



CHILDHOOD MATTERS

- Alcohol and drug problems from a child rights perspective



CHILDHOOD MATTERS

– Alcohol and drug problems from a child rights perspective

Published by FORUT – Campaign for Development and Solidarity
This publication is a product of FORUT’s ADD programme; Alcohol, Drugs and Development.

Editors:
Dag Endal and Øystein Bakke
Language consultant: George Hacker

The text of this booklet derives from a working document developed during a two-year cyber-conference (2009-2011) among development NGOs from India, Nepal, Sri Lanka, Sierra Leone, Malawi and Norway.

Photos:
Eli Gunnvor Grønsdal (page 22),
Dreamstime.com (cover, page 3, 4, 8, 12, 14, 20, 22, 23 and 32), FORUT (page 10,18, 24 25, 26, 29 and 30),
MAMPA (page 19), istock.com (page 5)
Graphic design:
Ply Design og Kommunikasjon AS

ADD contacts:
Øystein Bakke, oystein.bakke@forut.no
Dag Endal,
dag.endal@forut.no

ADD web site:
www.add-resources.org
FORUT web site: www.forut.no

Printshop: Grøseth Trykk AS
2015 - September: 1.000 copies
ISBN 978-82-991435-9-2

© FORUT, Gjøvik, Norway,
September 2015.

Use of this material in other publications is specifically permitted. FORUT requests that such use be appropriately referenced with a citation to this document.

Document can be downloaded from
www.add-resources.org.

Contents

1. Substance use – a child rights issue.....	Page 6
2. Consequences from adults’ substance use	Page 9
3. Consequences from children’s substance use	Page 14
4. Consequences from pregnant mothers’ substance use	Page 16
5. Children and intoxicating substances	Page 17
6. What to do?	Page 24
7. Recommendations.....	Page 31
References	Page 34
FORUT publications	Page 35
Web sites with FASD information	Page 35





My father drinks a lot and misbehaves at home. He shouts, quarrels and beats us. He did not allow me to go to school. He is always asking for money from my mother, if she does not give him any, he insults and threatens her, using bad words. Many times, he suggested my mother to bring money by prostitution. One day he beat my younger sister and sent her out of house. She had to spend the whole night outside.

(Girl from a slum in Bangalore, India)

CHILDHOOD MATTERS

The short testimonial on the previous page by a young girl from Bangalore illuminates the reality that harm from substance use involves substantial negative effects to others beyond the individual user. The cascading effects of drug use or harmful drinking create serious consequences for families, friends, and society at large. In particular, millions of children globally suffer as innocent victims of adults' use of intoxicating substances, in western countries as well as in developing societies. Children experience a broad range of harm, including physical and sexual abuse or neglect and unpredictable and unprovoked incidents of violence, threats and verbal abuse. Such behaviours lead to a lack of feelings of security and trust in children. Many children develop a kind of "co-dependence" with the family member who suffers from alcohol or drug dependence in the sense that the children's lives are just as much dominated by the substance use as is the user's life. Unless addressed therapeutically, the consequences often last into adulthood.

Harm from substance use generally has a stronger negative impact in poor families than among those who are more affluent. Use of alcohol and drugs can be a staggeringly destabilizing factor in the daily hand-to-mouth economy of the most deprived families, diverting to substance use desperately needed resources from food and other basics, including children's education.

Millions of children around the world lose important opportunities and basic rights when family incomes disappear in bars and shebeens and when parents and other relatives behave irresponsibly under the influence of alcohol or drugs.

A substantial number of children and adolescents also suffer from their own use of drugs or alcohol. In some cultures the average age at which children begin drinking comes in the early teens, long before the body is fully developed, mentally and physically. Some marginalized, underprivileged and vulnerable children worldwide are at particularly high risk for early substance use. Those groups include street children, slum children, migrant children and the urban poor. Trafficked children and victims of war and other social conflicts are also known to be at higher risk. That risk includes the use of alcohol, legal and illegal drugs, and dangerous chemicals, such as solvents.

This booklet addresses children and substance use issues through FORUT's lens as a development NGO that has had substantial experience working in countries in Africa and Asia. The examples throughout the booklet are drawn mainly from those countries.



1. SUBSTANCE USE – A CHILD RIGHTS ISSUE

Given the enormous impact on the lives of young people, alcohol and drug use need greater recognition as significant child rights issues. According to the UN Convention on the Rights of the Child, children have the right to survive, to be protected from harm and exploitation, to develop fully and to participate in decisions affecting their well-being. In addition, they deserve respect, information, support and prevention services, and an opportunity to help determine how to attain a healthy future.. Unquestionably, many of these rights are routinely undermined by problems related to alcohol and drug use.

The UN Convention on the Rights of the Child

This Convention describes four clusters of rights, all of which are negatively affected by the use of intoxicating substances within families, society and among children: survival, to development, to protection, and the right to participate in life's choices.

Looking at the UN's child rights framework through the lens of alcohol and drug use provides a good starting point for enhanced efforts to protect children. Addressing the following issues helps further the vital discussion:

- Child Survival: How alcohol and drug use affects children's rights to life and survival.
- Child Development: How alcohol and drug use threatens children's rights to nutrition, health, education, family, social, cultural, and spiritual well-being.
- Child Protection: How alcohol and drug use contribute to abuse, neglect, discrimination, and other forms of harm and exploitation perpetuated against children within the family, at the work place, among peer groups, and in society at large.
- Child Participation: How children perceive alcohol and drug use by others and themselves; how they identify the critical issues, recognise potential escapes from their problems, define their own roles, and choose support mechanisms they require in order to be actively involved in addressing their situations.

The UN Convention envisions that signatory State Parties will have policies and procedures in place to allow children to express their views when necessary for the protection of their rights. That expectation reflects a view that children and adolescents are critical observers of their own condition and deserve to be participants in decisions concerning themselves and their lives. Young people need to participate in finding solutions to the problems they face.

Article 33 of the UN Convention on the Rights of the Child specifically addresses the protection of children from the scourge of substance use:

States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

Article 39 further states that *States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim... Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.*

In order to be most effective, State measures to implement articles 33 and 39 of the Convention ought to acknowledge that the most vulnerable narcotic abusers are often seriously troubled children who have dropped out of traditional social and education institutions.

A Child Rights perspective

Addressing the impact of substance use on children should be approached from a child rights perspective. That perspective includes the following components:

- Emphasize the right to self-determination of children. Ameliorating approaches should avoid moralistic, prescriptive, or charitable contexts. Problem drinkers and their families should not be stigmatized.
- Promote positive attitudes – empathy, protection, empowerment of children -- in relation to harmful drinking and drug use.
- Clarify how development initiatives and networks view and address alcohol, keeping in mind the cultural and social connotations. For example, delineate the distinction between alcohol use and harmful alcohol use among adults and stress that any alcohol use by children alcohol is considered harmful or abusive.
- Challenge the usefulness and validity of treatment and prevention approaches that attach a stigma to alcohol dependency.

- Present a holistic understanding of the issue, one which includes implications for and responsibilities of individuals, their communities, their children and their societies.

The bottom line is: Children have the right to respect, information, support services, preventive programs, assistance, and encouragement to realize their personal potentials.

The Committee on the Rights of the Child

The Committee on the Rights of the Child (CRC) is a body of 18 Independent experts that monitors implementation of the Convention on the Rights of the Child. One General comment (No. 16 form 2013) from the CRC addresses State obligations regarding the impact of the business sector on children's rights. It states that "all businesses must meet their responsibilities regarding children's rights and States must ensure they do so."

Regarding the Convention Article 6, The right to life, survival and development, the Committee comments about marketing to children:

"The marketing to children of products such as cigarettes and alcohol as well as foods and drinks high in saturated fats, trans-fatty acids, sugar, salt or additives can have a long-term impact on their health."

