



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 27.11.2000
COM(2000) 736 final

Proposal for a

COUNCIL RECOMMENDATION

“DRINKING OF ALCOHOL BY CHILDREN AND ADOLESCENTS”

(presented by the Commission)

EXPLANATORY MEMORANDUM

1. THE INTRODUCTORY REMARKS

The consumption of alcoholic drinks is a common, though by no means universal part of adult life in European society. It is during adolescence that people tend to begin drinking and to become active participants in the drinking culture of their own group and society. Beginning to drink is thus for most people a recognised part of the transition to adulthood, and to a considerable extent adolescent drinking behaviour reflects the attitudes and practices of the wider, adult society.

For these reasons the problems due to the inappropriate consumption of alcohol by young people cannot be dealt with completely separately from those in society as a whole. However, drinking by young people does have special characteristics and there are good reasons for specific measures to address the problems associated with it.

To describe drinking habits there are various terminologies, such as misuse, abuse, or alcohol related harm, which are used in and by the Member States, as well as by those involved with alcohol consumption. However their interpretation differs as does a common understanding of these expressions. For this reason the Commission has chosen to use terminology in this Council Recommendation that is descriptive in nature without in any way prejudicing the continued use of the various terminologies.

2. THE NATURE OF THE PROBLEM

One feature of young people's drinking is that, generally, they are simply more vulnerable than adults to the adverse effects of alcohol. Studies of alcohol and mortality in teenagers and young adults show that mortality rises in line with consumption, with no evidence of any supposed 'protective effect'¹. Health benefits in relation to coronary heart disease, due to regular, light consumption of alcohol, preferably in the context of a healthy diet, are restricted to the middle aged and elderly. On the other hand, it is known that alcohol is one of the most important health determinants in the EU².

Young people do not always have sufficient experience, or guidance, to enable them to accurately evaluate potential risks such as the risks associated with the inappropriate consumption of alcohol. Thus, for example, young people are more prone to alcohol related accidents than their elders.

Both regular heavy consumption and binge drinking adversely affect physical and mental health. Using alcohol as a drug for its psychoactive properties to cope with adverse situations can impair psychological and emotional development in adolescents.

¹ Adreasson et al : Alcohol and Mortality Among Young Men : Longitudinal Study of Swedish Conscripts. British Medical Journal 296, 1021-1025. 1988

² Determinants of the burden of disease in the European Union, National Institute of Public Health, Sweden; 1997

In the long term the effect of alcohol on a person's health may be determined by their consumption pattern, that is to say, the drinking behaviour they acquired during their youth. There is evidence that young people who begin regular drinking at an early age are substantially more likely to develop alcohol dependence later in life than those who begin drinking at a later age³. It is therefore important to help young people to acquire behaviour that will minimise the harm associated with the consumption of alcoholic beverages.

In the short term the drinking of alcohol by young people is associated with the risk of a wide range of social, rather than medical, problems. The association between alcohol and anti-social behaviour, such as violence, is particularly strong among young people. The psychological associations between alcohol and risk can increase childrens' vulnerability, especially in boys, to marketing techniques linking alcohol products with dangerous activities or which appear to issue a challenge. Moreover, binge drinking has been linked with unplanned pregnancies, sexually transmitted diseases, crime and road traffic accidents.

The public health problem of the significant death toll and serious injuries in road traffic accidents involving drivers who are impaired because of alcohol consumption has been extensively researched and documented. Furthermore, the Commission considers that the problem of inappropriate drinking and driving is one of the six key priorities for action to reduce the annual death toll of about 45,000 on EU roads⁴. Consequently, the Commission is bringing forward a recommendation concerning maximum legal BAC limits to underpin an increased effort to reduce inappropriate drinking and driving⁵.

Young drivers and motorcycle riders (some riders are as young as 14 in some Member States) are an important part of this problem. The recommendation addresses this issue by proposing relatively lower BAC limits of 0.2 mg/ml for inexperienced, mostly young, car drivers and also for riders of two wheeled motorised vehicles.

