



11th October 2005.

Chairman:   I welcome Mr. Gerry Hickey, addiction expert and psychotherapist. Accompanying him are Ms Dorothy Peelo, Mr. Pat Bowe and Dr. Patrick Andrews.

Mr. Gerry Hickey: I thank the sub-committee for the invitation to appear before it. I am a counsellor and psychotherapist. The sub-committee has been presented with evidence by Alcohol Action Ireland of a possible link between alcohol consumption and suicide. I am more familiar with problem drinking in our society and will concentrate on proposals to reduce this, thus expecting a knock-on effect in suicide reduction.

For 20 years I have worked with problem drinkers and their concerned persons. I am not anti-alcohol but I am against the human devastation it can cause. Most of my clients were referred by their GPs, many presenting with signs of serious stress, anxiety or depression. In over 68% of the presenting cases the client either grew up in a home seriously affected by alcohol, was involved in a relationship with someone damaged by alcohol or was himself or herself using alcohol in an unhealthy manner. Concerned persons live with the denial, mood swings, irrational behaviour, outbursts of anger and other emotional methods used by problem drinkers to protect their drug usage. Concerned persons question their own actions and frequently doubt themselves, leading to self-esteem issues and fatalistic thoughts.

As a society, we appear to have a relaxed and tolerant attitude towards alcohol, sometimes selective about our condemnation of its negative side effects. Perhaps this revolves around our own personal consumption of the product. This belief system needs to be challenged. I propose the establishment of an independent authority to be proactive and specific in educational and informational activities. Its remit would initially be charged with clarity of definition. We are faced with a range of problem drinking sub-definitions such as hazardous, harmful, dependent and binge drinking. I suggest in most cases it is simply problem drinking. However, sometimes the broad range of these terms gives the problem drinker opt-out options to what is really serious problem drinking, needing drastic action to resolve.

Problem drinking is a pattern of drinking in which a person has lost control over her or his drinking, with the result that it is interfering with a vital area of her or his life such as family, friends, job, school or health. This is a solid template for a simple definition and will curtail psychological escape routes used by problem drinkers to justify abuse. The independent authority would ensure widespread familiarity with any agreed definition.

Some choose not to take alcohol. While their reasons vary, they are under enormous societal and peer pressure to partake. Some are made to feel less of a person and socialite for their choice. A major promotional campaign for positive, inclusive social attitudes to those in society who do not take alcohol through choice or for health reasons must be introduced. Alcohol embeds itself in our culture in an insidious manner, subtly endorsed in celebrations on public occasions and at major sports events. However, concerned persons continue to suffer in silence enabling shame, embarrassment, secrets and lies, the four major constituents of dysfunctional living, to flourish.

It is estimated that each problem drinker affects approximately eight to 12 people. Parents, siblings, partners and children are particularly vulnerable in this immediate group. It is a breeding ground for depression and suicidal tendencies, not only in the user but also in those close to him or her. As there are an estimated 200,000 problem drinkers in the country, according to the Irish Nurses' Organisation website, this means that approximately 2 million people are negatively affected by problem drinking. That is a staggering figure. The ripple effects of this chronic situation on children can last a lifetime. I frequently see people in their 30s and 40s paralysed by emotional insecurity and uncertainty, whose origins are firmly rooted in the subtle state of high anxiety experienced in an alcoholic household.

We need a structured nationwide survey to establish the true extent of the problem. We should not fear the result of honest assessments, as once accurately established, we will have a great opportunity to confront any denial and adopt a structured, multifaceted and intolerant approach to deal with it. The current widely accepted option of telling people to drink sensibly and responsibly is of little use to problem drinkers. It is the equivalent of telling a dog not to bark. I have not once heard it said in all the advertising campaigns that some should not take alcohol at all. For many, that would be the most sensible and responsible advice alcohol providers could offer.

My suggestion in the submission about brief intervention at Garda stations and accident and emergency wards would go some way towards at least naming the problem directly with the abuser and giving him or her the opportunity to take positive action. Educational intervention would assist concerned persons to evaluate their position and review any enabling, entrapment and silence. Some 25% of accident and emergency attendances are alcohol-fuelled. Garda figures show that 87% of public order offences relate to alcohol. There is limited research available to measure the effectiveness of intervention. However, a recent London Underground five year study showed success rates of 55%. That is encouraging. I suggest that every educational intervention is successful and that there is an army of suitable persons who could be trained to do this. Since I made my submission, I have become aware of a number of hospitals with intervention procedures. It is encouraging to hear this.

