CHAPTER 1

Alcohol, addiction and Christian ethics: introduction

Alcohol has many and contrasting associations. A glass of wine with a meal can symbolise love, friendship, relaxation and enjoyment of a special occasion. It can represent romance, coming of age, success, beginnings and endings, good news and good company. At a Christian Eucharist or Jewish Passover, where wine is also shared, thanks are given to God for divine salvation from all that enslaves, restricts and condemns. In drinking the wine, Christians participate with the first disciples in their last supper with Christ, and Jews participate with the ancient Hebrews in their exodus from enslavement in Egypt. But sadly, the sacredness and redemptiveness of these occasions contrasts with the associations of alcohol with drunken violence in our towns and cities, cirrhosis of the liver on our medical wards, debt in families, and death on our roads. It contrasts also, and more especially, with the enslavement that is alcoholism, or alcohol addiction.

In more purely statistical and objective terms, alcohol misuse is a contemporary social problem of enormous economic significance, which exacts a high toll of human suffering as a result of the social, psychological and medical harms to which it gives rise. Alcohol-related morbidity and mortality are high in most parts of the world, and in many developing nations alcohol consumption and its concomitant harms are on the increase.[1] Yet, moderate alcohol consumption is tolerated, enjoyed and encouraged in most countries around the world, with the majority of the adult population being drinkers of alcohol, in almost all countries other than those with an Islamic culture.[2]

What are we to make of these observations? It is easy to project blame to a safe distance by arguing that they are the responsibility of other people or forces beyond our control. Governments, industries and

[1] World Health Organization, 1999.

[2] This is not to suggest that problems of alcohol misuse are not significant in Islamic countries. Although a minority of people drink alcohol, often contrary to the law and therefore in secrecy, some of the alcohol-related problems experienced by these people are extremely serious.

moderate drinkers can blame a minority of irresponsible citizens for their excesses. The beverage alcohol industry can easily be blamed for promoting a product which causes so much harm. Or else, the product itself can be blamed and made the subject of prohibition, on the basis that everyone would be better off if it were not consumed at all in civilised society.

But perhaps no-one needs to be 'to blame' at all? Rather than blaming people for being irresponsible – whether in their own drinking behaviour or their promotion of alcohol in society so as to cause harm indirectly – and rather than blaming alcohol itself, as though it had some demonic and ubiquitous power to bring innocent people to ruin, perhaps the problem is better understood more in terms of disease? Perhaps some people are exceptionally vulnerable, because of a disease of some kind, in such a way that (although they are not really to blame for it themselves) alcohol causes them harm, and through them harms other people too. This disease might be understood simply as that of having a liver, or brain, or other organ system, which is peculiarly sensitive to the toxic effects of alcohol. Or, in a more complex fashion, it might be understood as a disease affecting the moral and spiritual nature of human beings in such a way as to impair their judgement, self-control and integrity in a far more fundamental way. And, at risk of over-simplifying things and jumping ahead of the argument, this disease might be called 'alcoholism' or 'addiction'. If this model is valid, then most people can drink without harm or guilt, but some – the addicts or alcoholics – must abstain for their own good and that of others. No-one is responsible for such a disease, although sufferers have a responsibility to seek help and society has a responsibility to provide them with treatment.

It might be argued that such a disease model is simply another way of projecting blame – so that most people can continue drinking without any sense of guilt, and so that the alcoholic is responsible only for engaging in a programme of recovery and not for the root of the problem. However, that would be to prejudge the case. If alcoholism is a disease, it surely is a most malignant and destructive one, and those who suffer from it, and their families, certainly deserve sympathy and understanding rather than blame. But another argument arises which makes it difficult to leave the matter here. Extensive research, on alcohol consumption and on a variety of addictive behaviours, suggests that there is in fact no completely separate group of people who can easily be distinguished as 'addicts', in contrast to the 'normal' population. It is true that addiction, in its more severe forms, is easily perceived as alien to the statistical normal range of

human experience. But the many shades of grey between addictive and normal drinking, for example, make it difficult to know where to draw the line.