High novelty seeking and low harm avoidance are features of personality predictive of early onset alcohol abuse⁶. It is therefore important to seek to balance the natural desire of young people to try out new things with a proper understanding of the associated risks.

3. THE SCALE OF THE PROBLEM

There is evidence from several Member States that levels of alcohol consumption by young people and related harm are already high, and in some States it is clear that the problems are growing. An important aspect here is the reported growth in 'Nordic drinking patterns among young people in the wine producing countries, particularly

³ Age at Onset of Alcohol Use and its Association with Alcohol Abuse and Dependence. NIAAA. USA. 1997

⁴ "Priorities in EU road safety: Progress Report and Ranking of Actions", COM(2000)125.

⁵ Proposal for a recommendation of the European Parliament and of the Council on the maximum permitted Blood Alcohol Content (BAC) for drivers of motorised vehicle COM(2000) xxx.

⁶ C.R. Cloninger et al : Childhood Personality Predicts Alcohol Abuse in Young Adults. Alcoholism, Clinical & Experimental Research. 1998; 12-4: p.494-505

in France and Spain. In France, for example, there is a growing problem of drunkenness in teenagers and young adults which is associated with fights and violence, truancy, theft and the use of illegal drugs⁷. A report for the French Secretary of State of Health discusses these issues and how the problem of drinking by adolescents and young adults is becoming extremely grave⁸. The EU report on the state of young people's health states that, although young Europeans have their first taste of alcohol around much the same age as in the past, i.e. in their early teens, *regular* drinking begins at a younger age than it used to. As far as the prevention of alcohol-related harm among children and adolescents is concerned, it should be noted that the application of current national legislations on access to alcohol for young teenagers would be a major step forward.

In most Member States, boys continue to drink significantly more frequently and heavily than girls. However, increases in consumption and earlier age of onset of drinking are affecting girls as well as boys, and the gender gap has narrowed in many Member States. It should be underlined in this context that, generally, females - girls and women - are more vulnerable than males to alcohol, experiencing more problems over a shorter timespan from the same quantities.

Unfortunately the available scientific information as to the causes, the nature and the scale of the problems is limited. In spite of the fairly large number of studies conducted in many countries it is rather difficult to get a comprehensive picture. The main reason for this is that the studies are made on different age groups with different questionnaires and at different times, i.e. too many factors influence the result and make comparisons difficult. The following findings, although not comprehensive, give some idea of the scale of the problem:

- A recent survey of 15 - 16 year olds which included some EU Member States found the highest frequencies of binge drinking in Ireland, the UK and Denmark. The UK, Denmark, Finland, France and Sweden report the highest proportions of boys and girls who have been drunk at or younger than the age of 13⁹.
- According to the WHO HBSC 1997/1998 survey, 15-year-old boys exceed girls in weekly beer drinking in all the countries covered; the high absolute rates of regular beer consumption among 15-year-old boys in Wales (50%), Denmark (43%), Greece (42%) and England (40%) are of particular concern. At age 15, the only countries where girls report a higher consumption of both spirits and wine than boys are Scotland, England and Wales¹⁰.
- A comparison between the 1993/1994 and 1997/1998 WHO HBSC surveys shows, that the percentage of 15-year-old boys and girls who had been drunk two times or more in their life-time has risen in almost all countries covered. In 1997/1998, more than half of 15-year-old boys and girls reported having been drunk two times or more in Denmark, Finland, England, Scotland and Wales,

⁷ M. Choquet & S. Ledoux in M. Plant (Ed) : Alcohol-Related Problems in High Risk Groups. Euro Reports and Studies 109. WHO Geneva 1989

⁸ Rapport du Professeur Bernard Roques au Secrétaire d'Etat à la Santé. Problèmes posés par la dangerosité des drogues. Mai 1998.

