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## Preventing addictive behaviours in children

### Report<sup>1</sup>

Committee on Social Affairs, Health and Sustainable Development

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### Summary

Addictive behaviours in children have a disastrous impact on their mental and physical health and their development. Children are vulnerable to addictions, as they are at a stage when their personality is being formed. They are thus in need of particular protection, on the parts of their parents, professionals working with them, as well as political decision makers. In the light of the current lack of responsiveness or the inadequacy of policies to combat this scourge, it is necessary for States to step up research on prevention and innovative prevention practices.

Council of Europe member States should develop comprehensive prevention policies including innovative mechanisms involving children and young adults in dialogue with their peers, as well as trainings of adults working with children. They should co-operate closely with the digital industry, so as to prohibit the sale of psychoactive substances and alcohol to children and child access to online gambling and betting, and any form of online advertising of these substances and offers of gambling and betting to children.

The Assembly should recommend that the Committee of Ministers and the Pompidou Group conduct studies on the use of cannabis among children, on behavioural addictions facilitated by online technologies and on the prevalence of the use of new psychoactive substances by children.

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1. Reference to Committee: [Doc. 15269](#), Reference 4583 of 24 September 2021.



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## A. Draft resolution<sup>2</sup>

1. The Parliamentary Assembly is dismayed by the addictive behaviours of children and the impact this has on their mental and physical health and their development. It notes that to date prevention policies have not succeeded in curbing the growth in these behaviours or the increasing number of forms they are taking.
2. Although cannabis is still one of the most widely used drugs, including by children, the continued emergence of new drugs is a growing problem factor where it comes to devising drug prevention policies. In addition, new addictive behaviours, linked mainly to the use of digital tools and applications, complicate attempts to address the problem. Exposure of children to addictive substances and addictive behaviours grew in the context of the Covid-19 pandemic and the ensuing socio-economic crisis. During lockdowns, pre-existing prevention measures often lacked flexibility and hence effectiveness.
3. The Assembly seeks to ensure respect for every child's right to a healthy life, as underlined in the United Nations Convention on the Rights of the Child, which guarantees "the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health" and the United Nations Sustainable Development Goal No. 3, whose aim is to ensure healthy lives and promote well-being for all at all ages, which includes the strengthening of "the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol".
4. The Assembly attaches importance to States' preventing or reducing addictive behaviours, thus eliminating their disastrous physical, psychological and social consequences, which hinder children's development and well-being. Bearing in mind the child's best interest, it proposes setting up flexible, responsive measures taking account of trends in addictive behaviours, based on a holistic approach to the situations which children face. In this respect, it should be noted that although addictive behaviours in children occur in all socio-economic settings, it is clear nonetheless that children living in disadvantaged environments or whose parents or close relatives use drugs are more prone to addictive behaviours.
5. The Assembly would also like to point out that for prevention and treatment of addictive behaviours as early as possible to be effective, measures must be introduced which target young children, including the very young, particularly when they are exposed to addictive behaviour in their environment.
6. In the light of the current lack of responsiveness or the inadequacy of policies to combat drugs and addictions in children, the Assembly considers it necessary for States to step up research on prevention and innovative prevention practices, both to combat addictions which have been known for some time and in the light of the addictive behaviours which have arisen in recent years.
7. Bearing in mind these considerations, the Assembly invites the Council of Europe member States to set up tools which help to prevent the use by children of the main substances, to develop comprehensive protective measures geared to various addictive behaviours and to identify long-term responses to new trends in addictive behaviours, in keeping with the child's best interest. Policies and action plans must include research, prevention, risk reduction and treatment, and take stock of the actual experiences of children in different age categories, including young children. The Assembly insists on the protective approach of prevention policies aimed at children, including age-appropriate information about addictive substances and their consequences, and tools designed to limit access to them. In this connection, account should be taken of children's specific needs, with targeted action for certain more vulnerable categories and measures catering for the various types of addictive behaviours.
8. In particular, the Assembly invites the Council of Europe member States to:
  - 8.1. devise measures to strengthen the capacities of parents and families using drugs and alcohol to prevent addictions among the children of such families;
  - 8.2. develop innovative prevention mechanisms involving children and young adults in dialogue with their peers. It also suggests devising trainings for young children and adolescents on ways of resisting the negative influence of their classmates, adults, the media or an environment that encourages the use of drugs or alcohol;
  - 8.3. train adults working with children, particularly in schools, sports clubs and medical contexts, to detect addictive behaviours in children and to report them so that they can be dealt with or to deal with them directly;

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2. Draft resolution adopted unanimously by the committee on 19 September 2023.

- 8.4. reinforce the prohibition on the supply or sale of drugs and alcohol to children, including through systematic and proportionate penalties for suppliers and dealers;
  - 8.5. set up reception spaces for children which are easily accessible and offer a comprehensive approach to the management of problems they must face, including psychological and social support designed to enhance their potential to manage difficult personal or external circumstances;
  - 8.6. assess the problem of the consumption of inhaling products and its impact on children's health;
  - 8.7. combat synthetic drugs, targeting trafficking aimed at children in particular.
9. The Assembly asks the member States to co-operate closely with the digital industry with a view to:
- 9.1. prohibiting the online sale of psychoactive substances and alcohol to children and child access to online gambling and betting in the same way as in the real world;
  - 9.2. prohibiting any form of online advertising of these substances and offers of gambling and betting to children;
  - 9.3. setting up online child-appropriate prevention campaigns concerning online gambling and betting and the excessive use of digital devices.
10. The Assembly invites Council of Europe member States as well as observer States and States whose parliaments enjoy observer or partner for democracy status with the Assembly, which have not yet done so, to join the enlarged partial agreement which established the Council of Europe International Cooperation Group on Drugs and Addictions (Pompidou Group).

