms has marked a substantial turning point in the power dynamic favouring the alcohol industry (Cumming, 2009; Mercille, 2016). In Ireland, numerous pieces of legislation have been implemented favouring the alcohol industry. Examples include: the enactment of weak legal regulations to reduce alcohol consumption, tax measures to favour industry, support for voluntary regulatory guidelines and avoidance in labelling alcohol as a drug (Babor *et al.* 2010; Bancroft, 2009, p.9; Mercille, 2016, pp.62-64). Many examples illustrate an opposing outlook to that of the public health approach that was adopted by government. For instance, the profits enjoyed by the alcohol industry were 'directly boosted' by the abolishing of the Restrictive Practices (Groceries) Order in 2006, which facilitated the below cost selling of alcohol (Mercille, 2016). A certain irony arises as a result, in that 'the government and taxpayers are subsidising those

large retailers who can afford to sell alcohol below cost price' (Oireachtas, n.d., in Mercille, 2016, p.64), thus contributing to increased alcohol consumption.

3.2.1 Manufacturing Drinking Cultures: Lobbying

From the early 1980s onwards, the alcohol industry embarked on a new and reinvigorated phase of lobbying and promotion (Babor *et al.* 2010; Butler, 2002; Mercille, 2016, p.62). Governments were vulnerable to heavy influence, firstly, because inter-departmental co-operation is not always a given and secondly, the alcohol industry has considerable economic resources for advancing political influence (Calnan *et al.* 2018; Butler *et al.* 2017, p.195). The lack of government departmental cooperation is likely to lead to policies that are incoherent or at odds with each other, which is unlikely to alleviate alcohol problems. This point was noted by interview participants in the political context and is discussed in chapter five. The significant level of lobbying points to how neoliberalism is in many respects not liberal. While the promotion of markets and deregulation of them is central, competition is not, as the alcohol industry is highly concentrated and much of its success hinges on political influence rather than innovation. An exploration of how such economic muscle is influential in policymaking through lobbying is now discussed.

In a systematic review of studies between 1980 and 2016 of the alcohol industry's involvement on policymaking, McCambridge *et al*. (2018, p.1571) note the 'pervasive influence of alcohol actors in policymaking'. The prerequisite for inclusion in the study was to have 'sought explicitly to investigate interventions by alcohol industry actors within the process of public policymaking, treating each study as a discreet data collection exercise' (McCambridge *et al.* 2018, pp. 1571-1573). Rather than focusing on shorter-term lobbying that tends to concentrate on policy controversies, McCambridge *et al*. (2018) largely dealt with the underlying processes that manifest themselves across national policymaking contexts and over the longer-term (McCambridge *et al.* 2018, p.1582). The advantages of long-term lobbying can be far ranging within the broader policy environment for the alcohol industry.

Ideological techniques, including, presenting themselves as vital partners to government

in policy debates, are used by the alcohol industry to legitimise the industry's status and their benign role in addressing alcohol problems (McCambridge *et al.* 2018, p. 1574). Thus, to what degree does sustained long term-lobbying by the alcohol industry effect policy? Due to the imbalance in resources between public health actors and the alcohol industry, the latter possess considerable policy influence (McCambridge *et al.* 2018, p. 1580). A study by Greenfield *et al*. (2004), noted that the alcohol industry gradually overturned initial success by public health actors to enact legislation on health warning labels on alcohol products and to promote industry's message of alcohol's health benefits (McCambridge *et al.* 2018, p. 1581). Further afield, the original drafts of national alcohol policy documents was formulated in four African countries by an alcohol company (Bakke & Endal 2010, in McCambridge *et al.* 2018, p. 1581). Industry actors are widely accepted as legitimate actors in the policy process, with high access to policymaking in the UK Government system by successfully framing activities to promote themselves as partners in alcohol policy. The result being that the alcohol industry is strategically located in obtaining favourable policy outcomes (Holden *et al*. 2012, in McCambridge *et al.* 2018, p. 1581). In Scotland, however, industry actors were not successful in opposing the alcohol minimum unit pricing (MUP) (Katikireddi *et al*. 2014, in McCambridge *et al.* 2018, p. 1581). Despite failing on MUP, the strength of their resistance to this minor reform illustrated their power. In Poland, similarly increased tax on spirits was successfully introduced, with a caveat that there would be no increase for at least two years (Zatonski *et al*. 2016, in McCambridge *et al.* 2018, p. 1581).

McCambridge's study was largely based on individual high-income Anglophone countries, with a similar picture presented by the literature in an Irish context. On the one hand, activists and public health experts have advocated continuously for alcohol controls, while simultaneously, the alcohol industry intensified and increased their advertising agenda, negating any notion of partnership or cooperation (Butler *et al.* 2017, p.67). The Public Health (Alcohol) Bill of 2018 was a significant achievement for public health campaigners. Nonetheless, the success was not straightforward as the alcohol industry's opposed its introduction (McCambridge *et al.* 2018: Calnan *et al.* 2018). The measure is also not transformative, but rather a moderate reform (Butler – Public Health Act ref). Furthermore, a point worthy of consideration in this regard is that 'policy success is partly about sheer political influence: ultimately, money talks and so commercial actors

are always at an advantage' (Butler *et al.* 2017, p.4). Many of these points were substantiated by the interviewees who have first-hand experience in this area and will be discussed in detail in chapter five.

3.3 Subsidiarity

The ascent of neoliberal discourse represents a moral shift from the principle of subsidiarity which had been central to public policy in Ireland from the foundation of the state (Chubb, 2014). Subsidiarity, defined in a political context, proposes that 'decisions should be taken at the lowest level of political authority competent to take them' (O'Donovan, 1993, p.16). This is related to subsidiarity in Catholic philosophy, which adds to this a concern for the link between devolution of power with spirituality and the whole person and community. It sees that moral development is reliant on having contexts where people can exercise their morality and hence the need for protection of these from the state and the market, which have a tendence to massify and atomise by placing people in large structures that they have little practical control over and individualising them through transforming them into rights holders or consumers. For Aroney (2014), it is an Aristotelian/Thomistic philosophy which sees that for virtue to be realised, it needs exercise – and thus people should be empowered, rather than processed as elements of systems like markets and states. For example, the Aristotelian conception of the State (*polis*) and the citizenry (*politai)* is that citizens are governed by a unified type government 'notwithstanding the important role of households in the social and economic life' (Aroney, 2014, p.17).

The philosophical principle of subsidiarity is antithetical to neoliberalism, which emphasises an entirely autonomous individual and de-regulation of markets. Subsidiarity favours voluntary association over an all-powerful market, but also over a powerful state. This point is equally affirmed in official documentation after the Second Vatican Council, where John Paul II restated it in the *Centesimus Annus* in 1991 (Chaplin, 2014, p.70). For instance: 'the social nature of man is not completely fulfilled by the State, but is realised in various intermediary groups beginning with family, stemming from human nature, autonomous and always with a view to the common good' (ibid). The principle of subsidiarity as referred to in the Compendium of the Social Doctrine of the Catholic Church has been an established part of Catholic Social Teaching since the nineteenth

century, but its roots lie in the Aristotelean and Thomistic traditions. It advocates for local decision making as a linking mechanism in exercising the combined power of society (Cahill, 2019, p.418; Schweigert, 2002, p.41). According to Pope Benedict XVI, 'subsidiarity is the coordination of society's activities in a way that supports the internal life of the local communities' (Cahill, 2019, p.419). For O'Donovan, however, a working interpretation of subsidiarity in the political context as noted above, 'is limited in its understanding compared to the principle that Roman Catholic social thought has continuously elaborated over the past century' (O'Donovan, 1993, p.16). For example:

> … the Roman Catholic principle is a more complex proposition: it proposes that in a well-ordered social body all the members or parts (whether they be individuals, groups, or institutions) assist one another (the Latin root of 'subsidiarity' being 'subsidium' meaning 'aid') in making their particular and proper contributions to the perfection of the whole; and further, that the larger, more powerful, and self-sufficient parts are especially obliged to support and provide for the smaller, weaker, and less self-sufficient parts, but always in such a way as to preserve the latter's freedom and integrity of action (O'Donovan, 1993, p.16).

Cahill (2019) contends that subsidiarity is seen as one of the four permanent principles of the Church's social doctrine alongside the common good, the dignity of the human being and solidarity. Cahill views subsidiarity as necessary in achieving the common good which emerges through 'groups bound together to respond to each other's needs through personal service' (Cahill, 2019, p.419). To act contrary to the principle of subsidiarity is seen to act against the common good of society, is an injustice and is also a perversion of the state (Cahill, 2019, p.419; Kenny, 1955, p.33). Cahill (2019, p. 422), contends that subsidiarity necessitates that the state should refrain from a middle ground position between under interference and over interference motivated by agenda or budget, but rather seek to serve to the needs and good of relevant organisations in question. In summarising 'the moral purpose, *Evangelii Gaudium* very aptly describes the role of the state, though "fundamental," as one that calls for profound social humility' and must retain its ownership within what is clearly required by considerations of the common good (Cahill, 2019, p. 427).

The historical role of the philosophy of subsidiarity is evident in alcohol policy in Ireland. While the state had a major role in addressing alcohol problems through a system of inebriate asylums and psychiatric hospitals (Mauger, 2020), voluntary associations, in the shape of charities, primarily under Catholic religious orders assumed a major role in responding to alcohol problems (Butler, 2002). The disease model was attractive to these agencies due to its spiritual aspect and reference to a higher power. Subsidiarity was also

attractive for the Irish state, which justified its aloof stance on the drink question and lack of involvement in the contentiousness elements of public health policy, which involves tackling interest groups and introducing policies that are potentially unpopular with citizens. The consensual and non-confrontational nature of Irish political culture perhaps explains why subsidiarity became such a defining feature of social services, while neoliberalism was adopted enthusiastically from the 1990s as its *laissez faire* philosophy justified inaction against interest groups and indeed, promotion of their interests.

3.4 Increase in Alcohol Consumption and its Causes

The neoliberal philosophy facilitated a relaxing of alcohol controls, resulting in increased availability of a cheaper product which has consequently led to increased alcohol consumption in Ireland. Against this background, current literature is now discussed.

The European region of the WHO has the highest levels of alcohol consumption and related harm than any other of the world's regions (World Health Organisation, 2012, p.v). It could be considered a European beverage, with beer and wine and associated rituals, central to North European and Mediterranean/Near Eastern cultures respectively. Within Europe, Ireland has one of the highest levels of consumption, in both volume and intensity, of drinking occasions (McCaul *et al.* 2017; AAI 2021). See below consumption table1960-1991:

Table 1 Annual consumption of alcohol per head of population in Ireland (aged 15 and over) in litres of pure alcohol 1960-1991. Sources: CSO Statistical Abstract, various issues, Revenue Commissioners Annual Report in (Butler 2002, p.45).

YEAR	TOTAL
1960	4.88
1965	5.87
1970	7.26
1975	9.22
1980	9.56
1985	8.56
1986	8.40
1987	8.12

1988	8.42
1989	8.65
1990	9.03
1991	9.12

Onwards from 1991, the social consequences of alcohol related abuse continued to be problematic in Ireland. The large-scale increased alcohol consumption that occurred during the 'Celtic Tiger' years in Ireland of the 1990s and early 2000s was predicted by the ESRI, who claimed that economic growth would lead to increased consumption (Hope, 2006, p.467). Between 1989 and 2019 there has been considerable variation in consumption trends over this thirty-year period (O'Dwyer *et al*. 2021, p.2), all of which effected the context and nature of drinking and the increase of alcohol related harm. According to Hope (2014), the abolishing of a century old Groceries Act pertaining to the sale of alcohol contributed to increased availability of cheaper alcohol. Policy change has increased the ease of licence transfers across Ireland. There have been no tax increases on alcohol, longer opening hours have been introduced, with the tax policy and increased incomes resulting in alcohol becoming 50% more affordable (Hope, 2014, p. 236). Ireland's increase in alcohol consumption occurred against the backdrop of decreased consumption in other countries. For instance, during the economic boom of the 'Celtic Tiger' of the 1990s, in parallel with the fastest growing economy in Europe of that period, Ireland had the largest and most disproportionate increase in alcohol consumption among EU countries (Department of Health and Children, 2002, p.5; Hope, 2006, p.467).

Ireland remained amongst the highest consumers of alcohol, with consumption peaking in 2001 at 14.4 litres of pure alcohol per adult, aged 15 years and over; however, in 2003, alcohol consumption declined in Ireland for the first time since 1987 (Department of Health and Children, 2004, pp.6-7). Contributing factors cited for the decrease (-6%) are large drops in spirit and beer sales due to increased excise duty on spirits, aligned to the establishment of the Strategic Task Force on Alcohol who advocated with some success for increased taxes on alcohol and reduced late night opening hours ((Department of Health and Children, 2004, pp.6-7; Hope, 2014, p. 236). A second report by Hope (2007) for the Health Service Executive, based on 2003 in Ireland, demonstrated 'that alcohol consumption (at 13.4 litres per adult) was the third highest in a comparison to the other 26 countries within the expanded European Union' (Butler, 2009, p.349; Department of

Health and Children, 2004, p. 7). Rapid economic growth, a liberalisation of alcohol policies and greater availability of alcohol attributed to the 14. 4 litres per capita adult in 2001, which correlated with a doubling of alcohol-related street violence over the previous seven years (Hope, 2014, p. 239). Also in 2003, the National Crime Council claimed that the chief factor in public order offences was alcohol, with 80% of proceedings taken for threatening and abusive behaviour in a public place involving intoxication (Hope and Mongan, 2011, p.240). Moreover, the Irish are the most frequent binge drinkers and spend more of their income on alcohol than any other European country, while over 50% of drinkers participate in harmful drinking patterns 25% of Irish adults binge drinking weekly (Houghton, 2012, p.145).

The Irish still continue to be one of the highest consumers of alcohol in Europe, being the fifth highest in OECD countries for alcohol consumption (McCaul *et al.* 2017). According to AAI (2021), [1] in 2013 binge drinking had accounted for 75% of all alcohol consumed in Ireland. Further, 1.35 million drinkers (54% of all Irish drinkers) aged between 18-75 years old were classified as harmful drinkers. Of that figure, the overall dependency on alcohol for 18-75 year olds was 6.9%, while dependency for 18-24 year olds was 14.7%, with a dependence for 65-75 year olds being 2.2%. In terms of gender, one in ten women consumed the weekly low risk drinking guidelines at one sitting, while one in nine men consumed their guidelines in a single sitting (Alcohol Action Ireland, 2021).

According to O'Dwyer *et al.* (2021), the most recent data provided by The Health Research Board (HRB) indicate that alcohol consumption per adult aged 15 and over was 10.8 litres of pure alcohol in 2019. In alcohol by volume (ABV) 4.3%, this equates to 436 pints of beer, 113 (750ml) bottles of wine, or 40 (700ml) bottles of vodka. However, because evidence illustrates that 25% of the population do not drink alcohol, a more accurate reflection suggests an even higher consumption, i.e. 574 pints of beer, or 149 bottles of wine, or 53 bottles of vodka per head of the drinking population (O'Dwyer *et al.* 2021, p.2). The Irish Government's declared objective was to reduce per capita alcohol

[1] Alcohol Action Ireland (AAI) was established in 2003 and is a national charity for alcohol-related issues. They are an independent voice for advocacy and policy change, working to reduce levels of alcohol harm in Ireland and improve public health, safety and wellbeing. Alcohol Action Ireland is currently funded through a mix of state and non-state funding, including charitable foundations and individual donations. Their principal funder is currently the Health Service Executive (HSE) with additional funding sourced periodically from the Department of Health.

consumption in Ireland to 9.1 litres by 2020. Not only was this aim not achieved, but also consumption for 2019 was 19% higher (ibid), leading to increased harms.

3.4.1 Harms Associated with Increased Consumption

While neoliberal alcohol policy, arguably, has resulted in a large increase in the levels and intensity of consumption, which is associated with a range of harms, it is important to note that neoliberalism is not the only model of economic development that is associated with alcohol-related harms. Command economies such as the Soviet Union had very significant levels of alcohol-related harm, particularly during the 1960s (see Babor *et al.* 2010, p66). Nonetheless, the emphasis on the benign nature of markets, deregulation as a good, consumerism and sovereign consumers all add up to the likelihood of harms.

According to Boyle *et al.* (2013), within the global scale of alcohol consumption an estimation by the WHO proposes that there are approximately 2.5 million alcohol-related deaths each year – with alcohol being the major risk factor for death among males aged between 15-59 years. In an Irish context, the adverse effects encompass a range of physical, health, social, mental and financial impacts, thus demonstrating a continuum of problems across the entire community (Department of Health and Children, 2002, p.12; Houghton, 2012: Health Service Executive, 2018). [2] Between 1996 and 2000 street violence offences across Ireland increased by 97%, with the Garda Commissioner noting that in 2000 the vast majority of public order cases were alcohol related (Department of Health and Children, 2002, p.9). In 2000, one in four presented at hospital Accident and Emergency Departments across Ireland with alcohol related causes and the negative social consequences and harm extended beyond the individual to family and the broader community (Department of Health and Children, 2002, p.8). Such harms include crime, violence, domestic violence, property damage, family dysfunction, traffic accidents, problems in the workplace, alcohol poisoning, suicides, alcohol dependency, cancers and financial cost to society (Babor *et al.* 2010, p.60; Department of Health and Children, 2004, p.15). The HSE claim that one in three self-harm presentations in 2014 were

[2] The Health Service Executive (HSE) is responsible for the provision of health and personal social services for everyone living in Ireland, with public funds.

alcohol-related, while alcohol was a factor in 50% of all suicides and deliberate self-harm (Health Service Executive, 2019). These examples of alcohol-related harms affect those that non-drinkers, with the majority of harms occurring among the adult population despite a propensity to blame youth drinking (Department of Health and Children, 2004, p.15).

Regarding victims of harmful consequences who do not drink, an important point is that a deficiency still remains in systematic studies of this nature of 'the forgotten dimension' (Klingemann and Gmel 2001 in Babor *et al.* 2010, p.60). According to the HSE, between 2006 and 2010, 28% of the general Irish population suffered harm resulting from alcohol's harm to others because of another person's drinking. Examples include family problems with one in six women affected, drunk driving, physical assaults, (one in nine men reported assaults), property damage due to vandalism and women more likely to report financial problems due to other people's drinking. Age and class were key areas for the HSE in forecasting alcohol's harm to others. Those who were more likely to report family problems due to others drinking were in the age bracket of 30-49. There were almost 20% of people more vulnerable to family issues resulting from alcohol's harm to others from the lower social classes. Ten percent of parents or guardians in Ireland reported one or more harms impacting on children resulting from another person's drinking – physical abuse, verbal abuse, witnessing serious violence in the home and left in unsafe situations (Health Service Executive, 2020).

In relation to the general population, the HSE report notes an interesting observation whereby the visibility of negatives such as assaults, drunk driving and property damage are more obvious in the public domain. Meanwhile, issues such as 'family and financial problems are less visible but can have serious and chronic consequences for the well-being of the whole family' (Drugs.ie, 2014). Therefore, this observation illustrates the reality of 'the forgotten dimension' highlighted by Klingemann and Gmel (2001) in Babor *et al*. 2013.

In 2007 the estimated cost to the exchequer for alcohol related harms such as illnesses, crime, economic output and road traffic incidents was €1.9 billion and in 2010 alcohol accounted for 88 deaths per month with 2,000 beds occupied in acute hospitals nightly (Houghton, 2012, p.145). By 2018, 1.4 million people had a harmful relationship with

alcohol in Ireland, the financial burden on the state had risen to €2.35 billion annually with beds occupied due to alcohol related abuse remaining stubbornly high at over 1500 per night (HRB National Drugs Library, 2018; Alcohol Action Ireland, 2021). When this data is examined against revenue intake from the alcohol industry, it suggests that the tax take from alcohol goes out as quickly as it comes in, dealing with alcohol harm alone. For instance, 'in 2019 the alcohol industry created €2.6 billion in exchequer revenue,' (IBEC for Irish Business, 2020). As of February 2021, government policy outlined through the Department of Health that the national drugs strategy, which identified gaps in supply reduction, prevention, treatment, rehabilitation and research are to be implemented by local and regional drug and alcohol task forces (Department of Health, 2021). Members of the Gardaí, the HSE, education and training boards, community and voluntary representatives and local authorities include the make-up of the drug and alcohol task forces (ibid). Because of the link between alcohol related harms and the long-held perception that alcoholism was a disease, a discussion of the 'disease concept' will now take place.

3.5 Rise and Fall of the Disease Concept

Neoliberal alcohol policy arose alongside the dominance of the disease concept in treatment. As noted previously, part of the strong appeal of the disease concept may have been rooted in the strongly established philosophy of subsidiarity, which has been central to public policy in Ireland from the foundation of the state (Chubb, 2014). The disease concept justified the devolving of treatments and efforts to reduce alcohol-related harms to voluntary bodies, rather than the state taking a strong stewardship role. We will now examine the disease concept and its history in some detail. The disease concept of alcoholism is one of shifting paradigms, invoking a curious mix of biomedicine and spirituality. It became very influential in Ireland post-WWII. This was in part due to its nearness to Catholicism, with the emphasis on spirituality. It fitted in with subsidiarity, with voluntary associations at the heart of treatment. It also, fitted with neoliberalism, as it represents alcohol problems as a non-systemic issue and thus, economic growth and loosely regulated markets are not seen as a significant problem in this context. Past and contemporary literature explains how the once, almost global embracement of the disease concept fell to that of a problematised concept.

