



Smoking and excessive drinking during adolescence have both immediate and long-term health consequences. Smoking during adolescence has immediate adverse health consequences, including addiction to nicotine, reduced lung function and impaired lung growth, and asthma (Inchley et al., 2016[12]). It is also associated with an increased likelihood of experimenting with other drugs, as well as engaging in other risky behaviours (O'Cathail et al., 2011[13]). Early onset of drinking and early onset of excessive drinking are associated with hazardous drinking in young adulthood (Enstad et al., 2019[14]). Early and frequent drinking and drunkenness are associated with detrimental psychological, social and physical effects, such as dropping out of high school without graduating (Chatterji and DeSimone, 2005[15]).

Results from the Health Behaviour in School-aged Children (HBSC) surveys, a series of collaborative cross-national studies, facilitate monitoring of smoking and drinking behaviours among adolescents. Other national surveys, such as the Youth Risk Behavior Surveillance System in the United States, or the Escapad survey in France, also monitor risky behaviours.

Over 20% of 15-year-olds smoked at least once a month in 2017-18 in Lithuania, Italy, Hungary, Latvia and the Slovak Republic (Figure 4.6). At the other end of the scale, fewer than 10% reported monthly smoking in Iceland, Canada and Australia. Across OECD countries, the average was 16.4%. Girls smoked more than boys in 15 OECD countries, but smoking rates among boys were higher in nine OECD countries plus Russia. Gender gaps were particularly wide in Italy, the Czech Republic and Hungary (a difference of 4-9 percentage points).

Over 30% of 15-year-olds had been drunk at least twice in their lifetime in 2017-18 in Denmark, Lithuania, Austria, Hungary, and the United Kingdom (Figure 4.7). In Iceland, Russia, Luxembourg, Sweden, France, Portugal and Switzerland, rates were below 15%. Across OECD countries, the average is 21.5%, with a narrow gap between boys (22.6%) and girls (20.3%). Gender disparities – with boys more prone to drink than girls – were especially high in Denmark, Austria, Hungary, Switzerland, Belgium, Greece, Lithuania and Norway (a difference of over 5 percentage points). Only in Canada, Ireland, Spain, Sweden, Poland and the United Kingdom did girls report repeated drunkenness more often than boys (a 2-5 percentage point difference).

Both smoking and drunkenness among adolescents decreased on average across countries between 2014 and 2018 (Figure 4.8). Smoking at least once a month decreased from 19.2% in 2014 to 16% in 2018 on average. This reduction was reported by 23 countries, and exceeded 6 percentage points in

France, Hungary, Luxembourg, the Netherlands and Slovenia. Drunkenness at least twice in one's life decreased from 23.3% in 2014 to 21.5% in 2018. This reduction was reported by 20 countries, and exceeded 6 percentage points in the Czech Republic, Hungary and Poland. Conversely, rates increased by more than 8 percentage points from 2014 to 2018 in Austria (among boys and girls) and Denmark (among boys). Data from the ESPAD study also shows that alcohol use and heavy drinking among adolescents have decreased over the last decade in the European region (ESPAD Group, 2020[16]).

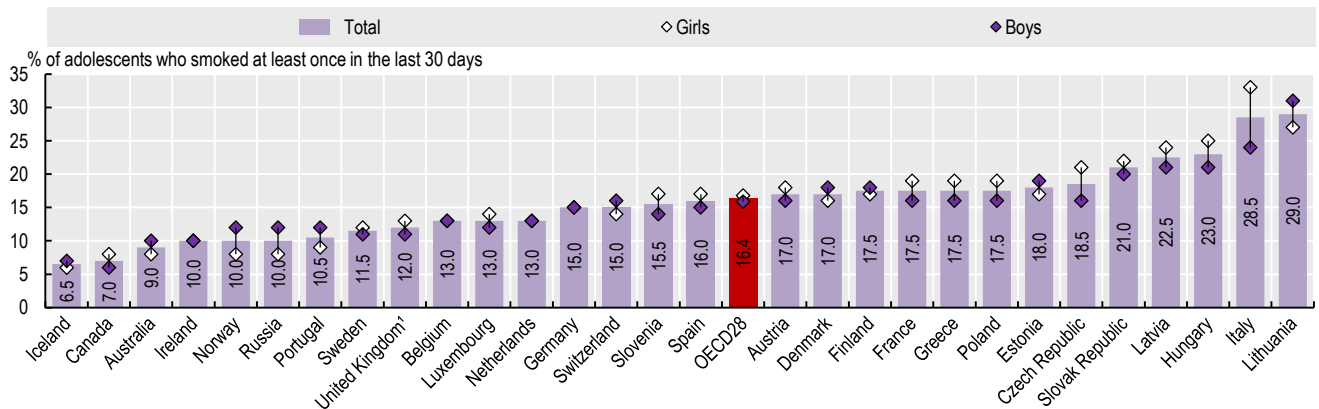
Protecting children and adolescents from tobacco and alcohol advertising and sport sponsorship (through both traditional and new media platforms) is a key pillar of public health policies. Only four OECD countries (Spain, France, Norway and Turkey) have implemented legally binding bans on sport sponsorship across all alcoholic beverages (WHO, 2018[17]). Other pillars of policies include pricing policies, restrictions on access to tobacco and alcohol for young people, and more education about detrimental effects. Creating smoke-free environments is also important to prevent children being exposed to second-hand smoke and as an aspect of work towards enabling a future smoke-free generation. In 2018, several OECD countries – Canada, Chile, Colombia, Costa Rica, Denmark, Greece, Ireland, Norway, Spain, Turkey and the United Kingdom – as well as Brazil and Russia adopted national binding smoke-free legislation covering all indoor public places, all indoor workplaces, all public transport and other (outdoor or quasi-outdoor) public places (WHO, 2021[18]).

