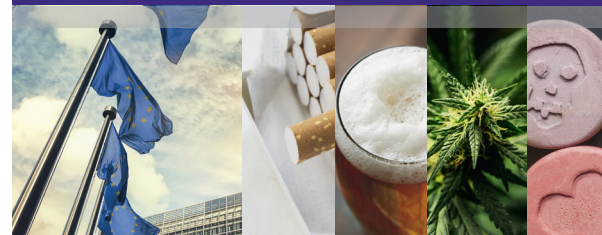




20 years of developments in drug use among adolescents in Europe

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What lessons can be learned from international surveys (HBSC and ESPAD) on the spread of tobacco, alcohol and cannabis among adolescents?



Two major surveys, conducted every 4 years for the past 25 years in the adolescent population, allow for an international comparison of drug use: the Health Behaviour in School-Aged Children (HBSC) survey, under the auspices of the World Health Organisation (WHO), and the European School Survey Project on Alcohol and other Drugs (ESPAD), conducted with the support of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the Institute of Clinical Physiology (IFC) of the Italian National Research Centre (CNR). The first, which interviews students aged 11, 13 and 15, has been taking place since 1982 (1994 in France) in a growing number of western countries. It aims to collect data on the health, well-being, school experience and behaviours that benefit or harm the health of pupils, including drug use. The second, conducted since 1995 (1999 in France) in around 40 European countries, focuses on the use of alcohol, tobacco, cannabis and other illicit substances at the age of 16¹. More than 327 000 students from 51 countries or regions of the world participated in the last HBSC survey (n=227 441), which took place in 2018, and in the ESPAD survey (n=99 647) a year later. These surveys cover almost the entire European continent from its northern part (Iceland) to its eastern border with Azerbaijan, with 30 countries taking part in both surveys² (see map of participants in the appendix).

These two international surveys are based on common methodological protocols and standardised questionnaires, offering unique comparability over time and across countries. In this way, they allow participating countries to monitor their national situation but also to compare it with the development of other countries, neighbouring or not.

1. The students were aged 15-16 in the year of the survey, i.e., in their 16th year. In this issue of *Tendances*, the choice was made to consider them as 16 years old.

2. Austria, Bulgaria, Croatia, Czechia, Denmark, Estonia, Finland, France, Georgia, Germany (Bavaria), Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, Netherlands, North Macedonia, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Ukraine.

Table 1. Levels of psychoactive substance use by gender at the ages of 11, 13 and 16 in 2018/2019 in France and other European countries (%)

Product	Use	Age	All		Boys		Girls	
			France	European Average	France	European Average	France	European Average
Tobacco	Lifetime use	11 y.o.	4.1	3.4	6.4	> 4.5	1.9	2.3
	Lifetime use	13 y.o.	14	> 11	16	> 12	13	> 10
	Lifetime use		45	> 41	46	43	44	> 40
	Use in the last month		22	20	21	20	22	20
	Daily use (at least 1 cig/day)	16 y.o.	12	10	12	10	11	10
E-cigarette	Lifetime use	16 y.o.	46	> 40	53	> 46	43	> 34
	Use in the last month		16	14	20	> 16	13	11
Alcohol	Lifetime use	11 y.o.	32	> 15	39	> 20	25	> 11
	Lifetime use	13 y.o.	49	> 34	54	> 36	43	> 31
	Lifetime use		80	79	80	79	81	78
	Use in the last month	16 y.o.	53	> 47	54	> 47	52	> 46
Heavy Episodic Drinking (HED)	Use in the last month	16 y.o.	34	34	36	36	32	33
Cannabis	Lifetime use	16 y.o.	23	> 16	26	> 18	20	> 13
	Use in the last month		13	> 7,1	16	> 8,5	11	> 5,8
Other illicit drugs	Lifetime use	16 y.o.	6.1	> 4.8	6.6	5.4	5.5	4.3

Sources: HBSC 2018, ESPAD 2019, processed by the OFDT

Legend >: test for differences in confidence intervals at the 5% risk threshold

Note for the reader: In 2018, 4.1% of 11-year-olds in France had already tried smoking compared to an average of 3.4% in other European countries. 6.4% of French 11-year-old boys had tried smoking. As a result, they had a statistically higher level than their European counterparts, unlike girls, whose levels were comparable.

This issue of *Tendances* looks back at the main findings of these two surveys, with updated reports published in 2020 [1, 2]. With a strong emphasis on mapping and infographics (some sources are available in the appendix), it offers an overview of European developments in adolescents' initiation into and consumption of tobacco, alcohol and cannabis between the ages of 13 and 16 (including a box on other illicit drugs and the use of electronic cigarettes in 2019), over almost a quarter of a century.

■ **Tobacco use in Europe**

Overview on tobacco use

Lifetime tobacco use accelerated during adolescence, with 4% of French adolescents smoking at the age of 11, 14% at 13 and 45% at 16. Daily smoking at the age of 16 halved over 20 years, from 31% in 1999 to 12% in 2019. This steady decline in cigarette consumption was part of an overall trend in Europe, with the exception of Romania, where a higher percentage of 16-year-old smokers was reported in 2019 than in 1999. This decrease in smoking was the most remarkable development in the use of psychoactive substances observed among adolescents over the last quarter of a century.

The proportion of adolescents who have ever smoked increased sharply throughout adolescence [3]. In 2018, in France, this initiation concerned 4.1% and 14% of 11 and 13-year-olds respectively, reaching 45% at 16 years of age, with slightly higher rates for boys than for girls. These levels of cigarette use placed French teenagers in the European average.

Smoking prevalence among adolescents in Europe today results from a steady decline in lifetime cigarette use over the last 20 years [4]. This trend in France was particularly pronounced at the age of 13: lifetime tobacco use has been halved in this age group, decreasing by nearly 30 points in 20 years (Figure 1). This decline in initiations resulted in a decline in proportions similar to those of daily tobacco use at the age of 16, dropping from 31% in 1999 to 12% currently. Eight countries, including France, showed a decrease of more than 20 points over 20 years (Figure 2).