The roots of the disease concept can be found in writers such as Benjamin Rush, a significant author and politician following American independence. Writers such as Rush characterised alcohol as a disease, with its main symptom being loss of control over alcohol and the only solution being total abstinence (White *et al.* 2002, pp. 107-108; Levine, 1978, p.43). It has significant associations with the Protestant sects discussed by Max Weber (2012), with their emphasis on personal relationship with God, conversion, participation in a community of the saved and testimony. In the nineteenth century, temperance advocacy proposed that alcohol almost always enslaved the majority of drinkers and was a moral failure, with Protestants focusing on alcohol being addictive and its 'long term use producing a disease of the will' (Levine, 1993, p.25; Alexander, 2014). Between the late nineteenth and twentieth centuries the balance between a moral and medical emphasis oscillated repeatedly, but by the 1930s in the US, the disease concept had moved into what some historians refer to as an official model (Alexander, 2014). During the 1950s and 1960s, the WHO promoted the disease concept of alcoholism and its assumption that addiction was a biological predisposition, affecting only a minority of consumers who succumbed to this disease (Fagan and Butler, 2011, p.263; White *et al.* 2002, pp. 107-108; Butler, 2009, p.345). The impact of this approach on policy was that there was no requirement for state regulation on alcohol, as alcoholism was seen to be only borne by a minority that did not affect any changes to the drinking of the greater population (Butler, 2009, p.345).

Between 1945 and 1972 in Ireland, there was an emerging consensus concerning the scientific validity and political acceptability of the disease concept of alcoholism, as it was enthusiastically supported and promoted by the WHO (Butler 2002, p.44; Butler, 2009, p.345). Butler (2002) argues that at this juncture Irish policy makers had two major options regarding alcohol control measures. Firstly, to incorporate a broad range of measures involving health promotion or secondly, 'to adopt the disease concept of alcoholism which was more narrowly concerned with curative services for problem drinkers' (Butler 2002, p.20). According to Butler, the disease concept was the preferred option and this policy remained until the early 1970s. Furthermore, clinical practices and concepts were dominant in Irish health policy in relation to alcohol, almost totally excluding prevention activities and health promotion (Butler 2002, pp.20-21). In 1966 'the disease concept was unequivocally endorsed by Irish health policymakers' (Butler *et al.* 2017, p.67). Shortly after, however, the two main policy models – the public health or

total population consumption model and the disease concept have competed with each other for dominance in the Irish policy debate (Fagan and Butler, 2011, p.263). The period of 1973-1988 was one of conflict (Butler 2002, p.44). According to Butler, public health advocates faced a significant challenge due to the wide acceptance of the disease concept. Understandably, confusion reigned for the public and policymakers of 'having been recently persuaded of the scientific nature of the disease concept, they were now being asked – again… to abandon it and replace it with a diametrically different policy' (ibid).

For Butler (2002), the disease concept became problematised due to emerging findings from sociological research. A longitudinal study by Cahalan and Room found that the majority of those deemed to have an alcohol-related problem were, after a three-year period, found to be drinking in a non-problematic manner. This was a key development in the rise and fall of the disease concept in alcoholism. For Butler, the 'net effect of this research was to challenge the belief implicit in the disease concept that alcoholism progressed inevitably and inexorably unless the alcoholic became totally abstinent' (Butler, 2002, p.47). This was a key development and such research energised a new focus on the traditionally held view that alcoholism, heretofore, was a unitary disorder. It recognised that there were multi-dimensional issues associated with alcohol, such as 'physiological, psychological and behavioural elements and that such problems did not necessarily involve *dependence* or alcoholism' (Butler, 2002, p.48). The WHO, from the 1970s onwards in seeing the lack of scientific evidence abandoned its support for the disease concept, in favour of a public health approach, which it refined and developed over the subsequent decades (Fagan and Butler, 2011, p.263). Due to a series of reports it moved from the disease concept model and 'espoused a model commonly referred to as the 'public health' or the 'total consumption' approach' (Butler, 2009, p.345). For example, as Fos and Fine (2000), in Babor *et al.* 2010, p.8 note, the concept of population, e.g. environment, village, city, nation etc. and their functionality, [or dis-functionality] shape society including alcohol-related problems. Examples of these points were prominent in the data collection by a number of the interviewees and will be discussed in detail in chapter five. The discrediting of the disease concept led to an advocacy of the 'total population model' within public health which warrants exploration.

3.6 Total Population Model

The Irish public health community argue for a total population model, which takes into account environmental and structural factors. This frames the drink question socially rather than in individualistic terms, as does neoliberalism. A core point in the total population model is that if alcohol consumption is reduced in the overall population – so then are the harms reduced. A discussion of current literature in this vein will now ensue.

The public health position calls for the protection of the health, the well-being and quality of life in the community advocating that national governments are duty bound to implement regulatory control measures and reduce consumption across whole populations (Department of Health and Children, 2002, p.12; Butler *et al.* 2017, p.1). It is not only in conflict with neoliberalism, but also with subsidiarity, as it demands that the state uses the levers of public policy to shape behaviour. It envisages a strong and active state, rather than a social order composed of autonomous communities and voluntary association. The total population model disagrees with arguments that a person's choice to engage in risky behaviour is solely their business. A typical argument against alcohol control is that responsible drinking is socially acceptable as most consumers do not experience any measurable health consequences, that alcohol may lead to addiction and physical illness if overindulged, but if used moderately when self-prescribed then alcohol is fun (Herring *et al.* 2013, p.2). In contrast in the public health perspective each person's consumption influences others and the concept of population is an imitative one, whereby the average level of consumption increases the level of consumption of particular groups. As far back as 1980 a WHO report highlighted that:

> …there is ample evidence that the damage caused by the consumption of alcoholic beverages is closely related to the level of consumption both of individuals and of the population as a whole. Indices of alcohol-related damage, biomedical as well as social, tend to rise when per capita consumption rises (Study Group on the Development of the Psychiatric Services, 1984, p.109).

The literature gives ample evidence of the magnitude of alcohol-related injury and disease with alcohol playing a major role in the causation of disability and death on a global scale (Boyle *et al.* 2013, p.8; Babor *et al.* 2010, p.viii). According to Babor *et.al* (2010, p.7), the role of public health is disease prevention and management in populations – unlike clinical medicine, which deals with disease in individuals. It rejects the assumption of the Disease Model that there are deviant drinkers who will have problems. Rather, the overall

level of consumption effects the overall level of risk in the population and at each level of consumption. It is a question then of how the overall level of consumption is related to the overall burden of harm caused for society at large. Babor *et al.* (2010, p.9), propose that alcohol policy should be directed at managing the health of populations through proactive interventions that help many more people attain better levels of health.

It is deemed important to build on current understanding of alcohol policy in line with evolving national and international opinion on public health (Babor *et al.* 2010, p.6; Levine, 1993, p.16). In Ireland, for example, the public health approach argues that there is no safe level of alcohol consumption. A reduction of alcohol related problems can only be achieved by adopting a global focus, the objective being to change direction of consumption across the population as a whole through an amalgamation of restrictions on retail availability, marketing and pricing strategies (Butler, 2009, p.345; Butler *et al*. 2017).

3.6.1 The Politics of the Total Population Model

Since recorded history began, alcohol has been deeply engrained in society being an integral part of culture, bringing people together in relaxation, enjoyment and socialising (Byrne, 2010, p.12; Davoren *et al.* 2019, p. 77). The alcohol industry utilises this anthropological reality to 'present alcohol and responsible drinking as socially acceptable, while alcohol misuse should be socially unacceptable…and 'focus policy debates on narrow ranges of harms, issues and subpopulations' (McCambridge *et al.* 2018, p.1579). While indeed psychoactive substance use is typical among humans, a highly concentrated alcohol industry that engages in sophisticated marketing and lobbying is not. This is the nub of the argument for the proponents of the public health perspective – who highlight the political nature of markets and argue against individualisc perspectives. In contrast, they argue that policy makers need to look at the total population, structural factors and what can be the pernicious role of capitalist enterprises in particular. Boyle *at al.* (2013) emphasise that governments will face well-orchestrated attempts from the alcohol industry in preventing enactment of any controls or measures that affect the supply and demand of alcohol.

According to Boyle *et al.* and Babor *et al*., policymaking should be informed by scientific evidence and evidence-based policies are increasingly demanded (Boyle *et al.* 2013, pp. 964-956; Babor *et al*. 2010, p.2). Sponsored by the WHO, the publication of a seminal monograph entitled *Alcohol Control Policies in Public Health Perspective* (Bruun *et al.* 1975a), illustrated the preventable nature of alcohol issues. According to Babor *et al*. (2010), the books main argument was that the more alcohol consumed in any society, the more problems that society experienced and to prevent more alcohol problems occurring, policies need to reduce average alcohol consumption and limit alcohol availability (Babor *et al.* 2010, p.5). This model was supported in an Irish context by a report carried out by Mongan *et al.* (2007) for the Health Research Board emphasising that increased alcohol consumption at a population level resulted in increased alcohol-related health problems (Butler, 2009, p.349). Contemporary alcohol control policies are based on the finding that reducing the overall level of consumption will result in reduced alcohol-related harms.

Ten committees were formed by the Irish government between 1990 and 2010 charged with producing fifteen reports to include recommendations on alcohol problems – yet up to 2010, little had been implemented by way of the recommendations produced (Hope and Butler, 2010, p.481). In 1996, the National Alcohol Policy became the first government report published by the Department of Health addressing alcohol and health. Its reasoning was based on the public health approach adopted by the WHO with evidence based environmental measures including taxation, limiting availability and access to alcohol, drink driving regulations, in addition to procedures designed to aid individual prevention and treatment (Hope and Butler, 2010, p.481; Mongan and Long, 2016, p.64). The report however contained no implementation plan, diminishing its impact (ibid).

In November 2000, The Commission on Liquor Licensing was established by the Minister for Justice, Equality and Law Reform to carry out a review of the Irish Liquor Licencing system. A key recommendation was the establishment of a Strategic Task Force on Alcohol. Included in the terms of reference for the Task Force were: (a) a review of international research to identify evidence based measures that would be effective in preventing alcohol related harm; (b) examine changes in alcohol consumption and related harm over the previous decade; (c) examine attitudes and actions that have changed alcohol policy in Ireland since the publication of the National Alcohol Policy, 1996; and

(d) recommend specific, evidence based, measures to Government to prevent and reduce alcohol related harm in Ireland (Health Research Board, 2018).

The international publication of *Alcohol: no ordinary commodity, research and public policy* (Babor *et al.* 2003) brought a significant addition to the current research of this time period (Department of Health and Children, 2004). This comprehensive study, which was sponsored by the WHO, carried out a global review of alcohol policy that enlightened scientific research evidence and informed the Strategic Task Force on Alcohol in a timely fashion (ibid). Babor *et al.* explored what alcohol policy is, what effective interventions are and emphasised how scientific evidence can inform policymakers (Babor *et al.* 2010, p.2). The following was noted by the Irish Strategic Task Force from Babor's research:

- The public health precautionary principle should apply to alcohol policy – take preventative action, shift the burden of proof to the proponents of a potentially harmful activity and be guided by the likely risk rather than by potential profit
- An overall alcohol policy should have a set of integrated and mutually supportive strategies
- The 'best value' for the foundation of a comprehensive alcohol policy should combine measures targeted at the general population, high-risk drinkers and people already experiencing alcohol related problems (Department of Health and Children, 2004, pp.28/29).

Despite the growing evidence base for consensus among health experts regarding alcohol control policies, the Irish Government remained ambivalent, issuing contradictory statements and taking contradictory actions. For example, government promises of tackling alcohol sales in petrol stations and to separate alcohol from 'ordinary commodities' in supermarkets failed to materialise. The government engaged in contradictory policies with free trade and consumer sovereignty favoured by the Liquor Licensing Commission, while the Strategic Task Force on Alcohol argued for state intervention into the alcohol market place (Houghton, 2012, p.145; Butler, 2009, p.349). The National Substance Misuse Strategy Steering Group to formulate an alcohol policy for Ireland was initiated by the government in 2009. One of the recommendations by the Steering Group was that the Health Research Board (HRB) act as joint lead in gathering information on the appropriate alcohol epidemiological indicator (O'Dwyer *et al*. 2021, p.1).

In February 2012, Dr Tony Holohan, chairperson of the Steering Group Report on a National Substance Misuse Strategy in his forward of the report stated that:

> …for the first time an integrated approach to substance misuse is envisaged, bringing together policy responses to alcohol use and misuse... this will be achieved by the implementation of the recommendations in this report which are focused on alcohol taken together with the National Drugs Strategy 2009–2016 such that these form one single, integrated policy response (Department of Health, 2012, p.3).

The Steering Group considered a broad range of areas relating to the alcohol debate such as the positive impact of alcohol for the Irish economy, the harmful consumption patterns of alcohol and the harms caused by alcohol use and misuse to individuals and to Irish society with a number of their recommendations integrated into the Public Health (Alcohol) Act 2018 (O'Dwyer *et al*. 2021, p.1). The following synopsis on these considerations was issued by the Steering Group: 'the burden of health harms and the social consequences of harmful use of alcohol demanded the implementation of further measures to protect and preserve public health' (Department of Health, 2012, p.10). Following this, an announcement by the Irish government the following year in October 2013 and was seen as an important development for alcohol policy in the context of what had taken place beforehand. The government approved a number of policy measures that would be enacted into new legislation as quickly as possible, the Public Health (Alcohol) Bill, to be drafted in 2014, which was deemed 'a significant development in the state's regulation of alcohol' (Butler, 2015, p.1; Calnan *et al.* 2018, p.108). Caution, however, was proposed by researchers based on history and experience, as 'claims by Ireland's public health community to ownership of these problems have not been acceded to by government' (Butler, 2015, p.115). Further caution was advised in that, accepting this as evidence may be premature that government is now treating this issue with a degree of urgency and whether the Bill will be enacted in full or otherwise will help to establish if a more strictly neoliberal government agenda will be weakened or sustained in Irish policy making (Butler, 2015, p.115; Calnan *et al.* 2018, p.122). Indeed this warning of caution from researchers proved correct as movement on the Bill proved to be obtuse, involving multiple stages thereafter before it was signed into law (see below table).

Table 2: Political timeline on Alcohol Bills (source, Houses of the Oireachtas, 2019)

YEAR	EVENT	ACT/BILL
17 Dec 2015	As Initiated	Public Health (Alcohol) Bill 2015
14 Nov 2017	As amended in Committee [Seanad Éireann]	Public Health (Alcohol) Bill 2015

15 Dec 2017	As passed by Seanad Éireann	Public Health (Alcohol) Bill 2015
20 Jun 2018	As amended in Committee/Select Committee [Dáil Éireann]	Public Health (Alcohol) Bill 2015
3 Oct 2018	As passed by Dáil Éireann	Public Health (Alcohol) Bill 2015
17 Oct 2018		Public Health (Alcohol) Act 2018

On the 17th October 2018, the Irish Government introduced new legislation on alcohol policy when the Public Health (Alcohol) Act 2018 was signed into law. This legislation was an important transition between phases that heretofore were intransigent in moving to address the public health issues related to overconsumption of alcohol. Some of the measures introduced in Ireland, incidentally had previously been advocated by the WHO, include; 'labelling in consumer policy, prevention, treatment and community care in health' (Lane, 2016, p.5). Key points of the Act include the supply and price of alcohol to be regulated and controlled to minimise alcohol related harms, structural separation, health labelling, restrictions on advertising and marketing of alcohol and the regulation of sports sponsorship and restrictions on certain promotional activities (Health Service Executive, 2019).

As of February 2021, government policy outlined through the Department of Health that the national drugs strategy, which identified gaps in the following areas: supply reduction, prevention, treatment, rehabilitation and research are to be implemented by local and regional drug and alcohol task forces (Department of Health, 2021). Members of the Gardaí, the HSE, education and training boards, community and voluntary representatives and local authorities include the make-up of the drug and alcohol task forces (ibid). The gaps identified are indicative perhaps, of an array of complex issues that make up the policymaking process.

3.6.2 Attitudes towards Alcohol Control Policies

Hope's (2014) study of attitudes toward alcohol and public policy between 2002 and 2010 sheds important light on issues such as drunk-driving, price, availability and promotion during what she calls the liberalisation phase (1990-2001), the public health phase (2002-2004) and the ambivalent phase (2005-2010). Davoren *et al.* (2019) explored the level of support for evidence-based alcohol control policy among the Irish population via a series

of household surveys which concentrate on the Public Health (Alcohol) Act, 2018. Topics of interest included ‘minimum unit pricing, health labelling and advertising restrictions to tackle excessive consumption’ (Davoren *et al.* 2019, p.76). Both studies found a consensus with the majority of participants in favour of a more progressive and evidence-based policy. Additionally, Hope’s research indicated a preference for increased governmental intervention. This finding, in theory, carries potential for future policy making because ‘the strengths of the study were the relevance of the policy issues, based on recommendations from a government task force to gauge public support during a period of policy changes’ (Hope, 2014, p.240). Moreover, public trends are read by ministers through a mixture of public opinion polling (which is what Hope and Davoren *et al*. carried out) alongside constituency or grassroots contacts and their understanding of media coverage (Butler *et al*. 2017, p.8). Another interesting aspect is how the results are received and acted on in government circles, especially in light of what Boyle and Babor *et al.* claim: they can be informative to ‘make the hard policy decisions’ (see Boyle *et al.* 2013, pp. 964-956; Babor *et al*. 2010, p.2).

Both studies provided encouraging evidence for policymakers. Politicians can be encouraged and reassured by public support for effective evidence-based policies along with providing a framework for the implementation of future public health policy measures for public health practitioners (Hope, 2014, p.240; Davoren *et al*. 2019, p.88). Furthermore, it reflects aspects of Sabatier’s (1988) ‘advocacy coalition framework’ (ACF) model. The ACF has become a generalisable theory of policy change which clarifies policy formation (Wellstead, 2017, p.549). Sabatier proposes that ‘public policies can be conceptualized in the same manner as belief systems, i.e. as sets of value priorities and causal assumptions about how to realize them’ (Sabatier, 1988, p.131). Despite a public willingness for increased control measures, Hope highlights the ambivalent nature of support among the public for effective alcohol control policies. There was larger support of drunk-driving countermeasures, but less support for stricter availability and price regulation. This demonstrates the continuing complexities between policy pressures, public opinion and policymaking because alcohol, while it is potentially habit-forming and intoxicating, is nonetheless, for the majority of users, valued and enjoyable (Hope, 2014, pp. 238-240; Butler *et al.* 2017, p.195). This seemingly paradoxical situation may indicate an attitude that the public are supportive of alcohol

control policies, to some degree at least, which they think do not affect them personally. It also relates to the ongoing moral/philosophical debates underlying alcohol policy and is therefore helpful in addressing the question of alcohol policy formation. For instance, the multiple and varied complexities that are involved in alcohol policy is by its very nature – a moral ferment, in that different interests groups produce different values, which in turn directly influence policy. It is against this background aligned to the ambivalent approach to alcohol policy that the question of a coherent and integrated policy is now discussed.

3.6.3 The Question of an Integrated Alcohol Policy

Irish public health campaigners have for decades advocated for an integrated health policy, but with little success. Hope (2006) notes that the Department of Justice and Law Reform adopted a pro-business attitude by advocating for the liberalisation of licencing laws. This was in conflict with the WHO public health approach of the Department of Health and Children. An integrated alcohol policy emphasises that 'policy measures need to target the total drinking population as well as high-risk groups and high-risk drinkers' (Hope, 2006, p.469). Additionally, that overall alcohol consumption and the predominant pattern of drinking in the population are predictive of alcohol problems in any given society was accepted by the Strategic Task Force on Alcohol (STFA) report (Hope, 2006). According to Butler (2002), effective preventative policies depend upon multi-sectoral collaboration, in which other institutions (in the industrial, financial, legal, educational and other spheres) combine with health care interests to reduce the incidences of alcohol and drug related problems (Butler, 2002, p.2). Butler's point is consistent with two of Sabatier's (1988) three basic premises in his advocacy coalition framework (ACF). The first is the idea of belief systems as sets of values. The second premise is that 'the most useful way to think about policy change is through a focus on policy subsystems, i.e. the interaction of actors from different institutions interested in a policy area' (Sabatier, 1988, p.131). Both, the data from the interviews and the literature suggest however that the opposite occurs in practice. The reality is one of inter-departmental *non*-cooperation. Two interviewees who, up to recently, held senior Ministerial roles, provided specific examples of inter-departmental non-cooperation and how it frustrated and impeded alcohol policy formation. This point is discussed in some detail in chapter five. Furthermore, Sabatier adds a caveat that 'understanding the process of policy change and

the role of policy-oriented learning therein requires a time perspective of a decade or more (ibid). The lack of an integrated alcohol policy has resulted in contradictory policy. The abolition of the Groceries Order (a minimum price policy) which brought about below cost alcohol prices for consumers and the almost simultaneous introduction of random breath testing (RBT) in 2006 exemplify this ambivalence. For policy outcomes to be successful, effective management of the alcohol industry lobby as well as agreement among government departments must both be in place (Hope, 2014, p.240).

One of the chief claims of Sabatier's (1988) framework in understanding how policy change occurs is the political subsystems, which are populated by over 30 governmental and non-governmental organizations (Wellstead, 2017, p.551). Subsystems in Ireland are illustrated by the various government departments with their own specific interests and advocates outside government, all of which tend to have diverse agendas. An example of governmental departmental conflict is when 'below cost selling (2006) was championed by the Department of Enterprise and Employment, despite the health concerns or the tax reduction (2009) by Finance in spite of the predictable increase in consumption' (Hope, 2014, p.240).

