



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 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.

We are very pleased to contribute to the European Union Commission's call for evidence on the forthcoming Commission Communication on a comprehensive approach to mental health.

Summary

Alcohol has a significant impact on mental health. Any comprehensive approach to addressing mental health needs must include specific actions around alcohol which are integrated across the plan.

The World Health Organisation (WHO) in its [Global Alcohol Action Plan 2022-2030](#), makes clear that reducing alcohol use on a population wide basis is an important strategy to improving mental health. The plan calls for inter-agency working mechanisms on reducing the harmful use of alcohol, including those established for mental health, non-communicable diseases and health promotion. The WHO policy 'best buys' to reduce alcohol use as indicated in the Plan are controls on pricing, marketing and availability. Actions at EU level to improve mental health should also include strong actions around reducing alcohol use across the whole of population as recommended by the WHO.

We urge that the European Commission's proposed initiative includes:

- Alcohol use reduction strategies across the whole of population
- An integrated approach to alcohol services and mental health which is person-centred, rights based and trauma-informed.
- Recognition of Adverse Childhood Experiences as predictors of future mental health needs and a suite of preventative measures to mitigate ACEs.
- A psychosocial approach to addressing mental health, recognising the social determinants of poverty, housing, discrimination and other [adverse community](#) and family experiences that can cause mental health problems.
- Mental health systems and services that align with international human rights standards.

Alcohol use reduction as a goal to improve mental health

[Per capita alcohol consumption in the WHO European Region](#), including the European Union (EU), is the highest in the world, which results in proportionally higher levels of burden of disease attributable to alcohol use compared to other regions. In Ireland almost [15% of the population](#) has an Alcohol Use Disorder corresponding to approximately 600,000 people, 90,000 of whom have a severe disorder. Given the scale of the problem it is clear that population wide measures need to be taken to reduce alcohol use. The World Health Organisation (WHO) in its [Global Alcohol Action Plan 2022-2030](#), makes clear that reducing alcohol use on a population wide basis is an important strategy to improving mental health. The Plan calls for inter-agency working mechanisms on reducing the harmful use of alcohol, including those established for mental health, non-communicable diseases and health promotion. The WHO policy 'best buys' to reduce alcohol use as indicated in the Plan are controls on pricing, marketing and availability. Actions at EU level to improve mental health should also include strong actions around reducing alcohol use across the whole of population as recommended by the WHO.

Alcohol and Mental Health

There is considerable overlap between alcohol harm and issues around mental health. For example, alcohol is a depressant that has been shown to exacerbate feelings of [depression and anxiety](#). [Research shows](#) that many people drink alcohol in a belief that it may help them overcome difficult emotions or situations. However, [using alcohol to cope](#) with [trauma](#) or feelings of loneliness, depression and anxiety may increase a person's risk of developing alcohol dependence, as well as other long-term health and social harms associated with heavy alcohol consumption.

According to the US organisation [SAMSHA](#), trauma is an almost universal experience of people with mental and substance use disorders. Early traumatic experience may increase risk of substance use disorders because of attempts to self-medicate or to dampen mood symptoms associated with a dysregulated biological stress response.

A growing body of evidence now makes clear that it is critical to address trauma as part of substance abuse treatment and that "[misidentified or misdiagnosed trauma-related symptoms](#) interfere with help seeking, hamper engagement in treatment, leads to early dropout, and make relapse more likely."

Addiction rarely exists where there is no underlying emotional pain and evidence now makes it clear that it is [critical to address trauma](#) as part of substance abuse treatment and that "misidentified or misdiagnosed trauma-related symptoms interfere with help seeking, hamper engagement in treatment, leads to early dropout, and make relapse more likely."

The presentation of co-occurring problems (sometimes called dual diagnosis) is now considered to be more the [norm than the exception](#). This presents many challenges for health care

professionals and services, is difficult to treat and also has poorer outcomes such as increased risk of suicide and self-harm, higher rates of hospitalisation and longer duration of admission.

In a [survey](#) of alcohol treatment services in Ireland carried out by AAI in 2021, almost all of the services AAI interviewed spoke about the unmet mental health needs they see in people coming to their services, including anxiety, depression and other serious mental health problems. Given that treatment for dependency issues is now seen as a health need, and given the very clear overlap between problem alcohol use and mental health problems, we urge that the European Commission's proposed initiative for a comprehensive approach to mental health calls for integrated care for people with alcohol and other substance use problems.

Based on best practice evidence, AAI contends that mental health -and indeed addiction treatment services – take a '[no wrong door](#)' approach to this issue and provide trauma-informed services for people with both mental health and alcohol-related problems.

Brain health and alcohol

Alcohol also has a [significant impact on the brain](#) which can have particular implications around mental health. These include deficits in executive functioning such as abstract reasoning, inhibitory control and working memory. Alcohol use can lead to lifelong brain damage and is a major risk factor for all types of dementia, especially early-onset dementia. Recent [research](#) has found that negative associations between alcohol intake and brain macrostructure and microstructure are already apparent in individuals consuming an average of only one to two daily alcohol units, and become stronger as alcohol intake increases.

