POLICY PAPER ON THE
HEALTH AND WELL BEING OF YOUNG PEOPLE

ADOPTED BY THE GENERAL ASSEMBLY

ROTTERDAM, THE NETHERLANDS, 13-15 NOVEMBER 2008

1. INTRODUCTION

The health and well being of young people are key issues not only for young people but for society in general. Decision makers, institutions and civil society stakeholders have increasingly recognised that certain health threats affect young people more specifically than other segments of society. They now also acknowledge the benefit of addressing health issues early in life. Furthermore, young people have to be involved in the decision making processes which concern them, especially with regards to their health and well being.

Moreover, health is a right recognised in international conventions and charters. Therefore all young people, regardless of their economic situation or residence status, of their sexual orientation or ethnic and religious background, marital status, gender, age and disability, should be entitled to healthcare and social protection[1]. Access to healthcare should be free to all young people under 18 and affordable to those above, to ensure universal access. The YFJ also believes health and well being are intrinsically linked to other issues such as social inclusion, equality, or sustainable development[2]. The YFJ underlines the commitments made within the Open Method of Coordination (OMC) in the field of Social Protection and Social Inclusion, which include health. In this respect, the European Social Model should be based upon the principle of social inclusion: it should aim to ensure that everyone, regardless of their circumstances and background, has the possibility and means to participate fully in society (e.g. in economic, civic and cultural activities), and this demands that they are provided with basic services such as healthcare.

With this policy paper, the Forum aims to present its position on the health and well being of young people. It encompasses the various issues on which the organisation has been building expertise as well as recommendations to policy-makers. This policy paper, furthermore, aims at putting forward a rights-based vision of health which takes into account different social, systemic and political factors, and which also considers the agency of young people.

The paper will first look at some specific health areas of relevance for young people and then address the health determinants which have an impact on the

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[1] 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR): right to welfare, social security, and social insurance (article 9 & 10), right to Health (article 12); 1961 European Social Charter and revisions: rights to social security, social and medical assistance, rights of the family to social, legal and medical protection; 1990 Convention on the Rights of the Child : rights for every child to health and social security (articles 3,6,19,23,24), "right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development " (article 27), protection from sexual abuse and sexual exploitation (article 34); European Youth Pact.

[2] 0052-04 Policy Paper on Youth Autonomy, April 2004; 0182-06 European Youth Forum Policy Paper on Sustainable Development, April 2006; 0070-06 European Youth Forum Policy Paper on Social Inclusion through Youth Participation, April 2006; 0685-07 Policy Paper on Achieving Equality Between Women and Men, November 2007; 0813-08 Policy Paper on Employment, May 2008; 1069-07 Policy Paper on Youth and Migration, May 2008; 0098-08 Policy Paper on the European Social Model.

health of young people, before looking at the importance of empowering young people to make healthy lifestyle choices.

2. HEALTH AREAS AND YOUNG PEOPLE

The European Youth Forum identifies several priority areas in the field of health and well being which are of importance and concern for young people.

2.1 Lifestyles

2.1.1 Sexual and Reproductive Health and Rights[3]

Sexual and Reproductive Health and Rights (SRHR) are one of the most controversial and important areas, because of the multiple dimensions involved, such as educational, religious, medical, social or cultural; a positive and holistic approach is duly required, to take into account the various factors at play. The topic is, furthermore, one of increasingly crucial concern for young people within and without Europe given that the HIV/AIDS pandemic is worsening all over the world, and that sexually transmitted diseases in general are also on the rise.

All young people should have information on and access to contraceptives and legal abortions, as well as to high quality and gender sensitive health care[4] as SRHR are a significant key to achieving gender equality and human rights.

The availability, accessibility, affordability and quality of information and counselling services are therefore essential to the sexual and reproductive health of young people[5]. **There is a need for information and sexual education focused equally on both male and female anatomy. There should be a positive approach to sexuality with no stigmatisation and which enables young people to feel good about their gender and their choices, with regards to their sexual and reproductive life.**

2.1.2 Mental Health

Family, ethnic, economic and social backgrounds play an important role in young people's mental health. Several elements of a young person's life - such as leaving their parental home for the first time, exams, and financial worries - can cause high levels of stress, which can trigger mental health problems. Additionally, unfair denial of employment opportunities, discrimination and difficulties in access to

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[3] For definitions regarding SRHR, "Defining Sexual Health – Report of a Technical Consultation on Sexual Health. 28-31 January 2002". World Health Organisation (WHO), January 2002.

