

SMOKING AMONG CHILDREN

Smoking in childhood and adolescence has both immediate and long-term health consequences. The immediate adverse health consequences of smoking include addiction, reduced physical fitness and endurance, and asthma, while early onset of smoking habits increase children's long-term risk of cardiovascular diseases, respiratory illnesses and cancer. Children who smoke are also more likely to experiment with alcohol and illicit drugs.

On average in EU countries, 25% of 15-16 year olds reported smoking in the past month in 2015 (Figure 4.1). More than 30% of them smoked in the past month in Bulgaria, Croatia, Germany, Italy and the Slovak Republic, whereas less than 15% did so in Belgium (Flanders), Ireland, Malta and Sweden. Smoking rates among 15-16 year olds have decreased since 2007 in most EU countries, except in Poland and Romania where they have increased. The largest decreases have occurred in Austria, Denmark, Ireland, Latvia, Malta, and Sweden.

The gap in smoking between 15-16 year old boys and girls is fairly small in most countries. On average, a slightly greater proportion of 15-16 year old girls reported smoking in 2015 (26% compared with 24% for boys). Smoking rates among 15-16 year olds have decreased since 1999, slightly more rapidly among boys than girls (Figure 4.2).

A mix of policies including excise taxes to increase prices, clean indoor-air laws, restrictions on youth access to tobacco, and greater education about the effects of tobacco on health has contributed to reducing smoking rates among children and adolescents. In May 2016, the new Tobacco Products Directive became effective in all EU Member States. This directive particularly targets adolescents and young adults, as 25% of 15-24 year olds in the European Union are smokers (Pötschke-Langer, 2016). It bans flavoured cigarettes, makes larger health warnings (image and text) on packages mandatory, and introduces safety, quality and packaging regulations pertaining to e-cigarettes.

Specific measures to reduce smoking among adolescents implemented in some countries include: plain packaging of tobacco products, price hike, advertising restrictions, smoke-free environments

legislation, ban on the sale of e-cigarettes to children, or the prohibition of proxy purchasing by adults on behalf of children.

In addition to direct smoking, many children are also exposed to second-hand smoking at home, at school or in cars. Second-hand smoking also increases greatly the risk of many respiratory diseases or other illnesses (WHO Europe, 2018). In response, many countries have taken measures to protect children from such second-hand smoking in public places but also in some cases by banning smoking in cars when children are present.

Definition and comparability

The data refer to the proportion of children aged 15-16 year olds who report smoking in the past 30 days. The data come from the European School Survey Project on Alcohol and Other Drugs (ESPAD). The ESPAD survey has been collecting comparable data on smoking and other substance use among 15-16 year old students in European countries every four years since 1995.

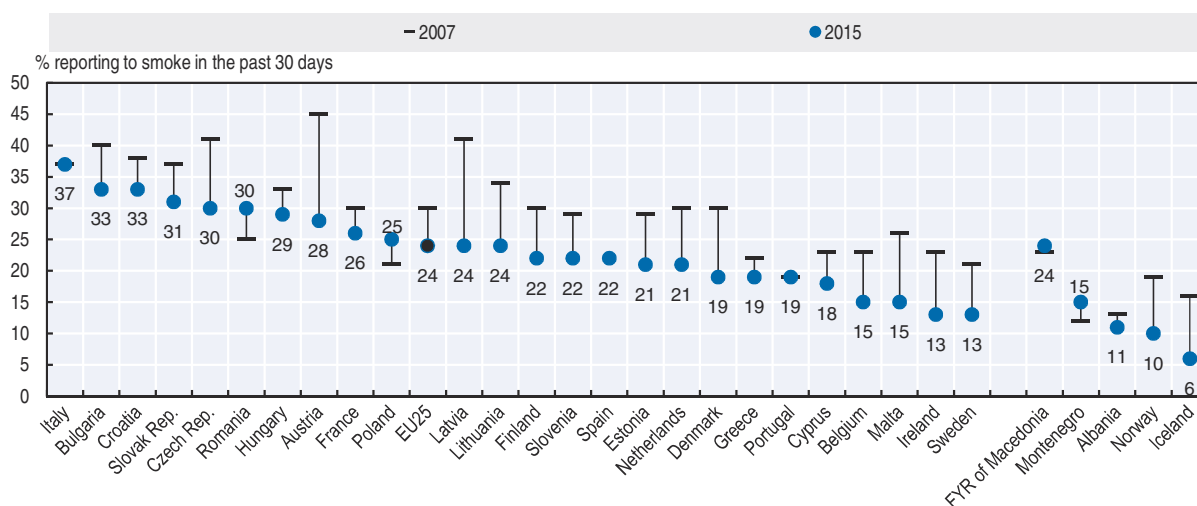
Data for Spain (a non-ESPAD country) come from the Spanish national school survey (2014-15). Data from Latvia need to be interpreted with caution due to small sample size.

