



**AlcoholAction**  
Ireland

**ALCOHOL ACTION IRELAND RESPONSE TO THE DRAFT  
COMBINED FIFTH AND SIXTH STATE REPORT OF  
IRELAND TO THE UN COMMITTEE ON THE RIGHTS OF  
THE CHILD.**

**OCTOBER 2021**

## About Alcohol Action Ireland

Alcohol Action Ireland (AAI) is the independent advocate for reducing alcohol harm.

We campaign for the burden of alcohol harm to be lifted from the individual, community and State, and have a strong track record in effective advocacy, campaigning and policy research.

Our work involves providing information on alcohol-related issues, creating an understanding of alcohol-related harm and offering public policy solutions with the potential to reduce that harm, with an emphasis on the implementation of Ireland's Public Health (Alcohol) Act, 2018.

## Overview of the State Response

### Introduction:

Alcohol Action Ireland (AAI) believes that all young people have a right to an alcohol-free childhood. The impact of alcohol on children can have life-long implications.

Children in Ireland are currently experiencing harm from alcohol in multiple ways, including:

- Exposure to alcohol during pregnancy (FASD)
- Being brought up in homes where there is problem alcohol use
- Exposure to risk on the streets from others who are engaged in high-risk alcohol use
- Introduced to alcohol at an early age and exposed to harmful marketing practices

AAI's goal is that children should have a childhood free from alcohol harm – i.e. to protect children in their developing environment from the impact of alcohol related harms including raising awareness of parental alcohol misuse, safety, marketing, sale and risk of use of alcohol.

There is much to be positive about in terms of how the State is responding, but there is also so much more to do. Here, AAI will comment on sections relevant to our expertise regarding young people, alcohol & mental health.

In summary AAI recommends that the Irish government should:

- Implement the Public Health (Alcohol) Act 2018 in full. This needs to be done coherently with a definite time line for the introduction of all the measures within the Act.
- Map services available for the 200,000 children experiencing the trauma of parental problem alcohol use.
- Ensure children have access to support services regardless of whether their parent is in treatment or not
- Invest in primary care psychology services to meet the needs of both children and adults – this is urgent and vital given the numbers waiting for services.
- Invest in adult alcohol treatment services, as inadequate resources and service redevelopments have resulted in a critical shortage of alcohol treatment services.
- Alcohol assessment/screening of all patients must become the norm across all tiers of the health services – primary, secondary and tertiary.

Relevant sections:

- *Section 1 (New Developments), 2b: Information, as appropriate, on the measures taken to ensure the protection of the rights of children in the context of the coronavirus disease (COVID-19) pandemic and to mitigate the adverse impacts of the pandemic.*

It has been well documented that young people's mental health and well-being was affected during COVID-19 lockdowns and that children from disadvantaged backgrounds in particular lost out in terms of education and social connections. AAI believes that children more than ever need supports to ensure their emotional well-being is looked after.

This year, a Joint Oireachtas Education Committee report on Covid response (January 2021) and another on mental health and school bullying (August 2021) made a recommendation to the Minister for Education and Skills that emotional counselling and therapeutic supports be provided in all primary and secondary schools as an 'urgent priority'. Specialist emotional counsellors/therapists onsite in schools are a key part of an early intervention strategy to prevent mental health problems reaching clinical levels of need.

AAI believes funding for schools to become trauma-informed should be made available so that teachers and allied staff understand the effects of trauma and how to recognise it. Trauma-Informed approaches in education are vital for ensuring that staff understand how trauma impacts children's learning, behaviour and relationships. Schools can and should be a safe and nurturing place for children and young people who have challenging life experiences

- *S 2(c) Any other information that the State party considers relevant in this regard and that is not covered in the replies to the questions below, including information on obstacles and challenges faced.*

As noted by the State report, Ireland embarked upon key reforms of its justice system which support mainstreaming a child rights approach and this is welcome.

Although not specifically mentioned here, the Department of Justice is currently developing a new domestic abuse strategy, set to be finalised this year. AAI contends that the new strategy must recognise the impact on children and the potential for harm across the lifespan if children do not get the support and early intervention they require. Furthermore, in order to protect children, Gardai should implement an early warning system where children are part of a call to a domestic abuse incident.

