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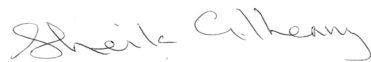
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Alcohol Action Ireland: Response to call for submissions regarding the EU strategy on the rights of the child (2021-24)

To whom it may concern:

Alcohol Action Ireland (AAI) is the national independent advocate for reducing alcohol harm. We welcome the opportunity to respond to this consultation regarding the EU strategy on the rights of the child (2021-24)

Yours sincerely



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1. Introduction

Alcohol Action Ireland (AAI) is the national independent advocate for reducing alcohol harm. We welcome the opportunity to respond to this consultation. The EU strategy on children's rights will provide a future framework for EU action to better promote and protect children's rights.

Alcohol causes huge harm to children and these harms are an infringement on their rights, namely - their right to be protected from harm, to achieve the highest attainable standard of physical and mental health and to an adequate standard of living for physical, mental and social development.¹ According to the World Health Organisation the European Union is the heaviest drinking region in the world with over one fifth of the European population aged 15 years and above reporting heavy episodic drinking at least once a week.² Such a level of consumption has a significant impact on children.

Given the threat that alcohol poses to children's rights, as outlined in this submission, AAI believes that the promotion of a childhood free from alcohol harm should be a key component of the EU strategy on the rights of the child. This means children should be free from the impact of other people's drinking, be it at home or in public spaces. They should also be free from social and commercial pressures to begin drinking.

In order to achieve this, the EU's strategy on children's rights should contain measures to protect children in their developing environment from the impact of alcohol related harms including increasing the capacity to respond to the issue of parental alcohol misuse, and developing policies around the marketing, sale and consumption of alcohol.³

¹ UN convention on the rights of the child: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

² <https://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/data-and-statistics>

³ See the AAI strategic plan for more information on a childhood free from alcohol harm: https://alcoholireland.ie/download/publications/21155_AAI_Strategic_Plan_v6_web%25E2%2580%25A2.pdf

2. EU law promotes and protects the child's right to be heard.

AAI believes that hearing children's voices in relation to alcohol harm is an important part of the pathway forward. By consulting with young people and asking – what does a childhood free from alcohol look like⁴, we can better understand what needs to be achieved to fulfil our children's rights obligations.

3. Re: The rights of the most vulnerable children

Every child has a right to the highest attainable standard of physical and mental health and to an adequate standard of living for physical, mental and social development. Children have the right to be protected from harm, to develop fully and to participate in decisions affecting their wellbeing.⁵

These rights infer that every child has the right to a childhood free from alcohol harm, or as stated by the World Health Organisation: all children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.⁶

The impact of alcohol on children can have life-long implications,⁷ and children experience harm from alcohol in multiple ways, including: Exposure to alcohol during pregnancy⁸; growing up in families where there is parental alcohol misuse⁹; exposure to risk

⁴ In Scotland, a consultation with young people on this matter yielded powerful results with children stating that an alcohol-free childhood would not only make life healthier, happier and safer for children, it would also improve adults' lives and children's relationships with adults. The young people consulted also talked about feeling 'unsafe' and 'ignored' and generated a number of valuable insights into where children see alcohol marketing as well as describing how drinking impacts play and relationships with adults. See <https://www.childrensparliament.org.uk/our-work/alcohol-free-childhood-consultation/>

⁵ See UN convention on the rights of the child: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

⁶ Framework for alcohol policy in the WHO European Region, http://www.euro.who.int/_data/assets/pdf_file/0007/79396/E88335.pdf

⁷ Felitti, 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.

⁸ See:

Expert evidence in fetal alcohol spectrum disorder cases

Ethics, Medicine and Public Health, Volume 2, Issue 1, 2016, pp. 59-73

Vall O, Salat-Battle J, Garcia-Algar O

Alcohol consumption during pregnancy and adverse neurodevelopmental outcomes

J Epidemiol Community Health 2015;69:927-929.

on the streets from others who are engaged in high-risk alcohol consumption; being introduced to alcohol at an early age.

Growing up in a home with parental alcohol misuse has been recognised internationally as an adverse childhood experience for over 20 years.¹⁰

In the European Union, at least 9 million children grow up with parents who have alcohol problems – but not all EU countries collect data so this is an underestimation of how many young people are affected,¹¹ and across Europe, 16% of all cases of child abuse and neglect are alcohol-related.¹²

An extremely robust and consistent body of evidence strongly links childhood adversity to negative outcomes across the lifespan including, mental health problems, addiction, antisocial behaviour, low educational achievement, relationship problems, self-harm and suicide, physical ill-health, and early death.¹³

The ‘Alcohol harm paradox’ research tells us that those who live in deprived communities have higher levels of alcohol-related ill health than people in non-deprived communities, despite drinking the same amounts of alcohol.¹⁴

This is not least because of social and physical environments.

