Childhood and adolescence is a period of experimentation, sometimes linked to engagement in behaviours that are harmful for health, including tobacco consumption and the use of illicit drugs. Children and adolescents who smoke tobacco are more likely to become regular tobacco smokers in adulthood. Tobacco smoking in childhood and adolescence has both immediate and long-term health consequences, increasing the risks of respiratory diseases like asthma in the short term and the risks of cardiovascular diseases, respiratory illnesses and cancer in the long term.

While in recent years tobacco smoking among adolescents has continued to decline in most EU countries, too many adolescents still smoke. On average across EU countries, more than one in six (18%) 15-year-olds reported having smoked cigarettes at least once in the past month in 2018 (Figure 4.1). This proportion reached a high of more than one in four in Bulgaria, Lithuania and Italy. Less than one in eight reported to have smoked cigarettes in the past month in Ireland, Portugal, Malta, Sweden and Belgium. Smoking rates among 15-year-olds have decreased since 2014 in almost all EU countries, except in Spain, Bulgaria and Lithuania. The largest reductions occurred in Croatia and France, although another survey shows a smaller reduction in these two countries between 2007 and 2015 (ESPAD Group, 2016).

The gap in tobacco smoking between 15-year-old boys and girls is fairly small in most countries. On average, a slightly greater proportion of 15-year-old girls reported smoking in 2018 (19% compared with 17% for boys).

Over the last few decades, a mix of policies including increased taxes on tobacco products, smoking bans in indoor public places, restrictions on youth purchase of tobacco, advertising restrictions, plain packaging of tobacco products, and greater investment in education about the health consequences of tobacco use have contributed to reducing smoking rates among children and adolescents.

The EU Tobacco Products Directive (2014/40/EU) banned the sale of cigarettes with characterising flavours, such as menthol, starting in May 2020. Legislation stemming from this EU Directive may contribute to further reducing tobacco smoking among adolescents and young adults, since they tend to be the main target market for these products. Across EU countries, about one in ten 15-24 year-olds who smoked on a regular basis were opting for menthol cigarettes in 2017, a proportion much greater than among older population groups (European Commission, 2017).

This EU Directive also contains provisions concerning the production and sales of e-cigarettes, including maximum nicotine concentration and compulsory health warnings advising consumers that e-cigarettes also contain nicotine. In 2017, a quarter of 15-24 year-olds across EU countries reported having tried e-cigarettes at least once, although regular use tends to be fairly low (European Commission, 2017).

Smoked cannabis is by far one of the most used drugs among adolescents. Frequent and heavy cannabis use during adolescence is linked to long-term increased risk of dependence and cognitive functioning problems, including memory losses and attention deficits.

On average in EU countries, 1 in 14 (7%) 15-year-olds reported smoking cannabis at least once in the past month in 2018 (Figure 4.2). This proportion ranged from over 10% in Bulgaria, Slovenia and Italy to less than 5% in Finland, Denmark, Romania, Portugal and Sweden. Cannabis use has decreased since 2014 in about half of EU countries, whereas it increased in the other half. The largest decreases have occurred in France, Poland and Denmark, with drops of over 4 percentage points.

A greater proportion of 15-year-old boys report smoking cannabis than girls in all EU countries (9% of boys and 6% of girls on average in 2018).

EU countries use a mix of approaches to reduce cannabis consumption among adolescents, combining legal controls of drug dealers and users, education and public awareness programmes of the health risks of drug use, and treatments for young people who have developed addictions.

Definition and comparability

The data come from the Health Behaviour in School-aged Children (HBSC) study. The HBSC surveys have been undertaken every four years since 1993-94 and now include all EU countries except Cyprus. Data are drawn from school-based samples of 1 500 children in three age groups (11-, 13- and 15-year-olds) in most countries, ensuring that the sample is representative of each age group. The data relate to the proportion of adolescents reporting to have smoked a cigarette or cannabis at least once in the past month.

The data source on cannabis use in this edition of *Health at a Glance: Europe* is different from the one used in the previous edition in 2018, which was based on the European School Survey Project on Alcohol and Other Drugs (ESPAD). This explains the difference in results.

