CHAPTER ONE

Powerful connections
Three examples of addiction

David: a case of alcohol addiction

As my first illustration of the complex networks of power surrounding addiction, I have drawn on my research and reading on the subject to invent an early middle-aged man whom I shall call David1. His addiction to alcohol – lager and whisky are his preferred beverages – is now sufficiently strong that the ripples it has created within the social groups that David inhabits have become a maelstrom, drawing others in against their wishes. It has not always been that way, although he has been a regular and mostly heavy drinker since his mid-teens. As is not uncommon, the trajectory of his drinking since then has not been entirely smooth but has shown a number of ups and downs. His intake of alcohol was at its heaviest in his early to mid-twenties, before he settled down with his partner Marian, during a period of several months when he was working on a contract abroad and earning a lot of money, and, more recently, when he became unemployed and was finding it difficult to find new work. Consumption was at its lowest level when he and Marian first had a young family. It is now at its heaviest ever.

We could think of David’s addiction to alcohol as a purely personal problem, one that he alone carries and is responsible for. Before accepting that prevailing conception, however, let us try and build up a picture of the people who are in some way connected with his excessive drinking. There turns out to be a lot of them. Most obviously there is David’s family household consisting of he, Marian and their three children – two sons aged 21 and 16 and a daughter aged 19. The elder son is studying at university and is now only at home for part of the vacations, and the daughter has a steady boyfriend who has his own bedsit so she is dividing her time

1 The three detailed illustrations of addiction in this chapter are hypothetical and do not correspond to any real people. On the other hand, each is very real in the sense that it is based on a digest of years of research and study of the subject carried out by the author and by countless others.
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between his place and home. Each member of the household would have a story to tell about David's drinking, although the children try to escape from it and to avoid having to think about it too much of the time. Out of loyalty to David, Marian used to be very selective about how much she disclosed about the problem and to whom. But it is now gone beyond that point and she will now give her account more readily, provided she has a sympathetic and understanding listener who has the time.

Marian describes her life as having been turned upside down by David's drinking. She sees him as having become seriously dependent on drink, drinking large quantities every day, starting in the morning and spending most of his time in one of the local pubs or slouched in a chair at home with a drink beside him. She is worried that he is not eating properly, is sleeping badly and is now neglecting his appearance and hygiene. He has only worked sporadically in the last two years and they are now dependent on her modest income. There is no longer fun in their relationship and she feels she is losing the man she loves. Arguments have come to blows on more than one occasion, which is out of character for them both. Her biggest concern is for the children who she believes are distancing themselves from the family in ways that may not be in their best interests. She senses that their elder son is finding excuses not to come home in the holidays. She thinks the situation at home is driving their daughter into the arms of her boyfriend who would not be their choice as a partner for her. Their younger son is the one who gives her most concern: he is mixing with a roughish crowd, did not do as well as expected in his exams, has certainly been drinking heavily and smoking cannabis and, she imagines, experimenting with other drugs besides. She has tried pointing out to David that the children need his attention and guidance but that has only created more arguments and he appears now to have completely opted out of his paternal role. Marian has tried all sorts of ways of dealing with the problem: coaxing and cajoling, firmly challenging, a tender, 'softly, softly' approach, and trying to ignore it, even accompanying David to the pub, which was a disaster. Nothing seems to have worked. Like so many people in her situation she wonders if she is to blame in some way. Has she not appreciated him enough over the years? Has she ignored his needs? Should she have agreed to go with him when he was working abroad? He certainly seemed to acquire a taste for whisky on that trip. Is their marriage a failure? Has she failed as a wife and mother? Whatever the answer to those questions which go round and round in her mind, it certainly seems that her health is suffering. She too is sleeping very badly and she is often tearful. Her doctor has given her a prescription for anti-depressants, something that
she never thought would happen to her. She hasn’t yet decided whether to take them or not. She is confused, sad, angry, but her own overwhelming sense is one of powerlessness.

