CPME/AD/Brd/05052012/045\_Final/EN

On 5 May 2012, the CPME Board adopted the "CPME Statement on the Alcohol-Related Harm to Children and Young People" (CPME 2012/045 FINAL)

## **CPME Statement on the Alcohol-Related Harm to Children and Young People**

Alcohol-related harm to children and young people continues to exist at deplorable levels in the European Union. 10% of female mortality and 25% of male mortality in the age group 15 to 29 has been linked to hazardous alcohol consumption. Estimates relate 16% of all cases of child abuse and neglect to alcohol. Also, WHO reports road-traffic accidents, for which alcohol has been identified as a major risk factor, to be the leading cause of death between the ages of 5 and 29 in the European region.

Alcohol-related harm is preventable. CPME stresses the importance for policy-makers to prioritise the well-being of children and young people over the financial interests of the alcohol industry and take effective regulatory action to provide for responsible practices in alcohol consumption, trade, advertising and other forms of communication, including social media.

To contribute to the objective of reducing its burden on children and young people, European doctors renew their commitment to

- Pro-actively inform children and young people of the effects of alcohol-related harm and promote responsible behaviour in alcohol consumption, both in specific, and within the broader context of health education and information, including links to tobacco consumption and sexual health. Children and young people with a history of hazardous alcohol consumption shall be monitored in particular.
- 2. Advocate that all drivers should abstain from drinking alcohol before driving. Policy action to this end is strongly supported especially with regard to novice drivers. Without prejudice to more restrictive national legislation, the legally maximum permitted blood alcohol level for drivers throughout the EU should be lower than 0.5 mg/ml, compliance with which should be enforced effectively i.a. with random breath-testing<sup>1</sup>.

<sup>&</sup>lt;sup>1</sup> For details, please consult the 'CP motion on maximum permitted blood alcohol content' adopted in 2001. (<u>link to document</u>)



3. Call on policy-makers for stricter advertising controls, with a view to prohibiting social responsibility messages by alcohol manufacturers or retailers, and restricting alcohol advertising in the EU to product information.

Drawing on the evidence base provided by the EU and the WHO, CPME also supports the following recommendations

- The enforcement of existing legislation, especially on the legal minimum age for purchasing alcohol, must be pursued with strict sanctions and sufficient surveillance. In addition, taxation must be introduced for all alcoholic products across the EU, allowing for increased taxation in accordance with national specificities and patterns in consumption among children and young people to exploit its deterring effect. As an alternative policy measure, minimum pricing of alcohol products should also be considered.
- School-based life-skills training programmes for children and young people should be maintained to provide information free from commercial interests so as to enhance their knowledge on alcohol-related harm, dealing with alcohol-related problems in their environment and responding to peer or other pressure on alcohol consumption. These interventions should however be implemented as inclusive and participatory activities, and integrated into the broader framework of promoting healthy behaviour.
- Adults, especially parents, families, teachers and team leaders in sports or social clubs, have a crucial impact on children's and young peoples' behaviour towards alcohol and should be supported in their responsibility in adopting exemplary behaviour as regards alcohol consumption and perception by having access to appropriate information and guidance.

::

## References:

Council of the European Union (2009). *Council Conclusions of 1 December 2009 on alcohol and health.* (http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2009:302:0015:0018:EN:PDF)

WHO Regional Office for Europe (2009). *Evidence for the effectiveness and cost–effectiveness of interventions to reduce alcohol-related harm.* 

(http://www.euro.who.int/ data/assets/pdf file/0020/43319/E92823.pdf)

WHO Regional Office for Europe (2012). *Alcohol in the European Union. Consumption, harm and policy approaches.* Edited by Peter Anderson, Lars Moller and Gauden Galea. (http://www.euro.who.int/ data/assets/pdf file/0003/160680/e96457.pdf)