For more information, please see <http://espad.org/report/home/>.

References

- Pötschke-Langer, M. (2016), "The Tobacco Products Directive – Implementation in the EU", *Health-EU Newsletter No. 174 – Focus*, http://ec.europa.eu/health/newsletter/174/focus_newsletter_en.htm.
- ESPAD Group (2016), *ESPAD Report 2015: Results from the European School Survey Project on Alcohol and Other Drugs*, EMCDDA and ESPAD, <https://doi.org/10.2810/022073>.
- WHO Europe (2018), *Fact Sheet Tobacco and Oral Health*, www.euro.who.int/__data/assets/pdf_file/0005/369653/Fact-Sheet-on-Tobacco-and-Oral-Health-2018-eng.pdf?ua=1.

4.1. Changes in smoking rates among 15-16 year olds, 2007 to 2015

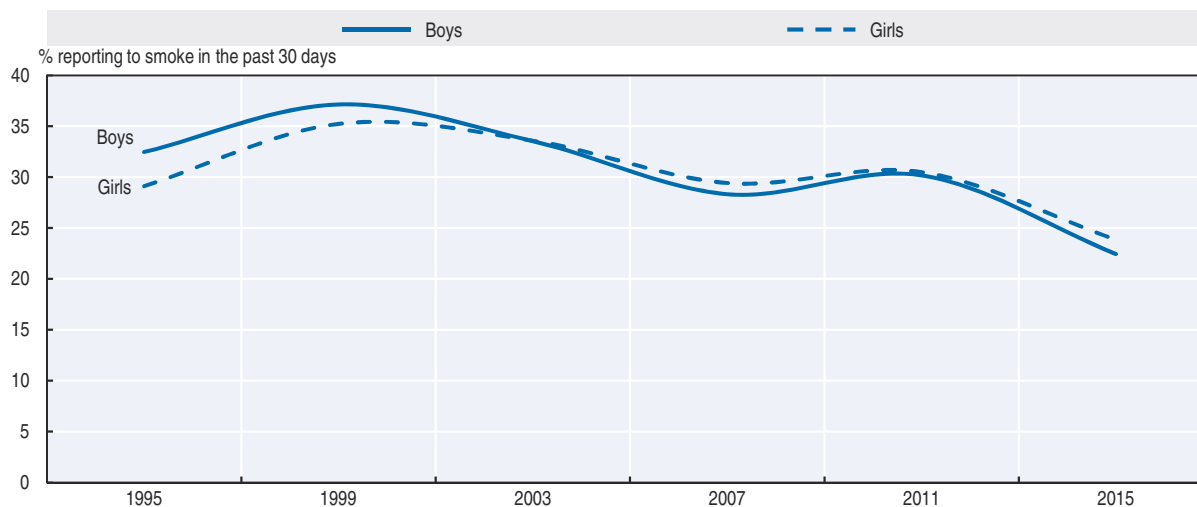


Note: The EU average is not weighted by country population size. The data for Belgium refers to the Flanders region only.

Source: ESPAD, 2007 and 2015.

StatLink <http://dx.doi.org/10.1787/888933834946>

4.2. Gender gap in smoking rates among 15-16 year olds, average across EU countries and Norway, 1995 to 2015



Source: ESPAD.

StatLink <http://dx.doi.org/10.1787/888933834965>



From:
Health at a Glance: Europe 2018
State of Health in the EU Cycle

Access the complete publication at:
https://doi.org/10.1787/health_glance_eur-2018-en

Please cite this chapter as:

OECD/European Union (2018), "Smoking among children", in *Health at a Glance: Europe 2018: State of Health in the EU Cycle*, OECD Publishing, Paris/European Union, Brussels.

DOI: https://doi.org/10.1787/health_glance_eur-2018-20-en

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for public or commercial use and translation rights should be submitted to rights@oecd.org. Requests for permission to photocopy portions of this material for public or commercial use shall be addressed directly to the Copyright Clearance Center (CCC) at info@copyright.com or the Centre français d'exploitation du droit de copie (CFC) at contact@cfcopies.com.