

## CO6: Regular smokers among 15 year olds by gender

### Definitions and methodology

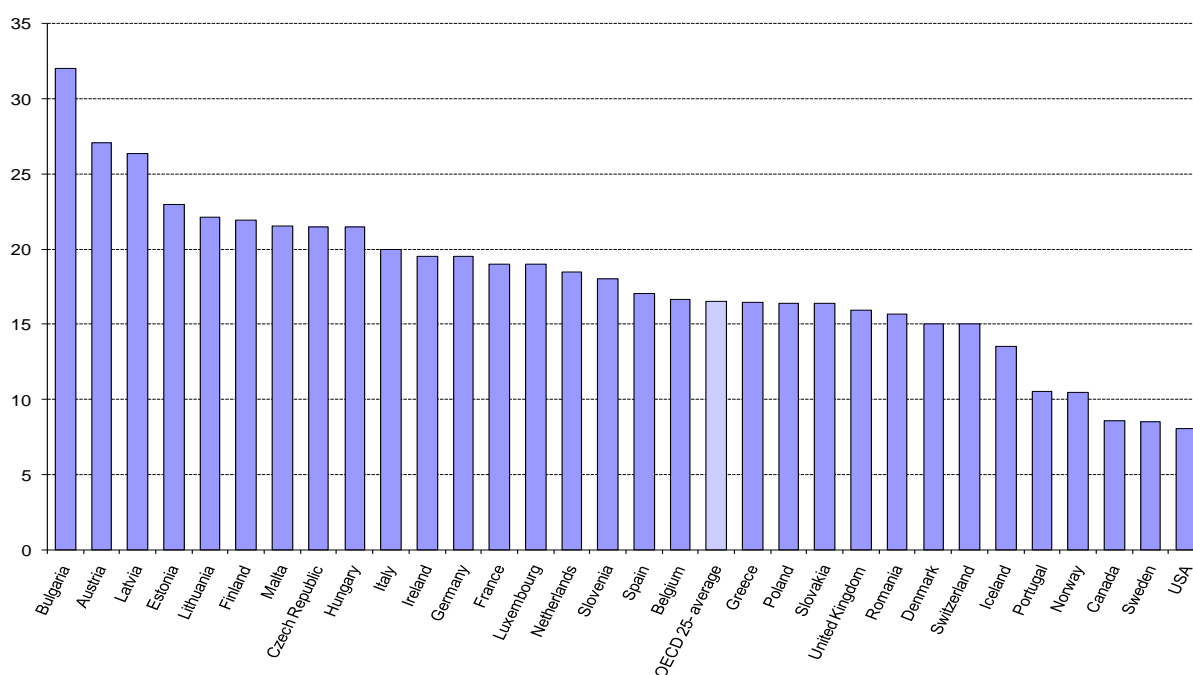
Regular smokers are here defined as those 15 year olds who reported to have smoked at least one cigarette during the past week. This information is based on survey-data as compiled through the Health Behaviour in School-aged Children Survey 2005/06 (HBSC – see below for more information).

### Key findings

With just over one in four teenagers, young Austrians are the most likely of OECD teenagers to have smoked a cigarette in the past week. Chart CO6.1 also shows that youngsters in new member countries of the European Union (e.g. Bulgaria and the Baltic countries) are relatively likely smokers. By contrast, fewer than one in ten young Canadians, Swedes and Americans have smoked a cigarette in the past week.

Chart CO6.2, shows that in 17 out of 32 countries girls are more likely to smoke than boys. At least 30% of Austrian and Bulgarian girls and Latvian boys smoke, while only 7% of American and Canadian boys do so. Currie *et al* (2008) shows that, except for Greece, the incidence of smoking cigarettes among boys and girls has been declining since the turn of the Millennium.