In its further discussion on the unhealthy products like alcohol the committee suggest that measures should "include preventive measures such as effective regulation and monitoring of advertising and marketing industries and the environmental impact of business."

International Recognition for the Need to Protect Children from Substance Abuse

The WHO Global Strategy to Reduce the Harmful Use of Alcohol (WHO, 2010), which was endorsed by the World Health Assembly in May 2010, also highlights the special relevance for protecting the rights of children. Although its major focus is to prioritize the promotion of population-based, public health measures to prevent and reduce the harmful use of alcohol, three of its eight guiding principles (article 12) relate to children and young people:

- e) Protection of populations at high risk of alcohol-attributable harm and those exposed to the effects of harmful drinking by others should be an integral part of policies addressing the harmful use of alcohol.*
- f) Individuals and families affected by the harmful use of alcohol should have access to affordable and effective prevention and care services.*
- g) Children, teenagers and adults who choose not to drink alcohol beverages have the right to be supported in their non-drinking behaviour and protected from pressures to drink.*

The European Charter on Alcohol (WHO 1995) additionally provides a defined a set of ethical principles that address protection from harms related to alcohol use:

- 1. All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption.*

- 2. All people have the right to valid impartial information and education, starting early in life, on the consequences of alcohol consumption on health, the family and society.*
- 3. 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.*
- 4. All people with hazardous or harmful alcohol consumption and members of their families have the right to accessible treatment and care.*
- 5. All people who do not wish to consume alcohol, or who cannot do so for health or other reasons, have the right to be safeguarded from pressures to drink and be supported in their non-drinking behaviour.*

Those principles form a solid foundation for work to protect the rights of children.



2. CONSEQUENCES FROM ADULTS' SUBSTANCE USE

"An alcohol problem exists when the drinking disturbs the everyday management, duties and functions of the family and when the emotional bonds between family members are strained and disturbed by the use of alcohol by someone else."

Frid Hansen, Blue Cross Norway

The links between parents' alcohol use and its negative effects on children have been well documented worldwide. That evidence has ample support from masses of anecdotal reports that surface almost everywhere. The children's stories and the problems they experience are strikingly similar, despite huge differences in their cultural, socio-economic or religious circumstances. Substance use tends to dominate all aspects of family life, ranging from emotional to economic disturbances. The consequences are often severe, resulting in the neglect of children's needs and their abuse.

Adult illicit drug use exhibits similar consequences. Much like alcoholic parents, many drug-dependent parents have a propensity to focus on their substance use and their own needs and to neglect the needs of their children. This finding needs to be qualified somewhat because the research on the effects of adult drug use is not as robust as the research on alcohol. What is clear, however, is the frequent incidence of polydrug use, where the adult consumes a mixture of intoxicants, both legal and illegal, depending on availability and preference.

The invisible children

Many negative effects of harmful parental substance abuse may not be apparent during a person's childhood. Such harms as severe emotional distress,

physical abuse, and general neglect may not be visible at the time, but will become visible only years later. These injuries are often hidden by the secrecy, denial, and stigma that surround a parent's - or a family member's drinking or drug problem. As a result, many child maltreatment cases go undetected and unreported; many children of addicts go unidentified.

Those children are often "invisible" in the sense that they may live with their traumatic secrets for years, without others knowing about their situation or providing help to ease their burdens. Motivated by a desire to "support" their parents by not revealing a family secret, the children bury the secrets within themselves, constantly worrying that the secret may slip out to relatives, friends or neighbours. They end up spending considerable time and energy on "cover-up" operations, which frequently involve taking over parental responsibilities in the family.

Harm to others

Substance use has too frequently been defined as an individual - or private - problem. In reality, the effects of one's drinking or drug use spread widely in a much larger orbit. Clearly, an individual's use can create family problems and contribute to much broader consequences for society at large. Drug dependence and heavy drinking has a dominating



stranglehold within the family. Much like individuals are affected by others' smoking, those around the drinker/drug-taker can't escape the results of his/her use. In effect, their environment becomes infused by "passive drinking," a label for drinking habits that affect all family members and a wider network around the drinker.

For some decades alcohol problems have typically been understood to concern harm to the drinkers. This approach focuses principally on the disease of alcoholism, a paradigm that has dominated since the 1950s, following a period in Western countries where harm to women and children had mobilized strong social movements against excessive drinking. Lately, however, the understanding of alcohol problems has evolved to include the enormous harms that are inflicted on people other than the drinkers themselves. That understanding now has wide recognition within academia, among NGOs, and in national and international networks. Because children are among the most grievously harmed innocent victims of substance use, it is also vitally important that child rights organizations, too, advocate for such an approach to substance use and add their voices to related policy discussions. Protection of children and youth must be a primary concern for alcohol and drug policies.

Very few countries have systematically and scientifically documented the full extent and character of harm to children resulting from adult substance use. Most reports and data come from research in a small number of Western countries. Nonetheless, some Asian and African countries have recognized the problem and we present

some of that work below. The incidence of problems may vary from one country to another, but the outcomes – the way parental drinking and drug use affects children – seem to be universal.

Children of heavy drinkers have a higher prevalence of mental problems, behavioural problems and problems from own drinking or drug taking than other adolescents (Rossow et al, 2009; 2012). The problems are experienced not only during childhood, but as adults as well, and those children run a higher risk of mental, somatic and relational problems throughout their lives.

There seems to be a correlation between the number of parental drinking occasions and the psycho-social problems suffered by their children and adolescents. The more frequently children have been exposed to parental drunkenness, the more often those children have been victims of threats and violence, They also suffer a higher prevalence of symptoms of depression, suicidal thoughts and attempts, and strained relations with their parents. Nonetheless, the research shows that a majority of children who experience heavy drinking by their parents do not suffer such psycho-social problems. Somehow they have developed ways to cope with their difficult situations.

Some Asian and African countries have studied the effects of harmful alcohol use among their citizens. Here's a look at three such investigations:

Nepal

A household survey by CWIN in Nepal (Dithal et al, 2001) yielded information about how alcohol becomes a problem in family and society. The major impacts identified by adult respondents included violence and physical abuse (33.4 percent), neglect and mental

abuse (28.5 percent), deprivation of education (20.2 percent), encouragement for children to use alcohol (11.1 percent), malnutrition, and children running away from home.

Children perceived the impact of parental drinking in the family as affecting domestic violence (41.1 percent), loss of social prestige (7 percent), bad relations with neighbours (13 percent), loss of wealth/accumulating debt (20 percent), and illness/death (1 percent).

The survey also recorded the economic impact of adult's alcohol use in the family. Excessive use of alcohol resulted in the loss of wealth, increasing debt, and poverty. Harmful use also negatively affected children's schooling, increasing the likelihood of their dropping out of school, living on the street, and engaging in hazardous forms of labour.

The study found alcohol use among street children in Nepal to be associated with fathers' drinking, home production, and age of initiation. A large majority of participants in this study consumed alcohol when their parents were drinking. Four-fifths of respondents reported using alcohol when alcohol was produced at home. (Dithal et al, 2002)

India

The Association for Promoting Social Action (APSA) works with urban poor populations in India. In 2008 APSA conducted a study involving 200 children (8-18 years) from poor urban families in Bangalore (APSA, 2008). The children interviewed for the study were purposefully selected from families where one or both of the parents were affected by alcoholism.

When asked about the outcomes of parental alcohol use, the children identified domestic violence, loss of health, mental trauma and running away from home, as well as general abuse, deprivation and neglect. They also reported that the parents often quarrel after getting drunk and beat the children. When the mother in the family was alcoholic, the report found that she was often so incapacitated from drinking that she was unable even to prepare food for family meals.