⁹ Alcohol and Other Drug Use Among Students in 26 European Countries. The 1995 ESPAD Report. The Swedish Council for Information on Alcohol and Other Drugs. 1997.

¹⁰ Health Behaviours in School - Aged Children (HBSC), a WHO Cross - National Study, 1997/98

whereas the corresponding percentages were below 30% for boys and girls in France and Greece. The clear geographical pattern, with students from South European countries reporting low levels of drunkenness in sharp contrast to certain Northern European countries, persists in 15-year-olds reporting having been drunk 10 times or more.

- The recent Health Behaviour in School Children survey in Ireland confirmed earlier research findings, which reported that a greater proportion of young people are starting to experiment with alcohol at an earlier age and for some young people, getting drunk is part of the drink culture. The survey reported that up to one-fifth of boys in the 15-17 age group had been drunk 10 or more times.
- A study carried out in Germany investigating the alcohol consumption of young people aged 14-24 states that alcohol abuse was reported by about 10% of respondents and alcohol dependence by just over 6%. Men were more likely to report an alcohol disorder than women, prevalence also increased in the older age cohorts. However, even among 14- to 17-year-olds a substantial proportion of respondents report high and regular consumption rates, the occurrence of abuse and dependence criteria and even a full dependence syndrome¹¹.
- In 1998, 21% of children aged 11-15 in England said that they had had an alcoholic drink during the previous seven days, a statistically significant decrease compared with 1996, when 27% had done so. The decrease was significant for both boys and girls, but somewhat more marked among girls. Far from falling in 1998, the average amount drunk in the previous week by those who did drink increased again, from about 8.5 units in 1996 to almost 10 units, confirming a trend observed since 1990. Thus, although the proportion drinking in the previous week had fallen in 1998 compared with 1996, those who did drink, drank more¹².
- In Spain, one out of five adolescents had been drunk during the month prior to a survey carried out in 1996 on the school population in the 14-18 age group. Two out of three students had drunk alcohol during the month prior to the survey (two out of five students aged 14, and four out of five students aged 18)¹³.

Because of the lack of comprehensive information, further research is necessary to properly identify all the different aspects of problems in order to target specific and appropriate measures to deal with them as well as to allow some measurement of the effect of those measures, both in any one Member State and in the EU as a whole.

Particular attention should, in this respect, be paid to the reasons for alcohol abuse, the drinking patterns, the type of beverages consumed, as well as to behaviour in relation to different types of drinks.

It has to be stressed that the results of two ongoing projects, the second European School Survey Project on Alcohol and other Drugs (ESPAD), covering 7 Member

¹¹ Patterns of use and their relationship to DSM-IV Abuse and Dependence of Alcohol among adolescents and young adults, A. Holly and H.-V. Wittchen, Max Planck Institute of Psychiatry, Munich, 1998

¹² E. Goddard et al: Smoking, drinking and drug use among young teenagers in 1998, Volume 1, England. Office for National Statistics. 1999.

¹³ Plan Nacional Sobre Drogas (1998) "Encuesta sobre Drogas en la poblacion escolar". Ministerio del Interior, Madrid (Survey on Drugs in the School Population)

States and of the European Comparative Alcohol Studies (ECAS)¹⁴, covering all Member States except Luxembourg, will be helpful in this respect.

4. THE PROPOSED APPROACH

It is clear that parental example and family relationships are among the first and strongest influences on children's behaviour. Another feature is that, even though parental influence remains strong during childhood, adolescents' drinking habits often differ from their parents' both qualitatively and quantitatively, as parental influence is supplanted by that of the peer group, which, in turn, may be heavily influenced by an increasingly international and commercialised youth culture.

