

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.1. Smoking and alcohol consumption at age 15

Regular smoking or excessive drinking in adolescence has 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 School-aged Children (HBSC) surveys, a series of collaborative cross-national studies conducted in most OECD countries, allow for monitoring of smoking and drinking behaviours among adolescents. Generally, today 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 OECD countries.

Children in Austria, Finland, Hungary, the Czech Republic and Italy smoke more often, with weekly rates of 20% or more for both boys and girls (Figure 2.1.1). In contrast, 10% or less of 15-year-olds in the United States, Canada and Sweden smoke weekly. Most countries report higher rates of smoking for girls, although only Spain and Austria have differences in excess of 5%. Greece, Finland, Hungary, Iceland, Poland and the Slovak Republic are the only countries where smoking is more prevalent among boys.

Drunkenness at least twice in their lifetime is reported by 40% or more of 15-year-olds in Denmark, the United Kingdom and Finland (Figure 2.1.2). Across all surveyed countries, 29% of girls and 33% of boys have been drunk on two or more occasions, with much lower rates in the United States, and Mediterranean countries such as Greece, Italy and Portugal. Boys are more likely to report repeated drunkenness. Switzerland, Belgium, Hungary and the Slovak Republic have the biggest differences, with rates of alcohol abuse being 5-10% higher than those of girls. In Poland, differences are even greater, with repeated drunkenness among boys being over 10% higher than girls. Norway, Spain, Canada and the United Kingdom are the only countries where more girls report repeated drunkenness, and in each case rates are less than 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 the United Kingdom, Finland, Canada and the Slovak Republic have experienced drunkenness more than twice. In Poland and Hungary, high rates of repeated drunkenness at 13 are also seen for boys. The largest relative increase in reported drunkenness between the ages of 13 and 15 are seen in Norway, Iceland and Sweden, but the rate in each of these countries remains below average at age 15.

Risk-taking behaviours among adolescents are falling, with both alcohol and cigarette consumption among 15-year-olds showing some decline from the levels of the late 1990s (Figure 2.1.4). With the exception of Greece, all surveyed OECD countries report falling rates of smoking for both boys and girls. 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. Some country convergence in risk behaviours is also evident: among girls for smoking, and drunkenness for both boys and girls.

Definition and deviations

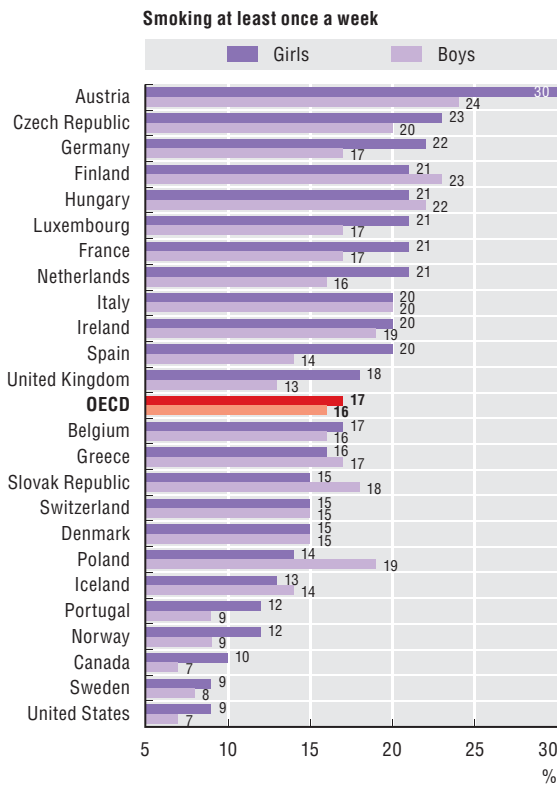
Estimates for smoking refer to the proportion of 15-year-old children who self-report smoking at least once a week. Estimates for drunkenness record the proportions of 13- and 15-year-old children saying they have been drunk more than twice in their lives.

Data for 24 OECD countries are from 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. The survey has not been carried out in Australia, Japan, Korea, Mexico and New Zealand. Turkey is included in the 2005-06 HBSC survey, but did not question children on drinking and smoking.

