



SUMMARY

of report prepared by

THE IRISH NATIONAL COUNCIL ON ALCOHOLISM

on the

PREVALENCE AND TREATMENT OF  
PROBLEM DRINKING AMONG PRISONERS

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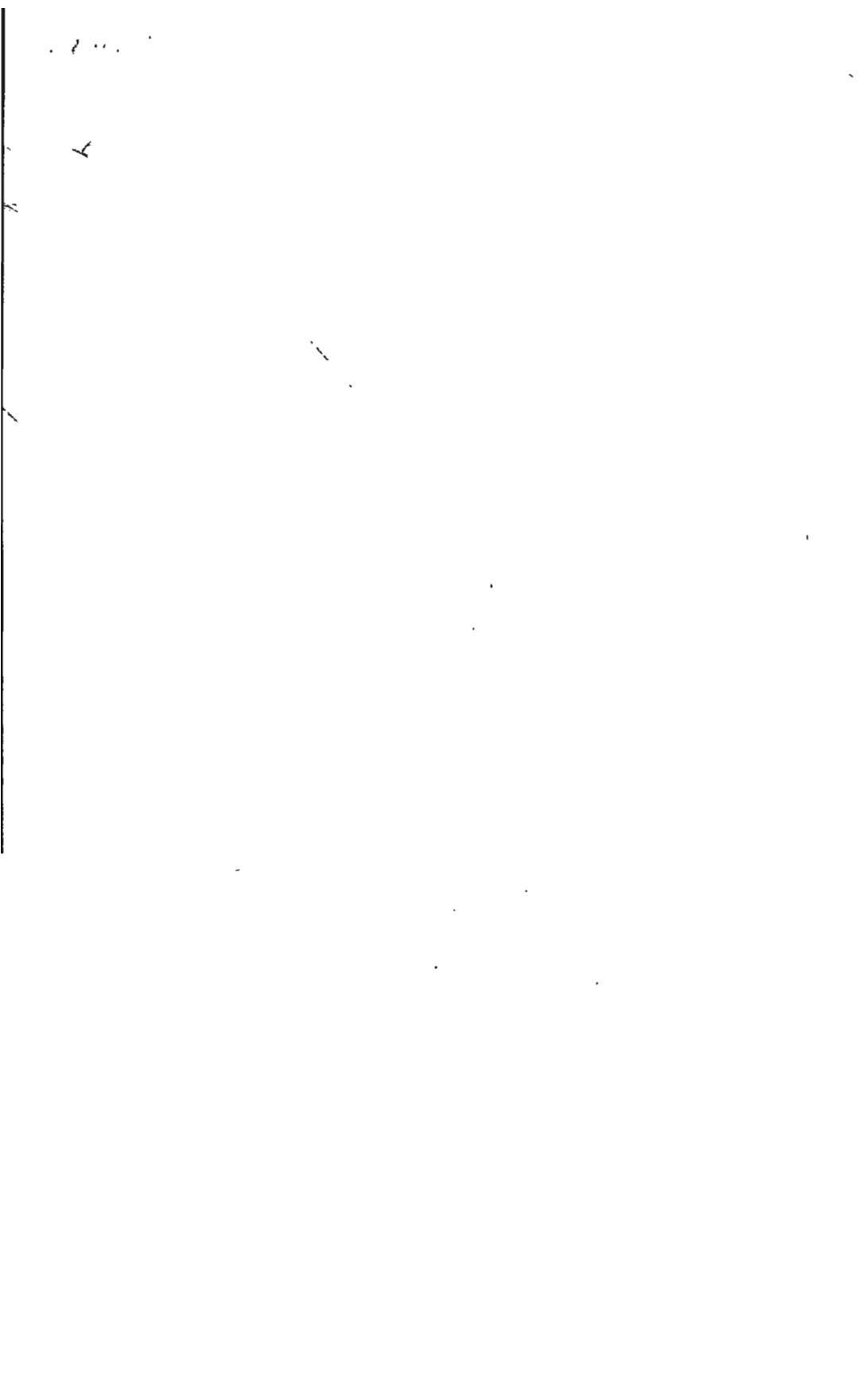
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## PRISONERS AND ALCOHOL RESEARCH

In 1976, a research project confined to male prisoners was undertaken in Irish prisons:-

- a. to determine the prevalence of problem drinking among prisoners and
- b. to make recommendations as to how such prisoners might be treated.

In consultation with the Joint Honorary Directors, Dr. R.D. Stevenson, M.D., D.P.M., M.R.C.Psych., and Dr. D. Walsh, M.B., B.Ch., F.R.C.Psych., F.F.C.M., F.F.C.M.I., D.P.M., this research project was planned, designed and completed jointly by Helen Downing, B.Soc.Sc., Dip.Stats., and Jodie Walsh, M.Soc.Sc., the Joint Research Organisers.

The Report on the project was completed in 1978. It comprised three large volumes which were submitted to the Minister for Justice, whose predecessor in office had initiated the project. In the opinion of the Council the report in its original form was not suitable for publication. They subsequently prepared this abridged version with a view to publication.

This abridged version includes:-

- |              |  |
|--------------|--|
| Section I:   | The Introduction to the Report in full.  |
| Section II:  | A complete summary of the Main Findings, and Conclusions of the Report on the Adult population in the prison system. |
| Section III: | A complete summary of Main Conclusions and Findings of the Report on the Juvenile Population in the prison system.   |
| Section IV:  | Recommendations for Treatment and Prevention.  |

July, 1980.

## SECTION I

### INTRODUCTION

This is a report on a research project carried out by the Irish National Council on Alcoholism. This project originated in a request from Mr. Patrick Cooney, then Minister for Justice. The Minister asked for the assistance of the Council:-

- a. in determining the incidence of alcoholism among prisoners, and
- b. to make recommendations as to how such prisoners might be treated.

The Council readily agreed, and designated two of its members, Dr. R. D. Stevenson and Dr. D. Walsh, (who were also members of the Alcohol Scientific Research Committee), as Joint Honorary Directors of the project.

The Directors studied the implications, and presented recommendations to the Minister regarding the scope and method of the project. At an early meeting with the Minister, the Directors adverted to the difficulty in defining 'alcoholism' accurately, and in such a manner that would permit the framing of specific research criteria. It was emphasised that heavy drinking which might fall short of 'alcoholism' as generally defined could give rise to numerous problems in the medical, social, and economic lives of the individuals concerned, and that these problems should be assessed. The Minister agreed. Accordingly, the requirement was altered and the research project was reframed:-

- a. to determine the prevalence of problem drinking among prisoners, and
- b. to make recommendations as to how such prisoners might be treated.

The second requirement, i.e., to make recommendations regarding treatment, created the necessity for the research to include investigation into the social and demographic characteristics of the prison population; their early drinking experiences, and their current drinking patterns.

The research was designed as an exploratory, descriptive study. Exploratory, in that no prior study of this nature had been conducted in this country. Descriptive in the sense that it aimed to describe accurately, 'problem drinking' among prisoners, and their background social and demographic characteristics. This involved collecting information and conducting preliminary analysis on a broad range of possible problematic areas. This analysis was carried to the point where it answered adequately the question posed by the Minister.

#### 1. Problem drinking

In order to answer the first and major problem of the research - to

determine the prevalence of 'problem drinking' among prisoners - a working definition of 'problem drinking' had to be decided on. Ambiguities as to what would constitute 'problem drinking' were evident from the literature and from consultation with experts in the field. However, the World Health Organisation (1952) definition of alcoholism was seen as being the most useful basis for looking at problem drinking. It comprised of three components:-

- excessive drinking,
- dependence on alcohol, and
- problems related to alcohol.