Operation Encompass is a programme developed and implemented across England and Wales and now in a pilot phase in Northern Ireland. The initiative should be run by the Gardai and schools, and does not require the involvement of Tusla. In fact, the point of the programme is to alleviate the pressure on Tusla resources by providing an early intervention mechanism to prevent issues escalating for the child.

- *S3 The Committee also requests the State party to provide information on how a child rights-based approach is integrated into the planning, implementation and monitoring of measures for achieving the Sustainable Development Goals, including with regard to child participation and data collection, and how such measures promote the realization of children's rights under the Convention.*

AAI strongly supports the Department of Children's commitment to hearing the voice of the children and young people. While welcoming the State's initiatives regarding child participation, AAI believes that young people have much more to contribute in terms of influencing policy and indeed legislation.

The Public Health Alcohol Act (PHAA) while making some provision to restrict alcohol sponsorship around children's events is silent on the much more widespread practice of alcohol sports sponsorship of major events such as the Guinness Rugby Six Nations Championship which are widely viewed by children. The recent Broadcasting Authority of Ireland's 'Statutory Report on the Effect of the BAI Children's Commercial Communications Code' (2021), notes that seven of the top ten TV Programmes for Irish children, aged 4-17 years, were live sports broadcasts: GAA, Rugby and Soccer. The Act also does nothing to protect children from harmful online advertising practices. AAI would like to see children consulted about harmful marketing practices of the alcohol industry and the alco-genic environment in which they grow up.

As per the Department of Children's national participation strategy, the rationale for young people to be consulted on the prevalence of alcohol in their lives centres around two priority objectives of the strategy, namely that: Children and young people will have a voice in decisions made in their local communities; Children and young people will have a voice in decisions that affect their health and well-being.

The AAI initiative Silent Voices has demonstrated that far too many young people (200,000) living with parental problem alcohol use are largely voiceless in our society, hidden behind a wall of stigma and isolation. We urge the department to consider this issue and this cohort of young people as it strengthens and develops its mechanisms to ensure that voices of seldom-heard and vulnerable children are heard.

Regarding data collection, AAI believes there is an urgent need for timely and better data collection on alcohol harm across many state agencies and bodies so that services that work with children can be better informed about their needs. Ireland needs a policy agenda that fully acknowledges—and responds to—the impact of toxic stress and trauma on the child's development, health and well-being.

- *6(e) Ensure that children, in particular those in vulnerable situations, are not affected by regressive measures taken in response to the COVID-19 pandemic and the potential consequences of the economic crisis triggered by those measures*

It has been widely reported that people's mental health suffered during COVID lockdowns. AAI welcomes measures in Budget 2022 that will see investment in mental health services, including the development of two new Child and Adolescent Mental Health Hubs, an important measure that will help to improve mental health outcomes for children and young people. However, we also know that young people are better served if they have early intervention and access to psychology supports in the community and at school. Investment in these services is vital for the well-being of young people as is the previously mentioned investment in school counselling services.

- *Re 7a - Improve the collection and quality of disaggregated data on the implementation of the Convention, including on: (i) child victims of violence, sexual exploitation and abuse*

The government must urgently commit to data collection and information-sharing across all services that deal with children and families. For example, in domestic abuse cases, alcohol, where a factor, must be recognised and recorded not only for the perpetrator but the victim too. This would assist services as regards prevention and early intervention and help to prioritise those with alcohol dependence for treatment services. The state has begun collating statistics regarding people in residential addiction treatment services who have children. The next step is to be able to offer assistance to these young people, who are no doubt also in need of support in their own right.

- *Re 7b Ensure that data is shared among relevant State agencies and used for the formulation and monitoring of policies and programmes for the implementation of children's rights.*

Service providers need to gather holistic data on the adversities that children face, and need to be aware of other services young people might need and the access routes to them. Concerns around sharing of information should not be an impediment to good interagency working.

Appropriate sharing of relevant information is a critical component of promoting the wellbeing of children, from early intervention through to child protection.

AAI believes that legal provisions for information sharing between agencies should be incorporated into the revised Child Care Act.

