

**ISSUES FOR IRISH ALCOHOL POLICY :
A HISTORICAL PERSPECTIVE WITH SOME LESSONS FOR THE FUTURE**

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1. INTRODUCTION

*"No one can be competent to discuss the Drink Question unless he has thought over it sufficiently to realise how complicated the subject necessarily is."*²

The purpose of this paper is straightforward, it is to help clarify the important issues involved in formulating future Irish alcohol policy by drawing on the issues presented to this Society in the past. It is striking, although not surprising, that many of the contemporary issues surrounding the role of alcohol in society preoccupied the attention of the intellectuals of previous generations. It is fitting that this paper be read before the Society at this time on two accounts.

Firstly, there has been a long tradition within the Society to investigate social problems and to propose remedies for social reform. Indeed at least thirteen papers dealing with the social consequences of alcohol have been read before the Society from as far back as 1849, when it was still the Dublin Statistical Society. These papers provide the historical perspective for this paper.

¹The author wishes to acknowledge the advice received from Prof. D. Conniffe, Prof. K.A. Kennedy, Prof. R. O'Connor and an anonymous referee in drafting this paper.

²Quote taken from a paper read to this Society by E.D.Daly in February 1897 entitled "The Struggle Between the State and the Drunkard".

Secondly, as the Department of Health is currently formulating a national alcohol policy, to be published early next year, it is fitting that the Society discuss this social problem. R.C.Geary remarked in his presidential foreword to the 1947 centenary volume of the Society that "it is fascinating to observe how in each generation the studies under Society auspices reflected the public interests of the time".

It is not the intention of this paper to propose what the national alcohol policy should contain but rather to raise the level of debate on the crucial issues that need to be addressed. The format of the paper is as follows. Section 2 outlines from a historical context the issues that a national alcohol policy would need to address. Section 3 examines the trends in alcohol production, distribution and consumption. Section 4 describes the types and extent of alcohol related problems. Section 5 examines the etiological factors that influence drinking patterns. Section 6 examines some of the more frequently proposed methods of controlling alcohol in society and Section 7 contains some concluding remarks.

2. HISTORICAL ISSUES

Alcohol consumption has been a feature of nearly every civilisation in history. It has been used as a symbol of kinship and celebration in many societies but it has also been used for medical purposes. Indeed in many societies distilled alcohol was often more benign than the available drinking water. However the consequences of alcohol abuse have also been recognized for centuries and consequently the awareness of the need for alcohol control. Alcohol, particularly wine, has many biblical connotations and it was from a religious stance that alcohol abuse was initially condemned. Religion was, and in many instances still is, the dominant institution of social control in many societies. Those who succumbed to the "demon drink" under the Puritan doctrine of free will were considered to have revealed moral defects for having chosen to drink too much.

The medicalised concept of alcohol as a disease, where the alcoholic is considered a victim, only began to emerge at the end of the 18th century. The disease concept of alcohol became the cornerstone of the Temperance movement which was championed in Ireland in the mid 19th century by Father Theobald Matthew. This movement gathered momentum throughout the 19th century in many parts of the western world including Ireland. It led to six papers on this topic being read to this society between 1849 and 1858 by James Haughton (1795-1873). According to R.D.Collison Black in his very informative history of the society, contained in the 1947 centenary volume, Haughton was a philanthropist and reformer. He was a frequent contributor of

papers to the society, only surpassed by his son-in-law William Neilson Hancock (1820-1888) who read a staggering eighty-five papers to the society. Haughton was a supporter of the Temperance movement and he himself became a total abstainer in 1839. He was a strong advocate for social reform by legislative means and this is reflected in the tone of his papers.

The issues dealt with in the papers read to the Society were quite varied. They included concerns about alcohol related crime, the social costs imposed by alcohol abuse, the role of education to alter behaviour, the punishments for alcohol misuse, the treatment of alcoholics, the vested interests in the alcohol issue, the causation between alcohol and poverty, the hereditary nature of alcohol dependence, alcohol abuse as a national trait, state interference versus individual liberty and the legislation on alcohol.

Haughton raised the issue of alcohol related crime in his paper read in January 1849 called "*Connexion between Intemperance and Crime*". Haughton encouraged the principle of abstinence from all liquors using statistics to contend that "drink was at the root of all crimes". This supposition he supported with anecdotal evidence from judges and prison wardens "we support our argument not by the crude theories of mere enthusiasts, but by the coolly expressed opinions of those best fitted, by station and education, to testify in our favour". The Times newspaper had previously referred to temperance reformers as "enthusiasts". In his April 1850 paper "*Statistics of Crime*" Haughton asks the following question on crime, most of which he attributed to intemperance, "whether the object in view would not be better secured by a wise system of prevention than by any attempt at cure?".

In August 1877 William Neilson Hancock, the Society's most prolific contributor, presented a paper dealing with crime not to SSISI but to the Economic and Statistics section of the British Association. The title of his paper describes its content "*On the Statistics of Crime arising from or connected with drunkenness, as indicating the importance of increasing the Punishment of Habitual Drunkards, and those who seriously injure their children by what they spend on drink*". He presented evidence on death rates induced by alcohol and on the extent of crime.

The social costs of alcohol abuse were also addressed by Haughton in a paper delivered in May 1849 titled "*The Use of Alcoholic Liquors - Economically, Socially and Morally Wrong*". Haughton stresses that the use, not just the abuse, of alcohol shortens human life and deprives families of their basic sustenance, augments insanity, leads to crime and as a consequence wastes resources for wealth production as "prisoners require labour to secure the idle". Haughton was also to the fore in stressing the role of education in

his December 1850 paper *"On the Intimate Connection between Ignorance, Intemperance and Crime"*. He presented evidence on the education standard of those taken into custody to show that even limited education is "no inconsiderable preservative against crime". A high proportion of criminals were children making Haughton arrive at the conclusion that it is necessary to "induce early habit formation that would lead to virtuous conduct in after life".

The punishments for alcohol abuse were dealt with in a number of papers. In December 1874 David Ross presented a paper entitled *"Suggested Practical Checks on Excessive Drinking and Habitual Drunkenness"*. Ross complained about the trifling fines inflicted as punishment for drunkenness. E.D.Daly in his 1897 paper to the Society stated that in earlier centuries whoever became a habitual drunkard, or brawler or rogue alehouse keeper was prosecuted and punished. The principle changed, with the law tending to focus on the trader rather than on the drunkard. Daly called for more punishment for the drunkard including making drunkenness by employees a breach of personal service. Ross and Haughton both felt that the publican should be liable for supplying excessive drink like "in Wisconsin the seller of intoxicating liquor is responsible legally for the consequence of the drink". There was a view expressed by both Daly and Ross that fines imposed by magistrates were too lenient or unequal to the crime. At the end of the 1890s "selling drink to be drunk on the premises to a child involves a penalty of only twenty shillings while neglecting to have a name over the door is ten pounds". There was no fine for a publican serving more drink to an inebriated person but they would be fined £50 for diluting their beer. Hancock called for the protection of women and children from habitual drunkards by lengthening detention, if this failed there was need of reformation to treat as a form of insanity. Ross also justified the state interfering with the estate of drunkards "to ensure, as in Roman law, that prodigals may be interdicted from dealing with their property so as to diminish their estate". He cited New York State as an example of where this applied.

The treatment of alcoholics aroused much debate. In 1872 the Dalrymple Committee in the House of Commons made recommendations on the control and management of habitual drunkards most of which were disregarded. Ross opposed the view of the committee to treat habitual drunkards as persons of unsound mind and in need of cure for their disorder. Instead he saw them as "offenders". He felt there was a need for distinction between moderate drinkers and the habitual drunkard "whose actions are so ruinous to himself, his family and community". Haughton also presented a letter signed by leading medical practitioners on the "folly of expecting to derive health and strength from the use of alcoholic drinks". Ross made attempts to distin-

guish the addiction to alcohol from the normal usage of the term insanity and he felt that legislation should deal with those whose reform could be easier achieved, that is "habitual drunkards who choose to drink". However he offered no explanation about how these could be distinguished from the general population. Daly's view on the requirement of individuals' signing themselves into psychiatric care was "can there be anything more against common-sense to base the treatment of a lunatic upon the condition of procuring his own consent". The Rev Henry Osborne presented a paper in the 1894-95 session on "*Prevention and Elimination of Disease, Insanity, Drunkenness and Crime - A Suggestion*" in which he viewed the problem in the context of a disease with no cure.

Daly identified three groups with vested, but conflicting interests in the use of alcohol, particularly concerning trading licences. These were the Revenue Commissioners who favoured more licences for more excise duties, the Temperance Party who were strongly against more outlets and the "Liquor Trade" who wanted free trade but restrictions on new licences. "The traders were not unwilling to enjoy the increased value of existing licences by prohibiting new ones, fight fiercely against further restrictions on their present establishments". Throughout this conflict the drunkard's actions remained unchecked. In 1878 the Irish Association for the Prevention of Intemperance was set up to secure the enforcement of Sunday closing and a reduction in the number of licenses. This led to fierce agitation with organised groups of publicans breaking up meetings of supporters of temperance legislation. Publicans also successfully blocked restrictions on opening hours during the First World War. Lloyd George felt drink was a "deadly enemy" which was hampering munitions production as well as recruits. He proposed to impose higher taxes on beer and wine, double taxes on spirits as well as diluting its alcohol content by 35 per cent. This was regarded as an attack on the economic life of the nation and had the effect of uniting clergy, politicians and the drink trade in an unlikely common cause. One of the more unusual protests about this proposal took place in 1915 by Dr Fogarty, bishop of Killaloe. He delivered his protest during a confirmation mass where, traditionally, children take the pledge to abstain from alcohol.