As regards synchronicity of recovery and facilitation options, many may look for further help following intervention. A truly successful programme must be able to guide those seeking help to the appropriate assistance. The authority

could devise best practice in that regard, including all agencies from the public, private and voluntary sectors.

There are contrasting opinions on the participation of alcohol providers in providing financial assistance. Two issues need attention in this regard. Alcohol plays an integral part in our society and will not leave it. Many profit from its existence and, whether we like it, it plays a vital part in the Government's fund-raising activities. Those of us who deal with alcohol's negative side-effects witness the physical and emotional wreckage its use can cause. We also see a lack of effective support and facilities for victims and concerned persons. Financial issues play a major part in preventing concerned persons taking action, which leads to a quandary. If the authority was sufficiently protected from commercial interference, we should seriously consider discussing a substantial, unconditional financial input by those who profit from alcohol.

I am convinced that my suggestion, if adopted, will bring about substantial change in a five year period. By intervention and education I would expect people to open up more which would lessen the risks of depression and suicidal thoughts. Those affected would be offered a prospect of hope backed by practical support.

In researching this submission I have encountered many views on effective actions to deal with this chronic problem. As a society, we suffer from a chronic alcohol problem. We are a race known for innovation and applying ourselves in a focused manner. I am suggesting we now become leaders in tackling this problem, establishing our own programme, progressing it to become a world leader, evidenced-based and incorporating best practice. We must be open to new ideas and challenge our own base beliefs no matter which side we stand on. I thank the sub-committee for its time and attention.

Chairman:   Before inviting members to ask questions, will Mr. Hickey elaborate on how such an authority would be rolled out?

Mr. Hickey: A substantial sum of money is already provided by the providers and producers of alcohol to advertise their products. As stated in my submission, there is nothing to suggest people should not take a drink, although it is a known fact that certain people should not drink. If the authority was Government-sponsored with an unconditional input from the drinks companies by way of a levy or contribution——

Chairman:   Not voluntarily.

Mr. Hickey: No, this would require to be managed on an independent basis. Alcohol is here to stay. It is very much part of the problem and I am suggesting we make its providers, producers and promoters part of the solution.

Deputy Neville:   Nobody could disagree with Mr. Hickey's comments and I support what he had to say. However, his proposals on funding would

mean increases in tax. He will be aware that the supplier would merely add any extra cost to the product. I am not suggesting this is right or wrong, it may be okay. We are oceans apart in terms of from where Mr. Hickey is coming and where we are going in regard to alcohol advertising and promotion in terms of sports and youth organisations. Alcohol manufactures are aware of their market and target it accordingly. There is a growing recognition in that regard. I come from a constituency in Limerick long associated with hurling which is identified with Guinness and which, some 25 years ago, was identified with cigarette smoking. Does Mr. Hickey's foresee a day when the advertising and promotion of alcohol will be seen in a similar way to that for tobacco products?

Mr. Hickey: I take the Deputy's point. My motivation for the submission is based on the following: a 25 year old man who when he was eight years of age tried to drag his drunk, nude mother from the bathroom to her bed before his father came home; a lady who when six years old had to comfort her mother and younger siblings following a beating by their drunken father; and two children thrown out of their home at Christmas who became clients of mine in their late 20s. The list goes on and on. A thought that regularly goes through my mind when meeting new clients is, "God, not another one". I do not see anybody taking much notice of the people concerned. I am not an expert in advertising. I am merely seeking the resources to provide for a healthy intervention that will provide results. I cannot guarantee results——

Deputy Neville:   I apologise but I must leave to attend Leaders' Questions.

Chairman:   I am sure the Deputy will monitor the sub-committee's proceedings. The sub-committee is faced with a difficulty in terms of research, support or the finance which can be provided by the Department to roll-out a proper ten year programme on suicide prevention. We have tried to address in advertising campaigns the example used by Mr. Hickey, namely, that there are some persons who should never drink alcohol. Vintners' groups or others in the industry, however, say they are not trying to tempt everyone to drink. They realise that some people should never drink alcohol. I am a vintner and have experience of family run pubs throughout the country. In that context, I am aware that it is not in the interest of publicans to have people intoxicated on their premises. Publicans have been involved in safe home campaigns, the designated driver scheme and the campaign against under age drinking and would be prepared to fund research into why this country has such a tendency toward under age and binge drinking. When the suggestion is made, however, groups totally opposed to alcohol do not want to touch the industry because they are of the view that allowing it to participate will tarnish their entire campaigns. If members of the trade are responsible, as the vast majority are, their funding should be welcomed. The idea of a specific tax, ring-fenced for research or ideas to reduce consumption, should be welcomed but there seems to be no clear path for the committee to follow.

