

## The social contexts of drinking among Irish men in London

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### Abstract

The article reports the alcohol-related findings of a qualitative study that examined health beliefs and behaviours among Irish people in London. The findings elicited through key informant and lay focus groups and semi-structured interviews, illuminated the social and socioeconomic background to excessive alcohol use among middle-aged Irish men who left Ireland in the 1960s and 1970s. The findings describe the economic role of the pub and alcohol for men in the construction industry as well protecting them from homesickness, isolation and alienation in an unwelcoming and hostile environment. They illustrate the use of alcohol later in life to cope with physical and psychological pain, social stress and the symptoms of mental illness. The use of alcohol as a culturally sanctioned coping strategy is considered, exploring the ambivalent culture of alcohol in Ireland and in particular the tolerance of excessive consumption among men. The article explores the possibility that tolerant attitudes to alcohol in Ireland persist on migration to Britain and are then confounded by a culture of binge drinking among young people in general. The conclusion argues for further research and for culturally sensitive healthcare and health promotion strategies that take account of cultural and structural factors impacting on young Irish men in Britain. Current NHS policies on equality, alcohol and suicide offer timely opportunities to address alcohol misuse in order to improve physical and mental health and reduce the incidence of suicide among Irish men in Britain.

**Keywords:** *Alcohol, drinking culture, subculture, stereotypes, Irish, Ireland, mental health, masculinity*

### Introduction

This paper addresses the issue of alcohol misuse among Irish men in the UK and focuses on the experiences of middle-aged men before going on to explore whether lessons can be learned that are applicable to younger groups in the UK.

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It explores the social contexts of problematic drinking since the 1960s and the extent to which past patterns have continuing resonance for the Irish abroad. It argues that addressing problem drinking among sections of the Irish community in Britain requires that the context and experience of being Irish in Britain is understood by policymakers and practitioners if health promotion and therapeutic interventions are to be effective.

### **The background: Stereotypes, patterns and neglect**

The stereotype of the Irish drunk is well known in popular and professional circles and has created sensitivity around alcohol misuse by Irish people. As with most stereotypes, it is comprised of a popular myth with a level of truth that helps to sustain it and account for its persistence in Britain and elsewhere. While adherence to this stereotype has a detrimental impact on Irish people, it is important to recognize that there are real problems associated with the misuse of alcohol among sections of the Irish community in the UK.

The 1999 Health Survey for England included Irish first and second generation people in Britain for the first time and demonstrated that they were more likely to drink alcohol and to drink more frequently than the general population or other minority ethnic groups (Erens et al., 2001). Irish men and women were less likely to be non-drinkers and both were much more likely to consume alcohol in excess of the government recommendations. Greater amounts of alcohol were responsible for the higher mean consumption levels for both Irish women and men. Although the National Statistics Online website generally renders the Irish invisible by incorporating them into the 'White' category, it unusually presents a specific table based on the Health Survey for England identified by a caption entitled '*Alcohol consumption: Irish most likely to exceed advised levels*' (<http://www.statistics.gov.uk/cci/nugget.asp?id=264>). In a preliminary study, McCambridge, Conlon, Keaney, Wanigaratne, and Strang (2004) compared patterns of alcohol consumption among Irish pub drinkers in London and Dublin. They found significantly higher alcohol consumption levels in London than in Dublin. Based on the recommended weekly thresholds, drinkers in London were much more likely than the Dubliners to be categorized in the high consumption type and much less likely to fit into the low consumption type. There was evidence of raised alcohol dependency scores in both cohorts with male gender and younger age at higher risk.

The relationship between alcohol, mortality and morbidity among Irish migrants was first reported almost 30 years ago (Cochrane, 1977) and at intervals since (Cochrane & Bal, 1989; Dean, Downing, & Shelley, 1981). There is substantial evidence that alcohol-related mortality in England and Wales among Irish-born people is higher than in the general population or minority ethnic groups (Harrison, Sutton, & Gardiner, 1997). Alcohol problems are closely related to homelessness, marginalization, poverty, social isolation and occupational history (Commander, Odell, Sashidaran, & Surtees, 1999a,

