



AlcoholAction
Ireland

**ALCOHOL ACTION
IRELAND's response to
EU CHILD GUARANTEE
CONSULTATION**

DECEMBER 8 2021

Alcohol Action Ireland was established in 2003 and 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 campaigning, advocacy, research and information provision. 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. We are pleased to have the opportunity to contribute to the EU Child Guarantee national action plan consultation.

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Alcohol Action Ireland welcomes that, as part of the obligations for Ireland under the Child Guarantee, the Department of Children, Equality, Disability, Integration and Youth is developing a National Action Plan for the EU Child Guarantee. Given the nature of Alcohol Action Ireland's work, this consultation response focuses on the area of child health and well-being, and in particular in relation to mental health and alcohol harm.

Growing up in homes with problem parental alcohol use

As noted by the EU Child Guarantee, Member States should take into account the specific needs of those from disadvantaged backgrounds, such as those with precarious family situations – which includes children who are growing up in homes where substance use is a problem. It can be useful to consider these issues through the lens of Adverse Childhood Experiences (ACEs).

It is estimated that in Ireland 1 in 6 young people¹ are impacted by parental alcohol misuse (1), so this is likely one of Ireland's largest ACEs and is itself a gateway to other ACEs such as domestic violence. (2) In addition, parental difficulties with alcohol often co-occur with mental health problems.

Children who live with substance using or dependent parents are more likely to develop a range of health, social, physical and psychological problems. In addition, this very serious problem can lead to significant mental and physical health problems in later life, as demonstrated by a considerable body of ACE research.⁽³⁾

Beyond the social and emotional costs of such problems, recent research has indicated significant financial costs over the lifespan. In Ireland it is estimated that this is likely to be at least 2% of Gross Domestic Product – a cost that could be offset by investing in prevention and early intervention during a child's life. (4)

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

2 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.

3 <https://www.cdc.gov/violenceprevention/aces/index.html>

4 Bellis et al, Health and financial costs of adverse childhood experiences in 28 European countries: a systematic review and meta-analysis. Available at: <https://www.sciencedirect.com/science/article/pii/S2468266721002322>

Foetal Alcohol Spectrum Disorder

Children's health needs in relation to alcohol start before they are even born. 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)

If Ireland is serious about an ambitious EU Child Guarantee for children, it should include the prevention of FASD, services for those affected by FASD and the amelioration of problem substance use in the home as part of its plan.

5 Global Prevalence of Fetal Alcohol Spectrum Disorder Among Children and Youth: A Systematic Review and Meta-analysis. JAMA Pediatr. 2017 Oct 1;171(10):948-956. doi: 10.1001/jamapediatrics.2017.1919. PMID: 28828483; PMCID: PMC5710622. Available at: <https://pubmed.ncbi.nlm.nih.gov/28828483/>

Recommendations

AAI recommends that a comprehensive national action plan in relation to the EU Child Guarantee should take a public health approach to ending childhood adversity, making this a whole of government goal in prioritising prevention and early intervention in those with precarious family situations.

Governments like Scotland (6) and Wales (7) are already doing this, so Ireland is already lagging behind in ensuring healthy and prosperous life courses for all of our children. Recently the Pompidou Group of the Council Europe (8) has carried out research across multiple states to identify a wide range of interventions in the field of programmes aimed at families and children, services for women who use substances and are mothers, dependence treatment services that take into account parental responsibilities and the children's needs and particular situation, as well as shelters for female victims and survivors of violence who use substances(8). Examples of good practice in Ireland were included in the report. There is considerable scope for Ireland to build on this and develop a national action plan encompassing the principles outlined below.

Parental problem alcohol use

Work towards a whole-of-government approach

- Have an identifiable lead at central government level who has responsibility to advise and develop appropriate policies and services for children living with parental alcohol misuse.
- Establish partnerships to recognise the holistic and specific needs of children and adults who have experienced parental alcohol misuse and to break down barriers between departments and agencies to embed the concept of trauma-informed services, creating a shared common language and understanding of the issue.