Mr. Hickey: I agree with most of what the Chairman says. We should be more proactive and sit down with the relevant drinks companies to agree an agenda. I insist that there be no commercial agenda but that it should be seen as a responsibility rather than a promotional opportunity. If we held a vox pop in the street, every person would know what a problem drinker is because many are living with serious problem drinkers and are in denial, believing that these individuals only have a few pints every couple of weeks. In that period, family members tread on eggshells wondering when it will happen again. They might not be drinkers themselves but they suffer the negative side effects.

Chairman:   It is important to agree an agenda but it is difficult. I have asked representative interest groups in the drinks trade their reaction to Mr. Hickey's suggestion. People might expect me to say this but the vast majority of publicans want the name of running responsible houses. The days of having intoxicated people on their premises are long gone. Allowing such people on the premises does no good for the image of a pub at a time when there is serious competition. When they suggest becoming part of a solution, the next step is difficult because people of Mr. Hickey's persuasion, although he expresses his views with moderation despite having seen all the problems at first hand, are suspicious of the traders' motives. The trade does not need alcohol abusers but it does need those who can handle alcohol. Until a consensus is achieved, why can the various groups not sit down without the suspicion that there is an agenda? There is an agenda but it is to be seen as participating in a market, selling goods and services in a respectable and responsible manner. They feel that by not participating, the problem is exacerbated. I hope, taking into account the sub-committee meetings today and in the next few months, that when the sub-committee produces its report, all those who feel they are responsible in finding a solution will have been invited to participate. There should not be a notion that discussions with the drinks industry cannot be held because it is sullied in some way. It is not tainted.

Mr. Hickey: I agree with the Chairman that the drinks industry must be represented at the table. The issue must be ironed out. What concerns people is that there is a potential hidden agenda, where somewhere down the line a drinks maker will state that by participating it may have benefitted those negatively affected by alcohol. That is a token gesture. The drinks industry already has an organisation which is helping. However, when I hear comments by its spokespersons, I sometimes find there is a hidden agenda.

Chairman:   Surely we are mature enough to elicit from the industry its real agenda. There is a stand-off and nobody knows the real agenda. Perhaps Mr. Hickey is advocating the establishment of an independent authority that would deal with the level of funding required and how it was spent.

Mr. Hickey: We must bring this issue into the open and stop acting behind the scenes.

Chairman:   I am glad to hear that.

Mr. Hickey: I do not agree with those who argue the drinks industry should be ignored. It is part of our society. A television set cannot be switched on or, as Deputy Neville stated, a football match or other sports event cannot be viewed without being exposed to its influence. The position is similar in going to a christening, a wedding or a funeral. An accurate assessment of what constitutes a drink problem must be the first priority. People are being told that if they have more than six drinks, they could be binge drinkers. That is not healthy. What is the limit and what do people do when they return home? Whose money is being drunk and what are the other knock-on effects within society? The figure that every problem drinker affects eight to 12 people is staggering. We are talking about roughly 2 million people suffering in some way from drinking in society. If we were dealing with any other issue, there would be marches on the street day and night.

Senator Browne:   I agree with many of the sentiments of Mr. Hickey. There is a need for a balanced advertising and information campaign. Instead we are bombarded with a sexy and glamorous image of drinking; we do not see the physical or mental disadvantages.

I am sceptical about the use of shock tactics. I was a member of the Joint Committee on Transport before I became a member of this committee. The number of road fatalities is increasing every year, despite the introduction of an aggressive media campaign. When people see something on a screen, they do not appear to relate to it. Therefore, it is not just a question of advertising, but of clever advertising. The public should also be informed, as if it is bombarded with images that alcohol is bad, the argument will be lost immediately. If sensible information is distributed and sensible drinking promoted, we may succeed. There is a massive need for such a campaign, as there is currently an imbalance.