[4] 0685-07, YFJ, November 2007.

[5] For instance, see the results of " A survey of STI policies and programmes in Europe: preliminary results" K L Dehne, G Riedner, C Neckermann, O Mykyev, F J Ndowa, U Laukamm-Josten, 2002.

services, health insurance and housing policies, early education leaving or under achieving, discrimination on any grounds, peer and media pressure are all risk factors for and consequences of mental health problems.

Psychological disorders of all sorts and their consequences, such as anxiety and phobia, post traumatic stress, learning disorders, depression, eating disorders and addictions are all on the rise and have an alarming prevalence among young people in Europe. In 2007, between 10% and 20% of adolescents in the European region are estimated to have one or more mental or behavioural problems[6]. Suicide among youth is an increasingly worrying matter. Psychological and physical violence against and between young people – e.g. corporal punishment, or bullying - is also a major issue, as it can have heavy consequences on a young person's mental health.

To address the issue, it is therefore indispensable to address the various factors which can trigger such problems and prevent them; or draft and implement strict anti-discrimination policies. Different sectors and a variety of stakeholders, in the fields of education, work, environment, urban and local community planning and development, must be involved; and the role of non-formal education and youth organisations must be highlighted. It is indispensable to work on the prevention and the reduction of risks, intervention at an early stage and later, as well as the reintegration and inclusion of those suffering from mental disorders. There should be specific psychiatric facilities for adolescents and a wider availability of treatment facilities for eating disorders, to address the needs of young people. The individual should be at the centre and individual solutions must be found. The Mental Health Pact adopted during the EU High Level Conference in June 2008, and based on a wide stakeholder consultation, is a strong signal that the EU is willing to take action and to approach the issue in a comprehensive and cross-sector manner. The YFJ should ensure the Pact is followed up and implemented.

In many countries young people with mental disorders are particularly vulnerable to abuse and violations of their rights. Rights violations often come as a consequence of exclusion from many aspects of citizenship such as voting, ~~driving,~~ owning and using property; having rights to sexual reproduction and marriage; and gaining access to the courts. **Mental health legislation should ensure that people suffering from mental disorders are not isolated and stigmatised.**

The European Youth Forum sees the violation of young people's rights as a threat to development in Europe, and will strengthen its work to ensure the recognition and implementation of the rights of all young people, including young people with mental disorders.

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[6] WHO, Socioeconomic Determinants of Health Unit, 2007.

2.1.3 Addictions[7]

Youth, as a group, is often a particular target for the consumption of products which can lead to addictions, be it substances such as alcohol, tobacco or recreational drugs, or media practices such as the internet or video games, as they are more sensitive to peer pressure and vulnerable to family influence. They can also be the victims of secondary effects derived from substance abuse such as violence. However, young people are also one of the strongest advocates against such misuse and therefore play an influential role in tackling this.

A key aim of alcohol, tobacco and drugs policy, for the European Youth Forum, is the empowerment of young people to make responsible choices and to change the potentially glamorised perception of such substances. The link between addictions and social inclusion/exclusion is clear and the role of peer pressure, the media and marketing, as well as youth mental health and well being, educational, family, professional and social circumstances must be raised when tackling the issue.

2.1.4 Nutrition and Healthy Lifestyles

Eating habits are acquired early in life and nutrition must therefore be addressed at the youngest age possible. Moreover, European-wide research is currently being conducted by researchers from universities and companies across Europe to study the effects of children's nutrition on the onset of potential nutrition related illnesses such as cardiovascular problems, diabetes, obesity and allergies[8]. This issue is pressing, considering the high prevalence of obesity and cardiovascular diseases in Europe today but also throughout the world. Conversely, focus on weight issues is one of the factors which can lead to the development of eating disorders, particularly for girls and young women. A 2004 report from the WHO[9] shows that 1 in 10 children are overweight. In Europe the proportion is even more worrying at 25%, with higher rates in southern Europe. The World Health Organisation adopted a Charter on counteracting obesity in 2006 and the EU also developed a strategy.[10]

The potential factors are numerous: they range from a decrease in physical activity due to an increase in motorised transportation, and more sedentary leisure time activities such as watching TV or playing video games, to the greater availability and consumption of energy-dense food and drinks, larger portions, and an increased use of restaurant and fast food outlets. **Policy measures are therefore needed to address the two kinds of factors: to encourage healthier food**

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[7] See 0139-07 Position Paper on Alcohol-Related Harm, April 2007; 0726-06 Policy Paper on Tobacco, November 2006 for more details on the YFJ position.