## B. Draft recommendation<sup>3</sup>

1. The Parliamentary Assembly refers to its Resolution ... (2023) "Preventing addictive behaviours in children" and emphasises the responsibility that lies with member States to guarantee the right of children to enjoy the best possible state of health, including by adopting addiction prevention and treatment measures. The persistence or growth of this problem among children have shown the long-term ineffectiveness of the national policies and laws in force.
2. Noting that socio-economic difficulties are a major source of stress for children and hence a cause of drug use and other addictive behaviours, the Assembly recalls its work on poverty, in particular its [Recommendation 2234 \(2002\)](#) "Eradicating extreme child poverty in Europe: an international obligation and a moral duty". It regrets the inadequacy of the [Committee of Ministers' reply](#) in this field and urges it to fully implement the recommendation so as to achieve, in Europe, the global goal of eradicating extreme poverty by 2030 (United Nations Sustainable Development Goal 1.1), thereby helping to reduce one of the root causes of addictions in children.
3. It welcomes the initial activities of the Council of Europe International Cooperation Group on Drugs and Addictions (Pompidou Group) focusing on children and families affected by parental drug use, and the Lisbon Declaration of 13 and 14 December 2022, which incorporated protecting the rights of persons belonging to vulnerable groups and reducing the availability of illegal drugs, as well as preventing addiction to the internet and online gambling, into the priority activities of the Pompidou Group for 2023-2025.
4. In this context, the Assembly invites the Committee of Ministers to ask the governing bodies of the Pompidou Group to:
  - 4.1. place emphasis on preventing drug use among children by stepping up their co-operation with other international organisations and civil society, basing their recommendations on validated studies and involving children in their activities. It notes the particular potential benefits of looking into the use of cannabis, which is the drug most used by children. A summary of the consequences of the use of cannabis on the physical and cognitive development of children could serve as a basis for a co-ordinated Europe-wide cannabis prevention policy and an approach taking account of the best interest of the child to the recurring issue of the legalisation or decriminalisation of cannabis possession or use so as to deliver a clear message which will be understood by the entire population and in particular by children;
  - 4.2. focus their work on behavioural addictions facilitated by online technologies and practices, placing emphasis on the study of addictive behaviours in children and related prevention measures, including by proposing indicators making it possible to identify this type of behaviour – indicators which should also be made available in a child-appropriate format, among other things so as to enable children to conduct self-assessments;
  - 4.3. conduct studies on the prevalence of the use by children of new psychoactive substances, often synthetic drugs, whether legal or illegal, and to propose appropriate prevention measures, targeting children, parents and health professionals.
5. The Assembly recommends that the Committee of Ministers instruct the Council of Europe intergovernmental sector to devise tools to raise awareness among children of the consequences of excessive or addictive use of digital tools and applications, including online betting and gambling, as part of the implementation of its Strategy for the Rights of the Child 2022-2027.
6. The Assembly considers it worth developing regional networks in Europe and beyond and extending the work carried out in the context of the Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD) to all the member States of the Pompidou Group, making it thereby possible to survey the specific national characteristics of adolescent substance use and risk behaviours more broadly. Accordingly, it recommends that the Committee of Ministers instruct the governing bodies of the Pompidou Group to set up a broader surveying process, covering all addictive behaviours, possibly by region, so as to enable States to exchange good practices based on common indicators concerning adolescents. This survey should include populations of younger children.

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3. Draft recommendation adopted unanimously by the committee on 19 September 2023.

## C. Explanatory memorandum by Ms Diana Stoica, rapporteur

### 1. Introduction

1. On 15 April 2021, the Committee on Social Affairs, Health and Sustainable Development (the committee) tabled a motion for a recommendation entitled “Preventing addictive behaviours in children”.<sup>4</sup> The motion was referred to the committee for report and I was appointed rapporteur on 22 June 2021. The committee discussed an introductory memorandum at its meeting on 23 September 2022, and I carried out a fact-finding visit to Dublin (Ireland), on 4 and 5 May 2023. The motion raised issues of concern with respect to children’s exposure to addictive substances and addictive behaviours, in the context of the Covid-19 pandemic, and the ensuing socio-economic crisis.

2. Every child has the right to a healthy life. All Council of Europe member States are parties to the United Nations Convention on the Rights of the Child, which guarantees “the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health”, and stresses that “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”. UN Sustainable Development Goal 3 is to ensure healthy lives and promote well-being for all at all ages, which includes the strengthening of “the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.” Addressing addictive behaviours in children is thus essential for human rights protection and sustainable development, as enshrined in international legal frameworks and policies.<sup>5</sup> In addition, addictive behaviours are wider than just substance use – they can be associated with social media scrolling, gaming or pornography. For example, excessive online gaming and online gambling can result in significant risks and harm, including addictive behaviour, social isolation, financial debt, and psychological distress. The Council of Europe Pompidou Group<sup>6</sup> has recently started working in this area.<sup>7</sup>

3. The Covid-19 pandemic constituted a major threat to the most vulnerable people, and children were among the most exposed to its devastating effects.<sup>8</sup> Health systems that were severely weakened or non-existent in some regions were rapidly saturated. Many people were not treated for other diseases because of a lack of space in health centres or fear of being infected with Covid-19 during a hospital visit.<sup>9</sup> A great number of children in Europe have lived through a public health catastrophe because of the Covid-19 pandemic, and many of them are also experiencing economic difficulties.<sup>10</sup> The child and adolescent mental health crisis resulting from the impact of the pandemic contributed to the development of addictive behaviours in children. Substance use disorders and overdoses among adolescents increased during this period.<sup>11</sup> A regional report produced by the Pompidou Group’s Mediterranean network for co-operation on drugs and addictions showed a slight impact of the Covid-19 restrictions on adolescent substance use and risk behaviours in the Mediterranean region.<sup>12</sup> This report takes stock of such use and behaviours in the region and it may be worth extending the data collection it involves to all the member states of the Pompidou Group and beyond to enable authorities to compare their situations with other countries and draw on national policies which could be transposed to their countries.