Half of the children surveyed reported that they had been physically abused; half of them also reported mental or verbal abuse. Many children mentioned that they have been deprived of basic needs such as education (42%), adequate food(41%), health care (25%), and shelter (20%). Although many children were not familiar with the details of family finances, they reported that a substantial share of monthly income was spent on alcohol. Almost one third of the children were aware that the family was in debt.

Malawi

A SINTEF report from Malawi summarized studies on links between alcohol use by men and gender-based violence, in particular intimate partner violence (Braathen, 2008) The study found that women who live with men who drink heavily are at much greater risk of experiencing physical violence than those who live with non-drinkers. Men who have been drinking often inflict more serious violence than non-drinkers during an assault. Further data also link sexual abuse to substance use.

Documentation from other countries

A fact sheet from Prevent Child Abuse America summarizes U.S. research: Children of alcoholics are more likely than children in the general population to suffer a variety of physical, mental, and emotional

health problems. Victims believe that the abuse is their fault and, children of alcoholics feel guilty and responsible for their parent's drinking problem. As a result, those children often develop feelings of low self-esteem and failure; many suffer from depression and anxiety. The report also suggests that exposure to violence in both alcohol-abusing and child-maltreating households increase the likelihood that the children will commit and be the victims of acts of violence. Additionally, problems related to child maltreatment and harmful parental alcohol use does not disappear when the children reach adulthood. Children from those environments are likely to have ongoing difficulties coping with life and establishing healthy relationships as adults.

In many societies, harmful alcohol use is a considerable burden on family life and on social, medical, and psychiatric services. **In the EU**, for example, alcohol is estimated to be a causal factor in 16 percent of child abuse and neglect cases. Some 4.7 to 9.1 million children (6 percent-12 percent) are estimated to live in families adversely affected by alcohol (Anderson and Baumberg, 2006).



A report from **Denmark** (Broholm, 2009) tells a similar story, noting that a father's or mother's alcohol-related diagnosis increases the children's risk of being admitted to psychiatric hospital by 2.5 times compared to other children and the risk of being placed in a foster home by 3.5 times. Such children also exhibit double the risk of committing suicide, and have a risk of experiencing violence in the home that is 8 times the norm.

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. This US study is a collaboration between the Center for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego. The study concludes that harm associated with traumatic childhood experiences does not end when young people grow up. In fact, the investigators found substantial links between childhood trauma and adult problems, including a predisposition to serious medical and social problems in adulthood, including alcoholism, injection drug use, other mental illness, chronic medical illness, criminal imprisonment, and problems at work. Investigators also found a dose-response relationship: higher scores of childhood trauma were associated with higher risks of medical, mental, and social problems as adults.

The Hidden Harm report by the Centre for Alcohol Policy Research says 22 per cent of all children in **Australia** have been affected in some way by the drinking of other people (Laslett et al, 2014). Children most commonly witnessed verbal or physical conflict

or inappropriate behaviour, but some were also verbally abused, left unsupervised or physically hurt as a result of adults' drinking.

About half of all reported family violence incidents and child protection cases involved alcohol, the Melbourne University and Victorian Government-backed study found. The impact on children included fear, behavioural problems and shame.

The report "Untold damage" from **Scotland** is based on material collected through the ChildLine in Scotland, a confidential telephone helpline for children (Wales & Gillan, 2009). The report concludes that children calling the helpline provide accounts of multiple negative impacts associated with harmful parental drinking including severe emotional distress, physical abuse and violence and a general lack of care, support and protection. Physical abuse reported, ranges from one-off slaps to being punched and kicked. Most children describe on-going assaults and the vast majority of children relate the violence as happening when the parent is drunk or has been drinking. Children generally understand their parents' drinking and the resulting diminished parenting capacity as contributing to their own problems and unhappiness. They provide accounts of their own isolation within the home and a general lack of parental attention and care.

3. CONSEQUENCES FROM CHILDREN'S SUBSTANCE USE

Intoxicating substances, to a varying degree, all share three general mechanisms that contribute to substantial health and social problems:

Intoxication:

The use of alcohol and drugs, even in small doses, leads to an impairment of physical and mental performance. This can result in accidents, injuries, rude or violent behaviour, poor judgement. etc.

Toxicity:

The substances have a poisonous effect on body organs and body systems. Some of the effects occur in single-user situations (e.g., alcohol poisoning or overdose deaths from drugs), while others occur only after long-term use (e.g., liver cirrhosis or cancer).

Dependence:

Although specific medical criteria have been identified to define dependence, this effect is commonly associated with addiction, habituation, and situations in which individuals have lost control over the use of the substance. People become dependent when substance use becomes a much higher priority than other behaviours and when a person continues to use, despite the negative consequences for him/herself and people around him/her.

These mechanisms take on special importance in the context of adolescents' use of alcohol and drugs, especially because their effects are more powerful for younger people than for adults. Essentially, youth's and children's bodies and brains are still developing during the adolescent years and their personalities and life skills continue to be formed. Those important processes can be influenced highly negatively by alcohol and drug use.



Research on substance use also documents that the many well-known behaviours that occur during intoxication may not be triggered solely by the biological effects of the substances, but rather from the users' expectancies related to the effects. This finding has strong support in research on alcohol.

The potential negative consequences of alcohol use by young people are very real, very serious, and well documented. These include:

- **Effects of early drinking:** The younger people are when they begin drinking, the more likely they are to become alcohol dependent later in life. Those who start in their teenage years are also more likely to experience alcohol-related injuries than those who begin drinking later in life.
- **Effects on the developing adolescent brain:** The remarkable plasticity of the brain during adolescence may also make the teen brain particularly vulnerable to the effects of alcohol and other drugs. Recent research indicates that adolescent alcohol consumption may affect cognitive functioning and/or change the developing brain in ways that increase the risk for future dependence.
- **Behavioural consequences:** Such consequences of alcohol use include individual problems (reduced performance at school or at work, damage to objects or clothing, loss of money or other valuable items, and accidents or injury as a result of alcohol use), relationship problems (quarrels or arguments, and problems in relationships with friends, teachers or parents as a result of drinking alcohol), sex-related problems (engaging in unwanted and/or unprotected sexual activities), and delinquency problems (alcohol-related scuffles or fights, victimization by

robbery, trouble with the police, as well as driving a motorcycle or a car under the influence of alcohol).

- **Physical harm:** Alcohol may cause physical harm to children; heavy alcohol use at a young age is predictive of a range of psychological and physical problems.
- **Alcohol dependency:** Young people who had begun drinking before age 15 were four times more likely to develop alcohol dependence than those who began drinking at the age of 21.
- **Alcohol poisoning:** Heavy use of alcohol on a single occasion may result in alcohol poisoning due to young drinkers' inexperience with alcohol. Alcohol may have a more immediate and severe effect on young people because their muscle mass is smaller than that of adults.

Although the use of drugs has not been as well-researched as the use of alcohol, many of the same effects have been observed among drug users. Some of the illicit drugs may cause severe physical consequences for young users, while others have been found to impede the mental development of adolescents. All illicit drugs are dependence-producing and have an intoxicating effect.

Sniffing of various types of solvents (glue, gasoline, aerosols, paint and other household products) occurs most prevalently among children and sometimes reaches "epidemic" proportions within discrete groups of children, in schools and communities. Sniffing of solvents is often a severe problem among vulnerable and marginalized groups, such as street children and school drop-outs. The physical harm to the body caused by solvents can be very serious.

4. CONSEQUENCES FROM PREGNANT MOTHERS' SUBSTANCE USE

Some children suffer from maternal drinking even before they are born, and the consequences can be severe and life-long. Exposure to alcohol during pregnancy can lead to spontaneous abortion or a range of disabilities known as Foetal Alcohol Spectrum Disorders (FASD), of which Foetal Alcohol Syndrome (FAS) is the most severe. The term FAS was coined about 40 years ago and has slowly become recognized as a public health issue.