The connection between alcohol use and poverty was dealt with by Hancock in his 1877 paper. In 1973 Roger Blaney delivered a paper to the Society on "*Alcoholism in Ireland: Medical and Social Aspects*". Blaney stated that economic factors were also offered as reasons for excessive drinking although not always consistently as he said "poverty was blamed but nowadays affluence is frequently mentioned". In his book "*Dear Dirty Dublin - A City in Distress 1899-1916*" J.V. O'Brien offers interesting insights to attitudes on intemperance at that time. There was a widely accepted view that the mass

poverty of the time was due to lack of employment, low wages and intemperance. He presented a middle class view that the poor remained poor due to "their profligate habits, most of all drink".

The hereditary nature of alcohol abuse was suggested by Haughton in a paper in February 1858, the shortened title being "*Progressively Deteriorating Influence of Alcoholic Stimulants*". Haughton mentions the hereditary tendency which transmits from generation to generation the desire for alcoholic stimulants. He felt that there was ample evidence to show that generation after generation indulged more freely than their predecessors in the use of alcohol. However this habit formation could be broken as evidenced by the changing habits in Ireland and the UK at that time induced by the Temperance Reformation. Osborne felt that there was "congenital tendency to alcoholism that is inherited" and this skipped a generation so it was inherited from grandparents. The only practical remedy was prevention and he took a eugenic view on this solution. He felt state interference was necessary to reform the Marriage Law, quoting Dr Newman Smith "the facts of heredity justify the state forbidding marriages which threaten to become sources of disease and crime". The criteria offered for refusal of marriage licences included inebriates, all those who have had delirium tremens and those in the habit of excessive alcoholism.

Alcohol abuse as a national trait was also explored by Blaney. He dealt with the many causes of alcoholism and the theories put forward for the Irish case. He mentions the statistics of the high rates of alcoholism of Irish exiles abroad among ethnic groups. Theories by others cited by Blaney included environmental factors such as "damp climate and inclement weather which caused Irishmen to drink spirits as a stimulant" or the lack of alternatives to drink. This latter factor led to the Irish Temperance League developing the "Cafe and Coffee-House Movement" at the end of the last century. Excessive availability of alcohol was also offered as a factor, as well as a racial disposition, and socio-cultural factors such as the role of alcohol for social interaction. The custom of the "round system" or drinking in large groups is such a phenomenon. Dr T.J O'Meara writing in the British Medical Journal in 1904 felt intemperance was a national trait of the Irish "the excitable, high-strung, nervous temperament of the Irish race ... in the essentially neurotic and mercurial Irishman easily overjoyed and as easily depressed and accustomed to treat both conditions by whisky (sic)". I presume he meant "whiskey" given the nationalist characteristic. The Gaelic League organisation also attempted to tackle this perceived Irish trait of intemperance by attempting to halt the customs of binge drinking such as "drowning the shamrock" on St Patrick's Day and the "waking" of the deceased during funerals.

There was debate on the issue of the state's use of legislation to control individual's behaviour. The paper by Ross was presented on the same night as a paper by Miss Isabella Tod "*On the Principles on which plans for Curative Treatment of Habitual Drunkards should be based*". Incidentally Miss Tod was not the first woman to present a paper to the Society, that honour went to Mrs. Charlotte Stoker in 1863. Miss Tod felt that drunkenness should not be viewed as a crime but rather as a sin and a vice. She felt that the danger with interfering with individual liberty to lead people to right-doing was mistaken because "to supersede the conscience is to weaken it". Rev Osborne justified state interference on the grounds that it would ensure "the greatest happiness of the greatest number". Haughton felt that "legislative action is needed to aid moral suasion". Ross felt there was a need to hold the individual culpable for their actions and the "need to apply preventive or punitive law to ascertained people who require reformation or punishment".

The SSISI received many papers dealing with matters of jurisprudence and many of the issues on alcohol tended to concentrate on legislative measures. After a break of a number of years Haughton returned to the topic in August 1857 with the paper "*On the necessity for prompt measures for the suppression of Intemperance and Drunkenness*". He began with an air of annoyance at the inaction of the preceding decade against the great cause of crime and misery "the appetite for alcoholic poisons". He claimed there was a need for legislative prohibition of alcohol to aid moral suasion. He demonstrated this by use of statistics on twenty-four English counties. Those counties where the proportion of public houses to population was greatest and the level of education and religion are above the national average also had a proportion of crime above the national average. He felt that legislation should be aimed at the destruction not the regulation of alcohol. Daly stated that initially free trade in drink prevailed but in the 15th century the opening of alehouses began to be prohibited because of "the abuses and disorders in tipping houses". He identified the problem of cooperative drinking associations or "clubs" set up without needing a licence. He ridiculed the attitude of the Temperance Party of "turn off the tap" with "no one ever proposed to overcome the habit of stealing solely by prohibiting property nor to stop apple-stealing by abolishing orchards".

William Lawson presented a paper in February 1902 entitled "*Licensing and Public House Reform in Ireland*" which was inspired by the legislation on Irish licensing laws of that year. The licensing statute went as far back as 1635 with the power of franchising licenses passing to the Commissioners of Excise in 1737. The foundation act for the present Irish licensing laws dates from 1833. The power to grant licences was vested with local magistrates at the Quarter Sessions. Lawson suggested malpractice was common by "canvassing

and packing of benches" which led to excessive numbers of public houses at that time. He offered the example of Ballinlough in Co. Roscommon which in 1902 had a population of 200 and had 8 public houses. Out of 11 new houses built that year nine of these new householders applied for and received licenses to sell liquor. The 1902 Ireland Licensing Act curtailed significantly the granting of new licenses to try to stop such abuses.

Lawson also identified the problem of mixed grocery/drapery with licenses to sell alcohol. In Dublin 90 per cent of the trade was mixed like this which he felt allowed women to put drink on grocery accounts. He also identified abuses in liquor legislation, the requirement to supply food supplies for consumption on the premises was not kept. He also felt the legislation on the sale of alcohol to minors inadequate with publicans having to "knowingly" sell to an underage person. Lawson also identified abuses of the law by clubs set up for the purpose of drinking. He felt these clubs could be regulated by requiring them to become registered. The "Bona Fide Traveller" rule which allowed people so classified to be served outside opening hours was also widely abused. The distance from one's home required to receive this privilege was as little as three miles in rural areas.

Lawson observed using the following data that while the population was halved the number of licensed premises increased.

Public House Licences

Year	Licences	Population (Million)
1845	15,000	8.25
1896	18,751	4.54

Source : Lawson (1902)

The name of the proprietors being displayed over the door is a feature of Irish pubs that became a legal requirement from legislation passed in 1872. There was fierce agitation organised by publicans against curtailment of opening hours in 1878. The result of this was to have Dublin and four other cities exempted from Sunday closing. Legislation in 1906 curtailed drinking hours further by earlier Saturday closing and reduced Sunday hours in the cities by two hours. The Gaelic League were influential in having restrictions on St Patrick's Day increased to attempt stamp out the tradition of "drowning the shamrock". The Intoxicating Liquor (General) Act 1924 tried to

tackle the problem of illicit distillation by controlling selling without licences or "sheebens" as these illegal drinking outlets were commonly known as. The then Minister for Justice Kevin O'Higgins introduced in 1927 two hour midday closing that became known as the "Holy Hour" to keep urban workers from lunch-time drinking.

The 1927 legislation also introduced the concept of the Special Exemption for "special" functions. Legislation in 1943 relaxed the legislation in rural areas of having to extinguish two licences to obtain a new one by allowing a direct transfer within a court area. In 1962 less restrictive opening hours were introduced as was the concept of 10 minutes "drinking-up time". In 1979 a change in legislation to allow food be served on premises brought in a clause that a "substantial meal", that is one required for a special exemption, should be worth IR£2 or more. This was to address the problem of abuses of special exemptions but it seems has been inadequate as the following data from the CSO Statistical Abstract seems to convey.

Special Exemptions to the Licensing Laws

Year	Number of Special Exemptions
1967	6,342
1972	14,814
1977	32,800
1979	42,111
1980	39,899
1981	37,061
1982	38,668
1983	38,036
1984	40,330
1985	43,606
1986	44,838
1987	45,904
1988	44,782
1989	46,832
1990	48,840

Source : CSO Statistical Abstracts, Various Issues

Although the initial impact was to reduce the amount of special exemptions, albeit by a very insignificant amount, they are getting more numerous each year. The term "special" would seem to be ironic given their abundance.

The 1988 Intoxicating Liquors Act attempted to tackle an issue raised by Lawson in 1902 about the registration of clubs and societies to curb abuses of the licensing laws. This legislation also dealt with underage drinking and children in pubs which had previously been dealt with by the (Sale to Children) Intoxicating Liquor Act 1901. However O'Brien in his book on Dublin reports on a survey of 22 selected public houses in Dublin City in June 1908 that they were "entered by 46,574 women and 27,999 children (incl. 5807 babes in arms). The 1988 legislation, encouraged by the alcohol trade, extended opening hours and drinking-up time. It also, under encouragement from Bord Failte, but not from the licensed trade, granted special restaurant licences to serve alcohol. A requirement to ensure that all supermarket off-licence sales of alcohol take place over the counter did not pass into legislation. This stipulation reminds one of the problem of alcohol being put on grocery accounts raised by Lawson.

The themes contained in the historical papers reviewed above still constitute many of the concerns expressed by people on the alcohol topic. These themes constitute the issues that perplex policy makers in attempting to deal with the multidimensional problem that alcohol misuse poses for society. In the sections that follow these themes are used to provide a framework to help clarify the issues involved.

3. PRODUCTION, CONSUMPTION AND DISTRIBUTION

In most of the papers presented on this topic the authors have attempted to estimate the extent of alcohol use in society. Estimates are made of the licit production in Ireland and are then made of national consumption having taken account of international trade in alcohol. The number of licenses to sell alcohol are used as a measure of the availability of outlets to distribute alcohol.

