hbsc

World Health Organization
REGIONAL OFFICE FOR Europe

FACT SHEET, 15 March 2016

TOBACCO USE IN ADOLESCENCE

This fact sheet presents highlights from the international report of the 2013/2014 **Health Behaviour in School-aged Children (HBSC)** survey. HBSC, a WHO collaborative cross-national study, asks boys and girls aged 11, 13 and 15 years about their health and well-being, social environments and health behaviours every four years. The 2013/2014 survey was conducted in 42 countries and regions across the WHO European Region and North America.

BACKGROUND

As the leading cause of preventable death in the world, tobacco use imposes a large burden on society. It accounts for almost 6 million deaths annually, including more than 600 000 through exposure to second-hand smoke. In Europe, 16% of all deaths in adults over 30 are due to tobacco – the highest rate of all WHO regions globally.

Most adult smokers had their first cigarette, or were already addicted to nicotine, by the age of 18. Compared with adults, young people require fewer cigarettes and less time to establish a nicotine addiction.

Exposure to nicotine during adolescence can have lasting effects on brain development. Young people who smoke are also at risk of asthma and impaired lung function and growth, with a knock-on effect on their participation in physical activities, including sports.

Previous HBSC research has shown that tobacco use is related to other risk behaviours and negative health outcomes in young people, including: unhealthy eating habits; high levels of alcohol consumption; bullying behaviours; early sexual initiation; low life satisfaction; increased risk of injury; poor self-rated health; and frequent multiple health complaints.

Many family factors, such as divorce or separation, parental smoking and low levels of family cohesion, predict tobacco use. In general, adolescents who have positive relationships with parents are less likely to smoke. Peer relationships may encourage it by providing access to tobacco products and helping to create norms to support their use.

The economic costs of smoking include:

- health care spending for the treatment of smoking-related diseases in active smokers and those affected by second-hand smoke;
- loss of earnings due to illness-related absence from work and reduced workplace productivity;

KEY FACTS AND FIGURES

Age differences

The prevalence of weekly smoking increases significantly with age in almost all countries and regions.

Cross-national and gender differences

Large variations in the prevalence of early smoking initiation and weekly smoking are observed between countries and regions.

Where gender differences are present, early onset and weekly smoking tend to be more common among boys.

Family affluence

Most countries and regions show no association between family affluence and early initiation or weekly smoking.

Difference between 2010 and 2014

In general rates of early smoking initiation and weekly smoking have declined in comparison to the previous HBSC survey in 2009/2010, but still remain high in some countries.

- life years lost through premature mortality and disability; and
- other indirect costs, such as fire damage and litter.

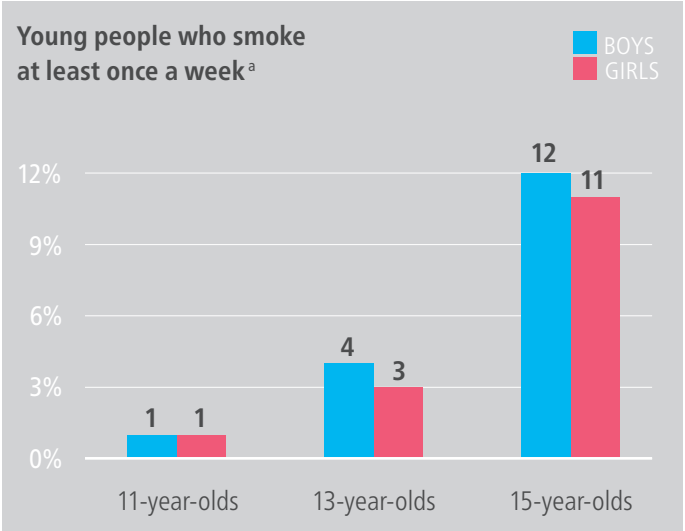
Adolescence is a critical life stage in which decision-makers can intervene with policy and programmes to limit the long-term harms and costs of tobacco use.

