



# EAPY C

## SECOND EUROPEAN Alcohol Policy Youth Conference

### Bursa Youth Paper on Alcohol

Final version

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#### **Preamble**

On behalf of the participants, trainers and organizers of the Second European Alcohol Policy Youth Conference (EAPYC) held between 10th and 16th December 2014 in Bursa, Turkey, we are pleased to present to you this Call to Action, the product of intense discussion and deliberation. Our intent is that this document serves to advance the goals of the Alcohol Policy Youth Network (APYN) towards capacity building, research, and advocacy to prevent and reduce alcohol-related harm among young people.

Following the First European Alcohol Policy Youth Conference in Slovenia - and the resulting Bled Youth Paper on Alcohol [i] - this event has as its aim to strengthen the APYN- both internally and in its role within Europe. Accordingly, the following recommendations are meant to supplement and support the APYN Strategic Plan 2014-16-18, adapted by its members on 7th September 2014.

Moreover, given the welcome involvement of a large group of non-European participants in this EAPYC, we are led to the conclusion that the time is right for us to start the process of expansion towards a global alcohol policy youth network.

#### **Rationale for Action**

Preventing and reducing alcohol-related harm should be a global public health priority, since globally alcohol is the leading cause of death, disease, and disability among young people aged 10-24. [ii] The harmful use of alcohol is one of the four [iii] most common, modifiable and preventable risk factors for major non-communicable diseases (NCDs), most notably cancer. In fact, the International Agency for Research on Cancer (IARC) of the World Health Organization (WHO) has determined that alcohol consumption is a causal factor in cancers of the head and neck, breast, colon/rectum, and liver. [iv]

According to the WHO, young people are particularly susceptible to the toxic, psychoactive and dependence-producing features of ethanol. This may help explain why alcohol is also a considerable risk factor for violence, suicide, unintentional injuries, HIV, mental disorders and many other social and economic consequences faced by youth. That is why excessive alcohol consumption reduces the quality of life of young people in multiple ways including academic problems. Moreover, youth are negatively

affected by the drinking behaviors of others – what has been described as “second-hand effects of drinking.” [v]

The burden of alcohol harm is particularly high in Europe, which is the heaviest drinking region in the world [vi], although all regions are affected.

Fortunately, there are a growing number of evidence-based policy interventions shown to reduce alcohol-related harms. These interventions (and the supporting research) are well documented in *Alcohol: No Ordinary Commodity* [vii] and the WHO’s *Global Strategy to Reduce the Harmful Use of Alcohol*. [viii] In addition, Eurocare - the European Alcohol Policy Alliance - has outlined a policy agenda for Europe in their “Call for a Comprehensive Alcohol Policy Strategy in the European Union.” [ix]

Furthermore, we assert that youth participation and consultation should become a part of the policy-making process. Young people must have the opportunity to be involved in policy discussions and determinations, which affect them so greatly.

Finally, it is clear that alcohol and other industries that profit from alcohol consumption do not have a legitimate place at the table when alcohol policies are discussed. [x]

## **Call to Action**

We, the participants of the Second European Alcohol Policy Youth Conference in Bursa, Turkey, acknowledge the following stakeholders and areas of action:

### **The Alcohol Policy Youth Network should:**

1. *Continue* their work on capacity building for evidence-based alcohol interventions, advocacy of comprehensive alcohol policy and research about young people and alcohol in youth organizations in Europe.
2. *Focus* their activities in areas with which they are most acquainted with and might have the biggest impact. For example: 1) National youth councils have been widely accepted as representatives of the organized young people and accordingly play a large role in shaping youth policies and leading structural dialogue between young people and decision-makers; 2) Membership youth organizations play an important role in delivering effective peer-to-peer education on healthy lifestyles; 3) Youth centers should work towards shaping healthy environments by not serving alcohol on their premises; etc.
3. *Expand* their outreach to other continents and engage young people in their respective environments for action towards prevention and reduction of alcohol-related harm.
4. *Act* as a platform for countries with different cultures and drinking patterns to share their experience and become an active player to tackle alcohol-related harm