For example, it has been shown that increases in alcohol availability locally (especially via on-premise density) is associated with increases not only in consumption, but also in

⁹ Children affected by Parental Alcohol Problems (ChAPAPs) A report on the research, policy, practice and service development relating to ChAPAPs across Europe. Available at: <https://www.drugsandalcohol.ie/13863/1/2010report-on-the-research-policy-practice-and-service-development-relating-to-chapaps-across-europe1%5B1%5D.pdf>

¹⁰ Felitti, 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

¹¹ <https://movendi.ngo/wp-content/uploads/2020/02/Alcohol-and-SDGs-Movendi.pdf>

¹² <https://movendi.ngo/wp-content/uploads/2020/02/Alcohol-and-SDGs-Movendi.pdf>

¹³ Felitti, 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

¹⁴ Krieger N. Why epidemiologists cannot afford to ignore poverty. *Epidemiology* 2007; 18: 658–63. 7 Livingston M, Chikritzhs T, Room R.

alcohol-related harm. Furthermore, alcohol outlet density and alcohol harm correlate positively with neighbourhood deprivation.¹⁵

Given this evidence, it is more important than ever for a strong commitment across the EU to commit to adopting the WHO's alcohol policy 'best buys'¹⁶ such as enacting and enforcing bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media) and enacting and enforcing restrictions on the physical availability of retailed alcohol (via reduced hours of sale). Furthermore, given the health harms associated with alcohol, and in particular FASD, there should be EU-wide health warnings on alcohol products in relation to pregnancy and the potential harm to unborn children.¹⁷

As highlighted by a comprehensive report on children living with parental alcohol misuse across Europe,¹⁸ a lack of data and a lack of recognition of the issue is a barrier to supporting such children. State parties should be obligated to collate data in relation to alcohol harm and young people. As the Children affected by Parental Alcohol Problems (ChAPAPs)¹⁹ report notes, where drugs are involved, very often the data is collected, but not with alcohol. This must be rectified without delay.

4. Re Children's rights in the digital age

Alcohol is one of the most heavily marketed products on our shelves and young people are an important market for the alcohol industry. Comprehensive research now clearly tells us that alcohol marketing including advertising, sponsorship and other forms of promotion,

¹⁵ Changing the density of alcohol outlets to reduce alcohol-related problems. *Drug Alcohol Rev* 2007; 26: 557–66.

Romley JA, Cohen D, Ringel J, Sturm R. Alcohol and environmental justice: the density of liquor stores and bars in urban neighborhoods in the United States. *J Stud Alcohol Drugs* 2007; 68: 48–55.

Berke EM, Tanski SE, Demidenko E, Alford-Teaster J, Shi X, Sargent JD. Alcohol retail density and demographic predictors of health disparities: a geographic analysis. *Am J Public Health* 2010; 100: 1967–71.

¹⁶ https://www.who.int/ncds/management/WHO_Appendix_BestBuys_LS.pdf

¹⁷ See: Critchlow, N., Jones, D., Moodie, C., MacKintosh, A. M., Fitzgerald, N., Hooper, L., ... & Vohra, J. (2019). Awareness of product-related information, health messages and warnings on alcohol packaging among adolescents: a cross-sectional survey in the United Kingdom. *Journal of Public Health* Available:

<https://academic.oup.com/jpubhealth/advancearticle/doi/10.1093/pubmed/fdz080/5536115>

Dumas, A., Toutain, S., Hill, C., & Simmat-Durand, L. (2018). Warning about drinking during pregnancy: lessons from the French experience. *Reproductive health*, 15(1), 20. Available: <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-018-0467-x>

MacKinnon, D. P., Nohre, L., Cheong, J., Stacy, A. W., & Pentz, M. A. (2001). Longitudinal relationship between the alcohol warning label and alcohol consumption. *Journal of Studies on Alcohol*, 62(2), 221–227. Available:

<https://www.jsad.com/doi/abs/10.15288/jsa.2001.62.221>

¹⁸ Children affected by Parental Alcohol Problems (ChAPAPs) A report on the research, policy, practice and service development relating to ChAPAPs across Europe. Available at:

<https://www.drugsandalcohol.ie/13863/1/2010report-on-the-research-policy-practice-and-service-development-relating-to-chapaps-across-europe1%5B1%5D.pdf>

¹⁹ Children affected by Parental Alcohol Problems (ChAPAPs) A report on the research, policy, practice and service development relating to ChAPAPs across Europe. Available at:

<https://www.drugsandalcohol.ie/13863/1/2010report-on-the-research-policy-practice-and-service-development-relating-to-chapaps-across-europe1%5B1%5D.pdf>

increases the likelihood that adolescents will start to use alcohol, and to drink more if they are already using alcohol.²⁰ In short, children, and younger people, navigate a tsunami of alcohol promotion every day that ensures messages about drinking are increasingly normalised.

