

Silent Voices Manifesto

“The hardest part was the never ending repeated sense of crushing disappointment when one of my parents was drunk again. In one way, I came to expect it but it never stopped being disappointing or painful; there’s always a small amount of hope that you cling on to when you have a parent with alcoholism.” SILENT VOICES CONTRIBUTOR

Growing up in a home with parental alcohol misuse has been recognised internationally as an adverse childhood experience for over 20 years,¹ and the physical and mental consequences of parental alcohol misuse have also been studied.² Studies have 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.³ A UK survey carried out by the National Association for Children of Alcoholics (Nacoa) investigating the problems of adult children of alcoholics found that they 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.⁴

Silent Voices, an initiative of Alcohol Action Ireland, seeks to highlight the harm caused by parental alcohol misuse (PAM) and its impact across the lifespan. In order to tackle this issue, Alcohol Action Ireland is calling on government to:

- Adopt a whole-of-government approach to this children’s rights issue with an identifiable senior government official who has responsibility to advise, develop and plan appropriate policies and services. This aligns with the objectives of important government policies and programmes such as: Healthy Ireland; Reducing Harm, Supporting Recovery; Brighter Outcomes, Better Futures - each of which signal that a whole-of-government needs to be proactively involved in improving the lives of children and families.
- Adequately fund and resource supports for children experiencing parental alcohol misuse and invest in primary care psychology services to meet the needs of both children and adults. This dovetails with commitments made in government policy documents, A Vision for Change and Brighter Outcomes Better Futures, that young people should have access to early intervention youth mental health services supports.

¹Felitti, 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

² 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., 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.

³ 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)

Department for Education.

⁴ Nacoa, Professor Martin Callingham, Survey of children of alcohol-dependent parents.

- Incentivise services working with children and families – including educational and criminal justice services - to become trauma-informed. This is in line with best practice in other jurisdictions⁵ and is a developing concept in Ireland too.⁶
- Collect robust, comprehensive and consistent data in appropriate settings, for example in mental health, child and family, education, homeless and criminal justice settings. This will identify the numbers of children and adults affected by this issue and will help to inform policy and service provision.
- Fund a national trauma-informed service for adult children who have experienced parental alcohol misuse and
- Develop and support national campaigns targeting the whole population that raise awareness about the impact of parental alcohol misuse.

1.0 Research background – 1 in 6 children

“When our parents drank, we were left to our own devices. From a very early age, we had to assume total responsibility to feed ourselves, manage finances, manage chaotic parents, get to school.” SILENT VOICES CONTRIBUTOR

Parental alcohol misuse damages and disrupts the lives of children and families in all areas of society, spanning all social classes and harming the development of children trapped by the effects of their parents’ problematic drinking.⁷

In Ireland, at least 1 in 6 young people suffer the unnecessary impact of alcohol-related harms at home.⁸ 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.

It is further estimated that there are around 400,000 people in Ireland today who are adult children from alcohol-impacted families.⁹ This means that approximately 600,000 people across all age ranges in Ireland may be suffering because of the impact of alcohol harm in their family.

Research shows that adverse childhood experiences (ACEs) can greatly increase the likelihood of poor physical and mental health in later life.¹⁰ The hugely negative effects of parental alcohol misuse on children as outlined above makes the case for intervention and preventive with these children, and indeed adult children, real and urgent. Given the large number of people affected across all sections of society, it is incumbent on the government to act.

2.0 Policy context

⁵ See <https://www.gov.scot/publications/adverse-childhood-experiences/> and <http://www.wales.nhs.uk/sitesplus/888/page/88524>

⁶ See Barnardos annual report 2018, https://www.barnardos.ie/media/4302/barnardos-annual-report-2018_web.pdf; <https://www.pein.ie/2019/10/14/call-for-adverse-childhood-experiences-aces-framework-to-be-adopted-by-government/>

⁷ Turning Point (2006). Bottling it up – The Effects of Alcohol Misuse on Children, Parents and Families.

⁸ See <https://alcoholireland.ie/campaigns/silent-voices/> for an overview of the research data.

⁹ See <https://alcoholireland.ie/campaigns/silent-voices/> for an overview of the research data.

¹⁰ Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., & Marks, J.S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. Baumeister R.F., Schmeichel B.J., Vohs K.D. (2013) Self-Regulation and the Executive Function: The Self as Controlling Agent. In Kruglanski A., Higgins E.T. *Social Psychology: Handbook of Basic Principles* (2nd ed.) New York: Guilford, pp. 516–539.