These developments, shared by all European countries, have taken place over different timeframes, resulting in a contrasted mapping of lifetime uses across Europe in 2019. Thus, a majority of countries, including France, had initiation levels of less than 15% at the age of 13 (Map 1). Only a few countries,

Map 1. Levels of lifetime tobacco use at the age of 13 in 2018 in Europe (%)

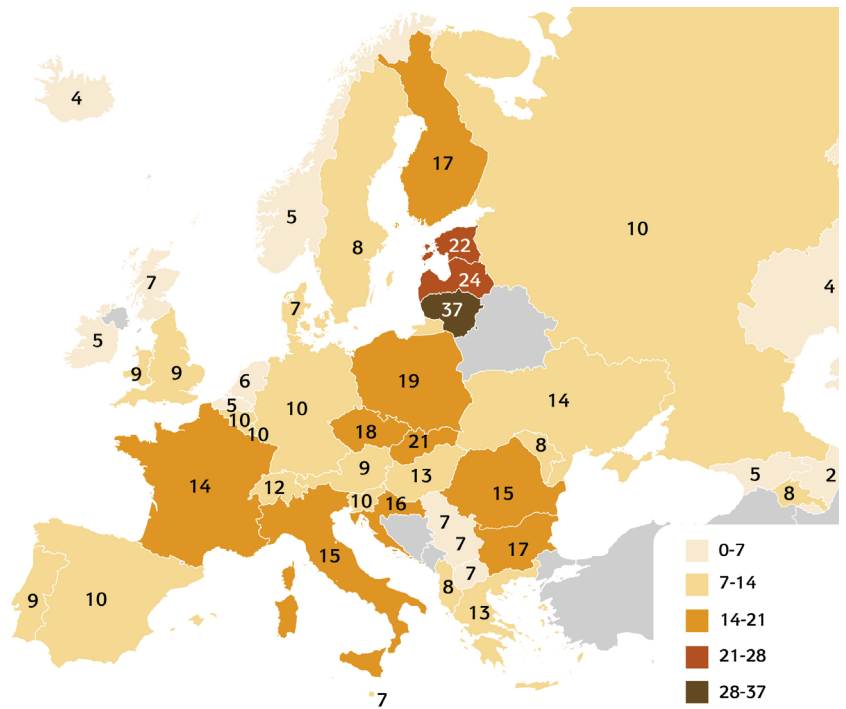
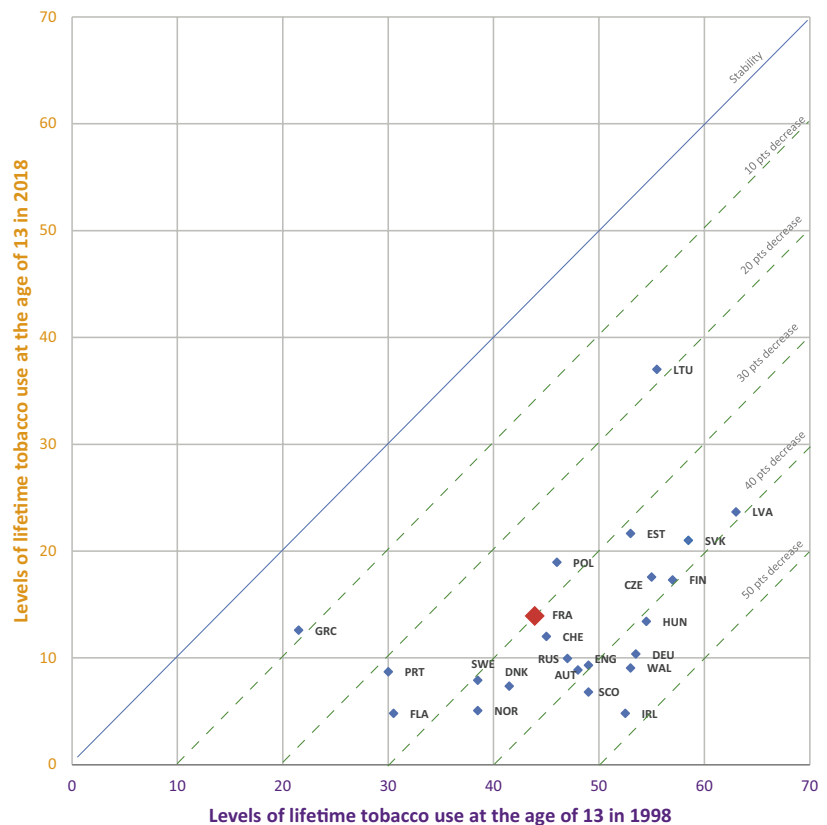


Figure 1. Change in levels of lifetime tobacco use at the age of 13 in Europe between 1998 and 2018 (%)



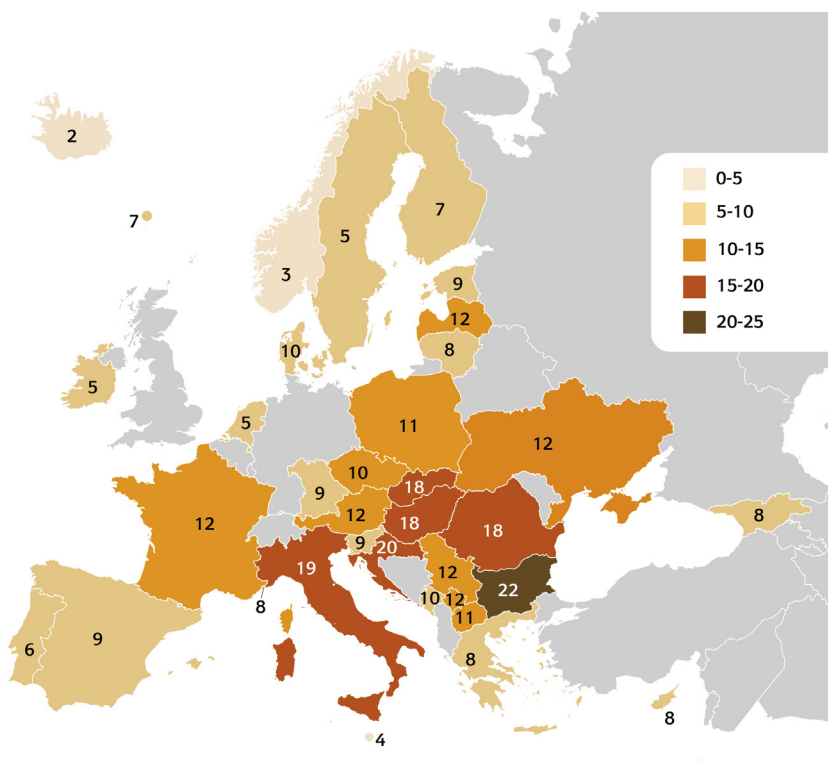
Sources: HBSC 1998, HBSC 2018, processed by the OFDT

Reading note: the prevalence rates of 1998 are represented on the x-axis of the graph and those of 2018 on the y-axis. The position of the countries on either side of the diagonal lines indicates the change in the indicator: the closer the point is to the top left, the more the indicator is increasing. Conversely, the closer the point is to the bottom right, the lower it goes. Only countries that participated in both editions of the survey are represented in this figure.