Prevalence rates were determined for each of the three individual components and for the inter-relationship between dependence on the one hand and both excessive drinking and problems related to alcohol on the other.

During piloting it became clear that the use of alcohol and the problems relating thereto differed for those under 18 years as opposed to those over 18 years. Accordingly, two studies were undertaken, one dealing with the Adult population and the other dealing with the Juvenile population.

## 2. Background social, demographic and criminal characteristics.

The second problem of the research was to collect information on background, social, demographic and criminal characteristics of the survey population, in order to facilitate the Directors in recommending a treatment programme. Descriptive information on these characteristics and the early drinking experiences and the current drinking patterns of the drinking population was reported on. The report was presented in the following sequence:-

- Chapter 1: Introduced the study and presented the main findings and conclusions from the study.
- Chapter 2: Reviewed the relevant international literature.
- Chapter 3: Discussed the research design and the methodology used in the study.
- Chapter 4: Presented the findings on the major social, demographic and criminal characteristics of the survey population.
- Chapter 5: Discussed the early drinking experiences, and the current drinking patterns of the drinking population.
- Chapter 6: Discussed excessive drinking and its prevalence among the drinking population.
- Chapter 7: Discussed dependence on alcohol and its prevalence among the drinking population.

- Chapter 8: Discussed problems related to alcohol and their prevalence among the drinking population.
- Chapter 9: Discussed the prevalence of dependence on alcohol and excessive intake and the prevalence of dependence on alcohol and problems related to alcohol among the drinking population.
- Chapter 10: Discussed the inter-relationship of the three criteria; excessive drinking, dependence on alcohol and problems related to alcohol among the drinking population.
- Chapter 11: Summarised the main findings on the prevalence of problem drinking among the survey population and discussed the background characteristics in terms of dependence and non-dependence on alcohol.

A summary of the main findings and conclusions was included in each chapter and was also presented in Section II.

## SECTION II

### SUMMARY OF MAIN FINDINGS AND CONCLUSIONS IN RELATION TO THE ADULT POPULATION

A review of the relevant international literature led to the following considerations and conclusions:-

1. It illustrated the difficulties of comparing previous studies because of:-
  - a. the lack of standardisation of the definition of 'alcoholism' and 'problem drinking';
  - b. the fact that different criteria were used and different measurements applied;
  - c. the diversity of procedures employed for sampling the prison and related populations.
2. It exposed limitations in interpreting existing findings on prevalence rates of problems related to alcohol among prisoners.
3. It disclosed the necessity to extend the research to comparative control groups outside the prison system, where the object of research was to determine the link between alcohol and crime or to determine the involvement of alcohol in motivating criminal activities.
4. It discussed the advantages and disadvantages, and the desirability, of validating prisoner's responses by interviews with other members of his family.

Chapter 2

5. In spite of the different criteria used in the studies reviewed, which imposed limitations on detailed comparisons, a broad measure of agreement was disclosed in regard to the high prevalence rate of alcohol involvement of prisoners.
6. The literature also identified certain social and criminal characteristics of 'alcoholic' as distinct from 'non-alcoholic' prisoners.
7. The literature also indicated the generally low involvement of alcoholic prisoners in treatment programmes, and the general lack of treatment facilities for alcoholic prisoners.
8. The literature disclosed the paucity of knowledge in that no previous study of this type had been undertaken in the Republic of Ireland. However, the study of the literature provided considerable background information for the research organisers, and led to certain important conclusions regarding the design of the envisaged project.
9. It reinforced the decision already taken to study 'problem drinking' rather than to confine the study to 'alcoholism'.
10. It led to the decision to use the World Health Organisation's definition of 'alcoholism' as a basis, because of the fact that it was sufficiently broad in scope to cover problem drinking.
11. It led to the decision to establish broad based criteria to measure the prevalence of problem drinking.
12. Since the research was not intended to investigate any link between alcoholism and crime, it was not seen to be necessary to study comparative control groups.
13. It led to the conclusion that it would be desirable to validate prisoners' responses by interviewing family members. This was not done, because it was believed that a number of prisoners had become estranged from their families, and because of the need to protect their privacy.
14. It emphasised the importance of well-founded recommendations regarding treatment facilities, and reinforced the decision to seek information on the background characteristics of the survey population.

The following are the main considerations and conclusions reached in determining the methodological framework of the study:-

### Chapter 3

15. In the field of alcoholism, both the nature of the phenomenon itself and the measures used to define it are contentious issues.
16. There is a lack of general consensus on the criteria which should be used as accurate indicators of alcoholism.

17. These considerations led to a reformulation of the original requirement to determine the prevalence of problem drinking.
18. Problem drinking was seen as a condition which manifests itself by behaviour which repeatedly created problems for the individual in any department of his life.
19. The World Health Organisation definition of 'alcoholism' was seen to be the most comprehensive and appropriate basis to identify problem drinking.
20. The definition included three major components:-
  - a. excessive drinking,
  - b. dependence on alcohol,
  - c. disturbance or interference with bodily or mental health, inter-personal relations, smooth social and economic functioning, or the prodromal signs of such developments, (i.e., problems related to alcohol).
21. It became necessary to collect information on these three components.
22. The literature and the experience of those persons working in the field in the Republic of Ireland indicated that those who show prodromal signs or those who experience problems related to their use of alcohol, need not necessarily score under all three components.
23. The prevalence rates had to be based on each of the three components and on their inter-relationships.
24. The research focussed on current problem drinking, i.e., drinking in the last 12 months in which they were outside prison.
25. To measure excessive drinking, two measures were designed:-
  - a. a type of drinker index based on the average monthly consumption of absolute alcohol;
  - b. a bout or binge drinker index.
26. Consumption of at least 15 centilitres absolute alcohol per day or 450 centilitres per month was considered to be excessive in the case of the type of drinker index; for the bout drinking index, respondents would have to report drinking continuously for at least two or more days in a row during the previous year.

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(1) Fifteen centilitres of absolute alcohol would be equivalent to about 6 pints of beer or 11 x  $\frac{1}{2}$  glasses of spirits.

27. A number of indicators to measure dependence on alcohol were constructed. These included:-
- a. physical dependence,
  - b. psychological dependence,
  - c. self-perceived problem,
  - d. problem perceived by others.

The prevalence of dependence on alcohol was based on the percentage having experienced one of the items of physical dependence in the last year outside.

28. A number of indicators of problems related to alcohol were compiled, covering legal, financial, social, familial, employment and medical. The prevalence of problems related to alcohol was based on the percentage experiencing a number of problem areas related to alcohol in their last year outside.
29. Guttman scales, indices and inter-correlation matrices were used in inter-relating the data obtained.
30. An attempt to inter-relate the three components of problem drinking was undertaken. However, since the study was designed as an exploratory descriptive study, only preliminary analysis of the data, sufficient to answer the questions posed by the Minister, was undertaken.
31. Data was collected by an interview schedule administered by trained female interviewers.
32. Extensive piloting was considered essential to test measures used abroad in relation to the Irish population: where adequate measures did not exist, new measures had to be designed; the presentation of the schedule and the schedule itself were modified a number of times as a result of experience gained in the course of the piloting.
33. Piloting indicated the necessity to design a separate schedule for those under 18 years of age.
34. It was decided to sample from the universe as opposed to total coverage; to ensure that a representative sample was taken it was decided to base the sample on all committals between 1st March, 1976, and 20th August, 1976.
35. Out of 1,065 prisoners aged 18 years or over committed during that period, 400 were interviewed.
36. An administrative system was designed for the fieldwork stage.