Fetal Alcohol Spectrum Disorder – FASD

Fetal alcohol spectrum disorder (FASD) is a lifelong irreversible neurodevelopmental condition caused by alcohol exposure in utero. It is associated with lifelong physical, mental, educational, social, and behavioural difficulties, and is the leading preventable cause of neurodevelopment disorder. In Ireland, the prevalence of FASD in Ireland is estimated at 2.8-7.4% of the population. Timely diagnosis and treatment for children with FASD is required not only to improve children's outcomes, but also to prevent future cases given that FASD can be intergenerational and is entirely preventable.

Many children and young people with FASD also experience [significant related issues](#). Mental health problems are seen [in over 90 per cent of individuals with FASD](#), compared to 20 per cent of the general population. Depression and anxiety are among the most common. One study showed that depression [affected 45-50 per cent](#) of a small group of individuals with FASD; another study showed anxiety to impact [20-40 per cent](#).

Parental problem alcohol use

Another significant area relates to parental problem alcohol use. This Adverse Childhood Experience affects at least 1 in 6 children in Ireland. Such children often also live with a parent

who has a mental health problem. The legacy of such trauma can last a lifetime and can have significant impacts on mental, emotional and physical health. For example, a UK [survey](#) carried out by the National Association for Children of Alcoholics (Nacoa) investigating the problems of people who grew up with alcohol dependent parents 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.

This is a very hidden area of alcohol harm with the child often not coming to the attention of services as an individual in need of support in their own right regardless of whether the parent is receiving treatment.

Prevention and Early Intervention

Adverse Childhood Experiences are known predictors of future mental health problems, either in teenage years and into adulthood. Research shows that ACEs can greatly increase the likelihood of mental health problems and that preventing and mitigating ACEs is a cost-effective strategy in preventing mental health needs across the population. ACEs [cost Europe](#) an estimated US\$581 billion annually. The effect of ACEs on mental health and adoption of health-harming behaviours – such as alcohol use or drug use or smoking, are proven, and costly.

The childhood years, from the prenatal period to late adolescence, are “building block” years that help set the stage for adult relationships, behaviours, health, and social outcomes.

By ensuring that an understanding of ACEs and early childhood development is highlighted in the proposed framework, and working to create trauma-informed mental health systems and societies, mental health need will be prevented and mitigated.

Services and Systems

Alcohol Action Ireland believes that mental health services and systems including alcohol treatment services must be person-centered and human rights-based, in line with the World Health Organisation’s recommendations in its report and technical packages: [WHO Guidance](#) on community mental health services: Promoting person-centred and rights-based approaches, and in keeping with international obligations such as the Convention on the Rights of Persons with Disabilities.

In Ireland, as in many other countries, due to legacy issues such as legislation that allows people to be detained and coerced and mental health system’s predominant focus on a biomedical model of care, mental health systems are a long way from protecting human rights and providing person-centred care.

This is not just a problem in Ireland, but globally. As the WHO has pointed out:

“To date, few countries have established the policy and legislative frameworks necessary to meet the far-reaching changes required by the international human rights framework. In many

cases, existing policies and laws perpetuate institutional-based care, isolation as well as coercive – and harmful – treatment practices.”

To support countries in their efforts to align mental health systems and services delivery with international human rights standards, the WHO has provided a ready-made framework that promotes person-centred, recovery- oriented and rights-based health services. It provides real-world examples of good practices in mental health services in diverse contexts worldwide and describes the linkages needed with housing, education, employment and social protection sectors, to ensure that people with mental health conditions are included in the community and are able to lead full and meaningful lives.

This approach is also in line with calls from the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, who has said:

“Mental health services suffer from an excessive focus on outdated approaches through which the majority of resources are allocated to individual treatment for diagnosed mental health conditions, including psychotropic medications and institutional care. This global imbalance continues to reinforce an equity, evidence and implementation gap.”

However, despite the WHO’s report and the UN Rapporteurs comments, very little changes have occurred in domestic arenas.

This is why strong action and guidance at EU level is important and could help to bring about the radical shift that is required to achieve mental health services that are person-centred, recovery-oriented and have a rights-based approach.

The EU approach should recognise that mental health deeply affects the health and well-being of individuals and has profound implications for the economy and social cohesion. Systems that can help promote good mental health and prevent, mitigate and respond to mental health challenges are required.

Countries must be encouraged to focus beyond the biomedical model to also include a more holistic approach that considers all aspects of a person’s life.

Developing and transforming mental health systems and services to align with international human rights standards is imperative. A strong EU position on how countries should create an effective policy framework based on the WHO model would be welcome and timely in what is an ever-urgent but often ignored topic in government circles.