

Alcohol Action Ireland response to Draft Youth Justice Strategy

The social factors that can lead to young people offending have been well documented,¹ and it is now widely accepted that young people in conflict with the law have experienced significant trauma in their young lives.² In Ireland, a snapshot study of young people in Oberstown, Ireland's national facility for young offenders, found that the young people in custody had experienced particularly traumatic childhoods.³ As well as having a range of health and educational needs, many had experienced bereavement or loss, been in the care system and had begun abusing drugs and alcohol at a young age.⁴

Alcohol's harm to children

Alcohol contributes significantly to this cohort of young people's problems and from the cradle to the grave, children find themselves in hugely negative and vulnerable situations because of harm from alcohol. The evidence for this is overwhelming.

Pre-natal exposure to alcohol can leave children compromised from a neurobiological perspective, resulting in problems carried with them throughout their lives. Ireland is estimated to have the third highest prevalence of Foetal Alcohol Spectrum Disorder (FASD) in the world.⁵

Research shows that people with FASD are over represented in care⁶ and justice systems.⁷ People with FASD have diminished awareness of the consequences of their actions; and have difficulty adhering to

¹ Irish Probation Journal Volume 6, September 2009, A Baseline Analysis of Garda Youth Diversion Projects; ACJRD, The Children Court: A National Study, https://www.acjrd.ie/files/The_Children_Court_A_National_Study.pdf

² See: <http://www.beyondyouthcustody.net/wp-content/uploads/Trauma-and-young-offenders-a-review-of-the-research-and-practice-literature.pdf>

³ See: <http://www.beyondyouthcustody.net/wp-content/uploads/Trauma-and-young-offenders-a-review-of-the-research-and-practice-literature.pdf>; See also Oberstown research and statistics for more information: <https://www.oberstown.com/campus-stats/>

⁴ See Oberstown research and statistics for more information: <https://www.oberstown.com/campus-stats/>

⁵ Global Prevalence of Fetal Alcohol Spectrum Disorder Among Children and Youth A Systematic Review and Meta-analysis, available at: https://alcoholireland.ie/download/publications/jamapediatrics_Lange_2017_oi_170049.pdf

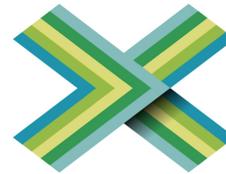
⁶ Children with FASD are over represented among children in state care. 2013 Meta-analysis of Prevalence of Fetal Alcohol Spectrum Disorders in Child Care Settings (Paediatrics) found (on the basis of studies that used active ascertainment) "the overall pooled prevalence of FAS and FASD among children and youth in the care of a child care system was calculated to be 6% (60 per 1000; 95% CI: 38-85 per 1000) and 16.9% (169 per 1000; 95% CI: 109-238 per 1000), respectively."

Ref: Lange S, Shield K, Rehm J, Popova S. Prevalence of fetal alcohol spectrum disorders in child care settings: a meta-analysis. *Pediatrics*. 2013 Oct;132(4):e980-995.

In New Zealand, the FASD working group reported that FASD affects about 50 percent of children and young people in Child, Youth and Family (CYF) care. FASD Working Group. 2016. Taking Action on Fetal Alcohol Spectrum Disorder: 2016–2019: An action plan. Wellington: Ministry of Health.

<https://www.health.govt.nz/publication/taking-action-fetal-alcohol-spectrum-disorder-2016-2019-action-plan>

⁷ See: Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia *BMJ Open* 2018; Prevalence and characteristics of adults with fetal alcohol spectrum disorder in corrections: a Canadian case ascertainment study.



rules and structure. Standard conditions of bail or probation, for example, pose a challenge to those with FASD with the result that parole conditions are regularly broken resulting in readmission to detention.⁸

Studies have also found that there is a serious risk that parents with alcohol problems may neglect their children. Such neglect can have a negative impact on children's emotional and physical development and education, and put them at risk of physical and sexual abuse.⁹ A UK survey by the National Association for Children of Alcoholics found that people who had experienced parental alcohol misuse were more likely to consider suicide, have eating disorders, drug addiction, and be in trouble with the police, as well as having above average alcohol dependency and mental health problems.¹⁰

Data from the Child Care Law Reporting Project has found that drug and alcohol abuse feature in 1 in 5 cases in child care cases that come to court, while alcohol was identified as a risk factor in three-quarters of Irish teenagers for whom social workers applied for admission to special care - a secure care environment requiring a court order to detain a young person to protect them.¹¹

