

CO17: Substance abuse by young people

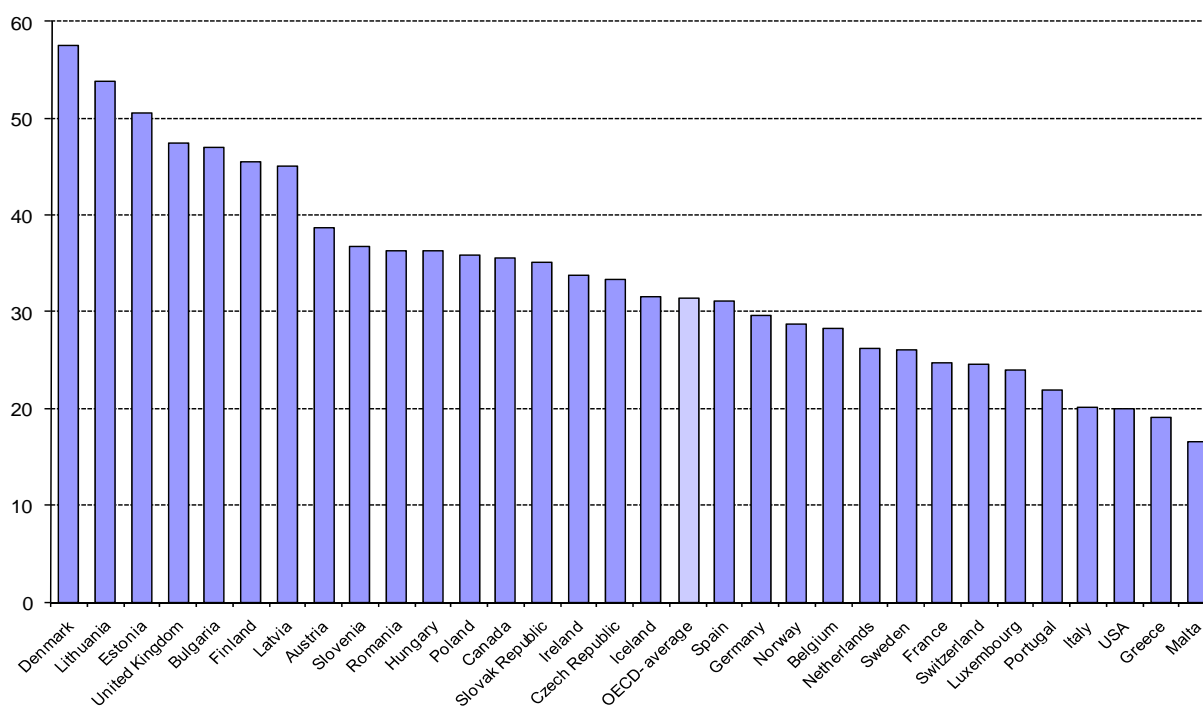
Definitions and methodology

Smoking cannabis and getting drunk are behaviours which negatively affect one's health status. In general, such behaviour is associated with adults, but at age 15 many teenagers have experience with cannabis and excessive alcohol consumption. This indicator presents information on the proportion of 15 years olds who have been drunk at least twice in their life, and reports the proportion of teenagers which have used cannabis in the 30 days prior to responding to the survey. 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

On average across the OECD about one-third of the 15 year olds have been drunk twice, while this was over half in Estonia, Lithuania and almost 60% in Denmark (Chart CO 17.1). Drunkenness is least common among teenagers in Southern Europe and the USA. Unlike smoking (CO6), having been drunk predominantly concerns boys rather than girls. However, British, Norwegian and Spanish girls are more likely to have been drunk than boys in these countries, while results for American, Canadian, and Swedish girls reflect a high degree of gender equity.