Mothers' use of narcotic drugs during pregnancy may also inflict similar types of harm on the unborn. Worldwide, children enter life drug-addicted as a consequence of their mother's addiction. In such cases the newborn baby must be treated medically as a drug addict in order to avoid withdrawal symptoms and other risky conditions.

Numerous other problems can occur following maternal alcohol consumption during pregnancy. The alcohol that crosses the placental barrier and is shared with a developing child can stunt foetal growth or weight, creates distinctive facial stigmata, damage neurons and brain structures. This can result in psychological or behavioural problems, and cause other physical damage to children.

Some regions and cultures have an alarmingly high prevalence of children with FASD. In South Africa's Western Cape Province the syndrome is part of the wider problem of harmful alcohol use that creates a huge overall burden of disability due to injuries (often from interpersonal violence) and disease. Robert Macdonald, head of the substance abuse unit in the

Western Cape Provincial Government, notes that the costs to society are high: *"Fetal alcohol syndrome is also an issue because affected children require special-needs schooling and other forms of specialized care. It really has knock-on effects"* (WHO Bulletin, 2011).

Prevalence studies, mainly in the Western and Northern Cape regions of South Africa, have found the occurrence of FAS in high-risk areas to be more than a hundred-fold higher than in comparable sites in other countries and considerably higher than among so-called 'high-risk' populations elsewhere. Sadly, where prevalence has been measured over time, the problem seems to be getting worse, not better. Studies of the risk factors for having an alcohol-exposed pregnancy indicate that rural, farm-based women in the Western Cape are at higher risk than women living in urban settings. This risk applies not only to women living on wine-producing farms, but also for women living on all types of farms (Medical Research Council (2008).

The incidence of FASD in South Africa's Western Cape Province is frighteningly extraordinary. The WHO Bulletin in October 2011 noted that the region's FASD rate, the highest reported rate in the world, was estimated to be between 70 and 80 per 1000 babies born (WHO Bulletin, 2011). Although global prevalence data for FASD are not reliable, by comparison a 2005 study based on research in the United States estimated a global incidence of 0.97 per 1000 live births.

5. CHILDREN AND INTOXICATING SUBSTANCES

Most countries have laws and regulations to keep children and young people under a certain age from access to alcohol and illegal drugs. In addition to laws, youth access to those intoxicating substances is also subject to informal regulations, including religious and cultural norms. Possession and use of narcotic drugs is generally prohibited by law for all age groups, whereas the sale and use of alcohol is restricted to people older than a specified age, usually around 18 or 20 years. Such restrictions are very important tools to limit the number of users and the prevalence of use. The degree to which those rules are enforced varies widely.

Few, if any, formal or informal laws or regulations are iron-clad. So it's not surprising that under-age persons experiment with and use alcohol and other drugs, more in some cultures than in others. Children may start testing and using alcohol and drugs in their early teens; in some settings experimentation begins even earlier.

The way young people drink and use drugs has become a growing concern. Drinking to intoxication and binge drinking seem to be increasing among adolescents and young adults in many parts of the world. This phenomenon in part reflects the strong influence of cultural globalization, as well as the effects of slick and deliberate alcohol marketing directed to young consumer groups in the global South.

Alcohol and illicit drug use among children takes many forms and may have numerous and varied causes and explanations. Some of the observed trends include:

Initiation in the family setting

Children and young people's initiation to alcohol use is shaped by culture, tradition, family, education, community, life situations and social environment. According to a 2003 report by the South East Asia Regional Office of the WHO (Desai, 2003) alcohol use typically begins as "experimentation," often occurring within the family on special occasions such as birthdays or marriages. Many parents, in all parts of the world and from all walks of life, believe that teaching their children to drink alcohol at home or giving them alcohol to take to social gatherings, will help them develop sensible drinking practices and "inoculate" them from drinking problems later in life. This belief has no scientific support. In fact, research demonstrates that adolescents who experience a permissive attitude toward alcohol from parents generally tend to drink more than other youngsters.

Family influence and culture can also provide some protections against alcohol and drug use, although those influences may later be overwhelmed by "outside" forces. Urban and strongly western-oriented circles in Sri Lanka provide a good example. Alcohol use often starts in the late teens, on special occasions and celebrations connected with school life. Nearly all people first use alcohol outside the family, but a lot of the learning about drinking still takes place within it. In many religious families, where Buddhism, Hinduism or Islam is practiced and alcohol use is not sanctioned, children are steered away from consuming and often plan to abstain as adults – even if one of the parents (usually the father) is a drinker. However, as they grow older, drinking and many other activities disapproved by parents naturally become more

attractive, as such activities often symbolize adulthood. For most sub-groups in this culture, alcohol is an effective and readily available source of fun, facilitating the freedom to flout social norms and assist the passage into adulthood.

Early experimentation with friends

Another way children begin using alcohol or other substances is experimentation with groups of friends, more or less in secrecy. Such experimentation most often starts with tobacco use

and then moves on to drinking alcohol and, in some cases also to smoking cannabis or using other illicit drugs. These activities often start in the early teens and, if continued with frequency, tend to escalate as young people approach their 20s.

One view of alcohol and drug experimentation in early adolescence considers such behaviours as rebellion or protest against adult-imposed rules. Another view suggests that the experimentation can also be understood as a sign of personal alignment,



Children in Nepal raising their hands and their voices to end violence against girls and women

Just Kids or Growth-Market Targets?

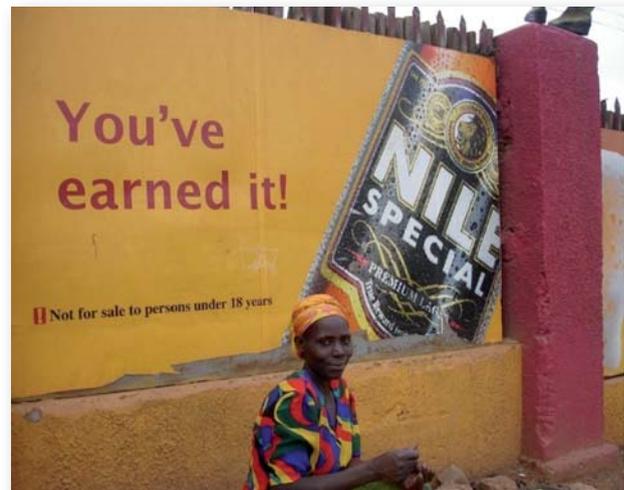
Compared to Western countries, alcohol consumption in developing countries is relatively moderate. Average consumption among those populations is lower and the proportion of non-drinkers or very moderate consumers is high. That population condition protects many children from harms resulting from adults' drinking, which are more widespread in Western societies, where consumption levels are much higher.

Currently, the overall positive situation of developing countries is under steady assault. As markets for the sale of alcoholic beverages in the West become saturated, industry has begun to look elsewhere for expansion opportunities. Low-consumption, developing societies are among their principal targets. According to shareholder reports and business coverage of the alcohol trade, the international alcohol industry considers success in the so-called "emerging markets" of Africa, Asia, and Latin America as key to their future profitability.

The populations of low- and middle-income countries often include a high proportion of children and youth. Those large young cohorts represent substantial numbers of potential new consumers who have not yet established

consumption patterns or brand loyalties. Several reports have revealed that these new consumers are squarely in industry's crosshairs.

Alcohol companies have already begun aggressively implementing both traditional and new, sophisticated marketing methods to introduce drinking habits and alcohol brands to young people in developing countries. Those practices frequently violate even industry's own codes of conduct that prohibit that type of marketing.



social integration or just a part of growing up. It is quite natural for young people to try out a wide range of practices they see in the adult culture, habits which they may later more permanently adapt.