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situated on a vertical line from Finland to Slovakia via the Baltic States, Poland and Czechia, had significant early use, the maximum being observed in Lithuania (37% of users at the age of 13). Although this mapping of lifetime uses at the age of 13 partly overlapped with that observed at the age of 16, the European landscape in terms of daily smoking differed somewhat, with three main geographical areas that stand out clearly (Map 2): the first grouped together the northern countries with the lowest levels of smoking in Europe; the second formed an arc from Spain to the Ukraine via France and Germany, with intermediate levels; finally, the third concentrated on the countries of Southeastern Europe (except Greece), drawing an arc from Italy to Bulgaria, where daily smoking levels regressed the least during the period and remained high in 2019.

Map 2. Levels of daily tobacco use at the age of 16 in 2019 in Europe (%)



Update on e-cigarette use in 2019

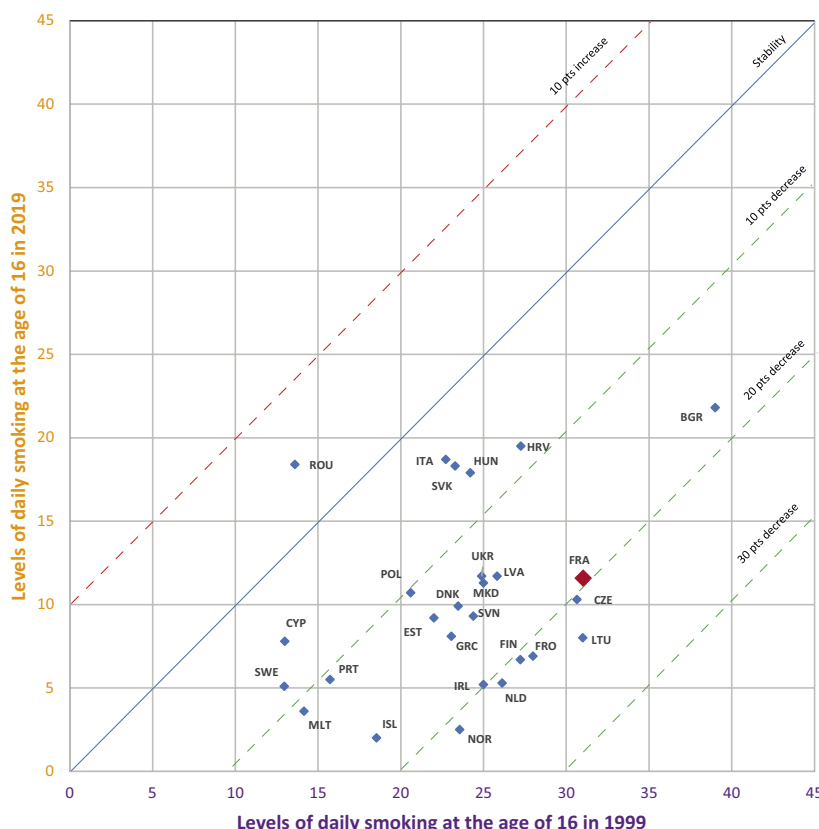
A more recent arrival on the drug use scene, e-cigarette use grew among 16-year-old European adolescents, and its use in the last month is already showing marked contrasts (Map 1a in the appendix): levels of use in the last month were particularly low in the Scandinavian countries and the Balkans (below 10%), while they were twice as high as the European average (14%) among young people in Poland (30%) and Lithuania (31%). In all countries, electronic cigarette use was more prevalent among boys. French 16-year-olds stood out for their more frequent initiation (46% compared with 40% in Europe, Table 1), but their use in the last month (16%) remained within the European average, as with adolescents in Germany and Ireland. It should be noted that lifetime use of tobacco cigarettes and/or e-cigarettes concerned 53% of 16-year-olds in Europe, clearly suggesting dual initiation.

Alcohol use

Overview on alcoholic beverage use

Compared to other European countries, France stood out with significantly higher levels of alcoholic beverage use at the ages of 11 and 13 (32% and 49% respectively). Although the gap in terms of lifetime use disappeared at the age of 16, French adolescents' use in the last month (53%) remained, on the other hand, among the highest in Europe, alongside the Italians, Hungarians and Croats. However, the level of heavy episodic drinking (HED) among French adolescents was comparable to the European average (34%), without any significant change over the last 20 years.

Figure 2. Change in daily smoking levels at the age of 16 in Europe between 1999 and 2019 (%)



Sources: ESPAD 1999, ESPAD 2019, processed by the OFDT

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Alcohol remains the first psychoactive substance ever used by European adolescents. As with tobacco, lifetime alcohol use increased sharply with age: in 2018, 32% of French 11-year-olds reported having already drunk alcohol, alongside 49% of 13-year-olds and 80% of 16-year-olds (Table 1 and Figure 3). While French 16-year-olds were in line with the European average (79%), the level of alcoholic beverage use at the age of 11 was twice as high as in the rest of Europe (15%), and 1.5 times higher at the age of 13 (34%). More than a third of 16-year-olds in France reported heavy episodic drinking (HED) in the last month, a proportion similar to the European average (Map 4). While the level of HED in 2019 was comparable to that reported in 1999 (Figure 4), alcohol use in the last month increased, rising from 46% in 1999 to 53% in 2019 (Figure 1a in the appendix), which was significantly higher than their European counterparts (47%).

There was no particular geographical homogeneity in the European mapping of the levels of alcoholic beverage use at the age of 13 (Map 3). France, Greece, Lithuania and Hungary had the highest levels (ranging between 40% and 51%), while Russia and Northern European countries, with the exception of Finland (31%), had the lowest levels, below 10%. The geographical distribution of alcohol use (Map 2a in the appendix) and HED in the last month at the age of 16 appeared more uniform (Map 4). In terms of use in the last month, Northern European countries reported the lowest levels, while Central European countries, Denmark and Greece reported the highest levels (between 61% and 74%), with other countries reporting levels ranging from 30% in Finland to 59% in Italy (53% for French adolescents).

