Alcohol use among adolescents in the Russian Federation

Fact sheet based on the results of Health Behaviour in School-aged Children (HBSC) survey 2013/2014
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This fact sheet summarizes the main findings on alcohol use among adolescents from the 2013/2014 Health Behaviour in School-Aged Children (HBSC) survey in the Russian Federation.

HBSC, a WHO collaborative cross-national study, is conducted every four years and provides information about the health and well-being, social conditions and behaviour of 11-, 13- and 15-year-old boys and girls in 42 countries and regions across the WHO European Region and North America. More than 4700 young people from the Russian Federation took part in the survey, the sixth to have been held in the country.


Summary of results

- Results in the Russian Federation are similar to the HBSC average.
- Alcohol consumption has reduced since the previous HBSC survey in 2009/2010.
- Drunkenness levels across all ages are less than they were in 2009/2010.
- Prevalence of alcohol use increases with age.
- Gender differences are small but relevant, particularly among 15-year-olds.
- Family affluence has a direct influence on alcohol consumption.

![Graph](image-url)
Age differences

Rates of boys and girls using alcohol at least once a week and being intoxicated (drunk) twice or more are low among 11-year-olds, but rise gradually with age, particularly among boys. The number of young people using alcohol at least once a week doubles between ages 11 and 13, while the rise in being drunk twice or more between 13 and 15 is seven percentage points for girls and 11 for boys.
Gender differences

Boys are more likely to use alcohol weekly. Gender differences increase with age, with a six percentage-point difference at 15.

Boys are also more likely to have been drunk. Seventeen per cent of 15-year-old boys report having been drunk twice or more, against 11% of girls.

Being drunk for the first time at age 13 or younger is more commonly reported by 15-year-old boys, although the difference is only two percentage points.
Family affluence

Weekly use of alcohol is directly related to family affluence, with differences achieving statistical significance for boys. The direct relationship between drunkenness frequency and family affluence is statistically significant for boys and girls.

Differences from the previous HBSC survey

Decreases are seen across all alcohol-use indicators and in all three age groups. At age 15, for example, weekly alcohol use has reduced by three percentage points in girls and one percentage point in boys. Gender differences have gradually decreased.

How can policy help?

National policy in the Russian Federation supports WHO’s global strategy to reduce harmful use of alcohol. The Ministry of Health reports that implementation of priority tasks from the national strategy on alcohol between 2009 and 2014 resulted in reductions in alcohol consumption among young people aged over 15 from 16.8 L to 13.6 L per year (1).

WHO’s global action plan for preventing and controlling noncommunicable diseases for 2013–2020 sets out key areas targeting young people and alcohol (on alcohol accessibility, marketing and pricing, for example). Russian Federation policy on reducing alcohol abuse and preventing alcoholism recognizes the risk alcohol poses to young people and defines measures to avoid early initiation (2).

The 2013/2014 HBSC survey shows positive trends in decreasing alcohol consumption among young people in the Russian Federation. The numbers of 15-year-olds who have been drunk at least twice remains high, however. Policy-makers can address this issue by:

- promoting healthy lifestyles for adolescents
- developing education programmes on health behaviour
- further lowering accessibility to alcohol through retail outlets
- limiting (or banning) hidden advertising of alcohol products.

References


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**Report findings available as app:**  
The latest HBSC report is available as a smartphone application, presenting data on 11-, 13- and 15-year-old boys’ and girls’ health and well-being, social environments and health behaviours, as well as the health inequalities many of them face. It is searchable by country and a wide range of health topics and connects to the WHO European Health Information Gateway.

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1 The smartphone application can be accessed at: http://www.euro.who.int/euro-healthstats