

Consultation on wellbeing in education in Ireland

Submission



About us

Alcohol Action Ireland (AAI) is the national 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 awareness of alcohol-related harm and offering policy solutions with the potential to reduce that harm, with a particular emphasis on the implementation of the Public Health (Alcohol) Act 2018. Our overarching goal is to achieve a reduction in consumption of alcohol and the consequent health and social harms which alcohol causes in society.

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Summary

We are pleased to have an opportunity to provide input to this important consultation. Alcohol Action Ireland, (AAI) believes education regarding alcohol must be included in the Department of Education's updated Wellbeing Policy. The previous wellbeing policy statement and framework for practice 2018-2023 did not explicitly mention alcohol.[1] This is despite alcohol being the most commonly used substance among young people in Europe and most commonly the first substance used by children.[2]

Alcohol is so deeply entrenched in our lives that it is easy to discount the health and social damage caused or exacerbated by drinking alcohol.[3] However, alcohol consumption among children and young people is a particular public health concern for government and policy makers as it carries significant health risks.[4] There are also major impacts on children from the drinking of others, particularly parents. One third of children in Ireland have a parent who either regularly binge drinks or is dependent on alcohol.[5] The trauma of parental problem alcohol use is known to increase the likelihood of issues such as eating disorders, depression, anxiety and can have lifelong impacts as well as affecting educational attainment.

While drinking among children and young people declined from the mid-2000s to the mid-2010s, since 2015, that downward trend has reversed with consumption by 15-24-year-olds increasing from 66% in 2018 to 78% in 2025[6] - levels not seen since the early 2000s. Given such high and rising consumption among young people, it is important the State uses schools as a critical intervention point. Therefore, the updated Wellbeing Policy should not treat wellbeing in vague terms and ignore the enormous health and mental health risks alcohol poses to children and young people.

AAI believes the policy should tackle the issue of child and adolescent drinking head on and provide structured, evidence-based alcohol education as a core part of wellbeing and Social, Personal, and Health Education (SPHE), including addressing the links between alcohol use and mental health, alcohol as a gateway to other drug use, the influence of alcohol marketing, including social media marketing, on young people, and how to support students affected by parental problem alcohol use (PPAU).



Recommendations

- ✓ Alcohol literacy and social norms approaches should be explicitly named within wellbeing and SPHE education
- ✓ Teacher training for wellbeing must equip teachers to address alcohol specifically, including recognising signs of individual harm and parental harm
- ✓ Alcohol awareness education should begin at primary level, focused on building critical thinking around advertising and social and peer pressure
- ✓ The strong link between alcohol use and mental health must be explicitly acknowledged in the policy
- ✓ The policy should recognise that schools cannot address alcohol harms in isolation, and should connect to broader public health policy
- ✓ Consultations with students on alcohol education should inform the wellbeing policy



Introduction

Alcohol Action Ireland believes that children and teenagers are entitled to a childhood free from alcohol harm, and that they have a right to be protected from such harm.

To protect children and young people from direct and indirect alcohol harm government policy must be multifaceted, agile, and evidence based. This includes a responsibility on the part of the Department of Education to do its part.

Interpreting data from the Health Behaviours in School Aged Children[7] suggests that every year 50,000 children in Ireland start drinking. Starting to drink alcohol as a child, which is the norm rather than the exception in Ireland, is more likely to lead to heavy episodic drinking and is a known risk factor for later dependency. In addition, adolescents and young people have the highest levels of binge drinking of any age cohort in Ireland,[8] and have the fifth highest weekly alcohol consumption rates in the EU.[9]

It is for these reasons AAI believes alcohol education belongs explicitly within the updated Wellbeing Policy.

The following should form part of the Department of Education's updated Wellbeing Policy:

Alcohol literacy

It would be ineffective to have a wellbeing policy that does not name alcohol. "Teaching students about wellbeing and positive mental health" must explicitly include alcohol, as well as how early alcohol use is a driver of illegal drug use.[10] The updated wellbeing policy must outline age-appropriate, evidence-based information about how alcohol affects the developing brain, how it contributes to obesity, its impact on mental health, and how it alters behaviour and the role it plays in a variety of crimes.

