



World Health  
Organization

REGIONAL OFFICE FOR Europe

FACT SHEET, 15 March 2016

## ALCOHOL USE IN ADOLESCENTS

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

Adolescent alcohol use is a major public health concern in many European and North American countries. One fifth of young people aged 15 years and over in the WHO European Region report heavy episodic drinking (five or more drinks on an occasion), the highest rate in the world.

It has been suggested that adults act as models for the drinking behaviour of young people. Adolescents in many cultures perceive drinking alcohol as a normal part of adult life, using it to fulfil social and personal needs, intensify contacts with peers and initiate new relationships.

Mimicking adult behaviour may be interpreted as showing a natural, perhaps even healthy, curiosity about transitioning to adult life, in which alcohol is used, but not misused. For some adolescents, however, experimentation turns into excessive rates of use. A combination of factors may influence this, including young people requiring less alcohol to experience drunkenness and not understanding the limits for less harmful use.

Alcohol use is one of the biggest risk factors for morbidity and mortality worldwide. It is involved in more than 60 different diagnoses, constituting an enormous health, social and economic burden on individuals and society. The societal costs of harmful use include:

- treatment and prevention of accidents and injuries
- loss of productivity and earnings through illness
- policing of criminal and antisocial behaviour.

Risky drinking during adolescence, including early and frequent drinking and drunkenness, is associated with adverse psychological, social and physical health consequences, including:

- poor academic performance
- violence
- accidents and injury

### KEY FACTS AND FIGURES

#### Age differences

Prevalence of weekly drinking and drunkenness are very low at age 11 but increase significantly by 15 for boys and girls in almost all countries and regions.

#### Cross-national and gender differences

Overall, weekly alcohol consumption is more common in boys, with the gender gap widening among older adolescents.

#### Family affluence

Association of alcohol use with family affluence is not consistent across countries and regions.

#### Difference between 2010 and 2014

Alcohol use has decreased among all age groups in comparison to the previous HBSC survey in 2009/2010. There is some indication that the size of the gender gap has reduced, with rates in boys decreasing slightly more than among girls.

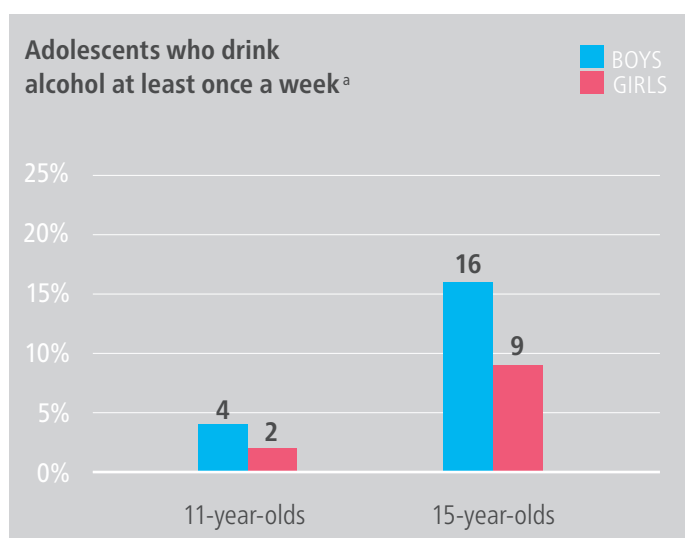


- use of other substances
- unprotected sexual intercourse.

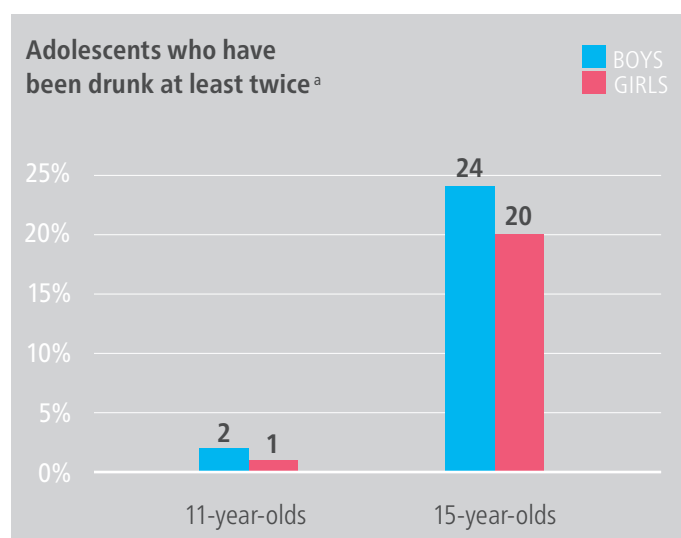
Drinking alcohol during adolescence negatively affects brain development, with consequences for cognitive function and emotional and social development.

## Age differences

Prevalence of weekly drinking and drunkenness (defined as having been drunk on two or more occasions) are very low at age 11 but increase significantly by 15 for boys and girls in almost all countries and regions. Increases are particularly large between ages 13 and 15.



<sup>a</sup> Average across all countries in the HBSC report



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## Cross-national and gender differences

Overall, weekly alcohol consumption is more common in boys, with the gender gap widening among older adolescents. The largest gender difference for weekly drinking is found in Croatia and Romania, where 20 percentage points separate 15-year-old boys and girls.

Drunkenness is also more common among boys, although this is found in under half of the countries and regions studied. The greatest gender gap is among 15-year-olds in Romania (girls 12%; boys 30%) and the Republic of Moldova (girls 10%; boys 28%). Girls in the United Kingdom nevertheless report higher levels of drunkenness in two age groups: 15-year-olds in England (girls 31%; boys 25%) and 13-year-olds in Scotland (girls 7%; boys 5%).