“I am 65 years of age and still carry the scars of my childhood surrounded by alcohol.” SILENT VOICES CONTRIBUTOR

2.1 International human rights

Protecting children from harm is not just a public health issue but a human rights one.

The United Nations Convention on the Rights of the Child states that children have the right to survive, to be protected from harm and exploitation, to develop fully and to participate in decisions which affect their wellbeing.¹¹ Article 24 of the UNCRC recognises children’s right to ‘the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health’. Article 24 further provides that State must ‘strive to ensure that no child is deprived of his or her right of access to such healthcare services.’¹²

Additionally, the WHO European Charter on Alcohol states that ‘all children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption.’¹³ Children’s individual rights are particularly important when considering the issue of parental alcohol misuse where the parent does not seek help. In these situations, children are entitled to services and supports regardless of the parent’s situation.

Given that we recognise alcohol as a significant problem in society, yet fail to provide adequate supports and services for young people affected, Ireland falls short of its commitments to upholding children’s rights in this regard.

2.2 National policy

“I lived in fear most of my early childhood. Dad could be violent when he drank. I have two younger siblings. I would tell them that everything was going to be ok, while downstairs dad was beating our mum.” SILENT VOICES CONTRIBUTOR

Current national policy reinforces the notion that children’s rights and health are of paramount importance to their development and well-being.¹⁴ Although the issue of parental alcohol misuse and its effects remains largely hidden in Irish society, in recent years a range of Irish studies, reports and initiatives have begun to recognise the problem, also known as hidden harm.¹⁵ Clear commitments to early intervention in families with substances misuse problems are set out in government policy documents Better Outcomes Brighter Futures¹⁶ and First 5.¹⁷ Better Outcomes Brighter Futures also underpins the importance of recognising hidden harm and ensuring that children living with problem parental alcohol are identified and supported within Tusla and the HSE.

¹¹ <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

¹² <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

¹³ http://www.euro.who.int/__data/assets/pdf_file/0008/79406/EUR_ICP_ALDT_94_03_CN01.pdf

¹⁴ https://www.dcy.gov.ie/documents/cvpp_framework/BetterOutcomesBetterFutureReport.pdf

¹⁵Hidden Realities:Children’s Exposure to Risks from Parental Drinking,

http://www.drugs.ie/resourcesfiles/research/2011/NWAF_Realities_Report.pdf

Hope, A (2011).Hidden Realities: Children’s Exposure to Risks from Parental drinking in Ireland. Letterkenny, Ireland: North West Alcohol Forum Ltd; HSE, The untold story: Harms experienced in the Irish population due to others’ drinking; Tusla, Hidden Harm strategic plan, <https://www.tusla.ie/uploads/content/StrategicGuide.pdf>

¹⁶ Better Outcomes Brighter Futures. The national policy framework for children and young people, 2014-2020.

¹⁷ First 5: A Whole of government strategy for babies, young children and their families, 2019-2028.

Reducing Harm Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025, also highlights the need for developing and adopting evidence-based family and parenting programmes for high risk families impacted by problematic substance use. The strategy states that awareness of the hidden harm of parental substance misuse with the aim of increasing responsiveness to affected children should be built, and that protocols between addiction services, maternity services and children's health and social care services to facilitate a coordinated response to the needs of children affected by parental substance misuse, should be developed.¹⁸

These commitments are welcome and should be implemented in full.

3.0 Time for action

"I am 51 years old and I still have not recovered from the trauma of my mother's alcoholism. Mental health services are a 'normal' part of my life." SILENT VOICES CONTRIBUTOR

The issue of parental substance misuse and its effect on children is beginning to be recognised through public policy. AAI believes, however, that many and significant shortcomings remain when it comes to tackling this problem. This is because this cohort are by their very nature often hidden and silent. Where incidence occur, they often present as adolescents or adults in mental health services, social care services, or the criminal justice system. That is why everyone working with vulnerable children and adults must have specific training that enables them to recognise this issue and direct people to the most appropriate supports.

The case for action on this issue is timely and compelling. In neighbouring jurisdictions such as Scotland and Wales¹⁹, an Adverse Childhood Experiences movement is raising awareness about issues like parental alcohol misuse, and trauma-informed services are being implemented.²⁰

Although the concept of trauma in childhood, and its effects, are not new, a vocal ACE community is injecting a new impetus into the public and political discourse and provides a framework for better understanding of both children's and adult's needs. By making public policies and the strategies of government departments ACE-aware, and trauma-informed, we can ensure that childhood trauma is everyone concern. Alcohol has major public health implications and is responsible for a considerable burden of health, social and economic harm at individual, family and societal levels.²¹ The Irish government endures immense economic burden as a result of alcohol misuse.