It is for these reasons that one focus of the measures proposed is education, information and health promotion. Targeted health promotion and health education interventions should use a multisectoral approach and focus on the development of personal and social skills, which empower and enable young individuals to make healthy and responsible choices. These measures should be addressed to young people directly and indirectly by providing information and assistance to parents, to schools and youth clubs, to communities and other authorities, to employers, to the media, to the health care professionals and to others who might play a role in guiding young people in the transition to adulthood. The key role and responsibility of parents should be emphasized in this respect.

It should, however, be remembered that education and public information measures are, on their own, unlikely to have a major and sustainable impact. They may need be complemented by other measures, i.e. political interventions focussing on improved skills for decision making and stronger support for public policy.

These proposals are also addressed via the Member States to the producers and retailers of alcoholic beverages. The producers and retailers should be encouraged to play their role in providing information and creating awareness, and in carrying out educational measures for servers and other sales staff. Market supply and commercial communications are important factors with the potential to influence consumption behaviours, not only of adults but also of young people. The producers of the different types of alcoholic beverages have therefore a duty to ensure that in their commercial activities they demonstrate responsibility and do not encourage irresponsible or harmful consumption.

This issue, which constitutes the second focus of the measures proposed, came to the fore with the sudden appearance on the market of 'alcopops' and 'designer drinks' in a number of Member States. As a result widespread public, media and political concern was expressed at the possibility of these alcoholic drinks being marketed to appeal especially to children, still too young to have acquired the taste for alcohol.

For instance, a written declaration on Alcopops and Designer Drinks was issued and signed by more than 200 Members of the European Parliament, urging the

¹⁴ A comparative analysis of alcohol policy and its effects in the EU-States (ECAS I), and A comparative analysis of alcohol consumption and its public health effects in the EU-States (ECAS II), National Institute of Public Health, Sweden

Community institutions to take greater cognisance of the need for appropriate health promotion policies for children and young people.

The alcoholic drinks industry and/or the advertising business have, in several Member States of the European Union, responded to that concern by launching, or strengthening existing self-regulation structures (codes of practice, codes of conduct), which include complaint procedures. Within these approaches, the protection and education of young people is an area of particular concern.

However, a preoccupation with 'alcopops' should not act as a diversion from the fundamental issue. In the UK, for example, even at the height of the alcopops boom, the most widely consumed alcoholic drinks by teenagers remained lager and cider¹⁵. In a large survey looking at alcohol consumption among teenagers every two years since 1988 the authors concluded that, in 1996, a year or so after alcopops were introduced into the market, in England they were the second most popular drink (after beer, lager or cider) among this age group, but that two years later they had fallen well behind spirits and wine, and that they were probably mainly an additional drink option for children who would have been drinking anyway. The authors observed that also the data for Scotland showed a fall in the relative popularity of alcopops and reflect the speed with which fashions for drinking can change among this age group¹⁶.

A Dutch study of September 1998 found, for example, that amongst youngsters under age 16, 13 per cent consumed alcopops ; 11 per cent of these alcopops drinkers consumed on each occasion three glasses or more. The data indicate, however, that consumption of beer was even more popular amongst this age group : 57 per cent of all youngsters consumed beer ; 40 per cent of these beer drinkers consumed on each occasion three glasses or more¹⁷.

The probability that sales of alcopops have now stabilised or declined over much of Europe should not therefore be taken as an indication that there is no longer a problem. Products such as 'designer drinks' or 'alcopops' may continue to be an issue in that the producers face a continuing need to keep coming up with new versions of drinks to appeal to each new generation.

Self-regulation of advertising for alcoholic beverages has the support of the parties directly involved: producers, advertisers, advertising agencies and the media which carry advertising. Moreover, in some Member States, Governments are supporting and closely following up such developments within the framework of their national regulations. It is therefore necessary to take into consideration the activities already underway in the Member States. In implementing the Commission's proposal, the results of a study on the impact of television advertising and teleshopping on minors, which was launched in January 2000, following a commitment given by the Commission, in the context of the revision of the Television without frontiers Directive, should also be considered.

