

**Copenhagen, 29 April 2012**  
**Embargoed until 2 May 2012 at 00:01 CET**

## **Alcohol: why pay attention to this issue during adolescence?**

Alcohol use among adolescents is common in many European and North American countries. It has been suggested that adults act as models for drinking behaviour in many cultures. Alcohol may be perceived by young people as fulfilling social and personal needs, intensifying contacts with peers and initiating new relationships.

Alcohol use is nevertheless one of the major risk factors for morbidity and mortality worldwide and contributes to more than 60 different causes of ill health, constituting an enormous burden for individuals and societies. Risky drinking (including frequent drinking and drunkenness) has been associated with adverse psychological, social and physical health consequences, including academic failure, violence, accidents, injury and unprotected sexual intercourse.

Adolescent alcohol (mis)use commonly occurs with other types of risk behaviour such as tobacco and illicit drug use and risky sexual behaviour. Early starters, excessive drinkers and those engaging in multiple types of risk behaviour are especially likely to experience adverse health outcomes.

This fact sheet summarizes findings from the 2009/2010 survey of the Health Behaviour in School-aged Children (HBSC) study.<sup>1</sup>

### **HBSC findings: an overview of adolescent alcohol use**

The 2009/2010 HBSC survey asked young people how often they drink, at what age they first got drunk and how many times they have been drunk.

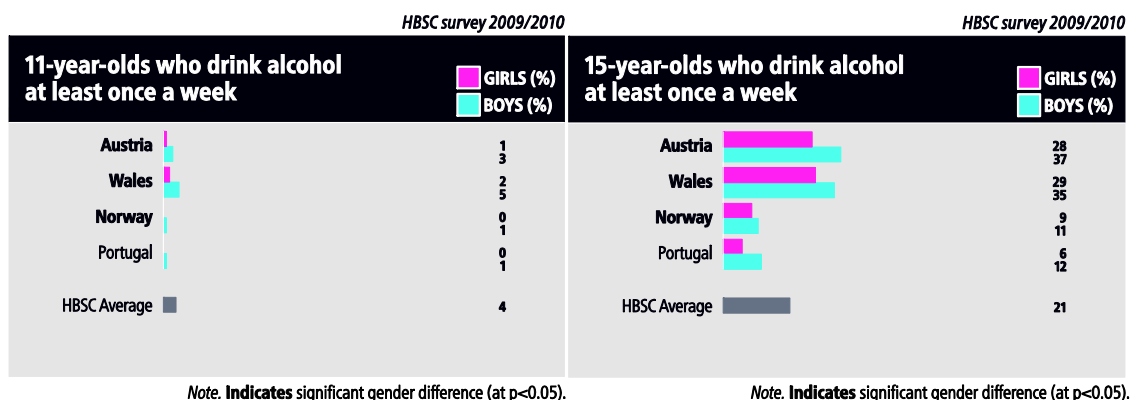
The findings confirm previous HBSC surveys and show that the prevalence of weekly alcohol use and drunkenness increases substantially with age, especially between the ages of 13 and 15, for both boys and girls in all countries (see figures). The rate at which prevalence increases, however, varies across the countries. For example, even though all countries and regions show similar drinking rates of about 1% at age 11, Austria and Wales show rates of over 25% for 15-year-old boys and girls, while those in Norway and Portugal are just over

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<sup>1</sup> Currie C et al., eds. *Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey*. Copenhagen, WHO Regional Office for Europe, 2012 (Health Policy for Children and Adolescents, No. 6; <http://www.euro.who.int/en/what-we-publish/abstracts/social-determinants-of-health-and-well-being-among-young-people.-health-behaviour-in-school-aged-children-hbhc-study>, accessed 26 April 2012).

10%. . This suggests that the socioenvironmental context can be changed to benefit young people's health. These results reveal adolescence as a key period for intervention, and the role

of policy-makers to create a social environment that supports young people’s health decisions.

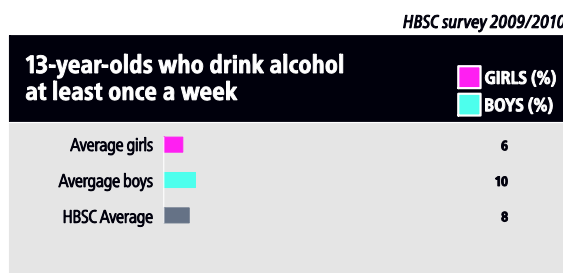


Note. Indicates significant gender difference (at p<0.05).

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### Gender

Boys are more likely to report weekly drinking and drunkenness, but the gender difference at the age of 13 is significant in fewer than half the countries surveyed (see figure). Previous HBSC findings showed that the gender gap declined between 1998 and 2006. Further research, using data from the most recent survey, will be able to confirm whether the gender gap has narrowed.



### Family affluence

Family affluence was not found to have a large effect on adolescent alcohol use in most countries. It has been suggested that an adolescent’s social position among peers may be more important than the socioeconomic status of the family in predicting his or her alcohol use. The influence of family characteristics may decrease as the influence of peers and youth culture increases with age, particularly in relation to behavioural patterns that do not start until adolescence (such as alcohol consumption). This suggests that the determining role of socioeconomic background for this type of behaviour might emerge only later in life.

### How policy can help

Risky drinking and drunkenness in adolescence are often embedded in a high-risk lifestyle and may have negative social, physical, psychological and neurological consequences reaching into adult life.

### Marketing

Both the content of alcohol marketing and the amount of exposure to it are critical issues for young people, who are particularly susceptible to alcohol’s harmful effects. Young people’s interest in specific aspects of marketing materials, such as humour, animation and popular music, contributes significantly to their overall effectiveness. Studies show that there is a dose–response relationship between young people’s exposure to alcohol marketing and the

likelihood that they will start to drink or to drink more.

Real-time studies have shown that marketing can have an immediate and substantive impact on how much young people drink, and that this impact is even greater on heavier drinkers.

### **School**

Alcohol education in schools should be considered as part of a wider policy approach. It should start in childhood with parenting support and continue in schools as part of the holistic approach of the health-promoting school. Given its limitations, it should be based on educational practices that have proven effective, such as:

- targeting a relevant period in young people's development;
- talking to young people from the target group during that developmental phase;
- testing the intervention with teachers as well as members of the target group;
- ensuring the programme is interactive and based on skills development;
- setting behavioural change goals that are relevant for all participants;
- returning to conduct booster sessions in subsequent years;
- incorporating information that is of immediate practical use to young people;
- conducting appropriate teacher training for delivering the material interactively; and
- making any programme that proves to be effective widely available and marketing it to increase exposure.

### **Family**

Family-based programmes could also be considered, because alcohol problems in a family are a problem not only for the drinker but also for the health and well-being of the partner and especially for the development of the children. As part of community-based prevention programmes, it is important to train those who take care of children (including teachers) in carrying out early intervention among parents with alcohol problems. This approach will also provide support to partners and children.

Other effective policy responses include the following.

- Higher prices and reduced availability are very effective in decreasing alcohol consumption by young people.
- Governments should take steps to control the availability of alcohol where necessary, such as by regulating the density of alcohol outlets and controlling the sales hours.
- Minimum purchase ages for alcohol should be enforced. Where they are below 18 years, it would be advantageous to increase them to 18 for all beverage products in both off-trade and on-trade establishments.

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