In some countries certain drinking rituals and traditions linked to key events in young people's – and student – lives play an increasingly important role in drinking initiation. Such events include the conclusion (and successful completion) of college exams, freshmen week, spring break, and even graduation.

Ritual, traditional consumption

Alcohol has been used since time immemorial. Its original uses were often part of religious or cultural rituals in tribal communities. Children and youth also participated in those rituals and traditions. In most cultures the drinking in such settings was normally strictly regulated by tribal norms and restricted to limited occasions and/or times of the year, such as the celebration of a harvest or successful hunt. Those

constraints would effectively limit the potential overall negative consequences of drinking to intoxication. Such drinking rituals and restraints still exist, but they are not of particular importance on the global scene today.

Marginalized children and youth

Harmful use of legal and illegal substances is often an integral part of life for marginalised adolescents such as street children. For such groups harm from the use of alcohol, solvents or drugs exacerbates the generally unhealthy living conditions they endure. Substance use adds to the misery of poor nutrition and personal hygiene, poor housing, lack of health care services, among other problems.

Research and anecdotal evidence from many countries point to this serious concern. A study (Dithal, 2002) conducted by the NGO "Child Workers in Nepal" (CWIN) estimated that there are more than 5,000 street children in Nepal, and pointed to dysfunctional families as the main reason those children live on the



streets. Many of those children use substances of one kind or another. The children involved in the study were found to have been exposed to alcohol early in their childhood, with a median initiation age of 11 years.

The consequences of alcohol and drug use among street children ranged widely, including acute and chronic health and emotional problems, disruption in interpersonal relationships, school failure, social marginalisation and criminal behaviour. Sixty percent of the children in the CWIN study reported to have been influenced by the use of alcohol by their parents. The major consequences of alcohol use cited by the children included domestic violence (35.6 percent), indebtedness (14.4 percent), bad relations with neighbours, illness or death of family member (3 percent), and decline in social status (2.3 percent).

Young soldiers and substance use

Alcohol and drugs have often been used in wartime, not the least by child soldiers. Some take intoxicating substances to better cope with the horrors of armed conflict. Sometimes young soldiers receive drugs from their war lords in order to control and reward them and to encourage them to commit atrocities against enemy soldiers or civilians, even against their own families.

Sierra Leone offers one sad and well-known example. During Sierra Leone's 11-year civil war (1991-2002) the majority of the rebels and government soldiers were young people. Most of the rebels openly used drugs, including hard chemical drugs, such as heroin and cocaine, which were introduced on a large scale. Alcohol and drugs certainly fuelled some of the most extreme human rights abuses committed by the rebels and soldiers (Bøås & Hatløy, 2005).

During the war, all the armed factions pursued a policy of forcibly administering drugs to children to loosen their inhibitions and spur them to violence. In the years following the conflict huge numbers of young people were addicted to drugs, suffering psychiatric and other health problems. In 2001, a significant number of Sierra Leonean refugees arriving in the UK had drug-related problems related to the cocaine that had been used as a form of control over young boys and girls during the war. (Brako & Saleh, 2001)

Binge drinking spreading among young people internationally

Drinking patterns vary greatly. Some individuals consume very little and infrequently. Others drink regularly, but in moderate amounts. Still others down a lot on each drinking occasion. This last pattern, the consumption of an excessive amount of alcohol in a short period of time, is termed binge drinking. This drinking pattern used to be most common in the "strong liquor belt" in the northernmost parts of the globe. Now binge drinking seems to have spread across the globe, both through the traditional wine drinking countries of Southern Europe and through many developing countries.

Binge drinking occurs primarily among younger age groups, teenagers and people in their 20s and 30s, most often among males. In countries and in population groups with a higher degree of gender equality, many girls also engage in binge drinking, with increasingly damaging results. Consuming large quantities of alcohol within a short time period is simply very dangerous, in particular for young and inexperienced drinkers.

The dangers are amply reflected in the high numbers of reported emergency room cases of acute alcohol poisoning in areas where binge drinking is prevalent. Other serious consequences of binge drinking include injuries, accidents, rape, violent behaviour, risky or forced sex, and blackouts.

Marketing to young people

Drinking beer and spirits is systematically and aggressively communicated to young people as a cool, modern, trendy, sexy, social, sophisticated thing to do. Alcohol producers invest in a myriad of means to coax young people to begin drinking and to drink more heavily and regularly. They spend lavishly on direct advertising such as in television, radio and print media, but also finance numerous other promotional activities, such as organizational sponsorships, social media (Chester, 2010) contests and special promotions, particularly of sporting and music events.



All of this is intended to link beer and liquor brands to activities that are popular among the young, like music, cricket, football etc. Youth in developing countries can easily brand themselves as part of the young, trendy and successful global class by holding a Carlsberg, Guinness or Heineken bottle or by wearing a T-shirt emblazoned with a beer-company logo. This marketing onslaught proceeds despite industry claims that producers obey their own voluntary marketing codes of conduct that prohibit marketing to children.

New trend: Alcohol sachets in Africa

A new, critical, alcohol assault on children has surfaced recently in a number of African countries. Strong liquor now is available in small plastic sachets that sell at low prices, mainly to children, even in school settings. This trend has been observed in Uganda, Malawi, Tanzania, Zambia, Namibia and Botswana, among others. The introduction of strong liquor in small plastic bags represents a marketing device used by local and multinational alcohol companies to develop new market segments and recruit new consumers.

The sachets sell at a very low price, affordable to almost all consumers, including youth and poor people. In Malawi, the price of such sachets can be as low as 10 Malawian kwacha (the equivalent of 7 or 8 cents, US), making them easily available to even the poorest child.

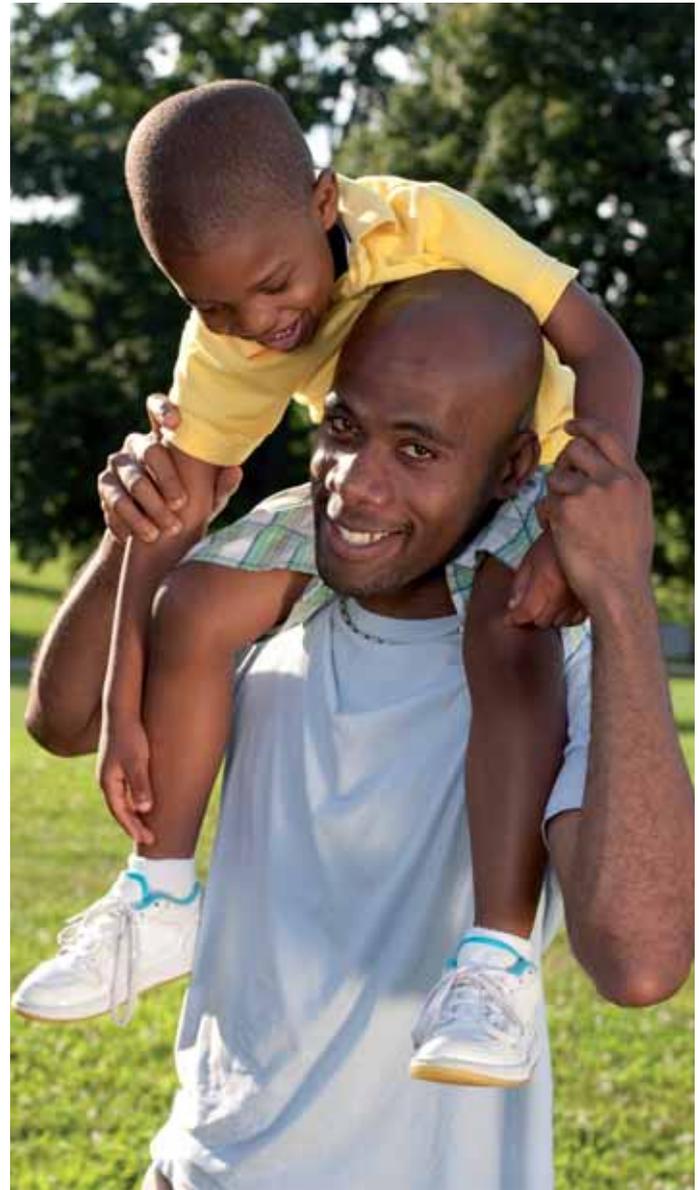
The sachets also pack a punch. One bag contains the alcohol equivalent of a drink of whiskey, vodka, or other distilled spirits found in bars and restaurants. Typically, the sachets are sold through unlicensed outlets, and often to minors.

