Regular smoking or excessive drinking in adolescence has 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., 2008).

Results from the Health Behaviour in Schoolaged Children (HBSC) surveys, a series of collaborative cross-national studies conducted in most EU countries, allow for monitoring of smoking and drinking behaviours among adolescents. Generally, girls smoke more than boys, but more boys get drunk. Between 13 and 15 years of age, the prevalence of smoking and drunkenness doubles in many EU countries.

Boys and girls in central and eastern European countries (Bulgaria, Latvia, Estonia, Lithuania, the Czech Republic, Hungary) as well as in Austria, Finland and Italy smoke most often, with weekly rates around 20% or more (Figure 2.1.1). In contrast, 15% or less of 15-year-olds in Nordic countries (Denmark, Iceland, Norway and Sweden), Switzerland and Portugal smoke weekly. Many countries report higher rates of smoking for girls, although only Bulgaria, Austria and Spain have differences in excess of 5%. Smoking is more prevalent among boys in central and eastern European countries.

Drunkenness at least twice in their lifetime is reported by 40% or more of 15-year-olds in Denmark, Lithuania, the United Kingdom, Finland, Bulgaria and Estonia (Figure 2.1.2). Across all surveyed countries, 30% of girls and 38% of boys have been drunk on two or more occasions, with much lower rates in Mediterranean countries such as Malta, Greece, Portugal and Italy, as well as in Switzerland and France. Boys are more likely to report repeated drunkenness. Romania, Slovenia, Poland and Estonia have the biggest differences, with rates of alcohol abuse among boys being in excess of 15% higher than those of girls. Norway, Spain and the United Kingdom are the only countries where more girls report repeated drunkenness, and in each case rates are around 5% higher.

The differences in recent smoking and drinking rates between 15-year-old boys and girls are shown in

Figure 2.1.3. Countries above the 45 degree line have higher rates for girls, and countries below the line higher rates for boys. Countries with higher rates of smoking among boys also report higher rates for girls, with the same finding for drinking rates.

Rates of drunkenness are also available for 13-year-olds (Currie et al., 2008). At this age, over one in ten children in a range of countries including Estonia, the United Kingdom, Lithuania, Latvia, Bulgaria, the Czech and Slovak Republics and Finland have experienced drunkenness at least twice. In Romania, Denmark and Slovenia, high rates of repeated drunkenness at 13 are also seen for boys. Some of the largest increases in reported drunkenness between the ages of 13 and 15 are seen in Denmark, Finland and Lithuania.

Risk-taking behaviours among adolescents are falling, with regular smoking for both boys and girls and drunkenness rates for boys showing some decline from the levels of the late 1990s (Figure 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 drunkenness among adolescents in Baltic and other eastern European countries are cause for concern.

Definition and deviations

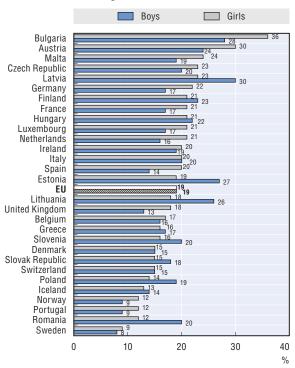
Estimates for smoking refer to the proportion of 15-year-old children who self-report smoking at least once a week. Estimates for drunkenness record the proportions of 15-year-old children saying they have been drunk twice or more in their lives.

Data for 26 European Union and 3 non-EU countries are from the Health Behaviour in School-aged Children (HBSC) surveys undertaken between 1992-93 and 2005-06. Data are drawn from school-based samples. France, Germany and the United Kingdom report results for certain regions only. Turkey is included in the 2005-06 HBSC survey, but did not question children on drinking and smoking.

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2.1.1. Smoking among 15-year-olds, 2005-06

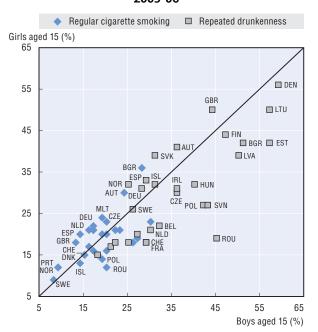
Smoking at least once a week



Source: Currie et al. (2008).

StatLink http://dx.doi.org/10.1787/888932336217

2.1.3. Risk behaviours of 15-year-olds by sex, 2005-06

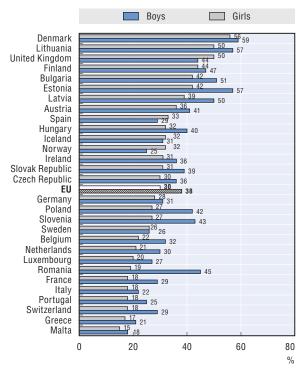


Source: Currie et al. (2008).

StatLink http://dx.doi.org/10.1787/888932336255

2.1.2. Drunkenness among 15-year-olds, 2005-06

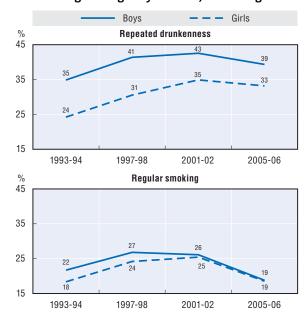
Drunk at least twice in life



Source: Currie et al. (2008).

StatLink http://dx.doi.org/10.1787/888932336236

2.1.4. Trends in repeated drunkenness and regular smoking among 15-year-olds, EU average



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

StatLink http://dx.doi.org/10.1787/888932336274



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