Haughton in 1849 presenting the extent of the problem said that out of 27 million inhabitants in Britain and Ireland there were 600,000 habitually intemperate. Looking at Ireland in the early 19th century he showed that the growth in alcohol consumption compared to the growth in population was spectacular. The following figures were presented in support of this view:

Spirits Consumption in Ireland 1821-1856

Year	Population* ('000s)	Consumption (Gallons)	Per Capita Consumption (Gallons)
1821	6,781	3,340,472	0.49
1841	8,175	6,515,781	0.80
1851	6,552	7,753,017	1.18
1852	6,477	8,419,656	1.30
1853	6,401	8,348,367	1.30
1854	6,326	8,613,785	1.36
1855	6,251	6,367,946	1.02
1856	6,176	6,936,938	1.12

* Population is for the 32 counties of Ireland

Sources: Haughton (1857)

Commission on Emigration and Other Population Problems

Although the population was almost the same in 1851 as in 1821 the consumption of spirits more than doubled. Haughton attributed the fall off in consumption in 1855 and 1856 to the moderate success of the temperance movement inducing a switch towards tea and coffee consumption. The pattern of excessive alcohol consumption in the 19th century was not only confined to Ireland. There is evidence of this trend in many other countries. Haughton showed that in 1855 the per capita spirits consumption in gallons of pure alcohol in a number of countries were as follows:

Spirits Consumption Per Capita in 1850s (in Gallons of Pure Alcohol)

France	1.80
England	0.92
Ireland	1.40
Scotland	4.40
USA	1.10

Source: Haughton (1857)

Comparable per capita figures for spirits consumption in gallons of pure alcohol, taken from the World Drink Trends, for 1988 are:

**Spirits Consumption Per Capita in 1988
(in Gallons of Pure Alcohol)**

France	0.54
Ireland	0.37
UK	0.40
USA	0.53

Source: World Drink Trends (1990)

The extent of the difference in alcohol consumption between the present day and the last century is dramatically emphasised by these figures. The accuracy of the earlier estimates must be questioned but nevertheless it would appear alcohol use was more widespread at that time. These figures are even more dramatic if account is taken of the age distributions in these two time periods. The percentage of the population between the ages of 0-14 years was 38.5 per cent in the 1861 Census compared to 28.2 per cent in the 1986 Census. The higher proportion of children in the population in the last century implies that the difference in alcohol consumption per adult was even higher than the per capita data would suggest.

The extent of alcohol consumption dropped dramatically in Ireland by the beginning of this century due to the energetic efforts of societies such as the Gaelic League and the Pioneer Total Abstinence Association. The SSISI also played a role in raising social awareness of the problems associated with excessive alcohol use. The fact that papers on this topic were plentiful during the last century but tapered off by the start of the century indicates that the level of alcohol consumption may have decreased also.

The level of alcohol consumption declined worldwide at the start of this century with a Temperance Movement induced prohibition on alcohol production in many countries such as Canada, Finland, Norway and the USA in the period 1919 - 1933. After World War II the influence of the temperance associations declined and as world economies began to grow so too did alcohol consumption. Ireland initially lagged behind this trend in the depressed economic decade of the 1950s when there were still large numbers of total abstainers. However from the 1960s alcohol consumption has increased significantly as the following data for selected years on alcohol consumption per adult in litres of pure alcohol illustrates.

Alcohol Consumption Per Adult in Litres of Pure Alcohol

Year	Spirits	Beer	Wine	Total
1960	1.15	3.50	.17	4.82
1965	1.54	4.01	.25	5.80
1970	2.05	4.76	.35	7.16
1975	2.89	5.77	.47	9.13
1980	2.95	5.87	.64	9.46
1985	2.49	5.26	.62	8.37
1989	2.30	5.48	.72	8.50

Sources: Reports of the Revenue Commissioners
CSO's Vital Statistics

These figures were based on licit alcohol production and trade recorded by the Revenue Commissioners. However there also exists illicit production and trade in alcohol so these figures are likely to understate the true consumption figures. The illicit trade in alcohol mainly involves smuggling between Northern Ireland and the Republic. In the early 1980s there was a strong incentive to smuggle alcohol from the North into the South although the incentive has not always been in this direction. The fluctuation in the punt against the pound sterling that arose from Ireland's EMS entry in 1979 coupled with severe rises in excise taxes in the South created the incentive for trade in alcohol products. Fitzgerald et al. (1988) estimated that nearly one quarter of total expenditure of residents of the Republic on spirits may have occurred in the North. Walsh (1989) suggests that in 1983 domestic sales of spirits may have understated consumption by as much as one-third.

Illicit production of alcohol also occurs under conditions of high taxes on consumption. Home-made brewing of beer and wine is allowed if only for personal use but distillation of spirits is prohibited. In Ireland this activity is referred to as "poteen making" but estimates of the extent of its production levels are difficult to ascertain. The production of poteen has tended to be more predominant in certain regions of the country.

The Revenue Commissioners data on the illicitly distilled spirits detections and seizures is presented below. The number of detections in any one year can depend on many random factors such as the extent of surveillance the Gardai can afford to give to the task, reportings by people and luck (or bad luck as the case may be). However over a number of years the average detections is probably a better indicator.

Detections and Seizures of Plant and Materials for Illicit Distillation of Spirits

Years	Average Number of Seizures	
1941-1984	122	
1940s	81	
1950s	125	
1960s	169	
1970s	110	
1980-1984	123	
1947	25	Lowest
1959	223	Highest

Source: Reports of the Revenue Commissioners

What these figures indicate is not clear however. It is not necessarily true that there is a direct correlation between illicit production and detection. Detections may reflect the extent of illicit production or it just may reflect attitudes towards illicit production. The number of detections were low compared to the average during the 1940s Emergency period. This may only reflect the fact that petrol rationing made detection harder or that the scarcity of alcohol may have led the authorities to take a more lenient attitude towards poteen making. Production could be high and detection low as a consequence. The late 1950s onwards saw a large increase in the rate of detections. The Revenue Commissioners ceased publishing the data on detections in the mid-1980s but it is interesting to note that the average detections in the early 1980s is almost exactly the same as for the period 1941-1984. This would indicate, if anything at all, the persistence of illicit production.

Haughton had estimated that between Ireland and the UK there were about 200,000 "capitalists" involved directly and indirectly in the liquor trade in the 1850s. He also estimated that there was £180m spent in both regions on intoxicating liquors, Lawson estimated that in 1901 £15m was spent on drink in Ireland alone. This latter sum, allowing for inflation and apportioning Haughton's estimate to Ireland, would be much more supportive of the theory of the substantial reduction in alcohol consumption between the periods. Present day estimates of the direct and indirect employment in the alcohol trade vary according to definition. For instance in 1987 the total employment in drinks production according to the CSO's Census of Industrial Production was 5,400. This number, which also includes soft drinks production, was substantially down on the previous decade's number of 7,800. Substantial job

losses due to rationalisation in the brewing industry more than outweighed increases in spirits production employment.

The employment in retailing of alcohol drinks in licensed premises has been estimated by O'Hagan and Scott (1990) at 24,700 full-time and 15,500 part-time. Adding these numbers to the production numbers would give a direct full-time employment to around 30,000 people in the drinks trade. The estimation of the indirect employment from the alcohol trade is a much more unreliable estimate. The linkage employment involves those engaged in agriculture producing the raw materials for production, to those who provide machinery or fittings used in distribution, to those in the catering side of services provided in many public houses and so on. One need not stop there if the link is taken to its logical conclusion the work of medical staff dealing with alcohol related problems, police and social work all could be included. It therefore seems more sensible to concentrate on the direct employment effect of the alcohol industry. 30,000 employed, or 45,500 when part-time work is included, is 2.7 per cent - 4.1 per cent of total employment which is very significant given the high levels of unemployment already existing in the country.

The total personal expenditure on alcohol in the CSO's National Income and Expenditure accounts was about IR£1.6 billion in 1988 or IR£4.4 million each day. The government received IR£388m in excise duties on alcohol or about 3.7 per cent of its total receipts in 1989. It also collected a further IR£1.35m on 15,430 liquor licences, 11,063 of these being full publican licences.

4. ALCOHOL RELATED PROBLEMS

Alcohol is a drug although it has been classed in the past by Houghton as a "poison". When alcohol use is moderate much enjoyment can be derived from it. It has the benefit of making people become more relaxed and in many instances can make people more amiable company. In current medical literature one possible benefit of moderate alcohol consumption, particularly red wine, is the reduction in the probability of coronary heart disease. However the misuse or abuse of alcohol has many consequences for the individual's health and for society at large. These alcohol related problems have all been referred to in the historical papers reviewed. They can be characterised into the following consequences; medical, psychological, social and economic.

The medical consequences of alcohol misuse have long been understood. Alcohol misuse leads to greater probability of morbidity and mortality. Alcoholism was for many years considered a disease. The disease concept was initially supported by the Temperance Movement and latterly by groups such

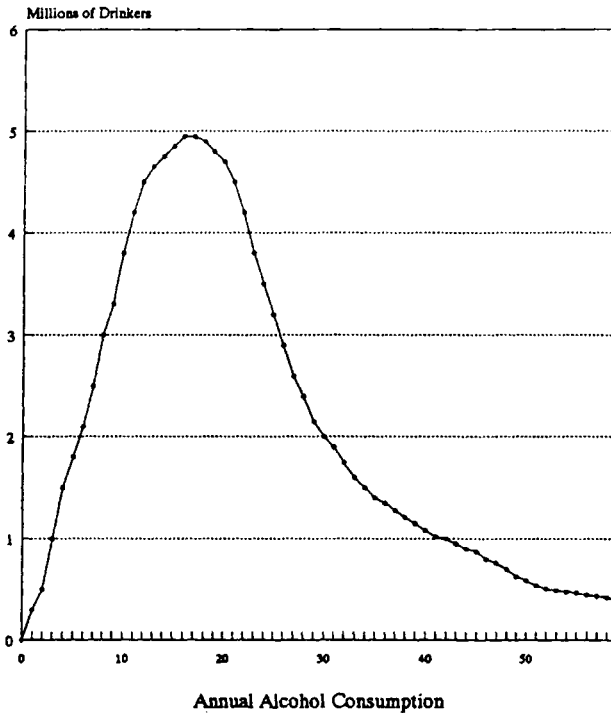
as Alcoholics Anonymous (AA). The first European branch of the AA was set up in Ireland in 1946 having been founded in Ohio in 1935. The alcoholic was not blamed and the emphasis was on treatment and rehabilitation. The World Health Organisation (WHO) removed alcoholism from the disease category in 1980 to be classed as an addiction with the emphasis on prevention. This classification still seems to be very much debated in the medical profession.