[8] EARNEST project, Univeristy of Granada, Spain.

[9] "Obesity in children and young people: A crisis in public health", International Obesity Taskforce (IOTF), WHO, May 2004.

[10] http://www.euro.who.int/obesity/conference2006 ; White Paper 'Strategy for Europe on Nutrition, overweight and obesity related to health issues' COM (2007)279.

consumption, as well as to develop opportunities for physical activities[11] **– i.e. to promote healthy lifestyles. At the same time, it is important to support young people's emotional well-being and self-esteem so they have a positive body image.** Moreover, the WHO report shows that children from lower income families are more vulnerable to nutrition-related diseases due to poor diets and fewer chances of physical activities - so socio-economic factors must also be addressed.

Public authorities must therefore ensure that food is clearly labelled - both regarding nutritional information but also the origin of ingredients - they must encourage companies to provide healthier food products, especially to children, and they must develop criteria for a more responsible marketing regarding food. Authorities should also provide safe playing environments and encourage physical activities and the practice of sports during and outside schools hours, for instance by offering free of charge sports instruction which takes into consideration the needs and wishes of young people. Schools also play a crucial role and they should provide affordable or free of charge healthy meals and mandatory physical education. Schools **should raise awareness on the importance of healthy lifestyles.**

2.1.5   Health and Safety at Work

According to the European Agency for Health and Safety at work, young people are 50% more vulnerable to workplace injury than others. The main threats are accidents, chemical exposure but also psychological pressure such as stress or harassment. It is therefore crucial to both increase the awareness of risks among young people and to ensure employers take into account their specific vulnerability and take measure specifically targeted at them. **Young employees must, for instance, be given the skills and adequate training, as well as be informed about employers' duties, their rights and responsibilities.**

2.2 Health & Sustainable Development[12]

The health of a population, and especially that of the young within that population, can be both a factor for sustainable development and be impacted by the state of development of a country and any environmental damage; for these reasons, health has a central role in many development policies. Within the last few years the impact of the environment upon health has been thoroughly researched and documented. The link between health and sustainable development will become even more acute, in the light of climate change in coming years.

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[11] Sport Brettschneider, W-D Naul R. , 2004, White Paper on Sport COM(2007) 391.
[12] See, 0182-06 European Youth Forum Policy Paper on Sustainable Development

2.2.1 Health and the Environment

Air pollution, water contamination, chemical exposure, and other environmental hazards pose significant health risks. For instance, air pollution is estimated to cause approximately 2 million premature deaths worldwide per year[13]. One sixth of the total burden of death and disease for children can be attributed to environmental factors[14].

In its fourth Assessment Report[15], the Intergovernmental Panel on Climate Change presents some of the potential health impacts of climate change in Europe, such as excess heat-related mortality; an increase in allergies; and a change in infectious diseases vectors. Worldwide, millions of people may be affected by increases in malnutrition, and injury caused by natural disasters linked to extreme weather, above and beyond the effect of climate change on water supplies and water quality, which could have disastrous health consequences.

European countries and the international community must therefore intensify their efforts to combat climate change, and strengthen health systems as one of *the* measures to reduce public vulnerability to the consequent impact.

2.2.2 A healthy population is a precondition for development

A healthy population is both a prerequisite for, and a potential positive impact of sustainable development. For instance, children living in city slums in developing countries are particularly vulnerable to pollution such as poor air quality, unsafe water and poor sanitation. Three of the eight Millennium Development Goals concern health, and others are strongly related[16] to the topic: among these, reproductive health plays an important part.

The UNFPA estimates that there is about one maternal death per minute in the world, and the disparities are enormous between countries and within countries. Adolescents are particularly at risk, but young women are even more vulnerable. Moreover, one of the main obstacles to poverty reduction is HIV/AIDS, with 40 million people currently living with the HIV virus or AIDS. The pandemic has so far hit sub-Saharan Africa most severely, but is only on the rise in other regions such as Eastern Europe[17]. No country can afford to lose a generation to HIV/AIDS. **The European Youth Forum requests urgent actions to be taken from European**

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[13] Factsheet 313, WHO, 2008.