Alcohol in the home was named as a key child welfare issue in the Report of the Independent Child Death Review Group as it was an issue in one third of the cases of unnatural deaths reviewed. It was the second most prevalent issue after neglect and twice as prevalent as drugs in the home.¹² It was also a key feature of a report by Dr Geoffrey Shannon regarding Garda powers to take young people into care in emergency situations.¹³

Alcohol's contribution to offending behaviour in young people

When it comes to young people and offending, we know that in Ireland, alcohol is a factor in approximately half of all youth offending. Alcohol offences (e.g. underage drinking) are the main reasons

⁸ 2011 (Canadian Public Health Association) systematic review of evidence of FASD in correctional facilities, only studies on prevalence were done in US and Canada – high number of undiagnosed persons. Canadian data found youths with FASD were 19 more likely to be incarcerated in any given year than a youth without FASD.

Range of 10.9 to 22.3% of youths in prison with FASD. 1% with FAS. Adults in prison estimated that 9.9% have FASD. Popova S, Lange S, Bekmuradov D, Mihic A, Rehm J. Fetal alcohol spectrum disorder prevalence estimates in correctional systems: a systematic literature review. *Can J Public Health Rev Can Sante Publique*. 2011 Oct;102(5):336–40

⁹ Barnard, M and Barlow, J (2003) 'Discovering parental drug dependence: Silence and disclosure' *Children and Society*, Volume 17, Issue 1, p45-56; Cleaver, H; Unell, I and Aldgate, J (2011) *Children's needs, parenting capacity: The impact of parental mental illness, learning disability, problem alcohol and drug use and domestic violence on children's safety and development* (2nd edition)

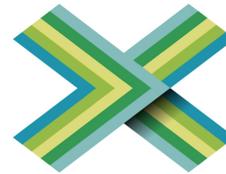
¹⁰ Nacoa, Professor Martin Callingham, *Survey of children of alcohol-dependent parents*.

¹¹ <https://www.childlawproject.ie/interim-reports/>

¹² Report of the Independent Child Death Review Group,

https://www.lenus.ie/bitstream/handle/10147/230179/Report_ICDRG.pdf?sequence=1&isAllowed=y

¹³ Audit of the exercise by An Garda Síochána of the provisions of Section 12 of the Child Care Act 1991. Audit of the exercise by An Garda Síochána of the provisions of Section 12 of the Child Care Act 1991.



for which children are referred to the Garda Youth Diversion Programme, accounting for almost a fifth of youth offences.¹⁴

Furthermore, 85% of Garda Youth Diversion Programmes named alcohol-related crime as first on the list of offences committed in their area. Public order, criminal damage, and to a lesser degree minor assault and trespass were the main offences committed when drinking.¹⁵

It is clear from this weight of evidence that alcohol places a very heavy burden on our young people and is a very significant factor not just in offending but in the factors that lead young people to risk taking and ultimately offending.

Response to draft strategy and recommendations

Alcohol Action Ireland welcomes the draft Youth Justice Strategy's focus on early support for vulnerable children and young people. We strongly support the strategy's aim to ensure early support, at home, at school and in the community for young people at risk and to ensure that they are included in prevention and early intervention programmes and services.

Given the widespread harmful consequences of alcohol in the lives of these young people and their families, and the strategy's aim of prevention, AAI believes full implementation of the Public Health Alcohol Act, would help to protect children from alcohol harm through a wide range of public health measures including the curbing of advertising of alcohol to young people and increasing the prices of low cost alcohol.

AAI also believes in the concept of a childhood free from alcohol harm.¹⁶

Growing up in a home with parental alcohol misuse has been recognised internationally as an adverse childhood experience for over 20 years,¹⁷ and the physical and mental consequences of parental alcohol misuse have also been studied.¹⁸

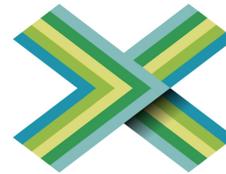
¹⁴ Irish Youth Justice Service (2009) Designing Effective Local Responses to Youth Crime.

¹⁵ Irish Youth Justice Service (2009) Designing Effective Local Responses to Youth Crime.