¹⁵ Young people and alcohol – a survey of attitudes and behaviour towards new types of alcoholic drinks in England. Health Education Authority. December 1996.

¹⁶ Goddard. Young teenagers and alcohol series for England and Scotland – 1996 and 1998. ONS. October 1997 and October 1999.

¹⁷ Hielkema, R., Ordelman, W.: Licht-alcoholhoudende dranken. Amsterdam, Trendbox, 1998

Most Member States appear to be taking a range of actions in regard to drinking by children and adolescents, sometimes in association with the World Health Organisation. The WHO Alcohol Charter, endorsed by all Member States of the Union, includes the ethical principle that all children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.

Germany is an example of a Member State which is attempting to implement this principle. In 1997 the Lander adopted an action plan which includes the commitment to the improvement in the protection of children and young people from the negative consequences of alcohol use.

In addition there are a wide range of other social and environmental factors which influence young people's behaviour and which may encourage or prevent delinquency. Factors as diverse as the level of youth unemployment and the provision, or lack of recreational facilities are also relevant and the measures proposed have to be considered and evaluated in this overall context.

5. WHY A COMMUNITY DIMENSION?

The objective of the Council Resolution on alcohol abuse, adopted in 1986, is to decrease alcohol related problems in the Member States through a joint initiative which takes into account the economic factor and public health concerns. Thus the resolution invites the Commission to take measures bearing in mind the interests involved in the production, distribution and promotion of alcohol beverages, and public health interests, to conduct a balanced policy to this end and to submit appropriate proposals to the Council.

Article 152 of the Treaty provides for Community competence in this field in so far as the Community contributes to it by encouraging co-operation between Member States and, if necessary, by lending support to their action. Also, in accordance with Article 5 of the Treaty, efforts to achieve the objective of a contribution by the Community towards ensuring a high level of health protection have to be undertaken in accordance with the principles of subsidiarity and proportionality.

One of the explicit objectives of the Community action programme on health promotion, information, education and training within the framework for action in the field of public health (1996-2000) is the promotion of examination, assessment and exchange of experience and support for actions concerning measures to prevent alcohol abuse and the health and social consequences thereof.

The Commission proposal for a European Parliament and Council Decision adopting a Programme of Community action in the field of public health (2001-2006) stresses the need to tackle health determinants through health promotion and disease prevention measures. It also includes a number of specific measures to give effect to the requirement of the Treaty, that a high level of human health protection has to be ensured in the definition and implementation of all Community policies and activities. Alcohol being one of the most important risk factors for human health, it will remain an issue of utmost importance, not only for the Member States, but also at the European Union level.

Community action is called for because of the increasingly international character of youth culture, and the decreasing significance of national borders with regard to the transmission of this culture and products associated with it. This consideration justifies Community attention to health promotion and educational measures as well as to issues such as product labelling and advertising, while taking into account the principles of subsidiarity and proportionality.

With regard to advertising of alcohol, it has to be stressed that within the Commission there are currently no plans for a ban. However, there is a need for the Community to consider commercial communications, both within the overall context of health promotion and education, and with a view to ensure that the self-regulatory advertising codes in the Member States are themselves compatible with the principles of the EC Treaty, and notably of Article 49 on the free movement of services.

In this context attention has to be drawn to the Council Directive concerning television broadcasting activities in the Member States (Television without frontiers Directive) which sets a range of clear criteria on television advertising of alcoholic beverages, with a specific reference to young people.

There is also a clear need for Community action to improve data collection on a consistent basis, and to facilitate the exchange of information regarding best practices in health education and other preventative strategies. In this respect, cultural and national diversity precludes the creation of a rigid blueprint to be imposed across the Union. However, a general framework which recognises cultural diversity can be developed which will facilitate action to tackle a problem which Member States recognise to be a serious cause for concern.

