World Health Organization

REGIONAL OFFICE FOR Europe

Adolescent alcohol-related behaviours:

trends and inequalities in the WHO European Region, 2002–2014

Observations from the Health Behaviour in School-aged Children (HBSC) WHO collaborative cross-national study

hbsc

World Health Organization
REGIONAL OFFICE FOR Europe

Adolescent alcohol-related behaviours: trends and inequalities in the WHO European Region, 2002–2014

Observations from the Health Behaviour in School-aged Children (HBSC) WHO collaborative cross-national study

Edited by:
Jo Inchley, Dorothy Currie, Alessio Vieno, Torbjørn Torsheim, Carina Ferreira-Borges, Martin M. Weber, Vivian Barnekow & João Breda

ABSTRACT
The Health Behaviour in School-aged Children (HBSC) survey is a WHO collaborative cross-national study that monitors the health behaviours, health outcomes and social environments of boys and girls aged 11, 13 and 15 years every four years. HBSC has collected international data on adolescent health, including alcohol consumption and drinking behaviours, for over 30 years, allowing prevalence to be compared across countries and over time. This report presents the latest trends in alcohol consumption and drinking behaviours among 15-year-olds across the WHO European Region, taken from the HBSC study. It highlights gender and socioeconomic inequalities across the Region. Trends have previously been reported separately, but this report brings together for the first time a broader range of HBSC data on adolescent alcohol consumption and drinking behaviours to review the latest evidence and highlight differences in alcohol use by gender, socioeconomic position and geographic subregion.

Keywords

ADOLESCENT BEHAVIOR
ALCOHOL DRINKING – EPIDEMIOLOGY, TRENDS
ALCOHOLIC INTOXICATION – EPIDEMIOLOGY
HEALTH BEHAVIOR
HEALTH STATUS DISPARITIES
HEALTH SURVEYS
SOCIOECONOMIC FACTORS
EUROPE

ISBN 978 92 890 5349 5

Address requests about publications of the WHO Regional Office for Europe to:
Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark
Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (http://www.euro.who.int/pubrequest).

Text editing: Alex Mathieson, United Kingdom (Scotland).
Design: Damian Mullan, So it begins …, United Kingdom (Scotland).
Illustrations: Jill Calder, United Kingdom (Scotland).

CONTENTS

CONTRIBUTORS

Editorial group

Jo Inchley	Health Behaviour in School-aged Children (HBSC) International Coordinator, University of St Andrews, United Kingdom (Scotland)
Dorothy Currie	HBSC Deputy International Coordinator, University of St Andrews, United Kingdom (Scotland)
Alessio Vieno	Associate Professor, Department of Developmental and Social Psychology, University of Padova, Italy
Torbjørn Torsheim	Professor, Department of Psychosocial Science, University of Bergen, Norway
Carina Ferreira-Borges	Programme Manager, Alcohol and Illicit Drugs, WHO Regional Office for Europe
Martin W. Weber	Programme Manager, Child and Adolescent Health, WHO Regional Office for Europe
Vivian Barnekow	Consultant, WHO Regional Office for Europe
João Breda	Head, WHO European Office for Prevention and Control of Noncommunicable Diseases and a.i. Programme Manager, Nutrition, Physical Activity and Obesity, WHO Regional Office for Europe

Writing group

Petra Arnold	Associate Researcher, Institute of Psychology, Eötvös Loránd University, Hungary
Natale Canale	Assistant Professor, Department of Developmental and Social Psychology, University of Padova, Italy
Dorothy Currie	HBSC Deputy International Coordinator, University of St Andrews, United Kingdom (Scotland)
Kristina Heilmann	Institute of Medical Sociology, Martin-Luther-University Halle-Wittenberg, Germany
Jo Inchley	Health Behaviour in School-aged Children (HBSC) International Coordinator, University of St Andrews, United Kingdom (Scotland)
Eva Leal-López	Pre-doctoral researcher, Faculty of Psychology, University of Seville, Spain
Irene Moor	Post-doctoral researcher, Institute of Medical Sociology, Martin-Luther-University Halle-Wittenberg, Germany
Daryna Pavlova	Associate Professor, Department for Management of Professional Education, National Aviation University; Head of Sector for Monitoring and Evaluation of Social Projects, Oleksandr Yaremenko Ukrainian Institute for Social Research, Kyiv, Ukraine

Writing group contd

Inmaculada Sánchez-Queija	Associate Professor (tenured), Faculty of Psychology, University of Seville, Spain
Alessio Vieno	Associate Professor, Department of Developmental and Social Psychology, University of Padova, Italy

Writer contributions by chapter

Chapter	Writers
1. Introduction	Alessio Vieno, Jo Inchley, Irene Moor, Kristina Heilmann
2. Trends in regular alcohol use, by gender and subregion	Petra Arnold, Jo Inchley
3. Trends in consumption of different types of alcoholic drink, by gender and subregion	Daryna Pavlova, Jo Inchley
4. Trends in drunkenness, by gender and subregion	Natale Canale, Jo Inchley
5. Trends in early alcohol and drunkenness initiation, by gender and subregion	Eva Leal-López, Inmaculada Sánchez-Queija, Dorothy Currie
6. Inequalities in alcohol use and drunkenness	Irene Moor, Kristina Heilmann, Dorothy Currie
7. Discussion and conclusion	Alessio Vieno, Jo Inchley, Dorothy Currie

Data preparation and analysis

Torbjørn Torsheim	Professor, Department of Psychosocial Science, University of Bergen, Norway
Dorothy Currie	HBSC Deputy International Coordinator, University of St Andrews, United Kingdom (Scotland)

Financial support

The WHO Regional Office for Europe would like to express gratitude to the Government of the Russian Federation for financial support in preparing this report.

FOREWORD

Alcohol, which is readily available in societies throughout the WHO European Region, is one of the substances with addictive potential most commonly used by adolescents. Young people use alcohol to fulfil social and personal needs, enhance contact with peers and initiate new relationships, but its public health burden is high.

Risky drinking during adolescence, which includes early initiation, frequent consumption and drunkenness, brings negative consequences for young people's psychological, social and physical health. It is implicated in serious problems such as fatal and non-fatal injuries, suicide attempts, unintended pregnancy and sexually transmitted diseases, academic failure and violence, and is linked to leading causes of death among adolescents. More generally, alcohol is one of the four leading risk factors for premature mortality globally.

Alcohol is the third leading risk factor for burden of disease in the WHO European Region, and alcohol consumption is almost double the global average. Heads of states and government have agreed to achieve the Sustainable Development Goals (SDGs) before 2030. This publication shows some positive trends in the use of alcohol among 15-year-olds. To be able to attain SDG target 3.4, to reduce premature mortality by one third before 2030, Member States of the Region need to continue to step up their action to reduce harmful use of alcohol in general and, specifically, among adolescents.

The Health Behaviour in School-aged Children (HBSC) survey has been collecting international data on adolescent health for 30 years. This WHO collaborative cross-national study seeks to discover insights into how the social context of young people's lives influences their health behaviours, viewing issues through a gender and health inequalities lens. Its data have been used by WHO and many others to inform policy and practice in countries and regions across Europe, undoubtedly contributing to improvements in the lives of millions of young people. The most recent HBSC survey was conducted in 2013/2014 with 219 460 adolescents in 42 countries and regions across Europe and North America.

HBSC allows prevalence to be compared across countries and regions and over time. This report presents recent trends in alcohol use and drunkenness among 15-year-olds through data collected from HBSC surveys from 2002 to 2014, involving 36 countries and regions. Trends in weekly drinking and drunkenness, changes in consumption of specific alcoholic drinks and early alcohol initiation are presented. Gender and socioeconomic inequalities in alcohol consumption emerging over the years of the surveys are also highlighted, and geographical differences are examined by comparing patterns of consumption across five different parts of the WHO European Region.

Results show significant declines since 2002 in regular drinking and more risky drinking patterns, such as getting drunk, multiple alcohol use and early initiation. Regular drinking has declined among girls and boys in the vast majority of countries and regions, and prevalence is about half of its 2002 level. Regular alcohol use among adolescents nevertheless remains common in many countries and regions. The report calls for population-based approaches to ensure the successes achieved so far are maintained, with continued efforts particularly in countries and regions where the rate of change has been slower.

WHO has adopted global and regional strategies and developed tools to support governments to reduce harmful use of alcohol and stands ready to offer support. It is necessary to strengthen leadership and increase commitment and capacity to address the harmful use of alcohol, as well as to increase awareness and strengthen the knowledge base on the magnitude and nature of the problems it causes. The HBSC survey provides an excellent entry point to refine interventions and increase the use of proven, cost-effective and recommended interventions (the "best buys"), such as increased taxation on alcoholic beverages, bans or comprehensive restrictions on exposure to alcohol advertising, and restrictions on the physical availability of retailed alcohol.

Frequent alcohol consumption among young people must be addressed through ongoing monitoring of adolescent alcohol use, identification of associated factors, and development of national-level policies and programmes to limit use. Doing so will help reduce premature mortality and help to empower young people to make healthy choices. As mentioned in the WHO European child and adolescent health strategy, Investing in children: the European child and adolescent health strategy 2015–2020*, investments in adolescent health bring a triple dividend of benefits for adolescents now, for their future adult lives, and for the next generation. It will also support the achievement of WHO's vision of adolescents in Europe being healthy, happy and competent young people who make a positive contribution to their own health and wider society.*

João Breda
Head, WHO European Office for Prevention and Control of Noncommunicable Diseases, and
a.i. Programme Manager, Nutrition, Physical Activity and Obesity, WHO Regional Office for Europe

Bente Mikkelsen
Director, Division of Noncommunicable Diseases and Promoting Health
through the Life-course, WHO Regional Office for Europe

CHAPTER 1

INTRODUCTION

ALCOHOL USE IN ADOLESCENCE

Alcohol use and drunkenness, along with other risk-taking behaviours, tend to emerge during the adolescent years. Indeed, alcohol is one of the most common psychoactive substances used by adolescents *(1,2).* Most young people begin using alcohol between the ages of 12 and 16, an age at which they gain increasing independence and spend more time outside the home unsupervised. At the same time, the direct influence of parents diminishes and friends become increasingly important.

Because of its availability, alcohol is one of the most commonly used drugs for adolescents. Young people use alcohol to fulfil social and personal needs, enhance contact with peers and initiate new relationships. The public health burden of alcohol use, however, is considerable, accounting for approximately 5.1% of the global burden of disease *(3).* Europe has the highest levels of alcohol consumption in the world and alcohol is one of the leading risk factors for premature mortality in the WHO European Region. In 2016, 10.1% of all deaths in the Region were attributable to alcohol consumption.

Adolescent alcohol use has important health consequences. Risky drinking in particular – including early initiation, frequent consumption and drunkenness – is associated with negative psychological, social and physical health consequences. More specifically, drunkenness has been associated with adverse consequences such as fatal and non-fatal injuries, blackouts, suicide attempts, unintended pregnancy, sexually transmitted diseases, academic failure and violence *(4).* In addition, use of alcohol is linked to many of the leading causes of death among adolescents, including road-traffic injuries, suicide and unintentional injury *(5).*

The adolescent brain is particularly vulnerable to the effects of alcohol, with girls at heightened vulnerability for alterations in brain structure and function due to alcohol consumption *(6–8).* Alcohol use in adolescence can increase the probability of having mental health and neurocognitive problems in both the short and long terms *(9,10).* Early initiation of alcohol use among adolescents can increase the risk of alcohol dependence later in life *(11)* and is associated with more mental health and social problems *(12).* Initiation of alcohol use at a young age not only elicits progress into more regular drinking, but also is a strong predictor of other alcohol-related problems. Alcohol consumption during adolescence is connected to various psychophysical modifications, including functional and structural changes in the brain that can persist into adulthood. Recent studies have demonstrated detrimental effects of early drinking on brain development that are associated with, for example, learning abilities *(13,14).*

Early adolescent alcohol use has also been linked to harmful social and behavioural functioning throughout adolescence and into adulthood. This includes violent and delinquent behaviours *(15)*, risky sexual behaviours *(16)*, suicide attempts *(17)*, comorbid substance use *(18)*, and physical and emotional problems *(19).* The younger an adolescent initiates drinking, the more severe the consequences. Flory et al. *(20)*, for example, demonstrated that adolescents who began experimenting with alcohol by the age of 12 were arrested more often and had a greater likelihood of substance use disorders at ages 20–22 compared to adolescent abstainers or those who postponed drinking until the age of 14. In addition, each additional year of delayed drinking reduces the likelihood of alcohol dependence by 14% *(11).*

INFLUENCES ON ADOLESCENT ALCOHOL USE

Alcohol use typically develops over time and is strongly influenced by a dynamic interaction between individual, familial and social–environmental factors. Genes, social experiences, cultural norms and social circumstances all play an interactive role. In particular, the roles of gender and socioeconomic status have been widely studied. Drinking behaviours are typically more frequent among boys than girls *(2)*, but there is evidence for increasing gender convergence among adolescents. Kuntsche et al. *(21)* purport that this convergence is attributable to an increase of prevalence of drunkenness among adolescent girls in countries where gender roles have become less distinct as a result of the increasing participation of women in the labour force and the accompanying changes in women's lives. While there is also evidence of cultural convergence across different geographical areas *(22)*, studies have found large differences in adolescent drinking patterns across Europe. Typically, more frequent but moderate drinking is found in Mediterranean countries, while less regular but heavier drinking is more frequent in northern European countries and regions *(23)*.

Cultural characteristics have also been cited to explain differences in drinking motivations among young people. Young adults from countries classified as individualistic (such as Ireland, the Netherlands, Switzerland and the United Kingdom), for example, showed stronger social and enhancement motivations (that is, drinking with others and drinking to get drunk) than those from countries classified as collectivist (such as Portugal and Spain) *(24)*. In light of this, Kuntsche et al. *(25)* conclude that:

> although in all countries most young people drink to have more fun, particularly when being together with others, in some countries this is more pronounced than in others and can partly explain why young people in individualistic or northern countries drink more frequently and heavily.

Cultural and gender norms not only have an influence on frequency and quantity of alcohol intake, but also on the types of alcoholic drinks consumed. An emerging body of research investigating beverage-specific consumption among adolescents shows that different types of alcoholic drinks are associated with different types of drinking patterns *(26)*. In the United States of America, for example, binge drinking is more commonly associated with consumption of beer and spirits, rather than wine *(27)*. Studies have also suggested that adolescents who want to get drunk are more likely to drink beer as it typically is cheaper than other types of alcohol, whereas wine is less likely to be consumed excessively *(26)*. Alcohol marketing can influence patterns and type of alcoholic beverages consumed, shaping young people's attitudes and behaviours *(28,29)*. Alcohol marketing has also become more focused and intense on targeting women *(30)*. Understanding patterning of consumption among adolescents is important for identifying potential differences in alcohol-related consequences and to inform appropriate prevention strategies *(5)*.

SOCIOECONOMIC INEQUALITIES IN ADOLESCENT ALCOHOL USE

Many studies have documented the relationship between family socioeconomic background and alcohol consumption in adolescence, but findings are mixed *(31)*. A systematic review of parental socioeconomic status and binge drinking showed that most included studies found no association *(32)*, while other studies have found that low parental education and unemployment are associated with increased alcohol use among adolescents *(33)*. Recent research from Finland reported that

higher educational aspirations were protective against regular alcohol use and drunkenness *(34)*. A study from Norway also observed increased prevalence of violent behaviour among students with low socioeconomic status due to higher rates of heavy episodic drinking and higher impulsivity compared to students of higher socioeconomic status *(35)*. Conversely, other studies have found that greater family wealth is associated with a higher risk of binge drinking, but that high parental education may moderate this effect *(36,37)*. Socioeconomic inequalities in adolescent alcohol consumption have been found to be stronger in poorer countries and those with high income inequality *(25)*.

RECENT TRENDS IN ADOLESCENT ALCOHOL USE

Many countries have seen a recent decline in alcohol use in parallel with an increase in the number of adolescents who abstain from alcohol use altogether *(38–40)*. These trends have been attributed to a range of factors, including stricter age restrictions on the purchase of alcohol and a greater understanding of the consequences of alcohol misuse. Changing social norms and increasing use of digital technology may also play a role *(40)*, although the latter requires further research to better understand the complex relationship between technology and health outcomes in adolescents, especially given the use of digital media to market alcohol specifically to young people.

Despite these declines, adolescent alcohol consumption remains a major public health concern. The weight of evidence shows clearly that adolescent alcohol use is associated with a wide range of adverse outcomes in both the short and long terms and underscores the urgent need for the development and implementation of programmes designed to reduce adolescent alcohol use. Monitoring trends in adolescent alcohol use is essential for understanding secular changes in behaviour over time and informing an appropriate policy response *(41)*.

HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN SURVEY

The Health Behaviour in School-aged Children (HBSC) survey is a WHO collaborative cross-national study that monitors the health behaviours, health outcomes and social environments of girls and boys aged 11, 13 and 15 years every four years. The most recent survey was conducted in 2013/2014 with 219 460 adolescents in 42 of the 48 HBSC member countries and regions across Europe and North America.

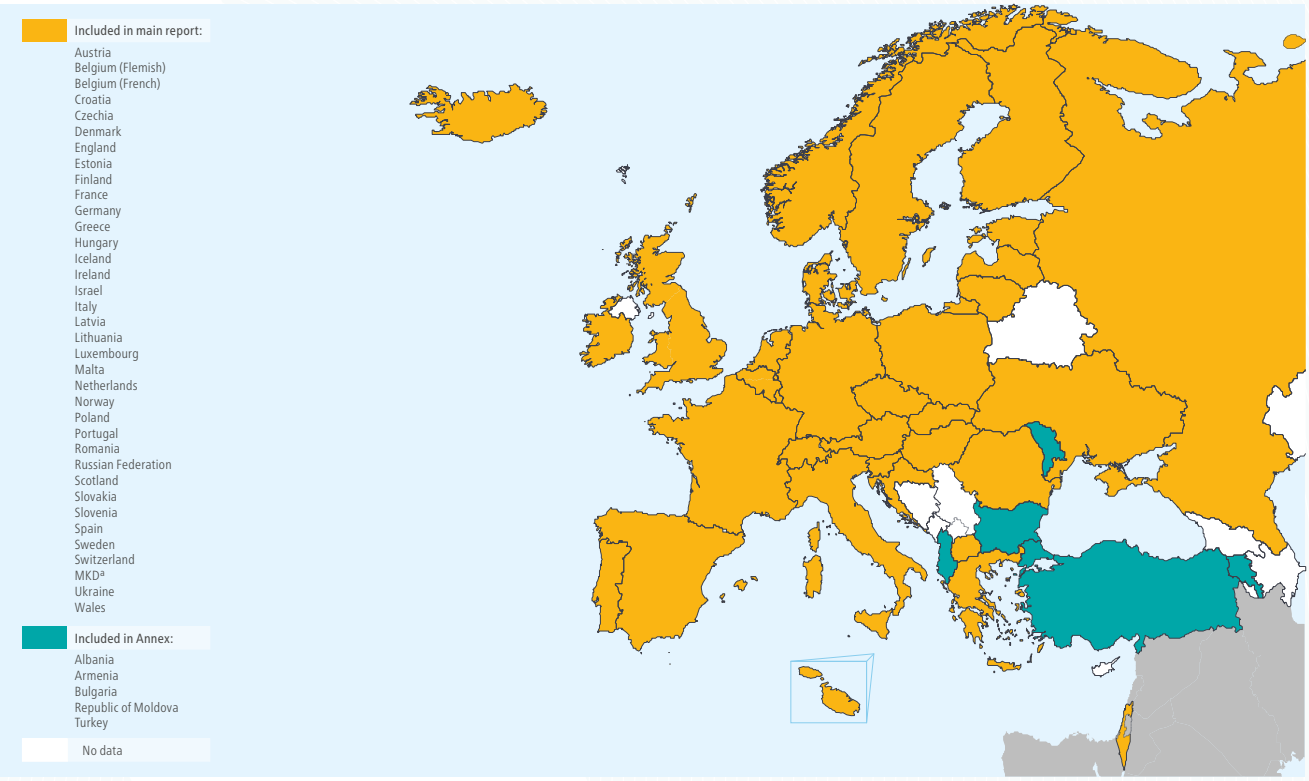
HBSC has collected international data on adolescent health, including alcohol use, for over 30 years, allowing prevalence to be compared across countries and regions and over time.

This report presents recent trends in alcohol use and drunkenness among 15-year-olds participating in the HBSC study from 2002 to 2014, and highlights gender and socioeconomic inequalities across the WHO European Region. Data are included from 36 countries and regions that participated in at least three survey rounds between 2002 and 2014. Fig. 1.1 shows the countries for which trends are reported.

As well as reporting on trends in weekly drinking and drunkenness, changes in consumption of specific alcoholic drinks are also presented, along with trends in early alcohol initiation (at age 13 or younger). Data on consumption of beer, wine and spirits are presented since 2002 and alcopops were added to the survey in 2006 following their introduction in the late 1990s. Trends in gender

Fig. 1.1.

HBSC countries and regions included in this report



Note: The HBSC study has 48 member countries and regions from across Europe and North America. For the purpose of this report, data are presented for a subset of 36 countries in the WHO European Region that have at least three data points in the period 2002–2014. No trend data were available for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey; data from these coutries are presented in the annex only, and are not included in analyses in the main body of the report. Fifteen-year-olds only.
[a] The former Yugoslav Republic of Macedonia (MKD is an abbareviation of the International Organization for Standardization (ISO)).

and socioeconomic inequalities in alcohol consumption are also highlighted, and geographical differences are examined by comparing patterns of alcohol consumption across five subregions of Europe:

1. central–western Europe (Austria, Belgium (Flemish and French), France, Germany, Luxembourg, Netherlands and Switzerland);
2. central–eastern Europe (Croatia, Czechia, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Russian Federation, Slovakia, Slovenia and Ukraine);
3. southern Europe/Mediterranean (Greece, Israel, Italy, Malta, Portugal, Spain and the former Yugoslav Republic of Macedonia);
4. Ireland/Great Britain (Ireland and United Kingdom (England, Scotland and Wales)); and
5. Nordic countries (Denmark, Finland, Iceland, Norway and Sweden).

REFERENCES[1]

1. Anderson P, Baumberg B. Alcohol in Europe: a public health perspective. Brussels: European Commission; 2006 (https://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/alcohol_europe_en.pdf).
2. Simons-Morton BG, Farhat T, ter Bogt TF, Hublet A, Kuntsche E, Nic Gabhainn S et al. Gender specific trends in alcohol use: cross-cultural comparisons from 1998 to 2006 in 24 countries and regions. Int J Public Health 2009;54(Suppl. 2):199–208.

1 All weblinks in this and subsequent chapters accessed 20 July 2018.

3. Rehm J, Mathers C, Popova S, Thavorncharoensap M, Teerawattananon Y, Patra J. Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. Lancet 2009;373(9682):2223–33.
4. Perkins HW. Surveying the damage: a review of research on consequences of alcohol misuse in collage populations. J Stud Alcohol 2002;14:91–100.
5. Maldonado-Molina MM, Reingle JM, Tobler AL, Komro KA. Effects of beverage-specific alcohol consumption on drinking behaviors among urban youth. J Drug Educ. 2010;40(3):265–80.
6. Feldstein Ewing SW, Sakhardande A, Blakemore S. The effect of alcohol consumption on the adolescent brain: a systematic review of MRI and fMRI studies of alcohol-using youth. Neuroimage Clin. 2014;5:420–37 (https://doi.org/10.1016/j.nicl.2014.06.011).
7. Jacobus J, Tapert SF. Neurotoxic effects of alcohol in adolescence. Ann Rev Clin Psychol. 2013;9:703–21.
8. Lisdahl KM, Gilbart ER, Wright NE, Shollenbarger S. Dare to delay? The impacts of adolescent alcohol and marijuana use onset on cognition, brain structure, and function. Front Psychiatry 2013;4:53 (https://doi.org/10.3389/fpsyt.2013.00053).
9. Welch KA, Carson A, Lawrie SM. Brain structure in adolescents and young adults with alcohol problems: systematic review of imaging studies. Alcohol Alcohol. 2013;48:433–44.
10. Marshall EJ. Adolescent alcohol use: risks and consequences. Alcohol Alcohol. 2014;49(2):160–4.
11. Grant BF, Dawson DA. Age of onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: results from the National Longitudinal Alcohol Epidemiologic Survey. J Subst Abuse 1997;9:103–10.
12. McCambridge J, McAlaney J, Rowe R. Adult consequences of late adolescent alcohol consumption: a systematic review of cohort studies. PLoS Med. 2011;8:e1000413.
13. Bava S, Tapert SF. Adolescent brain development and the risk for alcohol and other drug problems. Neuropsychol Rev. 2010;20(4):398–413.
14. Clark DB, Thatcher DL, Tapert SF. Alcohol, psychological dysregulation and adolescent brain development. Alcohol Clin Exp Res. 2008;32(3):375–85.
15. Komro KA, Tobler AL, Maldonado-Molina MM, Perry CL. Effects of alcohol use initiation patterns on high-risk behaviours among urban, low-income, young adolescents. Prev Sci. 2010;11(1):14–23.
16. Mason WA, Hitch JE, Kosterman R, McCarty CA, Herrenkohl TI, Hawkins JD. Growth in adolescent delinquency and alcohol use in relation to young adult crime, alcohol use disorders, and risky sex: a comparison of youth from low- versus middle-income backgrounds. J Child Psychol Psychiatry 2010;51(12):1377–85.
17. Swahn MH, Bossarte RM, Ashby JS, Meyers J. Pre-teen alcohol use initiation and suicide attempts among middle and high school students: findings from the 2006 Georgia Student Health Survey. Addict Behav. 2010;35(5):452–8.
18. Luk JW, Worley MJ, Winiger E, Trim RS, Hopfer CJ, Hewitt JK et al. Risky driving and sexual behaviors as developmental outcomes of co-occurring substance use and antisocial behaviour. Drug Alcohol Depend. 2016;169:19–25.
19. Tomlinson KL, Brown SA, Abrantes A. Psychiatric comorbidity and substance use treatment outcomes of adolescents. Psychol Addict Behav. 2004;18:160–9.
20. Flory K, Lynam D, Milich R, Leukefeld C, Clayton R. Early adolescent through adult alcohol and marijuana use trajectories: early predictors, young adult outcomes and predictive utility. Dev Psychopathol. 2004;6:193–213.
21. Kuntsche E, Kuntsche S, Knibbe R, Simons-Morton B, Farhat T, Hublet A et al. Cultural and gender convergence in adolescent drunkenness: evidence from 23 European and North American countries. Arch Pediat Adol Med. 2011;165:152–8.
22. Vieno A, Lenzi M, Santinello M, Cavallo F. Gender convergence in adolescent drunkenness in different Italian regions. Int J Public Health 2013;58(5):785–90.
23. Grune B, Piontek D, Sleczka P, Kraus L, Pogarell O. Drinking location and drinking culture and their association with alcohol use among girls and boys in Europe. J Stud Alcohol Drugs 2017;78:549–57.
24. MacKinnon SP, Couture M-E, Cooper ML, Kuntsche E, O'Connor RM, Stewart SH and the DRINC Team. Cross-cultural comparisons of drinking motives in 10 countries: data from the DRINC project. Drug Alcohol Rev. 2017;36:721–30.
25. Kuntsche E, Sznitman SR, Kuntsche S. Alcohol and other substance use in a cross-cultural perspective (editorial). Drug Alcohol Rev. 2017;36:717–20.
26. Kuntsche E, Knibbe R, Gmel G, Engels R. "I drink spirits to get drunk and block out any problems …". Beverage preference, drinking motives and alcohol use in adolescence. Alcohol Alcohol. 2006;41(5):566–73.
27. Stern SA, Terry-McElrath YM, Patrick ME. Beverage-specific patterns of 5+ alcoholic drink consumption by young adults in the U.S. Addict Behav. 2017;65:19–24.
28. Anderson P. The impact of alcohol advertising: ELSA project report on the evidence to strengthen regulation to protect young people. Utrecht: National Foundation for Alcohol Prevention (STAP); 2007 (http://ec.europa.eu/health/ph_projects/2004/action3/docs/2004_3_16_frep_a4_en.pdf).
29. Anderson P, de Brujin A, Angus K, Gordon R, Hastings G. Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. Alcohol Alcohol. 2009;44(3);229–43.

30. Sadler J. Gender marketing strategies in food and drinks. Warwick: Business Insights Ltd; 2005.
31. Elgar FJ, Roberts C, Parry-Langdon N, Boyce W. Income inequality and alcohol use: a multilevel analysis of drinking and drunkenness in adolescents in 34 countries. Eur J Public Health 2005;15(3):245–50.
32. Kwok KH, Yuan SNV. Parental socioeconomic status and binge drinking in adolescents. A systematic review. Am J Addict. 2016;28(8): doi:10.1111/ajad.12461.
33. Torikka A, Kaltiala-Heino R, Luukkaala T, Rimpela A. Trends in alcohol use among adolescents from 2000 to 2011: the role of socioeconomic status and depression. Alcohol Alcohol. 2017;52(1):S95–103. doi:10.1093/alcalc/agw048.
34. Liu Y, Lintonen T, Tynjala J, Villberg J, Valimaa R, Ojala K et al. Socioeconomic differences in the use of alcohol and drunkenness in adolescents: trends in the Health Behaviour in School-aged Children study in Finland 1990–2014. Scand J Public Health 2018;46:102–11.
35. Norstrom T, Rossow I, Hilde P. Social inequality in youth violence. The role of heavy episodic drinking. Drug Alcohol Rev. 2018;37(2):S162–9. doi:10.1111/dar.12582.
36. Sentenac M, Ehlinger V, Napoletano A, Spilka S, Gariepy G, Godeau E et al. Relative deprivation and episodes of drunkenness among French and Canadian adolescents. Drug Alcohol Rev. 2017;36:788–96.
37. Gomes de Matos E, Kraus LH, Hannemann T-V, Soellner R, Piontek D. Cross-cultural variation in the association between family's socioeconomic status and adolescent alcohol use. Drug Alcohol Rev. 2017;36:797–804.
38. de Looze M, Raaijmakers Q, ter Bogt T, Bendtsen P, Farhat T, Ferreira M et al. Decreases in adolescent weekly alcohol use in Europe and North America: evidence from 28 countries from 2002 to 2010. Eur J Public Health 2015;25 (Suppl. 2):69–72.
39. Inchley J, Currie D, Young T, Samdal O, Torsheim T, Augustson L et al., editors. Growing up unequal: gender and socioeconomic differences in young people's health and well-being. Health Behaviour in School-aged Children (HBSC) study: international report from the 2013/2014 survey. Copenhagen: WHO Regional Office for Europe; 2016 (Health Policy for Children and Adolescents No. 7; http://www.euro.who.int/__data/assets/pdf_file/0003/303438/HSBC-No.7-Growing-up-unequal-Full-Report.pdf?ua=1).
40. Pennay A, Holmes J, Torronen J, Livingston M, Kraus L, Room R. Researching the decline in adolescent drinking: the need for a global and generational approach. Drug Alcohol Rev. 2018;37(Suppl. 1):S115–9.
41. Vieno A, Altoè G, Kuntsche E, Elgar FJ. Do public expenditures on health and families relate to alcohol abstaining in adolescents? Multilevel study of adolescents in 24 countries. Drug Alcohol Rev. 2018;37:S120–8. doi:10.1111/dar.12696.

CHAPTER 2

TRENDS IN REGULAR ALCOHOL USE, BY GENDER AND SUBREGION

SUMMARY

- Weekly drinking prevalence in 2014 varied across countries and regions, from 2% to 26% among girls and 3% to 33% boys. Geographically, prevalence across subregions was more similar for girls. There was greater variation among boys, with the highest levels in central–eastern European and southern Europe/Mediterranean subregions and lowest in the Nordic countries.
- Weekly drinking decreased significantly between 2002 and 2014 for boys and girls in most countries and regions and across all subregions.
- A greater decrease was found among boys compared to girls between 2002 and 2014 in many countries and regions and in almost all subregions.
- Weekly drinking was higher among boys than girls in most countries and regions across all survey years, but gender differences have decreased over time.

INTRODUCTION

Frequent alcohol consumption, along with excessive drinking and drunkenness, is more common in late adolescence *(1)* and is associated with a range of consequences, such as future drinking problems, drug use *(2)* and various physical and emotional problems *(3)*.

This chapter presents the prevalence of weekly drinking among 15-year-olds by gender, trends between 2002 and 2014, and geographical differences. Weekly drinking ("regular alcohol use") is based on consumption of any type of alcoholic drink, including beer, wine and spirits, at least weekly. Alcopops and other alcohol (which can differ by country) were added in 2006.

PREVALENCE IN 2014

In 2014, the prevalence of weekly drinking differed between countries and regions for girls and boys. The lowest prevalence for girls was seen in Iceland (2%), Finland, Ireland, Norway and Sweden (3%), and Latvia and Portugal (4%), and the highest in Malta (26%), Hungary (18%), and Greece and Italy (17%). For boys, Iceland (3%), Norway (4%), and Ireland and Sweden (5%) reported the lowest weekly drinking, and Croatia (33%), Malta (32%), Italy (31%) and Hungary (29%) the highest. Generally, a higher prevalence of weekly drinking was observed among boys compared to girls (Fig. 2.1).