According to Hope, 'the complexity of the policymaking process requires consensus between government departments and the effective management of the alcohol industry lobby' (Hope, 2014, p. 240). For Butler *et al*. (2017), 'the reality of government is that while health departments hold very large budgets, their power in regard to policy making is limited and fully joined-up government is elusive especially where alcohol is concerned' (p. 27). Thus, the problem is multi-dimensional and complex in relation to developing policies along the lines of the WHO recommendations and the public health perspective. The following quote most accurately summarises the ongoing conflict between paradigms, with disputed philosophical, anthropological, moral and political visions, that is continuing in the alcohol debate:

> …it is far more than pressing government to "listen to the evidence". It is also about more than a simple conflict between scientific truth and corrupted vested interests. It is about how evidence is established, how diagnostic paradigms achieve (and sustain) consensus, how research and advocacy interact, how advocacy coalitions emerge, how policy positions align with wider social and political contexts, how power blocs push their interests through complex lobbying activities, and how the mechanics of government facilitate or constrain radical breaks in policy equilibrium (Butler *et al.* 2017, p.27).

In theory, then, the challenge for government to achieve the correct balance on the formulation of alcohol policy cannot be overstated. As there are numerous actors in the policy field, all with different normative positions, policy is an outcome of the balance of forces between them. Sabatier, in attempting to understand the causal factors of what he calls the 'incredibly complex process of policy change over periods of one or several decades,' cites several contributory factors, such as changing economic and social and conditions, increasing social movements, unemployment and inflation and increased immigration. As different aspects of the problem became increasingly evident, knowledge increased also over time, thus presenting the opportunity for the interaction of specialists within a specific policy area to experiment in achieving the objectives of their policy (Sabatier, 1988, p.130). This interaction, for Sabatier, carries equal importance for the development of policy understanding as any of the economic factors, thus shining a light on the benefits of an integrated policy system.

3.7 Therapies

The total population model is focused largely on the prevention of alcohol-related harms in the first place by reducing the overall level and intensity of consumption. However, treatments will still be necessary for those who are suffering from problematic alcohol use and so one of the chief aims of alcohol policy according to Babor *et al.* (2010), p.7, should be to provide the facilities and services to treat problem drinkers. This section will explore how moral and philosophical positions impact treatment services, thus continuing and expanding the debates already present in the policy domain. While treatment approaches are all subject to evidence of their effectiveness, they equally have moral roots. For example, AA originates from Protestant cultures where there is a tradition of developing the moral will of people (Levine, 1993). Motivational Interviewing (MI) is derived from the humanistic psychology of Carl Rogers while Cognitive Behavioural Therapy (CBT) is inspired by Buddhism (Miller, 2001). A brief overview of the diverse range of treatments noted by contemporary literature is firstly explored.

The scientific understanding of the relationship between alcohol and health has significantly increased over time, resulting in a striking amount of available addiction treatments (Babor *et al.* 2010, p.vii; Raikhel and Garriott, 2013, p.18). As with the complexity of policymaking, alcohol addiction treatment brings its own complexities and

ambiguities, resulting in 'arguments and controversy about what constitutes the best treatment for alcohol problems and who needs such treatment' (Sparks *et al.* 2017, p.42). Recent research by Miller *et al*. (2019) proposes that addictions are highly treatable with a range of available and effective methods:

> …when people with addictions recover they really get better! And, contrary to public impressions, most people do recover. We have quipped that if you must have a chronic illness, addiction would be a good choice because it is so treatable! With the menu of effective methods now available it is rewarding indeed to treat addictions in practice (Miller *et al.* 2019, pp.4-5).

The variety of treatment services for alcohol issues encompass a mix of medical, sociocultural and psychological approaches, typically varying from diagnostic assessment to therapeutic interventions and continuing care (Babor *et.al*. 2010, p.218; Sparks *et al.* 2017, p.44). Examples include faith-based treatments, 12-Step programmes, cognitive-behavioural therapies, family counselling, motivational counselling and relapse prevention training, all of which are subject to debate regarding their relative effectiveness (White *et al.* 2002, p.110; Raikhel and Garriott, 2013, p.18; Babor *et.al*. 2010, p.218). For instance, the concept and context of 'treatment' is open to scrutiny among researchers and experts in the field, which we can examine through a discussion of the 12 Step model. Literature indicates that AA, which is based on mutual help groups, is not therapy or treatment in the true sense, as they are outside the context of people seeking help from expert professionals; nevertheless, they 'offer important resources to support recovery' (Miller *et al.* 2019, p.251). By the same token, AA is described as a social movement containing an 'unusual combination of treatment' (Bancroft, 2009, p.97). Key to AA's success is its Fellowship concept. It illustrates aspects of the Catholic principle of subsidiarity that is concerned with spirituality and community (despite its Protestant theological roots). As discussed in chapter two, typical criticisms of AA are that the spiritual concepts may demean the role of evidence-based treatment and prevent some clinicians from recommending it (American Addiction Centres, 2021; Kelly, 2016). Nonetheless there is also evidence of its effectiveness, derived from its combination of piecemeal treatments (Babor *et.al*. 2010, p.217; Raikhel and Garriott, 2013, p.18; Miller *et al.* 2019, p.153). It is often a component of mixed approaches to addiction treatment, which can be seen as in tune with mainstream medical recommendations that emphasise that no single treatment is effective for everyone (Raikhel and Garriott, 2013, p.18).

In an Irish context, aligning itself to the WHO's recommendation of 1980, the Government of Ireland Study Group on the Development of the Psychiatric Services (1984, p.107), emphasised that prevention rather than cure should be the focus of the future. By analysing the then dominant approach to treatment, the study group noted the trend towards greater specialisation. This was seen as problematic in that it involved costly treatment, separating 'treatment and management of alcohol related problems from community medical and social services' (Study Group on the Development of the Psychiatric Services, 1984, p.107). The group argued that not only was this contrary to the general principals of health care, stressing the importance of community and family, but that no evidence existed that 'intensive high-cost in-patient treatment is in any way superior to simple, inexpensive community-based intervention' (ibid). It was in this context that the study group highlighted AA, through its contribution to community and also presented a vision for the future in how AA's voluntary status could further benefit:

> We acknowledge the major contribution made by voluntary groups such as Alcoholics Anonymous….we recommend that the service provided by voluntary agencies should be integrated with the local health board service, and that there should be full co-operation and flexibility of arrangements (Study Group on the Development of the Psychiatric Services, 1984, p.110).

Data gathered from long-standing members of AA and also from professionals in both of the treatment centres explored by this study, will be discussed against the background of current literature in chapter five.

3.8 Case Studies in Treatment

To gain insight into the views of individuals working in alcohol addiction treatment, interviews were carried out with professionals involved in the provision of therapy. Both treatment centres where interviews were carried out draw on a mixture of methods in treatment. The counsellors and management are focused on the individual person and their spiritual situation, using the 12 Step model as their primary method in recovery/treatment. They encourage AA, as they believe it works well. Counsellors were also trained in and use methods such as CBT, MI and family support. To this end, a synopsis of background literature on the different methods of CBT, MI, motivational enhancement therapy (MET) and spirituality in the 12-Step model is provided.

According to Miller *et al*. (2019, p.121), Project MATCH Research Group (1993), undertook the largest controlled trial ever to determine the knowledge of clinicians regarding what treatment approach was best for a range of different people. Three different methods were used: 12 sessions of Cognitive behavioural therapy (CBT), 12 sessions of the Twelve-Step Facilitation (TSF) and four sessions of motivational enhancement therapy (MET) (Miller *et al.* 2019, pp.121). Clients were randomly assigned to a particular treatment method, where 'as hoped, the three therapeutic methods produced, on average, excellent and equivalent outcomes, whether offered as outpatient treatment or as aftercare following residential treatment' (ibid). On one outcome measure — the percentage of clients who remained totally abstinent — the 12-step or TSF model group demonstrated roughly a 10% advantage throughout follow-up (Miller *et al.* 2019, pp.121-122). Miller *et al.* explain how in a clinical judgment assessment study, people with varying alcohol problem backgrounds attended a range of treatment programmes seeking advice as to what approach would best suit them. 'The study was intended to discern what criteria were being used to match people to programmes' (Miller *et al.* 2019, p.121).

3.8.1 Motivational Interviewing (MI)

According to Miller (2001), Hunt and Azrin (1973), through investigating the etiology of alcohol problems, developed a method to treat such problems in the early 1970s. Stressing the importance of interaction between an individual and the environment, their Community Reinforcement Approach (CRA) moved beyond prior alcohol treatment programmes which heretofore had 'focused on the treatment of the individual and had greatly ignored the importance of the individual's social environment' (Miller, 2001, p.8). Hunt and Azrin (1973) claimed that the source of alcohol problems was influenced by patterns of positive and negative reinforcement. They suggested that when alcohol use prevented positivity, such as satisfying employment and interpersonal relationships, then individuals with alcohol issues might see the benefit of not drinking. To achieve this goal, 'CRA attempted to rearrange these contingencies such that sober behaviour was more rewarding than drinking behavior' (ibid). Evolving from CRA came the widely practised treatment: Motivational Interviewing (MI) (Miller, 2001, p.24).

Central to MI is dialogue to enhance people's own commitment and motivation, emphasising how the benefits of change outweigh the disadvantages (Miller *et al*. 2019, pp.170-171; Brown and Miller, 1993, p.211). As a person-centered therapy, MI, according to Miller, contains an underlying mind-set or 'spirit' and is made up of four broad themes: (1) collaborative, where the client is his/her own expert, (2), evocative, which emphasises the client's own resources and insights, (3) the spirit of MI communicates acceptance and supports clients' autonomy in decision making, (4) 'compassion, [which is] a fundamental commitment to the clients' best interests and well-being as prime priority' (Miller *et al.* 2019, p.171).

In several randomized trials of MI therapy, carried out with self-referred problem drinkers over a six-week period, results demonstrated significantly reduced alcohol consumption following the intervention, in comparison to alcohol consumption among waiting-list controls (Miller, Benefield, & Tonigan, 1993; Miller *et al*. 1988, in Brown and Miller, 1993, p.211). In a different study, trials of MI were carried out on problem drinkers in a private psychiatric hospital setting of 21 men and 7 women. Some patients received MI assessment and interviews in addition to standard evaluation and treatment procedures, while the others did not receive MI interviews. The results illustrated that 'patients who received the motivational interview participated more fully in treatment (as evidenced by therapist ratings) and showed significantly lower alcohol consumption at a 3-monthfollow-up interview' (Brown and Miller, 1993, p.211). Combining the clinical style of MI along with other methods has therefore become common practice, the results of which can be synergistic, boosting the efficacy of the other treatment while at the same time building the effect of MI itself (Miller *et al.* 2019, p.176).

3.8.2 Cognitive Behaviour Therapy (CBT)

Cognitive behaviour therapy portrays a synthesis of two earlier therapeutic traditions: behaviour therapy and cognitive therapy (Barry and Petry, 2009, p. 160). CBT interventions focus on problem-solving skills and social skills training and are effective in reducing alcohol use through learned self-management skills for successful living (Barry and Petry, 2009, p. 160; Miller *et al.* 2019, p.190). Individual and/or group formats are used in highly structured models which involves understanding current concerns, reviewing alcohol/substance uses weekly, developing new skills, anticipating problems,

job finding, emotion regulation, behavioural self-control and coping with urges and craving (ibid).

Miller *et al.* (2019), note that in Project MATCH (1993), some people did better with MET. Clients with less concomitant psychopathology, whose issues were mainly alcohol related did better in Twelve-Step Facilitation TSF than in CBT (Miller *et al.* 2019, p.121). Miller *et al.* also note that this 'was an unpredicted and unexplained finding—that the advantages of this AA focused approach were clearest for clients with relatively few psychological problems' (ibid). Conversely, clients in aftercare with less alcohol dependence achieved better results in CBT than those with greater alcohol dependence, suggesting that CBT interventions based on relapse prevention are effective in short and longer term (Barry and Petry, 2009, p. 160; Miller *et al.* 2019, p.122).

Relapse prevention (RP), serves as an early approach to CBT (Marlatt 1985, in Barry and Petry, 2009, p.162). Increased self-efficacy may also underlie the well-supported efficacy of CBT with studies demonstrating that CBT interventions based on relapse prevention can be effective in lowering the intensity and frequency of relapse, lowering drinking rates and the number of drinking-associated issues (Larimer, Palmer, & Marlatt, 1999 in Barry and Petry, 2009, p. 171; Miller *et al.* 2019, p.190). Importantly, family is deemed to be significant in dealing with alcohol dependency, with family support as the most important factor in self-change and family support also being pivotal for sobriety maintenance (Klingemann and Klingemann, 2009). In sampling sobriety, a specific advantage of 'time-out from drinking is viewed by family members as a commitment for change, which in turn elicits their support' (Smith and Meyers, 2001, p.41). These evidence-based outcomes have relevance for this study regarding one of the treatment centres explored. They tally with similar circumstances relayed by an addiction therapist in therapy and aftercare. This will be discussed further in chapter five.

3.8.3. Alcoholics Anonymous (AA)

As noted in chapter two, a precise meaning of spirituality is extremely arduous to define. Galanter *et al*. (2014), note that it is 'difficult to specify, as it is defined in dictionaries with phrases like ''concerned with affecting the soul,'' ''not tangible or

material,'' or ''pertaining to God.' (p.320). AA focuses on gratitude, compassion, forgiveness and hope and might be considered spiritual, with most experiences contributing to inner meaning and self-transcendence inside or outside religion (Kelly 2016, p.934; Piderman *et al.* 2007, p.232). Spirituality, then, according to the literature, may be involved with or without a religious setting as it is classically defined. This might explain the expression of being spiritual but not religious (Taylor 2016) and also where Galen Watts notes that 'individuals in recovery call themselves 'spiritual but not religious' (SBNR), explicitly rejecting institutional religion while embracing spirituality' (Watts, 2019, p.39). This point was raised many times by a number of interviewees when asked of their interpretation of spirituality and religion in relation to treatment and will be discussed in chapter five.

AA was evaluated over a twenty-five year period, beginning in 1990 in a sizable federally funded research programme carried out by the United States' Institute of Medicine. The study researched the effectiveness and mechanisms of behaviour change (MOBC) within AA, specifically reviewing the 12-step model (Kelly, 2016, p.929). It noted that:

> …prior to 1990 the evidence base on the effectiveness of AA as an intervention and recovery support service for alcohol use disorders (AUD) was viewed as methodologically poor, consisting of mainly short-term correlational studies with narrow and largely unvalidated measurement and low follow-up rates. This lack of quality research caught the attention of the Institute of Medicine (IOM) of the National Academy of Sciences. The IOM], recognizing AA's widespread influence, called for more rigorous research on its effectiveness and its specific mechanisms of behavior change. For the first time, this legitimized serious scientific investigation into AA and how it works and was facilitated by research funding from the United States National Institutes of Health (NIH). During the next 25 years sophisticated research has shown AA, and professionally directed treatments designed to stimulate participation specifically in AA (i.e. 'Twelve-Step Facilitation' [TSF]), to be effective and cost-effective interventions (Kelly, 2016, p.930).

Other research highlights that despite a strong emphasis on spiritual practices in AA, findings are varied about the significance of such beliefs as a predictor for AA affiliation (Tonigan *et al.* 2002, p. 534). Tonigan *et al.* (2002) also note that increased abstinence was associated with the self-identified atheists and agnostics that did attend AA. A critique is that treatments emphasising spirituality such as the 12 Step model are 'personal responsibility models' (Miller *et al.* 2019, p.26). Across most societies, issues with alcohol can be seen as a violation of moral, ethical, or religious standards and are regarded as a failure of self-control (ibid). The solution proposed by the personal responsibility model includes social sanctions, repentance, punishment, education and legislation – with

this viewpoint remaining active in some addiction treatments and also in social responses (ibid).

Fundamental to the personal responsibility model, is an emphasis that alcohol use/abuse involves a failure of the individual's own responsibility. As previously noted, this philosophy is in conflict with the public health perspective, the WHO and academic research that argue that the 'total population model' through alcohol regulation better serves the health of the community and subsequently, individuals. The personal responsibility model is seen as problematic as it is deemed a convenient mechanism for the alcohol industry to admonish its responsibility of alcohol abuse. Also, as spiritual philosophies have a micro level focus, this does not address the macro level of political economy. It is the macro level of political economy that alcohol control policies address. Thus, there is a moral debate at the level of political economy – which essentially is neoliberalism versus alcohol control policies. For these reasons, personal responsibility models fall outside the total population model.

3.9 Summary – Chapter Three

The Irish Government's laissez-faire attitude to alcohol illustrates that a neoliberal approach is one of the main moral foundations on which alcohol policy has been defined, especially from the 1990s. A consistent theme is the power of the alcohol industry to lobby government to achieve a regulatory environment aligning with their interests (Cumming, 2009; Mercille, 2016; Butler, 2009). The net effect of these approaches include support for self-regulatory guidelines, facilitating industry profit and increased alcohol consumption (Babor *et al.* 2010; Bancroft, 2009; Mercille, 2016). This has resulted in increased consumption and consequently, increased harms. Examples of harms included physical, social, mental, financial impacts and how another individual's drinking causes harm to others, which can be considered 'the forgotten dimension' of alcohol-related harm (Department of Health and Children, 2002, p.12; Houghton, 2012; Health Service Executive, 2018; Klingemann and Gmel 2001 in Babor *et al.* 2013; Drugs.ie, 2001). Following a discussion of the rise and subsequent problematisation of the disease concept, the public health perspective rose to prominence, jostling with neoliberal orthodoxy for influence. This emphasises the duty of governments to reduce consumption through regulatory control measures (Department of Health and Children,

2002; Butler *et al.* 2017; Study Group on the Development of the Psychiatric Services, 1984). In relation question of policy formation, the literature suggests that control policies should be integrated. For example, an interdisciplinary evidence-based approach is a necessary criteria for governments and should be the basis for public health policy decisions (Boyle *et al.* 2013; Babor *et al*. 2010). In this regard, the Public Health (Alcohol) Act 2018 is seen as something of a victory for health and social advocates. However, there remains an ongoing moral debate at the macro level between neoliberalism and alcohol control policies. These have fundamentally different moral outlooks, seeing consumers as sovereign or controlled, responsible or malleable. They also view markets as either benign or potentially exploitative. Thus, there is likely to be an ongoing moral debate moving between these two poles. Notwithstanding that the Public Health (Alcohol) Act has shifted the moral debate from neoliberalism to alcohol control in a minor way, history suggests that neoliberalism is likely to remain the hegemonic orthodoxy.

Another central theme in this chapter is the range of addiction treatments that have evolved (Babor, *et al.* 2010; Raikhel and Garriott, 2013). Most people recover because of the treatability of addiction (Miller *et al.* 2019). In facilitating this, evidence based treatment and quick interventions have become more in favour. Intensive, spiritually based approaches in recovery have reduced in prominence somewhat because of the advancement of additional treatments. Nevertheless, it remains favoured by many providers, which emphasise AA as pragmatically-effective and cost-effective (Kelly, 2016; Miller *et al*. 2019). In this context, the literature demonstrated that residential services that apply the 12-Step model are expensive and no better to that of AA which is free of charge and open to all, thus it depends on the format of treatment services.

CHAPTER FOUR – METHODOLOGY

4.1 Introduction

This chapter will illustrate the methodological process adapted by the researcher to address the research questions. An account of the study's research strategy will be discussed. A thematic methodology is used for the literature review as opposed to a systematic model. The theoretical framework in which the study is grounded will be discussed also, highlighting the various theorists. The researcher decided that due to the multi-faceted nature of the study's aims a diverse sample of participants was necessary for the validity of the research. In exploring how the sample view the world, ontology had to be considered to explore their nature of 'being' – in other words, how key actors socially constructed the issue of the alcohol problems and the moral foundations of these are addressed. Further, epistemological considerations will be explored to present the rationale for the interpretative approach that was employed to examine the sample's worldviews. The importance of ethical considerations, particularly with respect to the participant's well-being in avoiding harm and reputational damage is of significant importance to the research and cannot be understated. As such, ethical considerations will be discussed in some detail. Finally, the chapter will examine the methods used by the researcher to analyse the qualitative data highlighting the various steps and procedures.

4.2 Limitations

Limitations arise from in-depth interviews concerning possible biases from both the researcher and the participant. Firstly, 'aspects of the interviewer may influence the answers provided' (Bryman, 2016, p.267). Examples are where the researcher's class, age, gender, or race can alter the respondent's answers. Secondly, bias from the interviewer can also be a limitation where irrelevant and leading questions are asked. To counter this a value-neutral approach was adopted. A limitation from an epistemological viewpoint is that in-depth interviewees can open up the possibility for "truth telling" to be reflectively bias in favour of the interviewee. An additional limitation is when the interviewee inadvertently misunderstands a question leading to ambiguity. This in turn

can lead to the problem of 'meaning'. Essentially, it can mean that 'the interviewer and respondent may not be sharing the same meaning systems and hence imply different things in their use of words' (Bryman, 2016, p.217). These issues could also be the fault of the researcher by not defining the question in a clear manner. To solve this, 'respondent validation' was used where the researcher clarified all questions and answers with the respondent. Word count and time restrictions also present an unavoidable limitation for the study. A limitation exists with no alcohol industry participant. Drinkaware,[3] representatives of the alcohol industry, politely declined when asked to participate in an interview. The study has its limitations in that does not provide, or claim to provide a full understanding of the religious/spiritual aspects within treatment programmes. It illustrates how the sample define alcohol problems, policy, addiction and what their attitudes are towards the role of religion/spirituality in response to the issues. However no effort was spared to ensure that the richest possible content emerged from both the literature and data, ensuring that the discussion/analysis is fully compliant in relation to the overall objectives of the research questions.