Close family members like Marian and their three children are in the frontline of addiction connections but there are many others who share some of Marian’s feelings of impotence. In David’s case, the work group of which, until two years ago, he had been an essential part for more than a decade was an important social group intimately connected with his drinking in a number of ways. He worked as a senior contract manager for a branch of a large, international civil engineering construction company. He had been a high flyer marked out for further promotions. He was widely known to be a keen drinker but in the fast lane of wheeling and dealing there was no harm in that, indeed it was generally seen as an advantage. But there had come a point when his colleagues began to question – mostly in their private thoughts to start with but increasingly in confidential discussions with others – whether David’s drinking was altogether a good thing. There had been one or two complaints by junior staff and a hint from more than one representative of a client organisation that his drinking might be adversely affecting his work. His immediate senior, a close colleague of a number of years who had become something of a friend as well, was particularly upset and uncertain about what to do. The matter increasingly became a talking point in the office and opinions were divided: some thought that tough disciplinary action should be taken, others favored a more supportive, sympathetic approach, whilst another faction thought it was being blown out of all proportion and should be ignored. In the end, David’s continued employment was in jeopardy and he was referred to the company’s Employee Assistance Programme (EAP), which covered cases like David’s. Staying with the company was made contingent upon entering treatment, which did happen, and upon continuing to make progress so that the drinking-related performance deficits would cease to be a problem. After what looked like a good start, the latter, unfortunately, did not happen, and the company ‘let him go’. Notice how complex and far-reaching those connections were. Not only was the work of David’s unit affected, but a number of his colleagues were caught up in fraught and sometimes quite acrimonious disagreements about what should be the appropriate course of action. While that was going on they felt some measure of the powerlessness which Marian had been experiencing.

Although the problem did not materially affect the health of most of his colleagues, this could probably not have been said for his immediate senior. The latter was very troubled by the whole affair and – as his
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own family could attest – his work satisfaction was certainly diminished while it remained unresolved. His position, already difficult because of the friendship that had developed between he and David, became more complicated when Marian, whom he had met socially, phoned him in desperation to find out what was going on. After that he and Marian spoke on a number of occasions, each feeling somewhat guilty that they were talking about David behind his back. When it became clear that David was going to lose his job, his senior felt wretched about it and believed, which was not the case, that Marian blamed him for not being able to do more for David. Since then his friendship with David has not been renewed but he has continued to keep in touch by periodically phoning Marian to see how David is faring. The thin and fragile connections between a person’s home and his or her place of work – two systems, each so important but often so disconnected – are usually much more important than they appear to be. In the case of addiction, home–work connections are often affected in some way, either by becoming even more distant than usual or by providing new opportunities for solidarity in the face of something which appears to threaten both. New channels of communication may open up or, on the other hand, communication may become more difficult. Often it is the case that the two networks struggle alone, only later, or perhaps never at all, discovering that their concerns were shared by people in the other place.

The connections between David’s addiction and his place of work extended well beyond his immediate colleagues. The company’s human resources team were responsible for administering the EAP, and the company had its own team of health professionals to assess David and recommend treatment. A small cadre of fellow employees was therefore busy on David’s case. The final decision to sack him was made at a higher level. The EAP, which proved helpful for a while, was devised at the company’s headquarters in another country, although its adaptation to the country in which David lived, and in particular its use with cases of alcohol dependence, had been matters of lengthy discussion more locally. Notice how all these addiction connections, involving people with power over the lives of others, are ones that are likely to have been beyond the full awareness of David’s family. How much, I wonder, would his younger son, whose life, according to his mother, was so affected by his father’s drinking problem, know about his father’s employer’s deliberations about how to deal with employees addicted to alcohol or their particular deliberations about his own father? And, if he did know anything of this, what would he make of it?
Before we leave David’s main place of work there is another important kind of connection to consider. Humane and well-intentioned though the company’s policy may have been, Marian could be forgiven for thinking that it was the company’s way of conveniently mopping up a problem that was, in large part, a problem of its own making. In fact, there had been times when she was quite critical of the conditions under which David worked, which often seemed to combine a heavy and stressful work schedule with an encouragement, or at least tolerance, of heavy drinking. This ‘culture of heavy drinking’, as it might be called, imposed itself most strongly in the contract side of the business in which David worked. He was not the only heavy drinker in the division and there was a feeling in some quarters that he had been made a scapegoat. Unlike most of the connections we have been discussing up to now this cannot be pinned down to a link with one or two specific people; it is, rather, a question of the attitudes and behaviours of a whole collective of people and the norms governing behaviour in the places where they meet and partake of potentially addictive substances and activities. Where power and responsibility reside is even less clear.