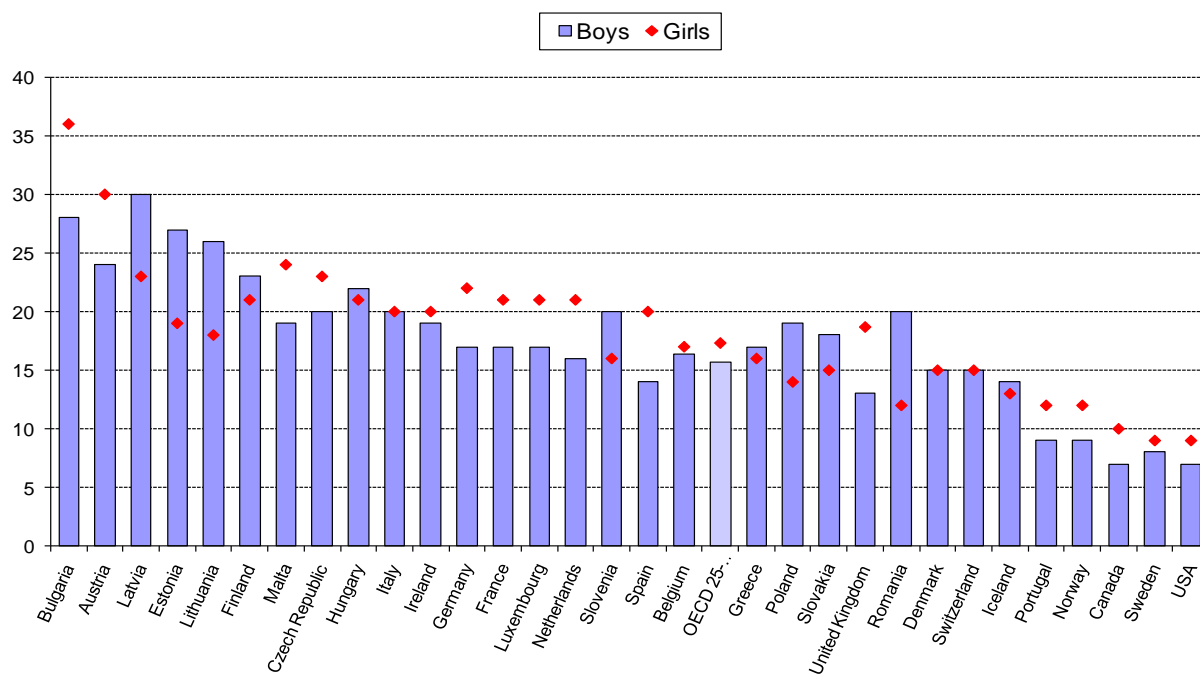
**Chart CO6.1: Proportion of 15 year-olds who smoke at least once a week, 2005/06**



Country averages obtained while weighting the scores for boys and girls for their relative importance in the sample.  
 Source: Health Behaviour in School-aged Children 2005/2006.

Other relevant indicators: CO4: Disease-based indicators: prevalence of diabetes and asthma among children; and CO17: Substance abuse by young people.

**Chart CO6.2 Proportion of 15 year-olds who smoke at least once a week, by gender, 2005/06**



Source: Health Behaviour in School-aged Children 2005/2006.

### Comparability and data issues

Self-reported data on smoking have been taken from the Health Behaviour in School-aged Children survey (HBSC) 2005/06. The last data collection covered 41 countries, including most OECD countries except Australia, Japan, Korea, Mexico and New Zealand. The HBSC does include information on the following new member countries of the EU: Bulgaria, Estonia, Latvia, Lithuania, Malta and Slovenia.

These data come from confidential surveys of young people, and may be subject to response bias. Sample selection methods differ across countries. The sample sizes are similar for each country, while the population sizes differ markedly, so that the potential for error in sample-representativeness is much larger for the US than for the Netherlands.

HBSC data were collected separately for Flemish- and French-speaking communities in Belgium while data for the UK reflect results for England, Scotland and Wales (data for Northern Ireland is not included). This indicator presents one value for Belgium and the United Kingdom on basis of a population-weighted average.

Sources and further reading: Currie, C., S. Nic Gabhainn, E. Godeau, C. Roberts, R. Smith, D. Currie, W. Pickett, M. Richter, A. Morgan and V. Barnekow (2008). "Inequalities in Young People's Health: HBSC International Report, WHO Policy Series, ([www.hsbc.org](http://www.hsbc.org)).