[14] "Burden of Disease and Injuries Attributable to Selected Environmental Factors among Europe'sChildren and Adolescents", F. Valent, D'A. Little, F. Barbone, G. Tamburlini; WHO, 2004

[15] "Climate Change 2007 – Synthesis Report », IPCC, 2007.

[16] MDG 4: Reduce child mortality; MDG 5: Improve maternal health; MDG 6; Combat HIV/AIDS, malaria and other diseases. MDG 1: Promote gender equality and empower women; MDG 7: Ensure environmental sustainability.

[17] http://data.unaids.org/pub/Report/2008/jc1529_epibriefs_eeurope_casia_en.pdf ; UN World Youth Report 2007 http://www.un.org/esa/socdev/unyin/wyr07.htm

governments to avoid a backdrop in development due to the growing HIV epidemic in our continent.

Although the context for transmission and the consequences upon a society differ from countries with high numbers of HIV-infected youth in Europe and in Africa, European governments should learn from what has been successful and not so successful in the fight against the epidemic in Africa. As a support to formal education systems, but also in situations where they falling short, peer-to-peer education, in a youth organisation context, has proved successful. **Knowing that many of the young Europeans at particular risk of contracting HIV/AIDS are not in the formal school system, governments in Europe should also support sexual health education taking place outside schools. This includes support to peer-to-peer education by youth organisations and youth workers.**

Being young and living with HIV/AIDS in Europe today is hard. In fact many people, both young and older, fear taking HIV-tests, knowing that a positive test result not only places heavy legal responsibilities on them but also, if known, can lead to severe stigmatisation at school, in the workplace, in wider society, and even in the health-care system. At the same time, with the medication available today, young people infected with HIV can live a long and normal life.

Governments must ensure a legal framework to prevent discrimination towards people living with HIV and AIDS. Only if HIV and AIDS are spoken about can we fight the pandemic efficiently, and youth organisations have a particular responsibility to be open and to work against this stigmatisation of HIV-infected youth.

Reversing the spread of HIV/AIDS requires access to HIV tests. But access is not enough. Governments must stick to their promises and ensure access to appropriate medication for all those who need it, at the latest by 2010. Those living with the virus must, for their part, live responsibly to stop the spread of the pandemic.

Family planning has a tremendous potential to save lives[18]. Properly trained health professionals would be a considerable help in reducing risks, along with sexual and reproductive education campaigns for responsible sexual behaviour as well as the use and availability of contraceptives to all young people. The international community must also fulfil its commitments with regards to universal access to the treatment of AIDS[19].

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[18] Estimated at 32%, UNFPA 2008.

[19] For instance, in 2005, the G8 committed to achieving universal access to treatments for AIDS by 2010 and in 2007 the Heads of State renewed their commitments to the MDGs and revised the targets. This new target (number 7) was added: "Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it (7)".

Recognised by the Millennium Development Goals as major threats to development, HIV and malaria get a lot of attention on the global health arena. The European Youth Forum reminds donor and development countries that the fight against HIV and malaria must not take all the focus away from other diseases which harm development and the lives of children and youth. Every single day, 25000 children below the age of five die from diseases for which vaccines are already available on the market. The European Youth Forum calls on European governments to support the GAVI Alliance[20] initiative, ensuring that every child receives protection against these unnecessary death threats.

Developing countries face acute health problems in all areas: despite also affecting populations in industrialised countries, anaemia, and under nourishment and malnutrition are particularly prevalent in developing and middle-income countries. These problems are today becoming even more pressing due to the stress being placed upon natural resources, and the global food crisis. **There is therefore an increasing imperative to address the food crisis and respect the right to food[21].**

Sustainable development and health are closely intertwined. **The issue of sustainable consumption also needs to be addressed in this regard and European youth should be encouraged to adopt healthier, more responsible and socially and environmentally aware behaviours, which could both enhance their health and that of their counterparts in the South.**

3. DETERMINING FACTORS

Young people are particularly vulnerable to social exclusion, notably in the transition stage between education and employment. Access to social protection can be very limited during this period[22]. In turn, health problems such as disabilities, and temporary or long term illnesses, can considerably hinder young people's social inclusion. Moreover, there is often an element of stigmatisation which should be combated. Health also plays a part in intergenerational issues, with young people tending to inherit their health and consumption patterns from adults.