With a more specific focus on HED in the last month, a similar mapping was observed with a large group of countries including France, Poland, Bulgaria and Southern European countries with median levels, while a second group of countries with high levels drew a north-eastern axis from Denmark to Georgia. Changes in HED levels in different countries were generally observed in three periods - first rising, then stable, and finally falling [5]. In this European overview of heavy episodic drinking, 4 Nordic countries (Finland, Iceland, Norway and Sweden) stood out due to a sustained decrease over the entire period and due to their current particularly low levels. Within this group, Iceland, with half as many adolescents reporting HED in the last month (8%), stood out.

Map 3. Levels of lifetime alcohol use at the age of 13 in 2018 in Europe (%)

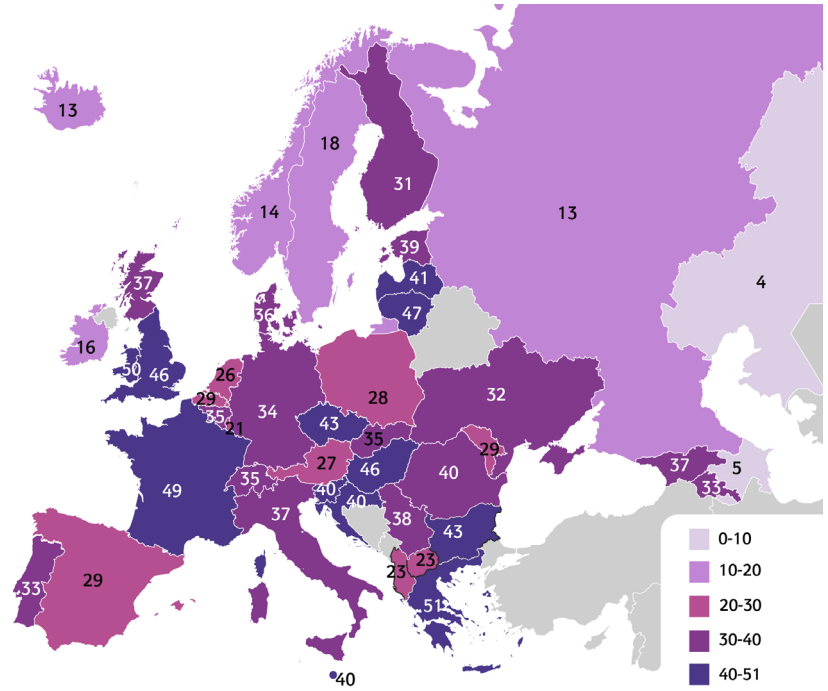
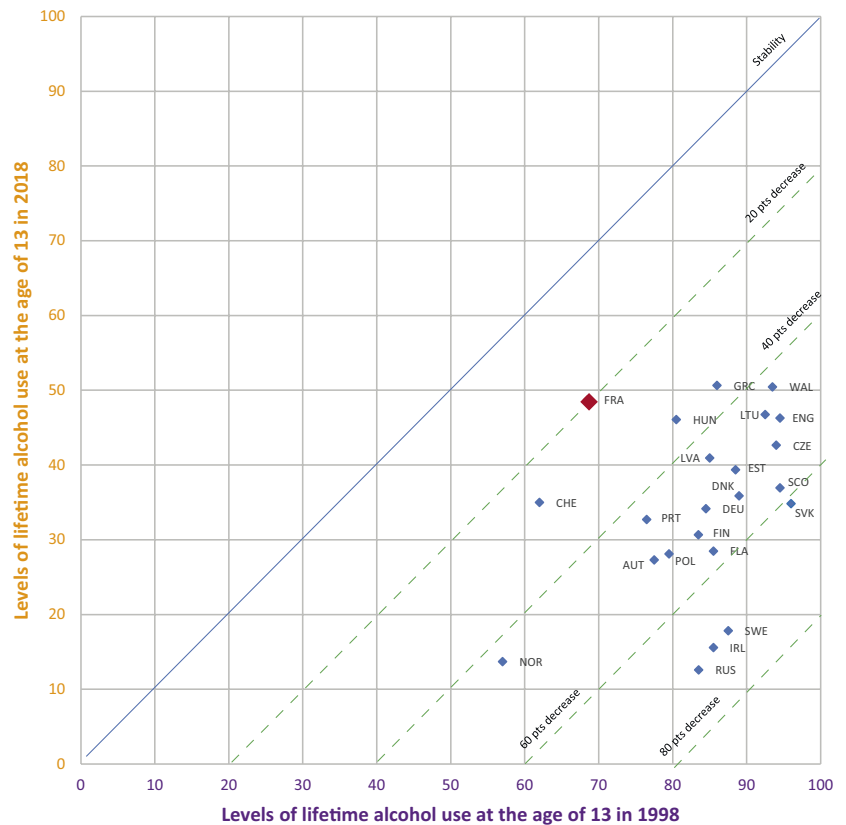


Figure 3. Change in levels of lifetime alcohol use at the age of 13 in Europe between 1998 and 2018 (%)



Sources: HBSC 1998, HBSC 2018, processed by the OFDT

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■ Cannabis use

Overview on cannabis use

France had one of the highest prevalence rates of cannabis use among adolescents in Europe: in 2019, 23% of 16-year-olds in France reported having smoked cannabis at least once in their lifetime and 13% in the last month, with significant gender differences that persist. These levels were nevertheless close to the European average, under the combined effect of the continuous decline in use by 16-year-olds in France since 1999 and their increase in the majority of European countries, including among those with the highest prevalence of consumers, such as Italy.

Cannabis is the most common illicit substance used by European adolescents. In 2019, 23% of French 16-year-olds said they had already used it in their lifetime, with boys more often than girls (26% vs 20%). France thus presented levels well above those observed at European level (16% overall, 18% for boys and 13% for girls) (Table 1). Unlike tobacco and alcohol, lifetime cannabis use at the age of 11 and at the age of 13 was not included in the HBSC survey. However, in 2019, 4.5% of 16-year-olds in France, compared with 2.4% at European level, reported having used cannabis before the age of 14 [6], suggesting that the spread of cannabis among the adolescent population was increasing from the age of 13 onwards. At the age of 16, French adolescents reported a higher recent use of cannabis than in the rest of Europe (13% vs 7.1%). As with lifetime use, boys were more often recent users than girls (16% vs 11%).