The issue of temperance or total abstinence was addressed by Houghton in his first paper to the society where he argued for the latter using data to show that mortality rates by age were lower among members of the temperance movement than the general public. He also presented medical opinions from the UK and the USA which said "that the total and universal abstinence from alcoholic liquors of all sorts, would greatly contribute to the health, the prosperity, the mentality and happiness of the human race".

The disease concept was advanced by Jellinek in the 1960s when he argued that certain individuals had a disposition to become alcoholics. The genetic transfer of alcoholism had been espoused by both Houghton and Osborne "parents transmit to their children an appetite which requires larger quantities of the poison to allay its cravings in their system". Another approach to the disease concept is the "integration hypothesis". This identified other types of alcohol use that required attention not just alcoholics who were seen as a separate group. These groups were classed "problem drinking" and "social drinking". However the theory of alcoholics as a separate group did not lead to an expected bimodal distribution in alcohol consumption. Ledermann suggested in 1956 that alcohol consumption is best fitted to a single lognormal curve. This curve is highly skewed indicating that alcoholics consume a large proportion of the total alcohol consumed.

The outcome of the Ledermann curve is that there is a constant relationship between the per capita consumption and the prevalence of alcoholics. If this relationship holds then emphasis should be placed on reducing the mean in order to reduce the problems associated with alcohol. This implied that everyone's drinking should be reduced, not just the alcoholics, in order to reduce the average alcohol consumption level. However this theory has been challenged by other researchers like Singh (1979) who have found that the distribution of alcohol consumption varies among populations so the dispersion is not invariant as the Ledermann curve suggests.

Ledermann Curve



Source : Singh (1979)

The ruinous effects of excessive alcohol consumption on the human body are well documented, particularly its effect on the organs like the kidney and the liver. Haughton in his 1857 paper reported from the work of Dr Beaumont on the famous case of an American, St Martin, who had a hole in his stomach. This hole, a result of a gunshot wound, permitted medical observation "of the destructive effects of alcohol in the human stomach".

Alcohol is often a contributory factor in many cases of mortality but the cause of death is often attributed to some other cause, either medical or accidental. Indices commonly used as indicators of the prevalence of alcoholism are the annual deaths from cirrhosis of the liver, annual prosecutions for drunkenness and admissions for alcohol related problems in hospitals. Blaney in his 1973 paper looked at these indicators for Ireland. The death from cirrhosis of the liver seemed to have peaked at around 1908 to reach a low around 1949. The rate of death from cirrhosis per 100,000 in selected years are given below

**Death Rate from Cirrhosis of the Liver
Per 100,000 of Ireland's Population**

Year	Rate
1908	8.0
1928	2.1
1949	1.7
1959	2.6
1969	3.6
1974	3.7
1979	3.0
1984	2.9
1989	3.0

Source: CSO's Statistical Abstracts

Ireland's rates are among the lowest by international standards but this is probably due to inadequate reporting of the cause of death, a problem pointed out by coroners and medics over a long period of time. Blaney used the data on cirrhosis deaths to test "the hypothesis of the 'Celtic Trait' ". He showed that the Irish rates were more similar to England and Wales than Scotland's which were much higher "these differences were not in accord with the hypothesis".

Alcohol abuse also has psychological consequences for the alcoholic and their relatives. Acute alcoholism can lead to serious mental disorders such as alcoholic dementia, delirium tremens and bouts of depression, these can in some cases lead to suicide. Haughton commented that "insanity is augmented by its (i.e. alcohol) use". Jellinek in the 1960s referred to "an X factor" that gave certain people an "alcoholic personality" unable to control their drinking. Ross in his 1874 paper referred to such people as "dipsomaniacs" who should be treated in hospitals or sanatoria.

Blaney showed that the pattern in admissions to psychiatric hospitals for alcoholism was growing rapidly from the early 1960s. The rate of increase in this index was much higher in the "Celtic" countries of Ireland and Scotland compared with England and Wales. The numbers of both first and all admissions to psychiatric hospitals for alcoholism or alcoholic psychosis in Ireland are presented below. These figures only give an indication of the extent of alcoholism because many alcoholics either seek no help, are treated as outpatients or by their GPs or else they seek help from voluntary support groups like the AA.

Admissions to Irish Psychiatric Hospitals for Alcoholism and Alcohol Psychosis

Year	First Admission	All Admissions
1965	699	1,638
1970	1,252	3,073
1975	2,198	6,003
1980	2,480	7,021
1985	2,392	7,272

Source: Health Research Board

The social consequences of alcohol abuse take many forms. One particular social consequence that most of the previous SSIS papers dealt with was "the connection between intemperance and crime". Haughton argued with the support of examples that "there is a universal realisation" of the link between alcohol use and crime. Ross reported that in 1873 there were 95,623 convictions in Ireland for drunkenness and that a large proportion of the 38,000 assaults were "directly due to excessive drinking". He claimed that alcohol was directly or indirectly involved in one half of all summary proceedings in Ireland. Hancock in his 1877 paper claimed that 39 per cent of men and 32 per cent of women known to police as criminals were habitual drunkards. Out of 57 serious crimes affecting human life 27 were connected with drink. Alcohol is still in the present day a serious contributory cause in violence against the person and against property.

Alcohol misuse is also prominent in accidents in the home and at work and in violence in the home. The prosecutions (with convictions in brackets) for drunkenness and for drunk driving in the Republic are presented for a number of years below:

Prosecutions for Drunkenness and Drink Driving (Convictions in Parenthesis)

Year	Drunkenness	Drink Driving
1975	4,643 (3,747)	4,813 (2,528)
1980	6,242 (4,837)	9,509 (7,132)
1985	5,865 (4,516)	8,219 (6,515)
1990	5,796 (4,630)	7,534 (6,186)

Source: Garda Reports on Crime

The convictions for drunkenness in 1873 seem to be about twenty fold greater than a century later. The sharp jump in drink driving prosecutions by 1980 is probably due the introduction blood/urine tests in 1978. Alcohol is high a contributory factor in road accident deaths with over 165 people, which is 36 per cent of the total road deaths, killed between 9.00 p.m. and 3.00 a.m. These hours are most associated with drinking and the accident rate is dramatic given that only 13 per cent of travel undertaken in a day is accounted for during these hours.

Another social consequence of alcohol use is the proportion of family income spent on drinking. Haughton felt that use of liquors was socially and morally wrong because it deprived families of their "bread winner" or at least money needed for necessities. Hancock also called for attempts to reform habitual drunkards who "seriously injure their children by what they spend on drink". Whether poverty begets alcohol abuse or alcohol abuse begets poverty is still a debated issue.

Haughton also classified the use of alcohol as "economically wrong" in that it shortened human life so wasting productive capacity so "reducing mankind's wealth, health and happiness". These costs are additional to the costs of health care needed because of alcohol abuses. Further economic costs to be added would be the cost of accidents induced by intoxication, payment of salaries to employees in alcohol induced absenteeism, state transfer payments to people incapacitated by alcohol, police costs and so on. Such estimation is fraught with uncertainties yet Haughton estimated in the 1850s that the losses to society associated with misuse of alcohol would be between £50-£100 million annually. Walsh (1980) estimated that the cost to the exchequer alone was £63 million in 1976. A figure of about IR£400 million might be a closer approximation to the total cost to society in 1990.

One important consequence of alcohol abuse in modern society is its indirect contribution towards the spread of the HIV infection by making people under its influence less inhibited so reducing behavioural restraint. This problem will impose a huge cost on society's health and resources in the future decades.

5. ETIOLOGICAL FACTORS OF ALCOHOL USE

There are a number of important factors of causation that have been addressed in the past to explain the patterns of alcohol consumption. These etiological factors include a hereditary/personality explanation, race, age, and gender explanations.

The use of a eugenics approach to explaining alcohol consumption pattern was

invoked by both Haughton and Osborne in their papers to this society. The hereditary thirst for alcoholic poisons getting magnified with each generation was how Haughton interpreted the exceptional growth of spirit consumption. Osborne felt atavism was the cause, that is where symptoms are passed from grandparents having skipped a generation. Many modern theories claim that children of alcoholics have greater probabilities of also becoming alcoholics. This however is not to support the "alcoholic personality" view but depends more on the environmental conditions which these offsprings must endure. It is the classic "nature versus nurture" question.

Many references have been made to the Irish race having a disposition towards alcohol or the "Celtic trait" analysed by Blaney. Blaney also offered some of the views put forward to explain "the Irish psychological constitution" namely the "manic-depressive streak in our people", "our innate inferiority complex" and the "prevalence of endogenous depression". Drunkenness has been seen as the great psychological release of the working class and the Irish in particular according to O'Brien. Others including Haughton have focused on the Irish as a subgroup in other societies showing high rates of alcohol abuse. In 1849 the Massachusetts' pauper abstract had over half its numbers from the UK and Ireland; it stated that over half of its total numbers were made pauper "by intemperance in themselves and others".