### **Youth organizations and organizations for young people should:**

1. *Work* in accordance with the paper "Engagement of youth organizations in prevention interventions in the field of alcohol policy" [xi] which positions youth organizations as an important stakeholder in the field of prevention and reduction of alcohol-related harm. However, data show that many Youth Organizations are still not following the general guidelines for quality prevention interventions, as described in the aforementioned paper and by the European Monitoring Center for Drugs and Drug Addictions.[xii] Nevertheless, we acknowledge that youth organizations should have time to adapt and to become involved with the help of APYN.
2. *Deliver* local, national and European-regional trainings and conferences on alcohol policy.
3. *Act* as "watchdogs" (supervisors) for the development and implementation of alcohol policies at the local, national and international levels.
4. *Advocate* for 1) the exclusion of the alcohol industry from discussions on alcohol policy; 2) delegitimization of alcohol industry voluntary actions' towards reduction of alcohol-related harm; and, 3) exposure of the alcohol industry's ineffective and harmful self-regulation activities.
5. *Join* the APYN- if at all possible - both as a membership youth organization, representative body of youth organizations or youth clubs/ centers working on the field of prevention and reduction of alcohol-related harm.

### **Young people in general should:**

1. *Participate* in activities of youth organizations that work or follow guidelines for prevention and reduction of alcohol-related harm or, ideally, become a member of one of these organizations.
2. *Follow* the suggestions outlined in the Bled Youth Paper [ix]. Namely, different groups of non-organized young people, such as young parents, journalists, celebrities, leaders etc., should follow the suggestions for becoming an active player in promoting healthy lifestyles with low or no alcohol consumption.
3. *Develop* critical and analytical opinions (with the guidance of youth organizations) toward alcohol industry practices and their relation to the drinking patterns of young people.

### **European non-governmental organizations should:**

1. *Support* European, Regional-European and National alcohol policy youth events as an investment in the future of alcohol policy.
2. *Include* youth organizations in research development, implementation and evaluation.

3. *Strengthen* collaboration with both youth organizations and the European Union in order to enhance advocacy on alcohol-related issues, ensuring that every stakeholder understands alcohol as a global threat to the health and safety of youth.
4. *Analyze and address* the cultural differences affecting alcohol consumption, while not using culture as an excuse for inaction.

**The European Commission should:**

1. *Accept* the leadership role of the European Union in setting a global alcohol strategy.
2. *Support* European, Regional-European and National alcohol policy youth events as an investment in the future of alcohol policy.
3. *Strengthen* collaboration with youth organizations and other NGOs to put alcohol-related issues as a priority in one of the next cycles of the Structured Dialogue activities by European Commission.
4. *Facilitate* gathering of alcohol-related data and ensure that relevant stakeholders - including youth-led and youth-serving organizations - have appropriate access to alcohol-related data.

**DG SANTE (as part of European Commission) and its Customers, Health and Food Executive Agency and the European Alcohol and Health Forum should:**

1. *Address* alcohol and alcohol-related diseases as a priority, considering the massive economic and health burden which alcohol places on the majority of European countries.
2. *Require* that the alcohol industry withdraw from participating in actions, policies and proposals involving alcohol and alcohol-related harm.
3. *Create* innovative evidence-based campaigns throughout the EU countries, in the context of a new European Alcohol Strategy (referenced below).

**The European Parliament should:**

1. *Disallow* alcohol industry participation in actions, policies and proposals involving alcohol and alcohol-related diseases.
2. *Endorse* the Eurocare *Call for Action*, while continuing to explore additional, evidence-based strategies to reduce harmful alcohol consumption and alcohol-related problems.
3. *Develop* a new and broader European Alcohol Strategy, which reflects the best evidence regarding policies, which reduce alcohol-related harm.

### **EU Member states should:**

1. *Harmonize and embrace* the leadership role played in the European Union in the implementation of the WHO *Global Strategy to Reduce the Harmful Use of Alcohol*, through continued monetary support, advocacy, and other actions.
2. *Disallow* alcohol industry participation in actions, policies and proposals involving alcohol and alcohol-related diseases.
3. *Limit* the involvement of other economic operators to suggested CNAPA [xv] voluntary actions (beyond simple information and education interventions).
4. *Provide* concrete guidance for policy makers on the scientific basis and policy implications of low risk drinking guidelines.