37. The representativeness of the sample was assessed under the headings, length of sentence, age, and type of offence. Although the sample was broadly representative, it had the following limitations:-

- a. it slightly under-represented the short-term length of sentence category, i.e., those serving less than six months; conversely, it slightly over-represented the category serving six months or more,
- b. the survey population slightly under-represented those of 35 years and over,
- c. the survey population was broadly representative of type of offence categories; however, in the case of the category, "Offences against property with Violence", the survey population was over-represented in comparison with adult committals not interviewed.

The findings relating to the background characteristics of the survey population showed:-

Chapter 4

38. A large urban representation, particularly from the major cities Dublin and Cork, was disclosed among the prison population. This representation was disproportionate to the distribution of the general population.
39. There was a high proportion of the prison population who had not lived with both natural parents during their childhood. Almost a quarter of the survey population had spent some time before the age of 16 years in an industrial school or reformatory.
40. Less than one third of respondents' fathers were in full-time employment at the time of the survey, and a further third had died or separated; high proportions of respondents' fathers were involved in manual work according to the Hall Jones and census classifications.
41. The findings disclose that respondents came from large families, the average being 8.22 children compared with a national average of 3.45.
42. Over 65 per cent of respondents had left school at or before 14 years of age, and 74 per cent never sat an examination. In general, there was a low level of involvement in formal education by the survey population.
43. The youth of the survey population was a striking feature, almost 60 per cent were in the age group 15 to 24, compared with 16.4 per cent in the same age group in the general population.

44. Even considering the youth of the population, single persons were over-represented; over 68 per cent were single.
45. A high level of unemployment was reported by the survey population, almost 56 per cent were unemployed immediately prior to committal, and over 47 per cent had been unemployed for the previous 12 months or longer.
46. The majority of respondents were classified as being manual workers on the basis of their 'best ever' job.
47. A study of respondents' living accommodation in the previous year showed a certain amount of mobility, with 26 per cent living in two or more different places.
48. A high level of previous involvement with the law was reported by many of the survey population: 87 per cent had previous convictions and over 65 per cent had previously served sentences, 56 per cent had been in places of detention before the age of 21 years.
49. There was some evidence of familial involvement with the law and over half the respondents committed current offence in company with members of his family or friends.
50. In general, the findings indicate that the majority of respondents spent their youth in urban areas - there is an over-representation of young persons who come from the lower socio-economic groups, who come from large families and who have had little involvement in formal education and a high level of involvement in criminal activities. Familial and peer group involvement with the law was also indicated.

The findings relating to the early drinking experiences and the current drinking patterns of the drinking population showed that:-

Chapter 5

51. Some 72 per cent of respondents reported that they were under 17 years when they took their first drink.
52. There is evidence of strong peer group influence in that over 68 per cent reported having their first drink in the company of friends as opposed to 17 per cent in the family company, and some 7 per cent who took the first drink alone.
53. The vast majority of respondents reported taking their first drink outside the home: almost 45 per cent took their first drink in a public house and almost 31 per cent reported having their first drink in open spaces.
54. The vast majority of respondents felt that their parents would have reacted unfavourably if they became aware of their children's first drinking experience. In contrast, of the 25.3 per cent of parents who were aware of their children's first drinking experience, less than one third did react disapprovingly.

55. A social support network for drinking was evident in that all or nearly all of respondents' friends took a drink, and the great majority of those drank as much or more than the respondents.
56. Sibling involvement in drinking, while not as strong as the peer group, was also evident in the fact that the vast majority of respondents' brothers took a drink although only a minority were seen to drink as much or more than respondents; little more than half of respondents' sisters were said to drink and only a small minority were seen to drink as much as respondents.
57. Paternal involvement in drinking was evident in the fact that the vast majority of fathers then living and for whom information was available took a drink, and indeed, 58.7 per cent were considered regular drinkers.
58. Maternal involvement in drinking was not as prevalent as in the case of fathers. Over half of the mothers still living did not drink at all.
59. While the majority of wives took a drink, only about one third were described as regular drinkers. The abstinence rate among wives was only half that of maternal abstainers.
60. Current drinkers, i.e., those who took a drink during the last year outside prison, numbered 94.4 per cent, and only 2 per cent had never taken a drink.
61. More than half of the respondents reported regular drinking while they were still under 18 years, and 88 per cent were drinking regularly by age 21 years.
62. The vast majority normally drank with their friends, but 8.5 per cent drank alone at least some of the time.
63. The public house was the centre of drinking activity for the vast majority, but 8.2 per cent reported that they drink in open spaces.
64. High levels of alcohol consumption were reported by the drinking population; almost 74 per cent reported intake greater than 15 centilitres of absolute alcohol at a sitting when they would take their normal amount, and almost 90 per cent reported consumption in excess of 15 centilitres when they would take their maximum amount.
65. A high level of frequency was also reported; 95.8 per cent drank at least once per week or more often, and 25.3 per cent drank once per day or more often.

66. Two measures were used in the study to define excessive drinking:-
- a. By using absolute criteria determined from a study of international literature and research, a daily average intake of at least 15 centilitres of absolute alcohol was the level at which drinking could be considered to be excessive.
  - b. The second measure used to determine excessive drinking among the survey population was 'bout' or 'binge' drinking. To be considered a bout or binge drinker, respondents had to report drinking continuously for two or more days in a row during their last year outside.
67. On the basis of the first measure, 42.5 per cent of respondents reported drinking a daily average of 15 centilitres or more of absolute alcohol and are considered excessive drinkers. Furthermore, more than half of this number reported a daily average intake of 25 centilitres or more of absolute alcohol, which can be considered as extremely heavy drinking.
68. Allied to the high intake of alcohol, almost one third of the drinking population reported that they drink at a frequency of 25 sittings or more per month. Of these, more than half reported 35 sittings or more in an average month while drinking.
69. A type of drinker index measuring the overall quantity and frequency of drinking was designed for the study, which provided interesting data on the pattern of drinking. The findings indicate that those reporting low intake also reported low frequency of drinking on the basis of criteria determined for the study. Conversely, those reporting high intake also reported a high frequency.
70. It was hypothesised that excessive drinkers would tend to consume the same amount for their maximum, usual and minimum quantities of intake. Preliminary analysis showed that this was not the case.
71. Regarding the second measure of excessive drinking, i.e., 'bout' drinking, 42.3 per cent of drinkers were bout drinkers in that they reported drinking continuously for two or more days in a row on at least one occasion during the last year outside.

The findings relating to dependence among the drinking population can be summarised as follows:-

Chapter 7

72. Information was collected on items of physical dependence associated with withdrawal from alcohol and this information was subjected to a Guttman type scale which orders the symptoms on a hierarchical basis.

According to the Guttman analysis, the most frequently reported symptoms must be reported by the persons who respond positively to the least frequent symptoms.