4.3 Research Methodology and Design

The research strategy uses a qualitative methodology. According to Bryman (2016) the importance of choosing the correct methodology in carrying out social research is summed up by the following:

> …as methods of social research are closely tied to different visions of how social reality should be studied, they are linked with the ways in which social scientists perceive the connection between different viewpoints about the nature of social reality and how it should be examined (Bryman, 2016, p.17).

For Hancock *et al.* (2009) researchers working in the social sciences: psychology, sociology, anthropology etc., interested in studying human behaviour and the social world found it increasing difficulty to explain human behaviour in quantifiable, measurable terms. Measurements tell how often or how many people behave in a certain way, therefore if a research question involves exploring how much or how often something happens, it is appropriate to use quantitative methods. Valid measurements can use maths to go beyond data and essentially make predictions due to the establishment of law-like dynamics. The

[3] Drinkaware Ireland is a charitable organisation whose stated mission is to to prevent and reduce alcohol misuse in Ireland. Data respondents have critiqued Drinkaware largely because much of its resources are funded by the drinks industry.

problem is that with humans it is difficult to take valid measurements as we are cultural, complex and aware of the measurement process. On the other hand, qualitative research attempts to broaden and/or deepen our understanding of how things came to be the way they are in our social world. Qualitative research methods are appropriate as an exploratory method in this research project as the topic is fluid, quickly changing, and under-researched. Denzin and Lincoln (1994) affirm their position that qualitative research has come of age as multiple discourses now surround topics that previously were contained in the broad grasp of positivist and postpositivist perspectives (Denzin and Lincoln 1994, p.483). Moreover, the following quote notes that qualitative research is the appropriate methodology:

> …if the research question involves exploring how people experience something, or what their views are, exploring a new area where issues are not yet understood or properly identified looking at 'real-life' context, or a sensitive topic where flexibility is required to avoid causing distress, then in this case qualitative methodology is the preferred option (National Institute for Health Research 2009, p.4).

In summary, quantitative research is useful for exploring objective reality. Qualitative research is useful for exploring subjective experience. Consequently, this approach makes in-depth interviews as the primary data gathering source the correct and most suitable data source to produce quality findings. It aids the researcher to explore participant's worldviews, the nature of their experiences and how they have interpreted this particular worldview.

4.3.1 Sampling

The research sample focuses on (a) alcohol addiction treatment centres, (b) religious organisations, health and social advocates, academics and (c) political policy makers. Thus the sample is composed of persons with a capacity to shape public attitudes and public policy. The interviewee sample were all over eighteen years. Religious organisations to varying degrees are often characterised by a patriarchal ethos marked by dramatic gender imbalance in leadership positions and the overall composition of the organisation. For this reason, attempting to achieve gender balance in participants was an important consideration. An example of key figures in this regard are the two addiction treatment centres explored and are currently overseen by females in key strategic professions. As the sample is divided into multiple areas, their interconnectivity in data analysis proved significant in that it helps to enhance an overall synthesis of the study.

Religious personnel who participated in the research consisted of religious leadership, clergy, lay professionals and voluntary representatives involved in advocacy for the IBDI.[4] Political respondents previously held senior governmental roles in Ministerial positions in the Department of Health, while one was a government TD at the time of writing. Academic input was insightful as this expertise enhanced the interdisciplinary nature of the study, sociology, and theological and philosophical concepts on spirituality. The addiction treatment centres who participated provide community and residential services to help young people, adults and families overcome addiction to lead meaningful lives in recovery. Addiction therapists and counsellors who participated in the study all have extensive experience in alcohol addiction treatment provision, and were particularly suited to the research in the area of spirituality in recovery. Pseudonyms are used in chapter five to refer to the research participants. The following table contains a descriptive breakdown of the sample:

Table 3– List of pseudonym names, role description and participant gender – 72.2% male, 27.8% female

PSEUDONYMS	ROLE	GENDER
William	Academic, sociologist, research area alcohol and other psychoactive substances, consumption, sociological theory	Male
Walter	Addiction project worker	Male
Joe	AA senior member	Male
Jack	AA senior member	Male
Tom	Addiction counsellor	Male
Roger	Addiction therapist, manager and regional manager	Male
Ann	Addiction counsellor, psychotherapist and treatment centre manager	Female
Philip	Religious, addiction therapist and psychotherapy (retd)	Male
Patrick	Religious and homeless advocate	Male
Mary	Treatment centre clinical director and CEO	Female
Sasha	Religious, academic, research area in spirituality	Female
Richard	Religious leader	Male
Evan	IBDI lay person leadership role	Male
Andrew	IBDI lay person volunteer role	Male
Linda	Political ex-ministership health	Female
Colm	Political ex-ministership health	Male

[4] The Irish Bishops' Drugs Initiative is a pastoral response set up to deal with the growing problems of drug and alcohol issues in parishes and communities across Ireland.

Zoe	Academic, research area market theory, AAI advocate	Female
Gerard	Academic, theologian, research area philosophical hermeneutics, religion and social research	Male

4.4 Data Collection

This strategy was implemented in the first instance for gathering the primary data, by carrying out eighteen in-depth one-on-one interviews. A small amount of secondary data in the form of documentation was also provided by the IBDI and AAI. This included self-help material, educational material, outreach, pastoral and policy documents, and a variety of texts on the topic that outline the conceptualisation of addiction in their ‘worldview’. The interviews lasted approximately 45-60 mins each. The conversation explored key questions relevant to the study (see Appendix C). Initial contact was made with possible interviewees in the majority of cases, 56%, by email with a ‘Letter of Invite’. The remaining 44% of participants were recruited through the snowballing methods. It is necessary however to acknowledge an unforeseen limitation of this approach. Two participants, initially contacted by email did not acknowledge receipt or reply to the request, either to accept or decline the invitation. The researcher, when a period of two weeks had elapsed made contact directly by telephone and enquired if the would-be participant had received the invitation to participate in the study. In both cases, the participant replied that they had not seen the email, or saw the email and intended to reply at a later date, but had forgotten. As a consequence of the conversation that ensued at that point, both participants indicated that they would be happy to participate in the study. For those who preliminarily agreed to participate in an interview a detailed information sheet and consent form was then sent to them, requesting them to return the consent form if they are willing to participate in the interview (see Appendix B). On receipt of this, the researcher put arrangements in place for a date, time and venue of the participant’s convenience to carry out the interview. All interviews were carried out in a place of the participants choosing.

Given the nature of the participants the majority of the interviews took place in an office within their organisation. Participants were advised that if they wish the interview to take place at WIT, arrangements can be made to facilitate this request, of which two, 11% of

participants availed of. At all times the participant were made aware that they could remove themselves or any material they may have given to the project. One of the key changes to the new GDPR (25th May 2018) states that 'the data subject gives his or her consent freely and explicitly' (Data Protection Act, 2018, p.64). To this end the researcher was fully compliant with this instruction and ensured that all of the above was understood and agreed with the participant. Written consent was received and secured by the researcher before the commencement of the interview process with the participant. Additionally, participants were advised of their right to withdraw from the study at any point and have your data removed from the study under GDPR (2018) legislation. In obtaining informed consent it was ensured that the participant gave permission of their own free will and was in no way coerced into being complicit in the research. Informed consent for a research study requires open and honest communication between the researcher and the study participant. It was essential that participants understood that participating in a research study was completely voluntary. Accordingly, participants were provided with the following: full disclosure of the nature of the research and the participant's involvement, adequate comprehension on the part of the potential participant and the participant's voluntary choice to participate.

As already outlined, a qualitative research was readily the best approach in attempting to answer the questions posed in this study, hence the in-depth interviews. The goal is to gain a rich understanding of the issue, focusing on how the actors in question theorise and conceptualise the issues. The interviews were digitally recorded and were assigned a pseudonym, and that the information furnished by the participant and his/her identity would never be revealed to another source was explained to the participants. All quotations used were only identified as a pseudonym. For example, 'Roger states that…'. Section 4 of the Data Protection Act, 1988, states that the data subject can request a copy of the information held by the researcher that contains personal information (Data Protection Act 2018). Participants were informed that any request must be completed in writing (email or letter), and the participant would receive that information no later than 40 days after request, with all appropriate technical terms explained (see Appendix B).

The researcher utilised "Respondent Validation" during the interview process to maximise credibility. Respondent validation endeavoured to build rapport with the

participants in order to obtain honest and open responses. This was practiced during the interview when the researcher restated and summarised information and then questioned the participant to determine accuracy. This allowed the participants to critically analyse the findings and comment on them. At that stage if any adjustment or amendments were deemed necessary to clear up any ambiguity on any points discussed, it was done in accordance with the participant's wishes. Three participants, 16.7%, requested to see their personal transcripts once transcribed and when and if they were satisfied at this point, they would inform the researcher of their permission to proceed. The researcher complied fully with these requests. Only when the participants affirmed the accuracy and completeness, was the researcher happy to proceed, as it is at that stage then the study is believed to have credibility. The overall goal of this process was to provide findings that are authentic, original and reliable.

4.4.1 Literature Review

The first eight months of the twenty four month project consisted of a comprehensive literature review providing a clear and thorough overview of previous research on the topic. The work consists, chiefly, of a 'thematic' literature review, where its main purpose is not a detailed overview of all findings, but rather choosing what is conceptually interesting. While achieving breadth of reading was important, specific focus is paid to literature conceptualising alcohol, health and Christian ethics in both global and Irish contexts. The work is consciously in dialogue with these earlier studies. Three main sections are involved in the literature review. First, it tracks the history of alcohol from an Irish context from the 1860s to the 1990s. It focuses on the history of spiritual and philosophical traditions, and their understanding of alcohol, and alcohol problems. It reviews a history of religious involvement in shaping alcohol policy and treatment internationally, and in Ireland. Second, a contemporary section reviews vested interests such as the alcohol industry and public health agencies the 1990s through to the current era and explores a delineation of the contemporary religious field in Ireland and the involvement of churches in alcohol policy and treatment. By exploring the sociological and political complexities the literature provided insights into the complexity of a how industry related power influences in shaping alcohol policy. In addition to tracing the role of the Catholic Church in alcohol related matters, the work, comparatively examines the literature involving several international studies in the U.S. and Europe. It identifies the

effects of spirituality in alcohol addiction treatment and recovery through up to date literature in international research studies, which are then compared and contrasted to the data.

4.4.2 Theoretical Framework

The theoretical grounding draws from disciplines such as theology, philosophy and sociology to demonstrate how methods such as hermeneutics offer a balance in interpreting both sociological and theological ideas. In addition to mid-range theorists, Paul Sabatier's (1988) theory of policy change an 'Advocacy Coalition Framework (ACF) illustrates sociological theoretical grounding and provides an understanding of conceptualising the literature and data in relation to alcohol policy. In a similar vein, Christopher Cook (2004) provides theoretical insights into spirituality which is helpful in understanding its relationship with alcohol addiction. Likewise, Harry Gene Levine (1993; 1978; 2009), in demonstrating evolving concepts in alcohol related issues is also helpful in providing a grounding for the literature and data. An open secular approach to addiction and recovery views the transcendent dimension as an open possibility rather than a delusion in need of correction through empiricism. This idea is strongly connected to the data where examples abound in the notion of a Higher Power in alcohol addiction treatment, particularly with AA and the 12-Step programme. Additionally it links to the literature where longitudinal case studies illustrate positive results from Poland, the UK and the US, thus offering a more holistic understanding. A response to alcohol problems from religious and social movements such as the Catholic Church, Temperance Movements, the PTAA, AA and community, is conseptualised through the lens of subsidiarity. This can further our understanding of alcohol issues addiction and recovery and offers a middle ground between moralistic and empiricist or utilitarian understandings of alcohol problems in society. The manner in which these concepts connect to the literature and data and how they further our understanding of the issues explore are discussed in detail in chapters three and five.

4.4.3 Ontological Considerations

Ontology is defined as 'a theory of the nature of social entities' (Bryman, 2016, p.693). It explores the nature of *being*, involving differing aspects in a culture, illustrating their individualities and the relations between them. For example, ontology relates to the study as it explores contrasting philosophies of the various actors it explores. These include religious, health and social advocates, addiction treatment professionals, academics and the political establishment. The study is interested in the oft-times contrasting and conflicting worldviews from their perspective of being-in-the-world and how these perspectives shape alcohol policy and consequently, society. By comparing government neoliberal ideology against the interpretations of Christian philosophy, this provides an example of an ontological exploration. In this context, Bryman proposes that 'an ontological position considered to be constructionist, points out that interactions between individuals as opposed to the phenomena *out there*, produce social properties' (Bryman, 2016, p.375). For example, people's interactions within their respective environment and people's interactions within their social group tends to shape a culture. And as environments differ, then it follows that cultures differ also. For many, this is the socially constructed nature of reality. As a consequence, differing philosophies and worldviews emerge accordingly. An example of constructivism linking to this study is how external social forces can influence and shape individuals, such as in the fellowship of AA, discussed in chapters three and five.

The *'out there'* phenomena that Bryman alludes to can also be seen, by some, as a position of reality. As ontology is a belief system where an individual interprets what is or is not a fact, then ontology itself becomes open to interpretation. This is subject to how one person constitutes 'reality' and how another may have a different interpretation. An example is religion and/or spirituality and their associated beliefs and how the interviewees perceive these issues. As this study adopts the position that the world is constructed, then it follows that reality is made up of worldviews, discourses, values and beliefs that are constructed and reconstructed by people in society. It is necessary then to look at how, for example, addiction treatment centres construct the issues of addiction, the addict and recovery. The assumption is also that as people dwell in the world, they continually make it and remake it, are shaped by it and as a consequence shape the world in turn. Thus, the lived experience of policy makers, opinion formers and professionals

has been sought, to determine their experiences and how these experiences have shaped their worldview and accordingly, their actions.

As the organisational 'worldviews' of religious bodies, alcohol addiction treatment centres, advocacy groups and government policy makers on alcohol related issues are key to this project, it follows that ontological considerations in this vein shall be explored. For Bryman, this position challenges the suggestion that 'categories such as organisation and culture are a pre-given and therefore confront social actors as external realities that they have no role in fashioning' (Bryman, 2016, p.19). Additionally and crucially according to Bryman, issues concerning the conduct of social research cannot be separated from social ontology, because ontological assumptions and commitments will feed into what research questions are formulated and the manner in which research is carried out.

4.4.4 Epistemological Considerations

For Bryman (2016) epistemology is 'a theory of knowledge which refers to a stance on what should pass on acceptable knowledge' (Bryman, 2016, p.690). Epistemological positions are divided into three sub-positions, namely (a) positivism, (b) realism and (c) interpretivism. Interpretive research for the purpose of this research project within epistemological considerations is the most appropriate method. Interpretivism will be useful whereby 'interpretive methods of research start from the position that our knowledge of reality, including the domain of human action, is a social construction by human actors' (Walsham 1993). Interpretivism argues for 'quality material translate internal and external validity, reliability and objectivity into trustworthiness and authenticity' (Denzin and Lincoln 1994, p.480). Interpretive research examines how people create their own subjective and intersubjective meanings as they interact with the world around them. Thus researchers 'need to understand phenomena through assessing the meanings participants assign to them' (Orlikowski and Baroudi, in Walsham, 1993).

The researcher's goal is to access the worldviews, thinking, values and justifications of the participants – to see the world as they see it and understand why they do see it in this way due to the context they are situated in. One example being Christopher Cook's (2004) tri-partite definition of the concept of spirituality. This concept relates to multiple case studies provided by the literature and a similar lived experience in the data (Jack). This is

but one example of many that ran thread like through the literature and data traversing from subjective experiences to intersubjective experiences. In relation to the qualitative method being employed, the epistemological position taken is fundamental in that it emphasises ‘the understanding of the social world through an examination of the interpretation of that world by its participants’ (Bryman, 2016, p.375). Hence the value therefore of employing this method, when (1) interviewing key persons in key positions in key areas and (2) where the resulting data obtained from such interviews, enables and facilitates the researcher/research to become enriched with additional knowledge and understanding of the questions posed, thereby achieving its objective. Examples of subjective and intersubjective meanings are discussed further in chapter five relating to the epistemological position of interpretivism connecting directly to this research project.

4.4.5 The Word in Text

Documents researched include “Alcohol/Drugs Parishes Respond” (2008), an initiative by the IBDI in an attempt to reach the youth through education of alcohol and drug abuse. Also explored is documentation provided by AAI: “Leading Change, A Society Free From Alcohol Harm: Strategic Plan 2020-2024” (2019). For Prior (2011), most texts focus on ways to capture and analyse speech and thought and behaviour, as the focus is usually on the language contained in the document as a medium of thought and action. Yet Prior (2011) argues that each and every document stands in dual relation to fields of action, as an agent that is open to manipulation to others and as an ally or resource to be mobilised for further action (Prior in Silverman, 2011, p.91). It is prudent to note that written documents can be representative of the ‘official’ or ‘unofficial’ view, that became canonical views of ‘reality’; hence they are a valuable source to determine what, for example, an organisation, or those with the power in an organisation thinks it is doing, or want other people to think it is doing. This though can be misleading as according to Wadsworth (2011), there may be other quite different perceptions when people in the frontline ranks within that organisation are interviewed informally. For this reason, most written documents should not be relied on as accounts of all the ‘realities’ of a situation, but some of the ways they represent reality (Wadsworth, 2011, pp. 102-103). Thus, the wider vision of ‘textuality’ can be seen as a medium of value and shaper of reality and human life itself as a ‘text’ in the broader sense. According to Ryan, ‘their words provide the evidence and the analysis frames their experience and sets it in context’ (Ryan, 2008,

p.94). The documents provided are explored in the context of how the authors view alcohol issues, compared to current literature, data and policy.

4.5 Ethical Considerations

Full ethical approval for the conduct of this research project was received from Waterford Institute of Technology Ethics Committee on 7th January, 2019. The research involved primary data collection, involving a sample of individuals in important management and symbolic roles (such as priest, academic, bishop, politician and so on). The sample consists of figures who have a direct involvement in policy or treatment or a public role and so are particularly vulnerable to reputational damage. As a result particular care was given to ensuring anonymity and confidentiality. For methodological, as well as ethical reasons, information from interviewees is presented in the dissertation, and publications, in a manner where it will not be possible to identify respondents, by using pseudonyms and altering identifying details mentioned in the interviews. In fact, the level of care in this regard goes beyond normal steps due to the small population size and public role of the respondents. This is through for example, the limited use of quotes, where necessary. The identities of interviewees will only be known to the researcher and his supervisors. Informed consent was managed through developing an information sheet, which explained the purposes of the research. This was emailed to the participants as part of an initial invitation to take part in the research before a call was made or a meeting was arranged, to discuss the research and explain the aims and details verbally. The participant were made aware that they could be removed from the study at any time, and that they need not answer any particular question, or may stop the interview at any stage.

The researcher was cognisant of the need for cultural sensitivity regarding alcohol usage among different religious organisations. It was important to consider variances between Christian denominations such as the Roman Catholic and reformed traditions. In addition, Muslim leaders were asked to participate in the research, and the cultural evaluation of alcohol within this tradition had to be understood. Some, for example the Catholic Church, are tolerant of alcohol, albeit in moderation, while other religions may be totally opposed to partaking of alcohol under any circumstances (as the famous Presbyterian

Minister Ian Paisley stated: stout is the "Devils Buttermilk"). The researcher was consequently conscious of being reflexive regarding their own values and norms with regard to alcohol. As James Rachels (2003) points out:

> Cultural Relativism warns us about the dangers of assuming that all our preferences are based on some absolute rational standard. They are not. Many (but not all) of our practices are merely peculiar to our society and it is easy to lose sight of that fact and so we must keep an open mind (Rachels, 2003. P.30).

Rachels nonetheless notes that "there are some moral rules that all societies must have in common, because these rules are necessary for society to exist" (Rachels, 2003. P.26). In this regard the research was interested in how different religious perspectives view alcohol use from their particular worldview; while also being interested in how, while their moral outlooks differ, they share a concern with conduct that leads to a good society. In sum, the goal is that the researcher 'remains neutral and does not take sides, religious, political or otherwise in the debate as it is possible to see the merits of more than one side' (Liebling in Bryman, 2008, p.133). Liebling, in this instance is adopting a Weberian stance in advocating for a value neutral approach. There is good reason for this, given the sensitivities that can be endemic in social research.

Weber espoused the need for values in social research, while also not being blind to the 'bias' that emotional and intellectual commitments lead to for social scientists (Hammersley 2017, p.3). It is precisely because of this that Weber was committed to 'value neutrality as the struggle to minimize such biases, viewing this as an ethical responsibility on the part of scientists because of the nature of their distinctive vocation' (Weber 1919 in Hammersley, 2017, p.3). Accepting these points, and the need to be detached from their own cultural values, the researcher attempted to carry out the research in a Weberian method as a means to at all times being respectful of participants' diverse points of view and belief systems.