1999b; Harrison & Carr-Hill, 1992; Harrison, Carr-Hill, & Sutton, 1993; Harrison et al., 1997). Alcohol contributes in a significant way to physical and mental ill-health and accounts for elevated admissions to both general and psychiatric hospitals (Canning, Kennell-Webb, Marshall, Wessely, & Peters, 1999; Commander et al., 1999a, 1999b). In a study of hospital admissions, Walls (1996) identified that Irish people admitted with psychiatric disorders were also likely to have a secondary diagnosis of alcohol misuse. There is a high incidence of suicide among the Irish community in Britain (Bracken, Greenslade, Griffin, & Smyth, 1998; Leavey, 1999) and although no link has been made for Irish people in England, there is a body of evidence linking suicide with alcohol and substance misuse in Northern Ireland (Foster, 2001) and in the Republic of Ireland (Farren & Martin, 2004).

There is some evidence that Irish people with alcohol problems are more likely to be treated in psychiatric hospitals (Cochrane & Bal, 1989; Commander et al., 1999a). Conversely a high proportion of clients seeking help from alcohol treatment agencies in the UK are known to be Irish (Luce, Heather, & McCarthy, 1999). Irish voluntary sector organizations in England report that a significant proportion of their work relates to providing advice and support to people with a range of problems associated with the use of alcohol (Kowarzik, 2000, 2001). In addition a number of Irish organizations in England provide culturally sensitive services to people with mental health problems, many of which are compounded by or in some way related to alcohol misuse. This in part reflects a lack of mental health skill among GPs and other professionals in dealing with Irish people presenting with alcohol problems (Tilki, 2003). A recent Department of Health Report (NIMHE, 2003) highlights the offence caused by the alcohol stereotype and points to the risk of misdiagnosing mental illness when Irish culture is equated with alcohol problems. It is not clear whether Irish people suffer general service problems around 'dual diagnosis' or whether they are disproportionately labelled as having drink problems because of their cultural identity. It is also possible that acknowledging an alcohol problem is less stigmatizing for Irish people than admitting mental illness. Nonetheless, the relationship between alcohol and mental ill-health is complex and must be understood if Irish people are to be helped to deal with either or both problems effectively and sensitively.

### **Failure to address Irish misuse of alcohol**

Despite this evidence and the persistence of the drunken stereotype there has been scant attention by professionals and policy makers to addressing the problem and there has been little research in the area. Foster (2003) suggests that middle-aged Irish alcohol misusers are discriminated against and McCambridge et al. (2004) argue that alcohol-related needs of young people are overlooked. Some of this relates to the way in which ethnicity data are collected and used and in particular the way in which the Irish are aggregated in the White majority

category making them invisible. Neglect may also be an acknowledgement of the inappropriateness and insensitivity of the drunken stereotype but without a clear strategy to deal with the real problem that exists in parts of the Irish community. The greater emphasis on tackling drug misuse for all groups also serves to disadvantage the Irish whose problems mainly relate to alcohol (Foster, 2003).

Notwithstanding the lack of attention to the problem in policy and practice, there is a growing body of evidence highlighting the need for urgent action. Despite statistical evidence of increased mortality as well as mental and physical morbidity from alcohol-related disorders among Irish people in Britain, there has been limited attention to the issue. In particular there has been a neglect of the social and cultural aspects of the problem. Sociological variants are at least as important as physiological and psychological ones when trying to understand the relationship between alcohol and human behaviour (Heath, 2000). If this deficit is to be tackled, the role and functions of alcohol for Irish people must be understood and must underpin health-promotion initiatives and strategies for reducing consumption. According to Butler (2002) behavioural change can only be achieved through a balance of emphasis on the individual and structural factors that shape health. Health promotion at individual or community level must be underpinned by an understanding of the social context of unhealthy patterns of alcohol consumption.

### **The analysis**

This article discusses the social context of problematic alcohol consumption among middle-aged Irish men in the UK, exploring changes that have taken place and continuities that appear to persist over time. It describes the alcohol-related findings from a wider qualitative study into the health of Irish people in London, which explored social, cultural and economic factors, health beliefs and behaviours (Tilki, 2003). The main investigation collected data from three key informant and two lay focus groups and twenty individual in-depth interviews with Irish born men and women aged 30 and over. Data were analysed using NUD\*IST software and adhered to the principles of data reduction, display and verification proposed by Miles and Huberman (1994). In addition to providing contemporary explanations for Irish health disadvantage, the study revealed information about lifestyle factors and health behaviour that are pertinent to policy and practice. One dominant and recurrent theme throughout the data was the issue of alcohol consumption among Irish men and the consequent implications for alcohol and mental health practice, health promotion and policy.