The concept of addiction, in its more clearly distinguishable and severe manifestations, also presents another challenge to ethical analysis. If individuals can suffer from a disease which impairs their own self-control over certain behaviours, to what extent are they responsible for these behaviours? Contemporary ethical analysis tends to assume a central importance of human autonomy in choosing freely between available arbitrary options. But what if some people cannot freely make certain choices in such a fashion? Where then does the responsibility lie if their choices cause others harm? Can blame be projected on to a disease, the causes of which lie outside an individual person's control?

But do any of these projections of blame, attractive to the extent that they make someone or something else responsible for the problem, actually do anything in practice to address the problem effectively? And does that problem lie outside of us – in the community, in industry, in other people, in a disease, or in alcohol itself – or does it lie within each of us? Whatever our response to that question may be, there is a series of important and immediate practical and ethical questions which we face as individuals and as a society if we are to respond adequately to so pervasive and destructive a problem as that of alcohol misuse.

For the individual drinker, there is the important ethical question as to what criteria should be adopted in order to ensure that personal alcohol 'use' does not become alcohol 'misuse' (or, worse still, addiction). Whatever criteria are adopted, they may come into conflict with other influences upon drinking behaviour and they will be likely to increase or reduce the risk of a variety of threats to personal well-being. What should individuals do when they discover that what they had thought to be responsible drinking actually causes harm? In what way, and to what extent, should they modify their drinking? How great a risk to health is justified by the pleasures and benefits of moderate alcohol consumption? Or else, what should total abstainers do when told that they might acquire benefits to health from moderate drinking?

For society as a whole, for governments, industries, health professionals and academics, important ethical questions are raised in respect of social policy, health promotion, and planning of medical services which will have important consequences for economic and social stability, as well as for public health and the well-being of individuals. An enormous body of scientific literature and research has attempted to inform the governments,

authorities and individuals who seek answers to such questions.[3] However, this is not merely a question of science or social policy. Governments and industries gain economic benefit from the production, sale and taxation of alcoholic beverages. The enormous popularity of alcohol – our 'favourite drug'[4] – can at times make wise evidence-based policies politically unattractive. And if alcohol is both a profitable commodity and also a cause of social and medical harm, or disease, then shareholders in the alcohol industry might, at least conceivably, face a choice between a sales policy which provides maximum achievable sales and one which minimises harm.

The matters of production, distribution, and consumption of alcohol therefore present a variety of important ethical questions to both individuals and societies. And yet, the debate about the proper answers to these questions is often now conducted primarily as though it were not an ethical debate, but rather simply one of scientific opinion, political expediency and consumer choice. Against this trend, it is argued here that, while science, politics and personal preference are all important and legitimate considerations, alcohol is also an important ethical issue which concerns us all. The debate about its proper production and use should therefore include, not only scientific and political and commercial considerations, but also explicitly ethical considerations. Alcohol policy should be based, not only upon sound and carefully considered scientific evidence, but also upon soundly reasoned ethical principles.

Before embarking upon construction of an ethical framework for response to the problems of alcohol misuse and addiction in our society, however, it must be noted that there is a remarkable dearth of ethical debate at many levels. It is true that some religious groups continue to eschew the use of alcohol.[5] It is also true that academics and others have expressed concern about the influence of the alcohol industry upon research and policy formation.[6] However, for many young and not so young people, drunkenness is at best socially unacceptable, and at worst is understood as being a very good objective for an evening out with friends.[7] As an example of governmental discourse, the 2004 Alcohol Harm Reduction Strategy for England, published by the British Prime Minister's Strategy

[3] For an authoritative and recent account of this literature as applied to social policy considerations, see Babor et al., 2003.
[4] Royal College of Psychiatrists, 1986.
[5] See, for example, the detailed defence of total abstinence (based mainly upon scripture) by Samuele Bacchiocchi, a Seventh Day Adventist (Bacchiocchi, 1989).
[6] See Chapter 2. [7] Prime Minister's Strategy Unit, 2004, p. 23.