Boys are more likely to report first being drunk at or before age 13 in 17 of the 42 countries studied. Gender differences of 10 percentage points or more are found for early drunkenness in Croatia, Lithuania and Romania.

## Family affluence

Association of alcohol use with family affluence is not consistent across countries and regions.

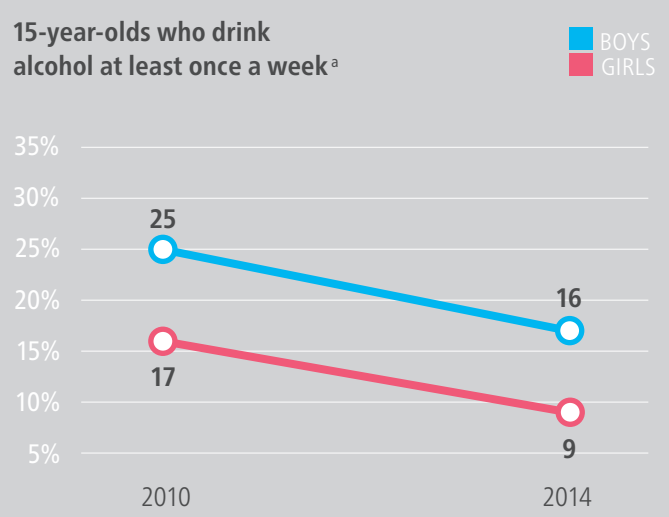
Family affluence is associated with weekly drinking in 16 countries and regions for boys and six for girls. Weekly drinking is higher among higher-affluence groups in most of them, but in three – Iceland, Israel and the Republic of Moldova – boys from lower-affluence families are more likely to drink weekly.

An association between drunkenness and family affluence is found in eight countries and regions for boys and 12 for girls. Drunkenness is more prevalent among higher-affluence groups in most of them, but the opposite relationship is seen in Lithuania for boys and Iceland for girls.

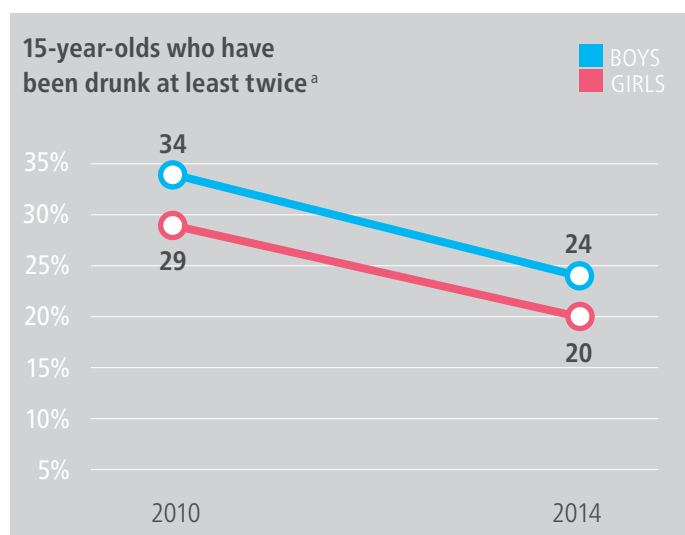
No association is apparent between the age of initiation of drunkenness and family affluence in most countries and regions.

### Difference from the previous HBSC survey

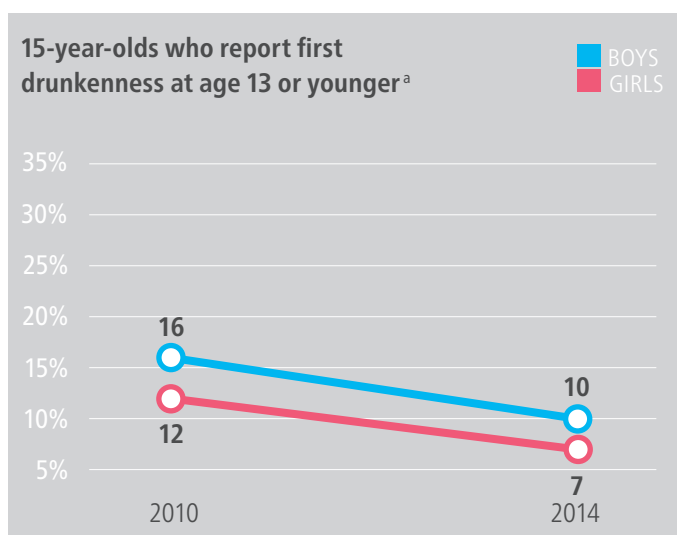
Alcohol use has decreased among all age groups in comparison to the previous HBSC survey in 2009/2010. There is some indication that the size of the gender gap has reduced, with rates in boys decreasing slightly more than among girls.



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### HOW CAN POLICY HELP?

The WHO Regional Office for Europe has adopted an action plan to reduce the harmful use of alcohol. It includes policy options in 10 action areas, a number of which target young people. These policies are referred to as “best buys” by the United Nations.

Policies that reduce the availability of alcohol, such as age limits for purchasing, are effective in decreasing access. WHO recommends an age limit of 18 years or older for buying any alcohol product, which is the policy in place in most Member States of the WHO European Region. Strict enforcement is important and is best achieved in Member States with a monopoly on selling alcohol. Member States without monopolies have nevertheless achieved good enforcement through measures such as “mystery shopping” (Switzerland), which is used to monitor enforcement and sanction outlets that sell alcohol to minors. Limiting the number of outlets and regulating opening hours for sale of alcohol are other important measures.

Young people are sensitive to alcohol prices and a higher price results in a decrease in consumption. Minimum unit pricing is effective in targeting those with high consumption and also young people. Alcohol marketing often targets young people, with the practice of promoting alcohol products through social media to circumvent bans and restrictions on advertising increasing.

Further information

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