This article is based on selected information about alcohol-related health matters that emerged in the study and which relates to data collected from a focus group of older Irish men and a key informant focus group of professionals working predominantly with Irish people. It also includes interview material from

four Irish men aged between 47 and 61, two of whom were single, living in supported housing and attending an Irish voluntary sector organization for help with social, health and alcohol/mental health problems. Of the other two, one was single and living in the private rented sector and the other was in a long-term relationship and lived in local authority housing. The latter two men, who described themselves as very occasional drinkers, were recruited purposively as people who were in good health (in contrast to others targeted because of particular health problems). However, during the interview it became apparent that the man in the long-term relationship (Int. M9) had suffered severe mental-health problems in the past, which had been misdiagnosed as alcohol-related mental illness. This subsample of the total comprises a third of all male interviewees and provides narrative material that represents a cross-section of perceptions and experiences. The excerpts recount a complex relationship between social, socioeconomic and psychosocial factors and alcohol and elucidate a recurrent theme in the main study.

### **The centrality of the pub**

The social role of the pub for Irish men is documented both in popular literature (Keane, 1993; MacAmhlaigh, 1964, 1985; Macken, 1949) and in scholarly work (Greenslade, 1995, 1997). Men who emigrated to the UK in the 1950s and 1960s, migrated as single people and worked predominantly in the informal economy of the construction industry known as 'the lump'. They were employed by building contractors on a casual basis, paid cash in hand and moved all over the UK, wherever their labour was needed. The 'Irish' pub was central to this shadow economy as the place where contractors recruited men, where they were picked up, dropped off and paid their wages after a day of casual labour (Cowley, 2001; MacAmhlaigh, 1964). However, it was not socially acceptable to return home at the end of a day's work, as there was an expectation that the work gang repair to the pub for the rest of the evening. Men who withstood this peer pressure were deemed poor mixers and risked not being offered further work (MacAmhlaigh, 1985). The concept of the pub as a 'third place', a space between work and home (Oldenburg, 1999) is apt for past and present migrants. For Irish men in Britain the pub operated as a 'home from home' as well as an extension of the workplace.

Séamus (lay focus group), now in his late sixties, describes the experience of living in London in the early 1960s:

When I came here first, I found that the majority of people my age when they came to this country there was no other place to go, only the pub. It was the only place to meet your mates. I was a Pioneer (abstainer) when I came to this country but I was living in an owl room, coming from work and getting the tea and going to going out again. Looking at the four walls. The entertainment was basically the pub, there was no other place to go.

Although the pub had an important economic function for Irish men in Britain, its wider social functions cannot be underestimated. It afforded an escape from overcrowded and inhospitable digs, shared with strangers and where visitors were

not allowed. 'Irish' pubs were a refuge from wider social isolation and alienation, offering a safe cultural environment to meet old friends, get news from home and enjoy camaraderie, craic (fun) and music. While Oldenburg's (1999) more-recent idea of the 'third space' is broadly applicable for many groups, the 'Irish pub' had, and arguably still has, an additional and important dimension. Irish people have faced racism, discrimination and harassment over the decades but particularly in the wake of the Prevention of Terrorism Act in 1974 (Hickman & Walter, 1997). This act gave draconian powers to the police but also appeared to legitimize anti-Irish sentiment, suspicion and harassment by members of the public (Hillyard, 1993). The 'Irish' pub offered an escape from hostility and afforded a safe space to be Irish and to interact with other Irish people and cope with isolation.

Shane (key informant focus group) is a social worker working within the Irish community in London explains differences in Irish migration patterns:

Many Irish people emigrated alone and there isn't the extended family here in the same way as there is for other ethnic groups and it [the pub] does help, otherwise you're sitting indoors on your own.