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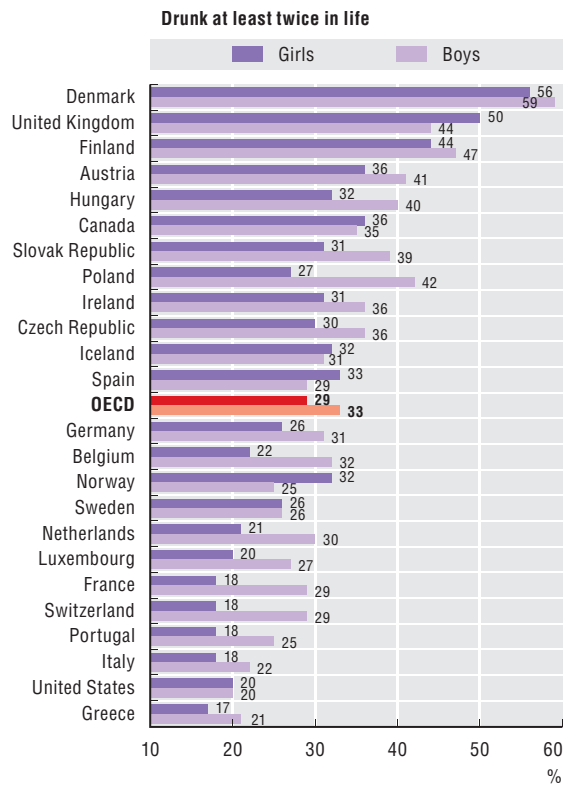
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2.1.1 Smoking among 15-year-olds, 2005-06

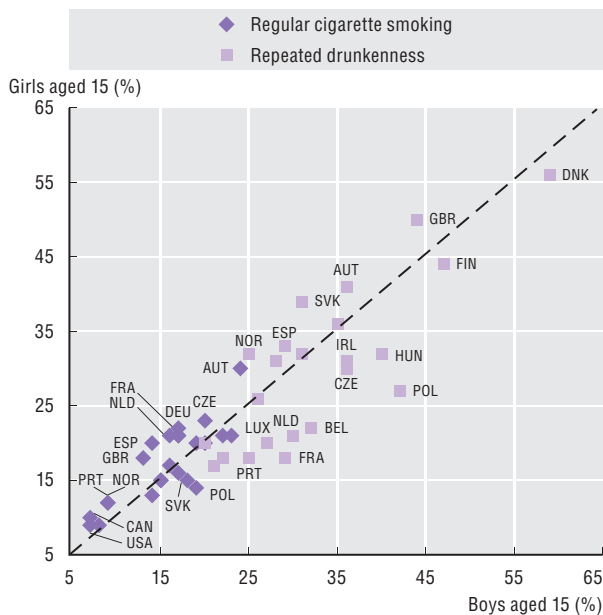


Source: Currie et al. (2008).

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

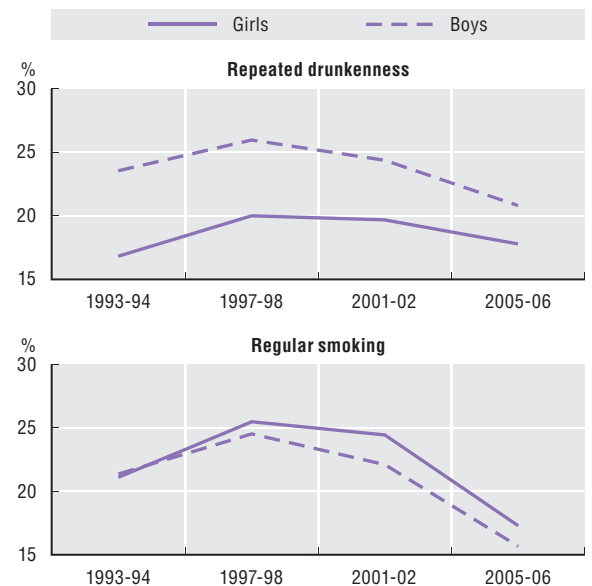


2.1.3 Risk behaviours of 15-year-olds, by sex, 2005-06



Source: Currie et al. (2008).

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



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

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