The Guttman analysis showed that:-

- a. four point five per cent of respondents who reported experiencing the horrors, the most severe symptom, experienced all the other symptoms.
  - b. four point eight per cent of respondents who reported experiencing the 'gawks', the second most severe symptom, experienced all other symptoms below this item on the scale.
  - c. interference with sleep was the third most severe symptom ordered by the scale: 12.5 per cent of respondents reported experiencing this symptom and other symptoms below it on the scale.
  - d. the necessity for a cure after a night's drinking was reported by 12.5 per cent, who automatically experienced the 'shakes'.
  - e. a further 17.2 per cent of respondents reported experiencing the shakes alone.
73. In total, 51.8 per cent of respondents who drink experienced at least one symptom of physical dependence and were therefore considered to be physically dependent on alcohol.
74. Information was also collected on whether respondents had experienced a black-out, and 55.6 per cent reported that they had.
75. Indicators of psychological dependence were constructed from six items considered to indicate, for example, a reliance or dependence on alcohol to change mood.
76. On the basis that each item was of equal importance, an index was constructed. This index showed that the use of alcohol for personal effects was prevalent among the drinking population, with 33.8 per cent of respondents reporting one to three items and 53.3 per cent reporting from four to six items on the index.

77. In order to get information on respondent's self-perception of a problem with alcohol, respondents were asked if they ever decided to go off drink, their reason for so doing, and whether they implemented their decision. In 12.2 per cent of cases respondents gave a symptomatic reason for deciding to go off drink. However, in the case of the rest of those who decided to go off drink, more tenuous reasons were offered.
78. It had been hypothesised that there would be a discrepancy between the numbers who decided to give up drink and the numbers actually giving up drink. In all, 36.4 per cent of respondents gave up drink, 6.6 per cent indicating a serious reason for so doing.
79. It was considered important to investigate how 'others' saw respondents' drinking. In 55.6 per cent of cases it had been suggested to respondents that they should cut down on their drinking. In 11.7 per cent of cases this suggestion came from a doctor or medical person; in 32.4 per cent of cases it came from a family member or girl friend, and in 11.7 per cent from other persons.
80. An inter-correlation matrix was obtained using Kendall's tau ( $T_c$ ) as the correlation co-efficient, to see the patterns of association between the dependency indicators already discussed. The results indicated that the indicators were correlated at moderate to high levels with one exception, i.e., whether respondents actually went off drink, which was not significantly related to either physical or psychological dependence.
81. Physical dependence was the indicator found to be most strongly associated with other dependence indicators, and those who were physically dependent on alcohol also tended to be psychologically dependent. Moreover, physically dependent respondents were also likely to be those respondents to whom it had 'ever' been suggested to cut down on their drinking.
82. Physical and psychological indicators were analysed further to see if respondents who showed indications of physical dependence also showed indications of psychological dependence, and it was found that all except 2.7 per cent of respondents who were physically dependent were also psychologically dependent. Conversely, it was found that most of the non-physically dependent population scored on some items of the psychological dependence index, albeit not as highly as did the physically dependent group.
83. Those findings led to the conclusion that physical dependence was the most important single indicator of dependence, having the strongest association with other dependence indicators. On this basis it was decided that

for further analysis, those who scored on the physical dependence indicator would be defined as the dependent group.

The findings relating to problems related to alcohol among the drinking population showed:-

Chapter 8

84. That 43.6 per cent of respondents reported having experienced at least one item on the financial problem index.
85. Twenty point seven per cent of respondents reported having experienced at least one item on the job problem index.
86. Arguments after drinking were reported by 73.4 per cent of respondents.
87. Fighting after drinking was reported by 60.1 per cent of respondents.
88. Thirty five point seven per cent of respondents reported at least one summons for assault after drinking.
89. Thirty nine point one per cent of respondents felt that drink was a factor in their current offence.
90. Thirty nine per cent of respondents reported summons(es) for being 'drunk and disorderly', and 8.8 per cent for 'drunkenness'.
91. Twenty five point five per cent of respondents said that they went to an 'early opening house' to get a 'cure' or a drink.
92. Thirty seven point two per cent of respondents said that they were separated or had been separated from their spouses. This comprised of 14.5 per cent of respondents who reported that drink was involved in their separating from spouses.
93. Hospitalisations due to alcohol were reported by 9.6 per cent of respondents.
94. Specific health problems related to drinking were reported by 5.9 per cent of respondents and 5.1 per cent had received treatment for a drink problem.
95. An inter-correlation matrix of the problem indicators showed that most of the problem indicators were positively associated with each other at what might be described as moderate to high levels.
96. The vast majority of respondents, (85.7 per cent), reported at least one problem indicator related to alcohol.
97. Six or more of the problem areas were reported by 11.0 per cent and 40.5 per cent reported experiencing four or more of the problem indicators.

The findings relating to dependence and excessive drinking and dependence and problems related to alcohol among the drinking population, showed:-

Chapter 9

98. On the basis of reporting an intake of at least 15 centilitres of absolute alcohol, 55.9 per cent of the dependent population and 26.6 per cent of the non-dependent population were considered to be excessive drinkers.
99. Of the total number of excessive drinkers, 69.4 per cent were dependent on alcohol and 30.6 per cent were not.
100. On the basis of reporting at least one 'bout' or 'binge' in the last year outside, 65.1 per cent of the dependent group and 17.1 per cent of the non-dependent group were considered bout drinkers.
101. Of those who were 'bout' drinkers, (N = 159), 79.9 per cent were dependent on alcohol and 21.1 per cent were not.

Although there was a proportion of dependent drinkers who did not score on the excessive drinking measures, analysis showed that the majority of the excessive drinkers and the 'bout' drinkers were dependent on alcohol.

102. Those problem areas having a high prevalence rate, for example, arguments, fights and assaults, are experienced by both dependent and non-dependent groups.
103. This can be contrasted with problems having a low prevalence rate, for example, health problems, hospitalisations and separations, which are almost exclusively confined to the dependent group.
104. In every problem area related to alcohol, the percentage of those experiencing the problem in the dependent group is higher than those in the non-dependent group.
105. Greater numbers of problems were more common in the dependent than in the non-dependent groups. Almost 20% of the dependent group compared with 1.0 per cent of the non-dependent group had 6 problems at least, while 62.4 per cent of the dependent group compared with 16.4 per cent of the non-dependent group had at least 4 problems.
106. Of those reporting 6 or more problems 95.1 per cent were dependent on alcohol and of those reporting 4 or more problems, 80.3 per cent were dependent on alcohol.
107. In conclusion, a greater percentage of the dependent group than the non-dependent group experienced every problem. The dependent group experienced greater numbers of problems and certain problems, for example, health problems, hospitalisations,

and separations, were almost exclusively confined to the dependent group.

The findings on the inter-relationship of three criteria of problem drinking showed:-

Chapter 10

108. A significant relationship between increasing intake of alcohol and financial problems related thereto was found for the dependent group. A more significant relationship was found between those two components for the non-dependent.

Those significant relationships indicate that as intake increases, so do financial problems for both groups. Nevertheless, at every level of consumption, and particularly so at the highest consumption levels, more of the dependent than the non-dependent group experience financial problems.

109. There was no significant relationship between increasing intake and job troubles for either group, but more of the dependent than the non-dependent experienced job troubles.
110. There was no significant relationship between arguments and increasing intake in the case of the dependent group. There was a significant relationship between these two components in the case of the non-dependent group. However, slightly more of the dependent than the non-dependent were involved in arguments.
111. In contrast to the findings above there was a significant relationship between fights after drinking and increasing intake, for both groups, with, in every case, more of the dependent than the non-dependent getting into fights after drinking.
112. There was no significant relationship between increase in intake and summonses for assault for either group. At every level of consumption, however, summonses for assault were served, and more frequently served on the dependent group.
113. There was no significant relationship between increasing intake and drink as a factor in current offence. Nevertheless, at every level of intake the dependent group were more likely to report drink as a factor in current offence.
114. No significant relationship was found between increasing intake and drunk and disorderly charges for either group. However, more of the dependent group reported these charges, and almost all of those who reported at least five charges of being drunk and disorderly were in the dependent group, compared with four respondents in the non-dependent group.