¹⁶ See: <https://alcoholireland.ie/campaigns/silent-voices/>; see also AAI strategic plan: <https://alcoholireland.ie/about/vision-mission-values/>

¹⁷ elitti, V.J., Anda, R.F., Nordenberg, D, et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACEs) study. *American Journal Preventative Medicine*. 1998; 14: 245-258; Ashton, K., Bellis, M. & Hughes, (2016) Adverse childhood experiences and their association with health-harming behaviours and mental wellbeing in the Welsh adult population: a national cross-sectional survey; Bellis, M. A., Hughes, K., Leckenby, N., Jones, L., Baban, A., Kachaeva, M., Terzic, N. (2014). Adverse childhood experiences and associations with health-harming behaviours in young adults: surveys in eight eastern European countries. *Bulletin of the World Health Organization*, 92(9), 641–655. doi:10.2471/BLT.13.129247

¹⁸ Gance-Cleveland, B., Mays, M.Z., Steffen, A. (2008). Association of adolescent physical and emotional health with perceived severity of parental substance abuse. *Journal for Specialists in Pediatric Nursing*;13(1): 15-25. Winqvist, S., Jokelainen, J.,



In Ireland, at least 1 in 6 young people are exposed to the unnecessary impact of alcohol-related harms at home.¹⁹ Therefore it is likely that today more than 200,000 children in Ireland are living with the traumatic circumstances of a childhood where parental alcohol misuse (PAM) is a frequent event.

AAI believes that traumatised young people and their families who come into contact with the criminal justice system must be supported to uncover and deal with the issues they have experienced. For example, the programme used in the DCYA's bail supervision scheme showed very positive results.²⁰ Young people and their families should have access to supports like this long before they are in court or detention. AAI welcomes priority area two which states that a special focus will be dedicated to those experiencing disproportionate disadvantage. Given that parental alcohol misuse is a significant adverse childhood experience, AAI recommends that where the youth justice system, and the professionals who work in it, come into contact with a family where drug/alcohol abuse is significantly disrupting familial life, it is essential that this is addressed in a robust and meaningful manner.²¹

AAI also recommends that JLOs, community Gardaí and Probation officers should actively seek to identify alcohol & drug use problems as potential contributors to offending behaviour, and actively refer on to adolescent drug & alcohol services where problems are identified, and actively support attendance at such services by those who are referred. In order to respond to this need, the HSE should fully role out the recommendation of the report on addiction treatment services for under 18s (published in 2005), especially increasing capacity in Tier 3 (specialist outpatient) services across the country.²²

A Trauma-informed approach

Addressing 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.²³

A trauma-informed youth justice system should at all levels recognise the adverse effects of trauma on young people, families and staff, and put in place practices that prevent further traumatisation.

Given the high level of mental health need in this population, it is also vital that as stated in the government's blueprint for mental health, A Vision for Change, children and adolescents who are

Luukinen, H., Hillbom, M. (2007). Parental alcohol misuse is a powerful predictor for the risk of traumatic brain injury in childhood. *Brain Inj.*;21(10):1079-85.

¹⁹ See <https://alcoholireland.ie/campaigns/silent-voices/> for an overview of the research data.

²⁰ <https://www.gov.ie/en/publication/0a6bc8-evaluation-of-the-bail-supervision-scheme-for-children-pilot-scheme/>

²¹ See rec 6.3.5 of Audit of the exercise by An Garda Síochána of the provisions of Section 12 of the Child Care Act 1991. <https://www.drugsandalcohol.ie/27362/1/Audit%20of%20Section%2012%20Child%20Care%20Act%201991.pdf>

²² See http://www.drugs.ie/resourcesfiles/reports/drug_treatment_under_18s.pdf?direct=1

²³ See the AAI, MHI joint position paper on trauma: <https://alcoholireland.ie/download/publications/Trauma-informed-care-position-paper.pdf>



misusing substances and also have a mental health problem should have access to teams with special expertise in this area.

Tusla's Assessment Consultation Therapy Service (ACTS)²⁴ service is currently only available to young people placed in limited settings in Ireland (special care units and the children detention schools). ACTS or a comparable dual treatment service for substance abuse and mental health need, should be rolled out across the country and be available to all young people. The need for such a service was reiterated in Reducing Harm, Supporting Recovery 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.'²⁵

AAI also strongly welcomes the strategy's aim of putting in place interagency procedures to address the situation of young people who are in state care during and after detention. While it's true that the majority of children in care do not come to the attention of the criminal justice system, it is also true that children in care are disproportionately represented in the youth justice system. Many studies have now demonstrated that children in care are far more likely to become involved with justice systems than other children.²⁶

There are reasons why children in care are more likely to offend, and while this is an area that is still under investigation contributing factors appear to be: children who experience multiple care placements while in care; changes in social workers, children with mental health and/or substance abuse problems; children with low school attendance and performance issues.