Some countries have begun efforts to ban the sale of alcohol sachets. Not surprisingly, those initiatives have been met with resistance from alcohol producers and other alcohol interests, which have responded with lobbying and media campaigns. Malawi was successful in introducing government regulations to improve packaging rules, but implementation of these regulations has been delayed as a result of a court injunction initiated by the producers of sachets.

Gender matters

There are marked gender differences in drinking habits, and these differences are near-universal. In almost all countries and cultures, men drink more heavily than women. Young men, in particular, represent the heaviest drinkers, whereas large proportions of females do not drink. The WHO Report on Alcohol and Young People (Jernigan, 2001) confirms that these drinking patterns pertain in most countries in Africa; young males are more likely to drink than young females. Among both men and women, alcohol use tends to increase with age. Compared to more developed regions, current alcohol use in Africa is still, on average, fairly low. But that may be changing, as attitudes about alcohol gradually change.

For example, interviews with young drinkers have found, particularly in Sub-Saharan Africa, that they believe that drinking is essential to having a good time, and that the purpose of drinking is to get drunk. Those young drinkers who identify most with Western cultural symbols were found to be more likely to drink heavily.



6. WHAT TO DO?

The issues related to the impact of substance use on children described in the previous chapters of this booklet are understandably complex and require a correspondingly broad set of interventions to prevent and treat the resulting problems. To be most effective, those interventions should be coordinated and interactive, introduced both locally and nationally and targeted at a variety of the most vulnerable groups.

The following section suggests key areas for action. Some of the recommendations concern initiatives directed specifically toward children and youth, while others address adult populations and societal structures. For this booklet, each of them is described only summarily. More information is available in other FORUT publications and in the list of references at the end of this booklet.

Addressing adult population with alcohol policies

A substantial part of alcohol-related harm to children is caused by adults' drinking. Therefore, a true prevention strategy to address those harms must include interventions that address the drinking practices of the adult population. Alcohol policies implemented by governments to reduce alcohol consumption have proven to be among the most cost-effective means of preventing and reducing alcohol-related harm, including problems experienced by children. In particular, regulating the availability and affordability of alcohol, as well as restricting alcohol marketing, can help reduce overall average alcohol consumption, promote beneficial changes in drinking patterns, moderate incidences of drunken behaviour, and provide protection from harm for those who choose not to drink.

The evidence for such interventions is well summarized in the research monograph, "Alcohol; No Ordinary Commodity" (Babor, T. et al, 2010). That book reviews research findings on 42 commonly used alcohol prevention interventions and rates their effectiveness and efficiency as prevention measures.



Protection of children and adolescents is one of the primary objectives of a national alcohol policy.

Drug-supply reduction policies

The global community has, through the United Nations drug conventions, applied the strongest possible restrictions on the availability of narcotic drugs, imposing a total ban on all use, possession and trade in those substances. This ban, theoretically, will both reduce the supply of narcotic drugs (the physical availability) and contribute towards reduced demand for the drugs (the social acceptability). Despite that ban, the UN drug conventions wisely protect the continued availability of vital drugs necessary for medical purposes.

Early interventions

Population-based prevention-policy strategies that affect societal consumption must be paired with support programs that specifically target high-risk groups such as vulnerable children. Those groups include children who generally exhibit signs of problem behaviour early in life, as well as children whose vulnerability arises from alcohol or drug use in their families. Providing effective prevention programs for vulnerable children at an early age is both a humane and cost-effective strategy.

Many community groups and institutions can contribute to the operation of early-intervention programs. Those groups that are likely to participate include: schools, health care centres, community and religious leaders, parents, child rights organisations, law enforcement groups, and others. Program participation by lay people may be just as important as that of professional individuals and groups. A caring grandmother, uncle, neighbour or sister often can do more good than a psychiatrist or a teacher.

Telephone helplines, which have been developed in several countries to respond to the varied and complex

protection needs of children and their families, also deserve consideration. Operators who answer helplines for children should be aware that alcohol issues often underlie other problems when children seek help. Staff members of such service lines should be trained to detect such problems and provide guidance to children who appear to suffer from alcohol or drug use.



Challenging alcohol expectancies

Alcohol expectancies are important determinants of adults' drinking practices and behaviours. Expectancies tend to govern many of our actions, not necessarily related only to alcohol or drugs. They are powerful forces that should be addressed, in particular because such expectancies also apply to children, who seem to adopt prevailing alcohol notions and beliefs already at an early age.

In Sri Lanka, awareness programs have been implemented to challenge such expectancies that universally glamorize the use of alcohol, among

drinkers and non-drinkers alike. Awareness programs can help children to identify and examine the rituals, symbolic meanings, and other social learning influences that associate alcohol experiences with positive outcomes. Critical discussion of these expectancies seems to reduce the influence of an alcohol-promoting culture.

The Sri Lankan programs aim to create a social understanding that recognizes alcohol use not as glamorous, but rather as a boring, uninteresting and unpleasant behaviour that also often leads to problems for people around the users.

Observational evidence from the areas of Sri Lanka where the civil society organisations FISD and Healthy Lanka use this method suggests a marked positive attitudinal and behavioural change among the children involved.

Community mobilization

Effective community action programs have been shown to positively change people's drinking behaviours, among adults and young people. The observed changes will likely benefit children in the villages as well. Community mobilisation to reduce substance use harms can beneficially address a broader range of related problem areas in a particular village or area, including harmful masculinities, gender-based violence, risky sexual behaviour, and exploitation of young girls. This more comprehensive, integrated approach can enhance the effect of interventions, compared to the inefficiencies of implementing isolated programs to address each problem area separately.



A principal objective of engaging a community mobilisation strategy is to raise the visibility of and interest in alcohol or drug problems in the community, especially within organizations and groups that address the broader issues of health, homelessness, exploitation, unemployment, and other social causes.

Training of key professional groups, such as police, health workers, teachers, and religious leaders is critical. Local opinion leaders and government officials must also be educated and sensitized to the issue. High-visibility actions organized by stakeholder groups, including children, parents, women's groups, local shop owners, civil society organisations and others have been effective to shine public attention on alcohol and drug problems and create an atmosphere favouring change.

Courageous activists have mounted massive publicity campaigns, using posters, marches, and street theatre. An Indian organization, APSA, provides a good example of such action.

In the mid-80s and early 90s, APSA worked with a large number of street children who were habituated to harmful substance use. APSA observed that easier access to alcohol and other substances represented an important contributor to increasing substance use among children attending school. In response, APSA invited and organized street children to perform street theatre as a way for them to highlight their difficulties and communicate about life on the street. This approach proved effective both to raise awareness in the community, as well as begin the healing process for children who lived in the streets.

Children as agents of change

When it comes to designing prevention activities for children, one must not overlook the important contribution children themselves can make to improve their own lives and the lives of others. They are not merely targets for change, but rather, proven, effective agents for change in their own right. Their participation has often been successful in changing harmful adult behaviours.