115. No significant relationship was found in either group between increasing intake and being charged with drunkenness. Nevertheless, more of the dependent group were charged with drunkenness, and with the exception of one respondent, all those who reported at least five charges of drunkenness were in the dependent group.
116. There was no significant relationship between increasing intake and hospitalisation in the dependent group. There was a significant relationship for the non-dependent group. However, with the exception of two respondents in the non-dependent group, all respondents who were hospitalised due to alcohol were in the dependent group.
117. All respondents who reported health problems were in the dependent group. However, there was no significant relationship found between increasing intake of alcohol and health problems due to alcohol for this group.
118. A significant relationship for both groups was found to exist between increasing intake and the need to visit early opening houses for a drink/cure. At every level of consumption more of the dependent than the non-dependent visited early opening houses for a drink/cure.
119. No significant relationship for either group was found to exist between increasing intake and marital separations due to drink. However, marital separations due to drink were confined without exception to the dependent group.
120. These findings lead to the following conclusions:-
- (i) there is a significant relationship in the non-dependent group between increasing intake on the one hand and financial troubles, arguments, fights, and the need to visit an early opening house for a drink/cure and hospitalisation on the other.
  - (ii) there is a significant relationship in the case of the dependent group between increasing intake on the one hand and fights and visits to early opening houses for a drink/cure on the other hand.

Apart from these exceptions, experiencing most of the problem areas was not significantly related to increase in intake alone. However, it was seen that more of the dependent group reported experiencing each problem area and it will be recalled that the dependent group tended to be drinking higher quantities of alcohol. Accordingly, it was considered that dependence on alcohol, and not increase in intake alone, was an important variable in respondent's reporting problems related to alcohol.

The findings relating to the prevalence of problem drinking among the survey population and the analysis of the background characteristics of dependent and non-dependent drinkers showed:-

121. In conclusion, it will be recalled that the World Health Organisation's definition of 'alcoholism' contained three components:-

excessive drinking;

dependence on alcohol; and

"disturbance or interference with mental or bodily health, inter-personal relationships, smooth social and economic functioning or prodromal signs of such development",

which was referred to as problems related to alcohol.

The interpretation of the definition being that to be considered as an alcoholic, a person would have to score under all three components. This study used the World Health Organisation criteria of alcoholism as a basis for identifying problem drinking and information was collected on all three components. It was, however, considered that problem drinkers or persons who show "prodromal signs of such development" need not necessarily score under all three components. Previous literature and the findings of this study indicated that dependence was an important component, hence it was considered that a person scoring on dependence and either one of the other components, viz., excessive drinking or problems related to alcohol, would be considered a problem drinker. However, respondents' drinking was considered as giving cause for concern if they reported on any one of the three components.

The following are the prevalence rates among the survey population, (N = 396):-

122. Those considered as giving cause for concern:

- a. Excessive drinkers: on the basis of consuming a daily average of 15 centilitres or more, the prevalence was 39.6 per cent. On the basis of bout drinking, the prevalence was 40.4 per cent.
- b. Dependence on alcohol: on the basis of reporting at least one item on the Guttman Scale, the prevalence was 49.2 per cent.
- c. Problems related to alcohol: on the basis of reporting 6 or more problems related to alcohol the prevalence rate was 10.4 per cent. On the basis of 5 or more problems the prevalence rate was 23.8 per cent. On the basis of 4 or more problems related to alcohol the prevalence rate was 38.4 per cent.

123. Those considered as being problem drinkers:

- a. Dependence and excessive drinking: on the basis of scoring on both dependence and excessive drinking, (i.e., 15 centilitres or more daily average), the prevalence was 27.5 per cent and for bout drinking 32.1 per cent.
- b. Dependence and problems related to alcohol: on the basis of scoring on dependence and problems related to alcohol, the prevalence ratio for six problems was 9.8 per cent, for five problems was 20.6 per cent, and for four problems the prevalence was 30.7 per cent.

124. Analysis of background social and demographic characteristics showed few differences to exist between the dependent and non-dependent groups. However, respondents in the dependent group were a little more likely:-

- a. to be themselves unemployed before sentence and for as much as a year or more, and to be in the semi-skilled or unskilled groupings,
- b. to be the first or second child in the family,
- c. to have left school at 14 years of age or younger,
- d. to be over 35 years of age,
- e. to be living alone, in a flat or hostel and living rough, and to have a number of changes in accommodation,
- f. to be recidivist, the most common offences being those against the person or property with violence and drink-related offences.
- g. to be separated, (if married),
- h. to be serving a short sentence, 2 months or less, or one of 2 years or more.

### SECTION III

#### THE JUVENILE POPULATION

Because of the exploratory nature of the study, extensive piloting of the schedule had to be undertaken. It could not be assumed that the measures used to identify 'problem drinking', and particularly drinking in relation to the prison population in other countries, could be "transplanted" into the Irish situation. Piloting was undertaken in the prisons, in alcoholic units, and on populations whose characteristics were seen to be fairly similar to persons in prison. Many sections of the schedule were adapted and altered as a result of the knowledge gained during the piloting stage.

As a result of the piloting it also became clear that the use of alcohol and potential problem areas related to alcohol, among under 18 year olds, differed greatly from those over 18 years. For example, piloting had indicated that few, if any, of the juvenile population were married, and consequently could not have marriage problems arising from alcohol. Similarly, it was found that the indicators of financial problems, health problems, etc., were not immediately applicable to the population. This led to a separate Juvenile interview schedule, appropriate to under 18 year olds, being designed. There were 89 Juveniles, (under 18 year olds), who came into the sample population, and these were interviewed using the Juvenile Interview Schedule.

When these Juvenile schedules were coded, and preliminary analysis in the form of frequency distributions and cross-tabulations was obtained on these separately, it became even more apparent that the 'problem drinking' focus of the adult analysis would be inappropriate to the patterns of drinking of those juveniles under 18 years. The provision of information on the drinking patterns, the social and criminal characteristics of these youths, was seen as having the pertinent focus.

In order to supply this information, it was thus considered that sufficient analysis of the Juvenile data had been undertaken.

The research design, methodology and sampling procedures, were shared for both the Adult and the Juvenile studies.

The findings relating to the adult survey population were analysed further in order to estimate the prevalence of 'problem drinking' among the population.

For reasons of clarity, it was, however, decided that the findings relating to the Adult and Juvenile studies should be documented separately. The findings on the Adult study are presented in Sections I and II of this Report.

## SUMMARY OF MAIN CONCLUSIONS AND FINDINGS

### JUVENILE POPULATION

- a. This study collected information on the current drinking patterns, the early drinking experiences, and on items indicating problems related to alcohol among the Juvenile prison population.
- Information was also collected on the social, demographic and criminal characteristics of the population.
- b. Piloting disclosed the necessity to design a separate interview schedule for the Juvenile population because the use of alcohol by those under the age of 18 years and the potential problem areas related to alcohol differed from those of the Adult population.
- c. The research design, methodology and sampling procedure were shared for both studies, but the populations were analysed, documented and reported on separately.
- d. The Juvenile population interviewed could generally be said to be representative of the total committals for the time period in regard to the length of sentence and type of offence. However, those interviewed slightly under-presented the numbers serving short sentences, and "Offences against property" with or without violence were slightly over-represented.
- e. Eighty five point four per cent were current drinkers.
- f. Ninety eight point seven per cent of the drinkers reported that they were drinking regularly at or before the age of 17 years, and 65.8 per cent reported drinking before age 16 years.
- g. Seventy five per cent of respondents reported that nearly all of their male friends take a drink.
- h. Sixty five per cent of respondents reported drinking 15 centilitres of absolute alcohol, or more, as their usual consumption at a sitting. Fifteen centilitres of absolute alcohol represents approximately six pints of beer or eleven half glasses of spirits in beverage alcohol.
- i. Ninety two per cent of respondents reported drinking their usual amount at least once per week, and 8 per cent drank their usual amount about once per day.
- j. The pattern of drinking in terms of quantity and frequency could be considered very high for persons of this age group.
- k. Of the physical dependence items associated with the withdrawal of alcohol, one quarter of respondents reported having "ever" taken a cure after drinking. Thirty per cent reported having the "gawks", and 32 per cent the "shakes", after drinking. Eight per cent reported having experienced the horrors, and one per cent reported sleep interference.