According to Heath (2000) the public drinking place has a key function in facilitating sociability and alcohol promotes relaxation and conviviality. In most cultures, rules around drinking stipulate that alcohol is consumed in a sharing social context with goodwill and bonhomie. The public space of the pub enabled Irish men from different counties, working with different contractors or at distant parts of large construction sites to socialize with friends and get to know others. It was particularly important for significant numbers of men from Gaeltacht (Irish speaking) areas who spoke very limited English. In addition to the alcohol, music, cards and games whiled away the hours for Irish men with no 'home' to go to, kept them in touch with their culture and protected them from homesickness, loneliness and isolation.

### **A drinking subculture**

While the pub had an economic function for Irish men, it also played a significant role in challenging the status hierarchies that existed on building sites. Alcohol has long been regarded as a social leveller and drinking places provide for communication between people of different ranks and status (SIRC, 1998). Drinking establishments in different societies have norms and expectations of behaviour irrespective of social rank (Træen & Rossow, 1994). The egalitarian atmosphere of the 'Irish' pub and the impact of alcohol were in contrast to the hierarchies on a building site (Cowley, 2001; MacAmhlaigh, 1964). Irish pubs in different parts of the world are known for an oral culture of 'slagging', a supposedly egalitarian levelling process aimed at challenging pretentiousness and retaining control (Share, 2003). The influence of alcohol and the flattened social structure of the pub allowed subbies (subcontractors) or gangers (foremen) to be teased, taken down a peg or at least spoken to without deference and with impunity. Conversely, prowess at conversation, cards or darts, a good singing

voice or the ability to play an instrument afforded men with little status as labourers, a measure of prestige and self-esteem.

Drinking norms in most cultures include the reciprocal giving of alcohol (Heath, 2000) and are a central part of constructing and maintaining social, political and economic networks (SIRC, 1998). Reciprocity is inherent in the rules governing drinking and invariably includes rituals such as buying rounds (Heath, 2000).

Walter (lay focus group), a former labourer, describes the expectations of the building trade in the 1960s and 1970s:

On building jobs, sure you had to row in with them and go along with them whether you liked it [drinking] or not. It used to be about 10 or 12 pints a night. And maybe two whiskey chasers....

While it was deemed unmanly and miserly for an Irish man not to buy a round, it was equally frowned upon and even insulting not to accept the drink bought by another (Cowley, 2001; MacAmhlaigh, 1964). In the informal economy of 'the lump' men could ill afford not to buy a round when their work largely relied on social networks. In addition the social credit accrued when in work offset the leaner times when no work was available. Although the pattern of buying rounds first appears to be egalitarian, it is burdensome both economically and socially and the system of rounds meant that Irish men drank more as a group and for longer than they would have done as individuals. Cowley (2001) argues that subcontractors and publicans who offered advances on wages, delayed cashing cheques and encouraged a credit through a 'slate', contributed to the heavy and prolonged drinking of Irish men in the construction industry.

### **Drinking and masculinity**

The ability to drink heavily was closely related to perceptions of masculinity. Alcohol and the pub are important in the construction and the maintenance of masculinity in many cultures, not least among the Irish in Britain. There are many drink-related rituals associated with achieving the status of manhood (Heath, 2000; Connell, 1987) and concerns about the association of alcohol and masculinity pervade contemporary literature (Harnett et al., 2000). Rites of passage around alcohol exist in most cultures and the first alcoholic drink in a pub continues to be a 'coming of age' and acceptance into male company in Ireland (Share, 2003).

Peter (key informant focus group), a worker in an Irish community organization, identifies the role of alcohol in transition from adolescence to adulthood and highlights how men in the building industry remain part of a drinking subculture:

For very young men it is still a rite of passage, the whole thing about getting into drink and proving yourself... proving yourself as a true Irish man. But most men grow out of that [culture of heavy drinking], but some men remain in, who mix with that kind of crowd still continue particularly... historically on the building sites and that, you socialize by going out and drinking, but very heavy drinking.