The scale of the social and health problem due to excessive consumption of alcohol calls for the mobilisation of all efforts to reduce it. This is a clear conclusion which can be drawn from the large input received from the various interested parties in the course of drafting this proposal. All Member States pursue measures in the field, but the approaches and strategies differ substantially. There are clearly lessons to be learned from these differences. The Community is in a good position to promote a coherent overall strategy to combat alcohol related harm.

As has been mentioned earlier, it should be recognised that responsible sectors of industry are already active in fostering responsible behaviour. A crucial aspect for the successful implementation of the proposed measures, aiming at preventing alcohol-related harm among children and adolescents, is in fact the cooperation of all interested parties. Continuous consultation of the stakeholders and an open dialogue will contribute to achieve the goals set in the recommendations.

Proposal for a

COUNCIL RECOMMENDATION

“DRINKING OF ALCOHOL BY CHILDREN AND ADOLESCENTS”

(Text with EEA relevance)

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Community, and in particular Article 152, paragraph 4,

Having regard to the proposal from the Commission¹⁸

Whereas:

- (1) In accordance with point (p) of Article 3 of the Treaty, the activities of the Community shall include a contribution to the attainment of a high level of health protection;
- (2) Health education and information are expressly mentioned in Article 152 of the Treaty, and constitute a priority for Community action in public health;
- (3) In the Communication from the Commission on the Health strategy of the European Community and the proposal for a decision of the European Parliament and the Council adopting a programme for action in the field of public health (2001-2006) alcohol is one of the areas mentioned in which particular measures and actions could be undertaken¹⁹.
- (4) In the Communication from the Commission “Priorities in EU road safety” (COM(2000)125) drinking and driving is identified as one of the top priorities where concerted action could reduce the significant death toll on EU roads. The Commission’s recommendation concerning maximum permitted blood alcohol content for drivers of motorised vehicles (COM(2000) xxx) specifically identifies the problem of young drivers and riders and proposes a limit of 0.2mg/ml for inexperienced drivers and also riders of two wheeled motor vehicles.
- (5) One of the objectives of the Programme of Community Action on health promotion, information, education and training (European Parliament and Council Decision No 645/96/EC)²⁰ is the promotion of examination, assessment and exchange of experience and support for actions concerning measures to prevent alcohol abuse and the health and social consequences thereof; this Programme thus offers a basis for the follow-up and monitoring of the proposed measures;

¹⁸ OJ C [...],[...], p [...]

¹⁹ COM(2000) 285 Final

²⁰ OJ L 95, 16.04.1996, p.1.

- (6) Within the programme of Community action on health monitoring (European Parliament and Council Decision N° 1400/97/EC)²¹ one of the areas in which health indicators may be established is alcohol consumption; this may be particularly helpful to support the implementation of the proposed measures;
- (7) Under the programme of Community action on injury prevention (European Parliament and Council Decision N° 372/99/EC)²² injury associated with alcohol abuse will be part of the actions undertaken, which could be useful to support the collection of data needed for the implementation of the proposed measures;
- (8) The resolution on alcohol abuse, adopted by the Council and the representatives of the Governments of the Member States, meeting with the Council, on 29 May 1986²³, states that the increase in alcohol abuse is causing serious concern for public health and social welfare, that the production, sale and distribution of alcoholic beverages is an important factor in the economy of most Member States, that, at European level, a joint initiative is advisable in the field of prevention of alcohol abuse, and that the Commission in weighing carefully the interests involved, shall conduct a balanced policy to this end, and, where necessary, submit proposals to the Council;
- (9) For the purposes of the recommended measures, it is important to note that the amended proposal for a directive of the European Parliament and of the Council amending Directive 79/112/EEC on the approximation of the laws of the Member States relating to the labelling, presentation and advertising of foodstuffs²⁴ states that, in order to contribute to the achievement of a high level of health and to the protection of the health of consumers, it shall be ensured that consumers are appropriately informed about foodstuffs, and especially alcoholic beverages, inter alia through the listing of the ingredients on labels, that the need for this is all the more urgent since more and more alcoholic beverages whose composition and presentation are obviously geared to sales to young people have come onto the market in recent years, and that common legislation on the labelling of alcoholic beverages is essential for the expansion and preservation of the internal market in these products;
- (10) According to Article 15 of Council Directive 89/552/EEC on the co-ordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the pursuit of television broadcasting activities, as amended by Council Directive 97/36/EC²⁵, television advertising for alcoholic beverages shall comply with a set of criteria, with a specific reference to the protection of minors;
- (11) In implementing the recommended measures, it must be kept in mind that restrictions to cross-border commercial communication services must be compatible with Article 49 of the Treaty and must therefore be proportional to the general interest objectives they pursue such as the protection of public health and consumers;
- (12) It has to be noted that any decision to remove offending products emanating from another Member State is subject to Decision 3052/95/EC²⁶ establishing a procedure