Alcohol-related harm currently costs the Exchequer over €2.35 billion per annum, this includes costs to the health care system and the cost of: alcohol related crime; alcohol related road accidents; lost output due to alcohol relate absenteeism; alcohol related accidents at work; alcohol related suicides and the cost of alcohol-related premature mortality. It goes without saying that prevention strategies are in the interests of health, social, education and criminal justice agencies, as well as to the long-term economic benefit of the country. In terms of children that are affected by parental alcohol misuse, epidemiological and biomedical evidence tells us that adverse childhood experiences (ACEs) are linked with health-harming behaviours and the development of non-communicable

¹⁸ <https://www.gov.ie/en/press-release/b09da3-taoiseach-launches-reducing-harm-supporting-recovery-a-health-led-re/?referrer=/blog/publications/reducing-harm-supporting-recovery-2017-2025/>

¹⁹ See <https://www.gov.scot/publications/adverse-childhood-experiences/> and <http://www.wales.nhs.uk/sitesplus/888/page/88524>

²⁰ <https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multi-professional-psychology/national-trauma-training-framework.aspx>; <http://www.wales.nhs.uk/sitesplus/documents/888/5%20ACE%20Informed%20Training%20for%20Housing.pdf>; <https://www.scotland.police.uk/whats-happening/trauma-informed-policing>

²¹ Department of Health, Regulatory Impact Analysis: <https://www.gov.ie/en/publication/0a1a58-public-health-alcohol-bill-2015/?referrer=/wp-content/uploads/2016/05/regulatory-impact-analysis-public-health-alcohol-bill.pdf/>

disease in adults.²² We know that at least 200,000 children and 400,000 adult children have experienced parental alcohol misuse in Ireland, considered to be one of the most prevalent adverse children experiences in Wales and England, where ACE surveys have been carried out.²³ It is now considered that preventing ACEs can improve health across the whole life course, enhancing well-being and productivity while reducing pressures and costs on health, social, criminal justice and educational systems. In a paper on the economic costs of ACEs, Bellis et al²⁴ found that the annual costs attributable to ACEs were estimated to be US\$581 billion in Europe and \$748 billion in North America.

In Europe, in relation to alcohol use alone, the estimated ACE-attributable cost of alcohol use was more than three times higher than for drugs, reaching €128 billion, or 0.65% of GDP. In Ireland this could equate to up to €2.2 billion, based on figures calculated using the Bellis paper cited above.²⁵

“Rebalancing expenditure towards ensuring safe and nurturing childhoods would be economically beneficial and relieve pressures on health-care systems...Tackling ACEs will also reduce pressures from NCDs and mental illnesses on health systems, societal harms from alcohol and drug use, and contribute substantively to the economic development of nations,” the researchers conclude.

Furthermore, the researchers noted that although ACEs are linked with deprivation, they are by no means limited to poor communities, and consequently ACE prevention activities should be both universal and proportionate to need.²⁶

3.1 Recommendations

“I got myself involved in sports; soccer, hurling and football as another way to escape what I was dealing with at home. I got myself a job that I love, and I am still in too this day. Helping people and trying to make a difference in my community gives me great satisfaction.”

SILENT VOICES CONTRIBUTOR

Whole-of-government approach

- Alcohol Action Ireland regards it as essential that there is a designated senior government official who has responsibility to advice, develop and plan appropriate policies and services, and capacity to work across government departments such as: children and youth affairs, health, education and skills, and justice and equality.
- The role would act as a driving force, and work to embed the concept of trauma-informed services, creating a shared common language and understanding around the issue and greater cohesion between government departments and agencies. It would have resources

²² National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England Mark A Bellis, Karen Hughes, Nicola Leckenby, Clare Perkins and Helen Lowey.

²³ The national survey of Adverse Childhood Experiences in Wales interviewed approximately 2000 people (aged 18-69 years) from across Wales at their homes in 2015. A nationally representative survey of English residents aged 18 to 69 (n = 3,885) was undertaken during the period April to July 2013.

²⁴ Bellis et al, Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis.

²⁵ Bellis et al, Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis.

²⁶ BMC Medicine, National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England.

to implement action – ensure that everyone working with children has specific training on this issue – and be responsible for monitoring progress on an annual basis.