In 2019, France and Italy shared some of the highest levels of lifetime use (23% and 22% respectively) and use in the last month of cannabis (13% and 15% respectively) at the age of 16 (Maps 5 and 6) with three other countries: Czechia, the Netherlands and Slovenia. Conversely, Northern European countries (Iceland, Sweden, Norway and Finland) and some Southeastern European countries (Greece, Romania, North Macedonia and Serbia) had the lowest levels of use (less than 12% for lifetime use and less than 6% for recent use).

The prevalence of cannabis use tended to converge at European level. Overall, levels have remained stable over the last 20 years, but disparities between European countries have been reduced (Figure 6). France still occupies a unique position: in 2019 it remained both one of the countries with the highest levels of cannabis use, as in 1999, and one of the countries where the level

Map 4. Levels of heavy episodic drinking (HED) in the last month at the age of 16 in 2019 in Europe (%)

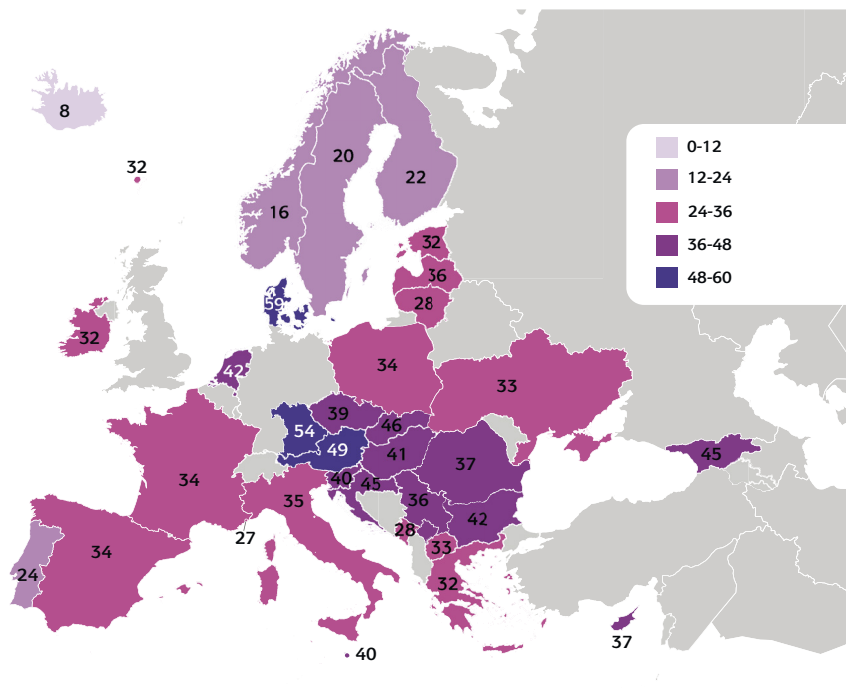
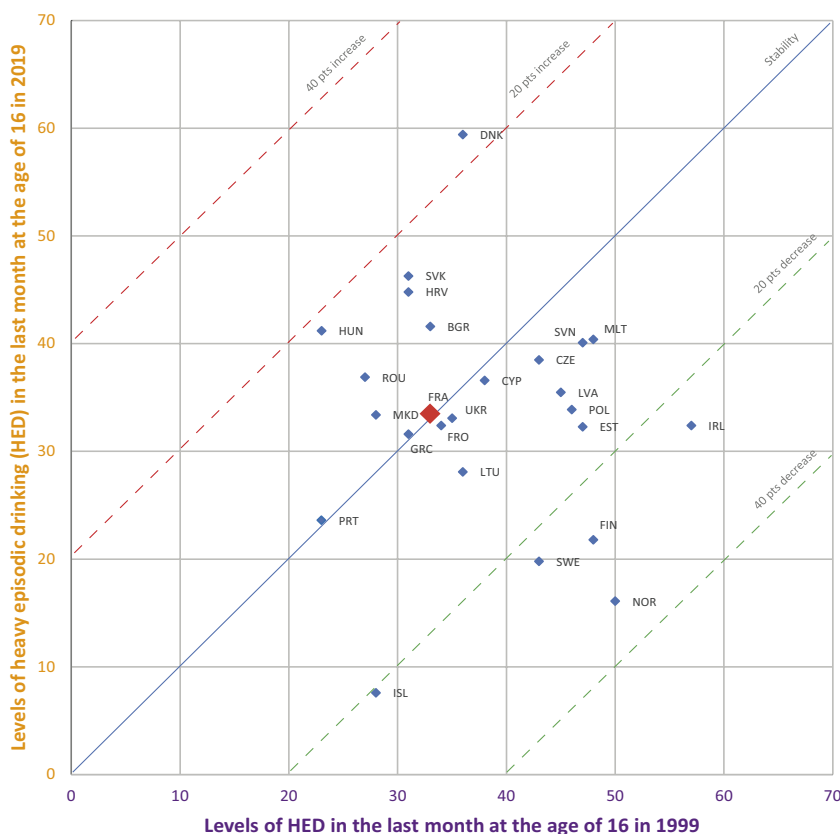


Figure 4. Change in levels of heavy episodic drinking (HED) in the last month at the age of 16 in Europe between 1999 and 2019 (%)



Sources: ESPAD 1999, ESPAD 2019, processed by the OFDT

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of recent use has fallen the most in 20 years (minus 10 points). This marked decline enabled French adolescents to distinguish themselves from their Italian counterparts, whose cannabis use in 2019 remained similar to that measured in 1999. Conversely, rising levels were observed in a few countries where consumption was particularly low in 1999, such as the Baltic States and certain central European countries, notably Croatia and Slovakia.

Update on other illicit drug use

The use of any illicit drug other than cannabis (cocaine, crack cocaine, MDMA/ecstasy, LSD and heroin) remained limited in Europe to those at the age of 16. In France, 6.1% of young people at this age reported having already taken at least one of these substances, with no significant difference based on gender. Stable for 20 years, this level of use is slightly above the European average (4.8%). In most countries, ecstasy/MDMA and powder cocaine are the substances most frequently used [2].

In 2019, two countries stood out in Europe: Latvia and Estonia had the highest levels of lifetime use (9% and 8% respectively, Map 3a in the appendix). Conversely, levels were lowest in the Scandinavian countries and North Macedonia.