Mr. Hickey's opinions on accident and emergency departments are interesting. I have advocated the possibility of breathalysing people as they enter accident and emergency departments. If a person is involved in a car crash, he or she is breathalysed automatically if there is a suspicion he or she has been drinking. This makes sense. I have no sympathy for somebody who deliberately spends €100 on drink and then engages in an action as a direct result of consuming huge quantities of alcohol. By contrast, an elderly lady or man who has fallen down the stairs by accident could be waiting to be treated. He or she could be stuck beside the heavy drinker who is taking a bed in the department as a result of self-inflicted damage. Moreover, heavy drinkers may cause disruption within the accident and emergency department. We should not be tolerant of such actions. If people were breathalysed in accident and emergency departments and found to be two or three times over the legal limit, the imposition of a large fine the next day might sober them up quickly. The money raised could be ring-fenced for counselling services.

It is time we faced up to the facts as there is a cute hoor syndrome in Ireland when people talk about alcohol. We talk about people having a few pints and say a person is a great laugh and sings after having a few pints. Our approach is hypocritical. It is time we got real and exposed the horrible

downside of alcohol abuse and the huge impact it has on the innocent victims who are surrounded by alcoholics and have that burden in their lives. It is time we faced up to our problems. Consider a person who attends an accident and emergency department purely because of drinking a huge amount of alcohol. If he or she is prepared to spend €100 on alcohol, why should he or she not receive a fine of €200 the next day in the post? It could be a wake-up call. We need to have balanced and more informed advertising. I do not envy the difficult job of accident and emergency nurses and doctors. It is shocking to think people attend accident and emergency departments mainly due to alcohol abuse.

Mr. Hickey: I agree 100% with Senator Browne. I spoke recently with two accident and emergency doctors who said a number of their patients attended once a month or more as a result of alcohol abuse. These are foreign doctors with names that are difficult to pronounce and they have regular patients who know them by name. This is a waste of resources. It is despicable that the people concerned are allowed to continue without some intervention. Their families or concerned persons should receive information on what a drink problem is, how they should deal with it, what enabling a drink problem is and how to withdraw it. We need financial support and adequate facilities to help such persons. An enormous number of victims do nothing because they are terrified. In most cases the abuser controls the finances of the home, is bigger than the others or there is another reason he or she is in control. Fear is a major issue. If we can confront this, we will begin, slowly but surely, to confront the myth of "hail fellow well met". It is no longer acceptable.

Senator Browne:  Has Mr. Hickey seen a significant increase in the number of female clients, in particular younger female clients, since he began practising?

Mr. Hickey: Yes, I have seen a big increase. Many of them will do something about their drinking when they are confronted and there is intervention. They are easier to deal with than men in that regard. Many of them say that if they go out for a drink, for example, at the end of the office week, the pressure to take a drink is phenomenal. That is why I am talking about a proactive promotional campaign indicating it is okay not to drink. I find these "drink sensibly" advertisements funny at a psychological level, or perhaps not so funny. The first word in the sentence is "drink", but do it "sensibly". However, if a person has a problem and has that first or second drink, caution goes out the window because the alcohol takes effect, his or her metabolism changes completely and he or she become a different person. Therefore, telling someone who is prone to having an alcohol problem to drink sensibly or responsibly is not acceptable. Often the first condition in my dealing with a patient in my private practice is that he or she should go off alcohol for three months before I will deal with his or her problem, for example, depression or stress management. Many of them do not have an serious drink problem; it may just have got out of hand. They do not have to give up drink for life, but we get a three month break to talk about what is going on. During this time the societal pressure they will be under is phenomenal, as recent newspaper articles confirm.

Senator Browne: There was a person on the Gerry Ryan show during the week who said he used to drink 35 pints a day but cannot now go to a pub because if he did, he would back on the drink straightaway.

Chairman: We must bring all players on board. It may be a difficult question to answer because of the level of research available but do we know the number of people who drink? If we can obtain this figure, could we determine the percentage of problem drinkers? If we are to secure the support of all players, we must target those who have a problem with alcohol, not those who do not. The drinks trade should not be worried if this campaign is successful because we are talking about people who cause a problem for it.