Concerned for Working Children (CWC), a rights-based activist group in Bangalore, India has developed a helpful manual that explains how children can be empowered to influence their community and also local alcohol policies. The manual catalogues the activities conducted by children in Keradi, a village in the Indian state of Karnataka. Those children, with the support of adult facilitators, developed and implemented a strategic approach to influence the policy of their local government (Grama panchayat/ Grama sabha) and the norms of social life in their village. They began by defining the problems they faced and then, after determining adequate working methods, collected local data, compiled and analysed the data, and drew conclusions from their work.

For example, in order to quantify the enormous impact of alcohol purchases on family and community finances, the group collected the evidence - the many empty alcohol plastic bags left throughout the village – and then calculated the overall cost of those bags to purchasers in the village. With that information, the children went to adults and village leaders to expose to them how much money was being drained from household budgets to support alcohol use. Given the substance of their investigation’s findings their views could no longer be brushed aside. CWC’s manual is available to other NGOs that plan to involve children in documentation and advocacy work. (CWC, 2008)

Other organizations, such as CWIN Nepal, have also successfully empowered children to participate as agents of change. Children associated with Child Rights Forums (CRF) in Makwanpur District, Nepal helped declare alcohol- and tobacco-free schools. CWIN’s Peer Educator program provides another example.

In that program, CWIN mobilized empowerment-trained, former street children (with HIV or a history of drug use) to work with peers (street and working children) to raise awareness and provide information about harmful alcohol and tobacco use and HIV/AIDS. The peer educators have been successful in motivating large numbers of street children to seek opportunities for social reintegration, referring young people doing drugs or living with HIV to different services and providing emergency assistance for medical and other supports.

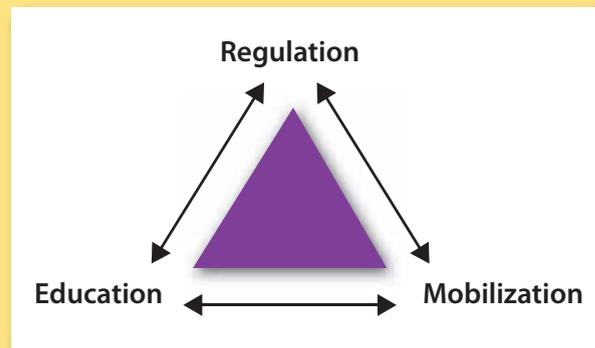
A comprehensive approach

Alcohol and drug prevention efforts are more effective if they are designed comprehensively by utilizing a combination of tested interventions and activities. The “prevention triangle” illustrates such a comprehensive strategy:

Regulation includes interventions by governments to reduce the availability and affordability of alcohol and to guarantee the safest possible production and distribution system.

Education involves the training of professionals, education of consumers, parents, youth, and others and may include campaigns to raise awareness, challenge and motivate the public to act, and to strengthen an understanding of the need for control policies.

Mobilization means making alcohol and drug prevention a key element of the agendas for social and political movements; linking the issue to other key policy issues; and involving local communities, local leaders, and members of NGOs in practical and policy-change activities.



Treatment programs involving families

Alcohol and drug treatment programs can also help to reduce the harmful impact of alcohol use, for adults and children alike. APSA's de-addiction camps in India provide a successful example. Those camps offer a therapeutic, activity-based intervention program that includes life skills, sexual health, social skills, meditation, and game components. Those elements envelop children in a gradual journey of treatment. The camps last for 20 to 30 days. Upon successful completion, approximately 50 to 60 percent of the children are re-integrated with their families and communities.

Treatment of adult problem drinkers and drug addicts is best approached from a family-based treatment perspective, as spouses and children, who may suffer from "co-dependency," often need just as much support and care as the problem drinker. The Family Club Model (WACAT), originally developed in the former Yugoslavia and later refined in Italy, takes a family view, involving not only the problem user, but also his/her entire family (if possible) in therapeutic self-help groups that are facilitated by trained club assistants.

The discussion sessions within those groups deliberately recognize and address the problems for the family and involve all members of the club in supporting each other and in finding solutions to the issues raised by the group.

Effective application of such a prevention approach can create powerful synergies. In a nutshell: education can be used to explain and motivate action for market regulations; control policies will support messages amplified in education; NGOs and broader population groups can be mobilized to favour and support control

policies; NGOs can educate and mobilize their constituencies, strengthening them to help create positive change. And much more...

Family Interventions

Children learn about most things, including the consumption of alcohol and drugs, by listening to what parents and other family members say and by observing what they do. Family role models often exert a powerful influence on the attitudes children develop regarding alcohol and drugs, and in this way, harmful substance use is often passed on from one generation to the next. This learning also applies to other harmful behaviours, such as child and spousal abuse. Children learn by seeing and experiencing. Changing those destructive dynamics within families could significantly reduce and prevent substance use problems, now and for the future.



In Sri Lanka, the Happy Families program educates and empowers families to change. The program motivates children to become more involved in influencing the family environment, particularly by initiating and supporting behaviour change by their fathers. Children are encouraged to develop closer relationships with their fathers when the fathers are not intoxicated and they are trained to communicate openly their feelings about their father's behaviour.

The Sri Lankan program involves the use of a "Happy Family Wall Chart," a tool that children can use to express their reactions to problems in the family. Through the chart, children can post messages to their parents to communicate their reality of family life and family problems. The charts make it easier for children to express what they expect from their parents.



7. RECOMMENDATIONS

Protecting children and youth should be a primary goal in the design of local, national, and international alcohol and drug policies. Addressing adults' drinking habits is an important element in the protection of children. Reducing average alcohol consumption levels within a population is an effective means of reducing harm related to alcohol use, including harm to children, and it should be a societal goal. Society should confront harmful drinking patterns and irresponsible behaviour associated with harmful alcohol use and work to ameliorate them. These are the responsibility of the adult community and political leaders.

Child rights organizations

The reduction of substance use problems is an important child rights issue, as defined in article 33 of the Convention on the Rights of the Child. Child rights organizations should therefore take additional steps and actions to include this issue in their mainstream programs and advocate for alcohol and drug policies to protect children's interests. Incorporating alcohol and drug issues within their agendas may also serve to enhance the organizations' work on their core issues concerning child rights.

Listen to children's voices

Children and youth should be consulted regularly to solicit and amplify their concerns and views on alcohol problems. Children can play a critical role in alcohol prevention activities and community development in several capacities: as informants about the "real" situation on the ground; as researchers and fact-finders; and as agents for change.

Tools to facilitate children's participation

Governments, NGOs, community organizations, education groups, and other civil-society groups should accelerate and expand the development of child-rights-friendly tools to help motivate and guide children to conduct their own research regarding harmful alcohol use. Those groups should use those tools to focus on encouraging and assisting young people to conduct advocacy work based on their findings.

Improved documentation

NGOs, governments and research institutions should prioritize efforts to document the harm inflicted on children by adult drinking and from the children's own alcohol consumption. Such documentation should include statistical surveys that help quantify the size of the problem and qualitative studies and anecdotal evidence that help to define and manage the complexity of the problem.

Evidence-based alcohol policies

Alcohol policies, on all levels, must be based on the best available international evidence and knowledge. Reducing the availability and affordability of alcohol in the general population has proven to be the most effective strategy, combined with education, mobilization of public support, and early intervention with risk groups.



The WHO global alcohol strategy

All governments should implement recommended areas of action in the WHO Global Strategy to Reduce the Harmful Use of Alcohol, adopted by the World Health Assembly in May 2010. This Strategy provides a broad selection of possible interventions that governments can implement to reduce alcohol problems; those interventions will also be effective to reduce alcohol-related harm inflicted on children and youth.

NGOs as watchdogs

NGOs working in the fields of social justice, development, health, children and gender issues have

an important role to play in challenging their governments to adopt the WHO strategies to prevent alcohol-related harm and to advocate for national and local follow-up.