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4. [Doc 15269](#).

5. “[Handbook on European law relating to the rights of the child](#)”, European Union Agency for Fundamental Rights and Council of Europe, 2022 edition.

6. The [Pompidou Group](#) (Council of Europe International Co-operation Group on Drugs and Addictions) is the Council of Europe’s drug policy co-operation platform.

7. A group of 14 experts held its first meeting on 10 and 11 May 2023 in Paris and agreed on a work programme to prepare a comprehensive report with an analysis of risks and harms associated with online gaming and gambling and an overview of current responses, to be finalised by November 2023.

8. World Vision, 2020. “[Coronavirus: 30 million children’s lives at risk from secondary effects of killer disease](#)”.

9. Song, H., Ezaz, G., Greysen, S.R., Halpern, S.D., and Kohn, R., 2020. “[How Hospitals Can Meet the Needs of Non-Covid Patients During the Pandemic](#)”, *Harvard Business Review*.

10. See also the report by our colleague Mr Simon Moutquin on “[Taking into consideration the impact of the fight against the Covid-19 pandemic on the mental health of minors and young adults](#)” ([Doc. 15829](#)).

11. “[Mental Health and Substance Use Considerations Among Children During the COVID-19 Pandemic](#)”, N. Panchal, R. Kamal, C. Cox, R. Garfield and P. Chidambaram, 26 May 2021. An [analysis](#) of private insurance data found that, in general, claims for substance use disorders and overdoses increased as a share of all medical claims for adolescents aged 13 to 18 in 2020, compared to 2019.

12. “[Adolescent substance use and risk behaviours in the Mediterranean region](#)”, Fourth MedSPAD regional report, 2022, pp. 69-71.

4. The motivation behind this report is to examine the challenges with respect to addictive behaviours in children from the perspective of the UN Convention on the Rights of the Child and the Guidelines of the Committee of Ministers of the Council of Europe on child-friendly health care. I would like to propose recommendations as to which measures need to be taken and how, to ensure that such measures put the best interest of the child first, that they are human rights- and evidence-based, that they tackle the root causes of addictive behaviours and demonstrate their effectiveness. These recommendations could also contribute to the implementation of the UN Sustainable Development Goals and the Council of Europe Strategy for the rights of the child (2022-2027).<sup>13</sup>

## 2. Aim and scope of the report

### 2.1. Overview

5. Addictive behaviour is a physiological, physical, or psychological state of dependency on a substance or a pattern of compulsive and repeated use. Addictions can be divided into two categories: (i) product-related dependencies involving tobacco, alcohol, medicines or drugs, and; (ii) dependencies not related to products such as addiction to work, gaming, the internet, telephones or sport. Moreover, an addiction is often defined as not having control over doing, taking, or using something to the point where it could be harmful to the person concerned.<sup>14</sup> The individual concerned may experience anxiety, depression, and suicidal thoughts. They may not be able to carry out certain functions in their daily lives. Genes can affect the degree of reward that individuals experience when initially using a substance or engaging in certain behaviours. The increasing desire to re-experience use of the substance or the behaviour is influenced by psychological, social, and environmental factors. Addiction monopolises the individual's mind, they cannot think of anything else and often organise their whole day around it. Regular exposure and chronic use can lead to changes in the brain.<sup>15</sup> The damage incurred is even more detrimental for children's developing brains. The more powerful the addiction, the stronger and more severe its effects. Addiction occurs in all social and cultural contexts, although the context may have an impact and the substances used and types of behaviours displayed may vary.

6. Children are particularly vulnerable when exposed to addictive substances and behaviours, as they are at a stage when their personality is being formed. They are also easily influenced by their environment, their friends, and the media. Thus, the impact of parental substance use is often reflected in the children's development.<sup>16</sup> In a recent survey of young children and teenagers in the United Kingdom, it was found that children as young as 11 were drinking alcohol and that they were five times more likely to try it if their friends were already drinking.<sup>17</sup> This fact was also mentioned during most of the interviews during the fact-finding visit to Ireland. It was identified as one of the main causes of addiction in children and referred to as "intergenerational addiction". Commercial marketing often targets children and their caregivers to sell products, including products that can be harmful to children's health and well-being.<sup>18</sup> Social media consumption is potentially harmful for children and adolescents, who are particularly vulnerable to being influenced by the content which they are exposed to via social media. Platforms such as YouTube and TikTok prioritise engagement over the mental health of their consumers.<sup>19</sup> Although conscious that there is a critical link between fast-food, sugar-sweetened beverages, advertising, and adverse consequences such as obesity, I will not include food disorders in this report, since these must be tackled in conjunction with the food industry.

7. Children are thus in need of particular protection, on the part of their parents, professionals working with children, as well as decision makers. The relevant policies should duly consider the best interest of the child and include adequate safeguards in this respect. While responsibility lies with both individuals and institutions, the exponential increase in addictive behaviours in children is clearly a systemic problem, which requires systemic solutions.

8. The Covid-19 pandemic has led to increased anxiety among children, with substance-related and other addictive behaviours having served as coping mechanisms among the young, especially during the lockdowns.<sup>20</sup> Pressure on parents and other caregivers has increased, and opportunities for reaching out to

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13. Council of Europe Strategy for the Rights of the Child (2022-2027).

14. "Addiction: what is it?" – NHS.

15. "Addictions" – American Psychological Association.

16. [www.coe.int/en/web/pompidou/children](http://www.coe.int/en/web/pompidou/children).

