



**AlcoholAction**  
Ireland

**Public Consultation on Government  
Policy Framework for Children  
and Young People in Ireland**

**Feb 2022**

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 effective advocacy, campaigning and policy research.

Our work involves providing information on alcohol-related issues, creating an understanding of alcohol-related harm and offering public policy solutions with the potential to reduce that harm, with an emphasis on the implementation of Ireland's Public Health (Alcohol) Act, 2018.

Our overarching goal is to achieve a society free from alcohol harm.

Dr Sheila Gilheany  
Alcohol Action Ireland  
Coleraine House  
Coleraine Street  
Dublin, D07 E8XF

Tel +353 1 878 0610 [admin@alcoholactionireland.ie](mailto:admin@alcoholactionireland.ie): [alcoholireland.ie](http://alcoholireland.ie)

Alcohol Action Ireland Directors: Prof Frank Murray. (Chair), Prof Joe Barry, Catherine Brogan, Pat Cahill, James Doorley, Michael Foy, Dr Mary O'Mahony, Dr Colin O'Driscoll, Dr Bobby Smyth, Tadhg Young.

Patron Prof. Geoffrey Shannon

Alcohol Action Ireland is a registered Irish Charity. Registered Charity Number: 20052713 Company No: 378738. CHY: 15342.

This submission has been informed by the expertise and lived experience of Alcohol Action Ireland's initiative, Silent Voices (SV), which seeks to raise awareness of the issues of parental problem alcohol use.

Alcohol Action Ireland and Silent Voices believes that all young people are entitled to an alcohol-free childhood, and that protecting children from alcohol harm is not just a public health issue but a human rights one.

This is because young people's lives are exposed to alcohol harm in so many ways.

For example:

- 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.
- In Ireland, an estimated 1 in 6 young people are impacted by parental problem alcohol use, an adverse childhood experience that can have lasting developmental impacts into adulthood.
- Every year in Ireland, over 50,000 children in Ireland start drinking. Starting to drink alcohol as a child, which is the norm rather than the exception in Ireland, is more likely to lead to heavy episodic drinking and is a known risk factor for later dependency.
- Irish people aged 18 to 24 have one of the highest rates of binge drinking in the European Union, a trajectory that begins, of course, in teenage years.

For all of these reasons, the next Government Policy Framework for Children and Young People in Ireland should have a goal of a childhood free from alcohol harm for all children and that the cross-governmental policies that are key to achieving this should be fully implemented.

## What can be done to ensure children and young people are achieving their full potential in school and all areas of learning and development?

Childhood adversity - or adverse childhood experiences (ACEs) are a reality for far too many children in Ireland. We know that at least 200,000 children in Ireland are living in homes impacted by alcohol harm; over 2,000 children are living in emergency homeless accommodation; one in five experience child sexual abuse.

Parental problem alcohol and drugs use is the core reason for a significant proportion of children coming into and remaining in care. Such traumatic experiences can have a serious impact on the development of children and young people and on them achieving their full potential. Schools are in a unique position to reach large numbers of the population and to interrupt the negative developmental trajectories associated with adverse experiences.

Trauma-informed practice in schools involves first learning about trauma and how it affects children's development, behaviours, learning, and relationships, and then intentionally creating an atmosphere that supports each student, creates a sense of safety and belonging, and nurtures compassion, healing and resilience.

While some work is going on in this regard around the country, AAI believes that a national framework should be developed to ensure all schools become trauma-informed. A science-informed mindset must guide how we interact with our young people.

Schools are also the place where children can learn about alcohol harm. A HSE resource, Know the Score, is to be rolled out for second level students. AAI believes this is too late for young people to learn about alcohol harm. Similar age-appropriate material should be rolled out in national school, not only to teach young people about alcohol harm to their own health, but also about wider harms such as parental problem alcohol use, alcohol marketing, online targeting of young people and sports sponsorship.

## What can be done to ensure children and young people are safe and protected?

Most children feel safe and protected within their own families. Therefore, it is the children who don't - those experiencing domestic abuse, parental problem substance use and other family life issues, where the focus must be in this regard. We believe that making all front-line services that deal with children and families trauma-informed would be hugely beneficial. For example, if all frontline services dealing with vulnerable children and adults were trauma-informed, it would be in-built into the service to identify other issues at play and to ensure that the correct referral is made. Recognising children in their own right would ensure that the harm they are experiencing is dealt with appropriately and in a timely fashion.

The wider public must also be informed. Public information campaigns that highlight the damage domestic abuse or other issues in the home can cause a child would assist to educate parents and professionals and society at large about the lasting damage that ACEs can cause to the developing child.

