Problems of alcohol and drug use
Working group session

The session was chaired by Vivian Barnekow Rasmussen, Technical Adviser for Promotion of Young People's Health within the WHO Regional Office for Europe. In her opening remarks, the chairperson pointed out mental health and well-being issues considering the children and adolescents in Europe. She informed the audience about the different programmes and processes in WHO contributing to better mental health and well-being, such as the European Network of Health Promoting Schools, Promotion of Young people’s Health and the development of a WHO strategy for health and development of children and adolescents for the European region.

The first speaker, Dr Anne Hope, National Alcohol Policy Adviser, Department of Health and Children, Ireland gave an update on *Alcohol Policy and Young People in WHO European Region* (see attached slides). Some of the major points were as follows:

- There is a strong need to translate the existing evidence into policies, but also to implement the existing valuable policies. Reference was made to the WHO Ministerial Conference on Young People and Alcohol in Sweden, 2001, and to the good quality of the Declaration adopted during the conference.
- It was noted that policies targeted just at young people do not work. Therefore, there is a need for improved policies at European level focused on cross country issues, such as promotions for commercial products including alcohol. Looking at the particular case of Ireland, it was noticed the increase in alcohol consumption, especially in spirits, along with the economical growth over the last years.

The second speaker, Ms Ulrike Ravens-Sieberer from Robert Koch Institute, Berlin, introduced the audience to the results of three European studies in her presentation on *Alcohol and tobacco use in adolescence and its impact on mental well being and quality of life* (see attached slides). The three studies were:

- European School Survey Project on Alcohol other Drugs (ESPAD) – 1999 survey;
- EC funded European KIDSCREEN Survey on children’s Quality of Life and Well being – 2003 survey.

After a brief description of each of these studies, Ms Ravens-Sieberer showed some of the results. One initial remark was that regular alcohol consumption is defined differently by HBSC (as “alcohol use at least once a week“) and by ESPAD (as “young people who have been drunk 3 times or more during last 30 days”).

The main findings presented from HBSC were:

- Beer drinking dominates all age groups;
• boys drink more spirits;
• boys drink both larger quantities and more often than girls;
• young people experiment first with cigarette smoking and then with alcohol drinking;
• there are hardly any gender differences in consumption trends except for an increase in girls’ regular smoking;
• there is a significant increase in alcohol consumption with age (e.g. in Germany it varies from 2.1% in 11 year-olds to 32% in 15 year-olds) that can be correlated directly to implementation of efficient policies at country level.

In ESPAD the main findings were similar to the HBSC findings (e.g. boys drinking more than girls). It was also noted an increase over time in most of the countries in binge drinking.

The Kidscreen project, unlike the previous two studies, is not school based; it uses telephone interviews on a national representative sample. Some of the study conclusions presented were:
• Children who smoke and drink have a poorer quality of live, except for the quality of social life in relation with peers, otherwise poorer physical health;
• children who drink and smoke are more likely to develop mental health disorders;
• social status, mental and physical well being are directly correlated to the quality of life;
• higher risk behaviour generates poorer quality of life.

In conclusion, the speaker outlined that regular alcohol and tobacco use is associated with reduced quality of life, more frequent psycho-somatic complaints and mental health problems.

The next speaker, Dr Anne-Liis von Knorring, professor at the Uppsala University, stressed upon the risk taking behaviour among adolescents (see attached slides). Some of the major points were as follows:

• Drugs use decreased significantly in Sweden in the 80s, probably due to strong anti-alcohol and anti-drugs campaigns. Following the success, the campaigns stopped and consequently, the prevalence increased again in the new generation.
• Trends followed since 1835 for correlation of alcohol consumption and violence, show that the alcohol consumption increased more than the assaults.
• The 15-17 year-olds are the most violent, though the aggressive behaviour started at earlier ages, in the preschool period. Therefore, there is a need for early detection of such behaviours.
• Though not very well shown yet, it seems that there are biological substrates of violent behaviours such as the low level of serotonin. Still, when trying to correlate aggression with genetics or family environment, the environment appears to stimulate the genetic potential of aggression.
The last speaker, Ms Margareta Nilson from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) addressed some of the common issues for mental health disorders and drug use looking at *Vulnerability and drug prevention* (see attached slides).