17. [www.recoverylighthouse.com/peer-pressure-bullying-can-lead-substance-abuse/](http://www.recoverylighthouse.com/peer-pressure-bullying-can-lead-substance-abuse/).

18. [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32403-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32403-X/fulltext).

19. "The Dangers of Excessive Social Media Usage", *Psychiatric Times*, Z. Khan, 13 October 2022.

children who need help have been reduced, due to other priorities and budget cuts. This aspect is developed by our colleague Simon Moutquin in his report entitled “Mental health and well-being of children and young adults”.<sup>21</sup>

9. When considering addictive behaviours, another important aspect to take into account is possible underlying depression. Many children now exhibiting addictive behaviours were already in a fragile state of mind, with signs such as strong feelings of emptiness, mood swings, distress, and apathy. Depression can be manifested in many different ways, not all of them with a clear experience of sadness and lack of self-worth. For example, children may mask depressive experiences with hyperactive or aggressive attitudes. Recent research has revealed that children with either depressive or anxiety disorders were significantly more likely to experiment with alcohol or tobacco.<sup>22</sup>

10. Often, addictive behaviours can be seen as a protection mechanism when faced with intolerable experiences of suffering and loneliness, covering up fragile self-esteem and deep insecurity. When teenagers are upset or angry, they often turn to alcohol or drug use to help them manage their feelings.<sup>23</sup> In such cases, alcohol can make them feel euphoric and sociable, cannabis can give a sense of euphoria and relaxation, and the internet can help them to live “in the world” and connect to others. In this sense, the work that needs to be done with children and adolescents exhibiting addictive behaviours should aim at helping them to talk about emotional experiences, to reflect before acting in order to move on from the primary process of discharging tension – by escaping from reality – and to consider the consequences of their actions. Work must also be done to increase their capacity to regulate impulses, which may be weakened in a situation of emotional vulnerability, and their capacity to better process their anxieties and frustrations. When it comes to the calm progression of children into adulthood, it should also be noted that a child who has experimented with a substance is more likely to become addicted later in life. Moreover, the younger children are when they experiment, the more at risk they are to addiction when they are older or have become an adult. For example, a child who has experimented with alcohol at the age of 11 or 12 is twice as likely to become dependent as one who experiments at 13 or 14 and fifteen times more likely than somebody who experiments after the age of 18.<sup>24</sup> Accordingly, I would like to emphasise the importance of prevention from a very young age.

## 2.2. Substance addictions

11. Some substance addiction among children has been fuelled by easy access, widespread advertising, and ingenious marketing strategies. Worldwide, more than a quarter of young people aged 15-19 years say they drink alcohol. Approximately 80% of adult smokers had their first cigarette prior to the age of 18 years, and approximately 43 million children (aged 13-15) used tobacco in 2018.<sup>25</sup> Cannabis/marijuana is considered to be the most used drug among adolescents. Other illegal drugs such as amphetamines are also commonly used among adolescents in many parts of the world.<sup>26</sup> Of course, youth smoking remains a public health issue, which is gradually being substituted by vaping, including among children.<sup>27</sup> In Ireland, the Public Health (Tobacco and Nicotine Inhaling Products) Bill 2023 is currently being debated in the parliament.<sup>28</sup> This bill includes for the first time, a ban on the sale of inhaling products to children and in places frequented by children, together with advertising restrictions. In France and Belgium, it is notably prohibited to vape in schools and facilities for the reception, training or accommodation of minors. The French Government has recently announced its intention to ban disposable e-cigarettes (“puffs”).

12. Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illegal drugs.<sup>29</sup> In recent years, the scope of addiction has widened, no longer being limited to drugs alone (in the pharmacological sense), and extending to additional compulsive behaviours (see below) such as

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20. Romano I., et al. (2021), “Substance-related coping behaviours among young during the early months of the COVID-19 pandemic” – ScienceDirect. Sun, Y., et al, (2020), “Brief report: Increased Addictive Internet and Substance Use Behavior During the COVID-19 Pandemic in China”, *The American Journal on Addictions*, 29(4), 268-270.

21. Doc. 15829, op. cit.

22. “Anxiety, depression, and substance experimentation in childhood”, R.J. Klein, J.A. Gyorda, N.C Jacobson, 24 May 2022.

23. “Mental Health Disorders and Teen Substance Use”, C. Miller, S. Taskiran, Child Mind Institute, 28 July 2022.

24. DeWitt D. J., Adlaf E. M., Offord D. R., & Ogborne A. C. (2000). “Age at first alcohol use: a risk factor for the development of alcohol disorders”, *American Journal of Psychiatry*.

25. [www.who.int/news/item/19-12-2019-who-launches-new-report-on-global-tobacco-use-trends](http://www.who.int/news/item/19-12-2019-who-launches-new-report-on-global-tobacco-use-trends).

26. [www.ncbi.nlm.nih.gov/pmc/articles/PMC8664882/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC8664882/).

27. “The child vaping crisis: ‘From what my daughter says, 90% of her year do it’”, *The Guardian*, 14 June 2023.

28. “E-cigarettes – Health issues and regulatory options”, Library and Research Service of the Houses of the Oireachtas, A. Timoney, 21 September 2020; [Public Health \(Tobacco and Nicotine Inhaling Products\) Bill 2023: Second Stage](#).

29. WHO definition.

gambling, video games, and others, which, taken together, constitute major risk factors for public health. The factors influencing the possible evolution from occasional and recreational to compulsive use are complex. Particularly during adolescence, the influence of socialisation is decisive. Nonetheless, in this case, as for many diseases, a multifactorial cause is recognised. In addition to family, friends and the school circle, at least two other factors are important: that linked to the biological and personal characteristics of the adolescent displaying the addictive behaviour, and that linked to the chemical characteristics of the substance used. To distinguish use from abuse and abuse from dependence, it is important to assess the occurrence of characteristic behaviours (strong craving, withdrawal symptoms, and tolerance) and the extent to which these behaviours impair the child's overall functioning.