Several authors identify the link between conceptions of masculinity and ability to consume alcohol without exhibiting the impairments of intoxication though not necessarily for Irish men (Heath, 2000; Mandelbaum, 1965; Westermeyer, 1985). Peace's (1992) study of fishermen in Ireland highlighted the requirement for them to 'hold their liquor' and remain in control even having imbibed heavily. This is echoed in a number of historical, biographical and fictional accounts of Irish men in the UK construction trade (Cowley, 2001; Keane, 1993; MacAmhlaigh, 1964, 1985). However, the same accounts also emphasize the significance of physical strength and capacity for hard work as aspects of masculine identity. They describe how men with nicknames like Mule Kennedy, Bull Gallagher, Big Mick or Elephant John and others 'horsed it out', digging trenches, tunnelling, pulling cable or laying concrete. Masculinity for Irish men was constructed on the basis of physical (animal) strength and the ability to consume large volumes of alcohol without staggering, being sick or out of control. It is therefore significant that when men were unable to work because of redundancy or ill-health, their whole image of themselves as men came under threat.

### **Alcohol as self-medication**

The nature of work, unsafe working conditions and lifestyle have taken a toll on the health of Irish men as degenerative disorders and industrial injuries contribute to excess economic inactivity in middle-age (Aspinall, 2001). Physical illness expedites exit from the labour market and psychological ill-health and alcohol misuse often follow. The pub helps maintain continuity with the past and affords opportunities for odd jobs or occasional work when health allows (Tilki, 2003). Alcohol may be used to cope with physical pain or depression, to bolster self-esteem and deal with the emasculating effects of physical incapacity, economic inactivity or both. There is increasing awareness of the use of alcohol as a form of medication by Irish people. Tilki (2003) identified a stoic attitude to pain among Irish men and a particular reluctance to take medication, preferring to rely on the distraction, analgesic or amnesic effects of a few drinks. The following excerpt from a man in chronic pain reflects the main study narratives of several former construction workers, redundant or long-term sick at end of the 1990s (Tilki, 2003). It also shows how alcohol and the company of the pub dulled the pain initially but in time led to dependence. Int. M6:

I just suffer on and going to the pub and a few jars and forgetting all about them [pains and aches], until the next day anyway. It [alcohol] was a way of blocking out pain. It takes the edge off the pain. There's an element of pleasure in it to begin with but then the addiction, the whole lifestyle becomes associated with it.

There is a complex relationship between the construction industry, a subculture of drinking and the use of alcohol to cope with redundancy or ill-health and this may not be substantially different in any working-class culture. However in her study Tilki (2003) uncovered an additional Irish dimension, the impact of which should not be underestimated.



There is now widespread evidence that young people fleeing institutional and family abuses in Ireland from the 1950s until the 1970s came to Britain. They invariably had little formal education and were consequently forced to find work in unskilled occupations. Although not confined to labouring in the building trade, Tilki (2003) encountered a number of men (and women) who attributed their alcohol dependence and related mental and physical illness to earlier childhood factors.

The following man, a heavy drinker with both physical and mental health problems, described how he used alcohol to deal with flash-backs, which he still suffered almost fifty years after physical, psychological and sexual abuse in an industrial school in Dublin. Int. M7:

I'm not saying it [the memory of abuse] hits me every day. It doesn't, but it does now and again, I can't sleep, it starts, this coming back into the mind.

Another man cited below had recovered from mental illness originating in childhood sexual abuse by a family member. His mental ill-health was compounded by the use of alcohol and in turn impacted on the treatment offered (or not) by medical practitioners. Int. M9:

If you take away the Irishness and leave the drink—anybody who drinks the extent that I drank, there must be something wrong with them. I drank and I kind of couldn't handle it. I never drank continuously. Every now and again I could go loopy, stressed out, and I used alcohol and occasionally street drugs. So, yes, I was suicidal. To be honest there wasn't a day went by when I wasn't suicidal. But could I get help? I was sitting in the waiting room reciting nursery rhymes and poems and talking rubbish and the general public could tell I was mad. But nobody was prepared to work with me or help me. 'You are a drunk.' The result to that is I ended up being arrested.

While this man believed his illness originated in child sexual abuse, the excerpt reflects the experience of other Irish people with mental health problems (Tilki, 2003). The use of alcohol to deal with the symptoms of mental illness resulted in a cycle of despair when his failure to access help increased his consumption and eventually led to a suicide attempt.