A practical example of a prevention and intervention initiative that would help children feel safe is Operation Encompass, an early warning system that helps children, who are part of a call to a domestic abuse incident, feel safe. Operation Encompass is a programme developed and implemented across England and Wales and most recently in Northern Ireland. If there is an incident in a child's home, information would be shared by the Gardai with a school's designated liaison person/key adult prior to the start of the next school day. This would ensure that delivery of immediate and appropriate assistance is given, depending on the needs and wishes of the child. It also puts the child on the radar of an adult.

Access to services such as a dedicated helpline is invaluable for children. We know from the ISPCC that problems around alcohol in the home are often an underlying issue in the calls to Childline. In the UK, the National Association of Children of Alcoholics, NACOA, have a dedicated service for children and they have reported that they receive a significant number of calls from children in Ireland. A similar helpline in Ireland would both provide an important service and also raise awareness about the issue in a wider context.

## What can be done to ensure that children and young people in Ireland are free from poverty, disadvantage and social exclusion?

AAI believes that Ireland must begin to take a public health approach to ending childhood adversity, making this a whole of government goal and prioritising prevention and early intervention in those with precarious family situations.

As experts in this field have restated recently, the economic impact of adult diseases associated with early adversities makes a strong case for increased use of government funds for a range of services that reduce excessive stress activation in young children.

Governments such as those in Scotland and Wales are already doing this, so Ireland is lagging behind in ensuring healthy and prosperous life courses for all of our children.

National policy that is responsive to the existing, emerging and changing needs of children and families requires dual focus. It needs to support recovery from the most significant impacts of the pandemic, while simultaneously retaining ambition for children's futures in the face of significant social and economic challenges.

To realise this, a whole-of-government approach is needed to designate departmental responsibilities, mobilise resources and ensure political commitment and leadership. This work could start with a national ACE study. Childhood adversity is so common and the effects so devastating, it is now considered a global public health epidemic. Once we measure it, we can then determine how best to manage it.

Not doing so means there are and will be serious financial costs for the exchequer associated with ACEs 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.

## What can be done to ensure children and young people are respected and able to contribute to their world?

Children in Ireland experience harm from alcohol in so many ways including exposure to alcohol during pregnancy; exposure to alcohol marketing, being introduced to alcohol at an early age - and being brought up in families where there is parental problem alcohol use.

An estimated 1 in 6 young people are impacted by parental problem alcohol use, an adverse childhood experience that can have lasting impacts into adulthood. This translates into 200,000 children and 400,000 adult children dealing with issues caused by alcohol harm in the home right now in Ireland. This has many consequences, from the everyday traumas right up to children being neglected and abused in all its forms.

Given the scale of this problem as outlined above, AAI believes it is incumbent on us to hear from young people living with problematic alcohol use in the home.

As a Barnardos/Tusla guidance on this issue points out, parental alcohol problems can act as a drain on parenting and therefore have the potential to hurt and damage children living with it. The research is clear that children have considerable knowledge about parental alcohol use from an early age and are much more aware and worried about the impact of problem use of alcohol than the parent might think.

All children and young people have a right to be heard in all matters affecting them, but there is also an onus - as pointed out by a Barnardos/DCYA resource - to hear the voices of seldom-heard children - this includes children living with mental health issues; living with parental addiction and/or living with strained family relationships. AAI would like to see more action on the government's commitment to listening to seldom heard children and how serious issues affect their lives.

## What could be done to respond to the impact of Covid-19 on children and young people?

It has been well documented that young people's mental health and well-being was affected during COVID-19 lockdowns and that children from disadvantaged backgrounds in particular lost out in terms of education and social connections.

AAI believes that children, more than ever, need supports to ensure their emotional wellbeing is looked after. Last year, the Joint Oireachtas Education Committee's reports on Covid response (January 2021), and mental health and school bullying (August 2021), made a recommendation to the Minister for Education and Skills that emotional counselling and therapeutic supports be provided in all primary and secondary schools as an 'urgent priority'. Yet nothing has happened to action this call – again reiterated recently by the National Parents Council Primary and St Patrick's Mental Health Services. It is this kind of delay and inaction that further impacts young people and society. If we are to hold special committees and develop national policies, government must take action based on the evidence and recommendations.

Studies have shown that children involved in organized recreational activities are less likely to become involved in antisocial behaviour and/or become socially isolated. Alcohol Action have previously proposed in its Pre-Budget submission, the establishment of an annual €200 'Youth Recreational Activities' allowance that would allow young people to participate in an organised sport, music, art, dance and other activities would help to offset teenage drinking. This initiative, assuming a 70-80% take-up, has a Projected Annual Cost of €50m. This could be funded by a social responsibility levy on the alcohol industry.



What top priorities should the new policy framework focus on, to improve the lives of children and young people by 2028?