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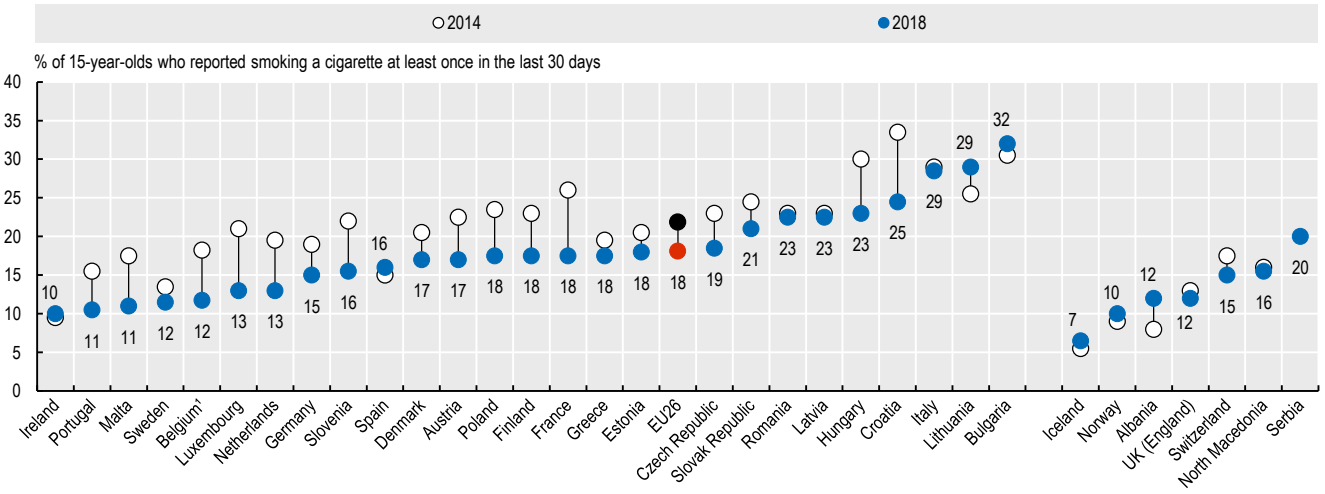
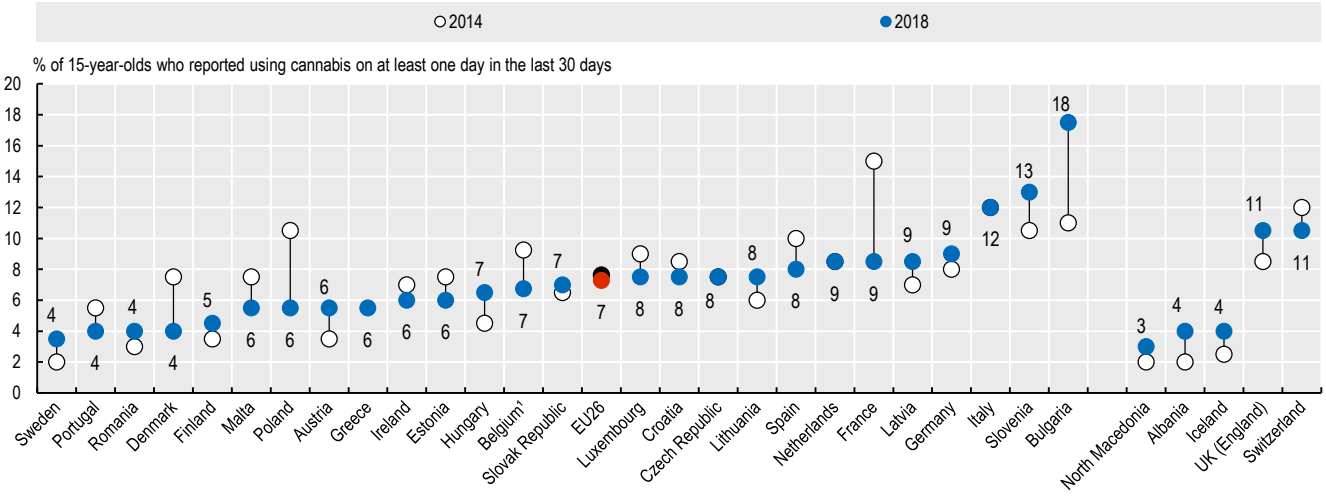
Figure 4.1. **Tobacco smoking rates among 15-year-olds, 2014 and 2018**



Note: The EU average is unweighted. 1. The value for Belgium is the unweighted average of the Flemish and French Communities.
Source: HBSC data from Inchley et al. (2020).

StatLink https://stat.link/r2elhu

Figure 4.2. **Cannabis smoking rates among 15-year-olds, 2014 and 2018**



Note: The EU average is unweighted. 1. The value for Belgium is the unweighted average of the Flemish and French Communities.
Source: HBSC data from Inchley et al. (2020).

StatLink https://stat.link/8gb1jq

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