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[20] The GAVI Alliance – formerly the Global Alliance for Vaccines and Immunisation – is a public- private partnership focused on saving children's lives and protecting people's health by increasing access to immunisation in poor countries. The Alliance brings together partners from developing world and donor governments, private sector philanthropists and the financial community, vaccine manufacturers and public health and research institutions, civil society organisations, and multilateral organisations including UNICEF, the World Health Organization, and the World Bank. See http://www.gavialliance.org/index.php.

[21] Defined in the General Comment N0 12 by the UN Committee on Economic, Social and Cultural Rights as the "the right of every man, woman and child alone and in community with others to have physical and economic access at all times to adequate food or means for its procurement in ways consistent with human dignity."

[22]   0098-08   YFJ   Policy   Paper   on   Youth   and   the   European   Social   Model http://www.youthforum.org/Downloads/policy_docs/social_conditions/0098-08_PP_ESM_FINAL.pdf

3.1 Youth unfriendly systems

A good and sustainable healthcare system must be gender conscious, understand and adapt to people's needs. Young people are often sidelined when it comes to health strategies and health systems, which may focus on children but omit to specifically target young people.

This is also linked to a general lack of knowledge on the state of young people's health in Europe, and worldwide, and more research should be done, and data gathered, in order to build adequate, evidence-based health strategies for young people.

3.1.1   Inadequate systems

Confidentiality and tolerance are paramount for young people when it comes to health issues, especially regarding sexuality. **Young people must be able to consult health professionals without risk of criticism or even punishment for their choices and behaviours; similarly, there should be safe environments for young people to access information and healthcare. Consultation and information should be confidential regardless of age.**

Age restrictions can also pose problems to access to healthcare and information. Family planning centres should be accessible to all young people and provide health examinations and contraceptives, as well as tests for sexually transmitted diseases.

The respect of users' preferences, and in this case, of young people's needs and specific circumstances, must be a requisite for healthcare services.

3.1.2 The right to information and education

Young people also feel they are not properly informed about health issues and that their educators are not necessarily the most appropriate actors to address more intimate issues. Basic health, sexual and hygiene education should be provided to all by governments and local institutions, and be a right for all.

Beside the lack of awareness due to a lack or inadequate means and forms of communication, young people, due to their age, can sometimes "feel immune" to health problems and may not always be wary of the illnesses or risks they can face. For instance, unintentional injuries are the biggest cause of death for young people in Europe, especially road injuries, and young people are also particularly vulnerable to work injuries[23]. **Public authorities, as well as employers and trade unions, should play a strong part in raising awareness on these issues.**

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[23] "Injuries in the WHO European Region: Burden, challenges and policy response", Regional Committee for Europe, 55th Session, WHO, 2005; European Agency or Health and Safety at Work. "0813-07. Policy Paper on Youth Employment", YFJ, May 2008.

In this respect, teachers, as well as health professionals should be trained to be more sensitive to the health and safety issues which concern young people, and to better communicate with them in order to raise awareness. The role of peer education should be recognised, and institutions should provide trainings for peer educators in order to ensure that health issues are properly raised and addressed by them. New ways and means of communication should be explored which have a chance to appeal and reach out to young people - such as new media and the internet, in particular.

It is also critical to fight the stigmatisation of young people living with illnesses and especially those living with disabilities, and ensure that these constituencies benefit from the same opportunities as any other young people.

3.2 Access to healthcare

Youth, as a category of the population, is under particular threat of being excluded from social protection systems. Some youth in particular face multiple discrimination and disadvantages in terms of access to healthcare, which strongly pose a threat to their health and well being. Healthcare should be free for all under 18s and affordable to all other youth, to ensure its universality.

3.2.1 Incomplete social protection

Health is part of and is key to social inclusion and autonomy. Access to social welfare can be more restricted for the young than for older sections of the population, due to, for example, young people not yet having entered the labour market, or given the higher rates of unemployment among youth and the possible strict limitations on health and social benefits for the unemployed. A specific category, the "invisible" young people, who have completed or terminated their formal education but have not yet found employment, are often left without any right to a minimum income or health insurance. Moreover, young people in Central and Eastern Europe and in countries still in transition, face even more difficult situations, as the social protection structures and policies still need to be adapted and many of these countries lack sufficient economic resources to provide key social protection, including adequate social security benefits and healthcare.