Blaney presented a socio-cultural theory of this perceived "Irish Trait". Irish drinking was seen as convivial rather than ritual and was used as a bonding with people of the same or other groups. Irish people as Ross pointed out have a "social acceptance" of drunkenness something that is completely opposite to the Islamic view. However using international data on alcohol consumption per capita Ireland ranks a moderate 28th out of 47 countries, data which would not support the nationality trait if the Ledermann hypothesis is correct. However an approach that placed culture as an important etiological factor suggests that the "Irish Trait" could still exist even if the Irish average consumption of alcohol is less than in other cultures. This approach is known as the "integration hypothesis" which suggests alcohol related problems are less in societies where it is integrated into daily lifestyle, like drinking wine with meals for example. The Irish pattern of alcohol consumption is considered to be less integrated into lifestyle. The "episode or binge" drinking pattern is a feature of late night drinking in Ireland to beat closing time in public houses. However France which is considered to have a well integrated drinking culture tops the international alcohol consumption table. France also consequently has one of the highest death rates from cirrhosis of the liver in the world (WHO, 1985). This evidence must cast doubt on the "integration hypothesis" supporting the existence of the "Irish Trait" as an exemption to other cultures.

Another element of evidence systematically presented to support the notion of the "Irish Trait" is the comparatively large proportion of total personal expenditure attributed to alcohol consumption. It has been suggested by many writers that this is an indication of the "attachment of the Irish to alcoholic beverages and their willingness to forego other items in order to secure a desired level of alcoholic intake" (Walsh 1980). This statement may well be very valid but it does not mean that the "Irish Trait" is exceptional. The Irish expenditure on the category "alcohol" is distorted by the high rates of taxation on alcohol in Ireland, currently over 40 per cent of the retail price, and the cost attributed to alcohol includes not just the cost of the alcohol but also the additional expenses of the publican in serving the product. Hence comparing Irish expenditure on alcohol with that in other countries, as presented in international data sources, is erroneous (Conniffe and McCoy, 1991).

**Expenditure in Selected Countries on Certain Categories
as a Percentage of Total Private Expenditure**

Country	Alcohol as a per cent of Total	Restaurants, Cafes and Hotels as a per cent of Total
France	2.1	6.5
Ireland	10.2	1.6
Sweden	3.4	3.8
UK	1.9	12.4

Source: United Nations National Accounts Statistics

The problem with making international comparisons of alcohol expenditure is that other countries treat alcohol expenditure differently to Ireland in their national accounts. In these other countries only the cost of the alcohol content in the price of the drink is included under the "alcohol" category. The remainder gets attributed to categories such as "Expenditure in Restaurants, Cafes and Hotels". Taking these two categories, for illustrative purposes, from the UN National Accounts data in 1986, presented above, for Ireland, the UK, Sweden and France a more balanced picture of the allocation of private expenditure can be obtained.

The combined expenditures bring the countries more in line with each other: France 8.6 per cent, Ireland 11.8 per cent, Sweden 7.2 per cent and the UK 14.3 per cent. These figures are not expenditures on alcohol either but they do give an indication that Ireland's expenditure on alcohol is only exceptional

because of classification differences. An example of this is Sweden which has a per capita alcohol consumption figure of similar magnitude to Ireland's coupled with alcohol prices that are among the highest in the world due to excessive taxation. Given similar quantities and higher prices and allowing for higher levels of personal expenditure in Sweden than in Ireland, the percentage attributed to alcohol in Sweden is still only a third of the reported Irish percentage.

The reported expenditures on alcohol by households as a percentage of total spending in expenditure surveys in both Ireland and the UK are very similar in magnitude, although both tend to be underreported (Crooks, 1989). The fact that the Irish are willing to pay higher prices to drink less in absolute terms does not imply anything about an attachment to alcohol that is peculiar in comparison to other countries.

Age is another etiological factor determining patterns of alcohol consumption. The concentration has tended to be on the young because habit formation towards alcohol tends to develop within this age group. This point was made by Houghton quoting from a paper by the Rev Henry Worsley on "Juvenile Depravity" on the need for education of the young against such vices. The age at which initiation of drinking begins is another important factor that can be influenced by restricting access to alcohol for people below a minimum age. Minimum drinking age regulations, if strictly enforced, can reduce the accessibility of alcohol to young people which can contribute to a reduction in problems such as vandalism and aggravated assaults. However enforcement of these minimum drinking ages are difficult in off-licence type sales because it is impossible for the seller to ensure that the ultimate consumer of the alcohol is legally permitted by age.

Another group that previous writers focused on, invoking the etiological factor of gender, were women. This focus on women's drinking patterns is currently much debated in the international literature. Females' drinking has historically been much less than males. While this in general is still the case, there has been a substantial convergence in the gender drinking patterns. This is particularly true in the case of certain occupations, in which females are becoming increasingly more represented, where heavy drinking is part of the profession's image. The recommended tolerance level in Ireland is currently 21 units of alcohol for males and 14 units for females. While females are much less likely to die from alcohol related causes, female alcohol dependents are more likely to develop serious illness problems (Plant, 1990). Gender differences exist in relation to crime and violence related to alcohol. Females are more likely to be the victims of the violence and males are more likely to be the perpetrators.

There have been many concerns expressed over the use of alcohol by females during pregnancy. Haughton quoted a Dr Adams as saying that "women who are habitual drunkards generally produce immature or idiot children". Females also seem to be less likely than males to seek treatment for alcoholism or alcoholic psychosis. The breakdown of admissions to psychiatric hospitals by gender for these conditions in 1987 was Males 5,166 and Females 1,326.

Prosecution of females for drunkenness seems to have been more common in the last century. O'Brien reported on one unfortunate female drunkard in the reports of the Prison Board with a history of 264 convictions who managed, due to the brevity of the sentences handed down by magistrates and the inadequacy of treatment facilities, to wind up in Grangegorman prison on 52 occasions in one year.

6. ALCOHOL CONTROL STRATEGIES

All of the papers previously read to the society identified problems associated with the use of alcohol. These writers seemed to be concerned with specific aspects of alcohol misuse and they invariably proposed, either explicitly or in some instances implicitly, strategies or corrective measures to control the problem that they were concentrating on. A comprehensive strategy dealing with the many issues of alcohol use which the national alcohol policy will need to address was not attempted in the past. According to a 1985 WHO report on national alcohol policies the emphasis of control policy should be on prevention. The approach a comprehensive public health policy on alcohol will need is to use legislation to influence behaviour, the market to generate behavioural incentives and education to create positive attitudes. All of these measures were advocated in the previous papers although not as part of a comprehensive solution.

The proposed solutions could be distinguished as being focused on either the supply of alcohol or on the demand for alcohol. The solutions that are supply based seek controls on the production, importation and distribution of alcohol. The solutions that are demand based would advocate the use of price and taxation regulations along with stressing the role of education and information. The most striking latter day issue on alcohol control that did not feature in the previous papers is the role of advertising in encouraging demand for alcohol.

Haughton argued "against the use not just the abuse of liquors", his line was towards total abstinence from alcohol to be achieved by "legislation aimed at the destruction not the regulation of alcohol". The legislation he was seeking was a total prohibition on alcohol production and importation similar to that

in force in the USA during the 1920s. However as the history of that period of Prohibition shows, a thriving "black market" develops which is unregulated and which gives rise to many other problems in society. The persistence of the production of poteen, a prohibited activity, in Ireland is further evidence of the ineffectiveness of supply reduction unless the demand is reduced accordingly. Relatively successful prohibitions operate in Islamic countries but this is due to the behavioural restraint from religious beliefs that reduces alcohol demand.

Another advocated supply-orientated measure to reduce alcohol related problems is to reduce the availability of alcohol. This measure also requires legislative power to control the distribution of alcohol by regulating the number and type of outlets permitted to distribute alcohol. Further regulations on the operation of these outlets can control the distribution such as restrictions on hours of opening and imposing minimum ages for the purchase and consumption of alcohol. Lawson complained about the ineffective use of these control instruments in Ireland at the start of the century. Minimum drinking age in most European countries including Ireland is eighteen. In many states in the USA, Canada and Australia the age limit is set at twenty one years. There is evidence from a number of these states which have changed their minimum drinking age that adolescent involvement in fatal car accidents decreases significantly when the drinking age is raised from 18 to 21 years (Saffer and Grossman, 1987).

The demand solutions offered to reduce the problems of alcohol include moral suasion, often from a religious position, education for more people and for longer duration and making alcohol more expensive by use of taxation. The taxation issue was not dealt with in previous papers to any great extent other than references to the opposition it provoked from the trade and the drinker alike. However Hancock having described a litany of alcohol related abuses in Ireland in the 1870s felt that "this state of affairs continues notwithstanding efforts to check drunkenness by increasing the tax on drink and by restricting the number of public houses". However the use of market instruments is important to produce desired responses in consumer behaviour towards alcohol that any present day policy would need to consider.

The social costs of individuals' use of alcohol may not be fully reflected in the price they pay for a good. Economists would refer to these actions as "negative externalities". One way to correct for this is to make drinkers pay the "true" price of their drinking by using a tax to make up the difference in the price they pay and the one they "should" pay. There is much debate on the justification of this paternalistic view of alcohol policy whereby the government, through special taxes on alcohol, attempts to correct consumer behaviour. Unfortunately these special taxes on alcohol entail losses in

efficiency in markets by distorting prices and they can lead to inequitable distribution of resources in society (O'Hagan, 1983). Taxes on alcohol also fail to discriminate between the moderate use or abuse of alcohol but rather "fall like sober rain from heaven on problem and problem-free drinkers alike" (Gusfield, 1976). To determine how sensitive the quantity of drink consumed is to the price one needs to determine price elasticities. If the quantity consumed is relatively insensitive to price changes, that is price inelastic as the latest econometrical evidence for Ireland suggests (Conniffe and McCoy, 1991), then price increases will reduce consumption by a proportionally smaller amount. This is one of the great virtues of alcohol, the "old reliable", from the exchequer's revenue collection viewpoint because higher taxes on inelastic goods yield higher revenues.