²¹ OJ L 193, 22.07.1997, p.1

²² OJ L 46, 20.02.1999, p.1

²³ OJ C 184, 23.07.1986, p.3

²⁴ OJ L 47, 19.02.2000, p.34

²⁵ OJ L 202, 30.07.1997, p.60

²⁶ OJ L 321, 30.12.1995, p.1

for the exchange of information on national measures derogating from the principle of the free movement of goods within the Community. It must be notified and its proportionality justified to the Commission as required by that Decision.

- (13) Self-regulation of advertising for alcoholic beverages, which has the support of the relevant interested parties, such as producers, advertisers and media and which is already working in a number of Member States, often in close cooperation with the governments, can play an important role with regard to the protection of children and adolescents from alcohol-related harm.
- (14) There is statistical evidence in some Member States of changes in the drinking patterns amongst adolescents which are of particular concern, namely: An increase in binge drinking and heavy drinking among minors, a trend towards significant, unsupervised consumption of alcohol outside the family environment, at an earlier stage, and an increasing consumption by young girls in some Member States. The available information needs, however, to be further developed.
- (15) There is a clear need for the Community to improve data collection in a consistent way, aiming at a better scientific information basis as to the causes, the nature and the scale of the problems, caused by the drinking of alcohol by children and adolescents.
- (16) In accordance with Article 5 of the Treaty, efforts to achieve the objective of a contribution by the Community towards ensuring a high level of health protection must be undertaken in accordance with the principle of subsidiarity, and in accordance with the principle that Community action shall not go beyond what is necessary to achieve the objectives of the Treaty. The recommended measures therefore must, in accordance with the principle of subsidiarity, take account of past and current measures implemented in the Member States and must be compatible with the Treaty, in particular articles 28-30 and 49, and proportionate to their public health objective;
- (17) A continuous assessment of the measures undertaken should be carried out, with particular regard to their effectiveness and the achievements at both national and Community level;

HEREBY RECOMMENDS:

In formulating strategies and taking actions, appropriate to the circumstances of individual Member States, to address the problems due to the inappropriate consumption of alcohol by children and adolescents, Member States should :

- HEALTH PROMOTION, EDUCATION AND INFORMATION -

- (1) Strengthen efforts to develop and implement appropriate comprehensive health promotion policies targeted at children, adolescents, their parents, teachers and carers, at local, national and European level, with a particular emphasis on settings, such as youth organisations, sporting organisations and schools;
- (2) Strengthen and support efforts to develop and implement health promotion programmes in schools, to appropriately include the alcohol issue, taking into account existing experiences, for instance the concept of the health-promoting school, as well as cultural diversity within the European Community;