TRENDS OVER TIME

A large reduction in weekly alcohol use was observed in most countries and regions between 2002 and 2014 among boys and girls. Most showed a linear trend with consistent declines between each survey round. Boys from Austria, Croatia, Israel and the former Yugoslav Republic of Macedonia showed no significant difference in weekly drinking between 2002 and 2014. Similarly, there was no change in weekly drinking for girls in Greece, Hungary, Israel, Poland, Romania and the former Yugoslav Republic of Macedonia. Fig. 2.2 shows the change in prevalence of weekly drinking between 2002 and 2014 by country.

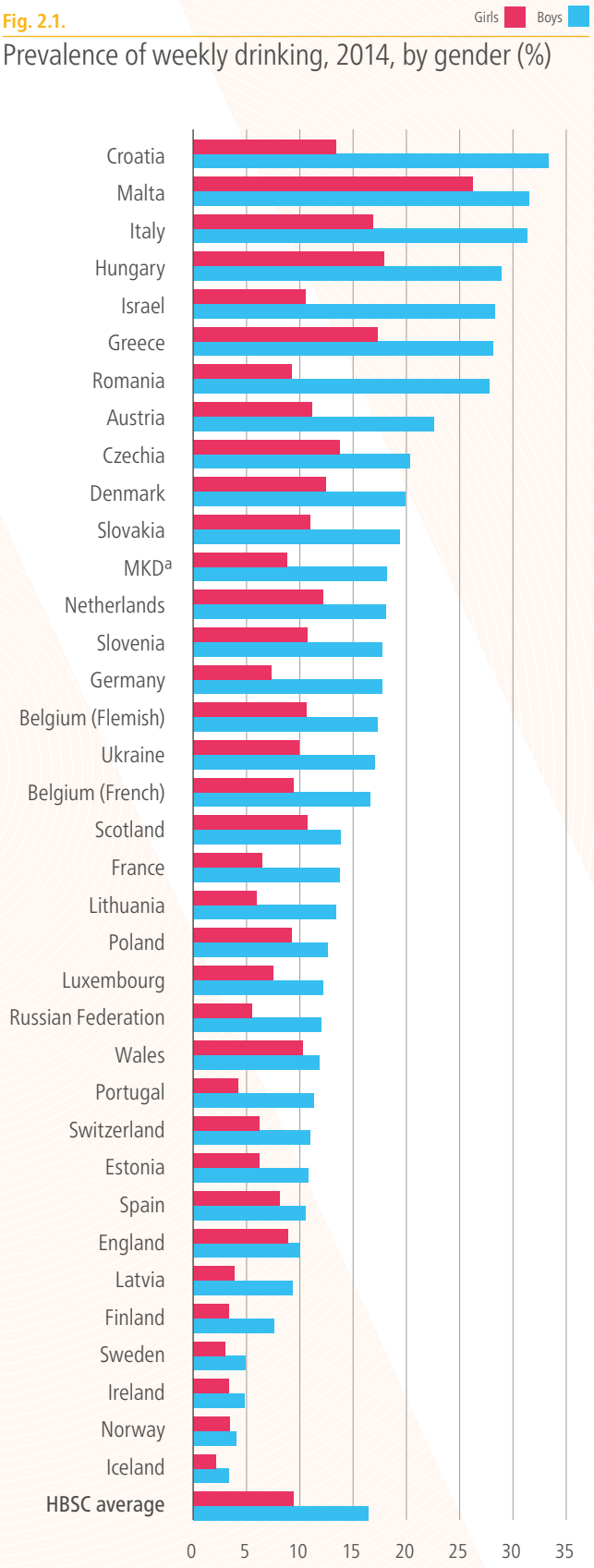
The largest declines in prevalence among boys were found in United Kingdom (England), United Kingdom (Wales) and Denmark. For girls, the largest declines were seen in United Kingdom (England), United Kingdom (Scotland)[2] and Denmark. Declines in weekly drinking were observed among both genders and the gender gap narrowed over time in a number of countries and regions, but in most the decrease in weekly alcohol use was greater among boys, particularly in the Netherlands, Switzerland, Ukraine and Wales (Fig. 2.2).

In 2002, more than one in five girls in 15 countries and regions reported weekly drinking, with the highest prevalence in England, Scotland, Malta and Denmark. By 2014, only one country (Malta) had a prevalence of more than 20%. During the same time period, the number of countries and regions with a prevalence of less than 10% increased from three to 21. Finland was the only country where less than 10% of girls reported weekly drinking across all four survey years. Among boys in 2002, more than one in five drank alcohol weekly in 24 countries and regions, with highest prevalence in Malta, Denmark, England and Wales. By 2014, nine countries and regions had a prevalence greater than 20%, with the highest prevalence in Croatia, Malta and Italy (Fig. 2.2).

2 From this point in the report, these constituent parts of the United Kingdom will be referred to as England, Scotland and Wales in text, tables and figures.

Fig. 2.1.

Prevalence of weekly drinking, 2014, by gender (%)

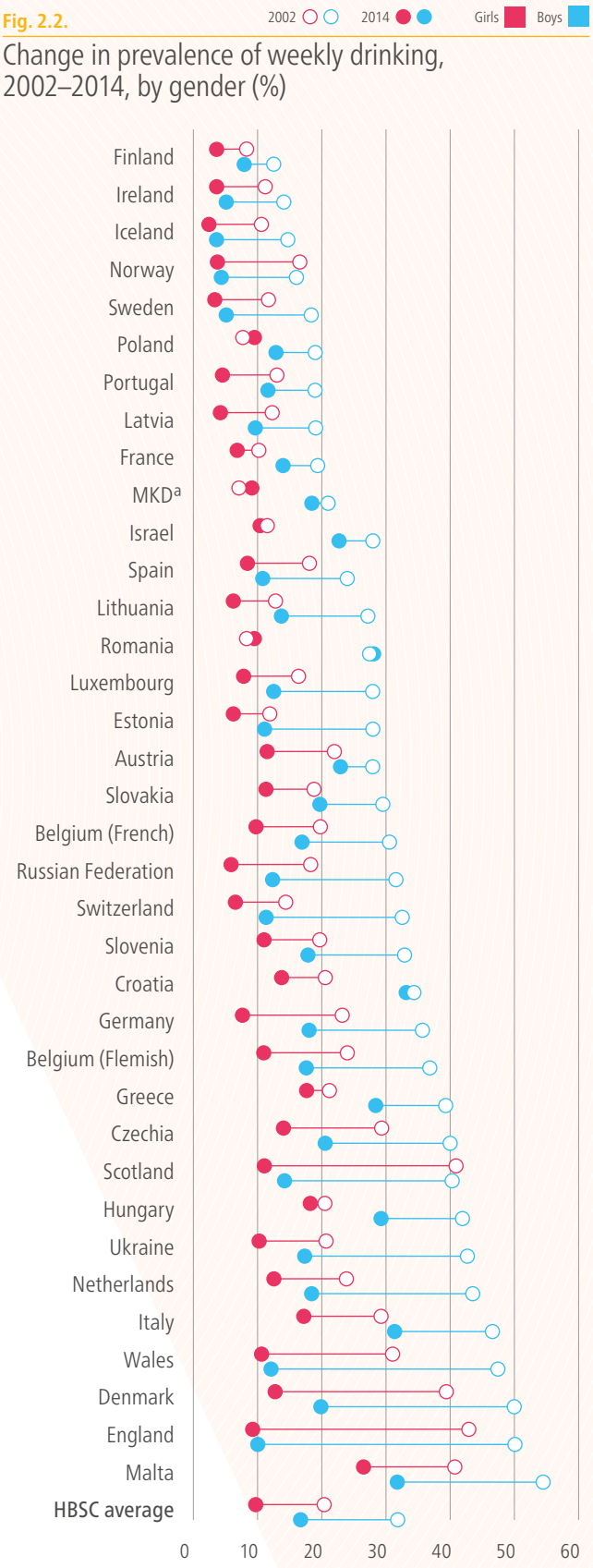


Fifteen-year-olds only.

[a]The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Fig. 2.2.

Change in prevalence of weekly drinking, 2002–2014, by gender (%)



Fifteen-year-olds only. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. Data fo Iceland, Romania, Luxembourg and Slovakia describe the difference from 2006 to 2014. Statistically significant change in prevalence is indicated in the corresponding table in Annex 1.

[a]The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

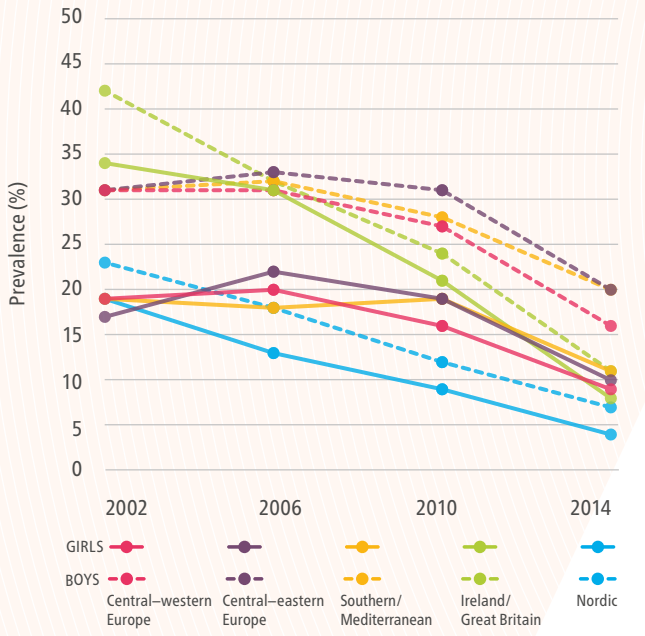
GEOGRAPHICAL DIFFERENCES

Marked declines in weekly alcohol consumption were observed across all subregions between 2002 and 2014 among boys and girls. Ireland/Great Britain showed the largest decreases over time, from 34% to 8% among girls and 42% to 11% among boys. Smaller declines (of 16 percentage points or less) were seen in all other subregions. Fig. 2.3 shows the trends in weekly drinking between 2002 and 2014 by subregion and gender.

In 2002, Ireland/Great Britain reported the highest levels of weekly drinking among boys (42%) and girls (34%) compared to other subregions, where prevalence ranged from 17–19% for girls and 23–31% for boys. The highest prevalence of weekly drinking in 2014 was observed in central–eastern European and southern Europe/Mediterranean countries (boys: 20%; girls: 10–11%), and the lowest in the Nordic subregion (boys: 7%; girls: 4%). Girls in central–western Europe (9%) and Ireland/Great Britain (8%) reported a very similar prevalence to central–eastern Europe and southern Europe/Mediterranean subregions. There were larger subregional differences for boys in 2014 (Fig. 2.3).

Fig. 2.3.

Trends in weekly drinking, 2002–2014, by subregion and gender (%)



Fifteen-year-olds only. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data for 2006 were received for Spain. No data for 2010 were received for Malta. See Chapter 1 for list of countries in each subregion.

Nordic countries showed the lowest prevalence of weekly drinking for both boys and girls in all survey years, except for 2002, when girls in the central–eastern European, central–western European and southern Europe/Mediterranean subregions reported very similar prevalence to the Nordic countries. The highest prevalence for girls was found in Ireland/Great Britain across all survey years except for 2014. In contrast, the subregion showing the highest prevalence for boys varied by survey year (Fig. 2.3).

Gender differences were largely consistent across subregions, with weekly drinking higher among boys. In almost all subregions across all survey years, boys reported a higher prevalence of weekly drinking compared to girls. Gender differences were lowest in Ireland/Great Britain and the Nordic subregion across all survey years.

REFERENCES

1. Kuntsche E, Gmel G. Alcohol consumption in late adolescence and early adulthood – where is the problem? Swiss Med Wkly. 2013;143:w13826.
2. Guo J, Collins LM, Hill KG, Hawkins JD. Developmental pathways to alcohol abuse and dependence in young adulthood. J Stud Alcohol 2000;61(6):799–808.
3. Brown SA, McGue M, Maggs J, Schulenberg J, Hingson R, Swartzwelder S et al. A developmental perspective on alcohol and youths 16 to 20 years of age. Pediatrics 2008;21(Suppl. 4):S290–310. (https://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/alcohol_europe_en.pdf).

CHAPTER 3

TRENDS IN CONSUMPTION OF DIFFERENT TYPES OF ALCOHOLIC DRINK, BY GENDER AND SUBREGION

SUMMARY

- Prevalence of weekly drinking in 2014 was highest for beer compared with other types of alcoholic drink. More boys than girls in all countries and regions reported drinking beer, wine, spirits and alcopops weekly, with the exception of the Netherlands and Wales, where more girls than boys drank wine.
- General decreases in consumption of beer, wine, spirits and alcopops were observed among both girls and boys.
- Between 2002 and 2014, Israel was the only country to show a significant increase in weekly consumption of beer (boys only) and spirits (girls and boys).
- Trends in weekly consumption of different types of alcohol varied across geographic subregions. Declines in beer consumption were greatest in Nordic countries for girls and in Ireland/Great Britain for boys. For spirits, the largest decreases were found in Ireland/Great Britain among both boys and girls. Frequency of drinking wine did not change substantially over time.

INTRODUCTION

Alcohol consumption is a cultural practice that has persisted over the course of time. Evidence suggests that the types of alcoholic beverages adolescents consume are changing *(1,2).* Preference for particular alcoholic beverages being associated with different patterns of drinking is well documented *(3).*

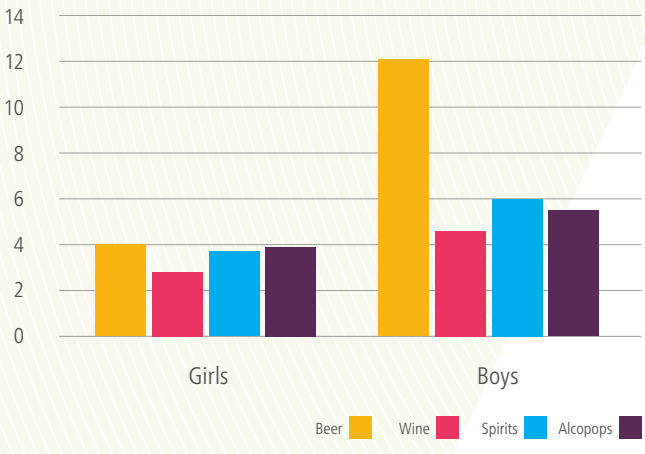
This chapter presents findings on the weekly consumption of specific alcoholic drinks, by gender and geographic subregion, among 15-year-olds from 2002 to 2014. Data on beer, wine and spirits have been collected since 2002 and alcopops was added in 2006.

PREVALENCE IN 2014

Overall, beer was the most commonly consumed alcoholic drink in 2014, especially among boys (Fig. 3.1). Across all countries and regions, prevalence of weekly beer consumption was 12% among boys and 4% among girls. A significant gender difference was observed in all countries and regions, except Norway. For girls, highest prevalence of weekly beer consumption was observed in Greece (10%), and Italy and Malta (9%), and the lowest in Estonia (0%) and Finland, Iceland, Ireland, Latvia and Sweden (all 1%). For boys, highest prevalence of beer consumption was observed in Croatia (25%), Israel (23%), Romania (22%) and Italy (21%), and lowest in Iceland, Ireland and Sweden (all 3%).

Fig. 3.1.

Prevalence of weekly consumption of wine, beer, spirits and alcopops, 2014, by gender (HBSC average %)



Fifteen-year-olds only. HBSC average is the equally weighted average of the country prevalences.

Across all countries and regions, 5% of boys and 3% of girls reported drinking wine every week. There was a significant gender difference in half, in most of which prevalence was higher among boys, but wine consumption was significantly higher among girls in the Netherlands and Wales. Among girls, highest prevalence of wine consumption was observed in Malta (9%), Hungary (8%) and Croatia (7%), and the lowest in Estonia, Ireland, Norway and Portugal (all 0%). For boys, highest prevalence was seen in Croatia (17%), with more than one in 10 boys in Malta, Hungary, Romania, Israel and Italy also drinking wine weekly. Lowest prevalence was in Estonia, Ireland and Norway (all 1%).

Fewer than one in 10 girls reported drinking spirits every week in all countries and regions except Malta, where prevalence was 18%. Consumption of spirits was generally higher among boys, with a significant gender difference in 19 countries and regions. Highest prevalence of spirits consumption for boys was observed in Malta (19%), Hungary (15%), Israel (13%) and Croatia (11%), and lowest in Romania, Lithuania, Ukraine, Finland and Latvia (for girls) and the Netherlands and Norway (boys).

Prevalence of drinking alcopops weekly in 2014 was less than 5% among girls in 24 countries and regions and boys in 21. For girls, highest prevalence of alcopops consumption was observed in

Malta (14%) and Denmark (10%) and the lowest in Finland, Iceland, Ireland, Portugal, the Russian Federation and Slovakia (all 1%). Highest prevalence for boys was seen in Malta (16%), and Denmark and Israel (11%), and the lowest in Iceland, Ireland and Norway (2%). There was a significant gender difference in 14 countries and regions, with higher consumption among boys.

TRENDS OVER TIME

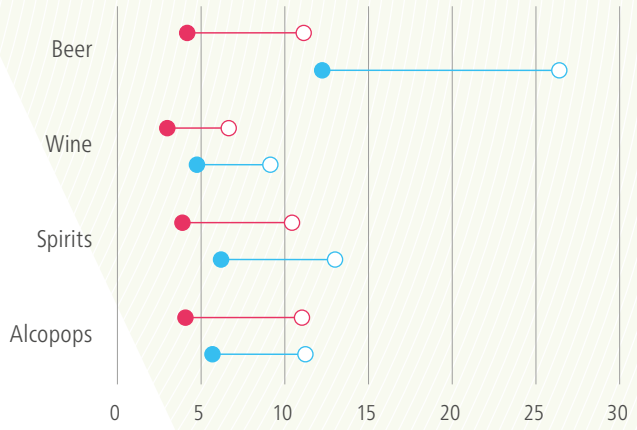
Fig. 3.2 shows the overall HBSC average change in prevalence for each alcohol type from 2002 to 2014 for girls and boys, respectively. Overall, the vast majority of countries and regions showed decreasing trends in consumption of all specific drinks for both genders. Decreases were large in many, particularly for beer and spirits.

The largest decreases in beer consumption were observed among boys in Wales, Denmark and England, and among girls in Denmark. These were the countries and regions with highest prevalence in 2002. In Denmark, for example, prevalence decreased from 48% to 15% among boys and from 32% to 4% among girls. Gender differences in beer consumption remained consistent over time, with higher prevalence among boys in all survey years except in Norway, where there was no significant gender difference across all time points.

Decreases in wine consumption between 2002 and 2014 were smaller than for other types of alcohol. The largest changes over time, with a decrease of 10 or more percentage points, were observed among girls in England, Austria and Wales, and among boys in Malta, Hungary and Italy. There was no significant difference in wine consumption between 2002 and 2014 for both genders in Finland, Greece, Israel, the Netherlands, Poland and Portugal. Weekly wine consumption was typically higher among boys than girls across all survey years; only a few countries and regions had significantly higher consumption among girls, but this was not consistent over time.

Fig. 3.2.

Change in prevalence of wine, beer, spirits and alcopops consumption, 2002–2014, by gender (HBSC average %)



Fifteen-year-olds only. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. Data for Iceland, Romania, Luxembourg and Slovakia describe the difference from 2006 to 2014.

The largest decreases in spirits consumption were seen in boys and girls in England, Scotland and Denmark. These countries and regions were among those with the highest prevalence in 2002. Prevalence between 2002 and 2014 in England, for example, decreased from 29% to 3% among boys and from 36% to 5% among girls. During the same period, there was a significant increase in weekly consumption of spirits among girls and boys in Israel. Across all survey years, drinking spirits was higher among boys than girls in around half of countries and regions. Girls in England, Scotland and Wales reported higher prevalence of drinking spirits than boys in 2002 and 2006, but by 2014, these gender differences were no longer significant.

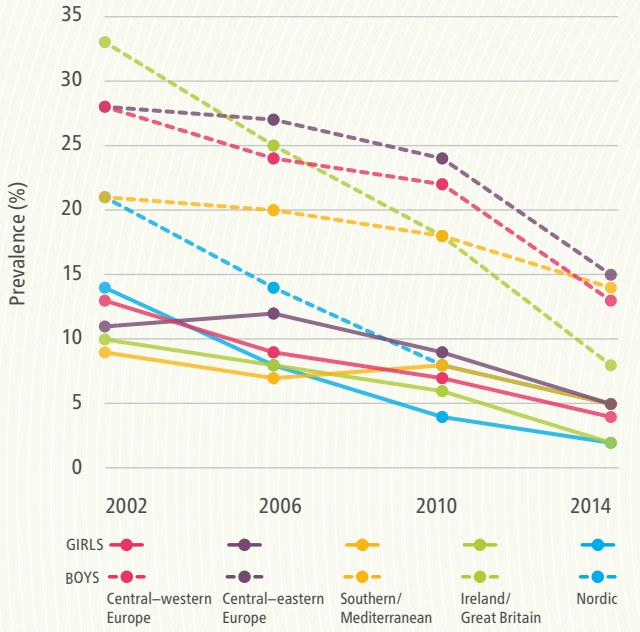
Weekly consumption of alcopops has also decreased across many countries and regions since 2006, with an overall decline in prevalence from 11% to 4% among girls and 11% to 5% among boys. The largest declines were observed among girls in England, Wales, Ukraine, Scotland and Austria, where prevalence was highest in 2006.

GEOGRAPHICAL DIFFERENCES

Some geographical differences on the type of alcohol young people consume and the way in which this has changed over time can be seen (Fig. 3.3a–d).

Fig. 3.3a.

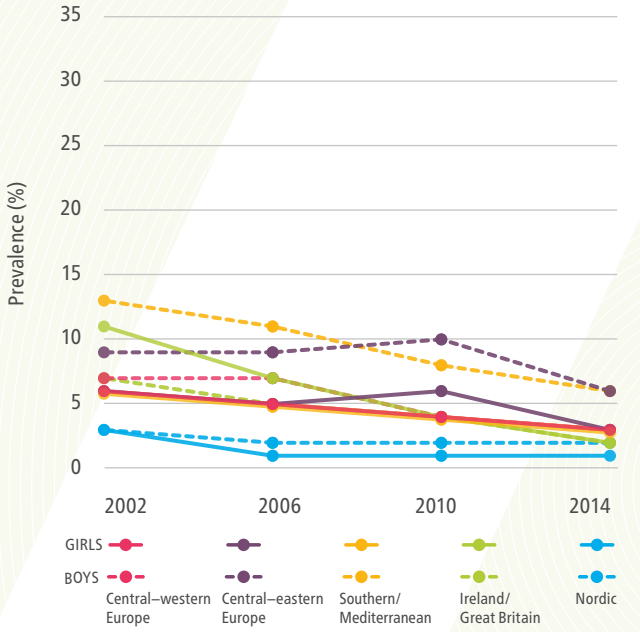
Trends in weekly beer consumption, 2002–2014, by subregion and gender (%)



Fifteen-year-olds only. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. Data for Iceland, Romania, Luxembourg and Slovakia describe the difference from 2006 to 2014. No data for 2006 were received for Spain. No data for 2010 were received for Malta. See Chapter 1 for list of countries in each subregion.

Fig. 3.3b.

Trends in weekly wine consumption, 2002–2014, by subregion and gender (%)



Fifteen-year-olds only. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. Data for Iceland, Romania, Luxembourg and Slovakia describe the difference from 2006 to 2014. No data for 2006 were received for Spain. No data for 2010 were received for Malta. See Chapter 1 for list of countries in each subregion.

Prevalence of weekly drinking for different types of alcoholic drink among girls in 2014 was similar across the geographic subregions, with none having a prevalence greater than 5%.

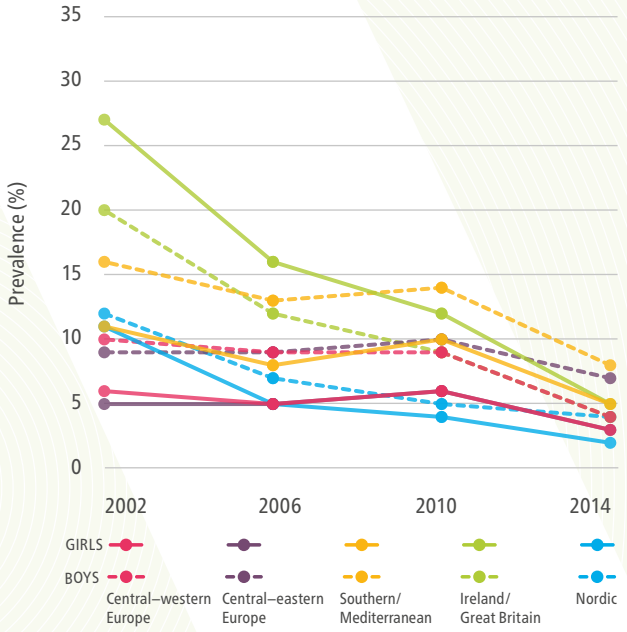
Comparing different types of drink, the highest prevalence among girls was observed for beer in the central–eastern Europe and southern Europe/Mediterranean subregions and for spirits in southern Europe/Mediterranean and Ireland/Great Britain. More variation was evident in 2002: 27% of girls in Ireland/Great Britain, for example, drank spirits weekly, compared with only 5% in central–eastern Europe. Some of the largest decreases in drinking among girls have been observed in the Ireland/Great Britain subregion, with weekly consumption of spirits falling to 5% in 2014 and weekly alcopops consumption decreasing from 20% in 2006 to 3% in 2014. Smaller declines over time were evident for beer and wine consumption.

Clearer subregional differences among boys were seen in 2014, especially for beer, with higher levels of weekly drinking in central–western, central–eastern and southern Europe/Mediterranean subregions compared to Ireland/Great Britain and the Nordic countries. Weekly consumption of wine and spirits was higher in central–eastern Europe and southern Europe/Mediterranean countries than in other subregions, although the differences in prevalence were relatively small.

The proportion of boys drinking beer weekly declined in all subregions over time, but the largest decrease was observed in Ireland/Great Britain, from 33% in 2002 to 8% in 2014. Similarly, prevalence of weekly consumption of spirits among boys in Ireland/Great Britain fell from 20% in 2002 to 4% in 2014.

Fig. 3.3c.

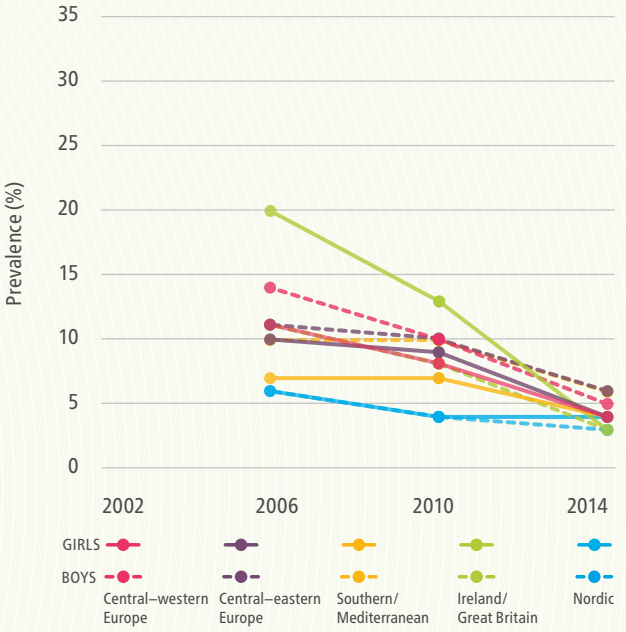
Trends in weekly spirits consumption, 2002–2014, by subregion and gender (%)



Fifteen-year-olds only. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. Data for Iceland, Romania, Luxembourg and Slovakia describe the difference from 2006 to 2014. No data for 2006 were received for Spain. No data for 2010 were received for Malta. See Chapter 1 for list of countries in each subregion.

Fig. 3.3d.

Trends in weekly alcopops consumption, 2002–2014, by subregion and gender (%)



Fifteen-year-olds only. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. Data for Iceland, Romania, Luxembourg and Slovakia describe the difference from 2006 to 2014. No data for 2006 were received for Spain. No data for 2010 were received for Malta. See Chapter 1 for list of countries in each subregion.

Fig. 3.4 and 3.5 show the proportion of young people in different subregions who reported drinking one type of alcoholic drink weekly (single users) versus those who drank more than one type of alcohol every week (multiple alcohol users). In 2002, prevalence of multiple alcohol use was highest in Ireland/Great Britain among both girls and boys (11% and 16%, respectively), but the largest declines over time were also observed in this subregion. By 2014, the highest proportion of multiple alcohol users was found in the southern Europe/Mediterranean and central–eastern Europe subregions. Patterns of single alcohol use showed similar trends over time, with the largest declines in Ireland/Great Britain.

At country/region level, use of multiple alcoholic drinks weekly was reported by at least one in 10 girls in five countries and regions in 2002, but only one in 2014. Among boys, at least one in 10 reported multiple alcohol use in 18 countries and regions in 2002 and nine in 2014. Prevalence of multiple alcohol use among girls was highest in Denmark (22%) and England (17%) in 2002. Among boys, prevalence in 2002 was highest in Malta (36%), Denmark (29%), Hungary (26%), Italy (26%) and England (23%).

Fig. 3.4.

Trends in drinking profiles by subregion, 2002–2014, girls (%)

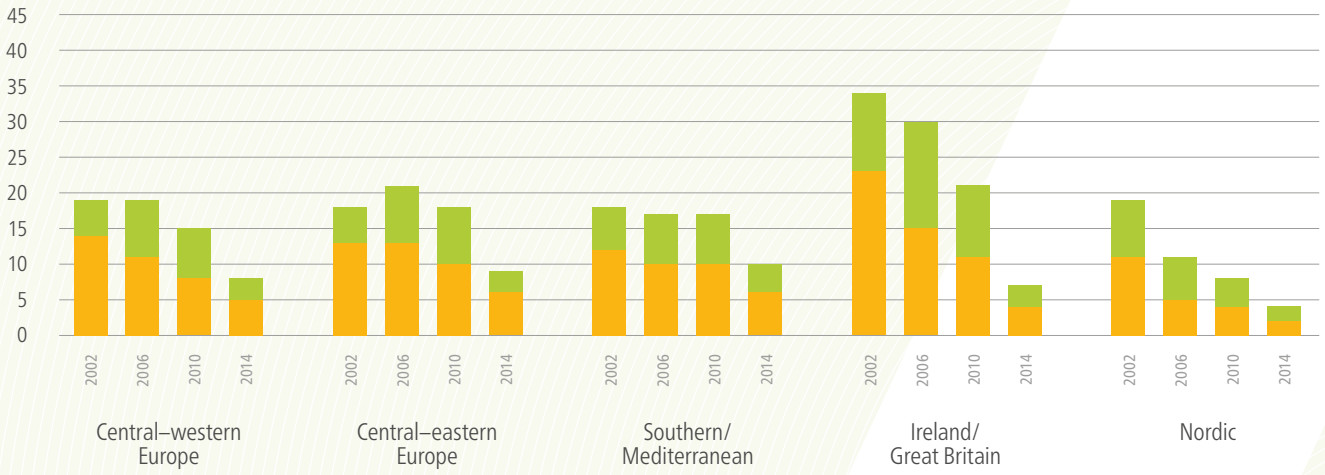
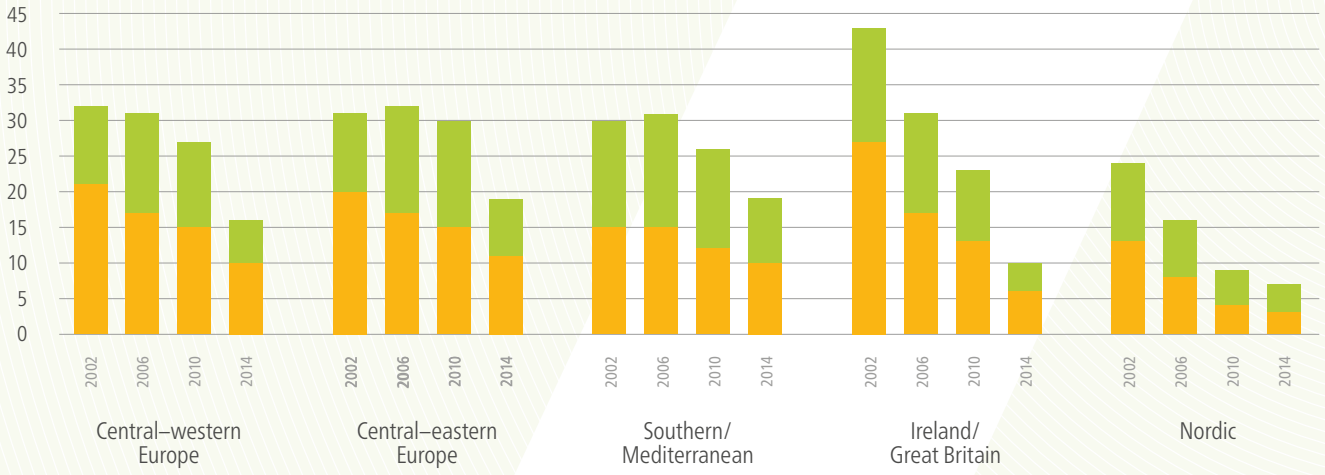


Fig. 3.5.

Trends in drinking profiles by subregion, 2002–2014, boys (%)



Fifteen-year-olds only. See Chapter 1 for list of countries in each subregion. Alcohol types are beer, wine and spirits in all years, with alcopops included from 2006. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data for 2006 were received for Spain. No data for 2010 were received for Malta.