Unit, nowhere gives explicit consideration to ethical issues.[8] Rather, it talks about the 'pleasures' of 'drinking responsibly', as opposed to 'harmful patterns of drinking', and of strong encouragement of the drinks industry towards 'social responsibility'.[9]

Some encouragement may be derived from the 'Ethical principles and goals' of the European Charter on Alcohol published by the World Health Organization (WHO).[10] These are undoubtedly a welcome reminder that ethics as well as research should underlie social policy at the national and international level, and no issue is taken here with their fundamental merit. However, perhaps they raise more questions than they answer. Their prime concerns are with freedom from harm, access to information, access to care, and freedom to choose abstinence. But, does freedom to choose abstinence also imply freedom to drink? If so, is it possible to exercise complete freedom of choice in relation to alcohol consumption? If it is, then what happens when this freedom conflicts with the right to freedom from harm? More fundamentally, the language used is that of human rights, and yet there is no legal status to these rights. Human rights are social realities only insofar as they are a product of human agreement,[11] and it is not clear to what extent these human rights might be agreed upon outside of the 1995 conference from which they originated. Whether or not they might also be considered in some sense natural rights is not discussed, but would inevitably require a theological position to be adopted, and would in any case be very debatable.

Where the ethics of alcohol are discussed in more detail, conflicts emerge between different sets of ethical principles. For example, Robin Room has argued that the responsibility that modern societies place upon individuals for rational and responsible behaviour conflicts with the 'ethic of free trade', which sees alcohol as just another commodity which should be made freely available.[12] For Pekka Sulkunen, the conflict is between the consequentialist ethics of rationally based public rules and the ethics of individually conceived notions of 'the good life'.[13] Further ethical analysis is required in

[8] Prime Minister's Strategy Unit, 2004. [9] Ibid., pp. 2–3, 6.
[10] World Health Organization Regional Office for Europe, 1995.
[11] Vardy and Grosch, 1994, pp. 191–193.
[12] Room, 1997. As a result, control of consumption and alcohol related harm becomes the responsibility of the individual consumer rather than of society. Those who fail to manage this responsibility, according to Room, are defined as alcoholics. Room concludes that, historically, alcohol problems have usually been best addressed by strong popular moral movements.
[13] Sulkunen, 1997. Sulkunen writes as an employee of ALKO, what was then the Finnish state monopoloy on alcohol. His solution to the conflict that he identifies is in the form of a social understanding of ethical decision-making whereby groups with shared moral values might be encouraged to adopt lifestyles in which alcohol features less prominently, or not at all. He seems to be optimistic that this might in time influence national policy on pricing and availability of alcohol.

order to provide a non-conflicted ethical framework for understanding the place of alcohol in our society.

To attempt a comprehensive ethical analysis of this field would be an enormous project. It raises questions concerning the social, developmental, psychological, genetic and other biological influences upon human behaviour and, assuming that radical determinism is not accepted, the ways in which people exercise 'free will' in the face of these influences. It would be a multidisciplinary project, requiring an understanding of a range of social, biological and health sciences as well as theology and ethics. It would be concerned both with the factors which generate a range of social, psychological and medical alcohol-related problems, and also with the human responses and solutions which are offered in an attempt to address these problems. A comprehensive ethical analysis of all of these facets of the problem would be a very valuable, but complex, lengthy and time-consuming undertaking. Necessarily this book will therefore be able only to allude to some of these facets, and in many cases references alone will have to suffice to direct the reader towards the relevant wider literature.

However, this book will also be limited in scope to a specifically Christian ethical and theological perspective, and I imagine that some readers will feel that this requires a little further justification. Christian ethical thinking has had an enduring influence upon the now largely secular ethical values of the developed world, not least Europe and North America, as well as on much of the developing world. Even if many of these nations and continents might now be considered largely post-Christian (not to mention postmodern), yet their Christian history has affected their commonly accepted ethical values in ways that are often not apparent. An analysis of this history and its relevance to the present is therefore of importance to all people, regardless of their religious faith or lack of it.