Mr. Hickey: I have talked to many people to try to get those figures. There is an enormous variation, which is why I have asked for a national survey, for which I have specific questions in mind and they are not the same as some of those suggested. In the USA, the United Kingdom and here some 6% to 10% are thought to be problem drinkers. My own experience suggests the true figure is at the upper end. I often make an assessment of a client only to find later he or she suffers from a terrible hangover after a night out from which he or she does not recover until the Tuesday or Wednesday. He or she may be in financial or other trouble. Alternatively, he or she may hold down a job, pay his or her bills and maintain a respectable lifestyle but he or she is not happy and his or her drinking makes his or her family unhappy. The number of people involved is not particularly large but tackling the problem would be of enormous benefit. I agree it is not threatening to the promoters and providers of alcohol.

Chairman: The sub-committee has heard that one person in 50 is affected by suicide and that 6% to 10% have problems associated with drink. At a conference in County Leitrim we heard from counsellors that at least 150,000 people presented themselves with a depressive illness and that the actual number might be twice that figure because not everybody presented to an medical expert. If we collate the figures for those conditions, we have a huge problem that should have been tackled years ago. It is important to continue with our hearings and make recommendations. I ask Mr. Hickey to read the sub-committee reports on an ongoing basis. If he discovers anything of interest between now and the end of the hearings, he is welcome to come back.

Senator Browne: Last week Professor Malone made a comment which shocked me. Two or three days after a bout of binge drinking a sudden mood swing kicks in. Does Mr. Hickey concur?

Mr. Hickey: I agree. However, I question the term "binge drinking". While it is an internationally accepted term, it should be called "periodic problem drinking". Those who have a problem with alcohol can abstain from Monday to Friday but going into work on Monday morning their minds are on the drinks waiting for them on Friday evening. That is what keeps them going throughout the week. It is an insidious, devious and manipulative internal illness. Society's failure to understand is one of the reasons many of the actions taken

to rectify it are not working. On one side is the industry; on the other are the health professionals and somewhere in the middle are those who do not drink alcohol. I reiterate the last statement made in my submission, that we must be open to new ideas and challenge our own base beliefs, no matter on which side we stand. From where we stand, we have achieved some progress but we are still not achieving the desired result. Only last weekend at my clinic I dealt with a patient who was 43 years old, could not keep relationships and showed some signs of depression, although the person concerned did not drink. On investigation, we discovered a history of drinking in the family, which caused much harm to the person concerned. In my mind I silently admitted it was the same old story. If something along the lines of what is being suggested is not done, we will have to sift through these issues again in 30 or 40 years time. That is not to say, however, that today's suggestions are the be all and end all.

Chairman: What Mr. Hickey is suggesting is the be all and end all. The problem will be to get such thinking across. The consistent view from those attempting to find a solution is that it cannot be achieved without the people who have a direct financial interest being at the table also. I have heard separately from the drinks trade that it wants to show its sense of responsibility. Mr. Hickey's presentation suggests there is a need for consultation. This must be funded properly and be independent.

In the previous submission the point was made that corporate bodies were putting themselves forward on these issues, although they were not directly involved. For example, the point was made that the ESB was funding research into suicide, although clearly there is no connection between it and suicide. There would be no difficulty in accepting this funding. There is a direct connection between the alcohol trade and the effects of drinking, and this is where the problem lies. I hope Mr. Hickey can, by way of his professional experience, get the message across that it is surely worth the effort to bring everybody to the table without preconditions. I hope to do the same by the end of these hearings. Each group's intentions could then be tested to see how real they are.

I consistently hear that binge drinking, under-age drinking, etc. could be connected to climate change or attitudes to drink, or the point is made that Iceland, Scandinavian nations and other countries with dark climates share this country's alcohol problems. Perhaps they do. If the problem is that simple, research will surely confirm this and direct us on how to solve the problem. The challenge for us as a sub-committee and the delegates is to ensure some discussions take place with persons representing all aspects of the issue, including counsellors, the Pioneer Total Abstinence Association, Alcohol Action Ireland and consultants in accident and emergency departments. Every group must become involved or else we will just be talking to ourselves. The problem will then remain until next year and beyond. The challenge for those who wish to be seen as responsible is to act in such a fashion if given the chance.

Mr. Hickey: I suggest the Chairman's idea of joint discussion be taken up with the proviso that people can walk from the table if they so wish. I do not see any problem with talking. I agree strongly with the Chairman.