Between 1999 and 2019, levels of lifetime use of an illicit drug other than cannabis declined in most countries, particularly in Poland, Romania and Latvia (Figure 2a in the appendix). On the other hand, Cyprus was the only country that stood out from the general trend with a level that was significantly higher in 2019 than in 1999.

Discussion

Interpreting these trends in use proves to be a difficult exercise due to the contrasting developments in different countries, which refer to different socio-cultural representations of products and public policies. Nevertheless, some avenues of understanding emerge from an analysis that takes into account national legislative frameworks that may share common elements and strategies.

The example of tobacco was revealing in this respect. Actions to reduce smoking are probably among the best shared in Europe. Based on the WHO Framework Convention on Tobacco Control [7], the vast majority of countries have implemented common strategies: a significant increase in tobacco prices, restrictions on accessibility by banning sales to minors, health messages on cigarette packs (or even the introduction of plain packaging in some countries: France, United Kingdom, Ireland, Belgium, Norway), smoking bans in public spaces... In

Map 5. Levels of lifetime cannabis use at the age of 16 in 2019 in Europe (%)

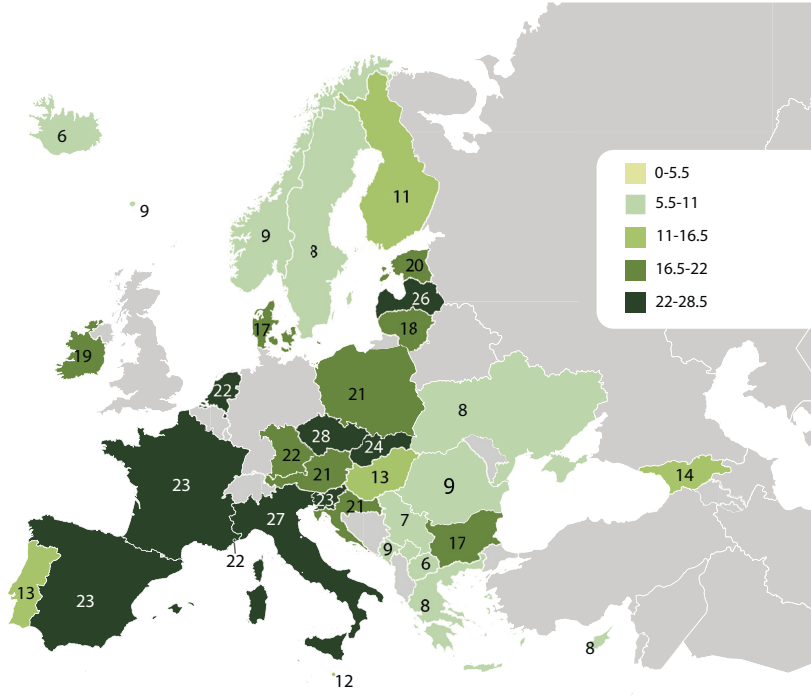
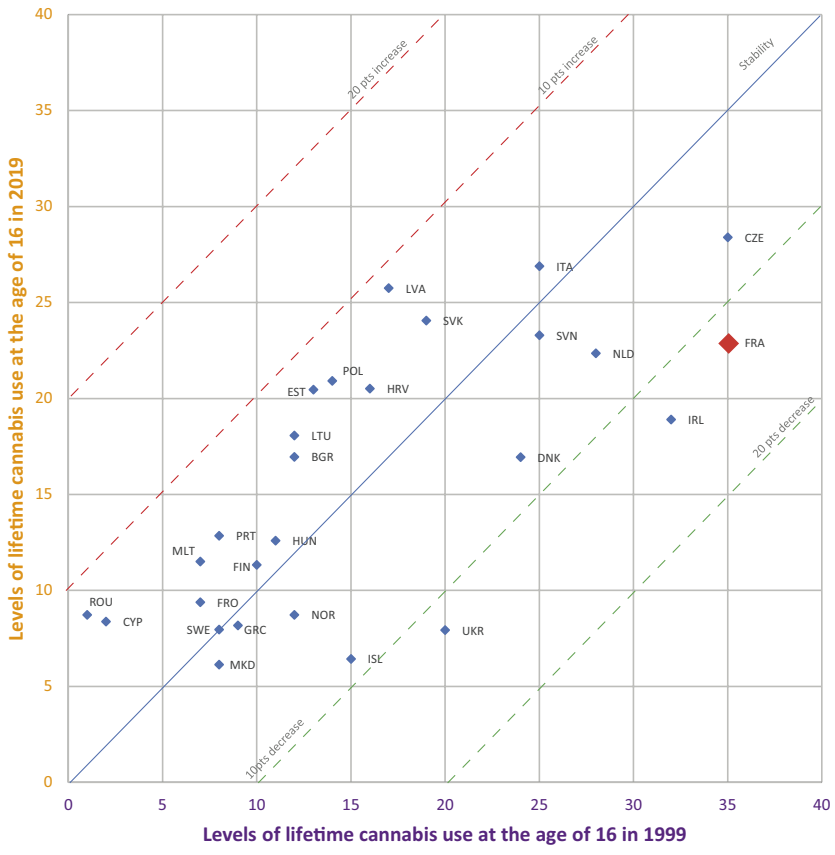


Figure 5. Change in levels of lifetime cannabis use at the age of 16 in Europe between 1999 and 2019 (%)



Sources: ESPAD 1999, ESPAD 2019, processed by the OFDT

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view of the results of the ESPAD and HBSC surveys, these measures have most probably contributed to the “denormalisation” of smoking and the decline in smoking among adolescents and adults fairly widely in Europe. The countries that developed these various measures at an early stage are often those that have now virtually eliminated smoking among their adolescent population, with the Nordic countries emerging as the model for this success (for example, they banned the sale of tobacco to minors at the end of the 1990s, a piece of legislation that only came into force in France in 2011 and is sometimes poorly implemented [8]). On the other hand, the countries where prevalence rates remained high in 2019 are those where the average price of a pack of cigarettes is among the lowest: Bulgaria (€3), Romania (€4.10) and Italy (€5.50), while these prices can be as high as €13 in Ireland, €12 in Norway or €10 in France. However, this pricing policy cannot entirely explain the drop in smoking. For instance, Sweden endorsed an early tobacco control policy that, did not, however, pursue a systematic increase in prices, the average price of a pack always being in the region of €7. On the other hand, there is significant use of chewing tobacco (snus), the sale of which has been banned in Europe since 1992, with Sweden having been granted a derogation under its Treaty of Accession to the European Union in 1995. The consumption of tobacco for oral use (such as snus) is therefore virtually non-existent in other countries, although it is also used in Finland, Norway and Greece.