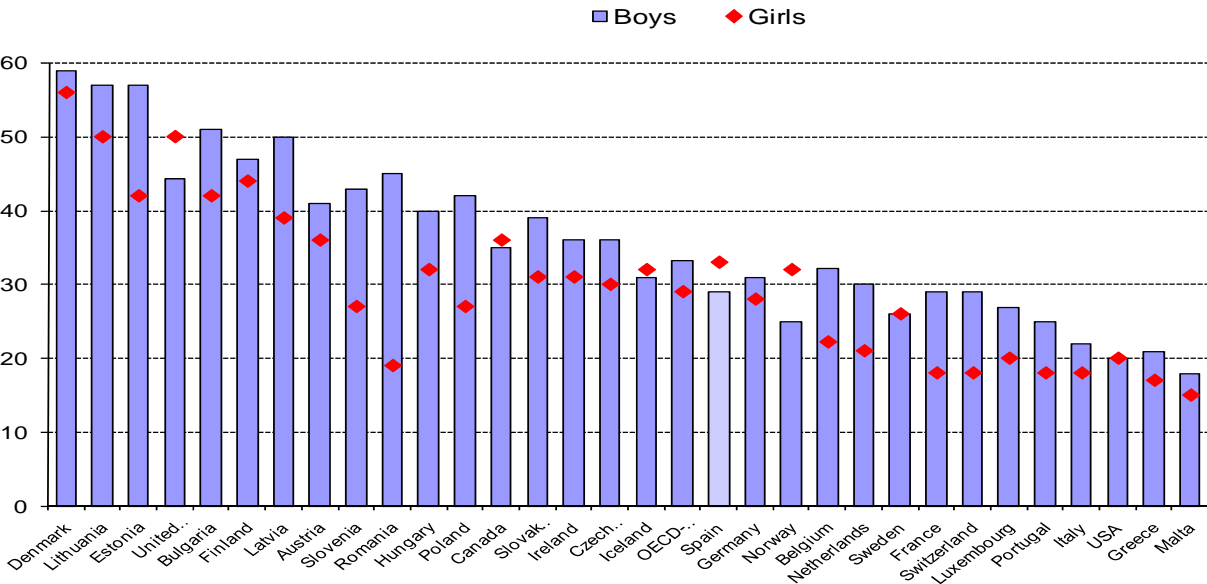
Chart CO17.1: Proportion of 15 year-olds who have been drunk at least twice, 2005/06



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: CO6: Regular smokers among 15 year olds; and CO18: Teenage suicides.

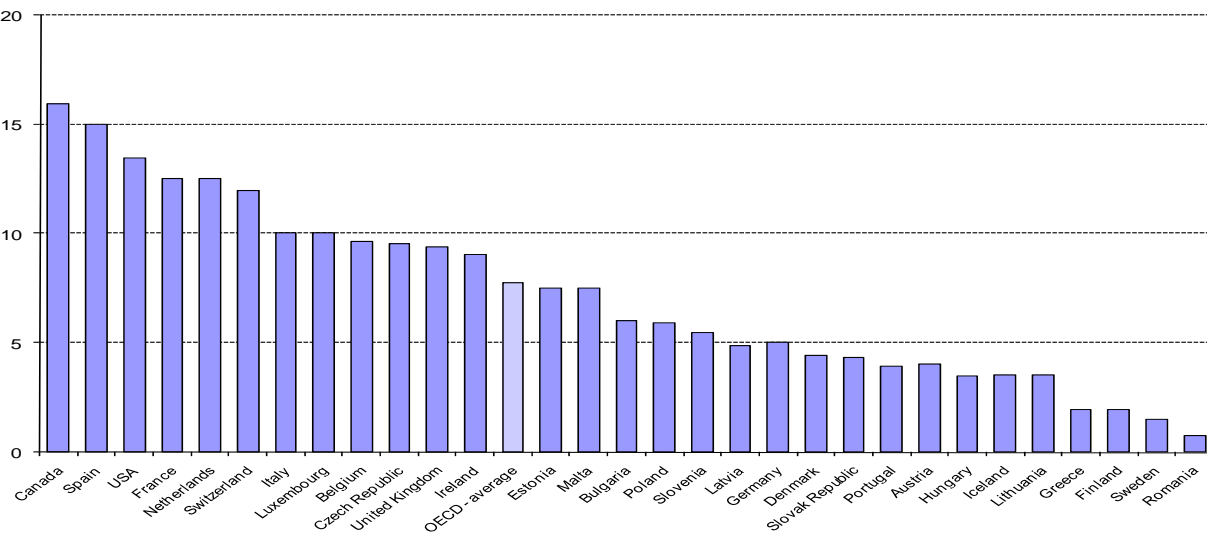
Chart CO17.2 Proportion of 15 year-olds who have been drunk at least twice by gender, 2005/06