REFERENCES

1. Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring the future national survey results on drug use, 1975–2008. Volume I: secondary school students. Bethesda (MD): National Institute on Drug Abuse; 2009.
2. Maldonado-Molina MM, Reingle JM, Tobler AL, Komro KA. Effects of beverage-specific alcohol consumption on drinking behaviors among urban youth. J Drug Educ. 2010;40(3):265–80.
3. Kuntsche E, Knibbe R, Gmel G, Engels R. "I drink spirits to get drunk and block out any problems …". Beverage preference, drinking motives and alcohol use in adolescence. Alcohol Alcohol. 2006;41(5):566–73.

CHAPTER 4

TRENDS IN DRUNKENNESS, BY GENDER AND SUBREGION

SUMMARY

- General decreases in drunkenness over time for boys and girls are evident in most countries and regions.
- Decreases in drunkenness varied across geographic subregions and were highest in Nordic countries and Ireland/Great Britain.
- The highest rates of drunkenness in 2014 were among boys in central–eastern Europe and girls and boys in Ireland/Great Britain.
- There is some evidence that gender differences have decreased over time. By 2014, drunkenness was significantly higher among boys in 14 countries and regions (compared with 20 in 2002) and among girls in one region (compared with three countries and regions in 2010).

INTRODUCTION

Alcohol abuse is one of the most prevalent risk behaviours during adolescence. Risky alcohol use by adolescents, such as early and frequent drinking and drunkenness, has been associated with various adverse psychological, social and physical health consequences, including injury, accidents, violence, use of other substances, unprotected sexual intercourse and academic failure *(1,2).*

This chapter presents trends in drunkenness among 15-year-olds between 2002 and 2014, by gender and geographic subregion. Drunkenness is defined as having been drunk two times or more in lifetime.

PREVALENCE IN 2014

Highest prevalence of drunkenness for girls was observed in Denmark (38%), and Wales and Hungary (34%), and lowest in Israel (5%) and Iceland (6%). For boys, highest rates were seen in Lithuania and Hungary (41%), and Croatia (40%), and lowest in Iceland (6%) (Fig. 4.1). At country/region level, differences in prevalence between boys and girls ranged from 0 (in Iceland, Ireland, Norway, Spain and Poland) to 18 percentage points (in Romania). There was a significant gender difference in 15 countries and regions, with a higher prevalence among boys than girls in 14 and a higher prevalence among girls in just one (England).

TRENDS OVER TIME

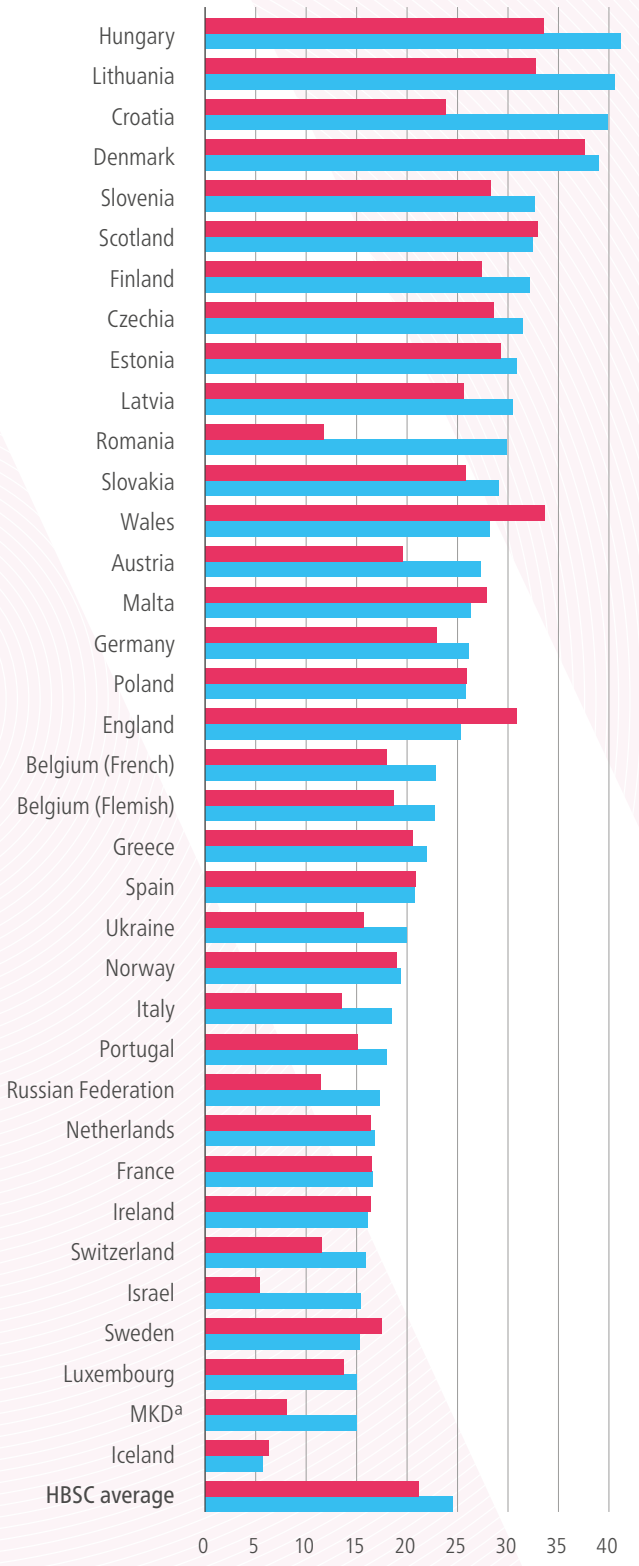
Fig. 4.2 shows changes in prevalence of drunkenness between 2002 and 2014 for girls and boys. In total, 23 out of 36 countries and regions showed significant decreasing trends in drunkenness for both genders. Overall, there were large reductions in many countries and regions, in particular for boys. The greatest decrease in drunkenness was observed in Ukraine, with a change over time of 29 percentage points in girls (from 45% in 2002 to 16% in 2014) and 41 percentage points in boys (from 61% in 2002 to 20% in 2014). By contrast, there was a significant increase in drunkenness among girls in Malta (from 17% in 2002 to 28% in 2014) and Hungary (from 26% in 2002 to 34% in 2014).

Across all time points (2002–2006–2010–2014), a statistically significant trend towards decreasing drunkenness was seen in most countries and regions. In some, the decrease was linear for boys and girls, with exceptions to the linear decline found in 10 countries and regions for boys. These either showed no trend (Greece, Italy and Slovakia) or a fluctuating trend (Croatia, Czechia, Hungary, Malta, Romania, Spain and the former Yugoslav Republic of Macedonia). For girls, exceptions to the linear decline of drunkenness were found in 14 countries and regions. These either showed no trend (Belgium (French), France, Greece, Italy, Luxembourg, Poland, Portugal, Romania and Slovakia) or increasing prevalence earlier in the time period, but more recent declines returning to levels similar to 2002 (Croatia, Czechia, Latvia, Slovenia and the former Yugoslav Republic of Macedonia).

Boys generally reported higher prevalence rates than girls in all survey years. Drunkenness was significantly higher among boys in 20 countries and regions in 2002, but only 14 in 2014, indicating that gender differences may be reducing over time. A very small minority of (mainly northern European) countries and regions had higher rates of drunkenness among girls, but these were not consistent across the survey years.

Fig. 4.1.

Prevalence of drunkenness, 2014, by gender (%)

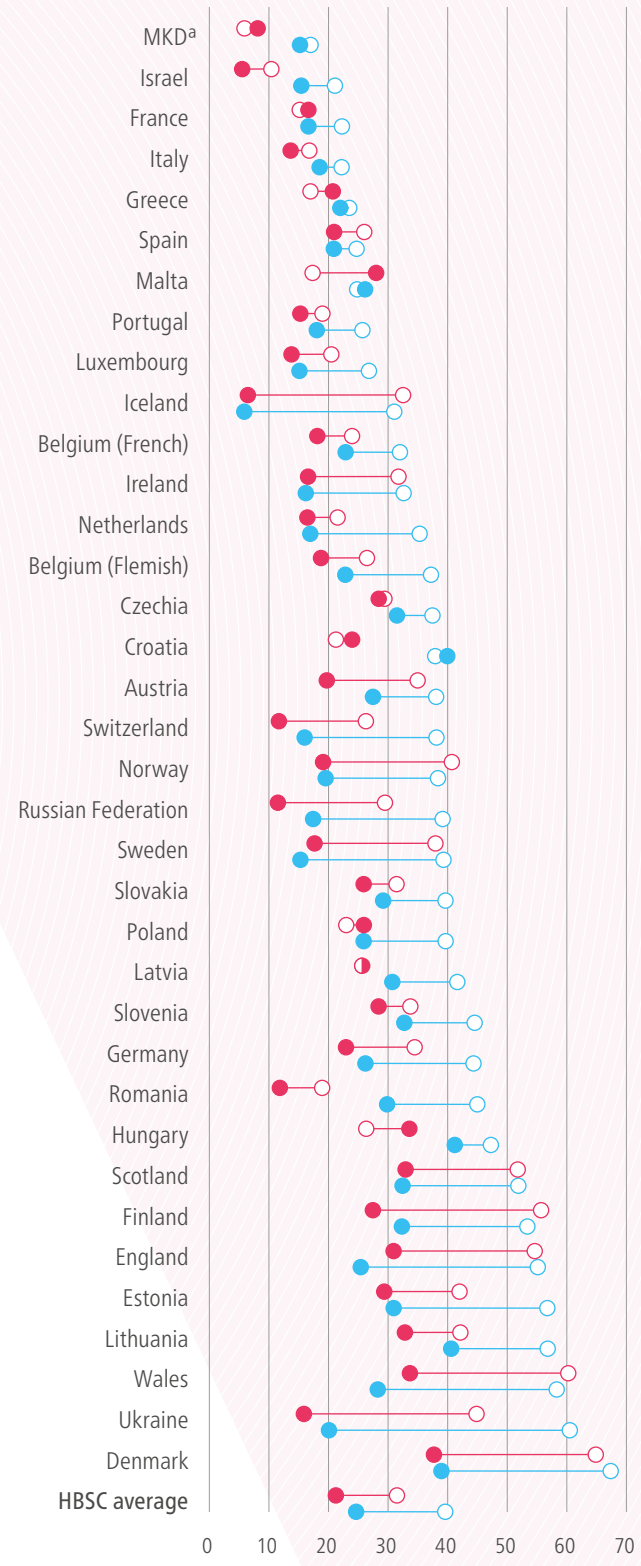


Fifteen-year-olds only.

[a]The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Fig. 4.2.

Change in prevalence of drunkenness, 2002–2014, by gender (%)



Fifteen-year-olds only. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. Data for Iceland, Romania, Luxembourg and Slovakia describe the difference from 2006 to 2014. Statistically significant change in prevalence is indicated in the corresponding table in Annex 1.

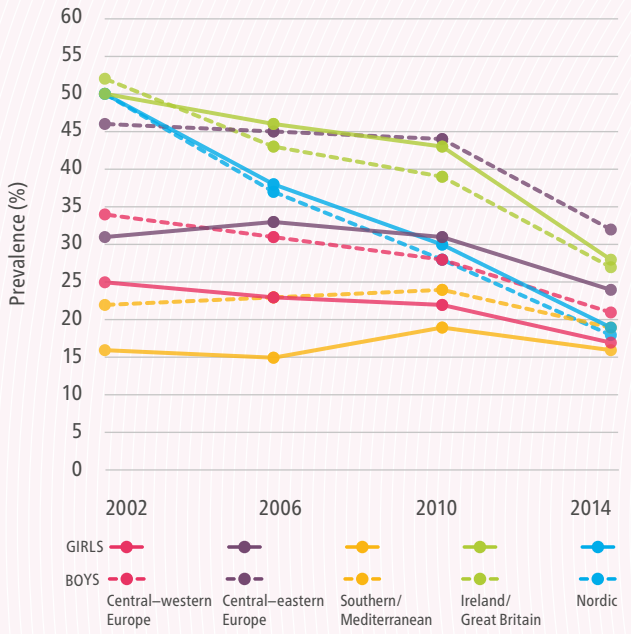
[a]The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

GEOGRAPHICAL DIFFERENCES

Decreasing prevalence of drunkenness was observed for boys and girls across all subregions included in the analyses (Fig 4.3). Decreases in drunkenness between 2002 and 2014 were highest in Ireland/Great Britain (from 50% to 28% in girls, and 52% to 27% in boys) and Nordic countries (50% to 19% for girls, and 50% to 18% for boys). An exception to the general trend was found among girls in the southern Europe/Mediterranean subregion, where there was no change in drunkenness over this time period (prevalence of 16% in both 2002 and 2014). Highest prevalence of drunkenness in 2014 was observed in Ireland/Great Britain for girls and central–eastern Europe for boys.

Fig. 4.3.

Trends in drunkenness, 2002–2014, by subregion and gender (%)



Fifteen-year-olds only. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. Data for Iceland, Romania, Luxembourg and Slovakia describe the difference from 2006 to 2014. No data for 2006 were received for Spain. No data for 2010 were received for Malta. See Chapter 1 for list of countries in each subregion.

REFERENCES

1. Boden JM, Fergusson DM. The short and long term consequences of adolescent alcohol use. In: Saunders J, Rey JM, editors. Young people and alcohol: impact, policy, prevention and treatment. Chichester: Wiley-Blackwell; 2011:32–46.
2. Windle M. Drinking over the lifespan: focus on early adolescents and youth. Alcohol Res. 2016;38:95–101.

CHAPTER 5

TRENDS IN EARLY ALCOHOL AND DRUNKENNESS INITIATION, BY GENDER AND SUBREGION

SUMMARY

- In 2014, around one in four adolescents in the Region first consumed alcohol at age 13 or younger, and just under one in 10 were first drunk at this early age.
- Gender differences are not present in all countries and regions, but when present, boys are more likely to report early alcohol initiation and early drunkenness.
- Early alcohol initiation has declined in most countries and regions. On average, early alcohol initiation across all countries and regions declined from 46% in 2002 to 28% in 2014. Similarly, early drunkenness more than halved, from 17% to 8%, over this period.
- A significant increase in alcohol use at age 13 or younger was reported in Slovenia among both boys and girls and in Greece among girls only.
- The biggest changes in early initiation of alcohol and drunkenness were seen in the Nordic and Ireland/Great Britain subregions, which had the highest prevalence in 2002. Less change was seen in the southern Europe/Mediterranean subregion.

INTRODUCTION

Regular or excessive alcohol use during early adolescence raises concerns. Early initiation of alcohol is linked to an increase in alcohol-related harms in adolescence and adulthood, including an increased risk of alcohol-use disorders in adulthood *(1).* The adolescent brain is going through structural and developmental changes during this period *(2,3)*, and early onset of alcohol use increases the risk of alcohol-related neurocognitive vulnerabilities as well as being a risk factor for poorer subsequent neuropsychological functioning *(4).* The brain may also be more vulnerable to the addictive effects of alcohol and other drugs during this period of intense neurodevelopment *(5,6).*

This chapter focuses on early age of alcohol use, presenting trends in prevalence of early alcohol initiation (alcohol use at age 13 or before) and early drunkenness (being drunk at age 13 or before).

PREVALENCE IN 2014

Across all 36 countries and regions in 2014, more than one in four 15-year-olds (28%) reported that they had first started consuming alcohol at age 13 years or younger (25% of girls and 31% of boys). Prevalence was over 30% in under half of countries and regions for both genders (11 among girls and 17 for boys). The highest prevalence of early alcohol initiation was reported among boys in Estonia (50%), Greece (47%), and Croatia and Hungary (46%); among girls, it was Estonia (47%), Lithuania (41%) and Greece (38%). Lowest prevalence among girls was in Israel (4%), Iceland (5%), Italy (12%) and Sweden (13%), and among boys in Iceland (6%), Sweden (15%) and Norway (16%). Boys were more likely to report early alcohol initiation in most countries and regions, with the difference being significant in half (18). The largest gender differences were seen in Romania (20 percentage points), and Croatia and Italy (14 percentage points).

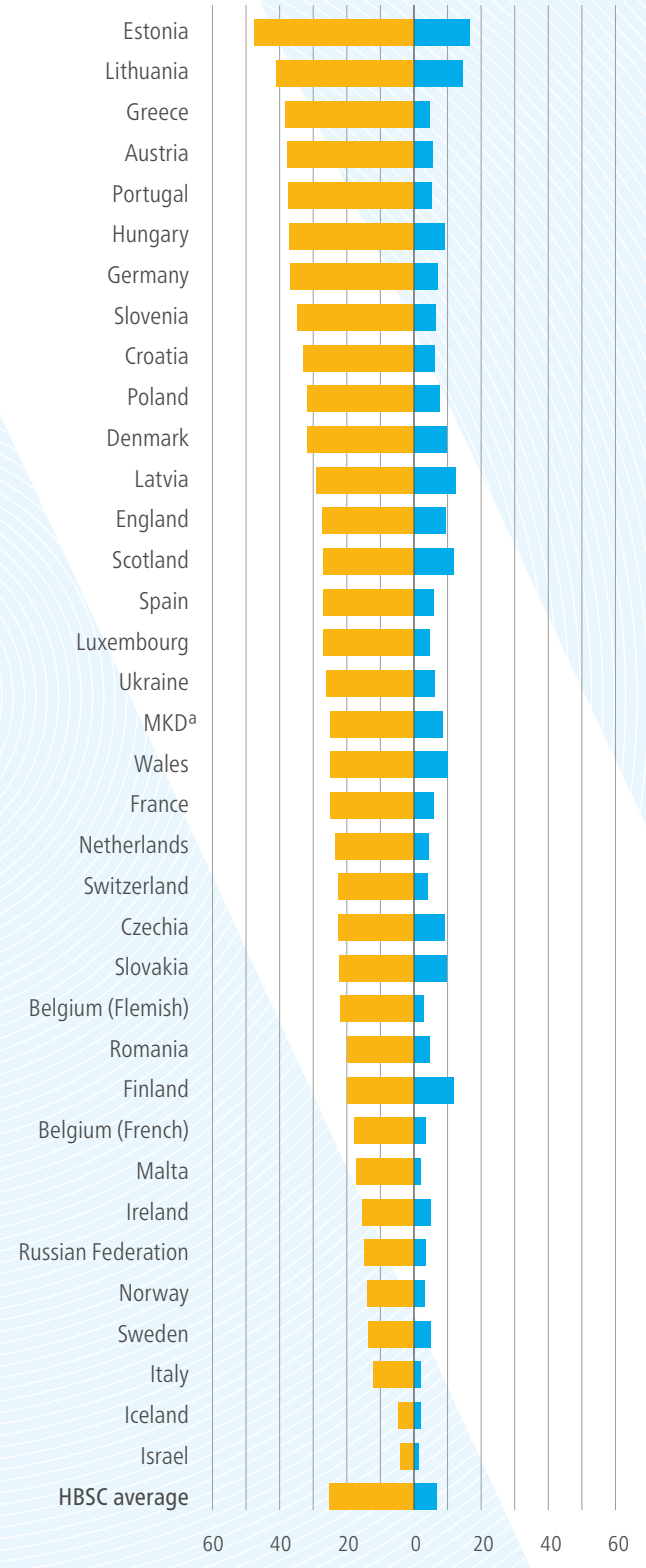
Fewer than one in 10 (8%) of 15-year-olds across all countries and regions reported being first drunk before the age of 13 (7% of girls and 9% of boys). The range of prevalence across countries and regions for early drunkenness is smaller than for early age at initiation, as would be expected. Prevalence was over 10% in a minority of countries and regions for girls (five) and in less than half for boys (13). The highest prevalence was found in Lithuania and Estonia for both boys (25% and 21%) and girls (15% and 17%). Lowest prevalence among girls was in Israel (1%), and Iceland, Italy and the former Yugoslav Republic of Macedonia (2%), and among boys in Iceland and Norway (3%), and the Netherlands (4%). Gender differences were less pronounced than for early drinking. In 12 out of 36 countries and regions, the prevalence of early drunkenness initiation was higher among boys than girls, with no difference in the others. The largest gender differences were seen in Romania, Lithuania and Croatia (Fig. 5.1 and 5.2).

TRENDS OVER TIME

Generally, early alcohol initiation declined substantially in most countries and regions, from 46% in 2002 to 28% in 2014. The greatest reductions between 2002 and 2014 were seen in Czechia (from 71% to 22% among girls, and 76% to 28% for boys) and Wales (65% to 25% among girls, 69% to 25% boys). These had the highest prevalence of early drinking in 2002. Fig. 5.3 shows the change in prevalence of early alcohol initiation between 2002 and 2014 for boys and girls.

Fig. 5.1.

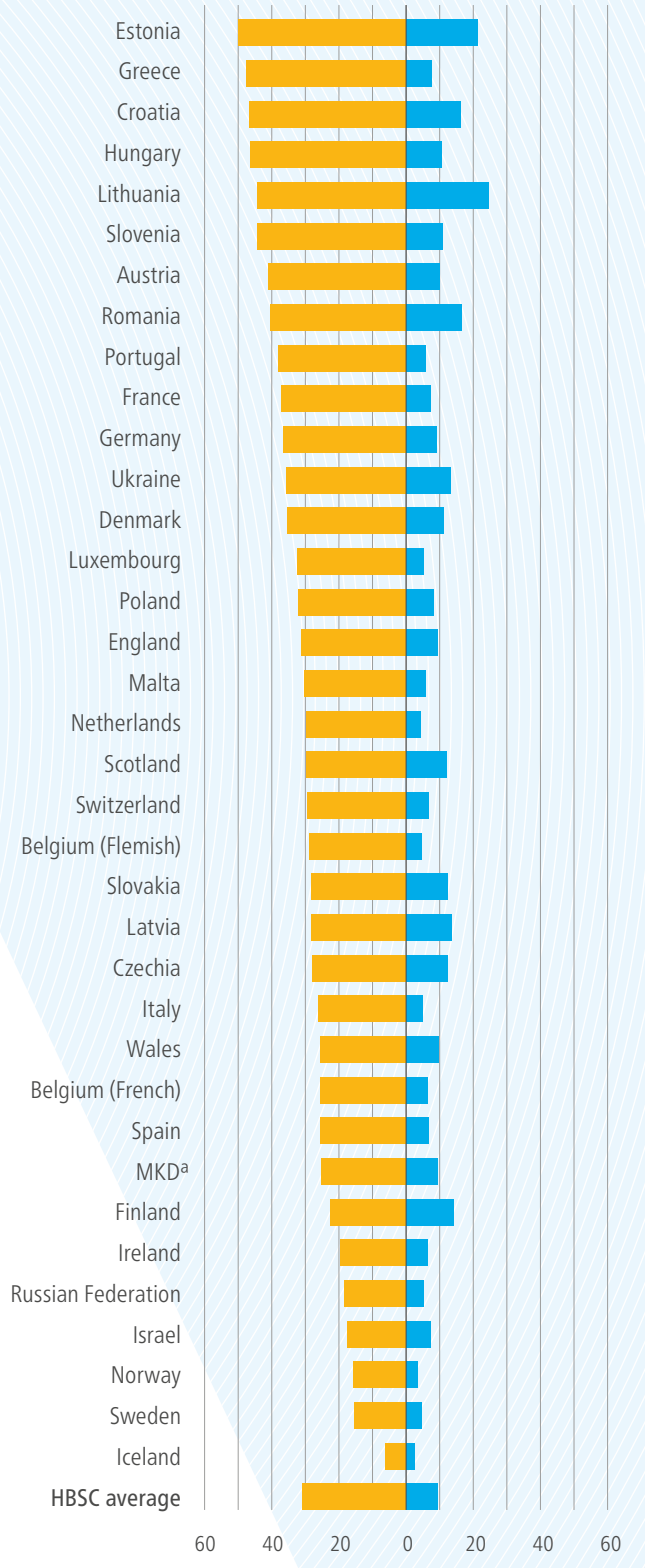
Prevalence of early alcohol initiation and early drunkenness, 2014, girls (%)



Fifteen-year-olds only.
[a]The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Fig. 5.2.

Prevalence of early alcohol initiation and early drunkenness, 2014, boys (%)



Fifteen-year-olds only.
[a]The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Several other countries and regions had declines greater than 30 percentage points (Belgium (French) and Belgium (Flemish) in both genders, and Finland, Austria and Scotland for girls only). By contrast, a significant increase in alcohol use at age 13 or younger was reported in Slovenia among both boys and girls, and in Greece among girls only. The downward trend was similar in magnitude for boys and girls in most countries and regions, but in a few (such as Finland, Latvia, Lithuania and Poland), gender differences that were apparent in 2002 were absent in 2014 following a greater decline in prevalence of early alcohol initiation in one gender than another.

Prevalence of early alcohol initiation higher than 50% was reported in 15 countries and regions for boys and 11 for girls in 2002. Those with the highest prevalence were Czechia (76%), and Austria and Wales (69%) among boys, and Austria (72%), Czechia (71%), Wales (65%) and Scotland (60%) for girls. Only a few countries and regions reported prevalence of early initiation of alcohol below 30% (two for boys and six for girls) in 2002. By contrast, more than half reported prevalence less than 30% in 2014, and none reported prevalence greater than 50%. Prevalence in Iceland consistently has been among the lowest in all age groups in each year since 2006.

The prevalence of drunkenness at age 13 or earlier across all 36 countries and regions more than halved between 2002 and 2014 (17% to 8%). Fig. 5.4 shows the change in prevalence of early drunkenness initiation between 2002 and 2014 for boys and girls. Finland, Wales, England and Denmark reported the largest decreases: Finland decreased from 41% in 2002 to 12% in 2014 among girls and from 35% to 14% among boys, and Wales from 30% to 10% among girls and from 35% to 10% for boys. No countries or regions showed a significant increase in early drunkenness. Generally, prevalence decreased in both girls and boys, and this was significant in 24 countries and regions for girls and 28 for boys. In most, however, the decline in prevalence has been greater among boys. Gender differences in prevalence of early drunkenness reduced between 2002, when 22 countries and regions had a significantly higher prevalence in boys than girls, and 2014, when only 12 still showed a significant gender difference.

Prevalence in 2002 ranged from 2–41% among girls and from 7–35% among boys. The countries and regions with the highest prevalence among girls were Finland (41%), Scotland (32%), and Denmark, England and Wales (all 30%); among boys, countries and regions with the highest prevalence were similar to those in 2014, with Wales and Finland (both 35%) and Lithuania (34%) highest. Prevalence of greater than 10% in 2002 was seen in most countries and regions for boys (26) and in around half (18) for girls. In 2014, however, only a minority had prevalence of early drunkenness greater than 10% (13 for boys and five for girls) (Fig 5.4).

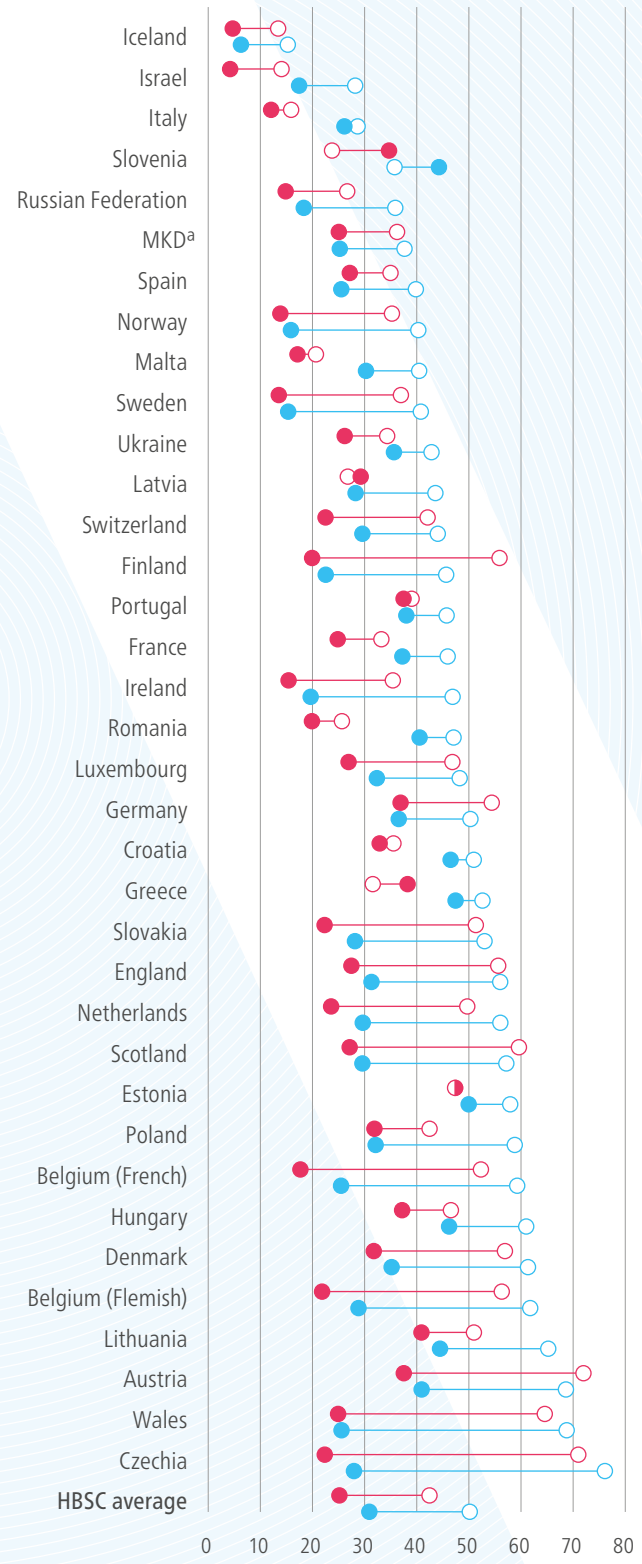
GEOGRAPHICAL DIFFERENCES

Prevalence of early alcohol initiation in the Nordic countries in 2014 was 14% among girls and 16% for boys, substantially lower than that in the other subregions, which ranged from 23–29% among girls and 27–37% for boys. Nordic countries have had the lowest prevalence since 2006.

Large declines in prevalence of early alcohol initiation were seen between 2002 and 2014 in most geographic subregions. The highest prevalence of early initiation of alcohol use in 2002 was found in the Ireland/Great Britain subregion (54% for girls and 58% for boys). This and the Nordic subregion had the largest change, of over 30% in both genders, between 2002 and 2014. The smallest change over this time was in southern Europe/Mediterranean, which had the lowest prevalence in 2002 (39% among males and 26% among females). Prevalence among boys in this

Fig. 5.3.

Change in prevalence of early alcohol initiation, 2002–2014, by gender (%)

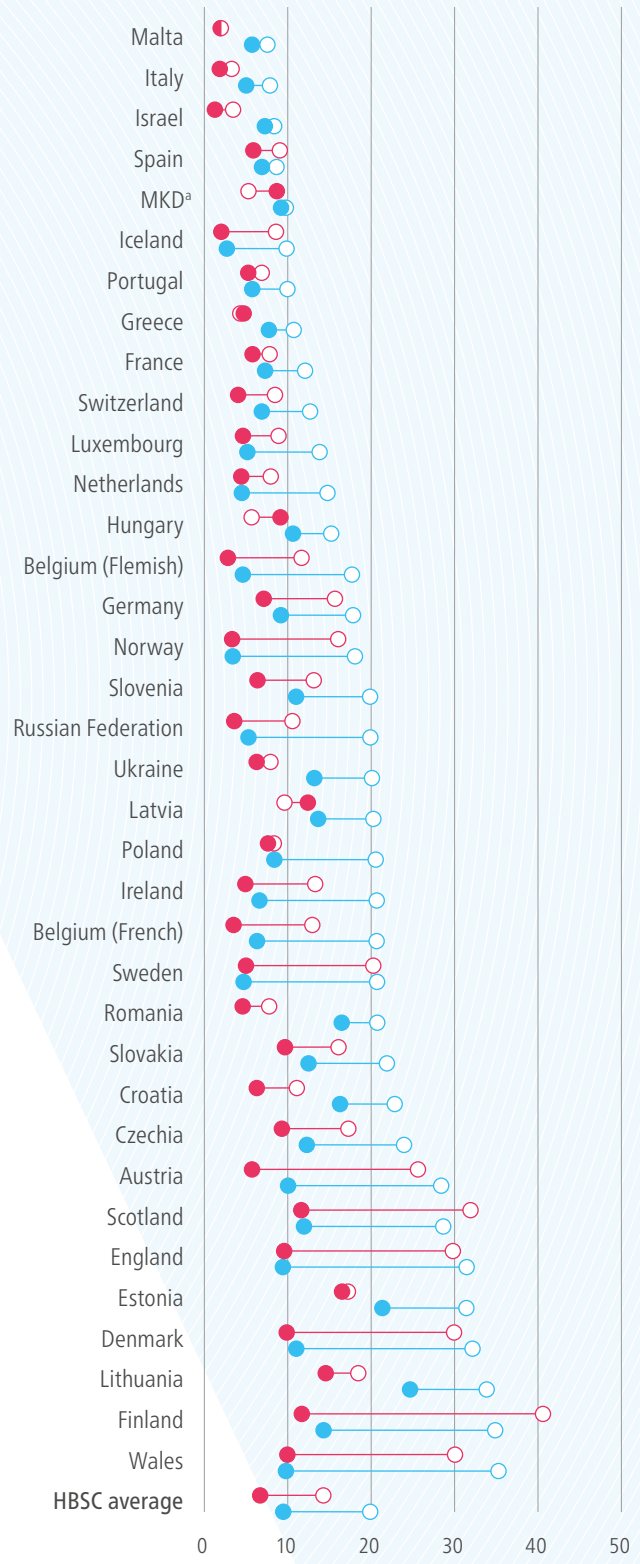


Fifteen-year-olds only. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. Data for Iceland, Romania, Luxembourg and Slovakia describe the difference from 2006 to 2014. Statistically significant change in prevalence is indicated in the corresponding table in Annex 1.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Fig. 5.4.

