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Alcohol Action Ireland submission to the Department of Children, Equality, Disability, Integration and Youth regarding its Statement of Strategy for the period 2021-2023

SUMMARY

Alcohol Action Ireland recommends that the Department supports the concept that children have a childhood free from alcohol harm and that actions set out in its statement of strategy seek to tackle this issue wherever possible.

We call for the rapid enactment of the Public Health (Alcohol) Act 2018, which will help to protect children from alcohol harm through several public health measures including Minimum Unit Pricing of alcohol products and the introduction of restrictions around advertising of alcohol.

We recommend that the new national policy framework embraces the concept of trauma-informed services and seeks to positively address the issue of adverse childhood experiences (ACEs) and parental alcohol misuse through increased awareness and requisite supports.

We recommend that children should now be consulted in relation to an alcohol-free childhood.

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1.0 Introduction

Alcohol Action Ireland (AAI) welcomes the opportunity to contribute to the Department of Children, Equality, Disability, Integration and Youth, Statement of Strategy, 2021-2023.

AAI was established in 2003 and is the national independent advocate for reducing alcohol harm. We campaign to reduce the burden of alcohol harm to the individual, community and State, and have a strong track record in campaigning, advocacy, research and information provision.

Our work involves providing and highlighting 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 objective is to reduce alcohol use in Ireland, which is also Government policy and is a commitment of the Programme for Government, and the consequent health and social harms which alcohol causes in society.

2.0 A Childhood free from alcohol harm

A childhood free from alcohol harm is a key strategic objective of AAI. Our strategy sets out measures to support this concept – i.e. to protect children in their developing environment from the impact of alcohol related harms, including raising awareness of parental alcohol misuse, and developing policies around the marketing, sale and consumption of alcohol.¹

The negative impact of alcohol on children can have life-long consequences.² Children in Ireland experience harms from alcohol in many ways, including:

- Harmful exposure to alcohol during pregnancy
- Growing up in families where there is parental problem alcohol use
- Exposure to risk on the streets from others who are engaged in high-risk alcohol consumption
- Being introduced to alcohol at an early age

These are not only serious social and health issues but are an infringement of children's rights.³

¹ See AAI strategic plan: https://alcoholireland.ie/download/publications/21155_AAI_Strategic_Plan_v6_web%25E2%2580%25A2.pdf

² 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.

³ See UN convention on the rights of the child: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>; Framework for alcohol policy in the WHO European Region, http://www.euro.who.int/_data/assets/pdf_file/0007/79396/E88335.pdf. See also AAI blog: <https://alcoholireland.ie/just-widespread-pervasive-alcohol-childrens-lives/>

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 which affect their wellbeing.⁴

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.⁵

Every year in Ireland, 60,000 children initiate early alcohol use commence alcohol consumption, promising what the industry representatives refer to as a 'lifetime of income from responsible drinking'. Young people are an important market for the alcohol industry. Comprehensive research now clearly demonstrates that alcohol marketing including advertising, sports and cultural events sponsorship and other forms of promotion, increases the likelihood that adolescents will start to use alcohol, and to drink more if they are already using alcohol.⁶ Alcohol Action Ireland have assessed that approximately €150 million is spent on alcohol promotion in Ireland annually.

We are particularly concerned that alcohol companies are moving increasingly into marketing via social media. We are worried that beer brands seem to be making efforts to bypass promotion restriction on alcohol products, by aggressively promoting these same brands via 0.0% products.

The UNCRC is currently drafting a general comment on children's rights in relation to the digital environment. This means that Ireland will be obliged to implement policies and safeguards around the digital advertising⁷ of harmful commodities to children and the gathering of children's data for the purposes of profiling or targeted marketing.

Recommendations: AAI recommends that the Department supports the concept that children have a childhood free from alcohol harm and that actions set out in its statement of strategy seek to tackle this issue wherever possible.