National policy alliances

National alcohol policy alliances are now being formed in an increasing number of countries. These alliances serve as civil society advocacy voices for restrictive and evidence-based alcohol policies. The groups include NGOs specialized in alcohol issues, but also a broad range of social and humanitarian organizations from the fields of gender rights, poverty eradication, child rights, HIV/AIDS, health, education,

law enforcement, among others. Those voices firmly recognize that alcohol policy has important consequences for their constituencies. The alliances are affiliated with an international network, The Global Alcohol Policy Alliance, and its regional sub-alliances.

Avoidance of conflicts of interest

NGOs and children's organisations in particular should not accept funding from the alcohol and tobacco industries to avoid compromising their role and position as independent voices on behalf of children's interests. NGOs should defend the principle that commercial vested interests should not interfere with the formulation of public health policies.

Early interventions in risk groups

Experience shows that intervening at an early stage of problems suffered by certain high-risk groups can be an effective preventive mechanism. Certain groups, such as vulnerable children, deserve that special attention and support. Early interventions should be available for:

- Adolescents in general, as their bodies and brains are not fully developed and they are in a critical period for the formation of their personalities.
- Children and youth growing up in families with drinking problems, as they run a higher risk of having problems in childhood as well as a having a higher prevalence of psycho-somatic problems later in life.
- Marginalized adolescents, such as street children, because substance use often adds significant additional burdens to an already difficult life.

- Children and youth living in poverty, as alcohol and drug use tends to inflict more harm on poor people than on more affluent groups.

Integration in development work

NGOs and governments should integrate alcohol prevention in other program areas, such as in the prevention of violence, poverty alleviation, health promotion and the prevention of HIV/AIDS. FORUT and partner organisations can offer technical assistance on how to understand and address alcohol as an obstacle to development and community improvement.

References

Adverse Childhood Experiences Study. Web reference: <http://www.cdc.gov/violenceprevention/acestudy/>

Anderson, P. and Baumberg, B. (2006). Alcohol in Europe: A Public Health Perspective. Institute of Alcohol Studies, UK.

APSA (2008). Impact of Alcoholism on Children from Urban Poor Families in Bangalore. APSA, Bangalore, India. (Unpublished paper).

Babor, T. et al. (2009). Alcohol: no ordinary commodity. Research and public policy. Second edition. New York: Oxford University Press.

Braathen, S.H. (2008). Substance Use and Gender Based Violence in a Malawian Context – Pilot Project 2, SINTEF Health research, report SINTEF A6189. Oslo, Norway.

Brako, M. & Saleh, A. (2001). Report of the drugs misuse needs assessment carried out by (African health for empowerment and development) amongst the Sierra Leonean and Ugandan communities in Greenwich and Bexley boroughs". Website: <http://www.researchasylum.org.uk/report-drugs-misuse-needs-assessment-carried-out-african-health-empowerment-and-development-amongst>

Broholm, Kit (2009). Paper presented at ‘Expert Conference on Alcohol and Health’. Stockholm, Sweden, September 2009.

Boås, M., Hatløy, A. (2005). Alcohol and Drug Consumption in Post Sierra Leone – An Exploration Fafo/FORUT, Oslo, Norway.

Chester, J., Montgomery, K., Dorfman, L. (2010). Alcohol Marketing in the Digital Age. Centre for Digital Democracy and Berkley Media Studies Group, USA.

CWC (2008). Children as research protagonists! Rights-Based Research by Children (2008). The Concerned for Working Children. Web: <http://img4.custompublish.com/getfile.php/1499993.994.vfxtuystbq/Children+as+Research+Protagonists+-+CWC+India.pdf?return=www.add-resources.org>

Desai, Dr N.G. et al. (2003). Prevention of Harm From Alcohol, pp 30-32. WHO, SEARO, New Delhi, India.

Dithal, Rupa et al (2001). Alcohol and Drug Use in Nepal, With Reference to Children. Child Workers in Nepal Concerned Center (CWIN), Kathmandu, Nepal.

Dhital, Rupa et al. (2002). Alcohol and Drug Use Among Street Children: A Study in Six Urban Centres. Child Workers in Nepal Concerned Center (CWIN), Kathmandu, Nepal.

Jernigan, D.H. (2001). Global Status Report: Alcohol and Young People. WHO, Geneva, Switzerland.

Laslett, A-M. et al (2015). The hidden harm: Alcohol’s impact on children and families. Foundation for Alcohol Research & Education, Deakin, Canberra, Australia.

Medical Research Council (2008). Policy brief emanating from the FASD Prevention Symposium, 2008, Medical Research Council of South Africa.

Prevent Child Abuse America. “The relationship Between Parental Alcohol, Drug Abuse and Child Maltreatment”. Fact sheet. Web reference: <http://www.preventchildabuse.org/images/docs/therelationshipbetweenparentalalcoholandotherdrugproblemsand-childmaltreatment.pdf>

Rossow, I., Moan, I.S., Natvig, H. (2009). Nære pårørende av alkoholmisbrukere - hvor mange er de og hvordan berøres de? SIRUS Report 9/2009. Oslo, Norway.

Rossow, I., Moan, I.S. (2012). Parental Intoxication and Adolescent Suicidal Behavior. Archives of Suicide Research, Volume 16, Issue 1, 2012.

WACAT - The World Association of the Clubs of Alcoholics in Treatment:
http://www.alcoholnet.net/Wacat/wacat_english.htm

Wales, A., Gillan, E. (2009) Untold damage; children's accounts of living with harmful parental drinking. Scottish Health Action on Alcohol Problems (SHAAP) and ChildLine. Edinburgh, Scotland.

WHO (2010). Global Strategy to Reduce the Harmful Use of Alcohol. Geneva, Switzerland

WHO Bulletin (2011). Website:
<http://www.who.int/bulletin/volumes/89/6/11-020611/en/index.html>

WHO Europe (1995). Ethical principles: European Charter on Alcohol. Web reference:
http://www.euro.who.int/_data/assets/pdf_file/0008/79406/EUR_ICP_ALDT_94_03_CN01.pdf

WHO (undated). Child Maltreatment and Alcohol Fact Sheet. Web reference:
http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_child.pdf

FORUT publications

Alcohol and development (2014).

Alcohol and HIV/AIDS (2014).

Alcohol and Poverty (2009).

Cheers to the Family; intimate partner violence and alcohol. Published with the IOGT-NTO movement and IOGT International. Stockholm, Sweden. (2010)

Prevention works; a toolkit for addressing alcohol and drug problems in a development context (2014).

Reducing alcohol harm; things we can do (2009)

Web sites with FASD information

KnowFASD - <https://knowfasd-webpro.ualberta.ca>
NOFAS UK - <http://www.nofas-uk.org/>, NOFAS USA - <http://www.nofas.org/> SAMHSA.gov - <http://fasdcenter.samhsa.gov/aboutUs/aboutFASD.aspx>



ADD
Alcohol, Drugs
and Development

 **FORUT**



Childhood matters

Millions of children globally suffer as innocent victims of adults' use of intoxicating substances like alcohol and illicit drugs, in western countries as well as in developing societies. Children experience a broad range of harm, including physical and sexual abuse or neglect and unpredictable and unprovoked isolated incidents of violence, threats and verbal abuse.

Such behaviours lead to a lack of feelings of security and trust in children. Many children develop a kind of "co-dependence" with the family member who suffers from alcohol or drug dependence in the sense that the children's lives are just as much dominated by the substance use as is the user's life. Unless addressed therapeutically, the consequences often last into adulthood.

This is an important, but too often neglected, child rights issue. Children around the world lose important opportunities and basic rights when family incomes disappear in bars and shebeens and when parents and other relatives behave irresponsibly under the influence of alcohol or drugs.

This booklet describes how child rights organisations can understand alcohol and drug use as a child rights issue and how they can contribute to reduce the problem.

ISBN 978-82-999754-5-2