The role of education to reduce demand was stressed by Haughton as necessary to induce "virtuous conduct". However he also presented an essay by Dr Lees on "Legislative Prohibition of Liquor Traffic" as proof of the "inefficiency of education and religious institutions alone to cope with the evils resulting from our drinking usages". The role of education and the provision of information on the consequences of alcohol to alter public opinion is used in most countries as a primary prevention technique. The provision of information to the general public as a whole is not effective as a campaign focused on special target groups. The information on alcohol abuse can be tailored so as to be effectively communicated to these target groups. Target groups common to many countries include school children, pregnant women and "drink drivers". However unless the information is reinforced by positive action responses it is unlikely to alter behaviour. For instance the consequences of drinking and driving are well known and the penalties for such behaviour can be severe yet the practice is still quite common. However when this information is backed up with positive action the results are very favourable. An example of this is the high profile Garda campaign against drink driving in December 1990. The Gardai arrested 920 people out of 40,468 breathalysed, but more importantly it altered other drivers behaviour because the number of fatalities on the roads for the month was 25, which was down on the 45 for the same period in 1989.

It is argued that the advertising of alcohol in the broadcast media can sanitise its consequences in people's perception so counteracting the use of educational techniques. The evidence on the impact of advertising on overall alcohol consumption levels is far from conclusive. Most advertising is brand specific so that its impact is more on the drinks structure than on the overall level of alcohol. Many countries have imposed restrictions on alcohol advertising including Ireland where spirits commercials on television are prohibited. The effectiveness of this type of restriction is contentious but Saffer (1991) states that countries with bans on spirits advertising have 16 per cent lower alcohol

consumption and 10 per cent lower motor vehicle fatalities than countries with no bans.

7. CONCLUDING REMARKS

The purpose of this paper has been in the original tradition of the SSISI of presenting "facts calculated to illustrate the conditions and prospects of society", in this instance the need for alcohol control. The paper has attempted to place the relevant issues of the topic in both their historical and present contexts in order to provide a framework for an alcohol control policy. It is striking, as was mentioned in the introduction, that many of the issues addressed in the previous papers on the topic are still relevant for current policy formulation.

The most important lesson for future policy that should be taken from the previous papers is in the approach taken towards alcohol control. These papers tended to focus on particular aspects of the alcohol topic for instance the need for licensing reform, the treatment of alcoholics, the suppression of crime related to intemperance and so on. However while each paper offered remedies to the problems identified, none of these papers addressed the problem with a comprehensive approach. These remedies included the use of legislation, market instruments, education, medical and psychological treatment. Future alcohol policy will need to take a comprehensive approach utilising and coordinating many of the proposed remedies to alcohol problems in order to be successful in achieving its objective. This objective presumably is the elimination of the abuse, rather than the use, of alcohol.

A subjective view on some of the lessons for the future from the historical review is as follows. Restrictions on the production of alcohol are neither practical nor effective. Alcohol control can be achieved by regulating its accessibility. This requires proper control over the distribution of alcohol through public houses, off-licences, supermarkets and clubs by use of licences and registrations. The legislation regarding alcohol control needs to be comprehensive and consistent dealing with both the seller and the drinker. Fines and penalties for alcohol abuse must match the severity of the offence. The laws need to be strictly enforced to avoid inconsistency in detections and prosecutions. The medical emphasis should be on prevention rather than on treatment as it was in the past. The role of further taxation to alter alcohol consumption in Ireland is limited given the existing high tax levels and insensitivity of alcohol consumption to price changes.

The role of information is paramount for an alcohol policy to be successful. The success of the Temperance movement in changing the level of alcohol

consumption in Ireland through propaganda bears testament to this assertion. Education campaigns are more effective when focused on target groups. There should be controls, rather than bans, on the content of alcohol advertising and promotion in all the media to ensure that they convey accurate information and perceptions to the general public. Advertising is an effective instrument to induce consumers tastes towards drinks with lower alcohol contents or to alter their drinking patterns.

The issues raised in this paper are just some of those that policy makers need to address when dealing with alcohol control policy. The paper demonstrates "just how complicated the subject necessarily is" and consequently any proposed solutions will need to be comprehensive to address all of the issues involved.

References

- Blaney, R., 1973. "Alcoholism in Ireland: Medical and Social Aspects", *Journal of the Statistical and Social Inquiry Society of Ireland*, Vol. 23, pp. 108-124.
- Central Statistics Office. *Statistical Abstract*, Stationery Office, Dublin
- Central Statistics Office. *Vital Statistics*, Stationery Office, Dublin
- Central Statistics Office. *Census of Industrial Production*, Stationery Office, Dublin
- Collison-Black, R.D., 1947. "History of the Society", *Statistical and Social Inquiry Society of Ireland*, Vol. 100, pp. 1-47.
- Commission On Emigration And Other Population Problems 1948-1954, (1954)*, Stationery Office, Dublin
- Conniffe, D. and McCoy, D.A., 1991. *Forthcoming ESRI Research Series Paper*.
- Crooks, E., 1989. "Alcohol Consumption and Taxation", *The Institute for Fiscal Studies*, Report Series No. 34.
- Daly, E.D., 1897. "The Struggle Between the State and the Drunkard", *Statistical and Social Inquiry Society of Ireland*, Vol. X, pp. 268-292.
- Fitzgerald, J.D., Quinn, T.P., Whelan, B.J. and Williams, J.A., 1988. "An Analysis of Cross-Border Shopping", *Economic and Social Research Institute*, General Series No. 137, Dublin.
- Garda Síochána, 1990. *Reports on Crime*, Stationery Office, Dublin.
- Gusfield, J., 1976. "The Prevention of Drinking Problems" in Filstead et al. (Eds.) *Alcohol and Alcohol Problems: New Thinking and New Directions*, Cambridge, Mass.
- Hancock, W.N., 1877. "On the Statistics of Crime arising from or connected with drunkenness, as indicating the importance of increasing the Punishment of Habitual Drunkards and of those who seriously injure their children by what they spend on drink", *Economic Science and Statistics of the British Association*.

Haughton, J., 1849. "The Connexion Between Intemperance And Crime", *The Dublin Statistical Society*.

Haughton, J., 1849. "The Use of Alcoholic Liquors - Economically, Socially, and Morally Wrong", *Transactions of the Dublin Statistical Society*, Vol. 1.

Haughton, J., 1850. "Statistics of Crime", *The Dublin Statistical Society*.

Haughton, J., 1851. "On the Intimate Connection Between Ignorance, Intemperance and Crime", *The Dublin Statistical Society*.

Haughton, J., 1857. "On the necessity for prompt measures for the suppression of Intemperance and Drunkenness", *Statistical and Social Inquiry Society of Ireland*, Vol. II, pp. 166-177.

Haughton, J., 1858. "Some facts which support the idea that the desire for Aloholic Stimulants is not only transmitted by Hereditary Descent, but that it is also felt with increasing force from generation to generation, thus tends to deteriorate the human race", *Statistical and Social Inquiry Society of Ireland*, Vol. II, pp. 203-214.

Health Research Board. *Reports of the Health Research Board*, Dublin.

Lawson, W., 1902. "Licensing and Publichouse Reform in Ireland", *Statistical and Social Inquiry Society of Ireland*, Vol. XI, pp. 106-118.

Ledermann, S., 1956. "Alcool, Alcoolism, Alcoolisation", *Institut Nationale d'Etudes Demographique*, Travaux et Documents, Cahier No 29, Press Universitaires de France, Paris.

O'Brien, J.V., 1982. "*Dear Dirty Dublin - A City In Distress 1899-1916*".

O'Hagan, J.W., 1983. "The Rationale for Special Taxes on Alcohol: A Critique", *British Tax Review*, No. 6.

O'Hagan, J.W. and Scott, Y., 1990. "A Survey of Licensed Premises 1989", *Drinks Industry Group*, Dublin.

Osborne, H., 1895. "Prevention and Elimination of Disease, Insanity, Drunkenness, and Crime - A Suggestion", *Statistical and Social Inquiry Society of Ireland*, Vol. X, pp. 85-99.

Plant, M., 1990. "Women and Alcohol - A Review of International Literature on the use of Alcohol by Females", *WHO Regional Office for Europe*, EUR/ICP/ADA 020.

Revenue Commissioners. *Annual Reports of the Revenue Commissioners*, Stationery Office, Dublin.

Ross, D., 1875. "Suggested Practical Checks on excessive Drinking and Habitual Drunkenness", *Statistical and Social Inquiry Society of Ireland*, Vol. VI, pp. 397-407.

Saffer, H and Grossman, M., 1987. "Beer Taxes, the Legal Drinking Age and Youth Motor Vehicle Fatalities", *Journal of Legal Studies*, Vol. 16, pp. 351-374.

Saffer, H., 1991. "Alcohol advertising bans and alcohol abuse : An international perspective", *Journal of Health Economics*, Vol. 10 1, pp. 65-79.

Singh, G., 1979. "Comment on the 'The Single Distribution Theory of Alcohol Consumption'", *Journal of Studies on Alcohol*, Vol. 40, pp. 522-4.

Tod, I.M.S., 1875. "On the Principles on which plans for the Curative Treatment of Habitual Drunkards should be based", *Statistical and Social Inquiry Society of Ireland*, Vol. VI, pp. 408-410.

United Nations 1988. *National Accounts Statistics*, United Nations, New York.

Walsh, B.M., 1980. "Drinking in Ireland - A Review of Trends in Alcohol Consumption, Alcohol Related Problems and Policies towards Alcohol", *Broad-sheet No. 20*, ESRI, Dublin.

Walsh, B.M., 1989. "Alcohol Beverages in Ireland: market forces and government policy", *British Journal of Addiction*, Vol. 84, pp. 1163-1171.