AAI is calling for the rapid enactment in full of the Public Health (Alcohol) Act 2018, which will help to protect children from alcohol harm through a wide range of public health measures including Minimum Unit Pricing – increasing the cost of cheap strong alcohol to which their guardians, or indeed themselves may be attracted and the introduction of restrictions around advertising of alcohol.

⁴ See UN convention on the rights of the child: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

⁵ Framework for alcohol policy in the WHO European Region, http://www.euro.who.int/_data/assets/pdf_file/0007/79396/E88335.pdf

⁶ 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>.

⁷ AAI has previously carried in relation to this issue and has made submissions to consultation carried out by the Irish government:

3.0 A trauma-informed approach

Growing up in a home with parental alcohol misuse has been recognised internationally as an adverse childhood experience for over 20 years.⁸

In addition to being an ACE in itself, parental alcohol problems also greatly increase the likelihood of other ACEs, including neglect, physical abuse and witnessing domestic violence.

In Ireland, at least 1 in 6 young people suffer the impact of alcohol-related harms at home. Therefore, more than 200,000 children in Ireland are living with the traumatic circumstances of a childhood where parental problem alcohol use is a frequent event.⁹

A robust and consistent body of evidence strongly links childhood adversity to negative lifelong consequences including mental health problems, addiction, antisocial behaviour, low educational achievement, relationship problems, self-harm and suicide, physical ill-health, and early death.¹⁰

AAI believes that now is the time for the Department with responsibility for children to respond to this damning evidence by ensuring that 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 subsequent health care costs in as little as one year.¹¹

Early identification of children suffering from trauma and enhancing access to effective trauma-informed services can minimize the consequences of trauma exposure and promote healthy development. Together, these elements comprising “trauma-informed care”¹² have the potential to improve outcomes for all children and to dramatically reduce service and system utilization costs over longer periods of time.¹³

⁸ 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

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

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 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.

¹² For an overview of what trauma informed services and trauma informed workplaces mean and look like, see: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

¹³ Lang, J., Campbell, K., Vanderploeg, J. *Advancing Trauma-Informed Systems for Children*. Farmington, CT: Child Health and Development Institute of Connecticut. 2015.

Recommendations: AAI recommends that the national policy framework replacing Better Outcomes Brighter Futures, which comes to an end this year, embraces the concept of trauma-informed services and seeks to positively address the issue of ACEs and parental alcohol misuse through increased awareness and requisite supports.

More investment is required in prevention and early intervention services and awareness around parental problem alcohol use and its impact on young people 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.

At risk young people and their families should have access to innovative evidence-based programmes that meet their need and that there should be clear pathways to share information between state agencies and support services. An example of such a programme is Operation Encompass which operates in England and Wales and provides for timely sharing of information between police and schools in relation to children affected by domestic abuse.¹⁴

Adult treatment services should also receive training in order to be able to identify and support children of the adults in treatment. This will help to break the intergenerational cycle and trauma and addiction.

4.0 Hearing the voice of young people

AAI strongly supports the department's commitment to hearing the voice of the children and young people.¹⁵

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 consuming alcohol. Protecting children in this respect would ensure they are not affected by the health and social harms caused by alcohol.

AAI believes that children voices are hugely important in this story as it is their lives that are being affected.

Recommendation:

Young people were not consulted as part of the design of the Public Health Alcohol Act, which seeks to prevent alcohol harm to children. AAI believes that they should now be consulted in relation to an alcohol-free childhood. By consulting with young people and asking – 'what does a childhood free from alcohol look like', we can better understand what needs to be achieved to fulfil our children's rights obligations in this respect.

¹⁴ AAI recommends that a UK initiative, Operation Encompass, be introduced into Ireland to assist with early intervention into the lives of young people experiencing adverse childhood experiences such as domestic violence and parental alcohol misuse.

Read more about initiative here:<https://www.operationencompass.org/what-we-do>

¹⁵ National Strategy on the participation of children and young people in decision making 2015-2020