For Bryman (2008), the primary purpose of ethical practices is to protect the participants involved in the research, to safeguard the academic validity of the results or conclusions reached in such research and also to protect the researchers themselves. Following Bryman (2008), the main ethical principles that had to be considered when carrying out this research were:

- *Risk of Harm/Emotional Harm*. It was incumbent upon the researcher to ensure no harm came to the participant (or the researcher themselves),

either psychologically or physically through the loss of self-esteem and/or stress. If a participant got stressed or upset and did not want to continue with the interview, the protocol was that the researcher would immediately terminate the interview and provide a list of services that the participant could avail of should they desire. At this stage the researcher's priority would be the well-being of the participant over the research.

- *Avoid Invasion of Privacy*. The interviewees were based on an agreement where clear information was given about the limits of privacy. The research was dealing with the participant's involvement in public issues, and at all times clear focus was maintained. Confidentiality was assured by ensuring that no other person than the supervisors would be made aware of their involvement. All individual information collected as part of the study will remain confidential to the research team. All data will be kept in a locked filing cabinet and will be password protected on a computer in the School of Applied Arts, Waterford Institute of Technology, available only to the research team. Data will be held for a maximum of two years where it will then be deleted or destroyed. Confidentiality was also ensured by using pseudonyms.

- *Avoid Deception.* The process of the project, its methodology and objectives was clearly explained and outlined to all the participants with complete honesty, integrity and openness (Bryman, 2008, p.134). Additionally, the participants were made aware that they were in control at all times and that at any stage during the interview it was within their power to (a) not answer any particular question and/or (b) stop the interview and withdraw. They were told clearly that it was very important to the researcher that they feel comfortable doing this, and I would make absolutely no issue of it, as my first priority was their safety and comfort.

In response to communicating these ethical guarantees to the participants all were happy to participate. Three participants (16.7%) requested to see their personal transcripts once transcribed, with their satisfaction of the accuracy of them a condition of their willingness to be included in the study. The satisfaction of the participants with the ethical nature of the study was considered to be an important element of its credibility, and not merely important in terms of appropriate conduct as a researcher.

4.6 Data Analysis

The following guidelines recommended by (Hennick, *et al*. 2011, p.2080) were implemented in the analysis:

1. Data analysis is a circular process, not a linear sequence

2. Verbatim works are used in analysis, which enables the researcher to understand the views of study participants, interpret their meanings that are well rooted in the data.
3. Constant comparison is used throughout the analysis to define and refine concepts.
4. Analysis goes beyond description. Data analysis includes description but goes further to develop explanatory frameworks and theory (ibid).

At all times during the project, the processes oscillated with each other constantly. The process and outcomes used in the grounded theory follows the guidelines from Bryman (2016). See illustration below:

Table 4 – processes and outcomes method used in grounded theory

PROCESSES	OUTCOMES
Research question	
Theoretical sampling	
Collect data	
Coding	Concepts
Constant comparison	Categories

To achieve the above goals of qualitative data analysis, the study employed the Charmaz approach to grounded theory and interpretive phenomenological analysis (IPA). The Charmaz approach in grounded theory involved labelling, initial coding, focused coding and theoretical coding.

4.7 Coding and Grounded Theory

The initial phase of analysis was the practical task of transcription. Transcripts were produced by the researcher on completion of each interview, with this process initiated immediately post interview. All transcripts were completed by the researcher and securely stored on a password protected computer and on a digital recording device in the researcher's office. Drafts were then produced highlighting in a succinct paraphrasing of the overall points made by the participants and a more detailed overview of the different elements of those points. The subsequent and rigorous phase of analysis was through grounded theory. A systematic process of labelling and coding was carried out on each transcript. Coding is one of the chief activities in grounded theory. This is 'where data are broken down into component parts and given names' (Bryman 2016, p.11). Codes are

defined as labels that are used to assign sections of text meaning; applying meaning 'to the descriptive or inferential information compiled…and are attached to chunks of varying size-words, phrases, sentences, or whole paragraphs connected or unconnected to a specific setting' (Miles and Huberman, 1994, p.56). For Miles and Huberman, 1994, p.56, 'coding is analyses', as it is the process of organising the data into meaningful categories that will build into theory. Coding began early on in data collection, as when an interview was concluded it was immediately initiated. This process is a method favoured in qualitative research where 'we grounded theorists code our emerging data as we collect it' (Charmaz 2005 in Bryman 2016, p. 573), primarily because the participant's ideas and worldviews were still fresh in memory. The method applied in coding included the following considerations proposed by (Lofland and Lofland 1995 in Bryman 2016, p. 581):

- Of what general category is this item of data an example?
- What is this piece of data about?
- Of what topic is this item of data an instance?
- What suggestion of a topic does this piece of data suggest?
- What sort of answer to a question about a topic do this item of data imply?
- What is happening here?

The coding process involved three phases, (1) initial coding (2) focused coding and (3) theoretical coding. In the initial coding process, the data was parsed by addressing through the above questions in addition to analytical questions such as 'how do the participants explain what their view is of alcohol in Ireland today?' This method is similar to 'first level coding' which is a 'device for summarising segments of data' (Miles and Huberman, 1998, p.69). Initial coding generated a large amount of codes from the transcripts involving at times one code per line or two, or one code per phrase. The codes thus provided a granular level of detail. These codes were kept short and to the point. A short summary was also written into every page of transcript summarising what that page meant in relation to any emerging concepts or themes.

The second stage of 'focused coding' produced the most relevant codes, as they organised the initial codes into more coherent themes. Miles and Huberman describe these as pattern codes which are: 'explanatory or inferential codes, ones that identify an emerging theme,

configuration, or explanation, pulling together a lot of material into more meaning and parsimonious units of analysis' (Miles and Huberman, 1994, p.69). The focused codes were then used to compare and contrast against each other and helped to separate, compile and organise data more fluidly. Further, by providing a lens to view 'the reflections made about this information' (Miles and Huberman, 1994, p.56), coding at this stage enabled the identification of emerging themes and categories. Memoing also began from the first transcript and continued right up to completion, all-be-it in a gradually less frequent manner. As Miles and Huberman highlight, 'memos are not chiefly about people or events or interactions; these are all used as indicators for an analysis that is set in a conceptual frame' (Miles and Huberman, 1994, p.74). As a result, when ideas came to mind they were immediately put into memo form and worked in parallel with coding.

The final stage of 'theoretical coding' was where the relation of codes to each other was worked out and formulated in a theoretical model. Theoretical coding, 'not only conceptualises how substantive codes are related, but also moves your analytic story in a theoretical direction' (Charmaz 2006 in Bryman 2016, p. 574). In this process the codes that emerged were compiled into 'concepts' or themes and compared and contrasted with each transcript of the data. The chief aim of grounded theory is to, ultimately, produce formal theory. To achieve this concepts and categories are developed to ultimately arrive at a theoretical model for understanding the data. Concepts are labels given to discrete phenomena that are identified as being significant. These are the building blocks of theory. A category is defined as 'a concept that has been elaborated so that it is regarded as representing real-world phenomena' (Bryman 2016, pp.575-576). Hypotheses are hunches about the relationships between concepts. Finally, theory is a set of categories that are systematically related in a theoretical framework. In parallel with this, data was connected to relevant social theories, such as those of Paul Sabatier's (1988) Advocacy Coalition Framework (ACF). An example of such is how Sabatier thinks in terms of cooperation and interaction between different actors being a useful way to understand public policy change. When understood in this context it illustrates in graphic terms that, in this instance, theory and reality do not concur, resulting in a negative impact on alcohol policy according to the data participant, Linda. Other theoretical concepts i.e. Cook (2004) also connect directly to data participants who had severe alcohol addiction problems, in that the worldviews of the participants are shared and discussed in chapter five. While the model may appear straightforward, analysing qualitative data is not

without its problems, because it is ultimately 'an attractive nuisance and because of the attractiveness of its richness there is difficulty in finding analytic paths through that richness' (Miles 1979, in Bryman 2016, p.570).

The large amount of 'attractive nuisances' encountered in the data presented difficulties in the analysis, as the transcripts consisted of over 120,000 thousand words of text to analyse, for which analysis can never do full justice. Theoretical insights can be distilled from the work through the process of data reduction in grounded theory, but it is a task without any definitive end point. The grounded theory method allowed a detailed filtering process, producing key themes from the interview data. Consequently, what was initially an attractive nuisance was transformed into a constructive companion during the formal write up. See Charts A, B and C below used to assist in organising themes:

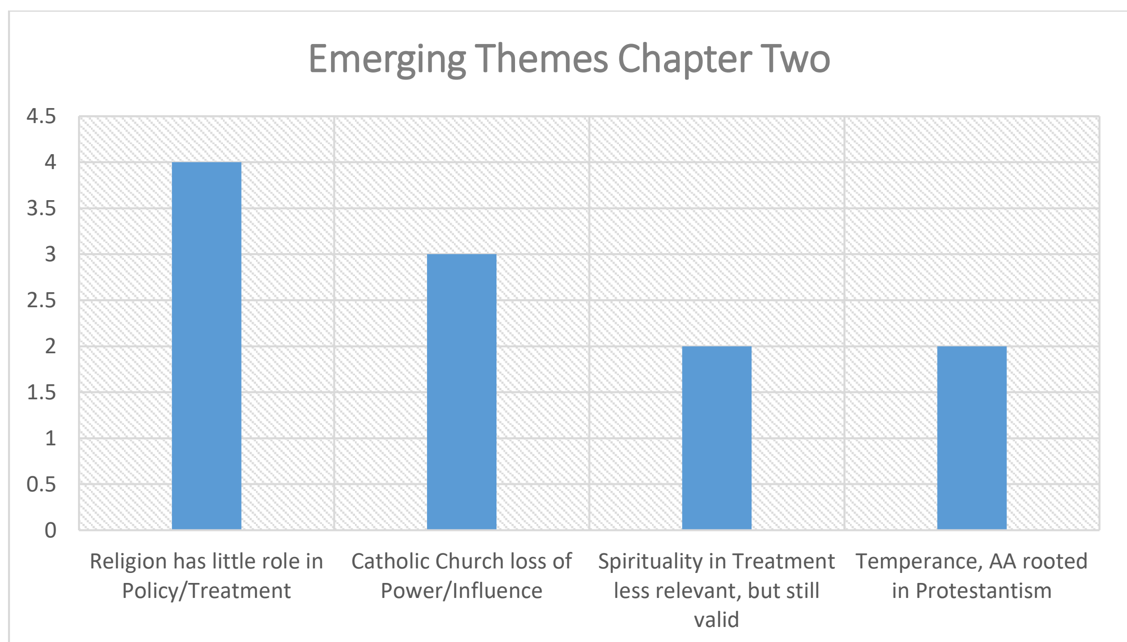

Chart A – main themes emerging from chapter two – cultural foundations

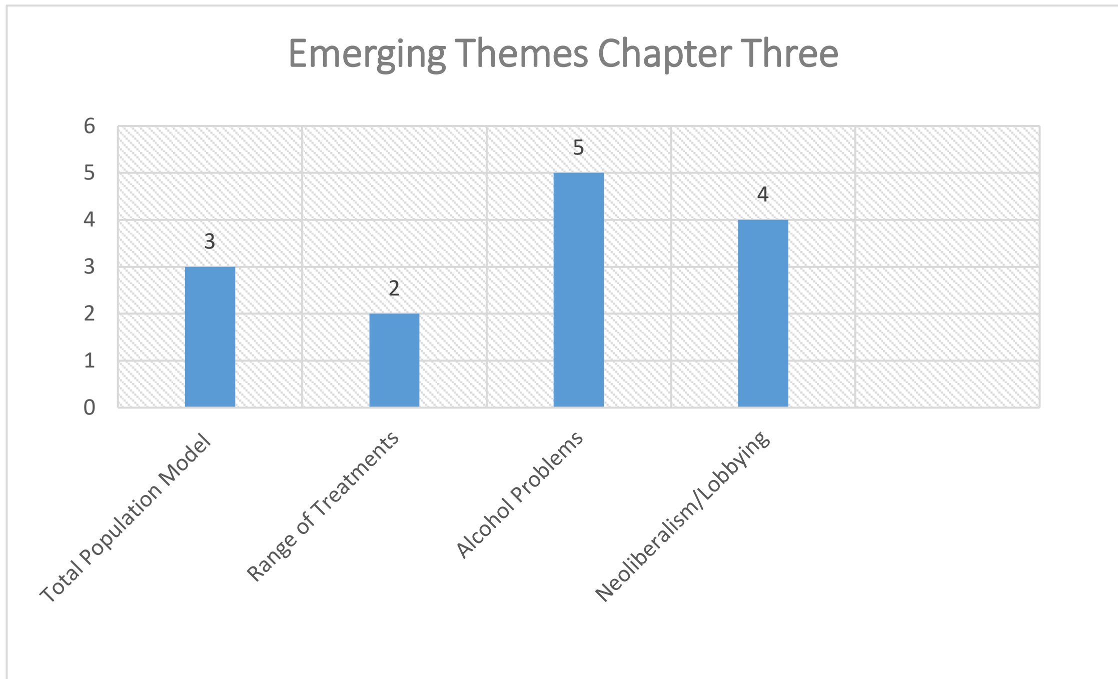

Chart B – main themes emerging from chapter three – subsidiarity, neoliberalism and public health

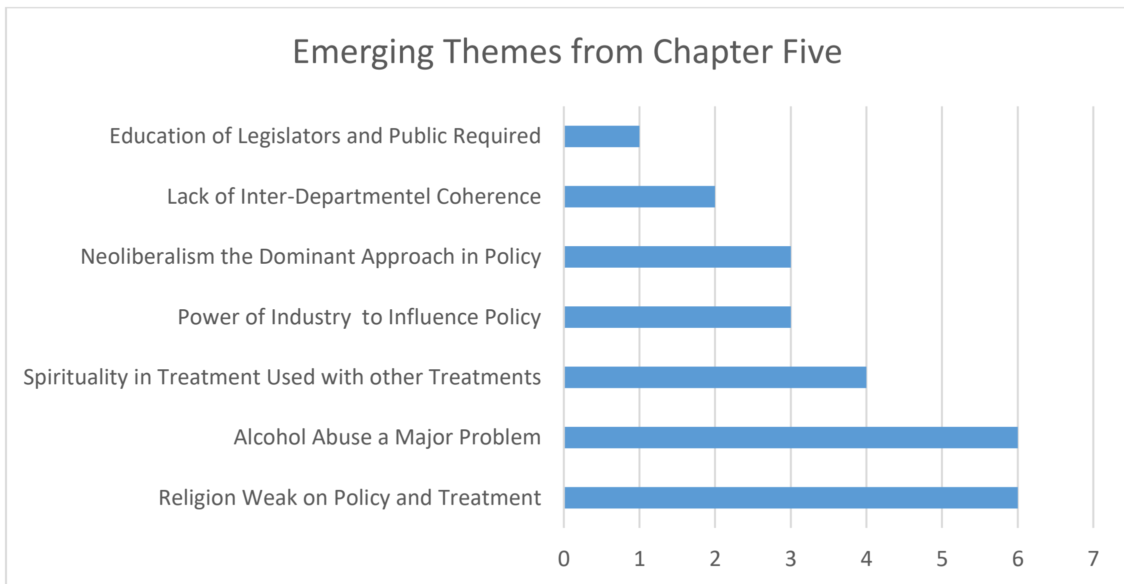

Chart C – main themes emerging from chapter five – data worldviews

4.8 Narrative Analysis

As a narrative depicts a spoken or written account of events or a series of inter-connected events, narrative analysis was useful in helping to frame a picture on the varying

testimonials and worldviews on alcohol associated problems. These accounts incorporate the diverse range of all data participants, where the researcher interpreted the stories told to him in the in-depth interviews. This proved challenging in that it had to deal with a variety of narratives and biases. However, it is because of such diversity, that conclusions of broad and meaningful significance were able to be drawn from the data participants. What is of particular interest to the researcher is (a) the formulation of the story, (b) the purpose that the story serves and (c) how the story links to the questions being explored (or does not) in relation to current literature and the theoretical framework. For Bryman, it is 'the elicitation and analysis of data that is sensitive to the sense of the temporal sequence that people, as providers of accounts about themselves by which they are effected' (Bryman 2016, p. 589). Accounts such as these appear frequently throughout the data, as much of the discussion with participants took the form of biographical accounts. Narrative analysis facilitated the conveying of accounts of individuals with particular reference to their biographical experiences of addiction and treatment or their careers in addressing alcohol problems, and the evolution of their worldviews in relation to these events. The data was then systematically formulated into an additional word document and "filtered" through a re-fining process until the key parallels and themes emerged. This empirical method was repeated a number of times until finally the key points/themes emerged and became justified. Justification of themes was on the basis of their significance, interconnectivity and implications to the study which are subsequently used in the findings and discussion chapter.

4.8.1 Interpretive Phenomenological Analysis (IPA)

IPA was helpful in understanding where individuals in recovery were endeavouring to find re-authentication or re-enchantment of the 'self'. Firstly, in a personal and subjective manner and then by shared attachment in a community. The study was interested in the phenomena that the participants experienced in the social world such as relationships between the 'self' with social constraints and lived experiences and how individuals make sense of their world. This is noted phenomenologically where: 'instead of viewing the individual and society – or subjectivity and sociality – as mutually exclusive options, phenomenology explicitly attempts to combine them' (Overgaard and Zahavi, 2008, p.4). Thus, shared phenomena or intersubjective views among participants is a feature that came through in the data. Examples include where individuals shared

stories on their own lived experiences and/or spiritual awakenings resulting from crisis situations in alcohol addiction. As intersubjectivity is defined as 'existing between conscious minds' (Concise Oxford English Dictionary 2011, p743). Rather than examine an *explanation* of human behaviour, a positivist view, the study placed its emphasis an '*understanding* of human behaviour' ((Bryman, 2016, p.26), an interpretivist view. Interpretivism is linked to Weber's concept of *Verstehen*; the hermeneutic-phenomenological tradition and explicitly deals with the subjective meaning of social action (ibid) and as such was suited to this study. For these reasons mixing narrative and thematic analysis helped to achieve a deeper understanding of the worldviews, behaviours, values and the intersubjectivity of these experiences as understood by the participants.

4.9 Summary – Chapter Four

This chapter has highlighted that as the main objective of this study was to explore alcohol related issues in contemporary Ireland, both causation and consequential, a qualitative methodology approach was considered the most appropriate. The chapter outlined the research questions, objectives, rationale and provided a summary of the methodology design and strategy of the overall study in some detail. An overview of the literature review was illustrated incorporating the range of contributors who provided insight into the historic and contemporary position and the complexity involved in policy making. Further, a brief reference indicating how a comparative study involving the UK, Europe and the US was noted as part of the methodology objectives. The manner in which the study was grounded in a theoretical framework, and how theoretical concepts are useful to deepen our understanding on alcohol issues were highlighted. The researcher proposes that the diversity of the sample involved in data collection was necessary in order to address the tripartite questions that were explored. This is primarily because, even though each research question may not appear to be directly connected to the other two and vice-versa, nevertheless all three are inextricably linked to the overarching exploration of the study. As the sum of the whole is always greater than its parts, all three questions impact on each other in the final analysis.

The chapter has argued that an informed evaluation of the various actor's thoughts, behaviours and values systems could not have been ascertained if a quantitative approach

had been adopted. Following an account of how the nature of ‘being’ in an ontological position and an interpretative approach in an epistemological frame were applied as a methods, a detailed discussion then provided an outline on the morality and necessity of the application of ethics. Finally, by illustrating the systematized approach taken to analyse the data, the chapter provided a structured and layered description of how the process of data analysis evolved. Through grounded theory, coding, narrative analysis and interpretative phenomenological analysis, themes, concepts and categories were identified. This method proved to be beneficial whereby, existence, being and meaning unfolded in a manner that matured in parallel with the progression of the data analysis.

CHAPTER FIVE – FINDINGS AND DISCUSSION

5.1 Introduction and Findings

The sample size for the study was eighteen participants. These included former government ministers with responsibility for health, alcohol policy makers, social and religious advocates in voluntary and leadership roles, AA members, counsellors and management working in frontline alcohol addiction treatment and academics. One notable group not included in the study was the alcohol industry itself. As stated previously, Drinkaware turned down an offer to participate. This was unfortunate as while the emphasis of the study is groups and organisations addressing alcohol-related harm, the body established by the alcohol industry was not included. The goal in the analysis was to maintain a value neutral approach, whereby codes were developed from the data and these were dictated by the process of thematic analysis, rather than any prior commitments or objectives. Therefore, the findings are an analysis of the experiences and worldviews of the respondents.

The following are the main themes that emerged in the data analysis:

- A recognition of deep social and health problems stemming from alcohol use
- Neoliberal malaise
    - The drinks industry is blamed for achieving significant influence on alcohol policy, resulting in ease of availability for alcohol and the normalisation of a product that is viewed as problematic by all participants. Alongside concern over the ability of the drinks industry to shape policy, the neoliberal policy of the Irish government is seen to facilitate the drinks industry's interests over that of health and social advocates.

    - Alcohol, its consumption and related harms are a major problem, facilitated by the weakness of alcohol controls and the promotion of alcohol by the industry which results in ease of availability and a normalisation of the product. The precise nature of the problem is interpreted differently by the participants. For example, a minority stated that alcohol is a secondary, gateway drug problem, while the majority of participants say that alcohol is the single biggest drug problem. However, all participants are of the view that alcohol abuse continues to be a major problem, not confined to the individual, but reverberating outwards to families, communities and society.

- The neoliberal approach gives rise to a moral malaise, which prioritises support of the alcohol industry on policy making over the advocacy of health professionals and social concerns. While there is a strong sense of an ethically problematic ideology holding strong influence over politicians and the public, there is a sense that opposing this is difficult.