Age differences

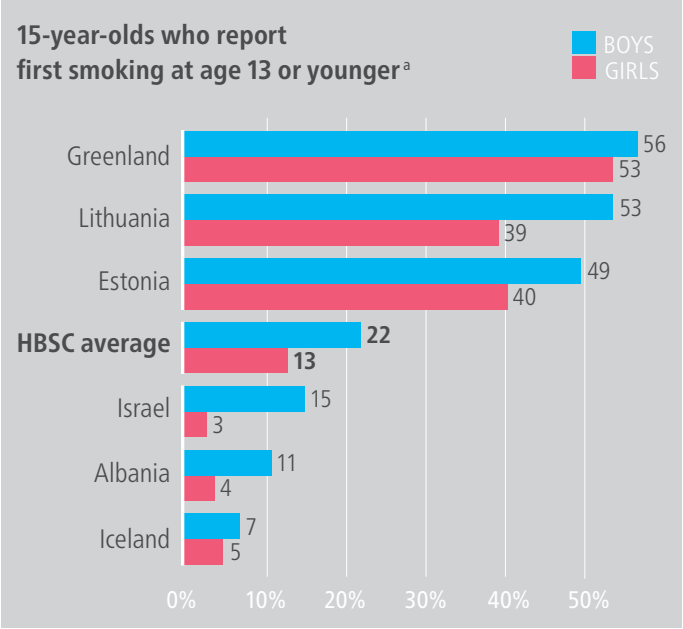
The prevalence of weekly smoking increases significantly with age in all countries and regions except in one for boys (Armenia) and three for girls (Albania, Armenia and Norway).

Cross-national and gender differences

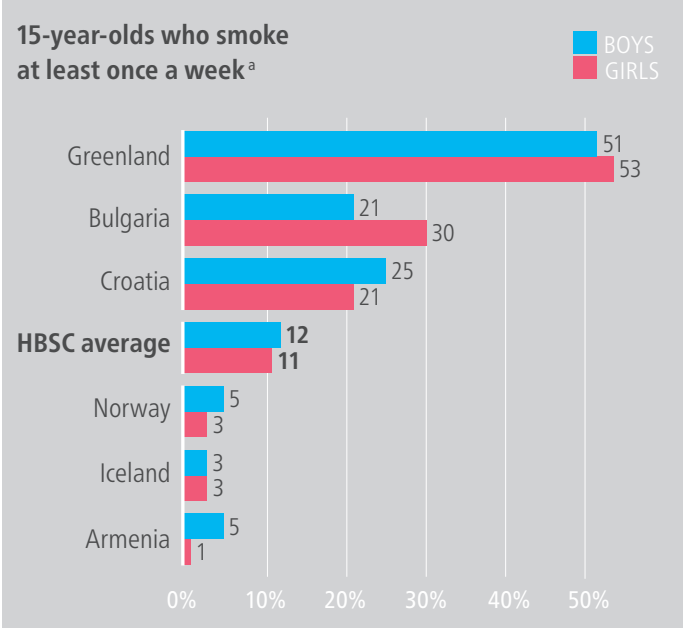
Large variations in the prevalence of early smoking initiation and weekly smoking are observed between countries and regions. No gender differences can be seen in most, however, with girls and boys smoking at similar rates, particularly by age 15. Where gender differences are present, early onset and weekly smoking tend to be more common among boys. More girls report weekly smoking in only one country at age 13 (Greenland) and in three when 15 (Bulgaria, the Czech Republic and Luxembourg).



[a] Average across all countries in the HBSC report



[a] Top and bottom 3, and average across all countries in the HBSC report



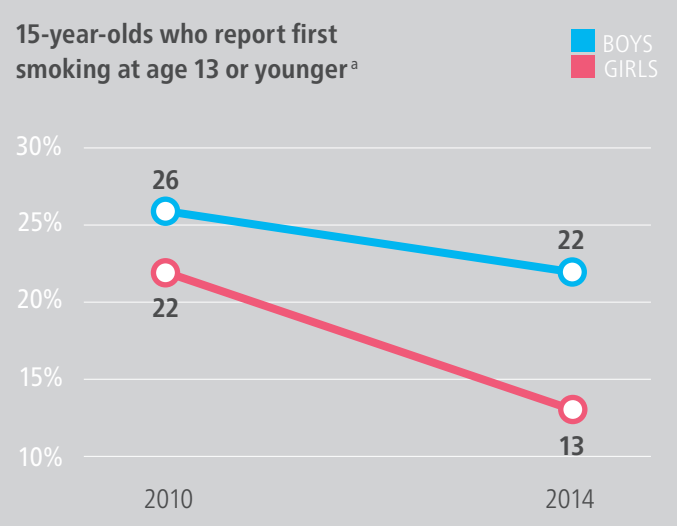
[a] Top and bottom 3, and average across all countries in the HBSC report