- l. A high proportion, 65 per cent, reported having "ever" experienced a "black-out".
- m. Regarding job troubles: 6 per cent reported "ever" having been sacked due to drinking, 10 per cent "ever" had warnings, and 14 per cent "ever" missed days.
- n. Eighty two point nine per cent reported having been involved in fights with different types of persons after drinking, and 30.3 per cent had "ever" been summonsed for assault.
- o. One quarter of respondents considered that drink was a factor in their current offence.
- p. Twenty two point four per cent of the respondents reported that they had "ever" been charged with being "drunk and disorderly". Charges for "drunkenness" were less frequently reported in 2.2 per cent of cases.
- q. In conclusion, bearing in mind the youth of the population, the above findings relating to the three components of problem drinking; (1) excessive drinking, (2) dependence on alcohol, (3) problems related to alcohol, indicate that a proportion of the Juvenile population could be considered to be at risk of becoming problem drinkers, and the current drinking patterns of the Juveniles must be considered as being very high.

PRISONERS AND ALCOHOL-RELATED PROBLEMS

RECOMMENDATIONS FOR TREATMENT AND PREVENTION

SECTION IV

1. Introduction

- a. This study took place against a background of rapidly changing attitudes and practices towards alcohol in Ireland. In the ten years preceding the study, alcohol consumption more than doubled, admissions to psychiatric hospitals for alcoholism increased to such a degree that they are now the primary cause of psychiatric hospital admissions, and crime statistics increased to an even greater degree.
- b. It has been known for a long time that there is a substantial connection between alcohol and crime. This particular study did not set out to establish the significance of that connection, which would have entailed comparative studies of non-criminal drinkers and moderate or non-drinking criminals. Nevertheless, the findings disclose a high incidence and frequency of heavy drinking among the survey population.
- c. Although there is no "cure" in the traditional sense for drinking problems, new approaches are being devised and investigated. It is, therefore, appropriate that to a limited extent the findings of this report should be complemented by some suggestions relating to the management of the problem.
- c. Findings of the Study

The main findings of the study bearing on the treatment recommendations are as follows:-

First, the very prominent part that alcohol has played in the lives of the young offenders.

Secondly, the finding among many of them that consumption has been of such an extent as to create serious problems, and

Lastly, that in general these prisoners represent a portion of our society which is socially disadvantaged from birth on all the indicators which the survey investigated.

2. Some General Considerations

Alcohol and Crime

There are two basic types of 'problem drinkers' whose behaviour brings them before the Courts:-

- a. The first is the chronic alcoholic who shows ethical deterioration as a symptom of alcoholism. This may lead him into conflict with the law. In clinical practice many patients admit to obtaining money by criminal means; many admit to violence; many have been in prison for such offences. Their criminal activity is out of character and only becomes evident at the stage of chronic alcoholism. If their alcoholism is arrested, they are unlikely to commit further offences, but if the alcoholism continues, the offences are likely to be repeated in spite of any punishment received.
- b. The second type of alcoholic is the one whose criminal behaviour preceded the alcohol problem. Such behaviour is often perpetuated by alcoholism. It is less certain that stopping the alcoholism prevents the re-occurrence of criminal behaviour, although it seems to be so in some cases.

### Alcohol Dependence

- a. There are two aspects of alcohol dependence which require treatment, viz., physical dependence and psychological dependence. Physical dependence on alcohol is caused by prolonged exposure to alcohol, followed by partial or complete withdrawal. It manifests itself usually in the morning when the level of alcohol in the blood is low or absent. It is seldom evident more than 14 days after last taking alcohol. Only one symptom of physical dependence carries a risk to life, delirium tremens, "the horrors", which, if untreated, has a 10% mortality rate. All other symptoms, while unpleasant, carry no risk to life and are self-limiting. Delirium tremens require medical intervention. In clinical practice, less than 2 per cent develop delirium tremens. Many physically dependent alcoholics continue to drink to avoid the unpleasant withdrawal symptoms. With the exclusion of D.T's, all the other symptoms are easily treated and do not necessarily need detoxification in hospital. Treatment of physical dependence requires only the passive co-operation of the alcoholic and does not require admission to a centre specialising in alcoholism.
- b. Psychological dependence on alcohol occurs when the effects of the continuous or intermittent use of alcohol is felt by the alcoholic as necessary to maintain an optimum feeling of well-being. Its treatment requires the active co-operation of the individual.
- c. Although most alcoholics are aware of the serious effect alcohol has had on their lives, the immediacy of the reward from drinking in terms of mood alteration, out-weighs the dire consequences that usually follow drinking. With abstinence from alcohol, (or any other mood-altering drug), psychological dependence fades slowly over many years, but never entirely disappears from the individual. Physical dependence is always associated with some degree of psychological dependence. Psychological dependence is not always associated with physical dependence, but many with psychological dependence only will eventually develop physical dependence.

- d. Psychological dependence is the basic condition which has to be treated.

#### 4. Alcohol-related Problems

In consequence of dependence on alcohol of either psychological or physical type, a series of social, personal and familial problems may arise. Thus, a man may drive a car while drunk because of physical or psychological dependence. Likewise, a person having taken a certain amount of alcohol, varying in amount from individual to individual, and in some cases being quite low, may become aggressive and physically violent. This may result in assault and sometimes even homicide. Within the family, a drunken individual may abuse and physically harm his wife and sometimes his children. All of these consequences of excessive alcohol intake may lead to criminal activities. Similarly, alcohol-dependent individuals may commit crimes in pursuit of the means of acquiring alcohol, i.e., larceny, theft, while not actually under the influence of alcohol.

#### 5. Alcohol-related problems without dependence

It is equally clear that with some individuals, not dependent on alcohol, a single episode of excessive drinking may result in a serious alcohol-related problems such as serious aggression, drunken driving, or physical assault.

### TREATMENT

#### 6. Identification and Diagnosis

It is essential to the proper treatment of the individual that his condition is identified and diagnosed. While procedures exist for Courts to refer persons for examination, it is considered that the onus should not be placed solely on the Justice to identify the problem, rather should the full information derived from screening the individual, and diagnosis, be made available to the Courts from the outset.

#### 7. The Role of the Courts

- a. The Courts are in an important position to provide for the treatment of alcoholism and alcohol-related problems in individuals appearing before them. It is usually in the Court that socially dangerous alcohol-related behaviour makes its first public appearance, and where a person must answer for some conduct that without alcohol might not have occurred.
- b. If it emerges that alcohol has led an individual to crime, whereas if he had not been alcoholic, he would not have offended, then treatment strategies become important.

7b  
cont'd. However, they must be seen in the light of the man's total situation. This is particularly relevant to a person's willingness and motivation to accept treatment.