The two worlds of home and work are only the beginning of a full account of the myriad bonds that exist between David’s alcohol addiction and other individuals and groups. It turns out, but only after careful enquiry, that there exists a substantial network of family members and friends each of whom knows something of the problem and has adopted his or her own position towards it. David has two brothers who have reacted in very different ways. His elder brother, previously close to David, has now all but broken off contact, encouraged, Marian thinks, by his wife, who has always been very critical of David and his drinking. David’s younger unmarried brother, on the other hand, has always been a heavy drinker himself and his relationship with David seems to have got closer if anything. Marian now dreads his visits, which seem to provide an excuse for even heavier drinking than usual. Marian has a sister to whom she has always been very close. They can talk about most things but Marian has learned not to talk about David’s drinking because if she does her sister ‘gets on her high horse’, as Marian puts it, and tells Marian that she should consider leaving David. Since leaving David is not on her agenda, Marian finds that unhelpful and surprisingly thoughtless of her normally very understanding sister. At least two of David’s and Marian’s siblings are, therefore, aware of the problem and have been required to respond in some way, albeit ways that have not been particularly helpful to David or Marian. Members of the previous generation have their own ways of worrying but mostly they keep their worries to themselves. David’s and
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Marian’s mothers, both widowed, visit occasionally and, alarmed at what they have seen, try to find out more and be as helpful as they can by trying to keep in regular telephone contact with their respective offspring. Both feel downhearted, fearful for the family and – such a common feeling in the face of addiction – impotent to do anything.

David and his family also have a wide circle of friends, quite a number of whom know about David’s drinking problem and are concerned about it. For some, those who are less close, it has led to discussions, nearly always inconclusive, about what help might be given, and sometimes those discussions have extended to debate about whether there is too much drinking in today’s society, whether David is an ‘alcoholic’ and whether that is similar to or different from drug addiction. In some households it has even led to discussion about how to deal with household members’ own possibly addictive habits such as a father’s repeated attempts to give up smoking, a mother’s unrealised wish to lose weight, and a son’s current absorption with the internet which is worrying his parents – is this the ‘internet addiction’ that they are increasingly seeing reference to in the news media? Some other friends and their families have made adjustments to the ways in which they interact with David and his family; in some cases they have let their occasional meetings lapse, whilst others have found ways of maintaining contact which do not involve staying over in each other’s homes. A number have expressed sympathetic concern to Marian and one or two have made positive attempts to be helpful. An old friend of David’s, who has known him since university days, broached the subject directly with David but only after much agonising about how he should do it and after seeking the advice of a number of his own friends, more than one of whom had experienced drinking or drug problems themselves or amongst close relatives. He was afraid that David would be angry with him for raising his concerns but in the event David was charming about it and thanked his friend for taking the trouble. His friend came away from the encounter, however, with a distinct feeling that his worries had been deflected, almost dismissed, as kind but unwarranted. He was left feeling deflated and uncertain what to do next. Marian works for a small business which provides massage and beauty treatments with a small shop and restaurant attached. It is run by a close-knit group of women from whom it is difficult to hide personal problems. There have been times when Marian’s mind has obviously not been on the job and other times when she seems to have become over-committed to her work, spending as much time there as possible. Most of her colleagues now know that there are problems at home and her closest colleagues know
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what the problem is. One colleague in particular has been very supportive, letting Marian talk at some length, encouraging her to think through what to do but without imposing her own opinions. But Marian has often thought that she is taking up too much of her colleague’s time and that the support had become a bit one-way, almost as if her colleague has become a counsellor.