Family affluence

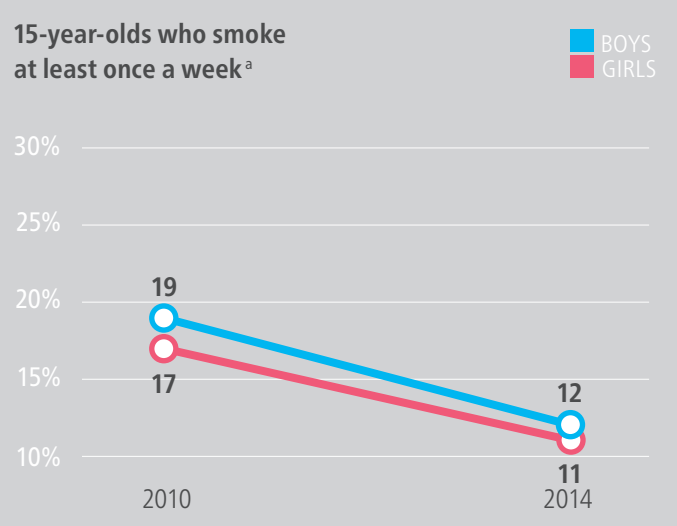
The link between family affluence and smoking among adolescents is not uniform, unlike the situation in the general population. Most countries and regions show no association between family affluence and early initiation or weekly smoking. Where an association is found, smoking behaviours are more common among young people from less-affluent families. These findings suggest that smoking behaviours among adolescents are only partially determined by socioeconomic factor.

Difference from the previous HBSC survey

Smoking prevalence remains high in some countries and regions, but estimates for early initiation and weekly smoking have declined in comparison to the previous HBSC survey in 2009/2010.



[a] Average across all countries in the HBSC report



[a] Average across all countries in the HBSC report

HOW CAN POLICY HELP?

The WHO European Region has a vision of a tobacco-free generation and several countries are well on the way to its achievement. Finland, Ireland and the United Kingdom (Scotland), for example, are setting themselves the bold goal of a smoking prevalence of 5% or less for the entire population.

Banning point-of-sale displays is a powerful tool for reducing the attractiveness of tobacco products to young people and, following its success, a number of countries – France, Ireland and the United Kingdom – are moving ahead with the introduction of plain packaging. High taxes and prices on tobacco products are also a major deterrent in preventing young people from buying tobacco. The specific targeting of women and children by the tobacco industry by, for example, selling products in packaging likely to appeal to them, nevertheless adds to the challenge.

The WHO Framework Convention on Tobacco Control (WHO FCTC) has identified effective measures to minimize tobacco demand and supply and protect adults and children from smoking initiation and tobacco-related harm. It calls for countries and regions to:

- monitor tobacco use and prevention policies
- protect people from tobacco smoke
- offer help to quit tobacco use
- warn about the dangers of tobacco use
- enforce bans on tobacco advertising, promotion and sponsorship
- raise taxes on tobacco
- eliminate illicit trade.

Implementation of the WHO FCTC requires coordination, a whole-of-government approach and adequate resources.

The WHO Regional Office for Europe has developed an evidence-based roadmap of actions leading to a tobacco-free future. Actions include documenting and promoting best practices on preventing tobacco sales to and by minors to support the decrease in tobacco consumption among young people. The 53 Member States of the Region have adopted *Investing in children: the European child and adolescent health strategy 2015–2020*, which includes the aim of a tobacco-free millennial generation. The strategy specifies actions such as smoke-free public places and de-normalizing tobacco use.

Further information

Child and Adolescent Health
WHO Regional Office for Europe
Email: lifecourse@euro.who.int
Website: www.euro.who.int/cah

Health Behaviour in
School-aged Children study
Email: info@hbsc.org
Website: www.hbsc.org