Given the challenges that have remained in this area of social policy over many years, it is submitted that a statutory imperative requiring agencies to work together in the interest of children and families is required. Child welfare concerns must trump GDPR, and a specific legislative provision in this regard would clarify the position. For far too long, professionals have felt nervous and/or constrained by data protection law, and how and if they can share often highly sensitive personal information, to the detriment of the vulnerable child.

- *Re 10a Strengthen its regulatory framework for industries and enterprises to ensure that their activities do not adversely impact children's rights;*

Curbing the alcohol industry's access to children is vital in order to protect young people's right to health and well-being.

According to the 2021 Broadcasting Authority of Ireland's 'Statutory Report on the Effect of the BAI Children's Commercial Communications Code', Diageo is the number four advertiser to children aged 4-17.

Research shows that children exposed to alcohol advertising are more likely to start drinking at a younger age, and drink more heavily in later life and a recent World Health Organization report notes that alcohol marketing is adapting to new realities faster than current legal regulations across the Region, with industry using opportunities offered by digital platforms to sell their products in a largely unregulated market" and comments on "the targeting of consumers including children and adolescents to promote drinking.

AAI welcomes indications that the draft report by the Oireachtas Joint Committee on Media, Tourism, Arts, Culture, Sport and the Gaeltacht on the Online Safety and Media Regulation Bill, recommends will include a ban on advertising alcohol, junk food and gambling to children. AAI considers it essential that such a ban is included in the Bill.



- *Re 13 Please provide information on the measures taken to prevent and address the root causes of suicide among children and adolescents*

It is now well established that adverse experiences in a child's life can cause issues that lead them to act in a range of different ways due to their emotional difficulties. Addressing such behaviours related to trauma requires a multi-pronged, multi-agency public health approach including public education and awareness, prevention and early identification, and effective trauma-specific assessment and treatment.

AAI is seeking a commitment from the Irish Government that frontline public services starting with mental health, addiction, homeless and criminal justice become trauma-informed. Schools too must become a place that recognises young people's trauma and teachers must be supported to nurture trauma-informed environments. The need for services for substance abuse and mental health needs was highlighted in Reducing Harm, Supporting Recovery, the national drugs strategy, which states that 'many young people with substance use issues may also be experiencing mental health problems which need to be addressed as part of their treatment,' and recommends, 'developing multi-disciplinary child and adolescent teams.'

Such services should be rolled out across the country and be available when required. In its response to this section, the State notes that Tusla and the HSE developed 'Hidden Harm', a strategy with guidance for people working in adult mental health and addiction services on how to address potential harm to children that may occur with parental addiction and mental health difficulties.

While the recognition of this issue in national policy is very welcome, AAI notes that (as per information contained in a parliamentary question (45227/21) that although there is an elearning module available for staff, a Train the Trainer programme to roll out training nationally did not take place because of the COVID19 pandemic.

It should also be noted that the elearning module is a preliminary short course of 45 minutes which seeks to support HSE/Tusla staff and the community/voluntary sector to help them in understanding and responding to children in families affected by problem alcohol/drug use.

There is a need for a widespread roll out of intervention tools or a programme to support young people for example the M-PACT programme and the Parents Under Pressure programme.



- *14(c) Promote the meaningful participation of children within the family, community and school and in relevant decision-making processes, including any assessments of the National Strategy on Children's and Young People's Participation in Decision-Making 2015-2020*

See S3 commentary above.

- *Re 19 d Address the root causes of violence and abuse various causes of violence and abuse (including neglect) within family contexts including, but not limited to, parental drug and alcohol misuse; stress due to poverty and financial worries; parental mental health difficulties;*

The childhood years, from the prenatal period to late adolescence, are the “building block” years that help set the stage for adult relationships, behaviors, health, and social outcomes. A large and growing body of research indicates that toxic stress during childhood can harm the most basic levels of the nervous, endocrine, and immune systems, and changes to the brain from toxic stress can affect such things as attention, impulsive behavior, decision-making, learning, emotion, and response to stress. This knowledge must be incorporated into how the State addresses the root causes of the issues outlined above.

AAI welcomes the State's commitment to early years through the First 5 strategy and the funding dedicated to prevention and family support services.

However, much more needs to be done. AAI is calling for First 5 to be implemented in full and for a new children's strategy with prevention and early intervention and a trauma-informed approach to front-line services at its core to be developed.