With regard to alcohol, there is a great diversity in national legislation. One of the few points of convergence is the legal age for the sale of alcoholic beverages, set at 18, although there is a lower threshold (16) in four countries [9]. As in the case of smoking, the Nordic countries, that more often import alcoholic beverages than produce them, generally introduced more stringent legislation very early on compared to other countries. For example, Norway, Sweden, Finland and Iceland are among the few countries in Europe to have established, in various forms, a State monopoly for the sale of alcohol above 3 or 4° [10].

There is little harmonisation among EU Member States in the laws penalising unauthorised cannabis use or supply, even if all are based on the principle of prohibition. Cannabis use may be tolerated for adults in some countries and totally banned in others [11]. The countries with comparable and currently highest levels of cannabis use at the age of 16 (France, Italy, Czechia, the Netherlands, Slovenia) have legislation on cannabis

Map 6. Levels of cannabis use in the last month at the age of 16 in 2019 in Europe (%)

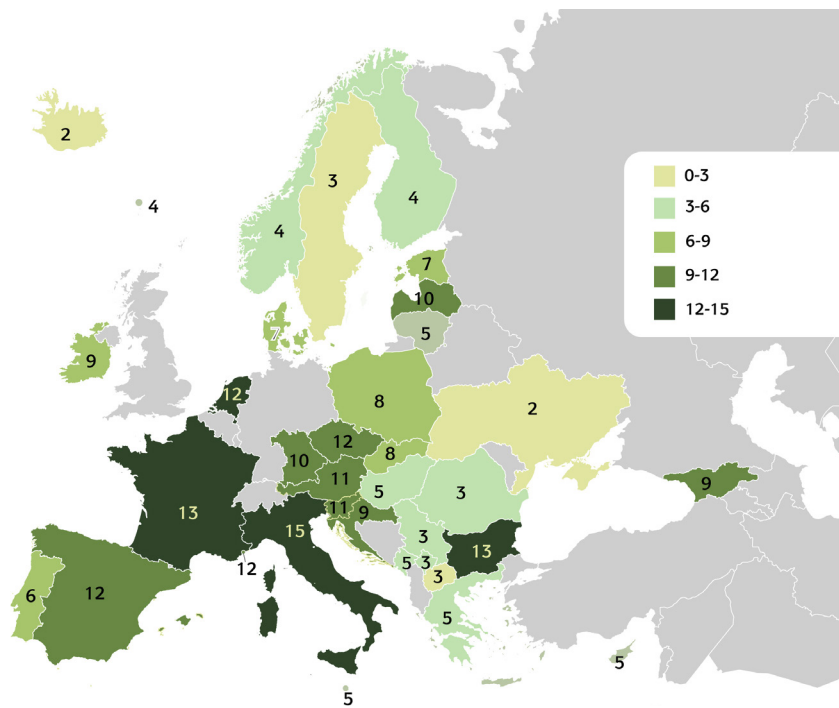
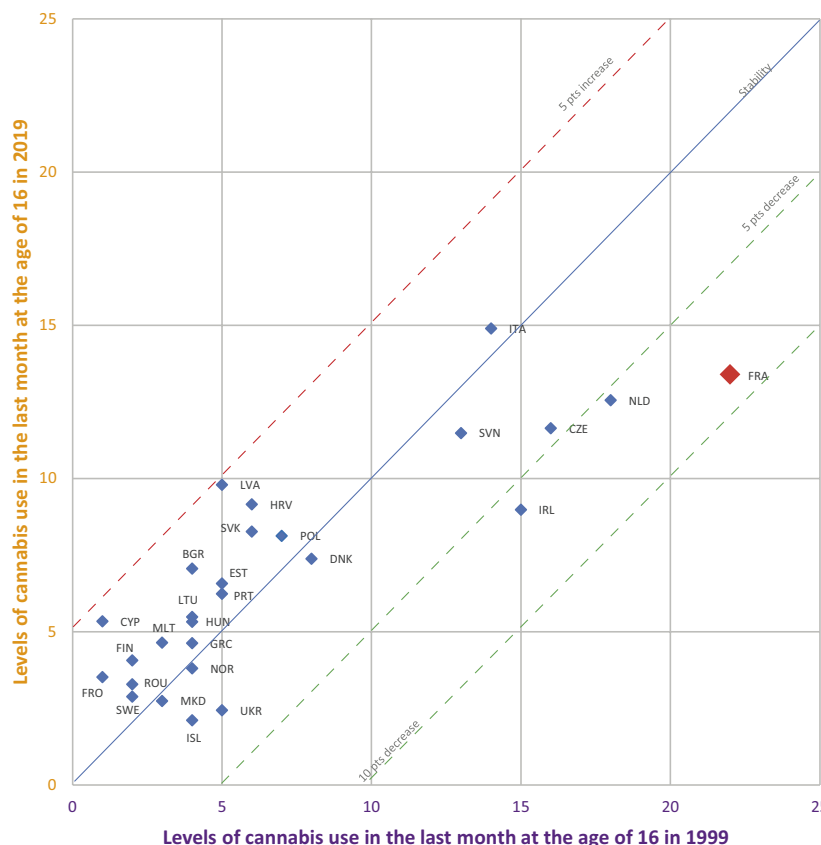


Figure 6. Change in levels of cannabis use in the last month at the age of 16 in Europe between 1999 and 2019 (%)



Sources: ESPAD 1999, ESPAD 2019, processed by the OFDT

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use that is nuanced in terms of possible sanctions and the degree to which it is applied. These results indicate that the variation in national prevalence rates is not related to the severity of cannabis control policy. An understanding of the European landscape of cannabis use in adolescence therefore seems to be limited to a reading of 'legislative contrasts', calling for other types of hypotheses to be mobilised: socio-cultural factors (social representations and contexts of use), supply factors (availability and accessibility of the product, retail prices), and prevention policies implemented.