- Ethical incoherence from government
    - A lack of an integrated national alcohol policy is a significant concern among participants. The non-cooperation within different governmental departments was seen as a significant factor frustrating alcohol control policy.
    - Participants suggested a holistic approach be taken by policy makers. This holistic approach seeks to incorporate worldviews from agencies such as health and social advocates to balance what the data reveals to be a significant imbalance currently enjoyed by the drinks industry on alcohol policy.

- Education as the solution
    - Education was seen by the majority as the key to addressing alcohol harms. Political participants recommended political education as the best way to address the serious nature of alcohol problems, so that politicians less informed on the matter of lobbying by the alcohol industry were aware of how the industry operates. This view was based on their personal experiences in their Ministerial portfolios relating to alcohol policy. Other participants ventured that further education aimed at the public and particularly the youth about the hazards of alcohol abuse is necessary.

- Religion and spirituality
    - Religion has very weak purchase on policy makers, particularly in considering macro-level policy, in terms of alcohol control. Such policy is seen in highly secular terms.
    - While institutional religion exerts little or no influence over therapists and management in the addiction treatment centres studied, the category of spirituality holds significant value in addiction treatment. In both treatment centres explored, the 12-Steps model and spirituality more generally remain influential in treatment and recovery, albeit alongside other methods such as CBT. The language of spirituality rather than institutional religion holds value here. One of the main findings from this perspective, is the belief by practitioners in the need for spirituality for recovery.

5.2 The Nature of Problems

5.2.1 Alcohol is Problematic – Addiction

Respondents universally saw alcohol as a serious social and health problem. The consensus was that it was either the second or the single most dangerous drug. For instance, Ann stated that 'there's such an epidemic now it's a sign of the times because of the issues that we have in this country with alcohol', while Jack noted: 'alcohol is a huge problem in Ireland but it's only secondary to drugs but alcohol itself is a huge, huge problem'. Colm, who had previously held a Ministerial role in health and was a member of a major independent public health charity focusing on mitigating alcohol-related harms, noted that:

> Well I think we have very serious problems today, what I would describe as a very chaotic problem, you might say it's a minority of people but I would say there's a very serious abuse and harm with alcohol ah in our society, there's also I believe an overconsumption generally in broader society as well, ah I think there is a lack of appreciation of the harm that alcohol can cause.

Alcohol is seen as a deeply embedded issue, whose effects are pervasive, in contrast even to illegal drugs which are more recent and more shallowly embedded in culture, but whose pernicious effects are spreading rapidly. Patrick proposed that:

> …the drug problem is massive…drug taking has gone from being an inner-city problem to a nationwide problem, alcohol has always been a problem — alcohol does more damage to the individual the family and the community than all the illegal drugs put together.

An example of the social problems precipitated by alcohol is homelessness. Patrick explained:

> …alcohol creates homelessness, people in relation or living with parents, alcohol becomes too overwhelming, dominant, it controls the whole household and at some stage they may face an ultimatum… you get out, go and get treatment if you want to come back. Homelessness is a very depressing meaningless existence and these are the conditions that addiction thrives, so alcohol is both a contributor to homelessness and a consequence.

5.2.2 Wider Social Harm – The Cascading Affect

Those with therapeutic roles saw alcohol abuse and addiction as having a cascading effect from parent to child, creating an intergenerational cycle of harm. Tom explained that:

> Most of the damage I see through my work is drink related– a lot of children of alcoholics arrive at treatment, adult children that grow up in alcoholic homes and become this themselves, it is chronic.

Problems are seen as extending well beyond the individual drinker. As Walter explained: 'alcohol problems are huge, it destroys lots of families, it's contagious and it affects broader circles so I think it has a really negative impact on society'. Such effects that are not readily visible and that negatively affect families and others are described as 'the forgotten dimension' (Klingemann and Gmel 2001 in Babor *et al*. 2013; Drugs.ie, 2014). In an Irish context, they illustrate how entire communities are affected with a range of adverse problems (Department of Health and Children, 2002, p.12; Houghton, 2012: Health Service Executive, 2018). The general view of the participants was that among those who use alcohol, just 5% do so in a problematic fashion. For instance, William's view was that '95% of consumption is not really interesting, for my role as an alcohol researcher is to address issues of public concern or issues of concern for government'. This figure tallied with the view of Roger, who notes that 'everybody who drinks do not have an addiction problem – but 5% of them would'.

5.2.3 Alcohol is Problematic – Public Policy, Services and Taxation

While alcohol was problematised due to the harm it causes at a personal level, it was also viewed in Foucauldian biopolitical terms as a mode of power that in a precise historical moment over-determines other modes of power (Muhle, 2014, p.87), thus, undermining the state and population. The majority of participants shared the view expressed by Linda, a politician: 'I didn't realise until I had the Ministry that alcohol is the number one biggest drug problem we have in Ireland and this is completely and utterly indisputable'. The problematic element, in part at least, is due to the mismatch between the levels of revenue generated compared to the €2.35 billion spent on alcohol abuse. Linda noted:

> …the figures are very convincing, there is revenue coming in but it's going out faster in multiples, emergency services, the health bill, queues, trollies and the finance

> department know all this, so it's really about cutting down and education, but the response from people, they just didn't want to hear it…I had trouble with my own crowd.

In the literature review, it was noted that the cost of alcohol problems to the exchequer was in excess of €2.35 in 2018. Against that, revenue from alcohol sales in 2019 was €2.6 billion, which makes the financial contribution of alcohol to the state of minimal value if there is indeed one.

5.2.4 Ambivalence over Role of Alcohol in Sociability

According to the public health perspective, any level of consumption is harmful as 'drinking any amount of alcohol increases the risk of damage to your health' (AAI, 2020). More anthropologically focused literature, concerned with ritual and sociability, however, suggest that alcohol when taken in moderation can play a culturally constructive role. As discussed in chapter two, examples of the socially constructive role of alcohol in moderation were provided by Byrne (2010); O'Brien (2018); Bancroft (2009); and Ferriter (2015), among others. The view of the respondents was that alcohol is indeed central to Irish social life. They recognised that it was widely valued. Nevertheless, while this tradition is entrenched, it was viewed with considerable ambivalence. In the interviews, most participants (88.8%) viewed alcohol consumption as socially and culturally beneficial when used in moderation. For example, one research participant, William notes that 'alcohol when viewed from a functionalist point of view, has a certain role in the Durkheimian sense of collective effervescence that produces solidarity'. There was considerable ambivalence regarding this point. Linda for instance acknowledged 'enjoying a drink at the weekend in terms of the sociability where we've all been indoctrinated to an extent in terms of celebrations and that it's a cultural thing'. While, recognising the benefits of alcohol in moderation, Walter noted the complexities:

> …we have to accept that some people may not have that personal responsibility and we can't knock them for that, it's an interesting view to take that alcohol serves a good purpose… I think a balance has to be struck there.

Thus, there was a sense that while alcohol can be central to sociability, this can nonetheless be dysfunctional and offer an historical inheritance that is not necessarily desirable. Gerard noted that 'we have a very torturous relationship with it' and Richard noted that 'we do tend to have a toleration where we seem to have developed an Irish

acceptance around alcohol'. Richard added that 'our relationship with alcohol is a lot down to our culture and our past where it was both accepted but also a hidden harm for many years in Ireland'. In this context, William contends that 'I think it's always going to be a problem – I mean it's always an issue'. These points are acknowledged in chapter two also, where Ferriter (2015) diagnoses alcohol as having an ambivalent role in Irish culture.

5.3 The Alcohol Industry and Ideological Power

5.3.1 The Escalatory Logic of Capitalism

A capitalist culture is based on a logic of growth and acceleration. While this may be inherently problematic, the problematic aspect is particularly evident for a product like alcohol where the limits of safe consumption are readily apparent. A cheaper, more readily available, more desirable alcohol product is of considerable danger for health. Yet the logic of capitalism suggests that there will be a trend in this direction without control. As William noted, there is the systematic drive by the drinks industry toward expansion:

> …a small independent brewery who made very good beers had reached the point of expanding, they didn't want to expand but had an obligation to shareholders to continuously expand so ultimately they had become this giant corporation, this is how companies are destroying culture, that they have to constantly increase profits they have no option but to do that and that involves mining people.

The interviewees emphasised that the logic is not just towards increased production and sale, but also control of markets. Colm, for instance emphasised efforts by the drinks industry to achieve greater deregulation, creating a situation that contrasts heavily with even the recent past, where alcohol was only available to purchase in a more controlled environment:

> …if you think historically why is alcohol ah controlled if you go back to the 19th century, society saw a control for the reasonable control and sale of alcohol, so why is alcohol separate…ok prohibition was a particularly extreme act but licensing laws go right back many generations and they were controlled because even so called less sophisticated society, but they could see that there was a problem
>
> And in a way I think we have forgotten that, I mean about 20 years ago I think it arose from when there was a rush where broader liberalisation in commercialisation and de-regularisation where there was a sense of freedom where well we can buy our alcohol anywhere we want. So that as a result you go in to pay for your petrol and

> you're at a risk of tripping over cases of cheap wine in the filling station line it up against the wall and we'll sell them, I think this is very wrong [5].

The interview data is at odds with the public health agency funded by the alcohol industry, Drinkaware, whose stated intention is to reduce alcohol consumption. A paradox was noted by some of the participants that, on the one hand, all companies are focused on profit, while on the other, Drinkaware publicly propose a reduction in drinking. There is thus scepticism regarding the alcohol industry's commitment to reducing consumption. The view of the participants is thus that there is a new normalisation through a manufactured drinking culture.

5.3.2 Miseducation: Manufacturing Drinking Culture

The concern of the respondents was not simply that alcohol consumption is traditional. There was a general sense that contemporary popular culture and social life is not an organic expression of traditional ways of life, but in fact a manufactured corporate reality. The alcohol industry was seen to expend considerable resources to normalise alcohol consumption. A common theme emerging from the data is the ease of availability and social acceptance, facilitating an ever-increasing normalisation of alcohol. For example, according to Linda, 'alcohol is part of the new normalisation as if it's akin to a glass of water'. Evan noted how alcohol is represented as a safe drug:

> … a major problem is where young people are far to accepting of alcohol as a safe drug, we do a lot of workshops with them at transition age 16 and 17, but it's very hard to get that message across that alcohol is not just a drug but it's the No. 1 drug that causes so many issues in Ireland.

Media influence by the alcohol industry was seen as central to this. Roger stated that:

> I think the big problem is the insidious normalisation of excesses. I listen to the radio and – I challenged Ivan Yates about this, people like himself who are influencers talking like I had a great weekend and the normalisation of excessive drinking – I said that you have a responsibility as a public figure and he said what I drink is my own business, I said yeah but you're an influencer and it's wrong so he said well I

[5] Colm's point of sale and supply of alcohol, when compared with pharmaceutical policy relating to sale and supply, demonstrates a dichotomy of ethical standards across policy. Licenced government approved agencies such as the Federal Drug Authority (FDA) and the Health Products Regulatory Authority (HPRA) frequently audit Irish pharmaceutical companies at short notice with meticulous inspection. The same uncompromising standards apply to supply and sales of drugs, medically prescribed and sold only by licenced and regulated pharmacists. However, sale and supply of alcohol is facilitated by multiple agencies including petrol stations. So the question arises as to the stringent measures that are in place for one drugs sector, while on the other hand government appears almost ethically intransigent on the supply and sale of another drugs sector – alcohol. The reality of this essentially means, that every eighteen year old is legally entitled to purchase any amount of hard liquor in almost any off-license or petrol station in Ireland.

> don't take drugs and I don't do this and I don't so that, so I said look you are an influencer over the national airways so he said he didn't think he had that much influence…I said are you joking me?

All participants interviewed apart from two members of AA expressed the view that such ease of accessibility and efforts to increase social acceptance was problematic. The contrasting stance of the AA members was due to the fact that AA do not involve themselves with public policy. Rather, they concentrate on their only objective, which is to assist individuals who seek their help with alcohol problems. It was in this context that, Joe, when asked his view on this point replied 'It's none of our business, you're down into the realm of how many angels can you fit on the head of a pin'. The realm of ideology and the manufacturing of social acceptability was seen as an abstraction removed from the concrete reality of interpersonal interaction and solidarity in which AA members are engaged. All other interviewees expressed a belief that the drinks industry exert considerable influence in the shaping of drinking culture. The power of marketing and the ability to reach an audience and promote their product was expressed by Mary when she stated:

> …they have huge influence, the only thing they're interested in is profit no matter how they wrap it up and we should never forget that. They put lovely ads on TV about being aware of alcohol but the bottom line is they're marketing and marketing is always about more profit and I think they have too much say – like the pharmaceutical companies.

The power of the industry was rooted in the idealisation of alcohol and its association with desirable lifestyles. As Gerard explained:

> …there's a huge risk that alcohol will be advertised where it's geared to a particular audience and that is a feature of the drinks industry… it offers us a vision of an ideal life where you can't do without it making things that are sellable, that's the bigger question.

One of the inimical issues in the public's relationship with alcohol is the objectives of the drinks industry to aggressively promote its product to continually increase profits. For Zoe, 'what marketing is very good at is to understand culture and processes, use these processes to better understand how they can transfer this onto consumption'. On the ground then, according to Andrew, this then feeds into a situation whereby 'marketing alcohol content… basically it's being sent subliminally to young people'.

5.4 Lack of Ethical Leadership from Government and Politicians

The view of most respondents was that government and politicians are not capable of offering the ethical leadership necessary to address the roots of alcohol-related harms. While alcohol control policies may have rational and evidence-based strategies for reducing harm, these require implementation through the political system and political will. However, it was seen that there was a moral malaise rooted in a lack of prioritisation of the issue by politicians in general and the incoherent architecture of government. William stated that, 'government policy is basically incoherent, I would say it goes back to our culture as a whole in that we have an incoherent attitude towards alcohol'. Colm explained from his experience as a politician that there was a lack of inter-departmental cooperation. Former Taoiseach and current Tánaiste, Leo Varadker, served in the Fine Gael-led coalition Government as Minister for Transport, Tourism and Sport between 2011 and 2014 and Minister for Health between 2014 and 2016. According to Colm:

> Leo Varadker then was the Minister for health even though, paradoxically when I was doing it, he was in tourism and sport and he was very sceptical about the stuff we wanted to do in the area of sport sponsorship because it was the role he had at the time. So, you get this sort of silo thinking across government policy areas where you have to look out for you own corner. Then he went to health and brought the legislation forward.

The above demonstrates an incoherent ideology and a lack of joined-up-thinking that is necessary for any organisation to function correctly, as fundamental positions on alcohol changed as people changed positions. This example of 'silo thinking' suggests that such non-cooperation within Government leads to government's inability to legislate on necessary reforms in alcohol policy. These examples provided by two senior politicians who up to recently carried Ministerial roles in Health are interesting when compared with current literature. For example, as Butler (2002, p.2) noted in the literature review, effective preventative policies depend upon multi-sectoral collaboration, in which other institutions combine with health care interests to reduce the incidences of alcohol and drug related problems. Further, when analysed against Sabatier's (1988) theory of advocacy coalition framework (ACF), it demonstrates an example of inept government understanding or, at least, an inability to apply sound theoretical and ethical concepts to policy formation. For instance, the most useful way to think about policy change is to focus on the interaction of actors from different institutions interested in a policy area (Sabatier, 1988, p.131).

5.5 Neoliberal Malaise: Policy Formation and Lobbying

5.5.1 Lobbying

A very significant theme that emerged from the interview data was the influence of the alcohol industry through lobbying activity. Lobbying was seen as a normal aspect of business, but the sophistication of lobbying was seen as insidious and ultimately immoral.

Colm emphasised the level of lobbying by the alcohol industry and how this translates into policy influence in that:

> …the industry were absolutely meticulous about the intensity of the lobbying, it was the responsible retailers of alcohol, an organisation that was established and connected to IBEC, but it was all driven by IBEC, they engaged communication companies and they all engage significantly with lobbyists who would have had access to government…they released an onslaught on all of the TDs and Senators in here [Dáil Éireann] and some found it very hard to resist in spite of the public health and the message of what we were trying to do.

While public health charities and bodies engage in similar lobbying activity, the alcohol industry was seen to possess a disproportionate advantage due to their scale and resources. According to Linda:

> …you think about the weight of the drinks industry and the funding they have behind them, the Irish Distillers organisation, etc., and if you go onto the IBEC website, I discovered that nearly all the lobbying comes out of IBEC. Now IBEC have their offices just down the road from here and all the drinks industry, well nearly all of them seem to have their offices down there also, which is very interesting. And they all engage with significantly with lobbyists who would have had access to government.

The approach of the industry was seen to be inherently manipulative. While the alcohol industry is highly concentrated, the framing around policy did not emphasise this, but rather the impact on small players, communities and consumers. Linda again outlined that:

> …they created the impression that the small corner shops in every town and village would close, they successfully got through to a lot of people, they created all sorts of myths of like the costs involved and then the opposition were against the Bill…it takes a while to see this and the penny began to drop then that this was actually all being orchestrated by the drinks industry.

The alcohol industry according to Patrick, 'is a very dominant lobby group, it has enormous influence'. While lobbying is perfectly normal and legal, Colm remarked, 'like the problem is not that they lobby…the problem is that ministers give in to the lobbying…and it's maybe for party political funding and so on'. Thus, a difficulty is that political parties rather than representing groups of voters and policy positions, due to the logic of party funding, become tied to particular interest groups. In capturing this, Colm proposed that:

> … the political parties, I think Fine Gael and Fianna Fáil and here I am getting political but I'll restrain myself a bit…I was there both coalitions of business and … different layers of Irish society and traditionally Fianna Fáil was seen as the party of business too you know the developers, but Fine Gael I think more so in terms with old money and where real wealth is. And there are very good people in both parties where the longer they're dealing with the problems the more they realise that change is necessary.

Thus, rational political action is possible, but it takes time and experience to act as a counterweight to lobbying influence. While individual politicians may come to an understanding of what action is necessary, the alcohol industry as a lobby can lock up the system, frustrating such individuals. As Linda stated: 'it started back in 2002 I think, when the task force was put together about alcohol harm and it has been a long time in the making because the alcohol industry is very powerful, they've been well capable of lobbying, holding up legislation and causing delays and unpicking the legislation'. When asked on this, a specific example was given by Linda of how the drinks industry was successful in holding up legislation:

> …when Micheál Martin was Minister, legislation was introduced under the Department of Justice legislation, they were sectioning alcohol to a separate room within supermarkets, that was roundly fought against by the alcohol industry through the responsible retailer of alcohol in Ireland. That was literally held in abeyance it was never enacted because the industry is very, very good at lobbying… yet alcohol harm continues.

Several references discussing this point were addressed in chapter two, including Herrick (2011); Holden *et al*. 2012 in McCambridge *et al.* 2018; and Butler *et al.* (2017). While the alcohol industry was viewed as enormously influential, the participants did not suggest that it acted outside any law. Rather the question was framed as one of inequality of influence. Linda emphasised that 'lobbying is normal, you have that kind of resistance they're not breaking any law or anything and people have different views but there is a collective cabinet responsibility on this'. In response to one of the key questions of the

study, that of alcohol policy formation, 12% of participants offered no opinion. The remaining 88% of participants claim that intense lobbying and power to influence at the highest Ministerial level in the political sphere is influential in shaping alcohol policy. What this suggests is that key actors in the field of alcohol research, treatment and policy believe that there is an ideology that is manufactured to prevent citizens from having agency in the legislation and regulation of alcohol. A consensus is manufactured that is in the interests of the alcohol industry, correlating with the neoliberal moral malaise referred to earlier.

5.5.2 Media Responsiveness

The alcohol industry is highly responsive in its lobbying. Respondents emphasised their surprise at how granular the level of attention of the industry was and the swiftness of responses to initiatives that could upset the ideological consensus that they sought to create around liberal control regimes. One example given by an interviewee was a recent launch by Bishop Eamon Walsh promoting the educational campaign of the Irish Bishops Drugs Initiative (IBDI). This elicited a rapid response from the drinks industry due to remarks made by the Bishop when he claimed that the youth were being manipulated as 'beer mats' by the drinks industry. The phrase was evocative and was seized on as newsworthy by the media. Andrew, who is a representative of the IBDI explained that:

> Bishop Eamon [IBDI], in a launch to help those affected by addiction referred to young people being used as beer mats by the drinks industry… within 24 hours he had been contacted by them. We have met with them before but they met us a lot quicker when that statement was made because beer mats got attention in the media and maybe these are the kind of statements to be making… we disagreed on a lot…but they kept telling us how much they were investing in Drinkaware.

5.5.3 Cultural Manipulation

In the participants' view, ideological effort is engaged in through marketing to shape norms and ways of life so that the public act according to the drink industry's economic interests. As Gerard explains:

> …whatever the arguments may be about their conception, there seems to be even a basic ethical recognition of Drinkaware. You could argue that those questions are rooted in the fundamental principal being the motive of profit, but I think advertising in general is a huge influence on our society.

The moral position of respondents was that dubious practices are engaged in. Example of such areas are noted by William for instance:

> …the alcohol industry is a huge lobby organisation, I find it a bit creepy … major multi-national companies are engaged in a propaganda war that is dirty and sneaky. I'm not opposed to alcohol, this idea of the local publican being described as some drug dealer trying to corrupt you, I'm not talking about that. But when you look at these corporations engaging in a really complex war over ideas in trying to shape culture, they're funding academic studies, they're simulating citizens groups, they're simulating public health information campaigns…I've seen how they work and it's scary, it makes you afraid for democracy, it shows how policy, public attitude and parliament can be absolutely colonised by business.