Social protection systems should be sufficiently comprehensive so as to ensure that people of all ages, and in particular young people, are covered under its different components: this should include the possibility for all young people to have access to a high-quality, accessible and free healthcare system, regardless of their educational, employment or resident status. At the EU level, policy makers must recognise and invest in social and healthcare

services within the Lisbon strategy, as a future driving force of EU growth. Health is pivotal to ensure the coherence of the European Social Model.

Health has been recently included in the Open Method of Coordination in the field of social protection and social inclusion but not much importance has been given to it. The YFJ believes that organisations dealing with poverty and social inclusion should place a stronger focus on the link between health and social inclusion. Other Open Methods of Coordination can have a positive effect on health policy, such as that being undertaken on education.

3.2.2 Inequalities

Some young people have even fewer opportunities and therefore the inequalities to which they are subject can be even bigger, and so too, in turn, the consequences upon them. These inequalities can have different causes: for example, young people from rural communities often have restricted access to health care, while other young people may not have the same access to quality healthcare services due to cost. Similarly, healthcare facilities - especially family planning centres – may not always be in close proximity, easily accessible, or easily affordable. **Costs should not be a hindrance to a young person accessing health care**.

A consultation on health and social inclusion among YFJ Member Organisations in November 2007 concluded that the restrictions regarding access to healthcare were mostly linked to migration, poverty and sexual orientation. Health issues which were of particular significance for youth are linked to social inclusion and discrimination. This appeared to be true specifically with regards to mental health, sexual and reproductive health rights (SRHR) and eating disorders, to which youth are particularly vulnerable.

Discrimination against young Lesbians, Gays, Bisexuals and Transsexuals (LGBT) in the area of health is widespread. Research has shown that LGBT youth are not provided with adequate mental and sexual health services because of the perception that "there are not enough young LGBT who need them". With regards to SRHR, discrimination and a lack of awareness have also been reported - in particular among youth with ethnic minority backgrounds, or from Roma and travelling communities.

Resources need to be invested to ensure more equal access to social protection, whether individuals live in rural or urban areas; to establish healthcare services that are more sensitive to the particular health issues experienced by vulnerable groups such as young women, migrants and young LGBT; and to raise awareness on health issues, and in particular SRHR, among young people.

4. EMPOWERING YOUNG PEOPLE TO MAKE HEALTHY LIFESTYLE CHOICES

Public authorities have the duty to provide young people with non-discriminatory access to healthcare, while young people should also take responsibility for their own health and well being – which is dependent upon them being properly informed. **Public authorities should take into account young people's opinions on the policies which concern them, and involve them in the development of such policies as this right is granted to all children in the UN Convention on the Right of the Child.**

4.1 The role of youth organisations & youth as agents in their own healthcare

Youth organisations engage young people, involving them and letting them gain competences and confidence, and as such are key agents for boosting active citizenship and enhancing young people's health, by empowering them to make healthy lifestyle choices. Young people can and should be agents in their own healthcare.

4.1.1 Non-formal education and the role of youth organisations

Development of values, especially during puberty, is easier in non-authoritative settings. The peer-led educational methods of non-formal education (NFE) in youth organisations are therefore very well suited to making young people learn positive skills regarding health. This empowerment and confidence building is at the heart of both long term NFE projects in youth work as well as more specific programmes, such as on sexual education or alcohol abuse prevention. It is crucial that policy-makers recognise the quality and potential of these NFE schemes and provide them with sufficient support. Youth organisations provide a very important space in which young people can develop their social and personal skills. The role of youth organisations is very relevant in prevention, policy-making, and in raising awareness. Through the activities, projects and programmes they run, they strongly contribute to the empowerment and healthy lifestyles of young people: for instance, they can provide alternative leisure activities which can contribute to the prevention of substance abuse, or they can enhance an individual's mental health by helping to develop leadership skills and self confidence. The role of youth organisations is not to impose restrictions or prescribe a certain lifestyle, but to give young people the tools, knowledge and skills to make their own choices and to resist pressure - be it from peers, the media or marketing, for example. Youth organisations can play a strong part in social inclusion, by building confidence to make healthy choices and by providing safe spaces irrespective of illness or disability

4.1.2   Youth organisations in the promotion of health and well being

Being democratic youth-led structures, youth organisations should have a say on health policy, and are an important forum to discuss these issues. They

are a good space to organise consultations among young people and they are the most representative bodies to voice the concerns of a wide range of youth. Many youth organisations have certain competences in the field of health and are therefore adequate partners for these consultations.