13. Although the report relates primarily to prevention, I would also like to add that where treatment is concerned, the best results are achieved with integrated interventions. In fact, no treatment plan for substance misuse disorders can be realised without the involvement (both in the diagnostic and therapeutic phases) of both the patient and their environment, by means of individual and family psychotherapy, as well as support with medication to reduce cravings (an uncontrollable desire to take the psychoactive substance). In the most severe cases, placement in therapeutic communities<sup>30</sup> should be envisaged on a case-by-case basis and only after a thorough assessment of the best interest of the child. Providing psychotherapeutic support for the most vulnerable patients can be useful. An interesting visit I made to a child house, "The Den" in a suburb of Dublin, showed the importance of an accessible place dedicated to children who are substance users not only to provide therapy, but also to offer a place where they feel safe and not stigmatised, most of them having suffered traumatising experiences as a child. As the people we spoke to at "The Den" told us, psycho-physical well-being and social integration are the cornerstones of prevention. In many ways the key factors in the most successful forms of treatment can be transposed into the world of prevention.

### 2.3. Online related addictions

14. Non-substance addictions, also called process or behavioural addictions, are even more widespread, more insidious, but less researched. They include addictions to online gaming, social networking, gambling, watching pornography<sup>31</sup>, and compulsive shopping. Technology is a fundamental resource in our daily lives. However, it can lead some to become "slaves" or "addicts" to it to the point of compromising their social and relational lives, and this from a very young age. A particularly worrying phenomenon is that of online gambling, which includes slot machines, lotto/bingo, and poker. Screen addiction is rampant in children growing up in an age of readily available tablets and smartphones. In Ireland, one report found that almost all parents reported to have witnessed a "negative change in mood and attitude in their child with prolonged use of screens", with several raising concerns about mental health and addiction due to too much screen time. According to the World Health Organization (WHO), gambling addiction rates vary from 0.1% to 6% and young adults are among the most vulnerable. Up to 14% of exposed college students report problem gambling.<sup>32</sup>

15. Abuse of online gaming and gambling can lead to serious hazards and negative effects, such as addiction, financial debt, social isolation, and psychological distress. Despite justifications put forth by online gaming and gambling business, many studies support the hypothesis that excessive use of these platforms may result in addiction. The problems linked to excessive online gaming and gambling are currently being addressed by several programmes. These programmes include industry initiatives, self-exclusion programmes, public awareness campaigns, counselling and treatment services, and regulatory rules.<sup>33</sup>

16. Internet addiction in adolescence can be a real syndrome affecting both boys and girls. Children in this situation typically experience a strong uneasiness when they are deprived of access to the internet, which cannot be alleviated in any other way. The study of this phenomenon is ongoing, but unambiguously identifying an "internet addiction" is quite complex for two reasons. There is no objective parameter for categorising the concept, or more precisely the specific consequences of "excessive" internet use. Moreover, it is not uncommon for uncontrolled use of internet and social networks (via PCs or smartphones) to conceal or stem from other types of problems. A recent study has shown that 5% of 14-21-year-olds are moderately addicted to the internet, and 0.8% are seriously addicted.<sup>34</sup> The research points out that the phenomenon can include addiction to social networks, online gaming, shopping, or pornographic sites.

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30. "What Are Therapeutic Communities?"

31. See Mr Dimitri Houbbron's report on "For an assessment of the means and provisions to combat children's exposure to pornographic content", Doc. 15494, Resolution 2429 (2022) and Recommendation 2225 (2022).

32. [www.therecoveryvillage.com/process-addiction/behavioral-addiction-statistics/](http://www.therecoveryvillage.com/process-addiction/behavioral-addiction-statistics/).

33. [www.coe.int/en/web/pompidou](http://www.coe.int/en/web/pompidou).

34. "Internet addiction update: diagnostic criteria, assessment and prevalence".

17. Furthermore, internet and social network addiction has been widely associated with a syndrome which the Japanese have labelled “hikikomori”, indicating an increased phenomenon of social isolation, in particular in the context of the Covid-19 pandemic. The condition of the hikikomori<sup>35</sup> is characterised by a refusal of social, school, or work life for a prolonged period, of at least 6 months, and a lack of social interaction apart from those with close relatives. Young hikikomori may manifest their discomfort in various ways: staying indoors all day, only going out when they are sure not to run into acquaintances, or even wandering aimlessly all day whilst pretending to have gone to school. Hikikomori keep external relations to a minimum, and the only contacts they develop are while using the internet.

18. Reliable indicators would help both professionals and policy makers to take a more precise approach to these behaviours making it possible to more easily identify children at risk and devise scientifically-based prevention policies. They would also enable children to self-assess, provided that they are adapted to them.

#### **2.4. Root causes and consequences of addiction**

19. To address addictive behaviours, it is essential to understand their root causes. This involves looking at a broad range of areas, from cultural acceptance of addictive substances and aggressive marketing practices targeting children and adolescents, to easy access to electronic devices and insufficient time for parenting due to labour policies. As for adolescents, they undergo a period of change between childhood and the transition to adulthood. During the very delicate period of transition from childhood to adulthood, adolescents are particularly prone to all sorts of temptations because of the physical, psychological and emotional changes they are going through. A feature of this period of transformation is a taste for risk and excess, the attraction to the forbidden, a desire to experiment. Nowadays, besides an early sex life for some, this period of experimentation also includes both legal and illegal substance use.<sup>36</sup> I note that while cases among adolescents are relatively well documented, the causes of addiction in younger children are far less known.