A key aim of the updated policy should be to ensure schoolchildren have a high level of alcohol literacy. Alcohol literacy goes beyond understanding the harms of alcohol, it includes the ability to critically evaluate alcohol marketing, recognise how alcohol-related messages spread through social media, and develop the skills needed to make informed decisions.[11] Effective alcohol education in schools should aim to build these competencies, leading to realistic expectations about alcohol and the confidence to act on the knowledge learned through the wellbeing policy.[12]

Social norms approach

Moreover, the updated policy should prioritise the Social Norms Approach in relation to alcohol. Research suggests that young people frequently misperceive their peers' attitudes and behaviours around alcohol, often overestimating how much and how often others drink.[13] The Social Norms Approach is an evidence-informed intervention strategy that seeks to correct these misperceptions, operating on the premise that when children hold inaccurate beliefs about peer behaviour, they are more likely to engage in risky drinking themselves.[14]

By providing accurate and standardised feedback, the approach aims to delay, reduce, or end alcohol consumption among children and adolescents. Therefore, schools are a key setting for social norms interventions, given the significant influence of perceived peer behaviour during adolescence.

Protected training time for teachers (trauma-informed education and Operation Encompass)

The updated wellbeing policy must guarantee protected training time for teachers to upskill in relation to alcohol education. Such training should be standardised by the Department of Education and include content on how to have honest, non-stigmatising conversations, how to recognise signs of both individual alcohol harm and a parental alcohol harm, and how to signpost support.

This is especially true in relation to training teachers how to deal with instances of Parental Problem Alcohol Use (PPAU) and promoting trauma informed approaches in education. PPAU is a well-established Adverse Childhood Experience (ACE) with serious, lifelong consequences for children's physical and mental health.[15] Ireland's persistently high levels of alcohol consumption mean that PPAU is particularly prevalent, given the well-evidenced, bidirectional relationship between overall consumption and harm – more drinking tends to result in more harm, and less drinking in less harm.[16] Resultantly, at least one in six young people in Ireland are known to be affected by alcohol-related harm in the home, meaning an estimated 200,000 children are currently living with the traumatic impact of PPAU.[17] This is likely to be a considerable underestimate given the scale of hazardous parental drinking noted in data from the Health Research Board.[18]

To this end, early intervention is critical in mitigating the lasting harm caused by ACEs, with evidence highlighting the importance of ensuring at-risk children are known to at least one informed, responsible adult. Operation Encompass, an information-sharing programme between police and schools enabling timely support for children experiencing domestic abuse, has operated across England and Wales since 2010, and in Northern Ireland since 2023, generating over 23,000 referrals in its first year.[19] Its introduction in Ireland through the Criminal Law (Sexual Offences, Domestic Violence and International Instruments) Bill 2025 is a welcome and necessary development, and even more so is the commitment to establish an Operation Encompass pilot project across schools in Drogheda, Co. Louth.

Living with PPAU significantly increases a child's risk of experiencing co-occurring ACEs, including neglect, abuse, parental mental health difficulties, and family breakdown.[20] These experiences can cause lasting psychological harm extending well into adulthood. Teachers are uniquely placed to identify signs of harm and provide early support. It is therefore essential that teachers are equipped to recognise the indicators of PPAU and respond in a trauma-informed, non-stigmatising manner.

Early intervention

Alcohol norms and attitudes begin forming well before secondary school. Indeed, research has shown that children start to acquire knowledge about alcohol at age two, at three children can recognise and identify alcoholic beverages, by four they understand alcohol use in adult culture and have certain expectations regarding what happens to people when drinking alcohol, and by five they understand the norms of alcohol as an adult product as well as knowing what is a socially acceptable amount of alcohol use. [21][22] This illustrates the ages by which children can comprehend alcohol as a product and therefore the impression it is making on them in important developmental years.

Every year approximately 50,000 children start drinking in Ireland. Starting to drink alcohol as a child, which is the norm rather than the exception in Ireland, is a known risk factor for later dependency. While research has also shown that children and teenagers who begin drinking alcohol early are more likely to report heavy episodic drinking and alcohol abuse in early adulthood than those who started drinking at age 18.[23] This is especially true in the Irish context where 43,000 young people aged 15-24 are living with alcohol dependence.