A broad partnership and a strong multi-stakeholder approach to health policy, in cooperation with the community, and the local, national, regional and international levels, must be ensured - and one in which youth organisations are recognised as key stakeholders, in order to achieve a holistic vision and implementation of health services. Youth organisations must be adequately resourced at the national and European levels, in order to ensure the provision and development of social and personal development, and life skills programmes specifically targeted at children and young people. Likewise, youth organisations should ensure that they provide healthy environments for their members.

4.2 Awareness-raising & prevention

4.2.1 Education & Schools

Compulsory formal education equips young people with the knowledge and skills for their further education and work. However, education should be about preparing young people for all aspects of life; this is done best in a participative and explorative way, closely in line with the natural curiosity of children and young people. The school needs to be the place complementing parental upbringing, or sometimes replacing this upbringing, where young people take responsibility for their own lives and bodies. Teachers are role models in this and schools should provide healthy lunches and snacks. However, schools can also be an intimidating environment, a place where children are bullied and face violence from their peers - and this must be strictly prevented. This needs to be part of a general school culture which does not put pressure on young people, fosters respect, and protects students against bullying and other harmful behaviour. **Psychological and social counselling should also be made available in schools, to ensure a wide access to these services. Healthcare professionals should also be allowed into schools to provide appropriate and accurate information to both students and teachers, and the role of youth organisations must also be acknowledged to ensure a true cross-sector approach to health education.**

Schools act as an early warning system and need to build trust so that young people do not have to deal with these issues on their own.

4.2.2 Media & Marketing

The media has a significant impact on young people and plays a big part in shaping individual behaviour and society both positively and negatively. The

media can contribute to irresponsible behavioural phenomena such as violence, and can encourage both unsustainable and unhealthy consumption, through the depiction of images of people engaging in such consumption, and duly portraying them as role models. The media does not always show examples of healthy lifestyles and can also encourage unhealthy lifestyles through the marketing of products which can be harmful when consumed or mis- and over-used.

Alcohol, for instance, still enjoys a relatively positive image, unlike tobacco, and the issue of the portrayal of alcohol in marketing, in particular, should be addressed in positive and innovative ways so as to address not only alcohol-related harm but also to change perceptions in order to reduce harm. In other fields, such as nutrition, marketing also plays a key role. **Restrictions on marketing ~~can~~ have an effect on consumption[24], when implemented alongside other measures, and must be addressed in a holistic way: for example, through looking at the issue of product placement and sponsoring, and also through looking at social marketing.**

On the other hand, media and especially new media can enhance young people's ability to be active citizens, be better informed, and voice their opinions and concerns. The internet can be an interactive tool to carry information in a more appealing and pedagogical way, and a vehicle through which young people can get advice from their peers, in a more confidential environment.

5. CONCLUSION

The health and well being of young people have far-reaching ramifications and implications, and it is important to raise public awareness about the need to protect and nurture both. The issues involved require programmes, policies and strategies which are interdisciplinary and involve a wide range of stakeholders, including youth organisations, institutions, the media and schools, among others, both within the health field and far beyond. There must also be a continued cohesion in national and international strategies, in order to ensure the efficiency of such strategies, and to ensure that the specific needs of youth as an age group are addressed by dedicated youth-specific health plans. Research should also be developed in order to formulate supportive and evidence-based policies. Moreover, a particular emphasis must be put on SRHR and mental health as they are crucial for young people's autonomy, equality and future development.

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[24] Early Adolescent Exposure to Alcohol Advertising and Its Relationship to Underage Drinking, 13 April 2007 Rebecca L. Collins, Phyllis L. Ellickson, Daniel McCaffrey, Katrin Hambarsoomians. http://download.journals.elsevierhealth.com/pdfs/journals/1054-139X/PIIS054139X07000250.pdf