A specifically Christian perspective is obviously also of importance to the worldwide Christian Church. This might seem self-evident, and yet it is apparently not a matter about which the Church is currently greatly concerned; at least insofar as that concern may be judged by heatedness of public debate and content of published works. Whereas in the nineteenth century the matter of temperance or, more correctly, total abstinence from alcohol consumption was a major topic of debate and disagreement among Christians, now the popular ethical concern is apparently with matters such as human sexuality. Whereas in the nineteenth century a large proportion of Christians in all denominations (and all Christians in some denominations) in Europe and North America concluded that they should remain abstinent from alcohol, now the majority conclude that moderate

alcohol consumption is ethically uncontroversial and generally unremarkable. And this, despite the fact that we are more aware than ever of the toll that alcohol exacts. According to WHO estimates, 1.1 million people worldwide died of alcohol-related causes in 1990, and by 2004 this had risen to 1.8 million per annum.[14] Doubtless nineteenth century Temperance campaigners would be left completely aghast at the sanguine stance of twenty-first-century Christians in the face of this massive toll of human life. And indeed twenty-first-century Christians continue to be concerned about morbidity and mortality on a much lesser scale when it is due to other causes or when it is encountered in other contexts.

Furthermore, the Christian ethics of alcohol misuse tell some interesting stories of how scripture, tradition and reason variously interact and assume greater or lesser importance from one generation to the next in terms of their importance as a basis for ethical argument. Perhaps some lessons may be learned here which are of relevance to contemporary Christian debates about human sexuality, and other matters which we perversely consider more important subjects for argument than the lives of 1.8 million people every year.

It might, however, be argued that God is best kept out of the argument and that the ethics of alcohol are best analysed by human reason alone. Richard Holloway, for example, has argued that the ethical analysis of alcohol and other drugs in society is a matter of 'moral calculus', which is concerned with the tension between freedom and personal morality on the one hand, and the public good on the other.[15] Among his arguments against involving God in the debate appears to be his concern about the influence of what he considers to be a fundamentalist superstition that alcohol and drugs are inherently evil.[16] He rightly recognises that the ethical arguments concerning alcohol and drug use are more complex than this, and draws attention to the failures of prohibition, and to the plurality within society which makes it unlikely that such negative absolute views will ever again achieve widespread consensus. But this seems to imply that the only contribution that theology has to make to such debate is one of offering unpopular and naïve moral absolutes.

A Christian theological perspective is offered here on the basis of a belief that theology should not be excluded from secular discourse and, indeed,

[14] World Health Organization, 1999, p. 46; World Health Organization, 2004, p. 1. This is partly offset by estimated deaths averted as a result of the cardio-protective benefit of light to moderate alcohol consumption. The net worldwide mortality due to alcohol for 1990 was thus estimated by the WHO to be 773,594.

[15] Holloway, 2000, pp. 87–107. Reference to 'moral calculus' is to be found on pp. 96, 105.

[16] Ibid., p. 94.

that it has a useful contribution to make to such discourse on the important topics of our time. Alistair McFadyen has argued that 'consciously relating the world to God . . . holds explanatory and symbolic power in relation to reality'.[17] While the present work does not primarily attempt to prove this, it proceeds on the basis that it is true, and the reader must judge whether or not the perspective that is offered has gained in explanatory or symbolic power as a result. While the truth of this assertion is accepted by the present author, however, it is accepted from a position of theological realism,[18] acknowledging that there are many and important continuities between theological and secular discourse. This is made clear, not to deny that there are also certain discontinuities, but rather to indicate that it is not necessarily expected that theological and secular discourse will be in radical conflict with each other. Theology has been brought into this conversation, not with the purpose of creating an argument, but because it has something of value to say.

Finally, however, a Christian perspective is offered because this author is a Christian. I cannot write from any other perspective. I write from a personal conviction that in Christ there is grace for those who suffer, and that this includes those who are poor, addicted, ill and abused as a result of alcohol misuse. I hope that this will not distract from the fact that I also write with due respect for those who come from other faith traditions, as well as those who are agnostic or avowedly atheist. I hope that they will also write about the ethics of alcohol misuse from their standpoints. With those from other faith traditions I especially share a concern that too much ethical, social and scientific discourse now takes place from a standpoint of pragmatic atheism. As a result of the Enlightenment, faith and religion have become private matters which are not usually addressed in public debate in the so-called developed world. A Christian perspective is therefore offered here in the hope that it can be seen that theology *does* have something to say which is of value to wider contemporary debate about an important social problem of our time.