20. In many cases, addictions can be triggered by traumatic experiences.<sup>37</sup> These experiences can relate to various cases such as physical, sexual or psychological abuse, ill-treatment or conflict between parents. The underlying causes of addiction are generally invisible. Apart from trauma, which is the most common cause, they may include suffering, unsatisfied needs, a lack of goals or a lack of self-confidence. The common feature of these causes is a stressful or violent environment or situation. For example, adolescents faced with bullying at school or online exhibit higher rates of substance use.<sup>38</sup>

21. There is therefore a need both for a comprehensive prevention approach, which covers socio-cultural aspects and addresses addictive behaviours at a systemic level, and for targeted approaches for different types of addictions and situations.

22. Addictive behaviours can have severe consequences for the physical and mental health of children. According to UNICEF estimates, every year, 1.4 million children between the ages of 10 and 14 die in traffic accidents resulting from the consumption of alcohol or other drugs. For young people, drug use can be a way to commit suicide or it may push them in this direction. Addictions also have a significant negative impact on children’s personal development, educational achievement, and chances for success in future life. Research has shown that when children are exposed to chronic stressful events, their neural development can be disrupted or interrupted. Consequently, children’s cognitive functioning or ability to deal with negative or destabilising emotions may be affected. Over time, and often during adolescence, children may adopt coping mechanisms which harm their health such as substance use or self-harm. These mechanisms can ultimately give rise to illnesses, disabilities, social problems and premature death.<sup>39</sup>

### **3. Good-practice examples to take away from the fact-finding visit to Ireland**

23. I am particularly interested in exploring examples of national practice with respect to comprehensive approaches to dealing with addictive behaviours in children. From this perspective, the fact-finding visit to Ireland allowed me to examine the experience of the Irish authorities in putting into practice in the document on “Better outcomes, brighter futures: National Policy Framework for Children and Young People”.<sup>40</sup> This

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35. Teo A.R., Gaw A.C., “Hikikomori, a Japanese culture-bound syndrome of social withdrawal?: A proposal for DSM-V”.

36. “Enfants et dépendances”, Humanium, S. Diringbin.

37. “What are the Root Causes of Addiction?”, Steve Rose, PhD.

38. Pichel R., et al. (2022). “Analysis of the relationship between school bullying, cyberbullying, and substance use”. Children and Youth Services Review, Volume 134.

39. “The Role of Adverse Childhood Experiences in Substance Misuse and Related Behavioral Health Problems”, R. Anda, June 2018.

policy has been prolonged and is currently under revision for adoption in 2024. In 2019, Ireland launched the “Hidden Harm Strategic Statement and Practice Guide”, which aimed to address alcohol and drug addiction in children. “Growing Up in Ireland” is a government-funded study on children. The data collected in this context enabled the preparation of the report on “Emerging Digital Generations? Impacts of Child Digital Use on Mental and Socioemotional Well-Being across Two Cohorts in Ireland, 2007-2018”. Furthermore, Ireland was the first country in Europe to develop a National Strategy on Children and Young People’s Participation in Decision-Making (in 2015) and has substantial experience in involving children and young people in the development of policies that affect their lives.

24. Ireland makes an interesting case study. Although the use of smartphones and internet access are increasing in Ireland, it has not yet reached the levels of saturation that are common in many Northern European countries and countries in Europe. Irish children aged 9 to 16 had frequent access to internet in 93% of households, according to data from the EU Kids Online Survey (2011). According to the Net Children Go Mobile (2015) survey, 46% of Irish children aged 9 to 16 used their own smartphone as their main source of internet access, with 63% using it at least once a day.<sup>41</sup> According to both surveys, Irish young people use the internet less frequently than young people in other European countries and spend less time online overall.<sup>42</sup>

25. The patterns and impacts of digital use on children’s socio-emotional well-being were explored in Ireland across two cohorts of youths who grew up during the “digital age”, the 1998 cohort (interviewed in 2007/08) and the 2008 cohort (interviewed in 2017/18).<sup>43</sup> For these two cohorts of the Growing Up in Ireland (GUI) research, a multi-cohort longitudinal study with rich comparative data on a significant number of 9-year-olds and multivariate linear regression models was conducted.

26. The findings show that children were more engaged with social media and digital devices in 2017-2018 than they were in 2007-2008, when they watched more television and used less diverse forms of media. Additionally, spending more than three hours per day on TV or digital activities was linked to a significant decline in children’s socio-emotional well-being, although these effects were stronger in 2017-2018 than in 2007-2008; online informational and educational activities (but not other forms of digital engagement) were a significant predictor of socio-emotional well-being in 2017-2018. Overall, the study reveals the persistence of, but also some important changes in recent trends in children’s digital use and its impact on socio-emotional well-being in Ireland.

27. Even though there is an increase in the use of cocaine and a decrease in the use of cannabis in Ireland, all the stakeholders I encountered were strongly against the legalisation/decriminalisation of cannabis, stating its devastating effects on children’s brains. The question is rather to stop the supply and the traffic of any kind of drugs. The phenomenon has multiple community factors including peer pressure, poverty, parental attitude to drugs, and more generally dysfunctional home settings. The treatment programme that is proposed is one that aims to tackle the consequences of children’s adverse experiences. Mr Shane Mulligan, physician at the Tusla Child and Family Agency, underlined the need for a comprehensive approach, which should include parents or guardians.

28. Regarding gaming and gambling, the Ministry of Health, which is for the first time conducting a survey on a behavioural addiction, stressed the need for data. The introduction of a gambling bill focusing on prevention, is being considered and this constitutes a shift in culture. In this regard, the child and youth NGO Foróige stressed the need to strengthen the family rehabilitation programme and to combat the culture of acceptance of the problem.

29. The National Drug Strategy tackles three main areas of action: the prevention of the use of drugs and alcohol at a young age, the development of harm prevention and harm reduction interventions targeting at-risk groups, and the improvement of access to services for women, children, and young people.<sup>44</sup>

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40. “Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020”, p. 79, p. 108 and p.103.