- (3) Support measures to raise awareness of the effects of alcohol drinking, in particular on children and adolescents, and of the consequences for the individual and the society;
- (4) Encourage and provide resources for evaluations of the most effective methods of health promotion and education in relation to alcohol;
- (5) Encourage youth organisations, sports organisations and other local community initiatives to include and integrate health education in relation to alcohol within their programmes of activity ; specific actions (in especially in the field of information), initiated and implemented by young people for young people, should be regarded as particularly appropriate in this context;
- (6) Encourage the producers of alcoholic beverages in their efforts to develop specific training for servers and sales persons with regard to the protection of children and adolescents;
- (7) Encourage the production of advisory materials for parents to help them discuss alcohol issues with their children, and promote their dissemination via local networks such as schools, health care services, libraries, community centres as well as via the Internet;
- (8) Further develop specific initiatives addressed to the young people on the dangers of drink-driving, with a specific reference to settings such as discotheques ;
- (9) Take strict enforcement action as a matter of priority against the illegal sale of alcohol to underage consumers, and where appropriate, support the development and active promotion of an official proof of age card to support such action;
- (10) Foster a multi-centre approach, to educating young people about the use and abuse of alcohol, in order to help prevent its abuse, including, where appropriate, the education, health and youth services, law enforcement agencies and the media ;
- (11) Produce, disseminate and use evidence-based information on the factors which motivate children to start drinking at worrying levels ;
- (12) Support the development of specific approaches on early detection and brief interventions concerning young people being alcohol dependent ;

- CODES OF CONDUCT -

- (13) Strengthen the enforcement of regulatory control with regard to the promotion, marketing and retailing of alcoholic beverages, and call upon the producers and retailers to enforce self-regulatory control in these areas;
- (14) Seek the agreement of manufacturers and retailers to apply the same high level of responsibility and the same standards, with respect to promotion, marketing and retailing, in all Member States;
- (15) Establish, in co-operation with the producers and the retailers of alcoholic beverages, effective mechanisms to

- (a) Ensure that the manufacturers do not target alcoholic products at children and adolescents;
 - (b) Ensure that alcoholic beverages are not designed or promoted to appeal particularly to children or adolescents, and covering inter alia the following elements :
 - the use of characters, motifs, colours and styles associated with youth culture,
 - featuring children, adolescents, or models looking like very young people, in promotion campaigns,
 - allusions to drug culture and images,
 - links with violence or anti-social behaviour,
 - implications of social, sexual or sporting success,
 - encouragement of excessive or irresponsible drinking,
 - advertising during or sponsorship of sports or other events designed and organised essentially for children and adolescents, participating in such events,
 - advertising in print media directed towards children and adolescents,
 - free distribution of alcoholic drinks for promotional purposes;
 - (c) Provide a structure for the handling of complaints against irresponsibly marketed products by supporting the creation of an independent panel; this structure should be made known, easy to access and free of charge;
 - (d) Create a system for ensuring removal of products, which offend a code of conduct, from sale, and the cessation of inappropriate marketing or promotional practices ;
 - (e) Ensure the possibility for manufacturers to get pre-launch advice, as a voluntary service to companies, in advance of marketing a product or investing in a product, as well as the possibility to get advice on marketing campaigns before their actual launch;
- (16) Urge the representative production and trade organisations of each alcoholic beverage to demonstrate their commitment to the principles described above ;

- ACCOMPANYING MEASURES -

- (17) Report on a regular basis to the Commission on the implementation of the recommended measures.

- FOLLOW-UP AT COMMUNITY LEVEL -

INVITES THE COMMISSION

- (1) To support the Member States in their efforts to implement the proposed measures, especially by collecting and providing relevant comparable data, and by facilitating the exchange of information and best practices;
- (2) To follow-up, assess and monitor the developments and the measures undertaken in the Member States and at Community level, and to ensure in this context a continuous, constructive and structured dialogue with all interested parties;
- (3) To report on the implementation of the proposed measures, on the basis of the information provided by Member States, not later than the end of the fifth year after the date of adoption of this recommendation, to consider the extent to which the proposed measures are working effectively, and to consider the need for further action.

Done at Brussels,

*For the Council
The President*