### **Local and Regional Governments should:**

1. *Support and promote* the WHO *Global Strategy to Reduce the Harmful Use of Alcohol*.
2. *Endorse* the United Nations Cancer Agency call for evaluation of tobacco-style legislative controls on alcohol consumption as stated in their *World Cancer Report 2014*. [xiii]
3. *Encourage* the work of the United Nations Secretary-General's Envoy on Youth and the UN Inter-Agency Network on Youth Development (IANYD) in broadening and deepening youth participation in international governance.
4. *Refuse* funding (or other forms of cooptation) from the alcohol industry. As stated above, the interests of the alcohol industry – to increase consumption in order to maximize profits – are in direct conflict with APYN's goals of reducing alcohol-related harm.

### **Other relevant stakeholders (non-industry) should:**

1. *Support* the “Triangle” advocacy coalition-building principles [xiv] among youth organizations, public health bodies and other (non-industry) stakeholders by building activities at the national and sub-national levels.
2. *Endorse* evidence- and community-based interventions and policies to prevent and reduce alcohol-related problems.
3. *Include* Youth Organizations in development, implementation and evaluation of research projects.

[i] Ribeiro, S., Liutkute, V., & Jan Peloza, J., (2012). *Bled Youth Paper on Alcohol: A product of the First European Alcohol Policy Youth Conference, 8th - 14th November 2012*. Alcohol Policy Youth Network. Retrieved on 10 December 2014 from [http://www.apyn.org/data-si/file/EAPYCPub\\_for-CIP\\_p.pdf](http://www.apyn.org/data-si/file/EAPYCPub_for-CIP_p.pdf)

[ii] Gore, F. M., Bloem, P. J., Patton, G. C., Ferguson, J., Joseph, V., Coffey, C., et al. (2011). Global burden of disease in young people aged 10–24 years: A systematic analysis. *The Lancet*, 377(9783), 2093–2102.

- [iii] Along with tobacco, physical inactivity, and poor diet. cf. World Health Organization (2012). *A comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of noncommunicable diseases*. Discussion paper. Retrieved on 6 June 2015 from [http://www.who.int/nmh/events/2012/discussion\\_paper3.pdf](http://www.who.int/nmh/events/2012/discussion_paper3.pdf)
- [iv] IARC (2010). Alcohol consumption and ethyl carbamate. *IARC Monographs on the Evaluation of Carcinogenic Risks to Humans*, 96, 1-1428.
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Ferris, J. A., Laslett, A.-M., Livingston, M., Room, R., & Wilkinson, C. (2011). The impacts of others’ drinking on mental health. *The Medical Journal of Australia*, 195(3), S22–26.
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- [ix] Eurocare (n.d.) *Call for a comprehensive alcohol policy strategy in the European Union, 2016-2025*. Retrieved on 10 December 2015 from [http://eurocare.org/call\\_for\\_a\\_comprehensive\\_alcohol\\_policy\\_strategy\\_in\\_the\\_european\\_union](http://eurocare.org/call_for_a_comprehensive_alcohol_policy_strategy_in_the_european_union)
- [x] Stenius, K., & Babor, T. F. (2010). The alcohol industry and public interest science. *Addiction*, 105(2), 191–198
- [xi] Košir, M. & Talić, S. (2014). *Engagement of youth organisations in prevention interventions in the field of alcohol policy* [report]. Eurocare. Retrieved on 10 December 2014 from [http://www.eurocare.org/content/download/18177/99192/file/D\\_01\\_Youth%20organisation\\_prevention\\_FINAL.pdf](http://www.eurocare.org/content/download/18177/99192/file/D_01_Youth%20organisation_prevention_FINAL.pdf)
- [xii] European Monitoring Centre for Drugs and Drug Addiction (n.d.). Best practice in drug interventions [Internet portal]. Retrieved on 10 December 2015 from <http://www.emcdda.europa.eu/best-practice#view-answer2>
- [xiii] World Health Organization (2014). *Global status report on alcohol and health, 2014*. Geneva: WHO. Retrieved on 24 April 2015 from [http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf?ua=1)
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