- c. It seems that fear of imprisonment acts as a strong motivating force coercing the alcoholic into treatment. The Court can coerce him into ceasing drinking by the threat of a prison sentence. The fear of imprisonment is lost once the sentence has actually been served. The alcoholic feels he has paid for his offence, and when he comes out he can resume his drinking - not a legal offence in itself. But, because he is an alcohol addict, his pattern of criminal behaviour will repeat itself.
- d. It is not suggested that an alcoholic who is an offender should have an advantage over the non-alcoholic, but it is advised that where probation, remand, or early release from prison would normally apply, it should be used in a constructive way when the offender is an alcoholic.

## 8. Probation

The Courts are in a strong position to coerce the alcoholic into treatment as a condition of probation or day-to-day release from prison, or while on remand. The Court can order the alcoholic offender to attend a clinic every day so that, under medical guidance, he can receive Antabuse daily. Antabuse, (Disulfiram), is a substance which, when absorbed, produces an unpleasant sensation when combined with alcohol. Failure to attend would show a lack of co-operation and would be evidence that the Court's instructions were not being followed.

## 9. Offenders Serving Sentences

The situation is very different for offenders who are actually in prison. The assessment procedure, of course, must be the same and the identification of the prisoner with an alcohol problem follows the same lines as the man not sent to prison. However, as far as treatment is concerned, the situation for the time being in relation to the serving prisoner must be different. For one thing, motivational and other factors are very different. It is suggested that two approaches are simultaneously possible to the prisoner:-

- (i) he may undergo an educational and preparatory programme before his release. It is also suggested that his family or spouse be involved in this programme,
- (ii) the possibility of parole or day release being based on his co-operation in treatment may be thoroughly explored.

#### 10. Voluntary Agencies

A number of voluntary agencies provide moral support for alcoholics anxious to recover. Members of Alcoholics Anonymous, in particular, attend hospitals which treat alcoholics and establish a link with the patients, for whom they provide moral support on discharge, and assist in therapy and education while in hospital. Such groups could prove very helpful in prison programmes of education, in therapy, and could assist in preventing recidivism.

#### 11. Shelters/hostels

The discharged alcoholic prisoner is at great risk of relapsing and of becoming involved again in crime, unless an aftercare service is provided which would assist in his rehabilitation.

#### 12. The Implementation of Treatment

One of the disturbing factors relating to the present situation of the alcoholic offender is the apparent lack of awareness in some cases, by the judiciary, of facts relating to alcohol and alcohol problems. Another is the different approaches of different members of the judiciary to the alcohol problem. There is, thus, in the case of any individual offender, a great element of chance as to his final disposal. Until a unified judicial policy in relation to the drunken offender emerges, no real advance along the treatment front can be made.

#### 13. Consultative Group

Many individuals and agencies will be involved with persons coming before the Courts in cases where the offences may be alcohol-related. It would seem most desirable that their views should be brought together in a consultative group which could advise the Minister for Justice on the proper procedures to be adopted in relation to the alcoholic offender.

#### 14. Prevention

- a. The treatment of itself is of little value without some discussion as to the possibility of prevention. The facts outlined in the introductory paragraph indicate that young people, who constitute a great majority of offenders, are drinking considerably more now than previously. Among the many reasons for this phenomenon are that young people nowadays have much more money than they had in the past, that alcohol has become relatively much cheaper than previously and the outlets for its sale have increased, and that, therefore, the availability of alcohol to young people is now considerably greater than it was. Young, immature males with aggressive temperament are, therefore, facilitated, if not actually encouraged, in their use of alcohol by these factors, and are almost certain to increase the rate of aggressive crime.

14a among young people. In addition, the evidence from the survey cont'd. indicated that a great majority of young people below the legal drinking age had no difficulty in obtaining alcohol on licenced premises - whether for consumption on or off the premises.

b. While the causation of alcoholism is multi-factorial, the research evidence in this and other countries indicates that the consumption of critical quantities of alcohol is a key factor in the development of both alcoholism and problem drinking in the individual.

The consumption of alcohol is influenced significantly by its availability and its price. The increased number of outlets through supermarkets, clubs, discotheques, exemptions and extensions, have increased its availability. At the same time its cost relative to income is very much less than previously. Alcohol is included in the Cost of Living Index, which is a factor in determining the extent of wage increases. Thus, there is a reluctance on the part of Government, anxious to keep inflation in check, to impose budgetary increases which are inevitably compensated for in subsequent wage increases.

c. The following specific findings indicate:-

- (i) the prevalence of underage drinking in on-licensed premises,
- (ii) the availability of alcohol to people of 15 years in off-licensed premises,
- (iii) the lack of formal education beyond primary school,
- (iv) recidivism,
- (v) the high rate and frequency of alcohol consumption.

#### FINDINGS

- (i) Finding 51: indicated that some 73% of the respondents took their first drink before they reached age 17 years.
- (ii) Finding 53: Almost 45% took their first drink in a public house.
- (iii) Finding 61: More than 50% reported that they were drinking regularly before age 18.
- (iv) Finding 53: Almost 31% reported having their first drink in open spaces.
- (v) Finding 42: Over 65% left school at or before age 14 years, after which they were not further involved in formal education.
- (vi) Finding 48: 87% had previous convictions, 65% had previously served sentences, 56% had been in places of detention by age 21 years.

- (vii) Finding 64: Almost 74% reported intake greater than 15 c/l of absolute alcohol at a normal sitting, while almost 90% reported consumption in excess of 15 c/l of absolute alcohol when they would take their maximum amount.
- (viii) Finding 65: A high level of frequency of drinking was reported. Almost 96% drank at least once per week or more often, while something over 25% drank at least once a day or more often.

Arising from these general considerations, the Directors of the Project submit the following specific recommendations.

### SPECIFIC RECOMMENDATIONS

#### 1. Advisory Committee - Para. 13 General Considerations

That a Standing Committee be established to advise the Minister for Justice on the proper procedures to be adopted in relation to the alcoholic offender.

The composition of this body should include the judiciary, departmental officers, the Gardaí, Prison Welfare Officers, the Probation Service, and a psychiatrist with considerable specialist experience in alcoholic and alcohol-related problems, particularly among that stratum of society which appears most often before the Courts.

The role of this body should be to advise the Minister for Justice on national policy in relation to the problem; to determine the screening and diagnostic procedures which should be employed; to design a programme of education suitable for all those who have to deal with prisoners from the time of arrest until they are released from prison.

#### 2. Unified Judicial Approach - Para. 12 General Considerations

That the appropriate judicial machinery be used to encourage a unified judicial approach to the problem throughout the State.

#### 3. Identification and diagnosis - Para. 6 General Considerations

The law enforcement agencies which, in the first instance, involves the Gardaí should be educated on alcoholism and alcohol-related programmes at least to the point where they may be able to alert the authorities to the possibility of any crime being alcohol-related.

Following such action, a simple screening device, (many are available, one can be devised), may then be applied by a suitable person, i.e., a Welfare Officer trained in its use and familiar with alcohol problems.

A positive finding in the screening process should lead to fact-finding as to the extent of the individual's alcohol, familial and social problems. A full psychiatric examination should follow.

All of this information should be available to the Courts to allow of a balanced and realistic assessment of the accused's criminality and the role of alcohol in both his life and his crime.