Talking of counsellors, there is another whole system of links with people and organisations who promise to be less impotent in the face of David’s addiction and who might help reduce David’s and Marian’s powerlessness. These are the people we might refer to, not entirely aptly, as the ‘formal helpers’. Their power lies in their expertise and their official positions as sanctioned experts. Considering that David has had little formal treatment for an alcohol problem, there is a surprising number of such people. The link with the primary care health centre where both David and Marian are patients is a principal one. David’s GP, who has been looking after his health for some years, is good at asking her patients about their drinking when the opportunity arises and has noted for some time that David’s alcohol consumption is probably unhealthy. Her concerns were strengthened a year or two ago when he was admitted to hospital for a week with symptoms that were never satisfactorily explained. She has advised him on more than one occasion about recommended maximum levels of sensible drinking and has recommended that he cut down his intake. Marian sees a different GP at the same practice. He explored possible reasons for her poor sleeping and depressed mood and is now aware of what she is coping with at home, although prescribing anti-depressants was the only action he felt able to take. Although he and David’s GP work in the same practice, the family records are not coordinated so a fruitful connection which might have taken place if the two GPs had communicated about the family has not been made. Nor was the connection with David’s drinking recognised by medical and nursing staff at the hospital where David was admitted. That was despite the fact that excessive alcohol consumption is a known risk factor for a wide range of medical conditions and ward staff might have noticed the bottle of whisky that David kept in his bedside locker whilst he was there. A whole set of other connections with state and ‘third sector’ agencies have come about because of David’s drinking and driving. Within an 18-month period he was picked up by the police three times and found to be driving over the legal blood alcohol limit. On the last occasion he was given the option of losing his driving licence for a period of time or attending an ‘alcohol awareness’ course run by a local non-statutory organisation with many years’ experience of providing services.
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for people with alcohol problems in the region. Embarrassing though he found it, David chose the latter and thereby came into contact with a knowledgeable group of people in charge of the course and a number of fellow drink-driving offenders.

When alcohol dependence or alcohol misuse are discussed in health circles, some mention may be made of home, workplace and the many other parts of informal and formal social systems, such as those we have been discussing relevant to David’s case, but mostly they are hidden from view and are rarely discussed at all thoroughly. But beyond those little explored connections always lies a set of power linkages of which the Davids and Marians of this world, their family members, colleagues, friends and their GPs and other helpers, are mostly only dimly aware. Someone – or many people as is almost always the case – is supplying the dangerous substance or activity which carries the potential for addiction. In fact, the relatively hidden-from-view network of suppliers, along with the structures that support them, constitutes the most extensive nexus of addiction power connections. In the case of a legally provided substance like alcohol, the local part of that system, at least, is in fairly plain view. The local pub is a prominent feature of the village in which David and his family live.

Unlike some pubs in other areas it makes a positive contribution to an area which local estate agents describe as ‘sought after’. David knows it well, having spent much time and money there. He is on good terms with the landlord and landlady and is on first name terms with a dozen or more fellow regulars and perhaps another dozen whom he sees there less regularly. If you were to ask David about his intentions regarding his future drinking he would tell you that he ought to cut back a bit and intends to do so but that without the social life of the pub, of which drinking is an integral part, his quality of life would be seriously diminished. Whether one should cut back on drinking as one gets older is a regular topic of conversation in the pub and David is one of a group who are generally considered prime candidates for cutting back although such discussions are mostly light hearted and not followed up. Marian sees the influence of the pub on their home in a very different light. She can’t help seeing it as a major source of danger to David’s health and well-being and her own and her family’s unhappiness. Although she does not think of herself as blameless, she believes the other pub regulars have some responsibility for encouraging her husband’s dependency. She believes the pub landlord and landlady to be irresponsible in continuing to feed an addiction which to her seems so obvious. She is acutely conscious of holding a view of the village pub and those who work and drink there which is at odds with the
generally held one, and that only makes her feel more uncomfortable and less like expressing her views to others. She herself goes to the pub rarely and feels uncomfortable when she does. Their elder son is another who now feels uncomfortable there. Having done some of his early drinking with friends in the village pub, once he became more aware of his father’s excessive drinking and was becoming more distant from the village through his studies elsewhere, he plucked up courage on one occasion and ‘had a quiet word’ with the landlord, asking him if he couldn’t discourage his father’s drinking, perhaps by refusing to serve him when he had had too much. His intervention, about which he had felt extremely nervous, was met with surprise and an explanation that such a thing could only be done if his father made such a request in person.