Change in prevalence of early drunkenness initiation, 2002–2014, by gender (%)



Fifteen-year-olds only. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. Data for Iceland, Romania, Luxembourg and Slovakia describe the difference from 2006 to 2014. Statistically significant change in prevalence is indicated in the corresponding table in Annex 1.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

subregion stayed stable until 2010 and has declined by 9% since then; among girls, prevalence increased before falling back to roughly the same level as in 2002. Fig. 5.5 and 5.6 show trends in early alcohol and early drunkenness initiation, respectively, between 2002 and 2014, by subregion and gender.

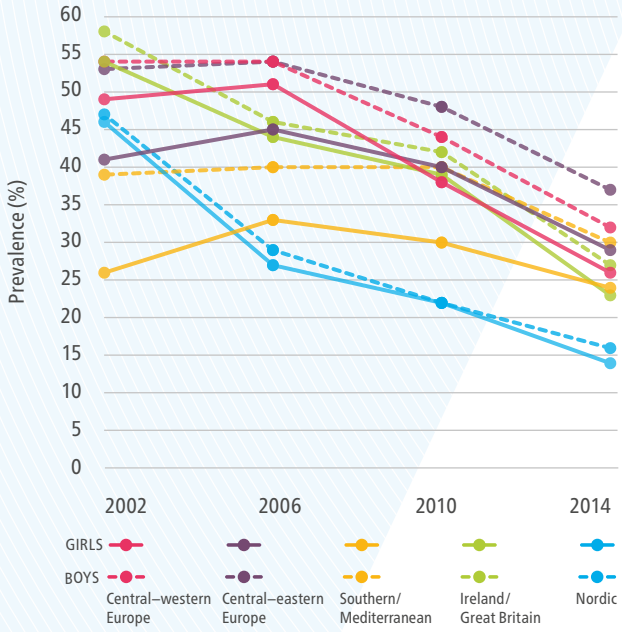
Gender differences are relatively small in all subregions, with boys having a higher prevalence of early alcohol initiation than girls; in 2014, gender differences ranged between 2% in the Nordic subregion and 8% in central–eastern Europe. Gender differences were consistently smallest in all years in the Nordic and Ireland/Great Britain subregions.

Prevalence of first drunkenness at age 13 or younger in 2014 was highest among boys in central–eastern Europe (15%), with all other subregion gender combinations ranging between 4% in girls in southern Europe/Mediterranean and 10% in boys in Ireland/Great Britain. Nordic countries and Ireland/Great Britain had the highest prevalence of early drunkenness in 2002, and it is in these subregions where the greatest decline in prevalence has been seen (around 20 percentage points between 2002 and 2014). The prevalence in the southern Europe/Mediterranean subregion remained the lowest of all study years from 2002 to 2014.

Gender differences at subregional level have generally remained fairly stable over time. Nordic and Ireland/Great Britain show consistently negligible gender differences in prevalence of early drunkenness over time. In contrast, the other subregions have fairly consistent gender differences, with more boys reporting early drunkenness than girls. The largest gender differences are seen consistently in the central–eastern Europe subregion, although the differences have declined over time (Fig. 5.5 and 5.6).

Fig. 5.5.

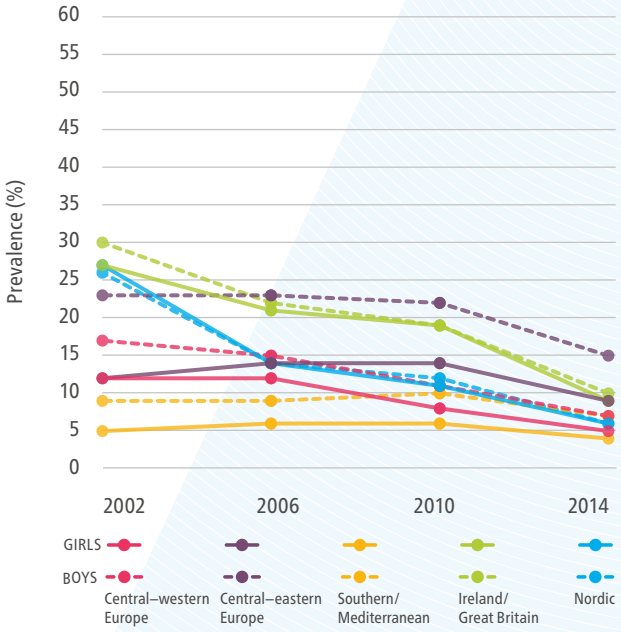
Trends in early alcohol initiation, 2002–2014, by subregion and gender (%)



Fifteen-year-olds only. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. Data for Iceland, Romania, Luxembourg and Slovakia describe the difference from 2006 to 2014. No data for 2006 were received for Spain. No data for 2010 were received for Malta. See Chapter 1 for list of countries in each subregion.

Fig. 5.6.

Trends in early drunkenness initiation, 2002–2014, by subregion and gender (%)



Fifteen-year-olds only. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. Data for Iceland, Romania, Luxembourg and Slovakia describe the difference from 2006 to 2014. No data for 2006 were received for Spain. No data for 2010 were received for Malta. See Chapter 1 for list of countries in each subregion.

REFERENCES

1. Grant BF, Dawson DA. Age of onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: results from the National Longitudinal Alcohol Epidemiologic Survey. J Subst Abuse 1997;9:103–10.
2. Mulder J, de Greeff J. Eyes on age: a research on alcohol age limit policies in European Member States. Legislation, enforcement and research. Utrecht: Dutch Institute for Alcohol Policy; 2013 (http://ec.europa.eu/health/sites/health/files/alcohol/docs/eyes_on_ages_report_en.pdf).
3. Steinberg L. Risk taking in adolescence. New perspectives from brain and behavioral science. Curr Dir Psychol Sci. 2007;16:55–9.
4. Nguyen-Louie TT, Matt GE, Jacobus J, Li I, Cota C, Castro N et al. Earlier alcohol use onset predicts poorer neuropsychological functioning in young adults. Alcohol Clin Exp Res. 2017;41(12):2082–92.
5. Spear LP, Varlinskaya EI. Adolescence. Alcohol sensitivity, tolerance, and intake. Recent Dev Alcohol. 2005;17:143–59.
6. Thoma RJ, Monnig MA, Lysne PA, Ruhl DA, Pommy JA, Bogenschutz M et al. Adolescent substance abuse: the effects of alcohol and marijuana on neuropsychological performance. Alcohol Clin Exp Res. 2011;35:39–46.

CHAPTER 6

INEQUALITIES IN ALCOHOL USE AND DRUNKENNESS

SUMMARY

- Prevalence of weekly drinking, drunkenness and early alcohol initiation in most countries and regions is higher among adolescents from high-affluence families compared to those from low-affluence families, but inequalities are significant in only a few.
- The difference between high- and low-affluence families is most consistent for drunkenness, observed in almost one third of countries and regions.
- Few countries and regions have significant inequality in early drunkenness, and the direction of the inequality is inconsistent.
- The number of countries and regions in which there is socioeconomic inequality in drunkenness among adolescents has increased over time, but fewer have socioeconomic inequalities in weekly drinking among boys than in the past.

INTRODUCTION

While many health-related behaviours in adolescence are socially patterned *(1)*, evidence for the influence of socioeconomic status on alcohol consumption and drunkenness in young people is mixed *(2–5)*.

This chapter presents socioeconomic differences in alcohol use among 15-year-olds, with trends in inequalities between 2002 and 2014. Associations between family affluence and weekly drinking, drunkenness, and early alcohol and drunkenness initiation are presented by gender and geographic subregion. Inequalities are measured as the difference in prevalence of alcohol-related behaviours between young people from the 20% least-affluent families in a country or region and those from the 20% highest-affluence families. Family affluence is measured by the Family Affluence Scale (FAS) *(6)*.

PREVALENCE IN 2014

Generally, young people from higher-affluence families reported slightly higher prevalence of weekly drinking, but the difference was not large in most countries and regions and was significant in only a few (nine of 36 for girls and six for boys). The highest inequalities among girls generally were seen in countries and regions with higher levels of weekly drinking, such as Greece (8% low FAS, 21% high) and Italy (14% low, 27% high). Significant inequalities were also found in Sweden, however, where prevalence of weekly drinking is low. For boys, highest inequalities were found in Denmark (11% low FAS, 32% high), Luxembourg (7% low, 23% high) and the Russian Federation (10% low, 23% high). Fig. 6.1 and 6.2 show the direction of social inequality in weekly alcohol consumption, drunkenness, early alcohol initiation and early drunkenness initiation in 2014 among girls and boys.

Across the Region, those with higher family affluence reported having been drunk two or more times in their lifetime more often than those with low family affluence; this was significant in around a third of countries and regions for both genders. Some of the highest social inequalities among girls were seen in France (11% low FAS, 36% high), Denmark (30% low, 55% high) and Wales (26% low, 48% high). Among boys, Denmark (26% low FAS, 56% high), Malta (18% low, 37% high) and the Russian Federation (14% low, 31% high) had particularly large differences in prevalence between young people from high- and low-affluence families. Drunkenness was significantly higher among low-affluence adolescents only among Icelandic girls (13% low FAS, 4% high).

On average, those from higher-affluence families were more likely to start consuming alcohol at age 13 or younger, but this was significant only in five countries for girls (Austria, Denmark, France, Hungary and Spain) and eight countries and regions for boys (Belgium (French), Denmark, Finland, France, Germany, Hungary, the former Yugoslav Republic of Macedonia and Wales). The largest inequalities among girls were seen in France (18% low FAS, 41% high) and Hungary (27% low, 44% high), and among boys in France (24% low, 57% high), Belgium (French) (17% low, 36% high) and Germany (26% low, 45% high). More young people from low-affluence families reported early alcohol use in around a third of countries and regions, but the differences were small and none was significant.

Overall, there was little evidence of socioeconomic differences in prevalence of drunkenness at age 13 or younger. Significant inequalities were seen in only two countries and regions for girls

and six for boys, with heterogeneous findings in terms of the direction of inequality. More affluent girls in France and boys in Denmark, France, Switzerland and Wales had higher prevalence of early drunkenness. Less affluent girls in the Netherlands and boys in Ireland and Lithuania had significantly higher prevalence of early drunkenness. The highest inequalities were in France for girls (1% low FAS, 16% high) and, among boys, in Denmark (4% low, 20% high) and Lithuania (31% low, 17% high).

Fig. 6.1.

Social inequalities in weekly alcohol consumption, drunkenness, early alcohol consumption and early drunkenness, 2014, girls

Significantly higher prevalence among high-affluence young people
Non-significant higher prevalence among high-affluence young people
Significantly higher prevalence among low-affluence young people
Non-significant higher prevalence among low-affluence young people

Country	Weekly alcohol	Drunkenness	Early alcohol consumption	Early drunkenness
France	High	High	High	High
Denmark	High	High	High	High
Austria	High	High	High	High
Belgium (French)	High	High	High	High
Germany	High	High	High	High
Greece	High	High	High	High
Hungary	High	High	High	High
Italy	High	High	High	Equal
Sweden	High	High	High	High
Wales	High	High	High	High
Czechia	High	High	Equal	High
England	High	High	High	High
MKD[a]	High	High	High	Low
Norway	High	High	High	Equal
Russian Federation	High	High	High	High
Spain	High	High	High	Equal
Lithuania	Low	High	High	High
Luxembourg	Equal	High	High	High
Portugal	High	High	High	Low
Belgium (Flemish)	High	High	High	Low
Croatia	High	Low	High	High
Finland	High	High	Low	Equal
Malta	High	High	Low	High
Romania	High	High	Low	High
Slovenia	High	High	Low	High
Switzerland	High	High	High	Low
Estonia	Equal	Low	High	High
Scotland	Equal	High	Low	High
Poland	Low	High	High	Low
Slovakia	Low	Low	High	High
Ireland	Equal	Low	High	Low
Israel	High	Low	Low	Low
Ukraine	Low	Low	Low	High
Latvia	Low	Equal	Low	Low
Netherlands	Low	Equal	Low	Low
Iceland	Low	Low	Low	Low

Direction of inequality is indicated by text in each cell. High indicates that the 20% most affluent young people have higher prevalence than the 20% least affluent. Low indicates that the 20% least affluent young people have higher prevalence than the 20% most affluent. Equal indicates equal prevalence in low- and high-affluence young people. Fifteen-year-olds only.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Fig. 6.2.

Social inequalities in weekly alcohol consumption, drunkenness, early alcohol consumption and early drunkenness, 2014, boys

Significantly higher prevalence among high-affluence young people
Non-significant higher prevalence among high-affluence young people
Significantly higher prevalence among low-affluence young people
Non-significant higher prevalence among low-affluence young people

Country	Weekly alcohol	Drunkenness	Early alcohol consumption	Early drunkenness
Denmark	High	High	High	High
France	High	High	High	High
Switzerland	High	High	High	High
Germany	High	High	High	Equal
Luxembourg	High	High	High	High
Russian Federation	High	High	High	High
Wales	High	High	High	High
Belgium (French)	High	High	High	Equal
Greece	High	High	High	High
Italy	High	High	High	Equal
Netherlands	High	High	High	High
Czechia	High	High	High	Low
England	High	High	High	Equal
Estonia	High	High	Equal	High
Finland	Low	High	High	High
Malta	High	High	Low	High
Portugal	High	High	High	Low
Poland	High	High	High	Low
Romania	High	High	Low	High
Slovakia	High	High	Low	High
Sweden	High	High	Low	Low
Hungary	High	Low	High	Low
MKDa	Low	High	High	Low
Belgium (Flemish)	High	High	Low	Low
Latvia	High	Low	Low	High
Norway	Low	High	High	Low
Ukraine	High	High	Low	Low
Scotland	Low	Low	High	Equal
Austria	High	Low	Low	Low
Croatia	Low	Low	High	Low
Israel	Low	High	Low	Low
Slovenia	Low	Low	Low	High
Spain	Low	Low	Low	High
Iceland	Low	Low	Low	Low
Ireland	Low	Low	Low	Low
Lithuania	Low	Low	Low	Low

Direction of inequality is indicated by text in each cell. High indicates that the 20% most affluent young people have higher prevalence than the 20% least affluent. Low indicates that the 20% least affluent young people have higher prevalence than the 20% most affluent. Equal indicates equal prevalence in low- and high-affluence young people. Fifteen-year-olds only.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

TRENDS OVER TIME

In general, there is little evidence of change in inequalities in weekly drinking. A relatively higher weekly use among higher-affluence girls was significant in a handful of countries and regions. In four (Belgium (French), Czechia, France and the former Yugoslav Republic of Macedonia), an increase in inequalities in this direction was seen. Two (Denmark and Switzerland) showed an increase towards more weekly drinking among high-affluence boys, and in a few (Croatia, Israel, Lithuania and Scotland), there was a trend towards relatively higher prevalence of drinking among low-affluence boys.

More countries and regions in 2014 (12 for girls, 11 for boys) had significant inequalities in drunkenness than in 2002 (two for girls, four for boys). In those where inequalities increased over time, high-affluence young people had higher prevalence of drunkenness than those of low affluence. This was seen among girls over this period in Austria, Finland, France, Norway and Wales, and in Denmark, France, the Russian Federation and Switzerland among boys. Inequalities also increased over the period for boys in England and girls in Iceland, but young people from low-affluence families there are more likely to report having been drunk.

There was no obvious change in social inequalities in early drinking over time, with only a few countries and regions having significant socioeconomic inequalities in any year. Where these were present, girls and boys from higher-affluence families had a higher prevalence of early alcohol consumption.

There was no change in the level of socioeconomic inequality in prevalence of early drunkenness over time. Only a few countries and regions across all years showed significant socioeconomic patterns in any year, with no consistency in direction. Among boys, there were seven countries and regions where inequalities changed over time, but again the findings were inconsistent, with four having a shift towards higher prevalence in lower-affluence boys and three where the shift was towards higher prevalence of early drunkenness in those of high affluence.

GEOGRAPHICAL DIFFERENCES

Countries in the Nordic subregion have consistently low inequalities in prevalence of weekly drinking among both boys and girls, with the exception of Denmark, which has one of the highest levels of inequality. Some of the highest levels of inequality are seen in the southern Europe/Mediterranean subregion.

In 2014, there was little evidence of social inequalities in prevalence of drunkenness in central–eastern Europe for either gender, with only one country (Lithuania) for girls and one (the Russian Federation) for boys having significant differences in prevalence between low- and high-affluence young people. Similarly, in the Ireland/Great Britain subregion, only Wales had significant differences in prevalence of drunkenness between low- and high-affluence girls (but not boys).

Similar patterns of socioeconomic inequality in prevalence of early alcohol consumption were seen across most subregions. Socioeconomic differences in prevalence of early drunkenness were small, inconsistent in direction and mostly non-significant in all subregions.

REFERENCES

1. Bosque-Prous M, Kuipers MAG, Espelt A, Richter M, Rimpelä A, Perlman J et al. Adolescent alcohol use and parental and adolescent socioeconomic position in six European cities. BMC Public Health 2017;7(1):646.
2. Kwok KH, Yuan SNV. Parental socioeconomic status and binge drinking in adolescents. A systematic review. Am J Addict. 2016;28(8): doi:10.1111/ajad.12461.
3. Sentenac M, Ehlinger V, Napoletano A, Spilka S, Gariepy G, Godeau E et al. Relative deprivation and episodes of drunkenness among French and Canadian adolescents. Drug Alcohol Rev. 2017;36(6):788–96.
4. Torikka A, Kaltiala-Heino R, Luukkaala T, Rimpelä A. Trends in alcohol use among adolescents from 2000 to 2011. The role of socioeconomic status and depression. Alcohol Alcohol. 2017;52(1):95–103.
5. Obradors-Rial N, Ariza C, Rajmil L, Muntaner C. Socioeconomic position and occupational social class and their association with risky alcohol consumption among adolescents. Int J Public Health 2018;63(4):457–67.
6. Torsheim T, Cavallo F, Levin KA, Schnohr C, Mazur J, Niclasen B et al. Psychometric validation of the revised family affluence scale: a latent variable approach. Child Indic Res. 2016;9(3):771–84.

CHAPTER 7

DISCUSSION AND CONCLUSION

DISCUSSION AND CONCLUSION

The risks of alcohol use, particularly heavy drinking, are well known, yet frequent use of alcohol is widespread among adolescents in the European Region. Results from the HBSC surveys presented in this report show, however, significant declines since 2002 in regular drinking and more risky drinking patterns, such as getting drunk, multiple alcohol use and early initiation. Regular drinking has declined among girls and boys in the vast majority of countries and regions, and prevalence is about half of its 2002 level.

The declines have been greatest in subregions that traditionally have had higher prevalence, such as Ireland/Great Britain. Despite this, over one in 10 young people in 2014 were regular weekly drinkers by the age of 15. Regular drinking is less frequent in northern European countries and regions compared to those in eastern Europe and the southern Europe/Mediterranean subregion. This is particularly evident among boys, where there are larger regional differences. Alcohol use is higher among boys than girls, but geographical differences are evident, with larger gender differences in the central–eastern Europe and southern Europe/Mediterranean subregions, but increasing gender convergence over time in Ireland/Great Britain and the Nordic countries.

Evidence suggests that the types of alcoholic beverages adolescents consume are constantly changing *(1)* and new drinks introduced, such as alcopops in the late 1990s, may be promoted by marketing that appeals particularly to young people. This report has been able to include information about consumption of alcopops from 2006, after it became clear that these drinks were gaining in popularity among young people and concerns about their appeal to underage drinkers in particular grew *(2).* Interestingly, since the introduction of a question on alcopops in HBSC in 2006, average prevalence of weekly consumption has reduced from 11% to 5%, contradicting the idea that alcopops would become a substitute for spirits and be associated with riskier drinking patterns. The highest levels of weekly alcopops consumption in 2006 were among girls in Ireland/Great Britain (20%), but this has since fallen to 3% in line with other European subregions.

Beer is the most frequently consumed alcoholic drink, with the highest prevalence of weekly consumption among boys living in central–western, central–eastern and southern Europe/Mediterranean subregions. Boys in central–eastern Europe and southern Europe/Mediterranean countries are also more likely to drink wine than their female peers. In the rest of Europe, beer is consumed equally by both boys and girls, with the lowest level of consumption in Nordic countries. Spirits and alcopops are drunk less frequently among this age group, and there is no strong geographic patterning for alcopops. Declines in weekly consumption have been seen across each of these types of alcohol, with the strongest downward trends seen in beer consumption, from 19% in 2002 to 8% in 2014. The substantial declines in regular drinking of spirits in the Nordic and Ireland/Great Britain subregions has led to boys in southern Europe/Mediterranean countries being the most frequent weekly spirit drinkers, with girls in Nordic countries having the lowest levels overall. One of the possible explanations for this can be linked to important policy changes that have occurred, particularly in the Ireland/Great Britain subregion, on availability and affordability; research shows strong evidence to suggest that increasing alcohol price is associated with reduced consumption *(3,4).*

Excessive drinking, or drunkenness, was found to be relatively common in 2014, with almost a quarter of boys and more than a fifth of girls reporting having been drunk two or more times in their lifetime. Important geographical differences were nevertheless observed in patterns of weekly

drinking and drunkenness. While young people in southern Europe/Mediterranean countries are more likely to drink alcohol regularly, they are less likely to get drunk. Prevalence of drunkenness is highest in central–eastern Europe and Ireland/Great Britain, suggesting significant cultural differences in the way alcohol is integrated into adolescents' lifestyles. Policy changes (such as controls on price and increases in the age limit for purchasing alcohol) to curb alcohol consumption and related harms may have contributed to this and must be maintained *(1,2)*.

Early onset of drinking and drunkenness is a key focus of research on adolescent drinking behaviour, not least because researchers repeatedly have observed associations between early initiation and subsequent high levels of alcohol consumption, as well as increased probability of suffering from an alcohol-use disorder or being injured in a motor vehicle crash or physical fight *(5,6)*. More than one in four adolescents across all countries and regions in 2014 reported early initiation of alcohol use, defined as alcohol use at age 13 or younger. Prevalence was highest among both boys and girls in central–eastern Europe and lowest in Nordic countries. Early initiation of drunkenness was less common, with fewer than one in 10 15-year-olds reporting having been drunk before the age of 14. Prevalence of early drunkenness was highest in central–eastern Europe and Ireland/Great Britain for both boys and girls. These trends highlight strong geographic patterning, whereby higher levels of risky drinking are evident in central–eastern Europe and Ireland/Great Britain. The least risky patterns of drinking are observed among adolescents in the Nordic countries.

Family life and the wider community and society in which young people live influence their health and behavioural choices. Many health behaviours are socioeconomically patterned in young people, including other risk behaviours such as smoking. Only a few countries and regions, however, show evidence of socioeconomic patterning associated with regular drinking and early initiation of alcohol, with slightly more (around a third) showing socioeconomic differences in drunkenness. Where these inequalities exist, alcohol use and drinking behaviours are usually more common among young people from higher-affluence families. There is no evidence of consistent socioeconomic patterns for early initiation of drunkenness.

These findings around socioeconomic patterning of alcohol use stand in contrast to other health-compromising behaviours where higher levels of risk tend to be associated with lower socioeconomic status. In general, the socioeconomic differences are not large, and are more evident among boys. In some countries and regions, adolescents from high-income families may be more likely to participate in team sports that may be associated with heavy drinking cultures *(7)*, which could contribute to inequalities in these behaviours. Taxation has been one of the key effective policies in controlling alcohol; most countries and regions tax alcohol highly, while others have brought in minimum unit pricing, both of which may impact more on young people from less-affluent backgrounds with less disposable income.

The downward trends in all measures of drinking behaviour is very positive and should mean that young people today are at less risk from all alcohol-related harms during their adolescence and going forward into adulthood. This in turn can have a positive impact on health services and economies, with fewer health-care resources required and fewer days lost to illness. However, although regular drinking has declined among girls and boys since 2002 in most countries and regions, more risky patterns of drinking, such as drunkenness, and early initiation of drinking and drunkenness have declined in fewer countries and regions, especially among girls, and have even increased in a few. For example, a significant increase in prevalence of early initiation of alcohol was reported in Slovenia for both boys and girls and in Greece for girls only, and prevalence of

drunkenness increased in Malta and Hungary among girls. During a period when many countries and regions have successfully reduced adolescent alcohol use, it is concerning that the opposite trend is observed in some countries and regions, particularly among girls. With the evidence showing that biologically women tend to experience more problems caused by alcohol than men, even at a lower level of consumption, as a result of various factors including differences on how alcohol is metabolized, girls' increased alcohol consumption is worrying and requires special attention.

Gender differences in drinking patterns are evident across the WHO European Region. Overall, boys are more likely to be regular drinkers and to drink beer than girls. Ireland/Great Britain was a notable exception, with no significant gender difference in prevalence of weekly drinking. For other drink types (spirits, wine and alcopops), drunkenness and early-initiation gender differences are less consistent and only evident in around half of the countries and regions. Where they exist, prevalence is typically higher among boys. More marked gender differences were evident in 2002, but greater gender equalization has occurred more recently as a result of steeper declines in alcohol use among boys in many countries and regions. Gender differences in 2014 are most apparent in southern Europe/Mediterranean countries and central–eastern Europe for most measures of alcohol use.

Some of the most marked declines in drinking have been seen in the Ireland/Great Britain and Nordic subregions. Adolescents in Ireland/Great Britain had the highest prevalence of regular drinking in the European Region in 2002, but now have the lowest prevalence, with the exception of the Nordic countries, where prevalence has consistently been lower since the mid-2000s. In England, for example, 50% of boys reported weekly drinking in 2002, but this fell to 10% in 2014. Similar declines were observed among girls in England (from 43% to 9%). The declines are seen across the range of drink types, but were greatest for beer among boys and spirits among girls. As discussed above, however, while important gains have been achieved in overall regular consumption, high levels of risky drinking remain and need to be addressed.

Drunkenness and early drunkenness initiation were also particularly high in Ireland/Great Britain and the Nordic subregions in 2002, with prevalence among girls rising above the level seen for boys in the other subregions. By 2014, the Nordic subregion had the lowest prevalence among boys, but despite substantial decreases, levels of drunkenness remain high in Ireland/Great Britain and are similar to those in central–eastern Europe. Differences in prevalence between geographic subregions were generally smaller in 2014 than in 2002, representing marked cultural shifts in adolescent alcohol consumption across Europe. In particular, the dramatic shifts in prevalence of regular and risky drinking in northern European countries demonstrates what can be achieved by concerted efforts at national and regional levels to implement actions such as restricting access, enforcing age checks, and preventing bulk-buy discounting. Increased awareness of the harms associated with drinking and possible changes in social norms around alcohol also seem to have been successful in reducing alcohol use, early initiation and harmful drinking patterns during early adolescence.

It is evident from the different rates of decline that policies have been more effective in some countries and regions, with the strongest impact seen in those where prevalence was very high in the early 2000s. Identifying increases in health-compromising behaviours within populations at an early stage can be an important trigger for preventive action. Data from the HBSC study provides evidence to inform such action and to monitor the effectiveness of policies and programmes over time.

It is clear that change is possible, and lessons can be learned from countries and regions where the largest improvements have been observed. The Nordic subregion, for example, consistently has had the lowest, or one of the lowest, prevalences for all of the alcohol indicators measured. The exception is Denmark, which appears to have a very different pattern of alcohol use from its neighbours. Although use has decreased, levels of regular drinking, drunkenness and early initiation of alcohol among adolescents in Denmark are several times higher than the other countries in the subregion: prevalence of weekly drinking, for example, is 12% in girls and 20% among boys in Denmark, but around 2–3% among girls and 3–7% for boys in the other Nordic countries. Denmark also has more consistent significant socioeconomic differences in regular drinking, alcohol use and early initiation of alcohol and drunkenness, in contrast to other Nordic countries in which fewer inequalities are observed.

A variety of factors may contribute to the changes in alcohol consumption among young people across the European Region, including changes in household income, marketing, prevention approaches, adult norms and shifts in teen culture *(8)*. Policies are in place in all western countries to limit underage access to alcohol and restrict its use in the general population through stricter measures *(9)*. The general decrease in early initiation of alcohol use and drunkenness suggests that public policies aimed at reducing the age of alcohol-intake initiation *(10)* are working and yielding results. In addition, general alcohol policies are associated with less alcohol use, not only in adults but also in adolescents *(11,12)*. Much work, however, remains to be done to consolidate these positive trends, with special attention to reinforcing certain policy measures that can result in significant effects on adolescents' behaviours and negative outcomes of alcohol consumption.

Strengthening enforcement mechanisms of minimum-age drinking laws and implementation of health-oriented pricing policies, such as increases in taxation or introducing a minimum price, are effective approaches, as outlined in the European action plan to reduce the harmful use of alcohol *(13)*. Because adolescents tend to be on limited budgets, their alcohol consumption is more sensitive to price changes; this type of measure can therefore have very positive effects on alcohol consumption in general, and on heavily marketed and inexpensive products targeting young drinkers (such as beer and cider, pre-mixed cocktails or so-called alcoholic energy drinks) in particular.

Another important policy measure is to restrict or ban any form of alcohol marketing. According to WHO's global strategy *(14)* and to the European action plan to reduce the harmful use of alcohol *(13)*, exposure of children and young people to appealing marketing is of particular concern and should not be underestimated. Studies show a dose–response relationship between young people's exposure to alcohol marketing and the likelihood that they will start to drink or drink more. A precautionary approach to protecting young people against alcohol marketing should therefore be considered, including a total ban on alcohol marketing to children.

Looking at geographical patterning of alcohol, the strongest declines are found in the Nordic and Ireland/Great Britain subregions. Intensified prevention efforts in Iceland *(15)*, changes in parenting and parental norms *(16)*, parental prohibition of underage drinking in Finland *(17)* and increased frequency of technology-mediated communication with friends *(18)* may have contributed to the observed trends.

While the findings reported here show clearly that young people across the Region are drinking and getting drunk less often compared with the early 2000s, it should be noted that the HBSC measures

do not provide information about amount of alcohol drunk per occasion, or give insight into those who have heavy episodic drinking patterns, both of which are difficult to measure in such a young population who are not experienced at measuring consumption levels. Despite this, the data identify subregions where young people are still at greater risk of engaging in harmful drinking behaviours.

Regular alcohol use is still common among adolescents in many countries and regions, so population-based approaches are also required to ensure that the successes achieved so far are maintained, with continued efforts particularly in those countries and regions where the rate of change has been slower. While some experimentation with alcohol may be considered normative during the adolescent years, if the public health burden is to be reduced, frequent alcohol consumption must be addressed through ongoing monitoring of adolescent alcohol use, identification of its associated factors, and development of national-level policies and programmes to prevent or limit its use *(19)*. Member States of the WHO European Region should continue to step up their action to reduce harmful use of alcohol in general and, specifically, among adolescents, to be able to attain Sustainable Development Goal target 3.4, linked to reduction of premature mortality.

REFERENCES

1. Maldonado-Molina MM, Reingle JM, Tobler AL, Komro KA. Effects of beverage-specific alcohol consumption on drinking behaviors among urban youth. J Drug Educ. 2010;40(3):265–80.
2. Muller S, Piontek D, Pabst A, Baumeister SE, Kraus L. Changes in alcohol consumption and beverage preference among adolescents after the introduction of the alcopops tax in Germany. Addiction 2010;105(7):1205–13.
3. Booth A, Brennan A, Meier P, O'Reilly D, Purshouse R, Stockwell T et al. Independent review of the effects of alcohol pricing and promotion. Part A – systematic reviews. Sheffield: School of Health and Related Research, University of Sheffield; 2008 (https://www.sheffield.ac.uk/polopoly_fs/1.95617!/file/PartA.pdf).
4. Burton R, Henn C, Lavoie D, O'Connor R, Perkins C, Sweeney K et al. The public health burden of alcohol and the effectiveness and cost–effectiveness of alcohol control policies: an evidence review. London: Public Health England; 2016 (https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review).
5. Kuntsche E, Rossow I, Simons-Morton B, Bogt TT, Kokkevi A, Godeau E. Not early drinking but early drunkenness is a risk factor for problem behaviors among adolescents from 38 European and North American countries. Alcohol Clin Exp Res. 2013;37(2):308–14. doi:10.1111/j.1530-0277.2012.01895.x.
6. Fact sheets – underage drinking. Atlanta (GA): Centers for Disease Control and Prevention; 2014 (http://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm).
7. Kwan M, Bobko S, Faulkner G, Donnelly P, Cairney J. Sport participation and alcohol and illicit drug use in adolescents and young adults: a systematic review of longitudinal studies. Addict Behav. 2014;39(3):497–506.
8. Simons-Morton BG, Farhat T, ter Bogt TF, Hublet A, Kuntsche E, Nic Gabhainn S et al. Gender specific trends in alcohol use: cross-cultural comparisons from 1998 to 2006 in 24 countries and regions. Int J Public Health 2009;54(Suppl. 2):199–208.
9. Anderson P, Møller L, Galea G. Alcohol in the European Union. Consumption, harm, and policy approaches. Copenhagen: WHO Regional Office for Europe; 2012 (http://www.euro.who.int/en/publications/abstracts/alcohol-in-the-european-union.-consumption,-harm-and-policy-approaches).
10. The Surgeon General's call to action to prevent and reduce underage drinking. Rockville (MD): Office of the Surgeon General (US); 2007 (https://www.ncbi.nlm.nih.gov/books/NBK44360/).
11. Bendtsen P, Damsgaard MT, Huckle T, Casswell S, Kuntsche E, Arnold P et al. Adolescent alcohol use: a reflection of national drinking patterns and policy? Addiction 2014;109(11):1857–68.
12. Xuan Z, Blanchette JG, Nelson TF, Nguyen TH, Hadland SE, Oussayef NL et al. Youth drinking in the United States: relationships with alcohol policies and adult drinking. Pediatrics 2015;136(1):18–27.
13. European action plan to reduce the harmful use of alcohol 2012–2020. Copenhagen: WHO Regional Office for Europe; 2012 (http://www.euro.who.int/__data/assets/pdf_file/0008/178163/E96726.pdf).
14. Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization; 2010 (http://www.who.int/substance_abuse/msbalcstragegy.pdf).
15. Kristjansson AL, Sigfusdottir ID, Thorlindsson T, Mann MJ, Sigfusson J, Allegrante JP. Population trends in smoking, alcohol use and primary prevention variables among adolescents in Iceland, 1997–2014. Addiction 2016;111:645–52.