There is a sense of moral outrage as behaviours and values that deviate from what is expected of business leaders is seen to occur. Therefore, those working in alcohol regulation and treatment are confronted with the alcohol industry's culture of enormous ideological power and policy influence.

5.5.4 Responsibilisation Discourse

One of the main ideological devices noted by the respondents is how the alcohol industry attributes responsibility for alcohol abuse to the victims of alcohol harms. For example, one stated: 'I mean Drinkaware, they tend to push the responsibility on the individual and the drinks industry are very adept at that' (Linda). This message was viewed as problematic as 'it scapegoats the vulnerable', as proposed by Patrick. Roger noted that the drinks industry carries ability also in their ability to impress public imagination:

> …the drinks industry carry [sic] huge influence in political life and Drinkaware, that's all funded by them. There are two sides to drink, supply and demand and the demand is the one that I think we need to address… we have to lower people's desire for these products, so I have an opinion about the drinks industry and the insidious way that they can influence.

Participants noted that while Drinkaware appears to be an independent and neutral voice as a charitable agency, it was initiated and 95% funded by the drinks industry. The promotion of healthy drinking was seen as a type of trick, as it nonetheless promotes drinking. Many participants were thus sceptical of its role. According to Walter:

> … they're selling a product and it's as harmful if not more so than some of the illegal substances and I think the little line they have at the end of their ad…Drinkaware or Drink Sensibly, would you call it subliminal message, it's still telling you to drink, but it's not saying don't drink and it's not saying don't drink if it's hurting you.

5.6 Need for Political Education of Policymakers & Life Skills for the Public

The above sections illustrate how the participants perceived there appears to be a moral vacuum underpinning alcohol policy. While there was a consensus regarding alcohol control policies and their rational, their scientific basis and a sense of confidence that they would result in reduced alcohol-related harms, there was also a sense that there was a lack of will behind their implementation. The question was, where would the moral force that would provide the leadership and the public consensus for the implementation of these policies come from. Linda, from her position as a politician contends:

> …what's really interesting about the whole debate are the influencers. I said it to the chief medical officer at the time…look where are the other voices here, all we ever hear is the drinks industry lobbyists, like who are the other people in this discussion and then the alliances pulled together, I won't say it's because of what I said, but anyway it happened after that, AAI, doctors, the medical profession, the whole thing was pulled together, nursing organisations the whole lot. And once they came together there was a real coherence in the fightback.

This demonstrates that coalition building is possible, but entropy must be combatted. One of the main forces of entropy was education, as the marketing, public relations and lobbying by the alcohol industry has created a manufactured consent regarding the normality of alcohol and widespread support of liberal control regimes. Thus, education of politicians on the job is necessary. Colm proposed:

> government ministers have to be educated…my time as minister in two different departments was that I regard as a principal education, incredible education…like I now know about problems that I didn't know about before. But the bigger picture is we need to have governments and parties and politicians who are prepared to argue for well-resourced public services like education, health. I mean the drugs problem it can't be solved with just ah enforcement measures, you know it's got to be…people have got to have education, they've gotta have a stake in their society… the symptoms have to be dealt with.

Linda cited the need for education also. The interpretation offered is that a type of ignorance pervades thinking on issues such as alcohol, which needs to be addressed.

> I see it as being about educating people, the young people, how it can affect your performance and the fact that I found ironic and I said it at a seminar is that even our own colleagues are not joining up the dots, they were killed supporting domestic violence, they were killed supporting mental health, but they weren't saying alcohol is the common denominator here lads, they were just not accepting this at all.

5.6.1 Education through Public Discussion

Participants with a political background claimed that there is a barrier to education, as effective policy change takes time and in order to effect change, politicians and legislators need to realise that it is a slow process. Representative democracy militates against this and consequently, newly elected politicians can be prisoners of the immediate, not thinking widely and in the long term. As noted in the literature review 'understanding the process of policy change and the role of policy-oriented learning therein requires a time perspective of a decade or more' (Sabatier, 1988, p.131). Thus, according to Colm:

> …the idea of change is grand but then when you come to the actual specifics of what needs to happen in the legislation, people think of a good reason to do something and ten reasons not to do it. So I think one of the things in politics and in government in particular is you need patience in great abundance and a willingness to take change slowly and perhaps incrementally because you have to deal with lots of different interests and influences.

The short-termism of political thinking is the negative moral pole. But the discursive, ongoing engagement of an issue with multiple parties in an open ended fashion was put forward as the positive moral pole. Colm again noted that:

> the really effective politicians are not those that are the most popular but the ones that are most affective, to give something time, to let something breathe for a while, to bring in people who have a view and have a robust debate with them, go away and mediate on what they said and see can you marry what their problems are with the objectives that you have. So it's a slow process but it's a very rewarding one if you give it time.

5.7 Role of Religion in Shaping Attitudes on Alcohol Policy

Politicians viewed a type of Habermasian discourse ethics (Habermas, 1985, p.92), as a solution to the moral lacuna at the heart of alcohol policy. Alcohol policy historically has been shaped by more paternalistic and authoritative moral visions, backed by powerful institutions. In the case of Irish society this has been primarily the Catholic Church and

various Protestant Churches. However, one of the main findings is that institutional religion has an extremely weak purchase on alcohol policy. This is not only in terms of influence but also a lack of confidence among denominations themselves in terms of their ability to offer leadership. The focus in this section will be on the Roman Catholic Church.

5.7.1 Withdrawal of Churches from Moral Leadership

People associated with the Irish Bishops Drugs Initiative (IBDI) were interviewed. This focuses its attention primarily on education but offered little opinion on alcohol policy on the national scale. Religious representatives were heavily engaged in promoting local education for youth across schools in communities. An example was outlined by Evan whereby: 'the HSE partly fund ourselves [IBDI], they see numbers are coming up recently, we're reaching groups through faith that may be not reached because the services are no longer there'. The IBDI, nonetheless, has not ventured into the political arena of policy formation for a variety of reasons. William speculates that:

> I think that we have this complete loss of confidence of churches, of Catholic Churches, to engage in social issues, like a huge reluctance to publicly give a voice also a huge kind of loss of legitimacy for people to hear what they are saying so I would say that they are in a bit of a crisis. I think it's interesting when you compare Ireland to a country like Germany and Angela Merkel and her party is the Christian Democratic Union and Christianity is in the title and churches are involved in every element of social services, they have preserved their legitimacy in doing so much more than in Ireland.

Thus, it appears that the moral monopoly enjoyed by the church heretofore, has been replaced with a corporate moral monopoly, rather than the liberal-Enlightenment vision that social reformers had hoped for. Such loss of legitimacy was alluded to more specifically by another participant, Richard, who noted: 'the mother and baby homes and the child abuse did appalling stuff… the Catholic Church …don't even mention it…and we lose because of that'… 'Priests themselves are even terrified to mention it…they're afraid to go around with a collar and hoping they won't be recognised when they're at something in a public way'.

In considering the possibility of future involvement in policy, William contends that:

> …well you know like the Protestant church that are more evangelical, but if you look at the evangelical churches in the USA, of course renouncing alcohol is central

> its part of the conversion experience. So I think you might see something going on there which is very energetic but I think in terms of the mainstream church, there is a withdrawal and a loss of confidence.

Evan, who is a professional lay religious representative working with the IBDI agreed on the lack of a policy role but nonetheless ventured: 'we need to have statistics before we start looking that way…but I would think looking down the road it would certainly be one where we could contribute to'. Additionally, on this point, Richard noted: 'religion could play a role as chaplains in schools encouraging youngsters to be responsible around alcohol and that's as much as you can hope for presently'. When the possibility of leadership on the issue from churches was put to politicians, they indicated that the church could have a role, but what role exactly and in what capacity was unclear to them. Politicians believed that the Catholic Church lacked ideas and what that point of contact might be was not clear for them. According to Linda:

> …no one contacted me from that arena, but the church's stance was prohibitionist for so long and the pioneer movement was their response, I think that maybe they were so hard line that they almost drove people….well you know….and the line that we were trying to thread was to raise awareness and see could people reduce their alcohol consumption.

5.7.2 Rejection of Churches' Leadership: Politicians

The dominant moral authority in the mind of policy makers is the scientific legitimacy of public health and the 'total population model'. A disconnect between church and state is very evident. The historic attitude of the Church to alcohol, like other matters of personal morality, is evaluated negatively, seen as illegitimate and leadership on these matters is not desired. Linda noted that, 'the church tried to manipulate socially at the time, but people bucked against that'. In expanding on the question of the Church's role in policy currently and with an eye to the future, Linda was keen to emphasise her views from a political perspective:

> …we are increasingly going with the separation of church and state and it has to be…but that doesn't mean that there isn't a role for religion. I don't know why they didn't contact us and I honestly don't know, maybe because they seem to be losing their institutional power… my view is whoever wants to help all are welcome I have open arms in this. But the difficulty for the church, the religious orders is I think that their numbers are so small now that they just don't have enough people…they're hardly able to do the funerals, the masses, I don't know even if they have the capacity to engage in a public policy debate.

Overall, politicians and policy makers were negative about any possible future role in alcohol policy by any church. Politicians appeared to see the historical moral leadership of churches as illegitimate due to the coercive authority that they see as having underpinned it. However, with the loss of moral monopoly an opportunity arises. According to Colm:

> ...I think the churches have shed themselves of a false sense of authority and I think they can have a major impact…the goodness they can bring… people can respect them as men and women who do good things, religious ideas may have something to offer in the place of institutional religion…so they have to be assessed by the same measures as the rest of us are and they very often come out very well of that because they reapply themselves.

All other respondents who expressed their views on this point were clear and broadly in line with the above comment. Despite the scale of the alcohol issues, the data indicates that while there is little role for religion in its institutional sense in alcohol policy, religious and spiritual ideas still hold value.

5.8 Religion and Spirituality

5.8.1 Continuities and Discontinuities of Religious Influence

According to interviewee Gerard, 'institutional influence is in decline, we're moving more towards a public health type model, or a de-institutionalised model in that it is a different type of institutional model'. Gerard proposes that 'people might want to think not what the institution can do, but rather that the language of the Catholic/Christian tradition can help us explore certain dimensions of our human condition'. It appears, therefore, that instead of the traditional outlook where people were given a set of structures and values from institutional religion which mapped their moral experience, they now seek a different vocabulary to encounter the world in which they live. As noted, there is a general belief that the structures of institutional religion resulted in a limited or reduced sense of morality and moral purpose. According to Sasha:

> What they find now is that the spiritual impulse is seeking a greater variety of expressions a different type so the spiritual influence is alive and well but it's expressing itself in a new way, we're looking at it taking a new form in society, less structured. Less going the way of one single route and more fluid in the way that it expresses itself.

What Sasha appears to say is that despite the de-traditionalisation of institutional religion being in line with secularisation, the spiritual aspect remains with meaning and structure to life being found in new ways. Relating this to alcohol, Joe shared his experiences:

> …religion had no part in me getting sober, absolutely none, because by the time I got here I was done with religion. But the spirituality is something, I have a strong belief in God. I didn't believe there was any point in asking anymore, I had given half my life asking.

The finding here suggests that in some instances, people make a very clear distinction between God and religion – in keeping, with the evangelical roots of AA. To exist morally then for Joe was the struggle that he faced in which he had to encounter the world also, where moral experience is equally complex and is part of a whole network of interrelations. When asked how he navigated these barriers in remaining alcohol free, Joe replied:

> …from watching people in the rooms, I believe that I'm blessed by the hand of God to be here and where I am and gives me the life I have today, thousands of us speak of this, of asking God for help to get through today. And another way of thanking God is by doing service in AA, so it's all about giving back, it won't work if you don't give to someone else.

In the wake of secularisation and the diminished power of institutional religion, a conversation has begun about the language and appeal of spirituality. Hederman (2019), hints that the current era may even be post-secular: 'in the post-secular sacred, a search for meaning is on'. If indeed this is the case, then perhaps this may explain the resurgence in spirituality and a renewed search for meaning. An example of so-called post-secularisation might be explained by the views of other participants engaged in alcohol addiction treatment where the model used was the 12-Steps.

5.8.2 Higher Power over Religion

As noted by the literature in chapter two, some say they are spiritual but not religious (Taylor 2016; Watts, 2019). Linking this to the data, there is an absence in the use of the word 'religion', at least in its institutional sense, in treatment for alcohol problems. For instance, when asked on the role of religion in treating alcohol problems, Ann provides insightful views:

> …we don't hold with religion at all, religion scares people, when people come for an assessment they are really broken – and you're wondering Jesus Christ what type

> of a life is this…it's the last stop for them the last car on the road, they don't think there's a God they don't think there's a higher power…they actually wonder is there a life to be lived and they have good reason…, we explain that the 12-Steps talks about a God but that's a God of their understanding.

Responding to the same question, Roger noted that 'engaging with people to break out of isolation into communication is core to the 12-Steps programme, so the higher power should not be the preserve of the verticaled imagined'. This suggests a separation of spirituality and religion in the sense of how Ann described it, i.e. a God of their understanding and also that to be spiritual does not necessarily mean embracing religion. In defining religion, Motak (2009) notes that it is primarily communal action, in that an individual engaging in socially defined actions, and whatever sense he attributes to it is irrelevant to religion itself.

As discussed in chapter two, spirituality is incredibly difficult to define. It cannot be distilled to fit the confines of any specific scientific, social, philosophical, or, indeed, religious determinant. There is an ambiguity to the idea that defies the imposition of particular or objectivist frames of meaning and which carries a certain attraction. Perhaps one appeal are the twin ideas of mystery and process. As Hederman (2019) puts it, 'life is not a problem to be solved; it is a mystery to be negotiated, requiring knowledge beyond our normal ways of understanding'. The language of spirituality allows us to acknowledge mystery and rethink life as negotiation, a process, with an emergence rather than a problem or object or a singular truth. Once again the paradox presents itself in that this lies at the core of many of the great traditions, including Christianity. As the mystery deepens, so too does its fascination. The data shows that it is in times of personal crisis that the place and value of spirituality often emerges. According to Sasha:

> …to say I have lived on the surface 'till now and I didn't think about things too much, but when I faced this challenge I had to go inside myself to find what I truly believe, how can I find and sustain hope, what are the deeper things about life that will enable me to get through this challenge, it breaks through from within.

Diverse opinions on religious/spiritual experiences continue to dominate. In the ongoing debate, reductionism remains a key feature. The 'neuroscience revolution,' for example, 'has revived interpretations of religious experiences as wholly dependent on biological conditions' (Kime and Snarey, 2019, p.307). In the modern context, 'contemporary psychologists of religion have raised similar cautions, but have failed to engage William

James as a full conversation partner' (ibid). In capturing the perils of reductionism regarding spirituality, Gerard notes that:

> …to understand how these models work you need to take seriously that category because otherwise you're reducing…reducing is a major term even in the psychology of spirituality…the risk is when language is reduced to other determines, then you won't understand it, you'll just side-step it.

The above quote demonstrates Ralph W. Hood's (2019) view that a neurological state can never be the sole explanation or the existential and spiritual significance of the *something more.* The central point being the avoidance of reductionism which is an interesting finding of the study. As with the literature, a sense emerges from the data involving the complex and at times the peculiar distinction between religion and spirituality. An example was provided by Tom in that 'one is being given to you, that's the thing with religion, but your spirituality comes from you and you form it yourself, that's the big difference in my view'.

5.8.3 Spiritual Transformation

When asked to explain, how, in their view, a spiritual awakening leads to a re-shaping of one's worldview and the discovery of the authentic self, Sasha stated:

> …there's some higher power that works within nature an energy that nature is sustained by and you have to ask of the origin of this power, people see it as awesome, a divine force an energy and people use it as a resource…but it all points to something more than the human being something more than containing a purely rational explanation.

In an example of Cook's (2004) idea of 'inner subjective awareness,' Joe, from personal experience explains:

> Jung said without the spiritual aspect nothing will work, this is a spiritual programme –that is essential [AA]. I grow into spirituality first of all out of necessity, then from gratitude. I was at Slea Head in Dingle looking out at Ceann Sibéal in the distance, it was awesome, the beauty, that feeling… then the little voice say's that you wouldn't see it unless you already have it and you can't see it in others unless you have it.

According to Joe, this experience was something that affected him deeply and personally. Thus, in this light, this phenomenological experience and Joe's perception of this experience can also be described in social scientific terms as a form of intersubjectivity. For example:

> Husserl maintains that a sufficiently radical and thorough phenomenological reflection not only leads us to subjectivity, but also to intersubjectivity. Accordingly, he sometimes refers to his project as that of sociological transcendental philosophy and states that a full elaboration of transcendental philosophy necessarily involves the move from an egological to a transcendental-sociological phenomenology (Husserl 1962; Zahavi 1996, in Overgaard and Zahavi, 2008, p.4).

By connecting data to theory through his personal experiences and worldviews, Tom, an experienced alcohol addiction counsellor, explains the transformative character of addiction treatment:

> I've seen it with my own eyes they come in the first week, they walk around, their head is down they see nothing. With time they begin to look in the mirror again…suddenly they want more, they start getting a relationship with their selves again but not only that, but with others also, it's like they can breathe again. I know what I want, I want to be with my family, I want to raise my kids I want to look after my parents, I want to have a job, I want to add to society they finally get it, that to me is the spiritual awakening.

Beyond this stage, the drive for further authenticity in the broader world, the continuing re- discovery of the self develops within an eschatological worldview in the full knowledge of eventual death. Life's meaning and purpose within community now becomes more focused and desired. It manifests to a horizon of meaning where the shared suffering of those in recovery embraces the 12-Steps programme, where the concept of mutual help is key. In this case, an example of Cook's second concept on his spirituality definition where 'relationships with others of a community' becomes evident. An example of this is found in AA fellowship. As Philip explains, 'if I haven't a sole friend the chances are I'll relapse, but if I have the spirituality of being open that I need intimacy this is something that no human being…we need each other'

Cook's third element, referencing the transcendent, is left to the individual to interpret in whatever way they choose to either embrace or disregard. In practice, this view is aligned with recovery in AA. According to Jack, 'we don't speak of religion organised religion at all in an AA room we do speak a lot of the power of God and our spiritual lives'. It is along these lines then that spirituality in its broad sense is applied in alcohol addiction treatment, self and community. These aspects also connect to a higher power in relation to the 12-Step model adopted in AA and both of the addiction treatment centres explored. According to Philip:

> …if they know they're powerless over drink and I'm powerless over fixing them or giving them…ah ah…this is beyond me …to me that's a spiritual awareness… if a

> person comes to that moment then I'd be some fool to say that I fixed them …that is a very special moment and for me that's what spirituality is about, awakening.

By putting a spiritual experience or a spiritual awakening in context, Jack provides a nugget of understanding in how this has worked in a real-life situation by sharing his life changing experience of a spiritual awakening. What makes this example stand out, however, is how in this one moment of time his worldview was transformed from wanting and welcoming death to radically turning his life around with renewed meaning in the most profound manner. This notion of 'spiritual awakening' illustrates Cook's definition of spirituality as that which is 'intimately inner, or which is wholly 'other', transcendent and beyond the self, is thus concerned with matters of meaning and purpose in life, truth and values' (Cook, 2004, pp.548-549). This is where an individual experiences a moment of intense transformation, even conversion. It also produces the effect of self-restraint brought about by a combination of shame, the empowering of the self and the re-establishing of social capital within the community. The value of such data cannot be overstated because as Ryan (2008) observed the evidence and the analysis frame their experience in context from the words they provide.

The background to Jack's case reveals compelling similarities to others in the data, such as Walter, Joe, Tom and Roger, where the power of addiction was simply too overwhelming for the individual to combat alone, despite multiple but futile attempts. These are informative developments from the data as 'a further task is to give an account of how a multitude of experiences can constitute the structures of meaning that make up social reality' (Overgaard and Zahavi, 2008, p.9). These comparisons of social realities further demonstrate an example of Schutz's phenomenological intersubjectivity, where a community of 'we' becomes evident. From Jack's perspective, he was now at the stage where he was totally despondent and suicidal having lost his wife, his family, his home, his friends and his job:

> … I lay in bed in a house I rented, I had no money, little food. I remember thinking if you're coming for me – come now. But this euphoria came over me and everything was perfect, that few minutes there was no rent, no desire for sex, no desire for money, or food– but I felt so happy. I had that happiness within me and it was much more than I ever had before…oh yes…ever in my life…I believe that that was a spiritual awakening – that was my experience.

A transition process occurred with Jack, from that of an almost resigned fatalism to one of spiritual capital where the self is re-authenticated, first from within and then to loved

ones and community. Emphasising how this experience was critical in turning his life around, Jack has remained sober for over 30 years and now lives a full life. In describing spiritual experiences or awakenings of this sort, Philip calls it 'a beautiful example of what spirituality is about…first, waking up to the realisation…and second, then, is that I can't deal with trauma on my own – no person can'.

5.8.4 Persistence of the 12-Step Programme

The treatment centres explored by the study had been advised that the 12-Step model was deemed outdated and they were encouraged to update their methods of treatment to more modern methods such as CBT. This advice was enacted and other methods were applied; however, management and staff decided to revert to the 12-Step method, which for them, indicated a re-embracing of spirituality. Ann provides a brief synopsis of how the spiritual aspect of the 12-Step model was re-applied in the aftermath of secularisation:

> … we moved more towards modernising but we learned and I cannot over-emphasise this, that the 12-Steps underpins everything, it is the foundation, it exists in everything we do and while we do CBT and our brief interventions, but we haven't gone that far away from the 12-Steps, we keep going back to it because it works – it's that simple.