41. O’Neill, B., & Dinh, T., 2015. “Net children go Mobile: Full findings from Ireland”. Dublin Institute of Technology.

42. O’Neill, B., Grehan, S., & Ólafsson, K., 2011. “Risks and safety for children on the internet: The Ireland report”. LSE, London: EU Kids Online.

43. “Emerging Digital Generations? Impacts of Child Digital Use on Mental and Socioemotional Well-Being across Two Cohorts in Ireland, 2007–2018”.

44. “Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025”, see pp. 22-28, p. 29 and pp. 43-44.

#### 4. Possible action in the areas of education, social protection, and health

30. Many categories of social groups are affected by urban poverty, particularly children of low-income families. The number of street children is increasing and the most vulnerable are girls. Street children are marginalised and as teenagers they are a difficult group to access. Their often-deep resentment and mistrust of formal and traditional systems precludes healthcare and public services access. Many street children have previously been abused, and all of them are at risk of violence, prostitution, and drug abuse. Their circumstances prompt them to take refuge in drug abuse to “escape” these traumatic experiences. This finding, which was also mentioned by our Irish discussion partners, applies to many European countries, including my own. Some of these children fall into crime and their rates of substance abuse are generally very high.

31. School and child protection systems are at breaking point in many countries, exposing thousands of children to an increased risk of abuse, neglect, sexual exploitation, and child labour. Calls to child protection hotlines increased significantly around the world during lockdown. If we do not act, the results may be catastrophic for this generation, now and in the future.<sup>45</sup> I would advocate giving priority to measures to support children, enabling them to operate in a calm school and socio-educational environment, and to setting up child protection services. I strongly believe that a country which invests in children and youth invests not only in their human rights but also in the formation of a more resilient and ultimately more economically stable society.

32. It is important to identify ways to support and protect the Covid-19 generation. The idea that Covid-19 is a “great leveller” is nonsense. Equality in access to care, based on the solidarity model, has not proved to be the case during the pandemic, which has had a disproportionately negative effect on the poorest and most vulnerable. This goes both for the impact of the epidemic itself on the poor, the elderly, and the medically vulnerable, but also for the current schooling crisis caused by the pandemic, which is impacting most negatively on the poorest children and is creating a future of failure in education.<sup>46</sup> When schools finally reopened, many poor children never returned to the classroom. Poverty is the key explanation of why children do not attend school,<sup>47</sup> and poverty is the major deep root cause of addictions, as mentioned by most of the stakeholders I met during my fact-finding visit in Ireland. Thus, tackling poverty and extreme poverty among children and their family is a key primary preventive measure to prevent addictive behaviours. Urgent health and social-security spending should also be a priority when it comes to allocating scarce funds. It is unacceptable to leave the education sector struggling with budget cuts.<sup>48</sup>

33. Rising trends in children’s use of alcohol and illegal drugs represent an important societal challenge in Council of Europe member States, given the fast pace of change in our countries. A wide variety of chemicals are now available to children, who frequently mix them with alcohol. It is particularly difficult for policy makers to create an appropriately broad and timely range of responses for effective action, given the new and evolving patterns of psychoactive substance use. Today, it can be said that cannabis remains the most-frequently used drug amongst European youth, and that in general, the propensity to take drugs and the likelihood of getting intoxicated or using cannabis or other illegal substances rise rapidly with age. A periodic review of trends focusing on addictive behaviours in children in Europe could help design flexible and targeted policies.<sup>49</sup>

#### 5. Practical recommendations to member States

34. Drug prevention strategies cover a broad spectrum, from initiatives that concentrate on at-risk individuals to those that target society (environmental prevention). Matching these various tactics to the proper target populations and situations, while ensuring that they are evidence-based and have adequate population coverage, is the main challenge. Many preventative initiatives concentrate on substance use in general; however, a small number target specific substances like alcohol, cigarettes, or cannabis. Some also consider related issues like violence and high-risk sexual behaviour. Research and constant monitoring of trends to adapt policies to evolving uses is needed in order to best support young users and to prevent addictive behaviours from developing. The often-controversial question of decriminalisation/legalisation of cannabis should be carefully debated at both European and national levels, taking into particular consideration the

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45. Human Rights Watch, 2020. “COVID-19’s Devastating Impact on Children”.

46. <https://blogs.worldbank.org/education/educational-challenges-and-opportunities-covid-19-pandemic>.

47. [www.hrw.org/news/2020/06/09/when-schools-reopen-many-children-will-be-missing](http://www.hrw.org/news/2020/06/09/when-schools-reopen-many-children-will-be-missing).

48. <https://ourworldindata.org/financing-education>.

49. The European Drug Report of the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) gives a general annual overview of trends. “European Drug Report 2023: Trends and developments”.

developmental consequences of cannabis use in young people. This question, which has been debated for a long time in European countries, whose national policies often change in line with ideological considerations, should actually be centred on the best interest of children, which is to grow up in the best possible setting for their mental and physical health. While I can understand that there may be differences concerning adults, it seems important to me, when it comes to children, to consider the issue at European level and to aim for a more harmonised approach based on the child's best interest.

35. For instance, the goal of some so-called environmental protection techniques is to alter the social, physical, cultural, and economic contexts in which people make decisions about using drugs or other addictive substances. These techniques include policies such as regulating alcohol prices and restricting smoking and cigarette advertising, both of which have a strong track record of effectiveness. Other tactics include encouraging a supportive and caring learning atmosphere and educating students about civic norms and values to create safe learning environments. The goal of universal prevention is to reach entire populations, typically in school and community settings, and to provide young people with the social and personal skills they need to either delay or avoid starting to use drugs or other addictive substances. In addition, teachers and educators should receive specific training to support child substance users.