Walsh, B.M. and Walsh, D., 1981. "Drowning the Shamrock: Alcohol and Drink in Ireland in the Post-War period", in Single et al. (Eds.) *Alcohol, Society and the State*.

WHO, (World Health Organisation) 1985. "Alcohol Policies In National Health and Development Planning", in Joy Moser (Ed.) *WHO Offset Publication*, No. 89

World Drink Trends, 1990. *International Beverage Alcohol Consumption and Production Trends*, NTC Publications Limited.

DISCUSSION

Rolande James Anderson: I would like to start by thanking the organisers for inviting me, a clinician, to the Society to discuss this excellent paper by Daniel. Sadly it is seldom that Social Workers, Counsellors and Doctors in the field of treatment meet with Researchers and Economists to discuss these important matters. The author in raising so many issues makes this point. There must have been at least thirty different issues that could be debated for weeks not minutes. The paper comes at a very important time as The National Alcohol Policy is being prepared. The author has provided us with an excellent over view of a very complex problem. In reviewing the historical literature we can see that little has changed, many of the problems that vexed the various interests in the past continue to be unresolved. It seems that there is general agreement on the problems - little agreement on the solutions.

I will leave Prof. Brendan Walsh to tackle the economic issues that have been raised but I would like to say that the "Lederman" curve theory has received much criticism and has probably been misinterpreted. It probably does not take cultural issues into sufficient account but is still a reasonable general principal. I would be in favour with attempts to reduce overall consumption of alcohol in our society as I believe this would help to reduce many alcohol related problems.

The author raises the controversy of the disease/addiction debate on "alcoholism", and points out that "alcoholism" as a term has been replaced by the "Alcohol Dependence Syndrome" and includes the concept known as "Alcohol Related Problems". The latter allows us to focus on public health and is welcomed. The disease/addiction argument is of little help to clinicians however and I believe boils down to an argument of definition and semantics. Does it matter in practice if we call "it" a disease or a dependency or an addiction or a disease of addiction? Whatever it may be called (and I believe the term medico-social disease is best!) "It" causes devastation to those who suffer from it and their families and friends. While I agree with the speaker that we should focus on prevention, we should also work hard to refine our treatment methods.

The author avoids "scapegoating" any one group of people or interests and I am glad to see this. The drinks industry have come in for a lot of criticism but provides important revenue and considerable employment not to mention pleasure for non-problem drinkers. Often, too, young people and their drinking practices are highlighted in a way that avoids focus on "adult" drinking practices. Finland have recently set up a ministry for alcohol affairs and I think this would be justified in Ireland. Such a ministry would allow all the

vested interests and concerned parties to have a common forum.

As regards the solutions offered I agree that we should focus on specific target areas for prevention. A serious, prolonged, comprehensive attempt to prevent drunk driving for example would be welcomed. This is costly of course and requires political will. The efforts of the Gardaí at Christmas to prevent a large number of deaths speaks for itself.

I would go further, introducing random breathalyser tests all year round and mandatory educational courses for those "caught" over the limit with stiffer penalties for second offenders.

I am still in favour of school educational programmes if they start early enough in primary schools, if they are ongoing and comprehensive and if they include parents and teachers. They too cost a lot of money and the rewards are slow to be realised, but we must work to change our overly permissive attitudes to excessive drinking and drunkenness. The old method of trying to frighten fifth years in secondary school away from drink by providing a once off lecture from a "reformed" alcoholic may do more harm than good and is obviously a case of "too little, too late". Accurate information presented in imaginative ways on moderation, safe levels of drinking and a general life skills approach would pay dividends, I believe.

I would also like to see more specific training in the assessment of alcohol problems for G.P.s who undoubtedly meet more people with alcohol related problems than any other professional group in society.

The author has presented a stimulating, excellent, overview of a very complicated area. This paper will be a very useful resource for anyone interested in Irish Alcohol Policy and therefore I have no hesitation in proposing a vote of thanks.

Brendan M. Walsh: My comments on tonight's paper will deal briefly with some of the social issues raised by the author before turning to the economic analysis of alcohol consumption.

Alcohol is implicated in a vast range of anti-social and damaging behaviours. It is obvious from casual observation, and supported by all the available statistics, that drinking plays a part in a large proportion of road accidents, crimes of violence and especially violent sexual offences. The prominence of drinking among what in some quarters is now referred to as the "underclass" in western societies is striking, as indeed it is among the cultures that have been

pushed aside by the expansion of European peoples since the fifteenth century. However, we do not know for such what is cause and what is effect. Drinking can be a response to failure as well as a factor contributing to it.

The author does not mention the influences of religion on patterns of alcohol consumption. In general it seems that Protestants drink less than Catholics and Jews and Muslims less than either. The enduring strength of prohibitionism in the United States owes much to strong Protestant ethic that pervades the society. Judaism and Islam foster cultures in which people can enjoy themselves socially without resort to intoxication. The Catholic and Orthodox ethos seem more tolerant of drinking and drunkenness than other religions. The generally lenient attitude towards drinking in Ireland is presumably due to the religious factor. I would be interested to have a theologian examine the logic of the plea, frequently entertained in Irish courts, that leniency should be shown because the accused committed the crime under the influence of alcohol.

The author mentions the issue of whether "alcoholism" is, or is not, a "disease". This is an arid debate, which would benefit from methodological clarification. Originally the import of labelling alcoholism a disease was to exonerate the alcoholic and to recommend him or her to our sympathy, the same sort of sympathy we should extend to a leper or a person suffering from TB. But clearly alcoholism is not a disease in the sense of being transmitted like an infection. Alcoholism is the end result of a long process, at each stage in which there is at least some element of choice. To what degree the development of this behaviour pattern is genetically or environmentally conditioned is a moot point. Undoubtedly, the alcoholic deserves our sympathy, but the hard question is what priority his/her claim on the limited resources available for treatment and care should have relative to that of, for example, an AIDS patient or a mentally handicapped child. Moreover, labelling a syndrome a disease creates some expectation that a cure or even a vaccine can sooner or later be found, but there has been no progress in this regard as far as alcoholism is concerned.

The lack of progress in the treatment and prevention of alcoholism using the medical approach has stimulated the increased emphasis on the social control of drinking in recent years. The move away from the medical model of alcohol abuse has led to a greater emphasis on the possibility of social control. There is now an extensive literature on this topic and although much of the research has been inconclusive or even contradictory, we can draw some tentative conclusions.

Some alcohol control measures seem to be relatively effective, others inef-

fective, in moderating the incidence of alcohol-related problems. It is usually concluded that prohibitions on advertising and restrictions on the places and times when alcohol is legally available are relatively ineffective. Higher taxation, strictly enforced laws concerning drunk driving laws and a high minimum legal drinking age have been shown to be more effective. Public education about the exact nature of the risks associated with heavy drinking is probably also effective. For example, the opinion attributed to Dr. Adams in tonight's paper about the effect of drinking during pregnancy is in line with recent findings on the Foetal Alcohol Syndrome. Alcoholic beverages in the United States must now carry a warning of the risks to pregnant women and their offspring. Dissemination of information of this type should, in the long run, alter behavioural patterns.

Turning to economic issues, there are a number of points in the paper that need clarification. The most important of these is the discussion of the significance of the high tax-inclusive price of drink in Ireland and significance of the large proportion of household expenditure devoted to purchasing alcohol. The authors claim that Irish expenditure on alcohol is "only exceptional because of classification differences". This is based on the claim that much of what is classified as spending in "hotels and restaurants" in countries like France and the UK would be classified as alcohol consumption in Ireland. In fact the UK national accounts statistics provide data on personal consumption expenditure on the same basis as the Irish, according to which 6.9 per cent of total expenditure was devoted to alcoholic beverages in 1986¹. The comparable figure for Ireland is 11.9 per cent. The comparison can be extended to all the EC countries by assuming, based on the UK Data, that 30 per cent of the expenditure on "hotels, restaurants, etc." in countries other than Ireland and the UK is on alcoholic beverages. The table overleaf shows the estimates of spending on alcohol obtained using this assumption.

According to this estimate the proportion of Irish expenditure devoted to purchasing alcoholic beverages is more than double that in the next highest EC country (Spain). Thus the claim that the share of alcohol in Irish households' expenditure is exceptionally high cannot be explained away as a confusion in the data.

In addition to his critique of the comparability of the expenditure data, the author dismisses their significance on the basis of a peculiar view of the role of prices in consumer demand. He states that:

the Irish expenditure on alcohol is distorted by the high rates of taxation on alcohol... the cost attributed to alcohol includes not just the cost of the alcohol but also the additional expenses of the publican in serving the product.

**Expenditure on Alcoholic Beverages and on Hotels and Restaurants
as percentage of Total Personal Consumer Expenditure, 1986**

	Alcoholic Beverages, Off Premises	Hotels and Restaurants	Total Estimated Alcoholic Beverages
	(1)	(2)	(3)=(1)+.3(2)
Italy	1.2	9.8	4.1
France	2.1	6.5	4.1
Spain (1985)	1.1	14.0	5.3
Greece	2.7	6.0	4.0
Germany	2.2	4.5	3.6
Denmark	3.5	5.2	5.1
Portugal	1.9	9.7	4.8
Netherlands	1.9	4.9	3.4
Belgium	1.4	7.7	3.7

Memo: Ireland = 11.9, UK = 6.9

Source: Eurostat, National Accounts SEA, 1989, Table 5 and Irish and UK national income accounts.

Hence comparing Irish expenditure on alcohol with that in other countries as presented in international data sources is erroneous;

and

the fact the Irish are willing to pay higher prices to drink less in absolute terms does not imply anything about an attachment to alcohol that is peculiar in comparison to other countries. It implies international classification problems and a very high tax rate on alcohol.