16. Bhattacharya A. Youthful abandon. In: Why are young people drinking less? London: Institute of Alcohol Studies; 2016.
17. Raitasalo K, Holmila M. Practices in alcohol education among Finnish parents: have there been changes between 2006 and 2012? Drugs Educ Prev Policy 2017;24:392–9.
18. Bjereld Y, Daneback K, Löfstedt P, Bjarnason T, Tynjälä J, Välimaa R et al. Time trends of technology mediated communication with friends among bullied and not bullied children in four Nordic countries between 2001 and 2010. Child Care Health Dev. 2017;43:451–7.
19. Brand DA, Saisana M, Rynn LA, Pennoni F, Lowenfels AB. Comparative analysis of alcohol control policies in 30 countries. PLoS Med. 2007;4(4):e151.

DATA TABLES OF PREVALENCE OF ALCOHOL CONSUMPTION AND DRINKING BEHAVIOURS BY GENDER, COUNTRY/REGION AND YEAR

INTRODUCTION

The following tables show the prevalence of alcohol consumption and each of the drinking behaviours for each country by survey year (2002–2014). Prevalence is shown for each gender, for 15-year-olds only.

The magnitude of change in prevalence between 2002 and 2014 is indicated separately for boys and girls. Only countries and regions with data for three or more survey years are included in the trend analyses presented in the main chapters of this report, and these appear first in each table. Countries and regions with less than three years of data for any behaviour are presented at the bottom of each table.

Weekly alcohol consumption (%)

Indicates a statistically significant change in prevalence 2002–2014

Gender	Girls (%)				Change	Boys (%)				Change	Boys and girls (%)			
Survey year	2002	2006	2010	2014	2002–2014	2002	2006	2010	2014	2002–2014	2002	2006	2010	2014
Austria	22.1	34.5	27.9	11.1	-11.0	28.1	40.9	36.7	22.6	-5.6	25.1	37.7	32.3	16.8
Belgium (Flemish)	24.1	21.8	15.5	10.6	-13.5	37.0	38.5	31.2	17.3	-19.7	30.6	30.1	23.3	13.9
Belgium (French)	19.9	20.5	18.6	9.4	-10.5	30.7	37.5	25.9	16.6	-14.1	25.3	29.0	22.3	13.0
Croatia	20.7	29.4	26.5	13.4	-7.3	34.1	44.3	43.1	33.3	-0.8	27.4	36.8	34.8	23.4
Czechia	29.5	26.5	33.4	13.7	-15.8	40.2	38.5	43.8	20.3	-19.9	34.8	32.5	38.6	17.0
Denmark	39.6	26.2	17.4	12.4	-27.2	50.2	36.7	26.1	19.9	-30.2	44.9	31.4	21.7	16.2
England	43.1	37.5	20.8	8.9	-34.2	50.3	38.6	27.6	10.0	-40.3	46.7	38.0	24.2	9.4
Estonia	12.0	15.5	13.2	6.2	-5.8	28.1	25.4	20.2	10.8	-17.3	20.1	20.5	16.7	8.5
Finland	8.4	7.0	6.7	3.3	-5.1	12.6	11.3	7.0	7.6	-5.0	10.5	9.2	6.9	5.5
France	10.3	13.0	10.6	6.5	-3.8	19.5	23.9	22.0	13.7	-5.8	14.9	18.4	16.3	10.1
Germany	23.3	14.8	13.6	7.3	-15.9	35.8	24.7	24.7	17.7	-18.1	29.5	19.8	19.1	12.5
Greece	21.3	24.0	33.7	17.3	-4.0	39.5	40.9	42.3	28.1	-11.4	30.4	32.4	38.0	22.7
Hungary	20.6	23.0	20.0	17.9	-2.7	42.1	34.4	31.4	28.9	-13.2	31.4	28.7	25.7	23.4
Iceland	–	10.7	4.6	2.1	-8.7	–	14.8	7.7	3.3	-11.5	–	12.8	6.1	2.7
Ireland	11.3	17.7	9.0	3.3	-8.0	14.2	17.2	12.8	4.8	-9.4	12.7	17.5	10.9	4.1
Israel	11.2	11.4	9.6	10.5	-0.7	23.5	22.0	28.6	28.3	4.8	17.3	16.7	19.1	19.4
Italy	29.4	30.4	26.1	16.9	-12.5	46.6	47.2	38.9	31.3	-15.2	38.0	38.8	32.5	24.1
Latvia	12.4	24.5	20.5	3.9	-8.4	19.2	30.8	25.9	9.3	-9.9	15.8	27.6	23.2	6.6
Lithuania	12.9	19.6	16.5	5.9	-7.0	27.3	24.8	24.1	13.4	-14.0	20.1	22.2	20.3	9.6
Luxembourg	–	16.5	13.7	7.5	-9.1	–	28.1	22.5	12.2	-15.9	–	22.3	18.1	9.8
Malta	40.9	38.1	–	26.2	-14.8	54.7	49.2	–	31.5	-23.1	47.8	43.6	–	28.8
Netherlands	24.0	27.9	16.3	12.2	-11.8	43.8	41.5	24.5	18.1	-25.7	33.9	34.7	20.4	15.2
Norway	16.7	11.5	9.2	3.4	-13.3	16.2	11.9	9.7	4.0	-12.2	16.5	11.7	9.4	3.7
Poland	7.8	9.2	11.7	9.2	1.4	19.1	17.2	17.8	12.6	-6.4	13.4	13.2	14.8	10.9
Portugal	13.1	9.2	7.9	4.2	-8.9	19.1	20.1	14.0	11.3	-7.9	16.1	14.6	10.9	7.8
Romania	–	8.4	7.3	9.2	0.8	–	27.6	32.2	27.8	0.2	–	18.0	19.8	18.5
Russian Federation	18.4	21.2	14.6	5.5	-12.8	31.7	26.9	17.1	12.0	-19.7	25.0	24.0	15.8	8.8
Scotland	41.1	34.1	24.1	10.7	-30.5	40.5	35.7	26.0	13.8	-26.7	40.8	34.9	25.1	12.2
Slovakia	–	18.9	14.9	11.0	-7.9	–	29.7	26.5	19.4	-10.3	–	24.3	20.7	15.2
Slovenia	19.8	20.9	21.3	10.7	-9.2	32.8	35.9	33.2	17.7	-15.0	26.3	28.4	27.2	14.2
Spain	18.2	–	22.4	8.1	-10.1	24.1	–	22.7	10.5	-13.5	21.1	–	22.6	9.3
Sweden	11.8	10.2	15.8	3.0	-8.8	18.5	14.2	15.9	4.9	-13.6	15.2	12.2	15.9	4.0
Switzerland	14.5	15.7	12.6	6.2	-8.3	32.7	26.3	25.6	11.0	-21.7	23.6	21.0	19.1	8.6
MKD[a]	7.2	14.6	12.4	8.8	1.6	21.1	28.3	22.7	18.2	-2.9	14.1	21.5	17.5	13.5
Ukraine	20.8	45.1	28.0	9.9	-10.9	42.9	58.1	44.0	17.0	-25.9	31.8	51.6	36.0	13.4
Wales	31.2	35.9	27.6	10.3	-20.9	47.6	39.9	31.4	11.8	-35.8	39.4	37.9	29.5	11.0
HBSC average (trend countries only)	**20.5**	**21.3**	**17.3**	**9.4**		**32.0**	**30.9**	**25.9**	**16.4**		**26.3**	**26.1**	**21.6**	**12.9**
Countries below are not included in trends analyses														
Albania	–	–	–	10.4		–	–	–	22.7		–	–	–	16.6
Armenia	–	–	10.8	5.8		–	–	26.7	16.7		–	–	18.8	11.3
Bulgaria	–	33.1	–	17.5		–	45.0	–	31.7		–	39.0	–	24.6
Republic of Moldova	–	–	–	5.6		–	–	–	16.7		–	–	–	11.2
Turkey	–	13.3	5.7	–		–	10.9	4.4	–		–	12.1	5.1	–

Change 2002–2014 describes the change in prevalence between 2002 and 2014, such that a negative number denotes a downward change in prevalence. Data for Iceland, Luxembourg, Romania and Slovakia describe the prevalence difference from 2006 to 2014. Statistically significant change in prevalence is indicated by green shading. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data for 2006 were received for Spain. No data for 2010 were received for Malta. No trend data were available for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the International Organization for Standardization (ISO)).

Weekly beer consumption (%)

Indicates a statistically significant change in prevalence 2002–2014

Gender	Girls (%)				Change	Boys (%)				Change	Boys and girls (%)			
Survey year	2002	2006	2010	2014	2002–2014	2002	2006	2010	2014	2002–2014	2002	2006	2010	2014
Austria	9.7	8.4	9.1	3.4	-6.3	25.0	30.0	31.0	19.2	-5.7	17.3	19.2	20.1	11.3
Belgium (Flemish)	17.9	12.0	10.4	6.5	-11.3	33.2	32.0	26.5	14.3	-18.9	25.5	22.0	18.4	10.4
Belgium (French)	15.5	10.1	10.0	5.8	-9.7	25.9	24.0	19.6	13.0	-12.9	20.7	17.0	14.8	9.4
Croatia	7.4	13.2	9.1	4.6	-2.8	26.2	34.1	30.3	25.5	-0.8	16.8	23.6	19.7	15.0
Czechia	23.1	20.5	20.3	8.2	-14.9	36.9	35.6	38.8	17.5	-19.5	30.0	28.0	29.6	12.8
Denmark	31.6	16.5	6.5	3.8	-27.8	47.7	31.2	18.2	14.5	-33.1	39.6	23.9	12.4	9.2
England	12.7	13.6	6.2	1.9	-10.8	39.7	33.1	22.5	7.6	-32.1	26.2	23.4	14.4	4.8
Estonia	6.5	4.1	2.0	0.3	-6.2	26.8	19.7	15.3	6.4	-20.4	16.6	11.9	8.7	3.4
Finland	7.2	5.5	3.6	1.4	-5.7	11.2	9.8	5.5	5.7	-5.5	9.2	7.6	4.5	3.5
France	6.5	4.8	5.6	3.5	-2.9	14.4	13.5	15.6	9.1	-5.2	10.4	9.1	10.6	6.3
Germany	18.5	8.8	8.2	2.7	-15.8	33.8	19.5	21.1	15.7	-18.2	26.1	14.1	14.6	9.2
Greece	13.0	7.2	12.3	9.5	-3.5	28.9	21.4	26.7	17.6	-11.3	20.9	14.3	19.5	13.6
Hungary	7.9	7.6	5.6	7.1	-0.8	31.1	22.0	21.2	20.1	-11.0	19.5	14.8	13.4	13.6
Iceland	–	7.0	3.3	1.3	-5.7	–	12.5	6.2	2.7	-9.8	–	9.8	4.7	2.0
Ireland	5.0	4.5	1.7	1.3	-3.7	10.1	11.1	8.0	3.2	-6.8	7.6	7.8	4.8	2.3
Israel	7.0	4.4	5.6	6.4	-0.5	16.8	12.8	20.7	22.9	6.1	11.9	8.6	13.2	14.7
Italy	20.2	15.5	11.3	9.0	-11.2	34.8	33.1	23.8	20.9	-13.9	27.5	24.3	17.6	14.9
Latvia	7.4	8.9	5.4	1.3	-6.1	17.1	21.2	19.2	6.4	-10.7	12.2	15.1	12.3	3.9
Lithuania	10.2	5.6	6.7	2.0	-8.2	26.7	16.9	19.3	9.6	-17.1	18.5	11.3	13.0	5.8
Luxembourg	–	7.9	5.9	5.4	-2.5	–	22.3	17.1	10.6	-11.7	–	15.1	11.5	8.0
Malta	10.9	10.8	–	9.1	-1.8	39.7	27.1	–	18.8	-20.9	25.3	19.0	–	13.9
Netherlands	17.5	13.3	6.3	1.6	-15.9	39.6	35.6	21.2	16.0	-23.7	28.6	24.5	13.8	8.8
Norway	10.8	6.3	5.5	2.4	-8.5	12.7	8.3	7.8	3.5	-9.2	11.8	7.3	6.7	3.0
Poland	6.7	5.1	7.6	6.8	0.0	17.4	14.9	14.2	9.9	-7.5	12.1	10.0	10.9	8.3
Portugal	5.4	3.5	2.7	1.7	-3.7	11.0	12.5	7.9	8.9	-2.1	8.2	8.0	5.3	5.3
Romania	–	5.3	5.1	4.5	-0.8	–	23.8	26.3	21.6	-2.3	–	14.6	15.7	13.0
Russian Federation	16.0	12.7	6.0	3.1	-12.9	30.5	19.6	9.2	6.3	-24.1	23.2	16.2	7.6	4.7
Scotland	6.2	4.3	4.1	1.9	-4.3	27.3	26.8	18.7	8.9	-18.4	16.7	15.6	11.4	5.4
Slovakia	–	9.4	7.4	5.3	-4.1	–	24.1	18.9	15.5	-8.6	–	16.8	13.1	10.4
Slovenia	4.9	11.5	10.3	3.2	-1.7	26.9	26.7	26.3	10.8	-16.0	15.9	19.1	18.3	7.0
Spain	3.6	–	8.4	3.7	0.1	13.8	–	14.2	6.3	-7.5	8.7	–	11.3	5.0
Sweden	7.2	2.8	2.4	1.4	-5.8	17.1	9.1	5.9	3.4	-13.6	12.1	5.9	4.1	2.4
Switzerland	10.6	9.0	5.7	4.0	-6.7	30.5	20.5	20.4	8.0	-22.5	20.6	14.7	13.1	6.0
MKD[a]	2.2	5.1	5.0	3.1	0.9	14.9	19.9	14.6	14.7	-0.2	8.6	12.5	9.8	8.9
Ukraine	14.7	33.5	18.4	5.0	-9.7	38.4	54.4	39.0	12.8	-25.6	26.5	43.9	28.7	8.9
Wales	14.5	10.5	11.4	3.2	-11.3	43.1	31.5	26.2	9.3	-33.8	28.8	21.0	18.8	6.2
HBSC average (trend countries only)	**11.2**	**9.4**	**7.3**	**4.0**		**26.5**	**23.2**	**19.4**	**12.1**		**18.9**	**16.3**	**13.3**	**8.1**
Countries below are not included in trends analyses														
Albania	–	–	–	3.2		–	–	–	11.6		–	–	–	7.4
Armenia	–	–	4.7	2.2		–	–	17.8	9.4		–	–	11.2	5.8
Bulgaria	–	17.5	–	12.1		–	37.3	–	26.8		–	27.4	–	19.4
Republic of Moldova	–	–	–	1.5		–	–	–	9.6		–	–	–	5.6
Turkey	–	–	–	–		–	–	–	–		–	–	–	–

Change 2002–2014 describes the change in prevalence between 2002 and 2014, such that a negative number denotes a downward change in prevalence. Data for Iceland, Luxembourg, Romania and Slovakia describe the prevalence difference from 2006 to 2014. Statistically significant change in prevalence is indicated by green shading. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data for 2006 were received for Spain. No data for 2010 were received for Malta. No trend data were available for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Weekly wine consumption (%)

Indicates a statistically significant change in prevalence 2002–2014

Gender	Girls (%)				Change	Boys (%)				Change	Boys and girls (%)			
Survey year	2002	2006	2010	2014	2002–2014	2002	2006	2010	2014	2002–2014	2002	2006	2010	2014
Austria	13.7	11.0	7.9	3.4	-10.3	9.5	13.5	10.1	3.3	-6.2	11.6	12.3	9.0	3.4
Belgium (Flemish)	6.9	6.1	3.7	3.1	-3.8	7.3	8.6	3.6	3.3	-3.9	7.1	7.3	3.6	3.2
Belgium (French)	6.0	3.1	3.5	2.1	-3.9	12.1	12.2	4.8	2.9	-9.2	9.1	7.7	4.1	2.5
Croatia	11.7	12.6	12.7	7.4	-4.3	19.6	23.6	22.8	16.7	-2.9	15.6	18.1	17.8	12.0
Czechia	12.1	9.6	14.1	3.3	-8.8	10.8	10.0	11.8	2.5	-8.4	11.5	9.8	13.0	2.9
Denmark	5.4	3.4	1.4	1.6	-3.8	6.3	3.9	3.9	2.2	-4.0	5.8	3.7	2.7	1.9
England	15.4	12.1	5.8	2.7	-12.7	9.0	7.4	4.3	1.8	-7.3	12.2	9.8	5.1	2.2
Estonia	4.9	2.3	1.6	0.3	-4.6	6.5	3.1	2.9	1.1	-5.4	5.7	2.7	2.3	0.7
Finland	1.6	0.4	0.6	0.6	-1.0	1.5	1.4	0.7	1.6	0.1	1.6	0.9	0.7	1.1
France	3.0	3.8	2.4	0.8	-2.2	7.2	7.0	4.3	2.8	-4.4	5.1	5.4	3.4	1.8
Germany	7.8	2.8	3.4	2.3	-5.5	5.7	2.2	2.3	1.8	-3.9	6.8	2.5	2.9	2.1
Greece	6.6	4.1	7.8	5.0	-1.6	11.7	12.3	10.5	9.6	-2.1	9.2	8.2	9.1	7.3
Hungary	10.2	9.7	11.3	7.8	-2.3	26.7	17.0	20.0	11.8	-14.8	18.4	13.3	15.7	9.8
Iceland	–	0.5	0.7	0.7	0.1	–	1.9	3.2	1.7	-0.3	–	1.2	2.0	1.2
Ireland	2.9	2.6	1.7	0.4	-2.5	1.6	2.1	2.6	0.9	-0.7	2.2	2.3	2.1	0.7
Israel	5.6	4.6	5.4	6.4	0.8	10.8	8.4	15.5	11.5	0.6	8.2	6.5	10.4	8.9
Italy	12.6	8.8	4.9	4.0	-8.6	23.7	20.3	11.7	11.1	-12.6	18.2	14.6	8.3	7.6
Latvia	4.3	3.6	1.9	0.6	-3.7	4.8	3.2	3.2	2.7	-2.1	4.5	3.4	2.6	1.7
Lithuania	3.3	0.4	0.7	1.1	-2.1	3.1	1.5	3.5	2.7	-0.4	3.2	1.0	2.1	1.9
Luxembourg	–	2.5	1.3	2.1	-0.4	–	6.7	3.9	3.1	-3.6	–	4.6	2.6	2.6
Malta	16.0	17.6	–	9.1	-6.9	31.4	28.2		11.8	-19.6	23.7	22.9	–	10.4
Netherlands	5.3	6.0	6.5	5.9	0.6	3.1	2.9	1.3	1.9	-1.1	4.2	4.4	3.9	3.9
Norway	2.3	1.0	1.0	0.4	-1.8	2.1	2.0	1.4	1.4	-0.7	2.2	1.5	1.2	0.9
Poland	1.1	0.6	1.5	1.7	0.6	4.4	2.8	3.1	4.2	-0.2	2.7	1.7	2.3	2.9
Portugal	1.7	0.7	0.9	0.4	-1.3	3.5	2.3	2.7	2.4	-1.1	2.6	1.5	1.8	1.4
Romania	–	2.2	2.2	2.5	0.3	–	10.4	12.4	11.7	1.3	–	6.3	7.3	7.1
Russian Federation	3.7	3.7	2.2	1.2	-2.5	3.4	5.8	5.6	3.5	0.0	3.6	4.8	3.9	2.3
Scotland	6.1	4.9	4.0	1.9	-4.2	8.2	5.8	4.2	3.2	-5.0	7.1	5.3	4.1	2.5
Slovakia	–	5.8	3.0	2.9	-2.9	–	8.5	6.8	3.8	-4.7	–	7.1	4.9	3.3
Slovenia	10.2	7.2	9.0	4.8	-5.4	16.7	18.1	14.4	8.1	-8.6	13.5	12.7	11.7	6.5
Spain	3.7	–	3.5	1.6	-2.0	7.8	–	4.4	1.7	-6.0	5.7	–	3.9	1.7
Sweden	3.2	1.2	1.3	1.1	-2.1	2.5	1.5	1.2	1.8	-0.7	2.8	1.3	1.2	1.4
Switzerland	4.4	2.5	1.2	1.5	-2.8	7.3	4.4	3.5	2.6	-4.7	5.8	3.5	2.3	2.0
MKD[a]	3.8	3.4	3.7	3.4	-0.4	12.2	8.4	5.8	4.8	-7.4	8.0	5.9	4.7	4.1
Ukraine	6.2	8.8	5.2	2.3	-3.9	8.2	12.0	7.5	4.9	-3.3	7.2	10.4	6.4	3.6
Wales	14.4	8.2	4.5	4.2	-10.3	6.0	4.4	4.3	2.0	-3.9	10.2	6.3	4.4	3.1
HBSC average (trend countries only)	**6.7**	**5.1**	**4.1**	**2.8**		**9.2**	**8.1**	**6.4**	**4.6**		**8.0**	**6.6**	**5.2**	**3.7**
Countries below are not included in trends analyses														
Albania	–	–	–	5.1		–	–	–	8.3		–	–	–	6.7
Armenia	–	–	6.4	3.1		–	–	15.0	9.5		–	–	10.7	6.3
Bulgaria	–	6.7	–	2.9		–	11.9	–	5.7		–	9.3	–	4.3
Republic of Moldova	–	–	–	2.2		–	–	–	5.6		–	–	–	3.9
Turkey	–	–	–	–		–	–	–	–		–	–	–	–

Change 2002–2014 describes the change in prevalence between 2002 and 2014, such that a negative number denotes a downward change in prevalence. Data for Iceland, Luxembourg, Romania and Slovakia describe the prevalence difference from 2006 to 2014. Statistically significant change in prevalence is indicated by green shading. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data for 2006 were received for Spain. No data for 2010 were received for Malta. No trend data were available for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Weekly spirits consumption (%)

Indicates a statistically significant change in prevalence 2002–2014

Gender	Girls (%)				Change	Boys (%)				Change	Boys and girls (%)			
Survey year	2002	2006	2010	2014	2002–2014	2002	2006	2010	2014	2002–2014	2002	2006	2010	2014
Austria	6.0	17.8	15.5	5.9	-0.1	11.4	23.2	17.4	8.0	-3.4	8.7	20.5	16.5	7.0
Belgium (Flemish)	5.5	7.9	4.4	3.1	-2.4	9.8	10.0	8.3	3.3	-6.6	7.7	9.0	6.4	3.2
Belgium (French)	2.1	1.0	2.3	2.6	0.5	3.9	7.8	3.6	4.6	0.7	3.0	4.4	2.9	3.6
Croatia	11.9	9.0	10.7	5.7	-6.2	13.4	12.2	15.9	10.8	-2.6	12.6	10.6	13.3	8.2
Czechia	6.5	6.5	9.6	2.8	-3.7	10.6	10.2	12.8	5.0	-5.6	8.5	8.3	11.2	3.9
Denmark	27.4	15.2	9.4	5.3	-22.0	30.1	19.4	13.6	9.2	-20.9	28.7	17.3	11.5	7.3
England	36.5	16.3	8.2	5.1	-31.4	29.1	11.4	8.2	3.1	-25.9	32.8	13.9	8.2	4.1
Estonia	5.1	5.8	4.5	1.9	-3.2	8.9	10.7	9.0	3.5	-5.4	7.0	8.2	6.7	2.7
Finland	2.1	1.5	1.6	1.1	-1.0	3.0	2.3	1.7	3.2	0.2	2.6	1.9	1.7	2.2
France	4.9	4.1	4.9	2.6	-2.3	8.3	8.1	8.8	3.9	-4.4	6.6	6.1	6.8	3.3
Germany	7.6	4.8	2.8	2.4	-5.2	11.7	6.7	5.5	4.4	-7.4	9.6	5.8	4.2	3.4
Greece	11.0	11.4	16.5	4.3	-6.7	21.3	19.7	21.7	9.4	-11.8	16.1	15.6	19.1	6.9
Hungary	14.1	11.3	10.0	8.0	-6.1	22.8	16.1	16.8	14.6	-8.2	18.5	13.7	13.4	11.3
Iceland	–	3.4	2.4	1.6	-1.9	–	5.9	4.8	2.7	-3.2	–	4.7	3.6	2.1
Ireland	8.1	11.5	5.5	2.2	-6.0	8.0	8.9	7.6	2.5	-5.5	8.1	10.2	6.6	2.3
Israel	3.2	5.2	5.5	5.6	2.4	8.1	8.6	16.7	13.5	5.3	5.7	6.9	11.1	9.5
Italy	13.8	10.4	7.4	5.2	-8.6	22.9	17.2	12.9	9.6	-13.3	18.3	13.8	10.1	7.4
Latvia	4.2	3.3	4.0	1.0	-3.2	4.3	7.2	7.7	4.1	-0.2	4.2	5.3	5.9	2.5
Lithuania	1.6	2.1	2.6	1.2	-0.5	5.1	5.5	8.0	5.8	0.6	3.4	3.8	5.3	3.5
Luxembourg	–	2.5	9.4	2.6	0.1	–	6.1	11.1	4.9	-1.2	–	4.3	10.3	3.8
Malta	33.5	23.6	–	17.6	-15.9	35.9	27.5	–	19.2	-16.7	34.7	25.6	–	18.4
Netherlands	10.7	1.2	1.7	1.5	-9.1	15.9	2.4	1.4	1.9	-14.0	13.3	1.8	1.5	1.7
Norway	9.1	3.2	2.4	1.7	-7.3	9.1	3.5	3.2	2.1	-7.0	9.1	3.4	2.8	1.9
Poland	1.1	1.3	2.5	1.5	0.4	5.2	3.5	4.0	5.1	-0.2	3.2	2.4	3.2	3.3
Portugal	10.0	5.4	4.2	2.7	-7.3	12.3	7.5	5.4	5.5	-6.8	11.1	6.4	4.8	4.1
Romania	–	0.5	0.7	1.4	0.9	–	4.4	7.2	7.0	2.6	–	2.5	4.0	4.2
Russian Federation	1.1	2.3	2.0	1.7	0.6	5.6	6.2	5.0	4.9	-0.7	3.3	4.3	3.5	3.3
Scotland	37.1	19.6	15.5	7.0	-30.1	25.7	15.3	11.7	5.3	-20.5	31.4	17.4	13.6	6.1
Slovakia	–	2.8	7.6	3.8	1.1	–	4.0	13.0	5.9	1.8	–	3.4	10.3	4.8
Slovenia	11.4	7.3	11.8	5.7	-5.7	10.2	10.4	12.0	6.5	-3.6	10.8	8.9	11.9	6.1
Spain	16.1	–	16.6	3.9	-12.2	17.9	–	14.5	3.9	-14.0	17.0	–	15.5	3.9
Sweden	7.0	2.9	4.6	1.7	-5.3	7.7	4.4	4.7	2.8	-4.9	7.4	3.7	4.6	2.2
Switzerland	4.5	2.8	6.8	2.4	-2.1	11.2	6.1	10.3	3.9	-7.3	7.8	4.5	8.5	3.1
MKD[a]	2.9	6.3	4.1	4.8	1.9	7.2	9.5	8.3	6.2	-1.0	5.0	7.9	6.2	5.5
Ukraine	3.8	5.8	3.4	1.1	-2.6	12.2	13.0	9.9	4.9	-7.3	8.0	9.4	6.6	3.0
Wales	14.7	16.5	13.3	5.6	-9.1	9.3	10.5	8.0	4.3	-5.0	12.0	13.5	10.6	5.0
HBSC average (trend countries only)	**10.5**	**7.2**	**6.7**	**3.7**		**13.1**	**9.9**	**9.4**	**6.0**		**11.8**	**8.5**	**8.1**	**4.9**
Countries below are not included in trends analyses														
Albania	–	–	–	3.0		–	–	–	5.1		–	–	–	4.0
Armenia	–	–	1.9	1.4		–	–	7.8	4.3		–	–	4.8	2.8
Bulgaria	–	12.1	–	4.1		–	15.9	–	7.8		–	14.0	–	5.9
Republic of Moldova	–	–	–	1.7		–	–	–	3.2		–	–	–	2.5
Turkey	–	–	–	–		–	–	–	–		–	–	–	–

Change 2002–2014 describes the change in prevalence between 2002 and 2014, such that a negative number denotes a downward change in prevalence. Data for Iceland, Luxembourg, Romania and Slovakia describe the prevalence difference from 2006 to 2014. Statistically significant change in prevalence is indicated by green shading. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data for 2006 were received for Spain. No data for 2010 were received for Malta. No trend data were available for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Weekly alcopops consumption (%)

Indicates a statistically significant change in prevalence 2002–2014

Gender	Girls (%)				Change	Boys (%)				Change	Boys and girls (%)			
Survey year	2002	2006	2010	2014	2006–2014	2002	2006	2010	2014	2006–2014	2002	2006	2010	2014
Austria	–	20.9	17.9	5.8	-15.2	–	20.9	17.9	7.2	-13.6	–	20.9	17.9	6.5
Belgium (Flemish)	–	10.0	5.5	2.6	-7.4	–	13.0	9.0	2.9	-10.2	–	11.5	7.3	2.7
Belgium (French)	–	12.6	9.0	3.4	-9.2	–	20.4	11.3	5.6	-14.9	–	16.5	10.2	4.5
Croatia	–	12.4	14.4	6.8	-5.6	–	13.0	14.4	9.6	-3.4	–	12.7	14.4	8.2
Czechia	–	–	8.9	3.1	–	–	–	11.7	3.5	–	–	–	10.3	3.3
Denmark	–	15.7	13.4	9.9	-5.8	–	16.6	14.1	11.2	-5.4	–	16.2	13.7	10.6
England	–	25.1	13.2	3.1	-22.0	–	13.6	9.4	2.9	-10.7	–	19.3	11.3	3.0
Estonia	–	10.7	11.2	5.1	-5.6	–	9.6	9.0	5.8	-3.8	–	10.2	10.1	5.5
Finland	–	1.8	1.4	1.3	-0.5	–	2.3	1.3	3.1	0.8	–	2.1	1.3	2.2
France	–	6.4	3.2	1.7	-4.7	–	12.4	6.4	3.4	-9.0	–	9.4	4.8	2.5
Germany	–	5.8	8.0	3.8	-2.0	–	9.6	10.1	6.5	-3.0	–	7.7	9.1	5.2
Greece	–	10.9	11.9	2.6	-8.3	–	15.7	14.9	7.1	-8.6	–	13.3	13.4	4.9
Hungary	–	11.4	8.2	8.8	-2.6	–	12.2	12.9	9.2	-3.0	–	11.8	10.6	9.0
Iceland	–	6.3	2.9	1.2	-5.0	–	3.1	3.4	2.0	-1.1	–	4.7	3.1	1.6
Ireland	–	9.5	4.3	1.3	-8.2	–	7.0	4.5	2.4	-4.6	–	8.3	4.4	1.8
Israel	–	4.4	4.9	5.8	1.5	–	7.3	14.1	11.4	4.0	–	5.8	9.5	8.6
Italy	–	11.3	12.5	5.5	-5.8	–	17.4	17.9	8.0	-9.4	–	14.4	15.2	6.7
Latvia	–	15.8	16.2	2.4	-13.5	–	14.1	10.0	3.6	-10.5	–	15.0	13.1	3.0
Lithuania	–	17.5	12.9	4.3	-13.2	–	15.2	13.1	5.7	-9.5	–	16.3	13.0	5.0
Luxembourg	–	8.4	3.5	2.6	-5.7	–	11.4	6.9	3.9	-7.5	–	9.9	5.2	3.3
Malta	–	17.4	–	14.3	-3.0	–	18.9	–	16.2	-2.6	–	18.1	–	15.3
Netherlands	–	20.0	9.9	7.7	-12.3	–	16.4	9.4	5.9	-10.5	–	18.2	9.6	6.8
Norway	–	4.8	5.8	1.9	-2.9	–	4.5	4.7	2.4	-2.2	–	4.7	5.2	2.2
Poland	–	0.8	1.4	1.5	0.7	–	1.7	3.8	4.0	2.4	–	1.2	2.6	2.8
Portugal	–	4.2	2.3	1.4	-2.8	–	7.5	3.9	3.7	-3.8	–	5.8	3.1	2.6
Romania	–	0.7	0.6	1.6	0.9	–	3.0	6.6	4.6	1.6	–	1.9	3.6	3.1
Russian Federation	–	10.6	4.7	1.2	-9.5	–	11.4	6.6	3.2	-8.2	–	11.0	5.6	2.2
Scotland	–	21.3	13.7	5.0	-16.3	–	12.9	8.9	3.6	-9.2	–	17.1	11.3	4.3
Slovakia	–	5.4	1.9	1.1	-4.3	–	7.0	3.3	2.8	-4.2	–	6.2	2.6	1.9
Slovenia	–	9.6	5.7	5.1	-4.6	–	16.0	10.1	9.7	-6.3	–	12.8	7.9	7.4
Spain	–	–	6.2	2.0	–	–	–	8.3	3.4	–	–	–	7.2	2.7
Sweden	–	3.1	3.2	1.6	-1.5	–	3.9	2.8	2.9	-1.0	–	3.5	3.0	2.2
Switzerland	–	8.7	5.8	2.3	-6.4	–	10.2	8.4	4.0	-6.2	–	9.5	7.1	3.2
MKD[a]	–	2.2	0.8	1.7	-0.5	–	4.2	2.7	3.0	-1.2	–	3.2	1.8	2.4
Ukraine	–	26.0	17.4	5.7	-20.3	–	17.9	17.3	9.5	-8.4	–	21.9	17.3	7.6
Wales	–	25.3	17.9	4.1	-21.2	–	12.1	10.8	3.7	-8.4	–	18.7	14.3	3.9
HBSC average (trend countries only)	–	**11.1**	**8.0**	**3.9**		–	**11.3**	**9.1**	**5.5**		–	**11.2**	**8.6**	**4.7**
Countries below are not included in trends analyses														
Albania	–	–	–	1.0		–	–	–	2.6		–	–	–	1.8
Armenia	–	–	–	–		–	–	–	–		–	–	–	–
Bulgaria	–	7.3	–	3.5		–	8.9	–	5.5		–	8.1	–	4.5
Republic of Moldova	–	–	–	2.4		–	–	–	3.8		–	–	–	3.1
Turkey	–	–	–	–		–	–	–	–		–	–	–	–