Services & supports

- AAI acknowledges the government’s commitment to and investment in children and families and prevention and early intervention.²⁷ As well as continuing this work, there is a real need to develop properly funded and resourced supports for children experiencing parental alcohol misuse. Innovative evidence-based programmes must become more widely available in communities around the country.²⁸ It must also be ensured that children, as an individual right, can access services even where parents are not in treatment.
- Map services available for children experiencing parental alcohol misuse. This national map would show what is locally available and identify gaps.
- Building on statements from Ireland’s Minister for Health²⁹ that people and families in addiction require additional support, AAI believes that adult children of alcoholics require access to a dedicated helpline such as that provided by Nacoa in the UK. Currently, calls from Ireland make about 4% of Nacoa’s contacts.
- Investing in primary care psychology services to meet the needs of both children and adults is urgent and vital given the numbers of both adults and children waiting for services. Currently there are more than 8,600 adults on waiting lists to see a HSE psychologist³⁰ and 2,500 children on a waiting list for CAMHS and a further 6,300 under 18-year-olds are waiting for an initial primary care psychological appointment.³¹ This delay exacerbates the mental health of those in greatest need.
- Adult alcohol treatment services must also be invested in as severe funding cuts have resulted in a critical shortage of alcohol addiction services. Addressing this gap and shortage is an essential part of the approach to supporting children affected by parental alcohol misuse. Timely access to treatment for the parent has a significant benefit to the child.
- Since 2009, Irish and international policy and strategy documents have recommended the use of screening and brief interventions as a response to alcohol and substance use. Alcohol screening needs to be consistently performed across all tiers of our health services. The HSE should seek to evaluate and monitor its SAOR programme³² and maximise the potential of Making Every Contact Count (MECC).

²⁷ <https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/>; <https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/meitheal-national-practice-model/>.

²⁸ Programmes specifically tackling parental alcohol misuse include: M-Pact, <https://www.actiononaddiction.org.uk/addiction-treatment/m-pact> and Parents under Pressure, <http://www.pupprogram.net.au/>, Rory <https://www.roryresource.org.uk/>.

²⁹ <https://www.irishexaminer.com/breakingnews/ireland/simon-harris-addiction-is-a-public-health-epidemic-that-impacts-every-community-969900.html>; <https://www.irishtimes.com/news/health/plans-to-create-new-drugs-helpline-for-people-living-with-addiction-1.4124893>

³⁰ Information obtained in PQ PQ 32460/19.

³¹ <https://www.irishtimes.com/news/ireland/irish-news/more-than-2-500-children-teens-on-mental-health-service-waiting-lists-1.4012570>

³² <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/homelessness-and-addiction/alcohol-and-substance-use-saor/>

Training & awareness raising

- Awareness of parental alcohol misuse and its impact on young and adult children should be raised through information campaigns and training that targets healthcare, social care, early years, child protection, family support, education, and mental health sectors, as well as families and communities. Public health campaigns would not only inform the whole of population about these matters but also reach an adult cohort who perhaps have not yet recognised the underlying cause of their own problems.
- Investment is required so that services and counsellors are trauma-informed in order to recognise and adequately deal with the issues that stem from adversity in childhood and children and adult children affected by parental alcohol misuse.³³
- Educators are well placed to identify children experiencing hidden harm. The provision of specific training in relation to Adverse Children Experiences should be examined at teacher training level, and at all levels of professional development – from teachers to principals to education welfare officers. The Social Personal and Health Education curriculum (SPHE) provides educators with a suitable opportunity to raise awareness amongst students about this issue. Ireland must work towards a model of trauma-informed schools and communities so that the burden of identifying, and assisting, this cohort does not fall onto any one professional group. Schools should seek to strengthen its collaboration with Tusla and the Gardai to identify a child who might be at risk of hidden harm.³⁴
- Research and data increasingly shape and inform public policy and determine how resources are allocated. In order that we can ensure smart investment for our children, and take an evidence-based approach to policy-making, it is imperative that we gather data on the lives of children and adult children who have experienced parental alcohol misuse in this country. We recommend that robust, comprehensive and consistent data be gathered in appropriate settings, for example in mental health, child and family, education, homeless and criminal justice settings. This will identify the numbers of children and adults affected by this issue and will inform policy and service provision.
- Public discourse/debate on the right to a childhood free from alcohol harm should take place, and children should have their voices heard in relation to the impact of alcohol on their lives.

³³ See <https://acestoohigh.com/research/> for a wide range of research about the health effects of ACEs.

³⁴ An initiative in the UK, Encompass, is a police and education early information sharing partnership enabling schools to offer support for children and young people experiencing domestic abuse. Information is shared by the police with school staff prior to the start of the next school day after officers have attended a domestic abuse incident thus enabling appropriate support to be given. See <https://www.operationencompass.org> for more details.