The Public Health Alcohol Act must also be implemented in full in order to protect future generations from low-cost widely available and heavily marketed alcohol products.

Indeed, if the Irish government implemented commitments made in a wide range of policy documents - such as:

- Reducing Harm, Supporting Recovery. A health-led response to drug and alcohol use in Ireland 2017-2025;
- Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025.
- National Youth Strategy 2015-2020. Department of Children and Youth Affairs;
- Better Outcomes Brighter Futures. The national policy framework for children & young people 2014-2020

-it would go some way to alleviating the issues outlined above.

- *25 e Address the incidence of drug and alcohol use by adolescents, including through the implementation of the 2018 Public Health (Alcohol) Act.*

Given the widespread harmful consequences of alcohol in the lives of young people and their families, and the strategy's aim of prevention, AAI believes full implementation of the Public Health Alcohol Act, (PHAA) would help to protect children from alcohol harm through a wide range of public health measures. AAI welcomes the implementation of some elements of the Act including restrictions on the placement of outdoor advertising, cinema advertising, children's clothing and the recent announcement about the introduction of Minimum Unit Pricing from January 2022.

However significant sections of the Act have not been implemented and there is no timescale for their introduction. These include the statutory coding of the content of alcohol advertising and the introduction of a broadcast watershed which is provided for in Section 19 of the Act and controls on the content of alcohol advertising (Section 13 of the Act).

An important element in protecting children also relates to the prevention of Foetal Alcohol Spectrum Disorder (FASD). Ireland is estimated to have the third highest rate of drinking in pregnancy globally and with it one of the highest estimated rates of FASD with around 6000 babies born every year with this lifelong, entirely preventable condition which has serious impacts on the child's development, education and life course. It is essential that the provisions around health warning labels including drinking in pregnancy (Section 12) are implemented immediately.

These legislative measures took many years to be passed in the Oireachtas. It is wholly unacceptable that there has now been a further three-year delay for these important provisions to be implemented nor even a timescale given for their implementation.

In addition, AAI believes that PHAA does not go far enough in protecting children from online marketing. (See response to section 10a)

AAI would also like to see children's voices being heard in relation to the alcogenic environments they grow up in. (See response to section 3)

- *Re 26 a Address the mental health needs of children, including through the implementation of the national mental health policy, amend the Mental Health Act 2001 and implement the Mental Health (Amendment) Act 2018;*

Over 90% of mental health needs can be successfully treated within a Primary Care setting. However, access to community-based psychology services is very limited for young people. For example, as noted by [Mental Health Reform](#) at the end of March 2021 there were 2,730 children on Child and Adolescent Mental Health Services (CAMHS) waiting lists. Poor access to primary care psychological services can result in problems escalating or indeed inappropriate referrals to CAMHS, where resources are stretched.

As outlined above, school-going children are experiencing high levels of anxiety and the school setting is best placed to recognise and refer young people to services. As per calls from Oireachtas committees AAI recommends that urgent measures be put in place for in-school counselling and therapeutic supports to be made available to young people.

In terms of implementing national policy, the new national mental health policy *Sharing the Vision* states that: “special consideration will be given to the provision of additional supports for children who have been exposed to Adverse Childhood Experiences (ACEs) such as domestic violence, alcohol or drug abuse, mental health difficulties and bereavement. Prevention and early intervention are critical to the reduction of trauma associated with these early events, which can lead to difficulties later in adult life if not addressed at an early age.” This is a very welcome statement. AAI would like to see details on how this is being implemented, as *Sharing the Vision* states, under the auspices of the First 5 strategy, Objective 6 relating to primary prevention, early intervention and positive mental health.

It is also imperative that as per the Youth Mental Health Task Force Report and *Sharing the Vision* recommendation that the age range for eligibility for CAMHS be increased to 25, this transition begins as soon as possible, especially for the 18-age current cohort who are expected to switch into adult services on the date of the 18th birthday.

With regards to amending the Mental Health Act 2001, given the already unacceptable timeframe in undertaking this piece of work, the legislation should be amended without any further delays. The new legislation must incorporate the rights held under UN Convention on Human Rights, the UN Convention on the Rights of the Child, UN Convention on the Rights of People with a Disability, and the European Convention on Human Rights.