### **Alcohol: A culturally sanctioned coping strategy?**

There is evidence of a relationship between the experience of being Irish and the use of alcohol to cope with physical or psychological pain and social alienation (Tilki, 2003). Higher levels of alcohol and dangerous patterns of consumption are not confined to Irish people but are evident in many deprived groups (Erens et al., 2001; Wardle et al., 1999). However although structural factors engender psychosocial stress, culture appears to determine the acceptability of certain health behaviours as coping strategies. Using alcohol as a form of release is a culturally acceptable coping strategy for Irish people and plays a significant role in coping with stress and illness and providing pleasure for Irish men and women (Tilki, 2003). There is no indication that Irish people lack knowledge about the link between alcohol and ill-health but consumption is influenced by wider social factors and is closely linked with the experience of being Irish in London

(Tilki, 2003). Lupton (1995) argues that people choose to indulge in health-harming behaviour because it is pleasurable and, for some, because life is mostly outside their control. Using alcohol not only affords pleasure in a difficult life but affords a sense of control in a world where one has little influence.

While alcohol may afford a sense of control for disadvantaged and deprived people it is less likely to be so for more privileged groups. It is more likely to relate to the growing use of what Pellegrino (1976) and Warburton (1978) refer to as 'chemical comforters' and part of a culture that involves an absence of anxiety, anger or stress. Despite being aware of the negative consequences of excessive consumption the more affluent participants in Tilki's (2003) study saw few reasons to change their behaviour. Chamberlain and O'Neill (1998) and Lupton (1995) argue that people from higher socioeconomic groups feel in control and believe they are responsible for their own destiny. In engaging in health-harming behaviour it is possible that they believe that other aspects of their lives will protect them and they will be able to alter if and when they decide to do so (Chamberlain & O'Neill, 1998; Lupton, 1995). However, this denies the risk of dependency or the unanticipated adverse consequences that can result from just one single heavy-drinking occasion. It is acknowledged that the use of alcohol to deal with physical and social stress is not confined to the Irish community. However, in view of concerns about Irish mental health, the high incidence of suicide and recent anxieties about patterns of drinking, it is reasonable to consider cultural factors that might need to be addressed.

### **Disentangling the relationship between alcohol and Irishness**

Almost three decades ago, Cochrane (1977) offered three hypotheses to explain the high incidence of mental illness among the Irish in Britain. His suggestion that patterns of high consumption in Ireland were reflected in the drinking behaviours of Irish migrants in the UK evoked criticism and much offence at the time. Almost thirty years later McCambridge et al. (2004) suggest that hazardous drinking patterns are normative among young people in both London and Dublin. Although cautious about the generalizability of their sample, they question the relationship between being Irish in England and the continuation of some Irish drinking practices on moving to London. Concerns exist in the UK and Europe about alcohol consumption among youth in general, but the McCambridge study suggests that the Irish in London differ in one significant respect. While the frequency of consumption was similar to the UK population in general, levels of consumption were higher, reflecting those reported in Ireland by the Strategic Task-force on Alcohol (2002). McCambridge et al. (2004) also noted a high rate of parental history of alcohol problems in their samples in both London and Dublin. While there are clearly many variables at play, questions must be asked about attitudes to alcohol in Ireland that might continue to be relevant to Irish people in the UK. Greenslade (1995) and Butler (2002) highlight tolerant attitudes to drink and drink-related problems in Ireland, which co-exist

with high levels of abstinence. Given the large numbers of young Irish-born, second and third generation Irish people in the UK, and the concerns around binge drinking in general, it is important to question the potential cultural influences involved.

### **Ireland: An ambivalent alcohol culture**

Share (2003) argues that Ireland is unusual in that a culture of teetotalism coexists with one of high alcohol consumption. Although there has always been and continues to be a high level of abstinence in Ireland, there is evidence of increasing alcohol consumption with rates rising from second lowest in Europe 1989 to second highest in 2002 (Strategic Task-force on Alcohol, 2002). The number of abstainers has declined and is still two- to three-times higher than other European states, but it does not account for the increased per capita consumption of alcohol (Simpura & Karlsson, 2001). The high levels of abstention suggest particularly high consumption and research shows that people in the Irish Republic are more likely to engage in binge drinking than their European counterparts (Slán, 2003). There are gender and age differences but the problem is greater for younger people and especially for men who experience more adverse and harmful consequences of drinking ([http://www.healthpromotion.ie/uploaded\\_docs/Irish\\_Drinking\\_Culture.PDF](http://www.healthpromotion.ie/uploaded_docs/Irish_Drinking_Culture.PDF)).

