

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.1. Smoking and alcohol consumption among children

Regular smoking and excessive drinking in adolescence have both immediate and long-term health consequences. Children who establish smoking habits in early adolescence increase their risk of cardiovascular diseases, respiratory illnesses and cancer. They are also more likely to experiment with alcohol and other drugs. Alcohol misuse is itself associated with a range of social, physical and mental health problems, including depressive and anxiety disorders, obesity and accidental injury (Currie et al., 2012).

Results from the Health Behaviour in School-aged Children (HBSC) surveys, a series of collaborative cross-national studies conducted in a number of countries worldwide, allow for monitoring of smoking and drinking behaviours among adolescents.

Fifteen-year-old children in Austria, the Czech Republic, and Hungary smoke the most, with more than 25% reporting that they smoke at least once a week (Figure 2.1.1). In contrast, less than 10% of 15-year-olds smoke weekly in Canada, Iceland, Norway, and the United States. On average, the same proportion of boys and girls (16%) smoke at least once a week. However, there are gender disparities in some countries. Smoking is much more prevalent among boys in Estonia and Greece, while a much higher proportion of girls report smoking at least once a week in the Czech Republic and Spain.

Drunkenness is reported to have been experienced at least twice by more than 40% of 15-year-olds in the Czech Republic, Denmark, Estonia, Finland, Hungary, Slovenia and the United Kingdom (Figure 2.1.2). Much lower rates (less than 20%) are reported in Iceland, Italy, Luxembourg, the Netherlands, and the United States. Across all surveyed OECD countries, boys are more likely than girls to report repeated drunkenness (32% vs. 28%). France, Hungary, and Slovenia have the biggest differences, with rates of alcohol abuse among boys at least 9% points higher than those of

girls. In four countries, Finland, Spain, Sweden and the United Kingdom, more girls than boys report repeated drunkenness (around 5-7% points).

Risk-taking behaviours among adolescents have fallen in many countries, with regular smoking for both boys and girls and drunkenness rates for boys showing some decline from the levels of the late 1990s on average (Figures 2.1.3 and 2.1.4). Levels of smoking for both sexes are at their lowest for a decade, with, on average, fewer than one in five children of either sex smoking regularly. However, increasing rates of smoking and/or drunkenness among adolescents in the Czech Republic, Estonia, Hungary, Poland, the Slovak Republic and Spain are cause for concern.

Definition and comparability

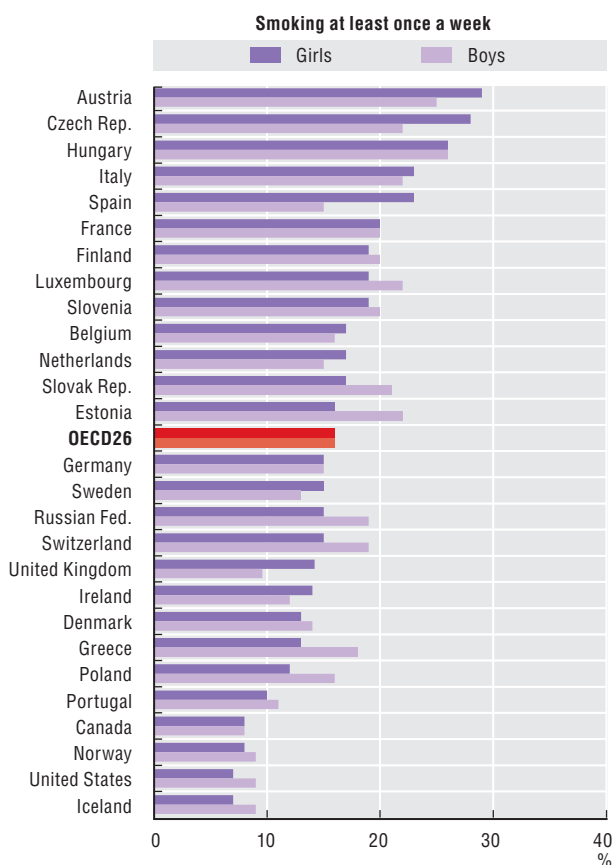
Estimates for smoking refer to the proportion of 15-year-old children who self-report smoking at least once a week. Estimates for drunkenness record the proportions of 15-year-old children saying they have been drunk twice or more in their lives.

The Health Behaviour in School-aged Children (HBSC) surveys were undertaken every four years between 1993-94 and 2009-10 and include up to 26 OECD countries and the Russian Federation. Data are drawn from school-based samples of 1 500 in each age group (11-, 13- and 15-year-olds) in most countries. Turkey was included in the 2009-10 HBSC survey, but children were not asked about their alcohol drinking and smoking.