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

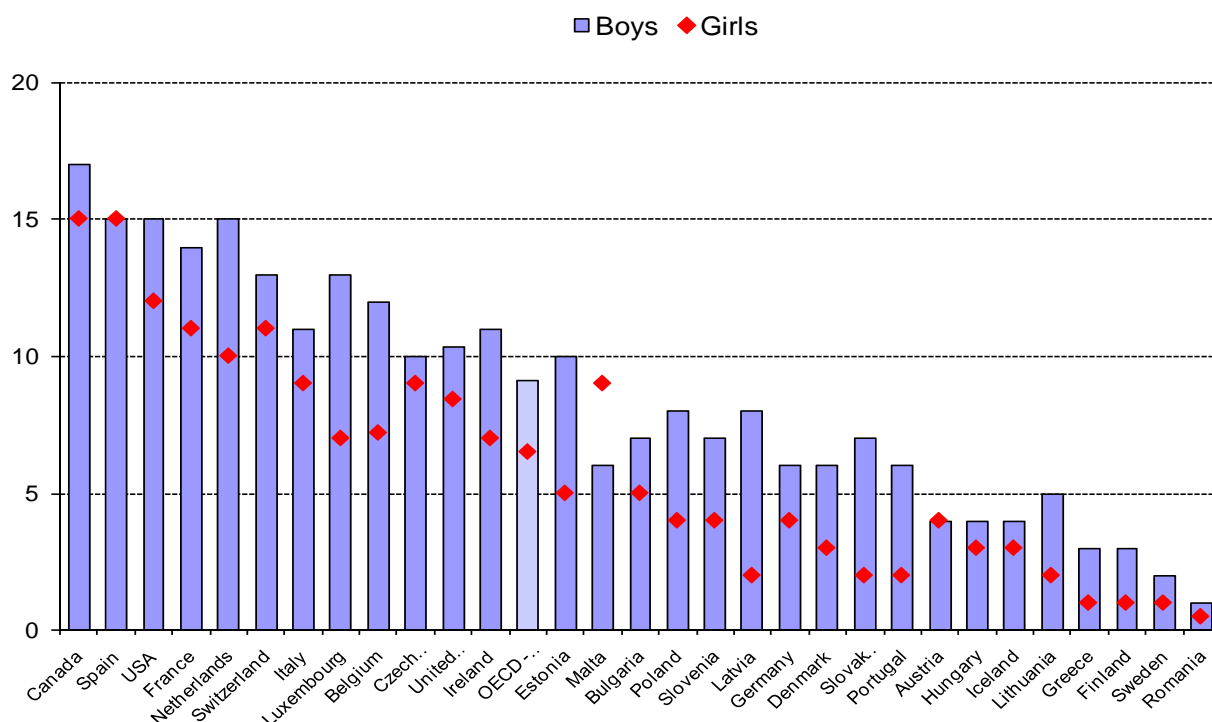
The incidence of drunkenness may not be widespread amongst American and Canadian youngsters, but together with their Spanish peers they are the most likely to have smoked cannabis over the last month across the population of OECD teenagers. By contrast, 15 year olds in Greece, Finland and Sweden are the least likely to report cannabis use during the past 30 days. Across the OECD, girls are less likely to use cannabis than boys, but gender differences are small in Austria, the Czech Republic and Spain.

Chart CO17.3 Proportion of 15 year-olds who have used cannabis in the last 30 days, 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

Chart CO17.4 Proportion of 15 year-olds who have used cannabis in the last 30 days 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: For information on the Health Behaviour in School-aged Children survey (<http://www.hbsc.org/>).