Change 2006–2014 describes the change in prevalence between 2006 and 2014, such that a negative number denotes a downward change in prevalence. Statistically significant change in prevalence is indicated by green shading. These data were not collected in HBSC 2002. No data for 2006 were received for Czechia and Spain. No data for 2010 were received for Malta. No trend data were available for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Been drunk two or more times in lifetime (%)

Indicates a statistically significant change in prevalence 2002–2014

Gender	Girls (%)				Change	Boys (%)				Change	Boys and girls (%)			
Survey year	2002	2006	2010	2014	2002–2014	2002	2006	2010	2014	2002–2014	2002	2006	2010	2014
Austria	34.9	36.0	31.4	19.6	-15.2	38.0	41.3	39.2	27.3	-10.6	36.4	38.7	35.3	23.5
Belgium (Flemish)	26.4	23.1	23.3	18.7	-7.7	37.1	33.3	31.8	22.7	-14.3	31.7	28.2	27.5	20.7
Belgium (French)	23.8	21.0	23.5	18.0	-5.7	32.0	31.3	25.5	22.8	-9.2	27.9	26.1	24.5	20.4
Croatia	21.2	28.8	26.0	23.8	2.6	37.8	47.9	43.8	39.9	2.1	29.5	38.3	34.9	31.9
Czechia	29.0	30.5	39.6	28.6	-0.4	37.5	36.5	46.4	31.5	-5.9	33.3	33.5	43.0	30.1
Denmark	64.9	55.7	55.5	37.6	-27.3	67.4	59.0	55.1	39.0	-28.5	66.2	57.4	55.3	38.3
England	54.7	49.6	42.9	30.9	-23.9	55.1	43.8	38.4	25.3	-29.7	54.9	46.7	40.7	28.1
Estonia	42.0	42.0	42.0	29.3	-12.7	56.7	57.3	47.9	30.9	-25.8	49.4	49.6	45.0	30.1
Finland	55.7	44.3	43.7	27.4	-28.3	53.4	46.6	37.4	32.2	-21.2	54.5	45.5	40.5	29.8
France	15.0	18.1	17.2	16.5	1.5	22.2	28.6	26.0	16.6	-5.6	18.6	23.4	21.6	16.5
Germany	34.4	27.7	27.5	22.9	-11.5	44.4	31.2	34.6	26.1	-18.3	39.4	29.5	31.0	24.5
Greece	16.9	17.5	18.9	20.6	3.6	23.4	21.1	25.9	21.9	-1.5	20.2	19.3	22.4	21.2
Hungary	26.3	32.2	35.3	33.5	7.2	47.2	39.9	47.0	41.2	-6.0	36.7	36.0	41.2	37.3
Iceland	–	32.4	16.4	6.3	-26.2	–	31.0	17.9	5.7	-25.3	–	31.7	17.1	6.0
Ireland	31.7	31.1	28.2	16.4	-15.3	32.6	35.7	29.7	16.1	-16.5	32.1	33.4	28.9	16.2
Israel	10.3	11.0	8.2	5.4	-4.9	21.1	21.7	22.4	15.4	-5.7	15.7	16.3	15.3	10.4
Italy	16.7	18.1	14.0	13.5	-3.2	22.2	22.0	18.8	18.5	-3.6	19.4	20.0	16.4	16.0
Latvia	25.5	39.1	41.9	25.6	0.1	41.4	50.4	51.3	30.5	-10.9	33.4	44.7	46.6	28.1
Lithuania	42.2	50.3	47.0	32.7	-9.4	56.8	56.8	57.4	40.6	-16.1	49.5	53.5	52.2	36.7
Luxembourg	–	20.4	17.0	13.7	-6.7	–	26.8	19.5	15.0	-11.8	–	23.6	18.3	14.4
Malta	17.3	15.5	–	27.9	10.6	24.8	18.0	–	26.3	1.5	21.1	16.7	–	27.1
Netherlands	21.5	21.2	17.4	16.4	-5.0	35.3	30.3	18.8	16.8	-18.6	28.4	25.8	18.1	16.6
Norway	40.6	31.6	27.6	19.0	-21.6	38.4	25.3	25.8	19.4	-19.0	39.5	28.5	26.7	19.2
Poland	22.9	27.4	26.8	25.9	2.9	39.6	42.0	34.7	25.8	-13.8	31.3	34.7	30.8	25.8
Portugal	18.9	18.0	18.4	15.1	-3.8	25.6	24.9	23.3	18.0	-7.6	22.2	21.4	20.9	16.6
Romania	–	18.9	18.4	11.7	-7.2	–	44.9	47.2	29.9	-15.0	–	31.9	32.8	20.8
Russian Federation	29.4	31.6	18.9	11.4	-18.0	39.1	38.1	24.4	17.3	-21.8	34.2	34.8	21.7	14.4
Scotland	51.8	47.6	46.4	32.9	-18.9	51.9	42.6	39.7	32.4	-19.5	51.8	45.1	43.1	32.7
Slovakia	–	31.3	30.7	25.8	-5.5	–	39.5	39.4	29.1	-10.3	–	35.4	35.1	27.5
Slovenia	33.7	26.9	36.3	28.3	-5.4	44.4	43.5	45.0	32.6	-11.8	39.0	35.2	40.7	30.4
Spain	25.9	–	36.5	20.9	-5.0	24.7	–	31.0	20.8	-3.9	25.3	–	33.7	20.8
Sweden	37.9	25.7	26.7	17.5	-20.4	39.3	26.4	21.3	15.3	-24.0	38.6	26.1	24.0	16.4
Switzerland	26.2	17.7	19.9	11.5	-14.7	38.1	28.9	26.9	15.9	-22.2	32.1	23.3	23.4	13.7
MKD[a]	5.8	12.1	7.8	8.1	2.3	16.8	24.6	18.8	15.0	-1.9	11.3	18.4	13.3	11.5
Ukraine	44.9	28.5	23.6	15.7	-29.3	60.5	41.5	38.1	20.0	-40.6	52.7	35.0	30.8	17.8
Wales	60.3	54.2	50.1	33.6	-26.7	58.3	52.4	47.0	28.2	-30.1	59.3	53.3	48.6	30.9
HBSC average (trend countries only)	**31.5**	**29.6**	**28.7**	**21.2**		**39.5**	**36.7**	**34.2**	**24.5**		**35.5**	**33.2**	**31.5**	**22.8**
Countries below are not included in trends analyses														
Albania	–	–	–	7.2		–	–	–	18.9		–	–	–	13.1
Armenia	–	–	8.0	4.1		–	–	37.4	19.3		–	–	22.7	11.7
Bulgaria	–	41.5	–	29.9		–	50.7	–	37.6		–	46.1	–	33.7
Republic of Moldova	–	–	–	10.3		–	–	–	28.4		–	–	–	19.4
Turkey	–	–	–	–		–	–	–	–		–	–	–	–

Change 2002–2014 describes the change in prevalence between 2002 and 2014, such that a negative number denotes a downward change in prevalence. Data for Iceland, Luxembourg, Romania and Slovakia describe the prevalence difference from 2006 to 2014. Statistically significant change in prevalence is indicated by green shading. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data for 2006 were received for Spain. No data for 2010 were received for Malta. No trend data were available for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Early alcohol initiation (%)

Indicates a statistically significant change in prevalence 2002–2014

Gender	Girls (%)				Change	Boys (%)				Change	Boys and girls (%)			
Survey year	2002	2006	2010	2014	2002–2014	2002	2006	2010	2014	2002–2014	2002	2006	2010	2014
Austria	72.0	61.1	41.7	37.5	-34.5	68.6	59.5	46.7	40.9	-27.6	70.3	60.3	44.2	39.2
Belgium (Flemish)	56.3	50.2	43.9	21.8	-34.5	61.8	55.9	51.3	28.7	-33.1	59.0	53.0	47.6	25.2
Belgium (French)	52.2	55.4	37.5	17.6	-34.5	59.1	62.1	43.1	25.4	-33.7	55.7	58.8	40.3	21.5
Croatia	35.5	39.5	44.0	32.9	-2.6	50.8	56.4	56.5	46.4	-4.4	43.1	47.9	50.3	39.6
Czechia	71.0	65.2	56.4	22.3	-48.7	76.1	72.1	59.4	27.8	-48.4	73.6	68.6	57.9	25.0
Denmark	56.9	45.4	44.6	31.7	-25.1	61.3	51.0	45.3	35.1	-26.2	59.1	48.2	45.0	33.4
England	55.5	47.9	42.8	27.3	-28.2	56.0	51.4	46.7	31.2	-24.8	55.8	49.7	44.7	29.3
Estonia	47.2	52.4	57.6	47.3	0.1	57.9	63.5	65.8	49.9	-8.0	52.5	57.9	61.7	48.6
Finland	55.8	32.3	28.6	19.7	-36.2	45.6	31.7	27.3	22.4	-23.2	50.7	32.0	27.9	21.0
France	33.1	–	–	24.7	-8.4	45.8	–	–	37.1	-8.7	39.4	–	–	30.9
Germany	54.3	48.8	42.0	36.8	-17.5	50.2	47.2	45.7	36.4	-13.8	52.2	48.0	43.9	36.6
Greece	31.5	40.3	41.2	38.1	6.5	52.6	54.7	50.9	47.4	-5.2	42.1	47.5	46.0	42.7
Hungary	46.5	52.1	41.7	37.0	-9.5	60.9	52.2	52.9	46.1	-14.8	53.7	52.2	47.3	41.5
Iceland	–	13.3	8.8	4.6	-8.8	–	15.3	13.5	6.1	-9.2	–	14.3	11.1	5.3
Ireland	35.3	37.0	30.7	15.3	-19.9	46.8	39.2	35.3	19.5	-27.3	41.0	38.1	33.0	17.4
Israel	14.0	–	10.2	4.0	-9.9	28.1	–	27.1	17.3	-10.7	21.0	–	18.7	10.7
Italy	15.8	19.6	24.3	11.9	-3.9	28.4	34.5	32.7	26.1	-2.2	22.1	27.1	28.5	19.0
Latvia	26.7	47.7	51.2	29.1	2.4	43.6	50.9	51.7	28.1	-15.5	35.1	49.3	51.5	28.6
Lithuania	51.0	52.6	54.0	40.9	-10.1	65.2	56.3	59.9	44.3	-20.9	58.1	54.5	56.9	42.6
Luxembourg	–	46.8	30.5	26.8	-20.0	–	48.2	32.9	32.3	-16.0	–	47.5	31.7	29.5
Malta	36.2	34.3	–	24.9	-11.2	37.6	45.0	–	25.1	-12.6	36.9	39.7	–	25.0
Netherlands	49.6	61.2	39.1	23.4	-26.2	56.0	62.6	46.1	29.5	-26.6	52.8	61.9	42.6	26.5
Norway	35.2	23.5	17.8	13.7	-21.6	40.2	22.5	19.5	15.7	-24.5	37.7	23.0	18.7	14.7
Poland	42.5	49.3	43.1	31.8	-10.7	58.8	58.5	52.7	32.0	-26.8	50.6	53.9	47.9	31.9
Portugal	38.9	42.4	38.1	37.4	-1.6	45.8	49.4	45.6	38.0	-7.7	42.3	45.9	41.9	37.7
Romania	–	25.5	21.9	19.8	-5.7	–	47.0	32.6	40.4	-6.6	–	36.2	27.3	30.1
Russian Federation	26.6	40.5	25.3	14.7	-11.9	35.8	45.5	26.2	18.2	-17.6	31.2	43.0	25.8	16.5
Scotland	59.6	48.6	42.4	27.0	-32.6	57.1	47.9	44.8	29.5	-27.6	58.3	48.3	43.6	28.2
Slovakia	–	51.3	27.3	22.2	-29.1	–	53.0	36.2	28.1	-24.9	–	52.2	31.7	25.2
Slovenia	23.6	33.7	39.2	34.6	11.0	35.6	47.9	51.0	44.2	8.6	29.6	40.8	45.1	39.4
Spain	34.9	36.2	43.2	27.0	-7.9	39.8	32.1	40.8	25.4	-14.4	37.4	34.2	42.0	26.2
Sweden	36.9	22.6	24.9	13.4	-23.5	40.8	26.0	22.0	15.3	-25.5	38.9	24.3	23.4	14.4
Switzerland	42.1	39.5	32.9	22.5	-19.7	44.0	50.9	40.5	29.4	-14.7	43.1	45.2	36.7	25.9
MKD[a]	20.6	21.9	21.8	17.0	-3.6	40.4	37.5	41.6	30.1	-10.3	30.5	29.7	31.7	23.5
Ukraine	34.3	36.3	29.5	26.1	-8.3	42.8	48.3	33.1	35.6	-7.2	38.6	42.3	31.3	30.8
Wales	64.5	40.4	39.5	24.7	-39.8	68.8	48.4	40.4	25.5	-43.3	66.6	44.4	39.9	25.1
HBSC average (trend countries only)	**42.4**	**41.6**	**35.8**	**25.2**		**50.1**	**47.8**	**41.7**	**30.8**		**46.2**	**44.7**	**38.8**	**28.0**
Countries below are not included in trends analyses														
Albania	–	–	–	18.4		–	–	–	39.3		–	–	–	28.8
Armenia	–	–	34.7	33.2		–	–	47.7	42.7		–	–	41.2	38.0
Bulgaria	–	41.4	–	30.2		–	47.0	–	37.8		–	44.2	–	34.0
Republic of Moldova	–	–	–	22.1		–	–	–	34.3		–	–	–	28.2
Turkey	–	–	–	–		–	–	–	–		–	–	–	–

Change 2002–2014 describes the change in prevalence between 2002 and 2014, such that a negative number denotes a downward change in prevalence. Data for Iceland, Luxembourg, Romania and Slovakia describe the prevalence difference from 2006 to 2014. Statistically significant change in prevalence is indicated by green shading. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data for 2006 were received for France and Israel. No data for 2010 were received for France and Malta. No trend data were available for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Early drunkenness initiation (%)

Indicates a statistically significant change in prevalence 2002–2014

Gender	Girls (%)				Change	Boys (%)				Change	Boys and girls (%)			
Survey year	2002	2006	2010	2014	2002–2014	2002	2006	2010	2014	2002–2014	2002	2006	2010	2014
Austria	25.5	22.5	13.6	5.6	-19.9	28.4	25.8	16.7	9.9	-18.5	26.9	24.2	15.2	7.8
Belgium (Flemish)	11.6	10.0	9.9	2.7	-8.9	17.7	12.3	9.8	4.5	-13.2	14.7	11.2	9.8	3.6
Belgium (French)	12.9	9.4	9.0	3.4	-9.5	20.6	18.3	11.5	6.3	-14.3	16.8	13.8	10.2	4.9
Croatia	11.0	12.8	11.7	6.2	-4.8	22.8	23.9	22.4	16.2	-6.6	16.9	18.3	17.0	11.2
Czechia	17.2	14.9	15.1	9.2	-7.9	23.9	21.4	20.2	12.2	-11.7	20.5	18.2	17.7	10.7
Denmark	29.9	19.5	19.5	9.8	-20.1	32.2	20.9	22.6	11.0	-21.2	31.0	20.2	21.0	10.4
England	29.7	23.8	18.4	9.5	-20.2	31.4	23.4	19.6	9.3	-22.1	30.6	23.6	19.0	9.4
Estonia	17.2	21.0	20.7	16.5	-0.6	31.5	34.7	27.3	21.3	-10.2	24.4	27.9	24.0	18.9
Finland	40.6	21.8	18.5	11.6	-28.9	34.8	23.5	18.9	14.2	-20.6	37.7	22.6	18.7	12.9
France	7.7	–	7.4	5.7	-2.0	12.0	–	11.4	7.2	-4.8	9.8	–	9.4	6.5
Germany	15.6	10.8	8.0	7.0	-8.6	17.7	11.6	9.7	9.1	-8.6	16.7	11.2	8.9	8.1
Greece	4.3	5.2	4.6	4.6	0.3	10.6	8.6	8.2	7.7	-2.9	7.5	6.9	6.4	6.2
Hungary	5.6	9.6	8.9	9.0	3.4	15.1	14.7	17.9	10.6	-4.5	10.3	12.1	13.4	9.8
Iceland	–	8.5	4.8	1.9	-6.5	–	9.8	8.4	2.6	-7.3	–	9.2	6.6	2.3
Ireland	13.2	14.8	12.1	4.8	-8.3	20.6	20.0	15.3	6.5	-14.1	16.9	17.4	13.7	5.7
Israel	3.4	–	2.5	1.2	-2.2	8.2	–	11.3	7.2	-1.0	5.8	–	6.9	4.2
Italy	3.1	2.7	4.5	1.8	-1.3	7.8	5.7	6.3	4.9	-3.0	5.5	4.2	5.4	3.3
Latvia	9.5	18.2	23.0	12.3	2.8	20.2	24.9	28.7	13.6	-6.6	14.8	21.5	25.9	13.0
Lithuania	18.4	18.9	23.6	14.5	-3.9	33.8	29.2	35.9	24.6	-9.2	26.1	24.0	29.8	19.5
Luxembourg	–	8.8	7.0	4.5	-4.2	–	13.7	7.5	5.1	-8.6	–	11.2	7.3	4.8
Malta	5.2	9.0	–	8.6	3.4	9.6	11.2	–	9.3	-0.4	7.4	10.1	–	8.9
Netherlands	7.9	10.6	4.6	4.3	-3.6	14.7	13.1	6.6	4.4	-10.3	11.3	11.9	5.6	4.3
Norway	16.0	10.1	5.3	3.2	-12.8	18.0	8.5	6.9	3.3	-14.8	17.0	9.3	6.1	3.2
Poland	8.3	8.0	5.0	7.5	-0.8	20.5	16.6	13.3	8.3	-12.2	14.4	12.3	9.2	7.9
Portugal	6.7	7.6	6.6	5.2	-1.4	9.9	9.8	8.4	5.7	-4.2	8.3	8.7	7.5	5.5
Romania	–	7.7	19.6	4.5	-3.2	–	20.7	37.5	16.4	-4.4	–	14.2	28.5	10.4
Russian Federation	10.5	15.5	11.0	3.5	-7.0	19.9	23.7	14.0	5.2	-14.7	15.2	19.6	12.5	4.3
Scotland	31.9	23.4	21.9	11.6	-20.2	28.6	21.3	21.9	11.9	-16.7	30.2	22.4	21.9	11.8
Slovakia	–	16.0	13.0	9.6	-6.4	–	21.9	13.7	12.4	-9.5	–	19.0	13.3	11.0
Slovenia	13.1	9.6	13.5	6.3	-6.8	19.8	19.0	21.2	10.9	-8.9	16.4	14.3	17.3	8.6
Spain	9.0	8.1	17.5	5.8	-3.2	8.6	9.2	14.1	6.8	-1.8	8.8	8.7	15.8	6.3
Sweden	20.2	9.8	12.7	4.9	-15.3	20.7	10.4	11.1	4.6	-16.0	20.4	10.1	11.9	4.8
Switzerland	8.4	9.6	8.4	3.9	-4.5	12.6	15.2	11.5	6.8	-5.8	10.5	12.4	10.0	5.3
MKD[a]	1.9	3.0	2.7	1.8	-0.1	7.4	10.7	10.1	5.7	-1.6	4.7	6.9	6.4	3.8
Ukraine	7.9	8.6	6.6	6.2	-1.7	20.1	20.9	12.9	13.1	-7.0	14.0	14.7	9.8	9.6
Wales	30.0	20.7	18.8	9.9	-20.1	35.2	24.8	20.1	9.7	-25.5	32.6	22.7	19.4	9.8
HBSC average (trend countries only)	**14.2**	**12.7**	**11.7**	**6.6**		**19.8**	**17.6**	**15.8**	**9.4**		**17.0**	**15.1**	**13.8**	**8.0**
Countries below are not included in trends analyses														
Albania	–	–	–	5.6		–	–	–	12.6		–	–	–	9.1
Armenia	–	–	5.9	4.4		–	–	17.7	7.9		–	–	11.8	6.1
Bulgaria		18.7	–	13.2		–	27.2	–	18.7		–	22.9	–	16.0
Republic of Moldova	–	–	–	4.0		–	–	–	12.5		–	–	–	8.2
Turkey	–	–	–	–		–	–	–	–		–	–	–	–

Change 2002–2014 describes the change in prevalence between 2002 and 2014, such that a negative number denotes a downward change in prevalence. Data for Iceland, Luxembourg, Romania and Slovakia describe the prevalence difference from 2006 to 2014. Statistically significant change in prevalence is indicated by green shading. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data for 2006 were received for France and Israel. No data for 2010 were received for Malta. No trend data were available for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Consuming only one type of alcohol weekly (%)

Gender	Girls (%)				Boys (%)				Boys and girls (%)			
Survey year	2002	2006	2010	2014	2002	2006	2010	2014	2002	2006	2010	2014
Austria	16.1	14.6	9.9	4.4	15.5	12.7	13.5	12.6	15.8	13.6	11.7	8.5
Belgium (Flemish)	18.8	10.2	10.2	6.3	26.4	22.1	19.1	12.7	22.6	16.1	14.7	9.5
Belgium (French)	16.6	12.3	10.7	5.3	21.4	18.6	16.1	10.4	19.0	15.5	13.4	7.9
Croatia	12.6	15.3	11.3	5.9	14.7	18.8	17.9	15.9	13.6	17.1	14.6	10.9
Czechia	19.4	–	17.5	8.3	26.2	–	24.1	13.0	22.8	–	20.8	10.7
Denmark	18.2	9.3	6.9	6.4	20.5	14.5	9.0	8.7	19.4	11.9	7.9	7.5
England	26.5	16.8	11.4	4.9	27.7	19.8	16.7	6.0	27.1	18.3	14.1	5.5
Estonia	8.3	9.8	8.2	4.5	17.8	12.7	9.0	7.0	13.1	11.2	8.6	5.7
Finland	6.5	5.0	3.9	1.7	9.7	8.0	4.4	4.4	8.1	6.5	4.2	3.1
France	7.1	7.5	6.1	3.8	12.0	11.8	12.3	9.4	9.6	9.6	9.2	6.6
Germany	15.3	7.4	7.1	4.0	22.9	13.9	13.1	10.3	19.1	10.7	10.1	7.1
Greece	13.2	14.5	20.0	13.0	21.5	19.5	19.2	16.9	17.4	17.0	19.6	15.0
Hungary	11.7	11.1	9.4	8.6	16.2	13.9	9.2	12.9	13.9	12.5	9.3	10.8
Iceland	–	5.1	1.7	0.8	–	8.1	2.6	0.8	–	6.6	2.2	0.8
Ireland	6.1	6.8	5.3	1.8	8.7	8.2	6.5	1.5	7.4	7.5	5.9	1.6
Israel	7.5	5.8	4.1	4.2	14.6	12.5	9.4	11.6	11.1	9.2	6.7	7.9
Italy	16.6	15.7	14.7	9.9	20.4	18.2	18.0	16.4	18.5	16.9	16.3	13.1
Latvia	9.4	16.3	13.1	2.3	13.9	15.4	14.1	4.1	11.7	15.8	13.6	3.2
Lithuania	10.8	14.5	11.0	3.7	21.5	14.5	10.6	7.5	16.1	14.5	10.8	5.6
Luxembourg	–	10.5	7.2	3.7	–	15.6	11.8	7.0	–	13.0	9.5	5.4
Malta	25.3	17.7	–	11.0	18.6	17.3	–	12.2	22.0	17.5	–	11.6
Netherlands	16.0	17.9	10.4	7.6	30.0	28.0	17.0	12.4	23.0	22.9	13.7	10.0
Norway	12.1	5.0	5.6	1.1	9.7	4.6	4.2	1.7	10.9	4.8	4.9	1.4
Poland	6.7	4.7	7.4	5.9	13.1	12.3	10.9	5.6	9.9	8.5	9.2	5.8
Portugal	10.0	3.3	2.7	2.0	12.6	9.7	6.6	5.3	11.3	6.5	4.7	3.6
Romania	–	6.5	5.1	5.2	–	17.6	17.5	15.9	–	12.1	11.3	10.5
Russian Federation	16.3	11.5	4.0	2.7	25.6	13.5	5.0	5.5	21.0	12.5	4.5	4.1
Scotland	34.2	17.8	11.9	5.5	23.2	17.6	12.9	7.7	28.7	17.7	12.4	6.6
Slovakia	–	12.3	10.5	7.2	–	17.5	14.8	12.8	–	14.9	12.6	10.0
Slovenia	13.8	9.8	9.7	5.7	17.3	14.7	14.8	7.5	15.5	12.3	12.2	6.6
Spain	13.9	–	11.6	5.5	11.9	–	8.8	6.1	12.9	–	10.2	5.8
Sweden	7.7	2.4	3.3	1.2	11.6	5.3	4.3	1.7	9.6	3.9	3.8	1.4
Switzerland	10.0	8.5	6.3	3.2	20.3	15.7	14.3	5.9	15.2	12.1	10.3	4.5
MKD[a]	5.8	8.9	6.1	5.2	11.0	14.3	11.7	10.3	8.4	11.6	8.9	7.8
Ukraine	17.5	23.7	15.5	5.2	29.6	31.4	24.9	8.1	23.6	27.6	20.2	6.6
Wales	21.2	16.7	12.5	5.1	38.3	24.0	16.4	6.7	29.8	20.4	14.5	5.9
HBSC average (trend countries only)	**14.1**	**11.0**	**8.9**	**5.1**	**18.9**	**15.4**	**12.6**	**8.7**	**16.5**	**13.2**	**10.8**	**6.9**
Countries below are not included in trends analyses												
Albania	–	–	–	6.8	–	–	–	15.5	–	–	–	11.2
Armenia	–	–	–	–	–	–	–	–	–	–	–	–
Bulgaria	–	21.2	–	11.3	–	23.4	–	20.2	–	22.3	–	15.7
Republic of Moldova	–	–	–	3.0	–	–	–	10.5	–	–	–	6.7
Turkey	–	–	–	–	–	–	–	–	–	–	–	–

No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data for 2006 were received for Czechia and Spain. No data for 2010 were received for Malta. No trend data were available for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Consuming more than one type of alcohol weekly (%)

Gender	Girls (%)				Boys (%)				Boys and girls (%)			
Survey year	2002	2006	2010	2014	2002	2006	2010	2014	2002	2006	2010	2014
Austria	5.5	17.8	15.9	5.5	12.4	27.4	22.5	9.3	9.0	22.6	19.2	7.4
Belgium (Flemish)	5.3	10.4	5.2	3.7	10.6	15.8	11.2	4.5	8.0	13.1	8.2	4.1
Belgium (French)	3.2	6.6	6.3	3.0	9.3	17.7	9.5	5.7	6.2	12.1	7.9	4.4
Croatia	8.1	12.4	13.3	6.3	19.1	24.2	23.4	16.4	13.6	18.3	18.4	11.4
Czechia	10.1	–	14.4	3.8	14.0	–	18.7	6.0	12.1	–	16.6	4.9
Denmark	21.6	16.8	10.0	5.5	29.3	22.3	16.0	11.1	25.5	19.6	13.0	8.3
England	16.5	19.5	8.3	3.0	22.6	18.1	10.6	3.4	19.6	18.8	9.5	3.2
Estonia	3.7	5.7	5.0	1.6	10.3	12.6	10.5	3.5	7.0	9.1	7.8	2.5
Finland	2.0	1.8	1.6	1.1	2.9	3.0	1.9	2.9	2.5	2.4	1.7	2.0
France	3.4	4.8	4.4	2.2	7.9	11.5	9.3	3.7	5.6	8.1	6.9	2.9
Germany	8.0	6.3	6.2	3.0	12.1	9.7	10.5	7.3	10.1	8.0	8.3	5.1
Greece	7.8	8.7	12.6	4.0	17.7	19.9	22.4	10.6	12.7	14.3	17.5	7.3
Hungary	9.0	11.6	9.9	8.9	26.1	20.5	21.5	15.4	17.5	16.0	15.7	12.2
Iceland	–	5.3	2.9	1.2	–	6.2	5.0	2.5	–	5.7	3.9	1.8
Ireland	4.1	9.5	3.5	1.3	4.9	7.5	5.7	2.6	4.5	8.5	4.6	1.9
Israel	3.5	4.6	5.0	5.9	9.0	8.9	18.1	15.1	6.2	6.7	11.6	10.5
Italy	12.6	12.7	9.2	6.0	26.2	27.5	19.7	13.8	19.4	20.1	14.5	9.9
Latvia	2.8	6.5	6.5	1.1	5.2	12.7	10.4	4.4	4.0	9.6	8.4	2.7
Lithuania	2.1	5.4	5.5	2.1	6.1	10.2	13.6	6.0	4.1	7.8	9.6	4.0
Luxembourg	–	4.9	5.1	3.0	–	11.7	10.4	5.2	–	8.3	7.7	4.1
Malta	14.7	21.3	–	15.0	36.1	32.4	–	19.0	25.4	26.9	–	17.0
Netherlands	8.0	10.2	5.7	4.3	13.6	13.8	7.4	5.8	10.8	12.0	6.6	5.1
Norway	4.7	4.6	3.8	2.0	6.1	5.3	5.5	2.4	5.4	4.9	4.6	2.2
Poland	1.1	1.3	2.4	2.1	6.0	4.4	5.0	6.2	3.6	2.8	3.7	4.1
Portugal	3.2	4.4	2.7	1.6	6.5	7.8	4.8	5.6	4.8	6.1	3.8	3.6
Romania	–	1.0	1.6	2.1	–	10.1	14.6	11.4	–	5.6	8.1	6.8
Russian Federation	2.0	7.5	3.9	1.8	6.2	11.3	6.6	4.7	4.1	9.4	5.3	3.3
Scotland	6.6	13.9	10.7	3.9	17.4	16.9	11.6	5.0	12.0	15.4	11.1	4.5
Slovakia	–	4.6	3.7	2.3	–	10.5	11.5	5.7	–	7.6	7.6	4.0
Slovenia	6.1	10.3	10.4	5.0	15.6	20.3	18.0	10.4	10.9	15.3	14.2	7.7
Spain	4.3	–	9.8	2.4	12.1	–	12.4	3.9	8.2	–	11.1	3.1
Sweden	4.2	3.1	3.1	1.4	6.9	5.3	4.1	2.9	5.5	4.2	3.6	2.2
Switzerland	4.2	6.5	5.9	2.5	12.7	10.3	11.3	4.8	8.5	8.4	8.6	3.6
MKD[a]	1.3	3.5	3.3	3.3	9.9	11.8	7.9	7.4	5.6	7.7	5.6	5.4
Ukraine	3.4	22.0	12.8	3.6	13.1	27.1	19.6	8.5	8.2	24.5	16.2	6.0
Wales	9.9	18.8	14.2	4.4	9.0	14.2	13.4	4.7	9.5	16.5	13.8	4.5
HBSC average (trend countries only)	**6.3**	**9.0**	**7.0**	**3.6**	**13.0**	**14.4**	**12.1**	**7.2**	**9.7**	**11.7**	**9.6**	**5.4**
Countries below are not included in trends analyses												
Albania	–	–	–	2.2	–	–	–	4.9	–	–	–	3.5
Armenia	–	–	–	–	–	–	–	–	–	–	–	–
Bulgaria	–	9.7	–	4.5	–	20.0	–	10.4	–	14.9	–	7.5
Republic of Moldova	–	–	–	1.5	–	–	–	4.8	–	–	–	3.2
Turkey	–	–	–	–	–	–	–	–	–	–	–	–

No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data for 2006 were received for Czechia and Spain. No data for 2010 were received for Malta. No trend data were available for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

INTRODUCTION

The figures in this annex present trends in weekly alcohol consumption and each of the drinking behaviours across survey years (2002 to 2014) among 15-year-olds for each gender. They provide a visual representation of the prevalence data provided in Annex 1 for countries and regions with three or more years' data.