A 2020 WHO report found that alcohol marketing is adapting to new realities faster than current legal regulations across the region, with industry using opportunities offered by digital platforms to sell their products in a largely unregulated market.²¹ AAI strongly believes that cooperation is required across jurisdictions in order to regulate this area, and as the WHO has stated, “increased awareness of the extensive challenges posed by online marketing, and political commitment to deal with them, are needed more than ever.”²²

EU countries must ensure children’s digital rights are promoted and upheld by recommending that states develop appropriate independent institutions monitor children’s rights in the digital environment. Such a watchdog body should have legislative powers and the backing of government to take action where required.

Another novel suggestion as set out in comprehensive WHO/UNICEF paper²³ on the future of the world’s children, in order to protect children from commercial marketing and targeting of children by unhealthy products such as alcohol, tobacco, e-cigarettes, gambling products, an Optional Protocol should be added to the CRC to prohibit or regulate marketing to young people.

As the paper states: “Given the cross-border effects of commercial marketing, including through the internet and social media, and the multisectoral nature of the threat and needed response, an Optional Protocol to the CRC adopted by the UN General Assembly

²⁰ Scientific Opinion of the Science Group of the European Alcohol and Health Forum (2009) Does marketing communication impact on the volume and patterns of consumption of alcoholic beverages, especially by young people? – a review of the longitudinal studies Anderson; P. et al (2009) Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies. Alcohol and Alcoholism, pp.1-15, 2009; Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies, <https://www.ncbi.nlm.nih.gov/pubmed/19144976>; The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies, <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-9-51>.

²¹ <https://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2020/alcohol-marketing-in-the-who-european-region-update-report-on-the-evidence-and-recommended-policy-actions-july-2020>

²² <https://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/news/news/2020/07/lack-of-regulation-leaves-door-open-to-harmful-digital-marketing-of-alcohol>

²³ <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2932540-1>

could address the transnational elements of the problem and simultaneously drive national action for legal protection.”²⁴

5. Re: the prevention of and fight against violence

Research has established the links between exposure to domestic violence, various forms of child abuse and the associated adverse impacts for children and young people. Research has also established the links between parental alcohol misuse and domestic violence, and indeed as a Europe-wide report highlighted, problem parental alcohol use is a significant ACE in its own right and is also considered a gateway to other ACEs such as child abuse and domestic violence, and indeed to parental separation.²⁵

The EU strategy must urge state parties to recognise the effects of trauma that some young people are experiencing in their homes and to respond accordingly.

Services that work with young people must capture a picture of the individual child's experience, and responsive to their individual needs²⁶ and services working with children and families – including educational and criminal justice services – should be incentivised to become trauma-informed.

There is emerging evidence that investments in trauma-focused services and systems can be recouped through reduced health care costs in as little as one year.²⁷

6. Re: the promotion of child-friendly justice.

²⁴ <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2932540-1>

²⁵ See: Children affected by Parental Alcohol Problems (ChAPAPs) A report on the research, policy, practice and service development relating to ChAPAPs across Europe. An ENCARE 5 Project funded by the European Union. A key finding of this report was that many studies across Europe identify child maltreatment and domestic violence as common outcomes of parental alcohol problems. Available at: <https://www.drugsandalcohol.ie/13863/1/2010report-on-the-research-policy-practice-and-service-development-relating-to-chapaps-across-europe1%5B1%5D.pdf> See also:

<https://www.sciencedirect.com/science/article/abs/pii/S0145213401002939> and <https://www.breakingthecycles.com/blog/2020/03/11/a-parents-drinking-a-childs-adverse-childhood-experiences/>

²⁶ <https://www.sciencedirect.com/science/article/abs/pii/S0145213408001348>

²⁷ Greer, D., Grasso, D. J., Cohen, A., & Webb, C. (2013). Trauma-Focused Treatment in a State System of Care: Is It Worth the Cost? *Adm Policy Ment Health*. doi:10.1007/s10488-013-0468-6.

10. Yoe, J. T., Goan, S., & Hornby, H. (2012). THRIVE: Maine's trauma-informed system of care. Final evaluation report. Portland, ME: Maine Department of Health and Human Services.

Traumatised young people and their families may come into contact with the justice systems for a myriad of reasons – i.e. family matters such as divorce or adoption, immigration issues or in criminal justice as victims, witnesses or perpetrators of crimes.

When children do come into contact with the justice system, it must be ensured that they are treated as such and protected accordingly.

Young people and their families should therefore be supported to navigate the judicial system, which 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. For example, judges – and all practitioners – should receive training to help them understand the impact of trauma on court participants, which can lead to more successful interactions and outcomes.²⁸

²⁸ See: https://www.nasmhpd.org/sites/default/files/DRAFT_Essential_Components_of_Trauma_Informed_Judicial_Practice.pdf