Cassidy (1998) describes attitudes towards alcohol consumption and alcoholism in Ireland as ambivalent since alcohol is condemned while at the same time having a key role in society. Ireland is a culture of both abstinence and excess (Ferriter, 1999) and drink is seen as both a pleasure and a problem (Inglis, 2002). The dichotomous attitudes of tolerance and abstention contribute to ambivalence and present an obstacle to acknowledging and dealing with alcohol problems (Greenslade, 1995). The focus on abstention means that young people are not taught to drink safely as they are in more permissive alcohol cultures in Southern Europe. In the absence of suitable role models those who do not want to follow the route of abstinence learn only to drink excessively. The problem is currently magnified by high levels of disposable income and the aggressive marketing of alcohol products. While binge drinking among young people is a concern in many countries, it is possible that ambivalent attitudes in Ireland mean it becomes less a rite of passage and more a way of life, especially for men. Greenslade (1995) describes the problem of alcoholism as 'a good man's fault', where the heavy drinker is treated with forbearance rather than disapproval. He suggests that in the Irish culture of masculinity the heavy drinker is not lionized but neither is he seen as particularly aberrant. Some research locates this tolerance of high alcohol consumption in Catholicism, a key aspect of Irish identity at home and abroad. It has been shown that even many generations following migration, Irish culture cannot be divorced from the influence of Catholicism, which has affected a greater tolerance towards alcohol misuse among Catholic families when compared with Protestant families (Walls, 2005). The limited research that

exists in this area questions whether ambivalent attitudes from Ireland persist among Irish people in the UK and perpetuate alcohol-related problems among younger Irish men.

### **Alcohol and the pub in the wider context of being Irish in Britain**

Patterns of migration from Ireland have changed and with a few exceptions it is mainly young professionals who leave home to enhance their careers in Britain (Walter, 2002). While it is crucial to tackle the destructive aspects of alcohol consumption it is also important not to lose sight of the possible benefits it may have for Irish people away from their homeland. Aside from its economic, albeit declining, function in relation to the construction industry, the pub still provides a meeting place for those living in poor accommodation or more commonly now those living in disparate parts of London. The 'Irish' pub offers a sense of community for those who are reluctant to access other opportunities for social contact such as the Church or the local Irish centre. There is evidence that younger Irish people are uncomfortable identifying with a traditional Irish scene in a 1950s time warp (Tilki, 2003). Therefore the pub, whether authentically Irish or themed, is more likely to afford access to contemporary Irish music and culture and an environment where it is safe to be Irish. Health-related behaviours such as alcohol use and smoking reflect the wider patterning of social life. Given the persistent stress experienced by sections of the Irish community, the potential for culture shock and homesickness and continued perceptions of 'otherness' (Tilki, 2003), the camaraderie of the pub and the pleasure, release and self-indulgence associated with alcohol must not be underestimated.

### **Conclusion**

Alcohol misuse among Irish people in Britain is clearly fraught with sensitivity for both policy makers and practitioners. It is acknowledged that binge drinking is common among young men from many different backgrounds and that there is a particular danger of stereotyping Irish people. However, there is evidence of a significant problem now and a burgeoning one for the future if the issue is not tackled with urgency and sensitivity. Research on the alcohol culture of Ireland suggests excessive drinking norms (Ramsted & Hope, 2005; Slán, 2003), an absence of moderate drinking role models (Share, 2003), and a culture of masculinity linked closely to high alcohol consumption (Greenslade, 1995; Peace, 1992). There is no evidence that confirms that attitudes and behaviours in Ireland are continued on emigration to Britain but neither is there any to the contrary. Given the unequivocal poor physical and mental health, high levels of suicide and concerns about dangerous patterns of consumption among Irish men (and women) in Britain, urgent action is needed at national and local policy level. There is a clear need for further research and for campaigns targeted towards the Irish community in order to create the social change needed to make moderate

consumption acceptable and binge drinking unacceptable. This must be done with sensitivity and should take a harm-minimization rather than an abstinence approach with therapeutic activities that are sensitive to the social and cultural contexts of drinking. The NHS Alcohol, Delivering Race Equality and Suicide Strategies afford timely opportunities to address the needs of Irish people and there is both a strong business case and a moral one for doing so.

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