Moreover, alcohol consumption levels for young people aged 15-24 have surged 12%, from 66% to 78%, in the decade 2016 to 2025 and hazardous drinking, including binge drinking, is commonplace (64%) among young people.[24] Therefore, age-appropriate alcohol awareness is necessary, starting at primary school level, framed around critical thinking about advertising, social and peer pressure, and the physical and mental health impact of alcohol, amongst others.

Education about the broader alcohol environment

The updated Wellbeing Policy should acknowledge the role that price, availability, and marketing play in shaping alcohol consumption. In particular, it should look at how alcohol sponsorship and social media marketing, including the use of zero-alcohol advertising, shapes young people's perceptions and relationship with alcohol, including encouraging them to drink.

World Health Organisation research shows that interventions on affordability, advertising, and availability are the most effective public policy measures that governments can take to offset at least some of the harm caused by alcohol. In Ireland, the Public Health Alcohol Act (PHAA) began the state's journey in implementing some of the WHO's best buys. It is important that schoolchildren are made aware of the PHAA and the intersection of these three areas, especially advertising, marketing, and sponsorship.

Young people are an important market for the alcohol industry. Comprehensive research clearly tells us that alcohol marketing, including advertising, sponsorship and other forms of promotion, increases the likelihood that adolescents will start to use alcohol, and to drink more if they are already using alcohol.[25] While research on digital marketing has revealed that exposure to this type of marketing is related to starting to drink and the odds of binge drinking.[26] Therefore, it is essential that young people are educated on the broader alcohol environment.

Mental health and alcohol

Alcohol poses significant risks to the mental health and wellbeing of children and young people. As a depressant of the central nervous system, alcohol affects neuronal pathways and can negatively impact brain development in adolescents, increasing the risk of Alcohol Use Disorder in later life.[27] Research consistently demonstrates that alcohol consumption can both contribute to mental health difficulties and exacerbate existing conditions, while mental health problems can in turn drive continued alcohol use, creating a damaging cycle that is particularly harmful during adolescence.[28]

The links between alcohol and suicide are well established. Globally, alcohol was associated with 27% of suicides and self-harm incidents in 2019, while in Ireland, alcohol was found to be a factor in nearly half of suicide cases[29] and one-third of self-harm hospital presentations in 2020.[30] Indeed, young people who drink hazarously are significantly more likely to experience severe depression and engage in deliberate self-harm.[31]

A large-scale meta-analysis of over ten million people found that alcohol use was associated with a 94% increase in the risk of death by suicide, with younger drinkers and heavier drinking patterns identified as key risk factors.[32]

Furthermore, alcohol harm extends beyond the individual, with at least one in six young people in Ireland affected by alcohol-related harm in the home.[33] Growing up with parental problem alcohol use is a recognised ACE with serious, long-term psychological consequences.[34] Therefore, schools have a vital role in providing young people with the knowledge and support to understand these risks.

Student voice

Students should have a say in the updated wellbeing policy and consultations with young people on alcohol education specifically should take place.

As such, the Department of Education should seek to uncover what young people want to know, what pressures they face, how they interact with alcohol, the channels where it is advertised to them, amongst other areas. Such a consultation should inform the updated wellbeing policy rather than adults deciding what is appropriate and necessary to discuss.

Conclusion

Alcohol remains a significant yet under-addressed threat to the health and wellbeing of children and young people in Ireland. With youth alcohol consumption rising sharply over the past decade, and with well-evidenced links to mental health harm, early dependency, and broader social harms, the case for structured, evidence-based alcohol education in schools is self-evident.

AAI believes the updated Wellbeing Policy represents a critical opportunity for the Department of Education to act in the interests of children by explicitly embedding alcohol literacy, social norms approaches, and mental health connections within wellbeing and SPHE education. Furthermore, we believe by ensuring teachers are adequately trained to address these issues, schools can play a meaningful role in reducing alcohol harm. AAI urges the Department to place children's health and rights at the centre of this policy, and to act with the urgency this issue demands.

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