Provide supports and services

- Map services available for children experiencing parental alcohol misuse.
- 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 addiction services.
- Alcohol assessment/screening of all patients must become the norm across all tiers of the health services – primary, secondary and tertiary.

6. Katy Hetherington. Ending childhood adversity: a public health approach. Edinburgh: Public Health Scotland; 2020

7. <https://phw.nhs.wales/services-and-teams/ace-aware-wales/>

8. Children whose parents use drugs. A preliminary assessment and proposals. <https://www.coe.int/en/web/pompidou/children>

Training & awareness raising

- Public health information campaign(s) should be developed to inform the whole-of-population about this issue.
- Services working with children and families – including educational and criminal justice services – should be incentivised to become trauma-informed. Training in relation to adverse childhood experiences must be provided at teacher training level, and at all levels in schools – from teachers to principals to education welfare officers.
- Robust, comprehensive and consistent data should 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 this.

FASD

Much more work is needed to ensure that women are provided with information and support during pregnancy in relation to alcohol. Screening and brief interventions must be carried out with pregnant women at the early stages of pregnancy and the risks of drinking should be communicated in a clear and consistent fashion. Families and children living with Foetal Alcohol Spectrum Disorders must also be recognised and supported.

Early diagnosis is key to achieving positive outcomes for people with FASD. (9) Jurisdictions such as Canada, Scotland, Australia and New Zealand (see Appendix 1) provide government funding to improve knowledge and understanding of FASD, and to improve access to services for people with FASD. To date, however, the Irish government has not provided such support or recognition for people with FASD. Ireland's action plan should include a commitment to labelling of alcohol products with pregnancy warning without undue delay as has been legislated for in the Public Health Alcohol Act. It should also include a commitment to a dedicated funding stream and an action plan in order to improve FASD prevention, diagnosis and support to help people with FASD reach their full potential.

9. Courtney R. Green, PhD ; Jocelynn Cook, PhD, MBA, Amy Salmon, PhD Canada Fetal Alcohol Spectrum Disorder Research Network, available at: <https://canfasd.ca/wp-content/uploads/publications/FASD-and-Dx-EN.pdf>

Appendix 1

1. Scotland

The Scottish Government recognises the importance of identifying and preventing FASD. Section 18 of the Scottish Government's Alcohol Strategy summarises the wide range of measures underway in Scotland to reduce pregnancy related alcohol harm and support those affected. The government has also sponsored a FASD families information and support Hub hosted by Adoption UK. In Scotland increasing numbers of clinicians are trained in FASD recognition and can provide peer support, and advice if required. The Fetal Alcohol Advisory and Support Team, funded by the Scottish Government, works with multidisciplinary teams in Health Boards across NHS Scotland to improve access to diagnostic services and improve clinician confidence.

2. Australia

The Australian Government committed funding of \$9.2 million over four financial years (2013-14 to 2016-17) for an FASD Action Plan and national strategy. The national strategy aims to ensure appropriate recognition of FASD as a disability; eliminate stigma, provide education and training and carry out research and evaluation.

3. Canada

A national research group CanFASD grew out of continuing government alliance of the four western provinces and three territories in Canada called the Canada Northwest FASD Partnership (CNFASDP). The Partnership has been working together since 1998 towards generating, supporting and stimulating research on FASD in Canada to inform policy and practice to improve outcomes for individuals with FASD and for the prevention of FASD. After eight years of increasingly successful and high profile operation, CanFASD became a national charitable organization.

4. New Zealand

A cross-departmental group in New Zealand is responsible for delivering a national FASD Action Plan. The Ministry for Children, the Department of Corrections, the New Zealand Police and the Ministry of Justice are all key contributors to the FASD Plan because a significant proportion of their clients are affected by FASD. An FASD Cross-Agency Governance Group provides strategic oversight and governance to support a collaborative approach to implementing the Action Plan.