Chairman: Having attended a conference on the issue in County Leitrim, it is clear the problem should at least be put out into the open. This notion has been well received. If any meaningful action is to be taken before the sub-committee presents its report, we must get all relevant groups together.

Mr. Hickey: I wish to respond to a comment by Senator Browne on the number caught drink-driving, to which I did not have a chance to reply to earlier. I do not know the figures on how many are repeatedly caught for this offence, although I did attempt to get them. With regard to drink-driving or public order offences, if a person is taken into a Garda station and released, there is no intervention, as I understand it, to challenge him or her on his or her problem. The chances are that the person concerned will exhibit the same behaviour the following night or weekend, and although he or she may not get caught, he or she may take another person's life.

I am emphasising the need for such intervention. If it takes place, family members, partners or others living with such a person will also have an opportunity to educate themselves and perhaps withdraw from the enabling, as every problem drinker has an enabler of some type.

Senator Browne: When the Chairman mentioned the industry, was he referring to companies such as Diageo?

Chairman: Yes.

Senator Browne: I would differentiate between the vintners and the industry.

Chairman: I agree and it is important to clarify that. Everyone considers that the distributors constitute the drinks industry. However, the main players are the people who dispense alcohol. I know many of them and I accept their bona fides. It does not do their image any good if they are irresponsible and serve drink to those who are under age or who have already had more than enough to drink. They have said that to me on numerous occasions. That was acceptable some years ago but things have moved on since then. The image is now of well run pubs. We cannot separate that from the producer who is the main player in terms of advertising. Many publicans have made the point that huge advertising campaigns do not benefit their premises. If that is the case, why do we need such campaigns? They are targeted at people who have not yet begun to consume alcohol. If that point was accepted, it would be a watershed. It should be the beginning of our efforts to reduce the cases of under age drinking. We must have a better understanding of the issue. I do not understand how that could have a detrimental effect on the responsible publican. Every part of the trade must participate. Trade members have suggested to me that they are interested in putting together a bursary in one

of our national colleges to fund a study of our thoughts on alcohol and our attitude to under age and binge drinking. I do not know if that will focus goodwill on the trade. It is participating by responding to how things should be done.

Mr. Hickey: Some of it is being done at present. I spoke to Dr. Patrick Wall in UCD last week and he said that. There is little I can do when dealing with the victims, their families and concerned persons. A young man rang me yesterday from London because his mother is ill here as a result of alcohol. He does not know what to do. The hospitals are full and there is a waiting list. She says she wants help now but they cannot afford the medical treatment. I feel that sense of powerlessness when I see some of the most awful situations caused by alcohol. I try to educate the people who are concerned, such as daughters, mothers and fathers. Parents are often terrified before football matches, for example, because they do not know what their son or daughter will be like when he or she comes home from the pub. I know a number of persons who locked themselves in their bedrooms and put wardrobes against the doors to protect themselves from the violence. I remember meeting four mothers and fathers during a World Cup tournament who were terrified about the effect the binge drinking would have on them. They were not the type of people one would expect to be afraid. I am not sure we realise the seriousness of the situation. We have some type of collective denial.

I have done much research and talking and I have a great deal of clinical experience. My friends have been extraordinarily supportive, which is why I wanted them with me today. Dr. Andrews is here from London, Ms Peelo has done much research in this field and Mr. Bowe is a project worker in this area and in that of homelessness. We know what is happening. There is a certain amount of help in the public sector when we cry for it but it is not what it should be.

Chairman: We do not want Mr. Hickey's colleagues to have wasted their journey. We will give this issue as much attention as possible for the next two months. That is not a cliché. We want to take on board our Mr. Hickey's suggestions in our report. We want him to keep a watchful eye on our proceedings. Perhaps he could inform us if we have the right picture before we publish our report. We have told all the groups which have appeared before us that we do not have any difficulty being advised about certain issues or about directions we should take. We do not have a difficulty with people telling us we are losing the plot. We want to produce a meaningful and beneficial report that will bring about change. We are not doing this to establish an Oireachtas committee. I know the report, when published, will be well scrutinised by the professionals who will be the judges of whether our time has been wasted during the past three months.

Mr. Hickey: I wish to make a final statement in respect of something which came to mind when driving home late last night. We will only begin to address this problem when we express a revulsion similar to that expressed in terms of incidents of sexual abuse in respect of incidents of family alcohol abuse.

Chairman:   I thank Mr. Hickey for his professional presentation.