The figures are intended to aid comparison of patterns and trends between countries and regions.

Data from Annex 1 should be consulted for exact prevalence for any particular figure.

For each behaviour, a list is provided below of countries and regions for which data were not available for a particular year.

No trend data were available for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey.

Weekly drinking, weekly beer, wine and spirits consumption; Been drunk two or more times in lifetime: no data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data for 2006 were received for Spain. No data for 2010 were received for Malta.

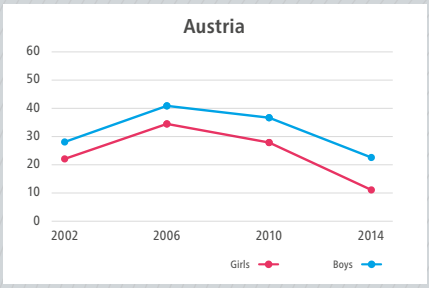
Weekly alcopops consumption: these data were not collected in the 2002 Health Behaviour in School-aged Children (HBSC) survey. No data for 2006 were received for Czechia and Spain. No data for 2010 were received for Malta. No trend data are presented for Malta, as data are only available for two time points.

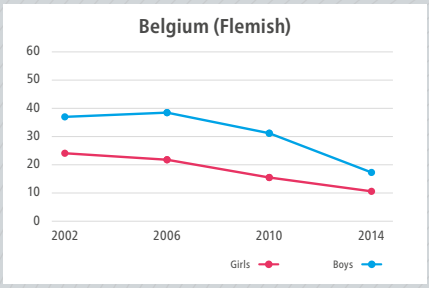
TREND CHARTS OF ALCOHOL CONSUMPTION AND DRINKING BEHAVIOURS BY COUNTRY/REGION

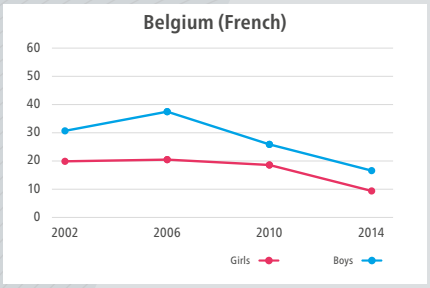
Early alcohol initiation: no data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data for 2006 were received for France and Israel. No data for 2010 were received for France and Malta. No trend data are presented for France, as data are only available for two time points.

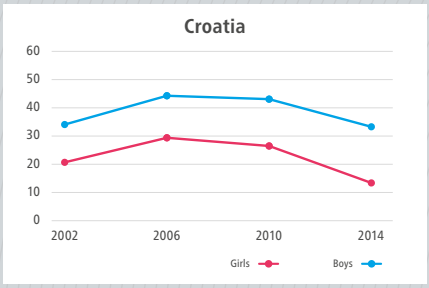
Early drunkenness initiation: no data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data for 2006 were received for France and Israel. No data for 2010 were received for Malta.

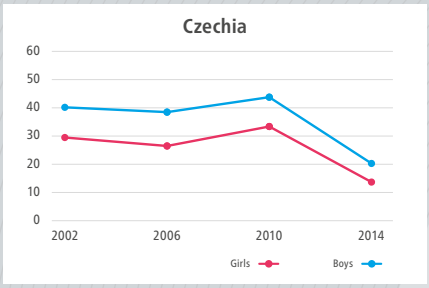
Weekly alcohol consumption (%)

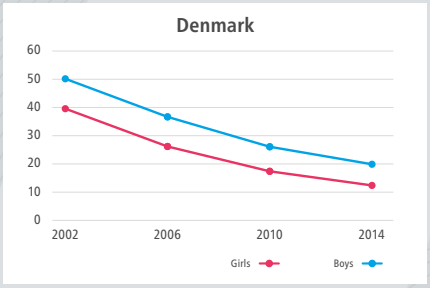


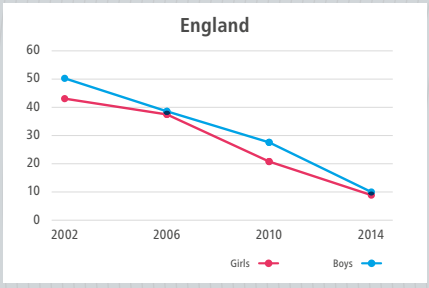


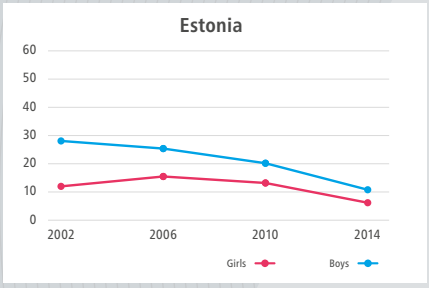


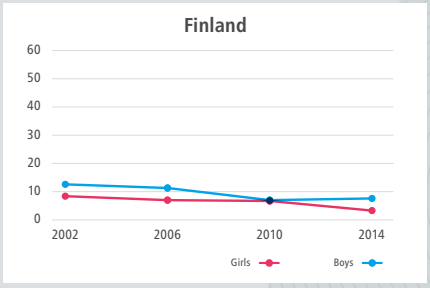


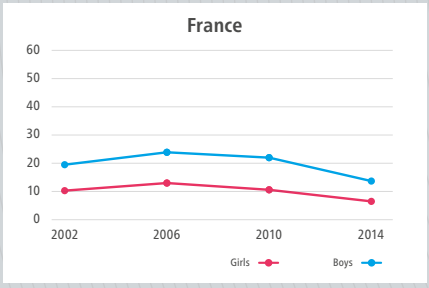


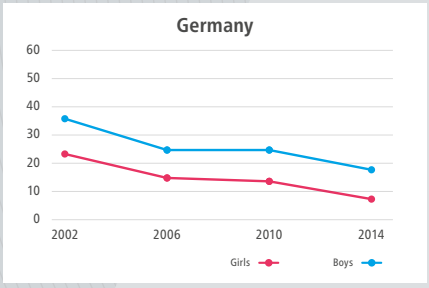


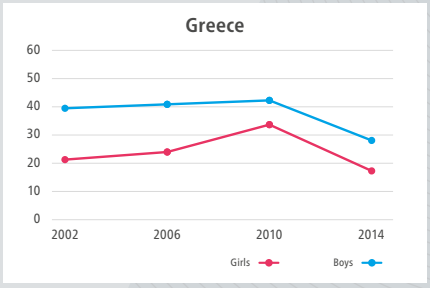


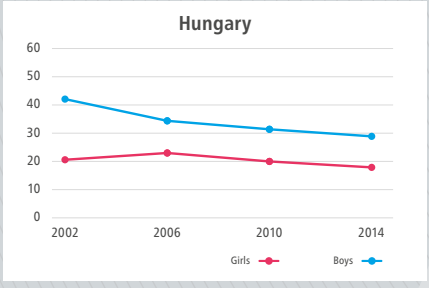


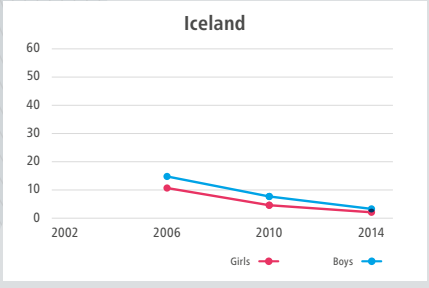


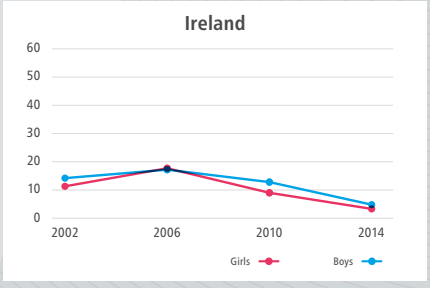


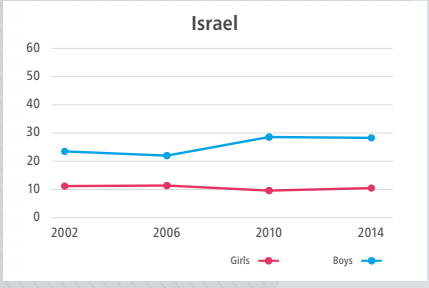


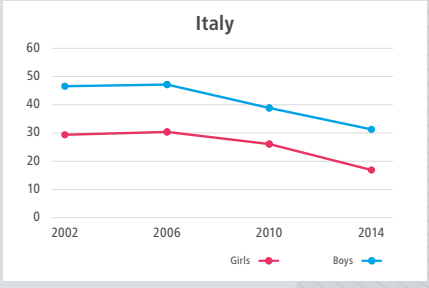


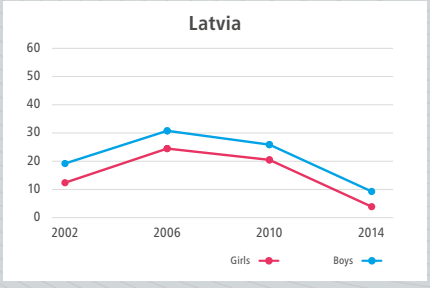












Weekly alcohol consumption (%) contd

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the International Organization for Standardization (ISO)).

Weekly beer consumption (%)

Weekly beer consumption (%) contd

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

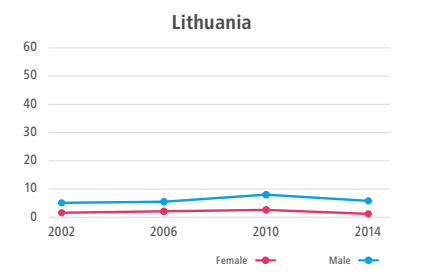
Weekly wine consumption (%)

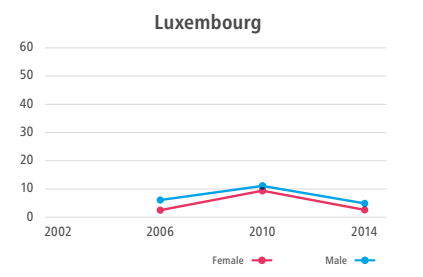
Weekly wine consumption (%) contd

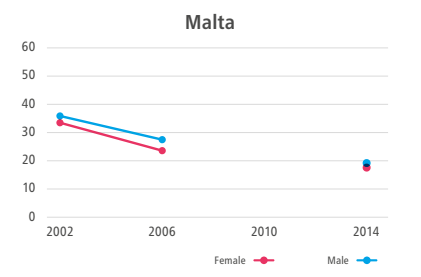
[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

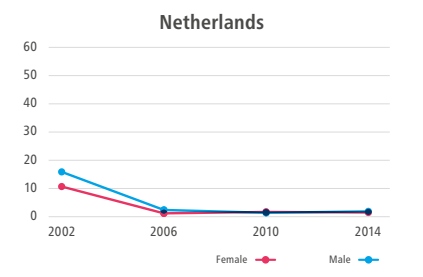
Weekly spirits consumption (%)

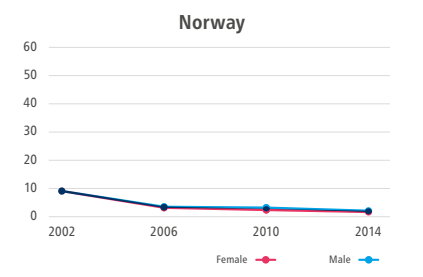
Weekly spirits consumption (%) contd

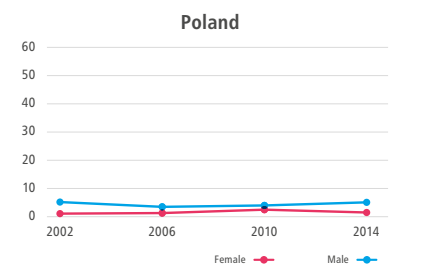


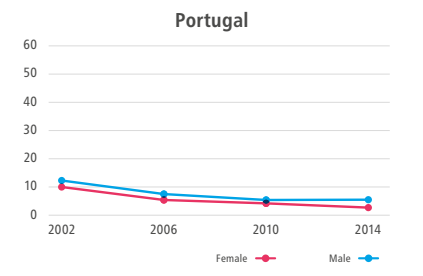


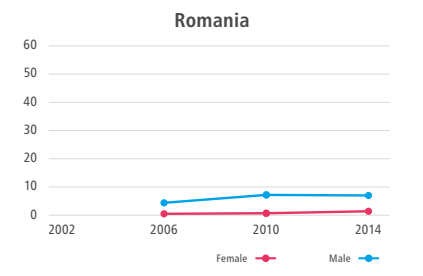


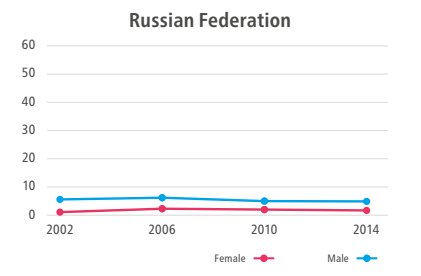


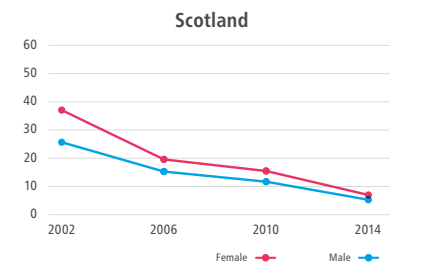


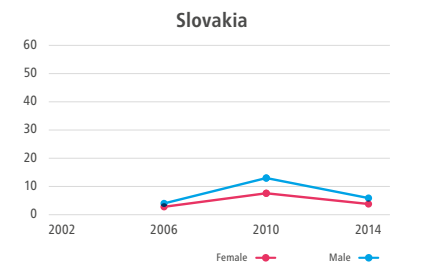


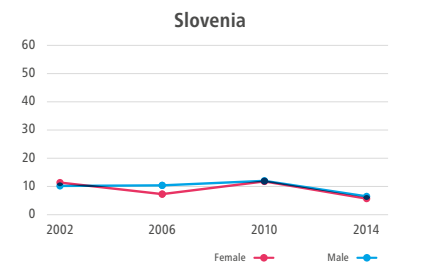


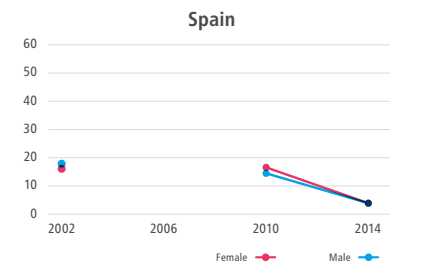


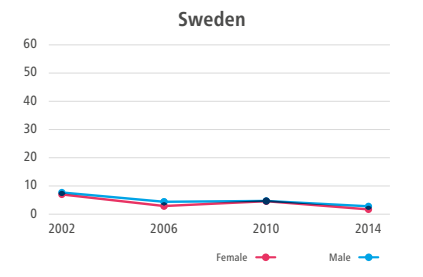


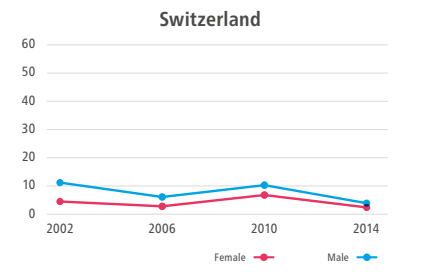


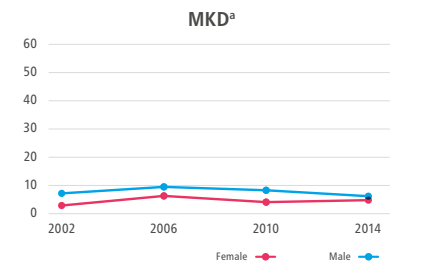


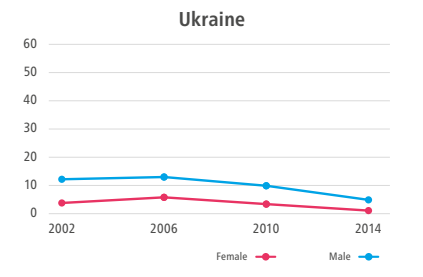


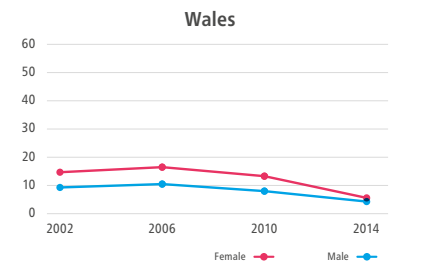












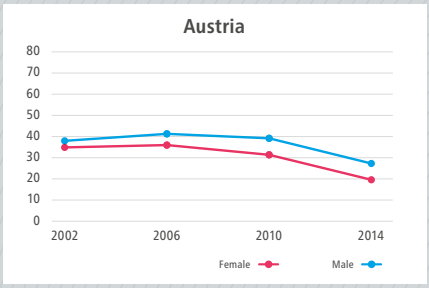
[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

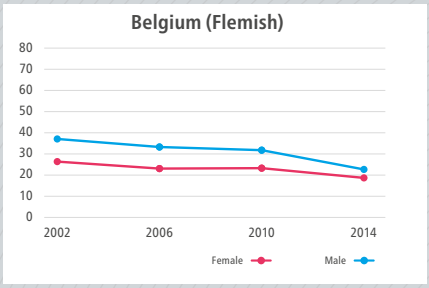
Weekly alcopops consumption (%)

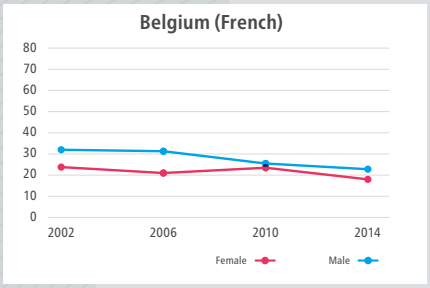
Weekly alcopops consumption (%) contd

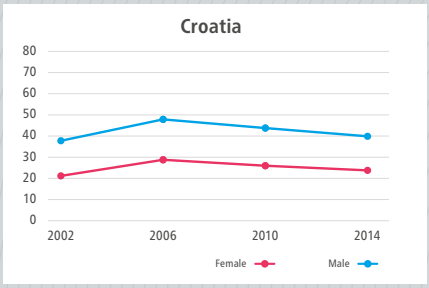
[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

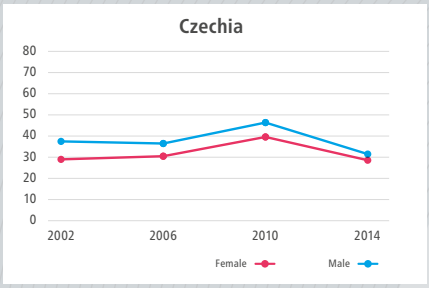
Been drunk two or more times in lifetime (%)

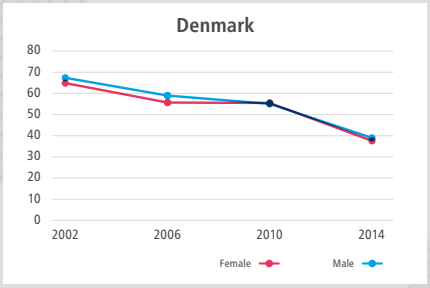


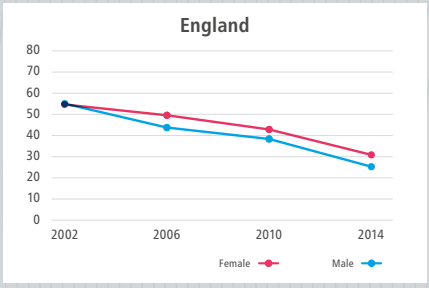


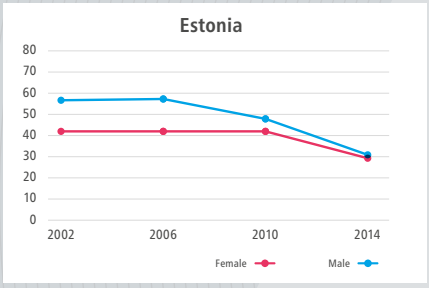


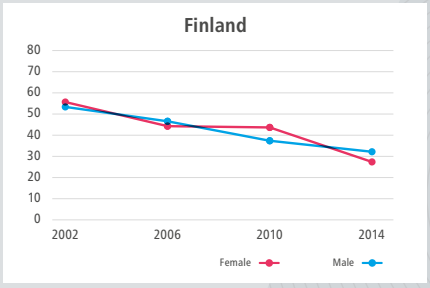


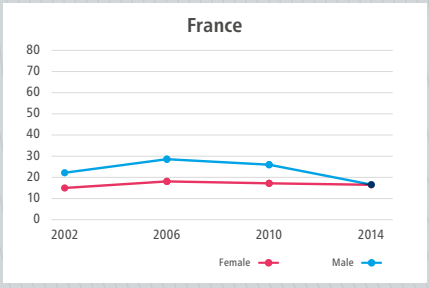


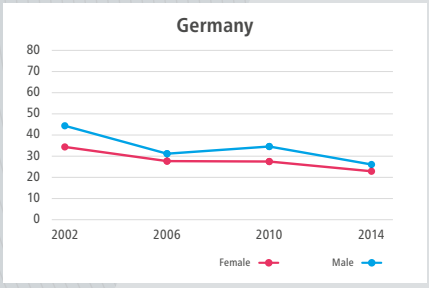


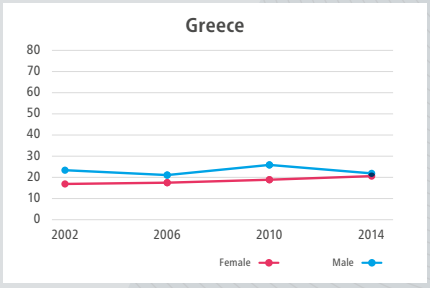


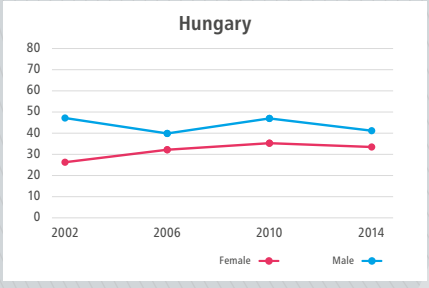


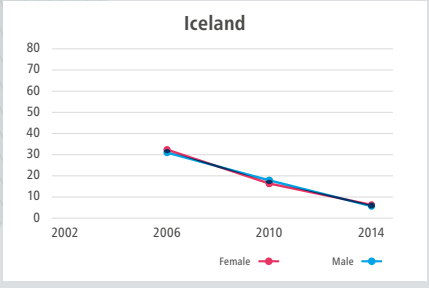


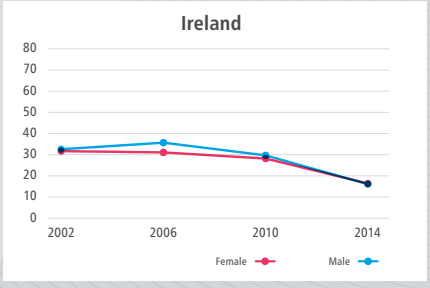


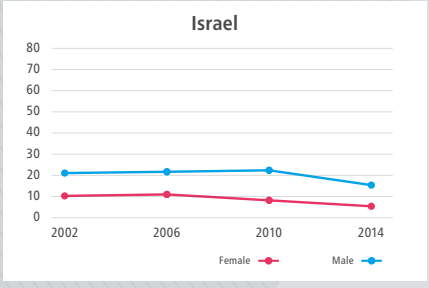


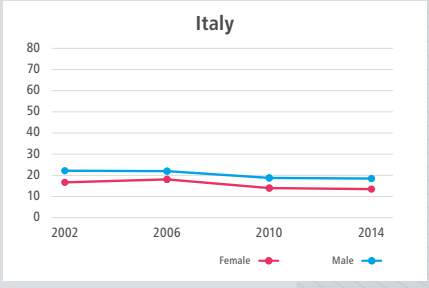


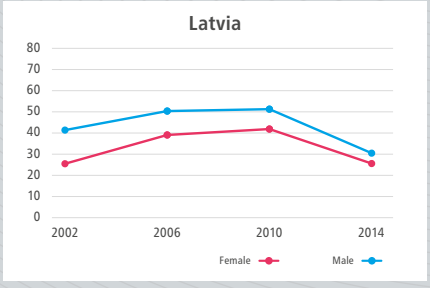




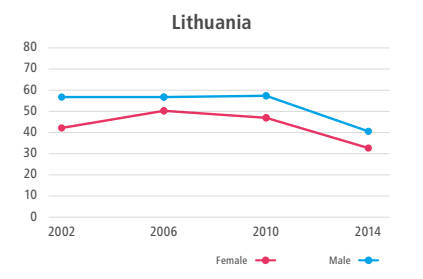


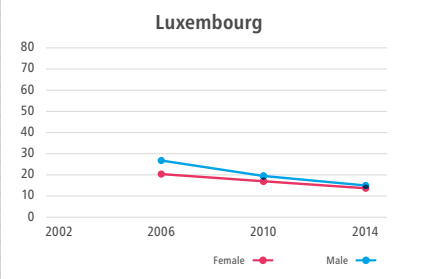


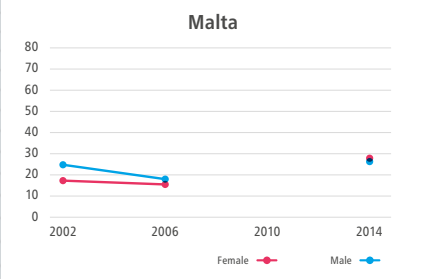


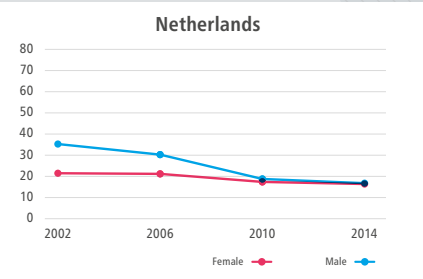


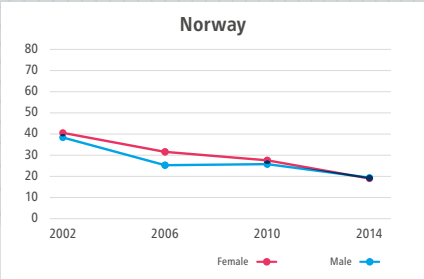
Been drunk two or more times in lifetime (%) contd

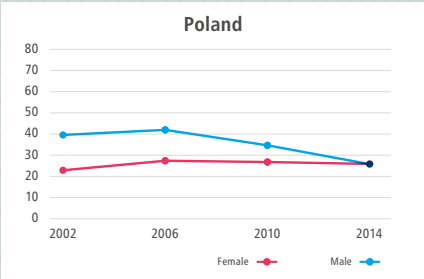


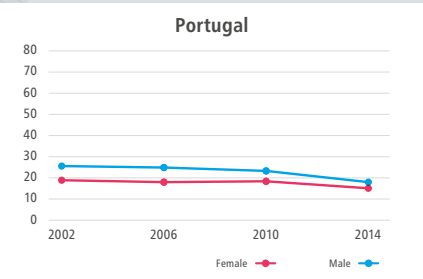


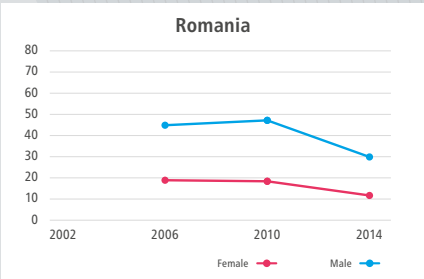


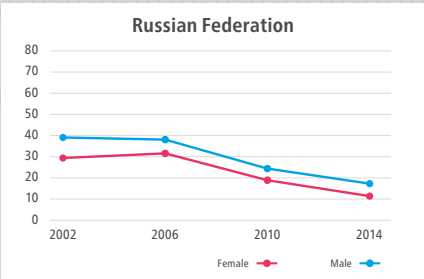


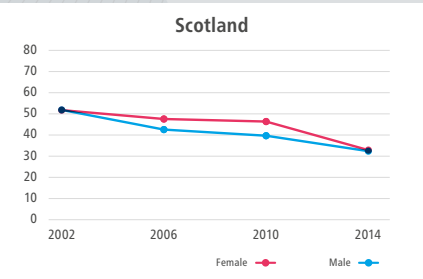


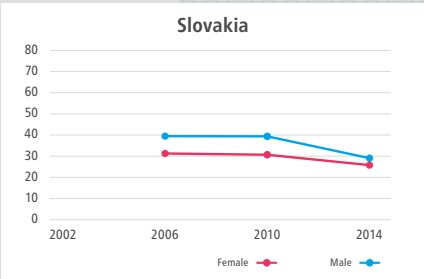


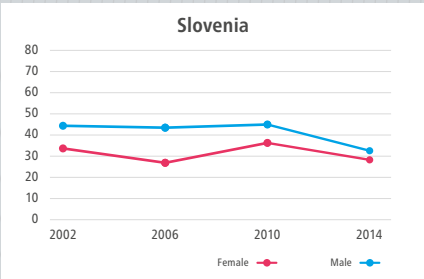


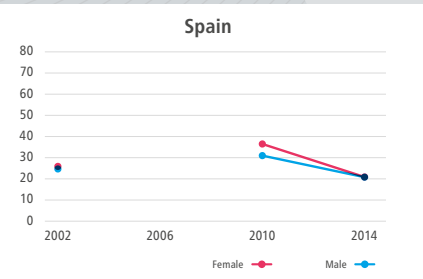


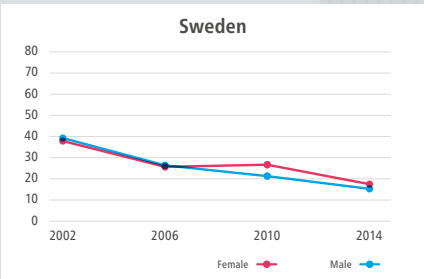


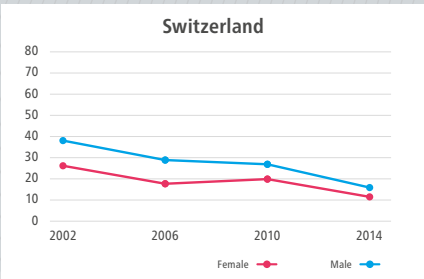


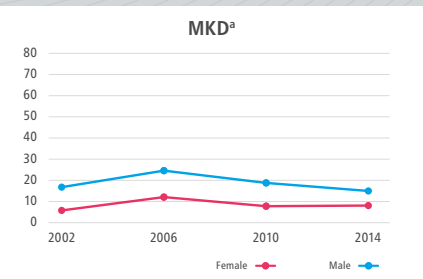


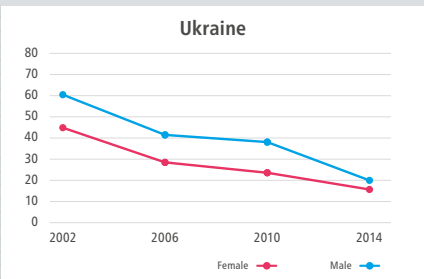


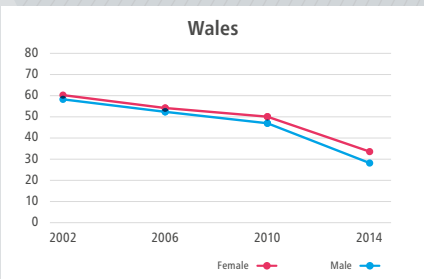








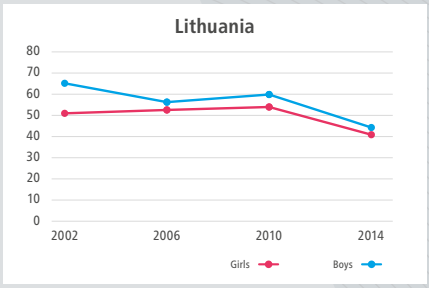


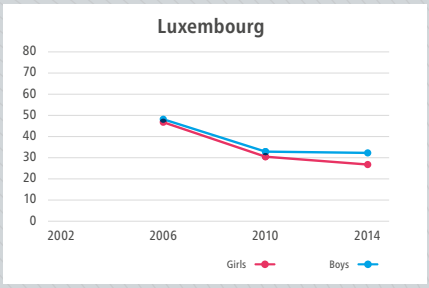


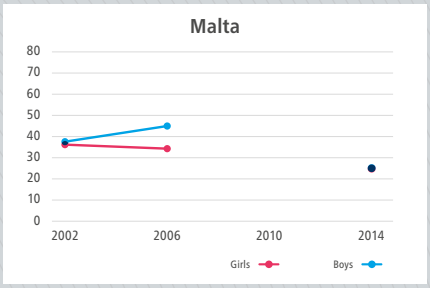
[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