#### 4. Additional powers - Para. 7 General Considerations

Courts should be empowered by way of additions, and not in substitution of existing powers, to:-

- (a) refer any person found guilty of an offence, but before imposition of sentence or penalty, to a competent source for diagnosis and assessment in regard to alcoholism and problem drinking, and for this purpose the remand to be in custody or on bail, or
- (b) refer such persons who are found to be problem drinkers or alcoholics to a Court Educational Programme on the lines of that operated by the Washington County Project, Stillwater, Minnesota, which is suitable for persons remanded on bail, (details of the Project are set out in Annex 1), and
- (c) in the case of chronic alcoholics whose criminality could be said to be symptomatic of their alcoholism, and who show no evidence of basic or pre-morbid psychopathic behaviour, but whose drinking results from a loss of control as opposed to undisciplined drinking, should be able to refer such persons to the treatment centre which carried out the diagnosis and assessment of the individual concerned.

#### 5. Policy of Treatment - Para. 8 General Considerations

Where probation or day-to-day release from prison are used as means of motivating alcoholics to treatment, it is recommended:-

- (a) the period of probation be closely supervised, i.e., failure to carry out treatment will bring the alcoholic before the Court,
- (b) the sanction of imprisonment is seen to be genuine, and
- (c) any programme for dealing with the alcoholic offender must be applied universally and not in the haphazard manner at present in practice.

6. Operation of Court Programmes - Para. 8 General Considerations

Court programmes should be operated for the benefit of the Courts by:-

- (a) Welfare or Probation Officers, or
- (b) Voluntary agencies using lay alcoholism counsellors supported and supervised by medical personnel,
- (c) Lay counsellors specially recruited,
- (d) Health Board personnel, or
- (e) A combination of these.

7. Prison/Detention Centre Programme - Para. 9 General Considerations

Educational programmes on alcohol, problem drinking and alcoholism, should be provided in each prison, place of detention, educational and corrective establishment. The programme should be applicable to persons committed on remand and on sentence.

In view of the rapid turn-over of short-stay prisoners, the programme should be intensive and demanding. The content of the programme should be determined after consultation with educational psychologists, welfare staff, visiting psychiatrists, and I.N.C.A.

8. Admission of Voluntary Helping Agencies - Para. 10 General Considerations

Where security and disciplinary procedures within the prison system permit, the introduction of selected and well-motivated personnel from voluntary agencies, (who would provide variety in educational activity), should be considered. Such persons have the potential to provide moral support for problem drinking prisoners on discharge.

9. Shelter/Hostels - Para. 11 General Considerations

Consideration should be given to providing increased financial assistance to voluntary agencies who provide shelter for homeless or skid-row alcoholics, such as the Simon Community, Shelter Referral, and the Salvation Army.

The Salvation Army, Simon Community and Shelter Referral should be encouraged to provide accommodation for homeless and skid-row persons discharged from prison. Alternatively, the State should provide night shelter and day hostel facilities for such persons. Social Welfare benefits payable to the individuals concerned should be paid to these agencies, who would be required to provide pocket money for those in their care.

10. Changes in Legislation - Para. 14 General Considerations and Findings (i), (ii), (iii), (iv).

That the licensing laws be amended as follows:-

- a. the law, (s.10 Intoxicating Liquor (General) Act 1924), which makes it an offence for a licence holder "knowingly" to "supply" or to allow any person to supply to a young person under the age of eighteen for consumption by that person on the premises of the licence holder, be amended so as to impose a strict liability on the licence holder in the event of a supply of intoxicating liquor to a young person under eighteen years.
- b. the law in relation to sales of intoxicating liquor for consumption off the premises, (s.11 Intoxicating Liquor (General) Act 1924), be amended by abolishing the exception made in favour of sales to young persons over fifteen years.
- c. there should be stricter control in the granting of extensions and exemptions and the issue of licences to clubs and discotheques, which are the main outlets for late night drinking.
- d. A critical review should be undertaken of the licensing laws with particular reference to the variety and overall growth in the number of outlets for the sale of intoxicating liquor.
- e. The level of fines for breaches of the Intoxicating Liquor Laws should be increased in line with inflation.

11. Financial

It is recommended that expenditure on alcoholic beverages should be removed from the Cost of Living Index, and thus leave the Government of the time free to impose such additional duties as are deemed necessary in the interests of good health and economy.

12. Education

- a. In view of the fact that a high proportion of young persons finish their formal education in primary school, a curriculum of health education, including alcohol, should be incorporated in the syllabus of primary schools - teachers to be trained to impart this knowledge. Such a curriculum suitable to the different age groups should be drawn up by educational psychologists and the Health Education Bureau in conjunction with the I.N.T.O. and I.N.C.A.
- b. In addition, all educational establishments and/or places of detention for young persons should have a formal programme of health education, including alcohol, in the curriculum.

12b  
cont'd.

The curriculum should be suitable for the different age groups and should be drawn up by educational psychologists and the Health Education Bureau in conjunction with the Welfare section of the Department of Justice and I.N.C.A.

Dated: 3rd July, 1978.

Joint Project Directors: R. D. Stevenson.

D. Walsh.

Director I.N.C.A.: J. Adams.

OUTLINE OF COURT EDUCATIONAL PROGRAMME

The Project is a programme of education, prevention and treatment for any person, be he an alcoholic, a problem drinker, or a social drinker, who was convicted of some alcohol-related offence and was assigned by the Court.

The Project consists of twelve sessions, two nights a week, two and one-half hours a night for six weeks.

For purposes of explanation, the Project may be viewed as a three phased programme, but in practice, the phases intermingle and merge with each other.

In Phase I the programme has an educational orientation where general information is imported on alcohol and how it affects the human body in its physical and psychological aspects.

The broad educational focus accommodates the fact that not all students attending the Project are alcoholic. The focus on this phase will disclose that if drinking is followed by trouble and the cycle repeats itself, (after a conviction for drunk driving, one drinks and drives again regardless of the risk), then alcoholism could be evidenced.

In Phase II the focus is narrowed from general topics such as alcohol and health to what alcohol is doing or could do to you given a certain set of physical and psychological circumstances. The sessions demonstrate that alcoholism can happen to anyone and that by continuing to drink critical quantities, the risk is increased.

In Phase III the offender is given the opportunity to see how it affects the relationships with his spouse, girl or boy friend, his job and the community. These sessions give the student the opportunity to close the discrepancies between reality and the student's perception of reality relative to his drinking, his reasons or excuses for drinking, and the results or consequences of drinking. The sequence of drinking followed by any trouble followed by drinking would be utilised as the definition of dependency on alcohol.

Throughout all of the sessions it is emphasised that the student may not be aware of his problem with drinking: that the Project should give him awareness of those problems and with that resultant awareness, he has the responsibility to do something about them.

Finally, the Project will demonstrate to the student how to do something about those alcohol-related problems.

Rules and Regulations

Attendance is mandatory for persons participating under a Court Order, and attendance will be taken and reported to the Court for each session. Students must be present for the entire time period of each session, (7.00 - 9.30 p.m.), with no late arrivals or early departures.

Absences are not permitted except in cases of extreme emergency. Any unexcused absence is grounds for immediate termination from the Project and results in further appearance in Court.

Any student missing more than two sessions, even though the sessions are excused, will be expected to start the programme again and go through the entire 12 session sequence.

A student may be terminated, (expelled), from the Project, with notification to the Court that he or she has failed to meet the terms of the Court Order for the following reasons:-

- (a) any unexcused absences,
  - (b) failure to report sober or with manifest signs of chemical use,
  - (c) involvement in any further legal offence related to alcohol, or other chemicals during the period of the Project participation,
  - (d) failure to co-operate with the Project programme, including any conduct not conducive to the orderly operation of the Project.
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