An holistic response to young people in both care and justice systems is therefore vital in order for outcomes to improve and indeed to prevent children in care being pulled into the criminal justice system simply because they are in the care system. Considering that the notion of interagency collaboration in this field has long been mooted, AAI would like to see the draft strategy provide more detail on how this is to be achieved.

It is suggested that all young people should be the shared responsibility of the systems they come into contact with. In Scotland, the *Children and Young People (Scotland) Act 2014* introduced the concept of

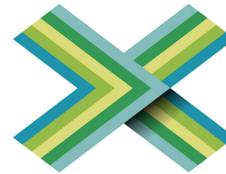
²⁴ <https://www.tusla.ie/services/alternative-care/assessment-consultation-therapy-service-acts/#where%20do%20we%20work>

²⁵ <https://www.gov.ie/pdf/?file=https://assets.gov.ie/14571/c22d1dd1756440f8946717a80ad2ffc3.pdf#page=1>

²⁶ Prison reform Trust, *In care, Out of Trouble*. (Prison Reform Trust 2016), Available at:

<http://www.prisonreformtrust.org.uk/Portals/0/Documents/In%20care%20out%20of%20trouble%20summary.pdf> R Blades, D Hart, J Lea, N Willmott, *Care — A stepping stone to custody? The views of children in care on the links between care, offending and custody*. (London: Prison Reform Trust. 2011) See also: M Jonson-Reid, R P Barth, 'From maltreatment report to juvenile incarceration: The role of child welfare services,' (2000) 24 (4) *Child Abuse and Neglect* 505–520.

Jonson-Reid, M., & Barth, R. P, 'From placement to prison: The path to adolescent incarceration from child welfare supervised foster or group care,' . (2000) *Children and Youth Services Review*, 22(7), 493–516; Johnson, K., Ereth, J., and Wagner, D. (2004). Juvenile delinquency among children involved in a child maltreatment investigation: A longitudinal study. Madison, Wis.: Children's Research Center; J P Ryan, J M Marshall, D Herz, PM Hernandez, 'Juvenile delinquency in child welfare: Investigating group home effects,' *Children and Youth Services Review*, (2008) 30(9), 1088–1099.



“Corporate Parenting” to legislation for the first time. Corporate parenting ensures a shared approach is taken by all State agencies to children in care. Corporate parenting is founded on the principle that collectively all services should have the same aspirations, and provide the same kind of care that any good parent would provide for their own children. A similar approach in Ireland could once and for all allow systems to work together collectively and without impediments and with the best interest of the young person at heart of every decision.

AAI also welcomes the strategy's focus on research and better data collection to improve outcomes. AAI would like to see FASD screening and diagnosis in youth justice settings, and education on this issue for professionals working in this area. It is recommended that data is regularly collated on the characteristics of young people in the youth justice system, including where alcohol is a feature of their lives.

To summarise, AAI recommends:

- Full implementation of the Public Health Alcohol Act to help to protect children from alcohol harm.
- At risk young people and their families should have access to innovative evidence-based programmes that meet their needs.²⁷
- Where the youth justice system, and the professionals who work in it, come into contact with a family where drug/alcohol abuse is significantly disrupting familial life, it is essential that this is addressed in a robust and meaningful manner.
- JLOs, community Gardaí and Probation officers should actively seek to identify alcohol & drug use problems as potential contributors to offending behaviour, and actively refer on to adolescent drug & alcohol services where problems are identified, and actively support attendance at such services by those who are referred
- A dual treatment service such as Tusla’s Assessment Consultation Therapy Service (ACTS) service should be rolled out across the country and be available to all young people.
- All young people should be the shared responsibility of the systems they come into contact with and robust measures should be put in place to ensure this is the case.
- Foetal Alcohol Spectrum Disorder (FASD) screening and diagnosis should take place in youth justice settings.
- Data should be regularly collated on the characteristics of young people in the youth justice system, including where alcohol is a feature of their lives.

²⁷ AAI recommends that a UK initiative, Operation Encompass, be introduced into Ireland to assist with early intervention into the lives of young people experiencing adverse childhood experiences such as domestic violence and parental alcohol misuse. Read more about initiative here: <https://www.operationencompass.org/what-we-do>

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