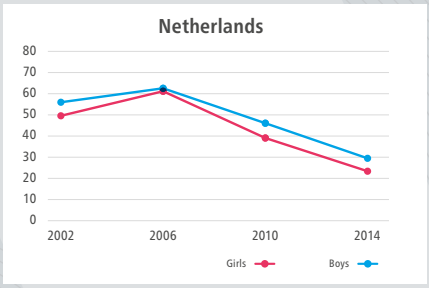
Early alcohol initiation (%)

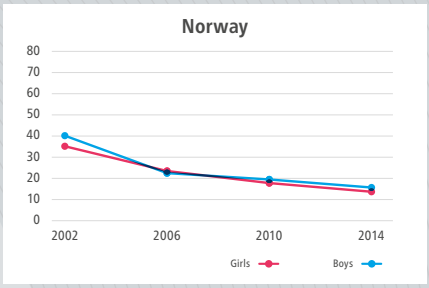
Early alcohol initiation (%) contd

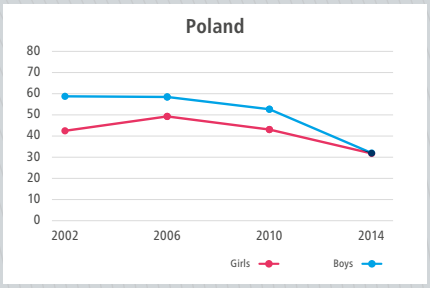


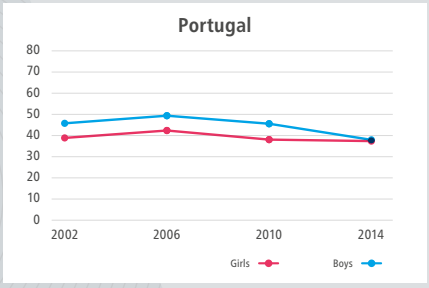


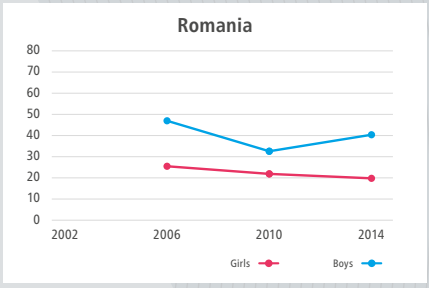


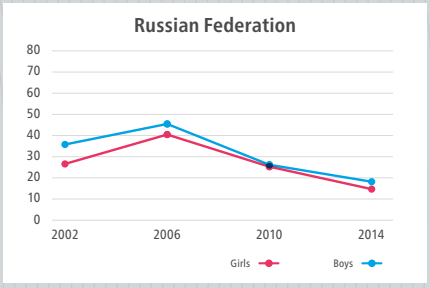


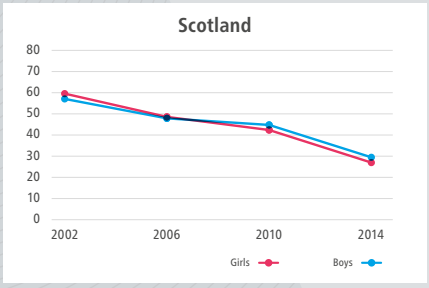


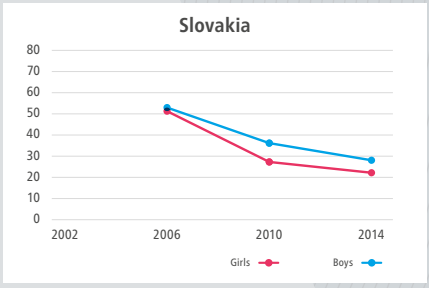


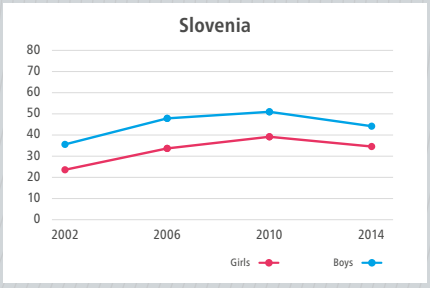


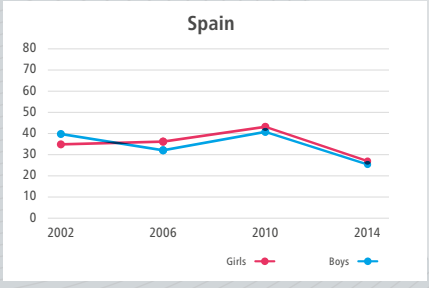


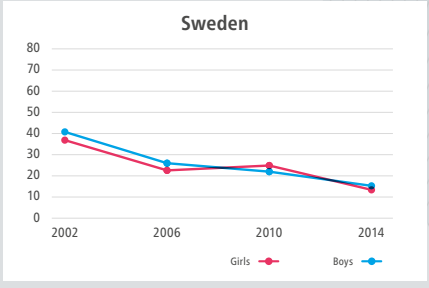


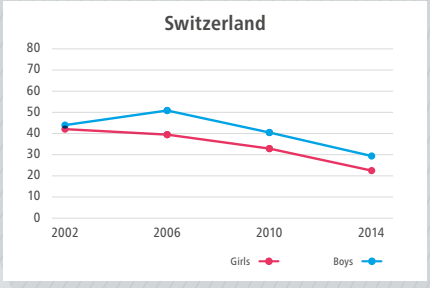


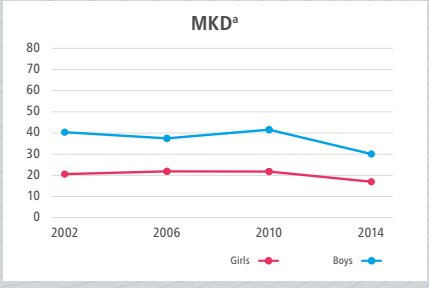


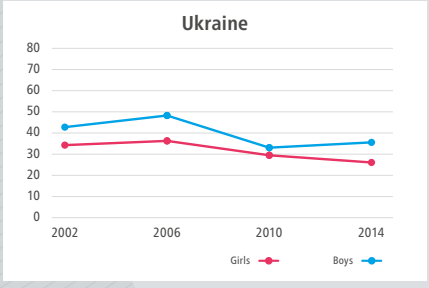


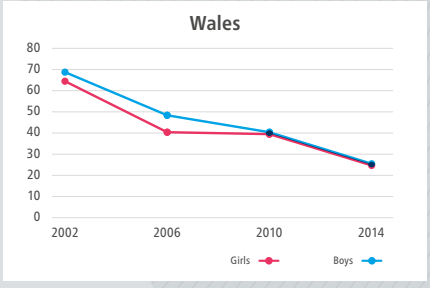






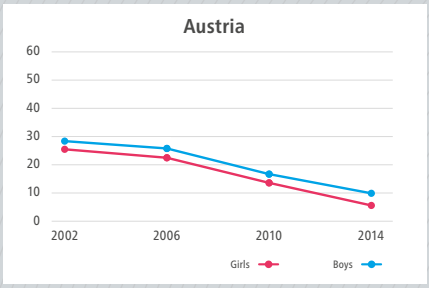


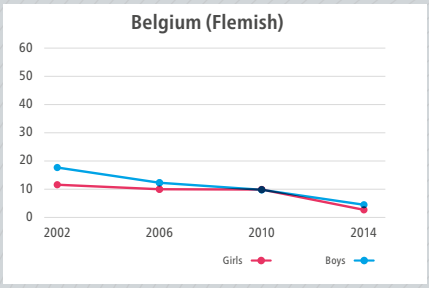


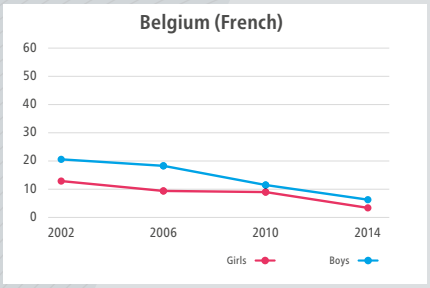


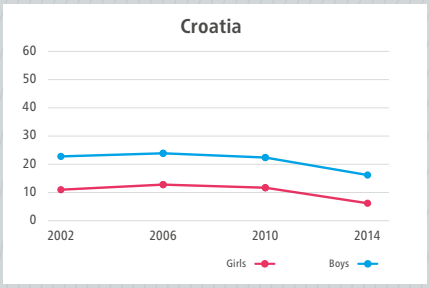
[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

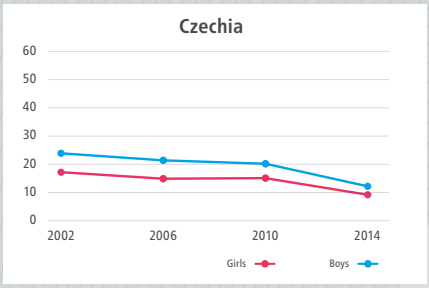
Early drunkenness initiation (%)

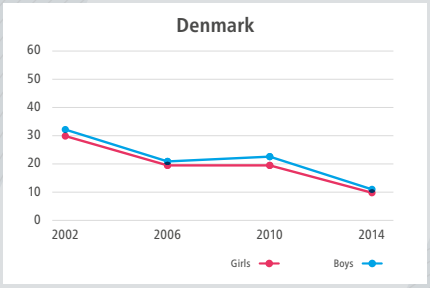


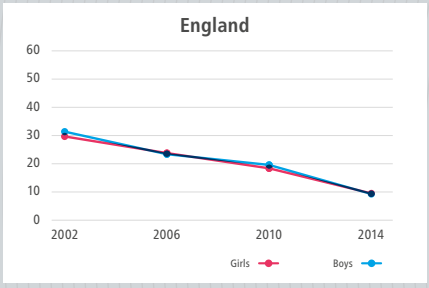


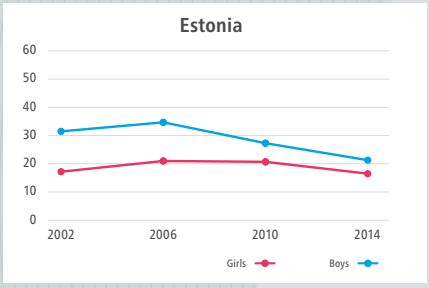


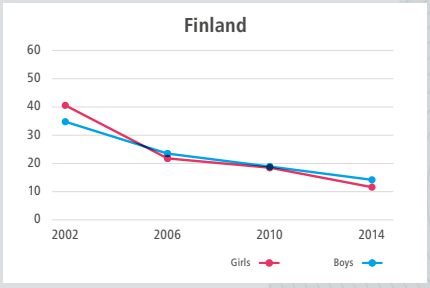


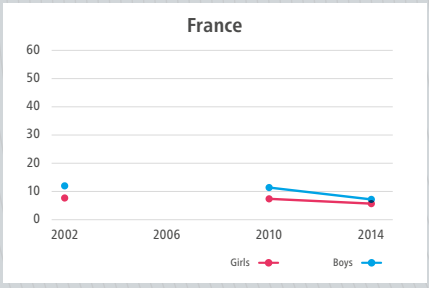


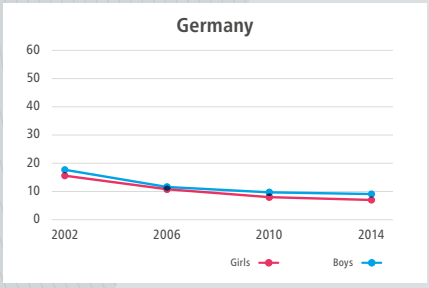


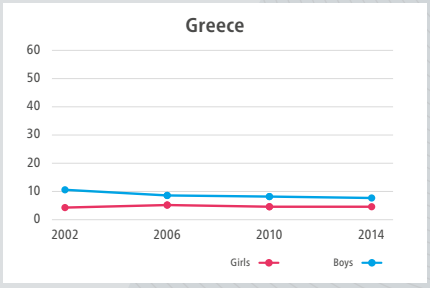


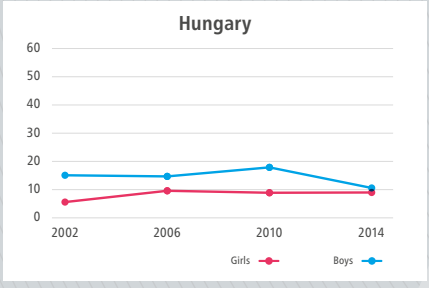


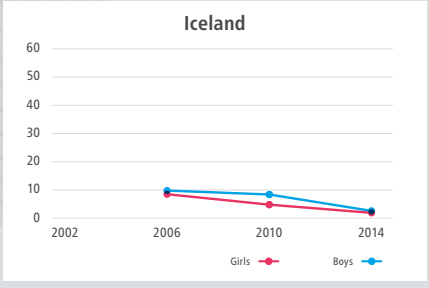


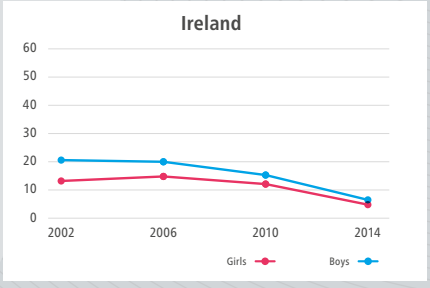


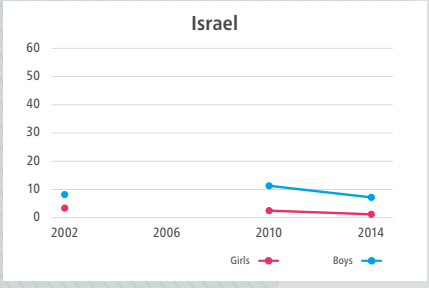


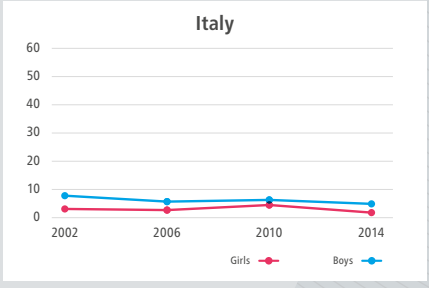


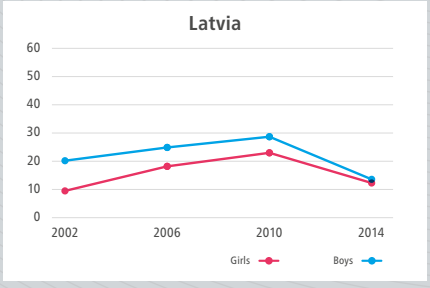










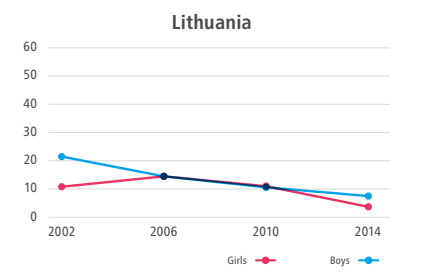


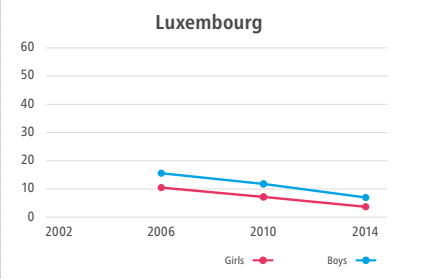
Early drunkenness initiation (%) contd

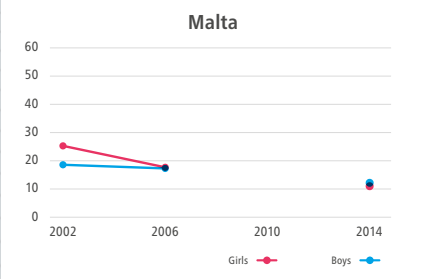
[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

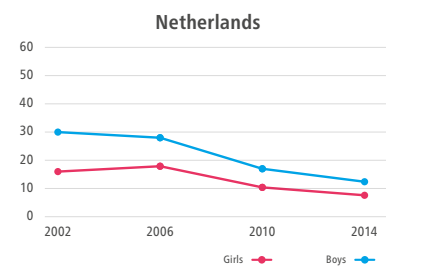
Consuming only one type of alcohol weekly (%)

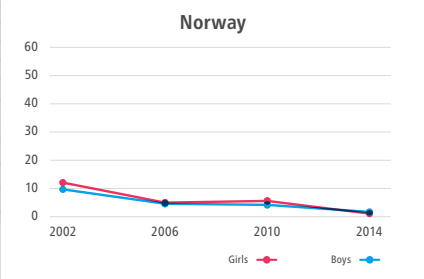
Consuming only one type of alcohol weekly (%) contd

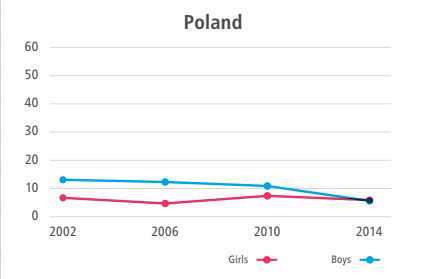


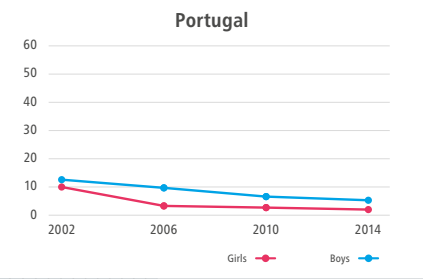


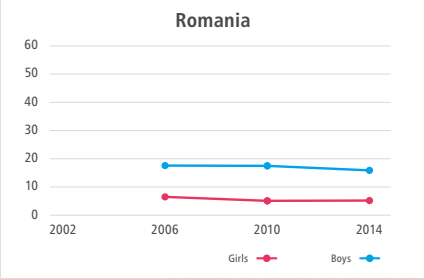


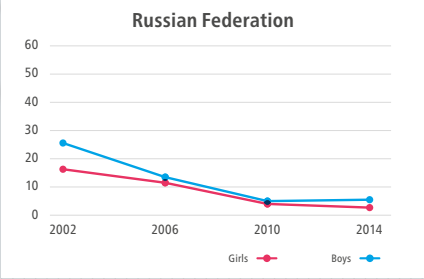


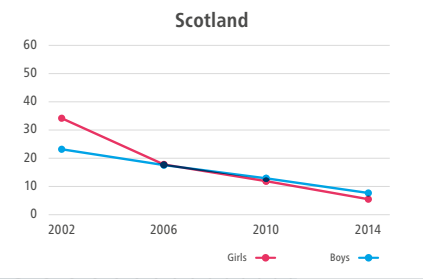


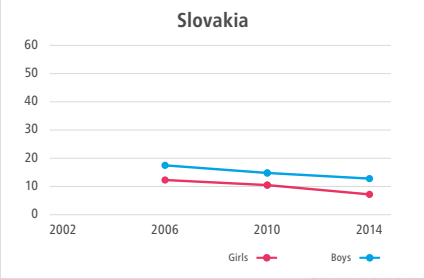


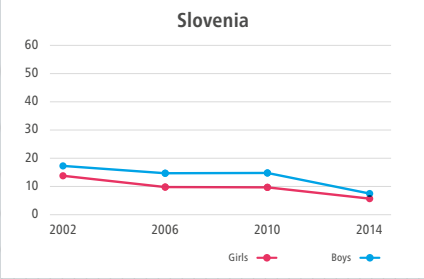


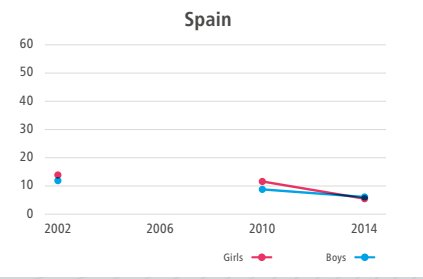


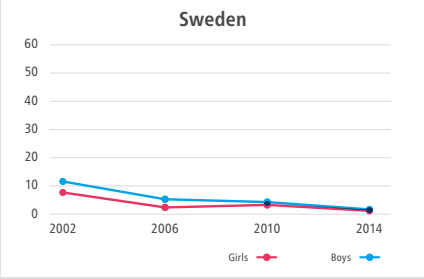


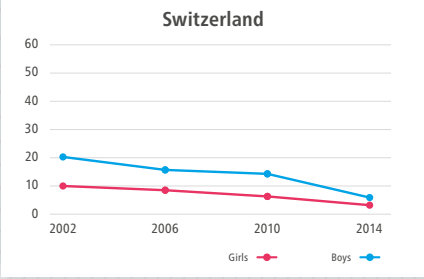


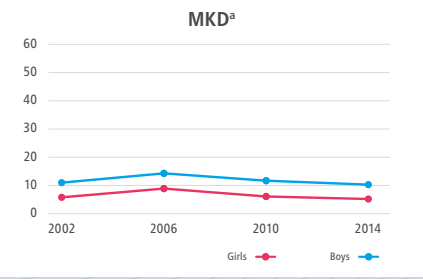


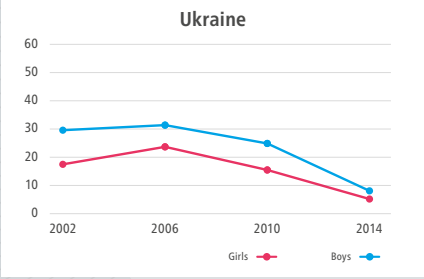


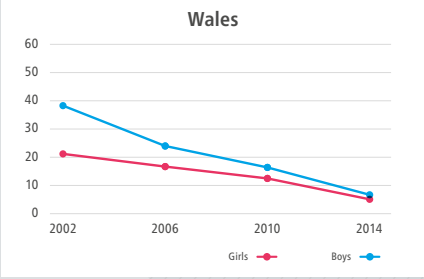












[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Consuming more than one type of alcohol weekly (%)

Consuming more than one type of alcohol weekly (%) contd

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

DATA TABLES OF SOCIOECONOMIC DIFFERENCES IN PREVALENCE OF ALCOHOL CONSUMPTION AND DRINKING BEHAVIOURS BY GENDER AND COUNTRY/REGION (2002 AND 2014)

INTRODUCTION

The following tables show the prevalence of alcohol consumption and each of the drinking behaviours separately for young people from low- and high-affluence families. Prevalence is shown for each country/region and gender, for 15-year-olds only. Only countries and regions with data for three or more survey years are included.

Socioeconomic inequality is measured by comparing the prevalence among young people from low- and high-affluence families. Affluence is measured using the Family Affluence Scale (FAS III) *(1)*. Low-affluence young people are those from the 20% least affluent families in each country; high-affluence young people are those from the 20% most affluent families within each country.

Further details of measurement of inequalities and prevalence by socioeconomic position for all survey years can be found in the online methodological annex that accompanies this report *(2)*.

REFERENCES

1. Torsheim T, Cavallo F, Levin KA, Schnohr C, Mazur J, Niclasen B et al. Psychometric validation of the revised Family Affluence Scale: a latent variable approach. Child Indic Res. 2016;9(3):771–84.
2. Health Behaviour in School-aged Children. World Health Organization collaborative cross-national survey [website]: St Andrews: HBSC International Coordinating Centre, Child & Adolescent Health Research Unit, University of St Andrews; 2018 (http://www.hbsc.org/).

Socioeconomic differences in prevalence of weekly drinking (%)

Significantly higher prevalence among high-affluence young people
Significantly higher prevalence among low-affluence young people

Gender	Girls (%)				Boys (%)			
Survey year	2002		2014		2002		2014	
Country	Low FAS	High FAS	Low FAS	High FAS	Low FAS	High FAS	Low FAS	High FAS
Austria	23	17	8	12	29	34	20	27
Belgium (Flemish)	22	28	9	11	35	43	17	26
Belgium (French)	21	19	6	14	24	37	14	20
Croatia	15	25	11	18	30	46	35	30
Czechia	31	29	10	20	35	40	13	24
Denmark	26	47	10	21	44	48	11	32
England	33	55	7	13	34	57	7	12
Estonia	11	10	8	8	23	27	10	11
Finland	11	9	2	3	10	15	12	9
France	11	9	5	14	17	21	9	18
Germany	16	26	3	8	31	40	15	26
Greece	21	24	8	21	31	48	24	35
Hungary	19	25	17	21	39	50	24	31
Iceland	–	–	5	2	–	–	5	2
Ireland	11	14	3	3	15	15	7	4
Israel	11	15	7	12	23	33	37	25
Italy	26	36	14	27	46	53	31	33
Latvia	12	17	6	2	19	24	9	14
Lithuania	12	14	9	6	23	33	18	15
Luxembourg	–	–	7	7	–	–	7	23
Malta	35	52	22	29	37	52	23	38
Netherlands	19	24	13	12	37	55	14	20
Norway	17	23	4	7	20	19	5	3
Poland	7	10	10	9	18	21	10	18
Portugal	12	16	8	12	17	24	10	16
Romania	–	–	10	13	–	–	27	28
Russian Federation	20	20	8	10	25	38	10	23
Scotland	38	42	13	13	30	49	16	10
Slovakia	–	–	15	14	–	–	19	25
Slovenia	17	18	11	12	25	36	18	12
Spain	21	14	7	8	24	24	12	11
Sweden	13	17	1	4	19	26	5	7
Switzerland	8	20	6	11	36	32	10	18
MKD[a]	8	4	5	17	20	22	23	19
Ukraine	20	25	15	9	31	48	17	19
Wales	31	34	8	13	38	52	8	14
HBSC average (trend countries only)	**19**	**23**	**9**	**12**	**28**	**36**	**15**	**19**

Socioeconomic position is measured using the Family Affluence Scale (FAS). High affluence indicates young people from the 20% most affluent families within each country. Low affluence indicates young people from the 20% least affluent families within each country. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data were provided for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey. Statistical significance is set as $p < 0.05$.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the International Organization for Standardization (ISO)).

Socioeconomic differences in prevalence of having been drunk two or more times in lifetime (%)

Significantly higher prevalence among high-affluence young people
Significantly higher prevalence among low-affluence young people

Gender	Girls (%)				Boys (%)			
Survey year	2002		2014		2002		2014	
Country	Low FAS	High FAS	Low FAS	High FAS	Low FAS	High FAS	Low FAS	High FAS
Austria	35	28	15	27	36	47	29	20
Belgium (Flemish)	29	24	18	20	42	41	23	31
Belgium (French)	24	26	15	25	26	36	18	29
Croatia	14	23	27	23	36	44	40	37
Czechia	34	28	35	38	41	41	29	34
Denmark	52	67	30	55	65	64	26	56
England	44	61	29	39	38	61	25	27
Estonia	45	40	31	25	53	56	29	34
Finland	59	49	19	28	54	52	30	37
France	17	14	11	36	21	23	10	22
Germany	32	35	19	22	43	51	22	39
Greece	18	20	21	28	22	25	23	24
Hungary	32	27	33	36	44	52	46	40
Iceland	–	–	13	4	–	–	6	5
Ireland	34	40	16	15	28	24	22	16
Israel	16	15	9	8	18	26	15	16
Italy	17	23	9	23	14	23	12	25
Latvia	26	33	26	26	45	45	31	30
Lithuania	43	42	28	40	57	61	43	39
Luxembourg	–	–	11	16	–	–	11	23
Malta	13	10	22	34	22	23	18	37
Netherlands	18	25	15	15	30	43	13	20
Norway	44	38	12	30	41	38	19	22
Poland	20	25	24	25	38	42	25	32
Portugal	17	25	12	22	21	27	12	28
Romania	–	–	10	18	–	–	26	32
Russian Federation	31	32	10	13	40	42	14	31
Scotland	48	47	34	39	48	54	35	30
Slovakia	–	–	33	28	–	–	30	32
Slovenia	23	33	24	32	39	44	34	32
Spain	26	28	19	25	23	23	21	19
Sweden	36	40	15	19	32	60	13	20
Switzerland	25	29	11	12	41	31	15	24
MKD[a]	6	5	4	11	10	18	15	19
Ukraine	47	49	19	16	62	52	19	24
Wales	60	56	26	48	58	56	24	34
HBSC average (trend countries only)	**31**	**32**	**20**	**26**	**37**	**41**	**23**	**28**

Socioeconomic position is measured using the FAS. High affluence indicates young people from the 20% most affluent families within each country. Low affluence indicates young people from the 20% least affluent families within each country. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data were provided for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey. Statistical significance is set as $p < 0.05$.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Socioeconomic differences in prevelance of early alcohol initiation (%)

Significantly higher prevalence among high-affluence young people
Significantly higher prevalence among low-affluence young people

Gender	Girls (%)				Boys (%)			
Survey year	2002		2014		2002		2014	
Country	Low FAS	High FAS	Low FAS	High FAS	Low FAS	High FAS	Low FAS	High FAS
Austria	69	74	26	40	56	68	43	42
Belgium (Flemish)	48	60	14	20	53	67	28	27
Belgium (French)	44	55	18	23	46	69	17	36
Croatia	30	42	30	32	54	58	41	47
Czechia	71	69	24	24	70	79	26	30
Denmark	61	63	24	39	64	65	31	47
England	49	57	25	34	37	64	29	38
Estonia	37	50	48	51	61	61	49	49
Finland	53	52	18	16	43	50	21	33
France	29	37	18	41	39	50	24	57
Germany	48	55	33	37	40	51	26	45
Greece	24	40	35	42	43	56	43	54
Hungary	36	55	27	44	51	63	37	51
Iceland	–	–	8	3	–	–	8	5
Ireland	40	38	17	18	39	49	21	12
Israel	14	17	4	3	18	32	22	18
Italy	15	22	9	17	18	30	19	22
Latvia	31	26	30	28	33	36	32	24
Lithuania	48	58	35	43	64	65	51	40
Luxembourg	–	–	26	30	–	–	32	41
Malta	37	38	22	19	26	36	29	23
Netherlands	30	52	26	21	44	57	32	33
Norway	28	45	9	16	48	40	13	15
Poland	31	53	28	30	57	58	27	33
Portugal	37	43	30	40	51	43	34	43
Romania	–	–	19	18	–	–	44	42
Russian Federation	25	30	16	17	35	39	18	20
Scotland	56	63	29	26	53	65	31	33
Slovakia	–	–	25	27	–	–	29	28
Slovenia	19	23	33	30	34	34	49	44
Spain	34	37	20	31	37	38	23	21
Sweden	42	31	11	15	41	55	16	14
Switzerland	36	48	23	32	48	39	25	33
MKD[a]	18	17	13	20	44	41	23	41
Ukraine	33	40	28	25	39	42	38	34
Wales	62	60	30	35	67	69	14	30
HBSC average (trend countries only)	**39**	**45**	**23**	**27**	**45**	**52**	**29**	**33**

Socioeconomic position is measured using the FAS. High affluence indicates young people from the 20% most affluent families within each country. Low affluence indicates young people from the 20% least affluent families within each country. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data were provided for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey. Statistical significance is set as $p < 0.05$.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

Socioeconomic differences in prevalence of early drunkenness initiation (%)

Significantly higher prevalence among high-affluence young people
Significantly higher prevalence among low-affluence young people

Gender	Girls (%)				Boys (%)			
Survey year	2002		2014		2002		2014	
Country	Low FAS	High FAS	Low FAS	High FAS	Low FAS	High FAS	Low FAS	High FAS
Austria	27	23	2	7	23	29	11	10
Belgium (Flemish)	15	10	2	1	17	25	7	4
Belgium (French)	12	13	3	6	21	21	5	5
Croatia	10	17	5	6	23	27	18	12
Czechia	18	23	9	14	23	26	14	11
Denmark	34	34	9	14	33	35	4	20
England	24	33	11	13	22	39	10	10
Estonia	14	18	14	17	24	34	18	27
Finland	41	39	10	10	34	38	14	19
France	9	5	1	16	10	15	3	13
Germany	17	12	6	8	15	20	11	11
Greece	4	6	3	6	9	11	7	10
Hungary	5	5	10	11	13	16	14	9
Iceland	–	–	4	1	–	–	4	2
Ireland	16	20	8	4	14	16	11	1
Israel	8	5	3	1	9	8	13	5
Italy	4	8	2	2	4	9	4	4
Latvia	10	13	13	12	19	24	15	17
Lithuania	19	19	13	15	37	28	31	17
Luxembourg	–	–	3	6	–	–	6	10
Malta	2	5	5	12	18	2	8	9
Netherlands	9	6	6	1	13	15	2	4
Norway	17	19	3	3	24	18	4	3
Poland	7	9	6	4	19	22	10	8
Portugal	6	11	9	5	8	10	8	6
Romania	–	–	3	4	–	–	16	17
Russian Federation	11	13	3	4	18	20	5	7
Scotland	35	30	14	15	30	32	13	13
Slovakia	–	–	11	14	–	–	14	17
Slovenia	12	10	4	6	18	20	9	11
Spain	13	10	5	5	7	11	5	6
Sweden	23	14	3	4	19	30	6	4
Switzerland	7	9	4	3	16	8	5	11
MKD[a]	1	3	2	1	3	11	10	7
Ukraine	8	12	7	8	19	16	15	13
Wales	33	33	12	15	38	33	5	15
HBSC average (trend countries only)	**15**	**15**	**6**	**7**	**19**	**21**	**10**	**10**

Socioeconomic position is measured using the FAS. High affluence indicates young people from the 20% most affluent families within each country. Low affluence indicates young people from the 20% least affluent families within each country. No data for 2002 were received for Iceland, Luxembourg, Romania and Slovakia. No data were provided for Albania, Armenia, Bulgaria, Republic of Moldova and Turkey. Statistical significance is set as $p < 0.05$.

[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO).

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

9 789289 053495

World Health Organization
Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.euro.who.int

cahru
CHILD AND ADOLESCENT HEALTH RESEARCH UNIT