While discussing the links between alcohol and drug use and mental health she referred to vulnerability and preventive strategies outlining the existence of different classification models. EMCDDA is currently using an US based model that comprises three types of prevention: universal, selective, indicated, described as follows:

- The universal prevention is targeted at groups at relatively low risk
- The selective prevention focuses on small groups at risk, regardless individual risks, and it is seen as a complement of the universal prevention. It allows to cover special groups that would not be covered by the universal one, and produces more visible results
- Indicated prevention refers to personalized interventions for individual small groups. It involves higher costs, but it is a necessity, as the existing drug services are not ready to deal with individuals with special needs.

It was also mentioned that in recent EU Council recommendation, the correlation between drug use and mental health is clearly mentioned. In her final remarks, Ms Nilson outlined the need for better coordination between the mental health networks and drug networks at national and international level, since these networks rarely worked together until now.

**DISCUSSIONS**

The chair introduced the participants to the proposed questions for group discussions provided by the four presenters:

- How can social settings play a role in preventive and protective measures for adolescents dealing with alcohol and drugs?
- How should preventive programmes be set up in order to best focus on adolescents?
- Involvement of young people in developing alcohol policies – how will it work best?
- What measures of policy needs to be prioritised in WHO and EC?
- Will it be possible to reduce risk taking behaviour if adolescents have better opportunities in schools and leisure centres?
- Is it possible to reduce use and misuse of alcohol in adolescents without restricting adult consumption?
- Should surveys on adolescent health be adjusted to different cultural settings?

The participants were asked to comment on these questions as well as on any other issue relevant to the topic of the working group discussion. Before initiating the discussions, the group agreed to propose recommendations focused on more general aspects, due to time constraints. The following comments were made:
• There is a clear and well-recognized link between mental health disorders and alcohol and drugs use. The environment created by use of substance impacts on the mental health of young people. Therefore it is important to empower them to resist peer and societal pressure and limit the risks associated with alcohol and drug consumption (e.g. drinking and driving). Adequate resources need to be allocated for this purpose.

• Organizations involved in alcohol and drugs programmes, child and adolescents health and mental health should coordinate better at national level and international level.

• While alcohol consumption increased in all European countries, it is important to make distinction between countries according to use patterns (especially south-north).

• Binge drinking makes part of the new drinking culture of young people. The effects of the globalization have an impact on young people behaviours; nowadays they have increasingly similar drinking and smoke habits.

• Implementing policies targeted at young people alone did not prove to be efficient. Though there is a need for measures targeted at young people specifically, there is also a need for policies that address at the population as a whole, both at country level, at EU level and at regional level (e.g. taxes, price policies, marketing policies). International institutions (WHO, EU) were required to take an active role in promoting such policies.

• A great concern for the group was the alcohol industry’s tactics when promoting alcohol products targeted at young people. There is a need for putting in place mechanisms to make the industry accountable for the damage on young people health. While acknowledging the difficulty of banning advertising of alcohol targeted at young people, it was suggested to limit the time for alcohol advertising on TV during the child-friendly hours. It was also suggested to restrict alcohol sponsorship for sport events for sports with high youth participation.

• The participants supported a comprehensive approach for education, seen as a long term investment rather than time-limited programmes. The existing limited education (e.g. two classes on drugs use prevention) doesn’t work. It was acknowledged that more and more responsibilities are borne by the school instead of the family. As a result, school educational sector needs to be supported (e.g. by promoting appropriate training for educators).

• One of the difficulties in educational efforts is that not all young people are reachable in school. Therefore it is important to reach them in community settings (good example in Ireland) and to provide youth friendly services in a neutral setting.
• The group recognized also the necessity to build capacities into families, since they became lately the weakest links. They need be encouraged to assume a greater role in the education of young people and to act as role models. It was recognized however, the difficulty of having educational programmes addressed to families.

• Another important issue that raised the concern of the participants was the stigmatization. Young people in vulnerable groups are discriminated anyway, because they are “different”. In addition, the preventive efforts are often not appropriate since the decision makers are many times parents of well-educated children and direct preventive efforts to problems that are relevant to them.

• Participants suggested the implementation of health impact assessments in countries would be a priority in our region, to show how existing policies influence the mental health of the population.

• Finally, there was a strong consensus on the importance of involving young people to the extent possible in the decision making process, both at national and at international level

The chairperson summarized the discussions and an agreement was reached regarding the group recommendations for the plenary discussions during the second day of the meeting (see attached).

In her final remarks, the chair stressed that the WHO and EU are here to help countries to work better on this issue and that they are committed to long term actions in this important public health area.
This paper was produced for a meeting organized by Health & Consumer Protection DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG’s views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.