### 1. Make childhood wellbeing a public health issue

We must put the evidence and science of childhood development at the centre of everything we do and connect the brain to the rest of the body. The childhood years, from the prenatal period to late adolescence, are the “building block” years that help set the stage for adult relationships, behaviors, health, and social outcomes. A large and growing body of research indicates that toxic stress during childhood can harm the most basic levels of the nervous, endocrine, and immune systems, and changes to the brain from toxic stress can affect such things as attention, impulsive behavior, decision-making, learning, emotion, and response to stress. It is also likely to contribute to early alcohol use – something which is particularly risky to the adolescent brain and in itself is a risk factor for alcohol dependency problems.

Given the weight of evidence on the human and financial costs associated with childhood adversity, Ireland’s progress on translating research into policy has been far too slow. At present, no policy exists in Ireland that explicitly addresses childhood adversity or offers guidance for organisations on responding to the needs of children exposed to adversity and trauma. This is short sighted in terms of both the personal and wider societal costs.

A trauma informed approach for all services including education, health, social services is essential.

## 2. Greater investment in mental health services for children and young people within the community, early years services and schools.

Alcohol has a significant impact on mental health, both for those using alcohol and those around them such as the children of parents with an alcohol problem. Ireland is lagging behind the World Health Organisation's (WHO) recommendation that a minimum of 12% of a country's health budget should be ring-fenced for mental health – in 2020, our total spend on mental health was just 5.1% of total health expenditure. In order to meet growing mental health demands, Ireland needs to recruit enough child and adolescent psychologists and other professionals who can provide non-medical interventions such as evidence-based models of intervention including Systemic Psychotherapy, Non-Violent Resistance, Dialectical Behaviour Therapy (DBT), Cognitive Behavioural Therapy (CBT) and Family Based Treatments of Eating Disorders, for example.

The great need for adequate children's mental health support has been laid bare in recent weeks with the Child and Adolescent Mental Health Services Kerry situation.

As noted by the Irish Association of Social Workers, we need systemic change to ensure every young person who seeks support with mental health issues receives appropriate therapeutic input. We cannot let this opportunity for reform be half-hearted.

Child and Adolescent Mental Health Services must be fully funded and resourced with multi-disciplinary team (MDT) staff – including social workers – providing the full range of talk therapies as well as other interventions.

As noted throughout this submission, schools are an excellent place where children's mental health can be caught early and dealt with. We need our teachers to be trauma informed to recognise problems when they arise and we need them to be able to access counsellors or therapeutic interventions in a timely fashion when the need arises. This requires training for teachers and mental health resources outside of the NEPS (National Education Psychology Service) and guidance counsellors, both of which have very specific roles and functions.

### 3. Data

There is a need for timely and better data collection across many state agencies and bodies that should be collated nationally so that services that work with children can be better informed about their needs and so that a multi-agency approach to services and supports be taken.

AAI welcomes the announcement of the capacity development of Tusla's National Child Care Information System (NCCIS). Given the significant impact of alcohol harm in Ireland on children and families it is important that this system includes systematic collation of data around alcohol.

The new national mental health policy Sharing the Vision states that: "special consideration will be given to the provision of additional supports for children who have been exposed to Adverse Childhood Experiences (ACEs) such as domestic violence, alcohol or drug abuse, mental health difficulties and bereavement." We need to measure all of these things if we are to provide supports for young people in need of support.

Gathering holistic data on the adversities that children face is imperative if we are to have a policy foundation and services that fully acknowledge – and respond to - the impact of the toxic stress and trauma of parental problem alcohol use on the health and well-being of our children.

### 4. Implement current legislation and national policy

AAI strongly believes that children should have a childhood free from alcohol harm – i.e. to protect children in their developing environment from the impact of alcohol related harms including raising awareness of parental problem alcohol use and the targeted marketing, sale and risk of use of alcohol.

Implementing the Public Health (Alcohol) Act 2018 (PHAA) in full would go some way to making progress on all of these issues. PHAA must be implemented and enforced without further delay.

National policy strategies must also be implemented. AAI welcomes the State's commitment to early years through the First 5 strategy and the funding dedicated to prevention and family support services. The full implementation of First 5 must be a core action in the next children and young people's strategy – and must come with ambitious targets and investment due to the pausing of good work during COVID19.

Actions in other policy strategies such as Reducing Harm, Supporting Recovery, A health-led response to drug and alcohol use in Ireland 2017-2025 and Sharing the Vision, the new national mental health policy Sharing the Vision must also be implemented.

Sharing the Vision states that: "special consideration will be given to the provision of additional supports for children who have been exposed to Adverse Childhood Experiences (ACEs) such as domestic violence, alcohol or drug abuse, mental health difficulties and bereavement. Prevention and early intervention are critical to the reduction of trauma associated with these early events, which can lead to difficulties later in adult life if not addressed at an early age." This is a very welcome statement. AAI would like to see concrete details in the next children's strategy about how this is being implemented.

Much of what AAI is recommending for the new strategy will require a co-ordinated approach across government. This is essential if Ireland is to achieve a childhood free from alcohol harm.