36. Selective prevention targets communities, families, or groups that are more vulnerable to drug use or dependence, frequently because of a relative lack of social ties and/or resources. The recommended preventive approach focuses on those displaying behavioural or psychological profiles which may indicate a higher risk of developing substance use issues in the future. In most countries in Europe, this type of prevention focuses mainly on counselling for young people who are using drugs.

37. In Europe, a variety of methods, such as psychosocial therapy, pharmaceutical treatment, and detoxification, are used to treat drug dependence.<sup>50</sup> The organisation of the national healthcare system and the nature of the drug problems in each country should be taken into account in the treatment options that are made available. When it comes to young people, the preferred way to provide drug treatment services should be to use psychosocial interventions like counselling, motivational interviewing, cognitive behavioural therapy, group and family therapy, and relapse prevention. These programmes assist young people in managing and resolving their drug use issues.

## 6. Conclusions

38. I hope that these suggestions will be of help, in the light of the current and likely forthcoming further social and economic upheaval in Europe. The climate crisis, armed conflicts, and the rise of inequalities will inevitably continue to create anxiety and comfort-seeking behaviours in children and will test our societies' values and resilience.

39. As I have said, there is a broad spectrum of prevention measures to be explored and developed. I would like to place most emphasis, however, on the root causes of addictive behaviours, particularly the stressful and violent circumstances which some children experience. At the Council of Europe level, I am counting in particular on the Pompidou Group to set up activities for the prevention of addictive behaviours in children. I welcome the Pompidou Group's new work priorities for 2023-2025, which include protecting the rights of persons belonging to vulnerable groups and reducing the availability of illegal drugs, as well as preventing addiction to the internet and online gambling, and I therefore propose to target these priority activities on children. The Group's activities could also complement the work of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in its areas of competence.

40. To reduce and prevent addictive behaviour in children, it is necessary to both increase protective factors and reduce risk factors. Our aim should be to ensure that children can grow up in a secure and safe environment whatever their circumstances, and to strengthen protective factors. This means that to help the most vulnerable children, tackling child poverty should be a political priority. I must insist therefore on the importance of implementing [Recommendation 2234 \(2022\)](#) "Eradicating extreme child poverty in Europe: an international obligation and a moral duty". The Council of Europe should take prompt action to ensure that in Europe, the global aim of eliminating extreme poverty is achieved by 2030 (UN Sustainable Development Goal 1.1), thus helping to reduce one of the root causes of addiction in children. Children from families with a history of addiction problems are, on average, confronted more often with difficult situations and possible reiteration of addictive behaviours.<sup>51</sup> Council of Europe member States should envisage extensive research at

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50. [Action framework for developing and implementing health and social responses to drug problems](#). "Health and social responses to drug problems: a European Guide", 2021, EMCDDA.

51. ["Does Addiction Run in the Family? Genes and the Home Environment"](#).

European level into the root causes of addictive behaviours, as “intergenerational” addiction was one of the major factors raised by the Irish stakeholders I met. The Council of Europe could, therefore, follow-up on its work on “Children whose parents use drugs”,<sup>52</sup> focusing on specific measures to help children living in a context of drug addiction. It is also important to promote personal and social skills enabling children to grow and find solutions, even in difficult situations. The educational curriculum should provide space to foster competences such as making contacts and maintaining relationships with others, adaptability, problem solving, self-esteem, dealing with conflict situations, resisting pressure, and independent and critical thinking. The Council of Europe could develop a comprehensive approach of prevention and treatment of addictions in children, based on its Guidelines on child-friendly healthcare and taking into consideration the current public health and socio-economic context. Building on this, it could also develop courses for the health and the educational sectors to develop specific abilities to detect and support children with addictive behaviours.

41. In the long term, the benefits of such action will go beyond protection from addiction and psychological fragility and disorders; they will be manifested in the physical health of children and their level of social and educational integration.

42. The risk of problematic and addictive use of digital networks and devices is increasingly prevalent in our societies, and Covid-19 has only exacerbated such negative aspects. The changes introduced by technology, the flexibility, the immediacy of communication, and the lack of boundaries between work/school and recreational use, can be positive but can also lead to compulsive use. While all individuals must learn to regulate their own screen use, and to use technology mindfully, this may be more difficult for children, unless they are given support. I would recommend that the Council of Europe develop some prevention tools in the framework of its Strategy for the Rights of the Child 2022-2027, including through its innovative objective 3.2.7 (“Exploring new issues impacting children’s well-being, i.e. online gaming, online marketing and online influencing”). In addition, I underline that the support of the technology industry is essential to tackle the problem of gaming or gambling in children, as well as online marketing and advertising. Council of Europe member States could work towards a partnership with the technology industry to regulate this field, building upon objective 3.2.1 of the Strategy for the Rights of the Child which reads as follows: “3.2.1 Inviting business and industry to fulfil their responsibilities towards children, including by undertaking child impact assessments, ensuring the participation of children in the assessment stages, as well as involving them in the design of digital services and products.”

43. Regarding the persistence of drug and alcohol use, which sadly often begins at a young age, the Council of Europe could support the development of specific programmes adapted to young children (6-12 years). In addition, the specific issue of cannabis use and dependence, given that this is the most widespread addictive substance used by children, should be analysed and addressed at national and European levels. The Council of Europe could lead, together with another entity such as the EMCDDA, widespread research on the impact of cannabinoids on children’s brains and behaviours, the prevalence of the use of such drugs in the child population, specific measures of prevention – including the question of easy access to drugs, cultural acceptance, decriminalisation/legalisation or criminalisation of this substance – and comprehensive programmes of treatment – including safe houses for the treatment of children, as is the case in Ireland.

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52. “Children whose parents use drugs – Promising practices and recommendations”, Pempidou Group, 2022.