#### Definition and comparability

Estimates for smoking refer to the proportion of 15-year-old adolescents who self-report smoking a cigarette at least once in the last 30 days. Estimates for drunkenness refer to the proportions of 15-year-olds who report that 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 2017-18; they include up to 30 OECD countries and Russia. Comparable indicators on youth smoking and drunkenness were made available for the period 2014-15 and 2017-18. Data are drawn from school-based samples of 1 500 in each age group (11-, 13- and 15-year-olds) in most countries. Estimates for smoking were complemented with data for Australia from the Australian Secondary Students' Alcohol and Drug Survey 2017.

Figure 4.6. Smoking among 15-year-olds, by sex, 2017-18

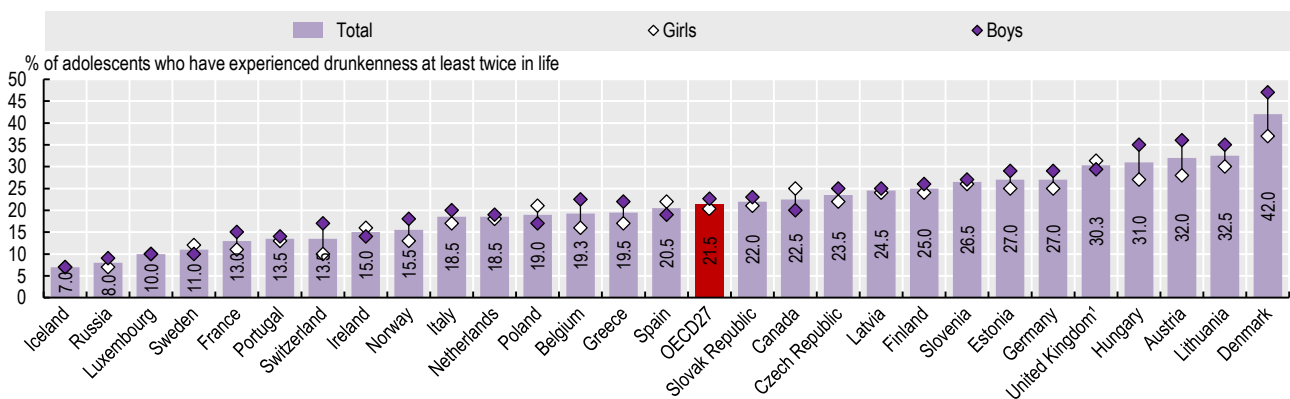


1. Data includes England, Scotland and Wales.

Source: Inchley et al. (2020[19]), and for Australia: Guerin and White (2020[20]).

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Figure 4.7. Drunkenness among 15-year-olds, by sex, 2017-18

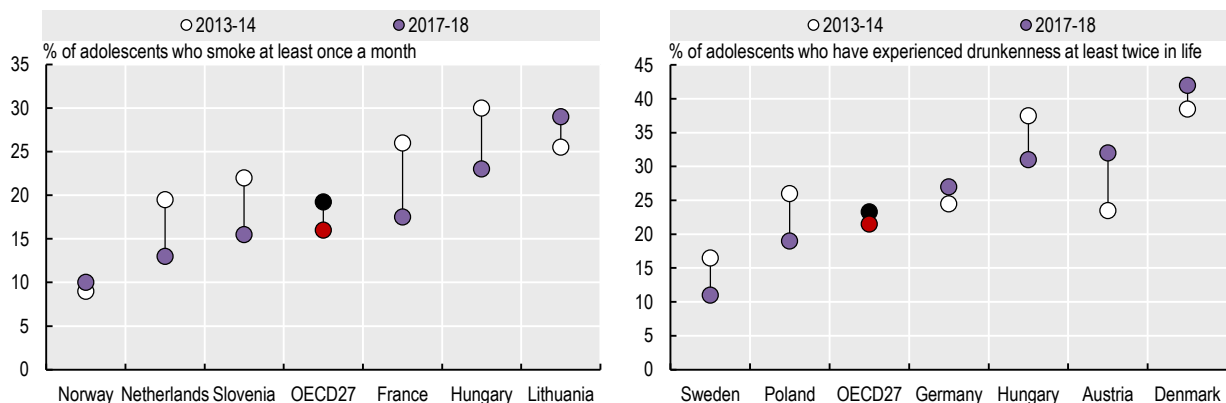


1. Data includes England, Scotland and Wales.

Source: Inchley et al. (2020[19]).

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Figure 4.8. Trends in smoking and drunkenness among 15-year-olds, selected OECD countries, 2013-14 and 2017-18



Source: Inchley et al. (2020[19]); Inchley et al. (2016[12]).

StatLink <https://stat.link/r94qe2>



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