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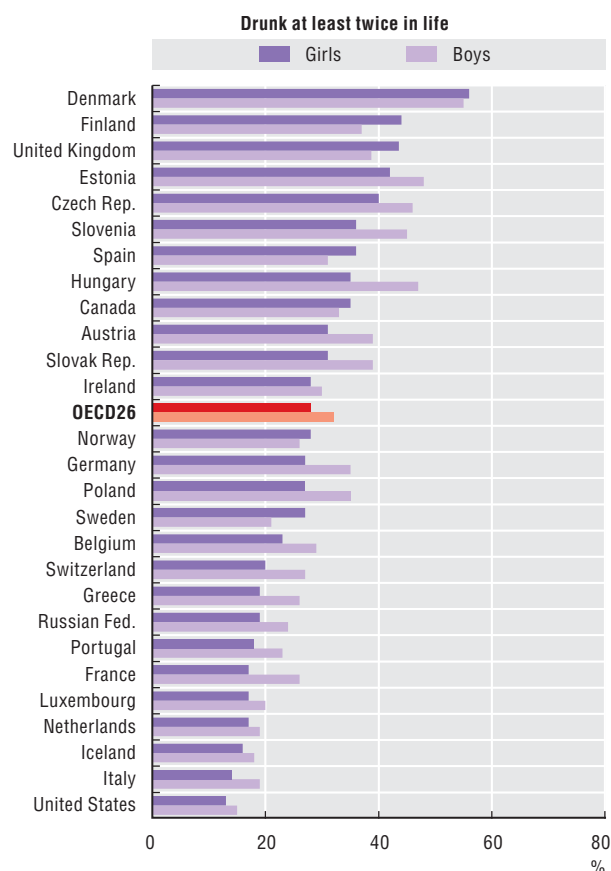
2.1.1. Smoking among 15-year-olds, 2009-10



Source: Currie et al. (2012).

StatLink <http://dx.doi.org/10.1787/888932916401>

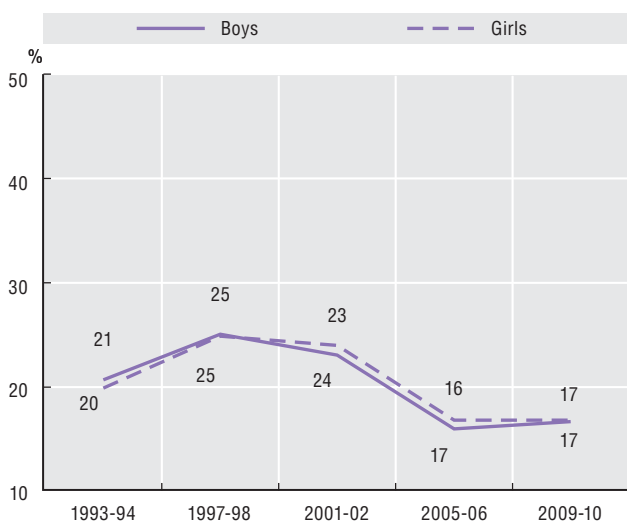
2.1.2. Drunkenness among 15-year-olds, 2009-10



Source: Currie et al. (2012).

StatLink <http://dx.doi.org/10.1787/888932916420>

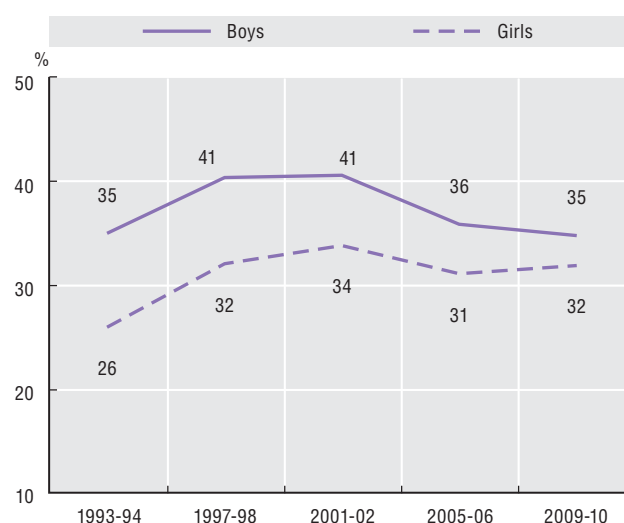
2.1.3. Trends in regular smoking among 15-year-olds, 19 OECD countries



Source: Currie et al. (2000); Currie et al. (2004); Currie et al. (2008); Currie et al. (2012); WHO (1996).

StatLink <http://dx.doi.org/10.1787/888932916439>

2.1.4. Trends in repeated drunkenness among 15-year-olds, 19 OECD countries



Source: Currie et al. (2000); Currie et al. (2004); Currie et al. (2008); Currie et al. (2012); WHO (1996).

StatLink <http://dx.doi.org/10.1787/888932916458>



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