The village pub is a ‘tied house’, owned by a well-known local county brewery and then taken over some years ago by a large international alcoholic drinks company. The pub landlord and landlady are just the local face of what is now a colossal corporate enterprise. Its network of international, national and area offices is extensive. In David’s own country alone it employs, directly or indirectly under franchise, an army of people which runs into six figures in number. On the promotion and advertising of the drinks which David consumes it spends sums of money which make the local hospital and health centre budgets look miniscule by comparison. The company is a member of several ‘social aspects organisations’ and makes much of its corporate social responsibility policies. For example, it has championed and financially supported educational initiatives in schools for teaching about ‘sensible drinking’. There are those, however, who are very critical of the corporate social responsibility policies of drinks companies. They are, the critics argue, simply a relatively cheap way of buying public and government approval, and hence avoiding heavier regulation, whilst continuing to make vast profits and do nothing effective to prevent new cases such as David’s from arising. The critics would point, for example, to the fact that the company that ultimately owns David’s local pub has put a lot of time and money into opposing leading recommendations by public health experts, including the nation’s Chief Medical Officer of Health, that there should be a minimum price for the sale of all alcoholic drinks based upon the number of standard units of alcohol contained, thus outlawing such practices as cost cutting of alcoholic drinks by supermarkets. One of the company’s subsidiaries has even tried to buy the services of an academic prominent in the field – working, as chance would have it, at the same university where David’s son is studying – to provide a critique of a leading report which concluded that minimum
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Pricing would have considerable preventive potential, including the saving of several thousand lives over the course of a decade.

None of this is known to David, Marian or any of their family or friends, although Marian caught something on the radio about minimum pricing and thought it no bad idea. What she does not fully appreciate, although none of it is secret, is how extensive and well-connected are the networks which supply the substance to which David had become addicted. She realises that the pub is an excellent source of temporary employment for village youngsters, including her own daughter at one stage and many of her children’s friends. What she does not know is that the drinks company regional offices are not many miles away, providing further employment opportunities in the area, and that the regional manager lives in the next village. Nor does she know that their local member of parliament is on the company board. She is also unaware that she is not alone as a wife who believes that pub managers are failing to act responsibly, and she knows nothing about the local authority system of public house licensing and the fact that there is a procedure for making complaints when licenses are due for renewal. Like most people Marian is also only dimly aware of the role played by government – a complicit role the critics would argue – in supporting an ever expanding, innovating drinks industry. The company that controls the local pub is sufficiently large to be part of the FTSE-100 share index and if anything disastrous were to happen to it, it would have a significant effect on the national economy. The drinks industry in general is a major contributor to the economy. The local MP is only one of a score or more of parliamentarians on the government’s side who sit on the boards of drinks companies. The Government Minister for Culture, Media and Sport, which leads on alcohol regulation, has refused to accept the Chief Medical Officer’s recommendation about pricing. Not irrelevant is the recent national furore over the Home Secretary’s refusal to accept the advice of his expert committee who have told him that alcohol dependence and misuse is probably the nation’s biggest drug problem, far greater than the problem posed to the nation by the use of some banned drugs such as cannabis and ecstasy.

When Marian hears of such things in the news she senses that she is one of the few people who understands what some of the experts are on about. Otherwise she feels very alone in a world that she judges to be irresponsible and uncaring when it comes to booze and its effects on ordinary people and their families. She sees friends drinking amounts of wine which seem to her excessive. She knows the police are worried about late night weekend city centre drunkenness but she hears all around her the expectation being