A similar story is relayed by Mary in the context of spirituality's value in treatment. When asked if they could provide measurable data in relation to success, diverse opinions were evident among treatment centre participants. For Mary:

> It's impossible to measure, I wish I had the tools to do so… it's so variable… the Minnesota models if you were to go on abstinence it's about 40% and that's across the board.

Conversely, Tom, by including a part time two year after-care programme in his calculations noted that 'by the end of the 2 years, those that complete the 2 years, the success rate is up in the high-90s in percentage terms and those that don't you're looking at anything between 25-40%'. Likewise for Walter 'there a good high percentage success rate definitely three quarters'. Sasha, however, identified the broader context and in doing so she provides a link to current literature which was referenced in chapter three:

> Globally, it is evident that there are excellent uses of statistics and mathematical measurements where spiritual interventions is a real measure, but there is not enough clinical research into the effects of spirituality in Ireland at this present time.

It is in this context, the data suggests that religious ideas and spirituality can coexist in aspects of addiction treatment and how this may be of value in a future Ireland as noted by research participant’s worldviews.

CHAPTER SIX – CONCLUSIONS

6.1 Introduction

This final chapter outlines the conclusive points in response to each of the research questions. Firstly, the chapter recalls the three questions examined. It then outlines a broad summary of the major conclusions revealed in the literature review and data findings. The chapter then narrows its focus by highlighting a more detailed summarisation of the main points of the thesis in relation to the questions explored. Finally, it provides an overview of these conclusions in the context of further research.

The main research question explored by the study is: what are the moral discourses in the current evaluation of the problematic use of alcohol in secular Ireland and how is this evaluation constructed through multiple actors in policy formation and addiction treatment? However, this question was distilled into three more specific questions:

1. What is the role of religion in moral discourse in shaping alcohol related issues?
2. What are the forces that shape public policy on alcohol issues relative to values and worldviews from actors such as the alcohol industry, churches, the health sector, academia, advocates and campaigners and politicians?
3. What contribution does religious thinking and/or spiritually inspired methods in alcohol addiction treatment bring in recovery?

A broad summary of the answers to above questions can be interpreted by both the literature and data into six key areas:

(a) alcohol abuse continues to be a major problem across Irish society
(b) religion plays little or no role in either policy making or addiction treatment
(c) the alcohol industry has significant influence on alcohol policy at the expense of public health and social advocacy
(d) a neoliberal ideology is believed to facilitate the alcohol industry
(e) there is still a high value of spirituality in addiction treatment and recovery, alongside other treatments such as CBT and MI
(f) the need for education of legislators and politicians to consider other philosophies than neoliberalism and embrace an integrated alcohol policy that caters for the need of a healthy society

The major conclusions from chapter two – cultural foundations are:

1. The ability of the Catholic Church to influence society has significantly deteriorated. However, secularisation was an inevitable outcome, regardless of child-abuse scandals (Aldridge, 2000; O'Conaill, 2009; Mullholland, 2019; Donnelly and Inglis, 2010).

2. The Catholic Church now plays a far less role in social and alcohol policy issues since the 1990s (Mullholland 2019, p.2: Butler *et al.* 2017, p.81; Inglis, 1998).

3. Though less relevant, there is still value of spirituality in recovery from alcohol addiction (Doyle, 2009, p.103; Alcoholics Anonymous, 2020; Levine, 1993, p.27; Babor *et al.* 2010, p.220; Miller and Kurtz, 1994, p.161; Kelly, 2016, p.930; Miller *et al*. 2019).

4. Temperance Movements and AA have their origins in Protestant cultures as opposed to Catholic culture.

The major conclusions from the literature in chapter three – subsidiarity, neoliberalism and public health are:

1. Alcohol abuse causing damage to society (World Health Organisation, 2012; O'Dwyer et al. 2021).
2. In equal measures are neoliberal governance and the power of the alcohol industry to influence policy (Cumming, 2009; Mercille, 2016; Butler, 2009).
3. The total population model which is responding to neoliberalism (Department of Health and Children, 2002; Butler *et al.* 2017; Study Group on the Development of the Psychiatric Services, 1984).
4. The multiples of addiction treatments that have evolved (Babor *et al.* 2010; Raikhel and Garriott, 2013).

The major conclusions from chapter five – data collection are:

1. A recognition of societal problems stemming from alcohol use being a major issue.

2. Religion has little influence on policy makers, especially at macro-level.

3. The alcohol industry has significant influence on alcohol policy resulting in ease of availability for alcohol and the normalisation of a product that is seen as problematic by all participants.

4. A neoliberal policy of the Irish government is believed to facilitate the drinks industry's interests over that of health and social advocacy.

5. A lack of an integrated national alcohol policy is a significant concern for participants, such as non-cooperation within different governmental departments.

6. Institutional religion has little or no influence over therapists and management in the addiction treatment centres studied. Conversely, one of the main findings among therapists and management is that spirituality holds significant value in addiction both treatment centres explored, albeit alongside other methods such as CBT.

7. Education is seen by participants as a key approach to the solution, with participants suggested a holistic approach be taken by policy makers, by incorporating other worldviews to address what the data reveals to be a significant imbalance currently enjoyed by the drinks industry on alcohol policy.

The main conclusions from the data are comparable to the literature in the sense of most of the major themes correlate to both, albeit in a slightly format. For instance, chapter three indicated that alcohol was the major problem. Chapter five, the data's perspectives also illustrated that alcohol was a major problem, but demonstrated that religion has little input in alcohol policy or treatment in equal measure to that of alcohol abuse. All other themes are in a similar vein between the literature and data, with an additional theme emerging from the data emphasising the need for education of legislators and the public on the vastness of the alcohol issue.

Rooted in the study is the theoretical framework provided by Harry Levine (1993) in helping understanding of Temperance Cultures. Paul Sabatier's (1988) theory of policy change an 'advocacy coalition framework (ACF) was used to aid understanding of the policy formation process from the literature and data. The topic of spirituality and the concept of subsidiarity were dispersed throughout the thesis and discussed in connection to alcohol issues. Helping to ground the literature and data in this context were Christopher Cook (2004), Joan Lockwood O'Donovan (1993), Patrick McKinley Brennan (2014) and Maria Cahill (2019). A brief definition of and the value of theory was provided where two key aspects in relation to this study were identified; (1), where each theory employs a unique vocabulary to articulate the specific factors considered to be important – hence the use of Sabatier and Cook. (2), theories vary in the extent to which they have been conceptually developed and empirically tested; however,

"testability" is an important feature of a theory (Glanz and Bishop, 2010 p.401). Consequently, this provided a theoretical framework to comprehensively analyse, compare and contrast, test and contextualize the material explored in this project. The three separate but interconnected questions of the study, surprisingly perhaps, developed a seamless fluidity as the work progressed with each question fusing into the next. The decisive points of conclusions of the data relative to the research questions are now discussed sequentially and contextualized to the literature review.

6.2 Role of Religion on Alcohol Policy

Both the data and literature agree that religion has very little purchase on alcohol policy formation. There are several reasons for this, including the advent of secularisation and moral pluralism. The subsequent changes that occurred in Ireland due to modernisation, secularisation and new religious movements (NRMs) was inevitable (Moran 2009; O'Conaill 2009; Mullholland 2019; Donnelly and Inglis, 2010). 2002). The literature also noted that regardless of sex-abuse scandals, secularisation was inevitable in any event. However, as the Catholic Church's ability to maintain total power was already dying, the ongoing revelations of clerical sex abuse and cover-ups only served to intensify an already declining influence (Inglis, 1998; Butler *et al*. 2017). This point was also acknowledged in an open and transparent manner by a high-office holder from the Catholic tradition, who noted the multi-layered loss of confidence within the institution. The literature and data further illustrate that it is clericalism and not necessarily Christianity that is threatened (O'Conaill, 2009). Crucially, there is a consensus among the data that proposes two points on the role of religion: Firstly, many religious personnel pay a heavy price for guilt by association with institutional religion which they perceive to be unjust. Secondly, while it is acknowledged that religion has little or no role in policy making, the data illustrated that religion could play a future role if they were willing to change. The precise nature of such change or its context remains unclear. In any event, it is through religious 'ideas' where the data and literature see the benefits of exploring dimensions of the human condition (Cook, 2004; Cahill, 2019; Kenny, 1955; Milam and Ketcham 1983; Schweigert, 2002).

6.3 Alcohol Policy Formation

The study's second question explored how alcohol policy is formed. Examples of past and current literature examined include National Alcohol Policy Ireland (1996); Butler (2002); Butler *et al.* (2017); O'Brien (2018); and Calnan *et al*. (2018), among others. The data was particularly vocal on policy formation and the forces that shape alcohol policy, particularly in relation the power of the alcohol industry, the lack of inter-departmental cooperation, 'silo thinking,' and incoherence. The data reflects a lack of multi-sectoral collaboration, in which other institutions combine with health care interests to reduce the incidences of alcohol and drug related problems (Butler, 2002).

Lobbying by vested interest groups such as the drinks industry continue to influence alcohol policy, resulting in the power dynamic favouring the alcohol industry over public health (Cumming, 2009; Mercille, 2016; Butler, 2009). In this context, the data is abundantly clear and is supported by the work of McCambridge *et al.* (2018) and their study of the alcohol industry's involvement on policymaking, with Linda pointing out how absolutely meticulous and intense the lobbying programme is. Another issue illustrated by the data is the ease of access to alcohol in recent years and its social acceptance. Participants proposed that over the past twenty years or so, there has been a transformation across Irish society regarding the availability of alcohol products. Colm alluded to the rush toward broader liberalisation in commercialisation and de-regularisation. This is radical change has led to a situation where almost every grocery shop and petrol station are licenced to sell alcohol. Linked to this, the data noted the emergence of supports for self-regulation, increased alcohol consumption and the facilitation of industry profit (Babor *et al.* 2010; Bancroft, 2009; Mercille, 2016). This change has resulted in what another participant described as the insidious normalisation of excesses, resulting from de-regulation.

One of the chief points noted was the absence of interdepartmental cooperation. This in effect blocks the cooperation necessary between departments to successfully legislate, thus creating a vacuum, into which powerful lobby groups such as the drinks industry are only too willing to enter and exploit (Butler 2017; Calnan *et al*. 2018). Cases of how this occurs in reality are illustrated by the data. It provides insights into how the alcohol industry not only impacts alcohol policy but also attempts to frustrate and block

necessary legislation in alcohol policy. The data verifies and substantiates the claims put forward by the literature and illustrates the inner workings and malleability of the political machine when confronted with the power of the drinks industry. In attempting to explain the continuing complexities within policy, Sabatier's (1988) 'Advocacy Coalition Framework' (ACF) offers a sociological grounding that conceptualises the data and literature in at least two areas. Firstly, Sabatier's framework provides a way of understanding in how a lack of departmental coherence and joined up thinking facilitates industry's influence. Secondly, that there are social consequences resulting from this influence, such as the occurrence of anomie. For example, the emergence of new social norms over the past twenty years or so. These included an increasing ease of availability of alcohol, a gradual and almost unobtrusive social acceptance of such and the accompanying negative impact on public health and society.

6.4 Spirituality in Addiction Treatment

The third and final question posed by the study concerns the role of spirituality in alcohol addiction treatment. One of the main themes of the study indicates that concept of spirituality and the idea of a higher power hold value in addiction treatment, despite the many evolving trends in treatment methods. A caveat must be provided at this juncture, however. As both treatment centres explored by the study, practice CBT and brief interventions, spirituality and the 12-Step programme is their main modus-operandi. As was discussed in chapter five, many of the data participants, including AA, were keen to emphasise that the role of spirituality not only remains central, but it is their key tool in recovery. Thus, this is a limitation of this study. For example, the study's scope was not large enough to explore data from other treatment centres which would have facilitated a comparative analysis between different treatment methods based on scientific outcomes. Moreover, because of the abstract nature of spirituality (Cook, 2004), the study does not claim to provide a full understanding of the spiritual aspects within treatment programmes. Nonetheless, an exploration of contemporary literature by experts in the field on scientific methods in treatment, in addition to spiritually inspired methods provide a rich and diverse range of content in attempting to address the objectives of the research questions.

The data suggests there is a high value of spirituality in recovery which connects to the

literature, despite a certain contemporary distilling of spiritual inspired methods. Numerous global studies have presented measured outcomes of spirituality in recovery (see Strobbe, 2009; Miller *et al.* 2019; Galanter *et al.* 2014; Piderman *et al.* 2007; Kelly 2016; Galanter *et al*. 2020). In an Irish context, diverse views are evident from the data. When asked on specific measurable outcomes of spiritual applied methods in addiction treatment, two participants offered no opinion. To summarise this point, one participating therapist and an addiction project worker, when asked on measurable outcomes suggested that between 75% and 90% sobriety success rate is achieved for individuals in recovery, provided a two year after-care programme is undertaken. They also pointed out the value of family support as a key mechanism to sobriety maintenance in conjunction with after-care programme. This correlated with current literature regarding the importance of family's role in helping to maintain sobriety (see Klingemann and Klingemann, 2009; Smith and Meyers, 2001).

On the other hand, two other therapists proposed that as little research has been done in this area, accurate success rates would be difficult if not impossible to gauge. One of these participants indicated that success rates would probably be in the region of 40%, similar to that of the Minnesota models. However, she clarified that without evidence, this was just speculation because of the lack of research. This point was made by another participant, who referenced the many excellent global studies in this area and of the value in mathematical measurements and clinical research of spiritual interventions –yet to be undertaken in Ireland. Overall, the data suggests that of the two treatment centres explored, for those who partake in after-care treatment the success rate is between 40% and 90% in maintaining sobriety and leading a meaningful life.

6.5 Conclusions in the Context of Further Research

In summary, the data and literature suggest that alcohol policy has regressed instead of progressing in the light of contemporary de-regulation and increased ease of availability, resulting in increased consumption and harms across society. In this context, practically all of the data participants propound that increased education of legislators, less informed politicians and the public on alcohol use should be explored in greater detail. This to embrace a more holistic approach to include philosophies other than those of

neoliberalism. For example, the literature and data advocate that aspects of the Irish political system be addressed to include increased awareness of ethics on policy. This to be based on solid principles to better facilitate an integrated policy and social cohesion, particularly with regard to inter-departmental cooperation and dialogue with public health, of which the data were notably vocal. If these methods were adopted, it may have the capacity to deepen an understanding of the many complex issues, thus benefitting state and society. The problem, however, with exceptions of the partly implemented the Public Health (Alcohol) Act 2018 remains largely unsolved and in a state of almost constant liminality. Therefore, due to the complex nature of competing and conflicting interest groups, creative methods of thinking are necessary to address opposing worldviews in the alcohol debate. Thus, this study suggests that continued exploration is required in order to achieve a sustainable and cohesive alcohol policy.

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APPENDICES

Appendix A – Letter of Invite to Participate

Dear.........,

I wish to cordially invite you to participate in a research project being undertaken by myself, Pat Coghlan, at Waterford Institute of Technology (WIT). The study is exploring the role of religious organisations in shaping attitudes to alcohol problems, in providing addiction treatment services and in shaping policy. The project is for the purpose of the completion of an M.A. by research and is funded by the Irish Research Council under a Government of Ireland Postgraduate Scholarship. I am working under the supervision of Dr John O' Brien (sociology) and Dr Paul Clogher (theology and religious studies) in the Dept. of Applied Arts at WIT.

Experts in the field of alcohol addiction treatment, religious/morality/ ethics contributors and councillors are being sought out to participate in the study. The research will involve one to one interviews in addition to analysis of documents by religious organisations, such as self-help material, texts on the topic that outline the conceptualisation of addiction in their 'worldview', and educational material. It is felt by my supervisors and I, given your area of expertise (tailored specifically to the individual), that your contributions would add significant value to the study and therefore be of benefit in increasing our understanding and knowledge in the field. The overall aim of the study is to be of benefit to society.

If you decide to take part you can subsequently change your mind and withdraw from the study at any stage without difficulty, as your participation is entirely voluntary. If you agree to participate I will send on an information sheet and consent form for your consideration. This form outlines a more detailed synopsis of the study, such as the methodology and the protection of your data and personal information. Please note that in all cases pseudonyms will be used, unless otherwise requested by the participant. The professional and ethical administration of the research will be guaranteed and overseen by Waterford Institute of Technology, in addition to full compliance with the General Data Protection Regulation (GDPR), May 2018.

If at this stage you are happy to participate, I will then make further contact with you to set up an appointment for interview at a time and place of your convenience.

I look forward to working with you,

Sincerely,

Pat Coghlan,

Government of Ireland/Irish Research Council Postgraduate Scholar
Email: patrick.coghlan@postgrad.wit.ie
Mobile: +353(0)860548251

Appendix B – Information Sheet & Consent Form

The research you are being invited to participate in is being undertaken for the purpose of the completion of an M.A. in Social Science at Waterford Institute of Technology. It is being funded by the Irish Research Council under a Government of Ireland Postgraduate Scholarship. I am working under the supervision of Dr John O' Brien (sociology) and Dr Paul Clogher (theology and religious studies) in the Dept. of Applied Arts.

Study Title

A Moral Ferment: An Examination of the Moral Foundations Shaping the Involvement of Religious Organisations in Addressing Alcohol Problems in Contemporary Irish Society.

Reasons for Research

The study is exploring the role of religious organisations in shaping attitudes to the complex alcohol question, in providing addiction treatment services and in shaping policy.

What will happen if I volunteer?

Your participation is entirely voluntary. If you initially decide to take part you can subsequently change your mind and withdraw from the study without difficulty. If you agree to participate you will be requested to read the information sheet and consent form provided and sign the consent form. Then an individual interview is carried out at a time and place of your choice involving a digitally audio-recorded session of approx. 45-60 minutes.

What the interview will entail?

It will consist of one to one interviews which will last for approximately 45-60 minutes. The conversation will explore key questions relevant to the study. For example, to what extent are religious organisation involved in the treatment of, education about the policy formation of alcohol problems? How have religious organisations responded to loss of institutional power and increased secularisation and what the future is likely to be regarding these areas?

Are there any risks involved in participating?

There are no risks associated with participation. Any inconvenience involved in taking part will be limited.

Right to Withdraw:

You can decide to withdraw from the study at any point and have your data removed from the study under General Data Protection Regulation (GDPR) May 2018 “Right to Access and Right to be Forgotten”. However, it is envisaged that if a participant was to withdraw, this would be done within a reasonable time-frame, as once the material is published it is too late for them to realistically exclude their statements from the study.

Safety and Confidentiality

All data and transcripts shall be stored confidentially. All individual information collected as part of the study will remain confidential to the research team. All data will be kept in a locked filing cabinet and will be password protected on a computer within the school of Applied Arts at WIT. Data will be held for a maximum of two years where it will then be deleted or destroyed. The participants anonymity is paramount and guaranteed, unless indicated otherwise by the interviewee.

Who carries out the Research?

The research will be undertaken by Pat Coghlan as a multidisciplinary (sociology and theology) Research Masters funded by the Irish Research Council through Waterford Institute of Technology. Dr John O’Brien and Dr Paul Clogher both from Waterford Institute of Technology are supervisors to the research.

What happens after the study is complete?

When all the results are formatted the findings may be published in journal articles and presented at conferences. Unless you wish your identity to be associated with the study, total anonymity and confidentiality will be strictly observed.

Are there any benefits from my participation?

It is envisaged that the study will further our understanding of the current attitudes in the area of alcohol addiction treatment policy and how this increased understanding is likely to impact on policy and subsequently be beneficial to society. The findings may be published in journal articles and presented at conferences.

By signing below, you agree that you:

- Have read and understand the project Information sheet and Consent form
- Had all your queries regarding the project answered to your satisfaction
- Are voluntarily taking part in the project
- Have given your consent for the interview to be audio-recorded and utilised as per the above points - (research will at all times act in full compliance with General Data Protection Regulation (GDPR) May 2018

Participant's Name in print: ___________________________

Participant's Signature: ______________________________ Date: __________

Researcher's Name in print: __________________________

Researchers Signature: _____________________________ Date: __________

NB: one signed copy to be retained by both the participant and the researcher.

Contact Details

If you have any further questions about the research you can contact:

RESEARCHER: Pat Coghlan email: patrick.coghlan@postgrad.wit.ie

SUPERVISOR: Dr John O'Brien email: jfobrien@wit.ie

SUPERVISOR: Dr Paul Clogher email pclogher@wit.ie

Appendix C – Topic Content and Narrative Formation

I will begin by introducing myself, introduce the participant and thank them for agreeing to talk to me and to be recorded. I will then give the day and date, the location and the purpose of the discussion. At this stage I remind the participant that they can at any stage stop or postpone the interview – that they are in full control. At this point, I briefly outline the topic content to be discussed in terms of narrative formation and flow and commence the discussion.

1. So can you tell me about your organization
2. What is your role?
3. What do you think of alcohol in society today?
4. What challenges does your organization respond to?
5. How does your spirituality/philosophy inform your role?
6. What is the value that the ethos of your organization brings to your work?
7. What does your organization expect of you in that role?
8. Has the ethos of your organization changed?
9. If so how?
10. What in your view is/has been/is the role of faith based organizations making of alcohol policy?
11. What do you think of the influence of the alcohol industry in shaping drinking culture/ policy?
12. What do you think of the scientific perspectives?
13. How has secularisation impacted your organization/work/alcohol policy?
14. Are there negatives to the alternatives to faith based approach?
15. What do you feel is the likely future of religious organizations in the alcohol field?