The health of adolescents and young people is of vital concern in public health policies. Following childhood proper and preceding adult life, adolescence constitutes a period of transition towards autonomy, one that can be testing and is characterised by certain types of behaviour.

In today’s society, we are fortunate that the statistics relating to young people under the age of 25 indicate that the majority are in good health. Progress within the fields of science and technology, improvement in living conditions and hygiene, the quality of preventative methods, early diagnosis and treatment of illness have enabled a permanent improvement in the health of the population, and particularly of young people. However, this only represents a partial view of the situation. Indeed, although in France, 85% of young people are in good health, almost one in six encounters physical or psychological difficulties and according to the World Health Organisation, nearly two-thirds of premature adult deaths are linked to conditions contracted, or behaviour adopted, during childhood or adolescence.

With the difficulties they sometimes encounter in finding their place within society, adolescents and young people may behave dangerously. Some of the statistics are alarming. The huge consumption of alcohol and the increasing tendency towards “binge drinking” is very disturbing. The taking of illegal substances, particularly cannabis, is something that involves a considerable proportion of young people.

Adolescents and young people have different needs and different expectations from their elders, and they do not view their health in the same way. Public health policies should therefore take pains to address the specific needs of this age group. It is now up to all nations to put in place the necessary measures to protect and pro-
mote youth and adolescent health, to guarantee their autonomy and their access to quality healthcare. These are the objectives of the programme for youth health, which involves the work of a large network of participants so that the action taken is coherent and produces long-lasting results.

In spite of our efforts, however, our health system is not always sufficiently adapted to the needs of young people. Experience shows that they often encounter difficulties in accessing care. Specialised structures have been created in an effort to respond to youth health needs, during times when they may need professional advice or therapy adapted to problems relating to their age, without having to obtain parental agreement.

With regard to this, the International Convention on the Rights of the Child, signed in New York on 20 November 1989, and which came into effect in France on 2 September 1990, states in article 3, §3: “States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision”. Our actions towards children should be driven by the necessity to inform them and listen to them whilst enabling them to take ownership of their own health. We must protect young people and encourage their responsibility, whilst respecting their desire for emancipation and autonomy.

Recently, adolescents have witnessed real recognition of the importance of their status in health matters. They now enjoy some autonomy to decide for themselves. In France, the law of 4 March 2002 on the rights of patients and the quality of the health system aimed to reconsider the place of the minor in health matters. Most particularly, adolescent’s participation in the decision-making process was reinforced and in certain circumstances she now enjoys total autonomy of decision (see art. L. 1111-5 Public Health code), notably regarding questions of contraception and abortion. This autonomy to decide which implicitly establishes what might be deemed a “medical age of majority”, was seen by the legislator as a means of safeguarding the health of this particularly vulnerable age group.
The French legislature is thus acting on the principle proposed in article 12 of the International Convention on the Rights of the Child mentioned above, which states that:

“1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.”

This establishment of the adolescent’s right to autonomy in health matters is not a specifically French phenomenon; it forms part of a global movement. Numerous countries, in Europe as elsewhere in the world, constituting extremely diverse cultures, have adopted the same process: one that seeks to reconcile the adolescent’s need for protection and their need for autonomy. With its many fine examples, this book clearly illustrates and explores this.

In a world where young people can struggle to find their place, where they are often the first victims of social or humanitarian crises, our duty as actors on the stage of public policy-making is to engage with them in order to protect their health and guarantee their rights as distinct individuals.