[17] McFadyen, 2000, p. 12. [18] Gill, 2004.

CHAPTER 2

An addiction in context: the use, misuse and harmful use of alcohol

The use of terminology in ethical and theological discourse about alcohol is complicated by the fact that history and Christian scripture have tended to employ a variety of different terms, most of which do not correspond readily with contemporary popular or scientific usage. Thus, terms such as 'intemperance' and 'chronic inebriety' are either unfamiliar or potentially misleading to the modern reader, whereas terms such as 'addiction' or 'dependence' are conceptually anachronistic to scripture and the Church Fathers. On the other hand, a historical and scriptural term such as 'drunkenness', which still seems familiar and unambiguous today, does not necessarily encompass all that contemporary ethical discourse must engage with. But drunkenness is important, since ethical concerns about drunkenness appear in Judeo-Christian scripture, and recur throughout Christian history up to and including the present day.

Contemporary terminology in the field of the use and misuse of alcohol is also contentious and confusing. The term 'alcohol misuse' is nowhere tightly defined. Whereas the terminology of the World Health Organization (WHO) prefers to refer to 'harmful use' of alcohol, the American Psychiatric Association (APA) refers to 'abuse' of alcohol. Similarly, although the term 'addiction' is still widely used, it is without consistent definition. In scientific circles, the term 'dependence' is therefore preferred, and is now employed by both the WHO and APA. The scientific context for discussion of these matters is, however, that of alcohol as a psycho-active drug, and thus all the preceding terms can be, and are, also used in reference to drugs other than alcohol.

What is clear today, despite all the confusions of terminology, and the various interests of the alcohol industry, researchers, clinicians and policy-makers, is that the matter for concern is located in the various forms of harm that arise from the consumption of alcohol as a beverage. It is actual or potential alcohol-related *harm* that is the cause for scientific, political and clinical concern. Harm may be biological, social or psychological, and

depends importantly (but not exclusively) upon the pharmacological properties of alcohol. This harm is generally mediated by the effects of alcohol intoxication, or drunkenness, by the toxicity of alcohol, and by the phenomenon of addiction or dependence.[1] The remainder of this chapter will therefore be concerned with providing a brief contemporary (and therefore largely scientific) account of drunkenness, and various kinds of alcohol-related harm. Especial attention will be paid to the concepts of addiction and dependence. But first, it will be well to consider in a little more detail what is meant by the 'use' and 'misuse' of alcohol.

THE USE AND MISUSE OF ALCOHOL

To 'use' alcohol generally means to consume it in beverage form. Reference to alcohol use and misuse parallels the terminology of drug use and misuse, where use can involve injection, inhalation and forms of administration other than merely swallowing. However, alcohol is rarely 'used' in these other senses today, unless one allows, perhaps, its use on swabs to clean the skin prior to medical and surgical procedures.[2] To use alcohol, in the contemporary context, almost always means to consume it by mouth – usually as a drink, and sometimes in food.

To refer to the 'use' of alcohol carries also a connotation of (beneficial) purpose and function. This might be understood as merely that in common with any other beverage that is consumed to relieve thirst and for enjoyment of taste. However, alcohol is not simply any other beverage; alcoholic beverages contain ethyl alcohol, a psycho-active drug with important intoxicant properties. There are also important religious, cultural and social connotations of alcohol use, such that the purposes and functions of its use are often complex, diverse and subtle. Alcohol is 'used' for celebration, in thanksgiving, to facilitate social intercourse, to relieve anxiety, as a medicine, as a poison, to produce a state of drunkenness, to please others, to escape reality, and for a variety of other good or bad, or good and bad, purposes.

What, then, distinguishes the 'misuse' of alcohol, with its concomitant economic and human costs, from the proper 'use' of alcohol, with its concomitant benefits? One possible answer to this question might be to take the physical, social and psychological costs of alcohol-misuse as themselves definitive. Thus, the term 'alcohol misuse' might be taken as

[1] Babor et al., 2003, pp. 19–26.
[2] In the past, alcohol has also been administered intravenously in the course of medical procedures including, notably, the management of acute alcohol withdrawal.