In these passages the author is applying a faulty model of consumer behaviour. The price that confronts a consumer and with reference to which he/she tries to maximise utility subject to a budget constraint is the retail price. How this price is made up, between taxes and factor costs, is irrelevant². Alcohol is very expensive in Ireland, relative to income probably more expensive than in any other OECD country. The fact that this reflects heavy taxation and possibly high distribution costs has no bearing on our interpretation of how consumers respond. Despite the high cost of drinking the Irish are relatively heavy consumers, especially per head of population aged 18 and over (the population

legally entitled to drink in public) and Irish households spend an exceptionally high proportion of their disposable income on alcohol. Furthermore numerous econometric studies have found that alcohol has a low price elasticity, and a high income elasticity, of demand in Ireland. It is therefore safe to conclude that there is an "unusual attachment to alcoholic beverages" in Ireland.

However, this debate is not very important from a policy perspective. The important question is: Are there measures which could be taken to control or curb drinking in Ireland whose benefits would outweigh their costs? The list of possibilities is short, being limited in my view to higher taxation, stricter enforcement of drunk driving laws and of the minimum legal drinking age, and education concerning specific side effects of drinking.

The author discusses the level of taxation of alcoholic beverages, but I have some problems with his analysis. It is not valid to claim that "taxes can and do entail losses in efficiency in markets by distorting prices" when the tax in question is being imposed to *correct* a divergence between social and private costs. However, this is not to say that the existing structure of alcohol taxation in Ireland is optimal. The tax per unit alcohol on the three principal beverages is as follows:

**✓ Rates of Excise Duty on Alcohol by Beverage, Ireland 1987
(ecu/hl)**

Spirits	Wine	Beer
2,514	258	104

Source: M. Powell (1988) "Alcohol and Tobacco Tax in the European Community", *British Journal of Addiction*, 83, Table 4.

It could be argued that the relatively light taxation (per unit of alcohol) of the inelastic beverage beer and the heavier taxation spirits violates the Ramsey rule for optimal taxation, that is the proposition that the percentage deviation of prices from marginal cost should be inversely proportion to the elasticities of demand. Policy-makers should also look at the behaviour of the real price of alcoholic beverages. A case can be made for ensuring that drink does not become cheaper in real terms due to a failure to index the excise tax component of the final price. The Irish authorities are, of course, constrained in this regard by developments in the neighbouring jurisdiction: this is one area where concerted action by the EC would be appropriate, but we now

know that tax harmonisation is not going to produce any significant changes in this market.

The author's claim that "taxes fail to discriminate between the moderate use or (sic) abuse of alcohol" could be contested. There is some evidence that higher taxation results in a diminution of drinking among the heaviest drinkers, for whom the income effects of the resultant price increase are relatively important. For example, a study of the effects of tax increases on drinking patterns in Scotland concluded:

there is at least as much evidence of selective effects on heavy drinkers as of selective effects on low income groups³

Moreover, despite the relatively low aggregate price elasticities that have persistently been reported in econometric studies of the Irish data, there is evidence that tax increases translate directly into reductions in alcohol-related problems such as liver cirrhosis deaths and road accidents.⁴ Stronger results have been reported from the United States, where the variations in taxation between individual states has facilitated more detailed econometric studies of the topic.⁵

According to the author's data, the strict enforcement of the drunk driving laws around Christmas 1990 seems, at first sight at least, to have saved 20 lives. Additional evidence of the effectiveness of this approach could be adduced from recent experience in Australia and other jurisdictions. We could obtain an interesting measure of the revealed value of life to the Irish by relating these averted deaths to the cost incurred in terms of extra policing and inconvenience to non-drinking travellers.

Finally, the question of underage drinking needs a more extended discussion than is provided by the author. Our laws state that it is illegal "knowingly" to sell to under-18-year-olds for on-or off-premises consumption, but many licensed premises blatantly flout this regulation in a manner that would be unthinkable in the US. The reduction in the teenage death rate in road accidents following the raising the minimum legal drinking age in the US is impressive. In Ireland, car usage among the young is less widespread, but increasing. The persistent accounts of horrendous accidents involving young people on their way home from pubs, clubs or parties is evidence that there is a problem of drunk driving among the young. The role of underage drinking in the rising number of unwanted teenage pregnancies also deserves to be considered in this context. The removal of the word "knowingly" from the relevant Act would shift the burden of proof to the publican and have a significant impact on this problem.

I would like to second the vote of thanks by the Society to the author for his stimulating paper.

Footnotes:

1. See *Social Trends 1991*, Table 6.2. This figure combined with the data on UK expenditure provided by the author suggests that just over 30 per cent of UK expenditure in "hotels, restaurants and cafes" is on alcoholic beverages.
2. The only reason for considering the importance of indirect taxes in the retail price in a discussion of consumers' preferences would be the notion that drinkers consciously drink in order to pay taxes!
3. See Kendell, R.E., de Roumanie, M., and Ritson, E.B., 1983. "Effect of Economic Changes on Scottish Drinking Habits 1978-82", *British Journal of Addiction* 78, p. 378.
4. See Walsh, Brendan M., 1987. "Do Excise Taxes Save Lives? The Irish Experience with Alcohol Taxation", *Accident Analysis and Prevention*, Vol. 19, No. 6, (1987), pp. 433-448.
5. Cook, P.J., 1981. "The effect of liquor taxes on drinking, cirrhosis and auto fatalities" in Moore M.H. and Gerstein (Eds.), *Alcohol and Public Policy: Beyond the Shadow of Prohibition*, National Academy of Science, Washington, D.C.

Response to Discussion

Daniel McCoy: "Firstly I would like to begin by thanking all the participants in the discussion for their insightful observations and for expressing their appreciation of the paper. I particularly thank Mr. Anderson and Professor Walsh on their proposals of thanks.

I find myself in agreement with Mr. Anderson when he says that it is seldom that those directly concerned with alcohol policy have an opportunity to meet. It is gratifying for me to see that the audience at this meeting represent the full spectrum of interested groups on this topic. I have attempted to keep my paper as expansive as possible to touch on most of the issues involved. This I readily admit is at the expense of more extended discussion on particular aspects of the topic.

As Mr. Anderson has mentioned there are many topics addressed in the paper which could be debated over a considerable time period so I will confine my response to just a couple of points raised by each of the respondents in turn.

Both respondents feel that distinguishing alcoholism either as a disease or as an addiction is a futile exercise with regard to treatment. I agree with them on this point, however I feel that the choice of definition used illustrates society's attitude to the problem and ultimately the amount of resources allocated to it. The medical aspect of the problem is for obvious reasons to the forefront of alcohol policy. In Ireland the Department of Health has been given the responsibility to formulate the national alcohol policy. Although the department to its credit is attempting to incorporate other aspects of the problem the emphasis will inevitably be on the medical aspects. If all the problems of alcohol misuse are considered serious enough then I think the establishment of a common forum in Ireland, similar to the Finnish ministry of alcohol affairs, would be desirable as suggested by Mr. Anderson. If we are serious about reducing drink driving deaths then are the policing costs that prohibitive?

In concluding if I could address a number of remarks on the economic issues that Professor Walsh felt required clarification. At the outset I would like to acknowledge Professor Walsh's fine contributions on the economics of alcohol both domestically and internationally. Many of the economic issues referred to in the paper have drawn upon his work. I think the required clarifications however may be due to my condensed presentation. The central point at dispute seems to revolve around the quotation taken from Walsh (1980) that the comparatively large proportion of total personal expenditure attributed to alcohol consumption in Ireland is an indication of the "attachment of the Irish

to alcoholic beverages and their willingness to forgo other items in order to secure a desired level of alcoholic intake”.

This quote is used to illustrate the common assertion made about the existence of an “Irish Trait” based on comparisons of Irish expenditure on alcohol as a percentage of total personal expenditure with that in other countries. The point made in the paper is that there are differences in the classification of alcohol between Ireland and other countries as presented in international publications, including the Eurostat data used by Professor Walsh. The nature of these classification differences is not fully apparent. I have used the category “Expenditure in Restaurants Cafes and Hotels” for illustrative purposes only, clearly flagging that these are “not expenditures on alcohol” Using these data for comparison purposes, particularly making arbitrary adjustments to them, when their basic construction is not fully appreciated, is misleading. Inferences about the existence of an attachment to alcohol peculiar to the Irish, even if correct, based on non-comparable data is still spurious.

That the Irish spend a considerable proportion of their expenditure on alcohol, probably more than most countries, is not doubted but it is not exceptional as the international data would suggest. The peculiar attachment of the Irish to alcohol argument is not supported by the fact that the Irish drink less pure alcohol per capita than most other Europeans. However I agree with Professor Walsh that debate on this point is not important from a policy perspective.

The faulty model of consumer behaviour that is attributed to the paper probably stems from the absence of an explicit reference to this aspect of the topic. In the paper I said that the quotation from Walsh “may well be very valid”. By this I meant in terms of consumer choice. Faced with the tax inclusive price of alcohol, and this is the crucial price, consumers decide how much of their total expenditure to allocate to alcohol by forgoing other goods. The same applies to consumers in other countries. However the expenditures on alcohol presented for the other countries, again because of classification differences, are still not comparable with Ireland and that is still the point I am making.

The discussion on the use of taxation as a policy tool deserves more attention than my paper afforded the topic. I will make one observation. I placed my discussion about the use of corrective taxation in the context of whether such paternalism by the government was justified. Professor Walsh felt that it was not valid to suggest that such corrective taxes can and do entail losses in efficiency by distorting prices. He however suggests that such losses, albeit from the position of revenue raising, already exist from the special excise taxes currently in use. Whether these losses are sufficiently offset by gains

from reduced alcohol problems still needs to be demonstrated more decisively than current research would suggest.

I will conclude my remarks with the main conclusion that I have drawn from my research from this paper. It seems to me that education and information are the most effective policy instruments available. These should be communicated in a positive manner in terms of lifestyle rather than solely in terms of description of the catastrophic consequences of alcohol abuse. I conclude by thanking my respondents and the SSISI for allowing me to present my paper here tonight."