Conclusion

The developments in the last 20 years in terms of drug use during adolescence provided a European map of drug use at the ages of 13 and 16 still marked by major contrasts:

- despite a general decline in teenage smoking across the continent, a few countries (e.g., Romania) were still struggling to reduce smoking among the younger generations;
- alcohol consumption revealed major divisions in Europe: while a minority of countries (mainly Nordic) succeeded in limiting alcohol consumption among adolescents, the majority of other countries still faced high consumption levels and drinking practices that did not show a clear and shared evolution at the European level;
- cannabis was still the most widely used illicit substance among 16-year-olds in

Europe, with lifetime use remaining at around 16% for the past 20 years;

- the use of other illicit drugs revealed a variety of situations with, in particular, a significant variability in prevalence (8 points), even if initiation remained contained everywhere.

French adolescents differed from their European counterparts:

- in terms of a decrease in smoking at all ages;
- in terms of early use of alcoholic beverages and cannabis, although this was clearly on the decline;
- in terms of alcohol use, which was in continuous decline for almost 10 years, but this level in 2019 remained higher than in 1999;
- in terms of levels of cannabis consumption which remained among the highest in Europe despite a significant decline in recent years.

These results revealed the richness and importance of repeated adolescent-based surveys. Observing the evolution of the use of psychoactive substances on a continental scale over such a long period (a quarter of a century) is rare enough to be highlighted and continued. Maintaining these data collections represents an indispensable investment to better understand both the behaviours that will be observed in the future among these generations once they have reached adulthood (the very first adolescents surveyed are currently 36 years old), but also to measure the effects of the public policies carried out.

METHOD

DEFINITION OF INDICATORS

- **Lifetime use:** at least one use in the course of life.
- **Recent use (or use in the last month):** at least one use in the 30 days prior to the survey.
- **Daily smoking:** having smoked at least one cigarette per day during the 30 days prior to the survey.
- **Heavy episodic drinking (HED):** having drunk at least 5 standard glasses of alcohol (or units of alcohol) on one occasion.

THE HBSC AND ESPAD SURVEYS

The French components of the HBSC and ESPAD surveys were carried out as

part of EnCLASS (the national health and substances survey among adolescents in middle and high school) which took place in 2018 among 20 128 secondary school students, including 3 295 13-year-olds and 2 588 15-16-year-olds (www.enclass.fr).

For a snapshot on prevalence of experimentation and use of the three most widely used substances during adolescence (alcohol, tobacco and cannabis) by school grade, please read our publication *Tendances* No.132: [Alcohol, tobacco and cannabis use among French school students in 2018](#).

The international comparisons are taken from the international survey reports:

- ESPAD (<http://www.espad.org/>)
- and HBSC (<http://www.hbsc.org>).

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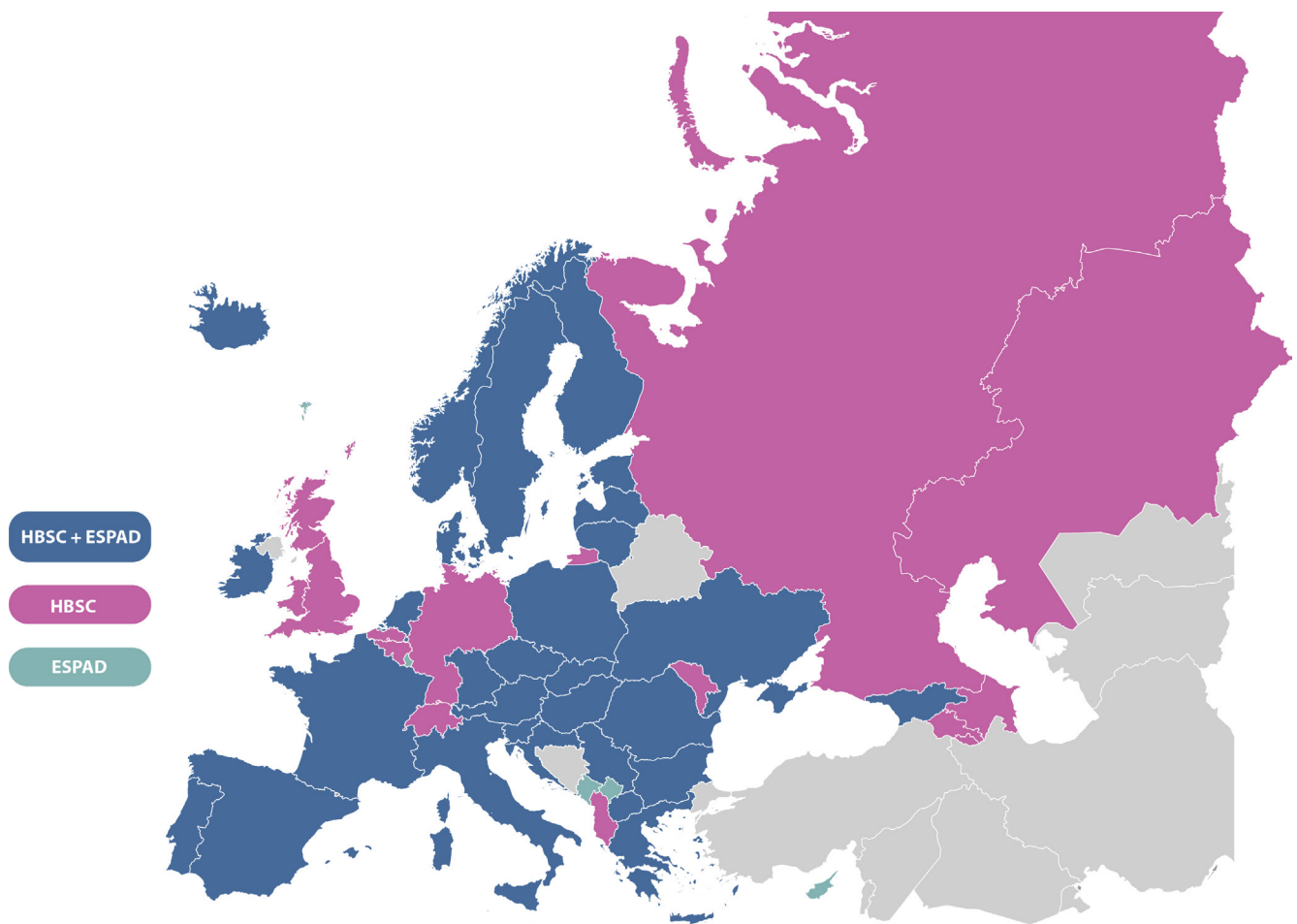


20 years of developments in drug use among adolescents in Europe

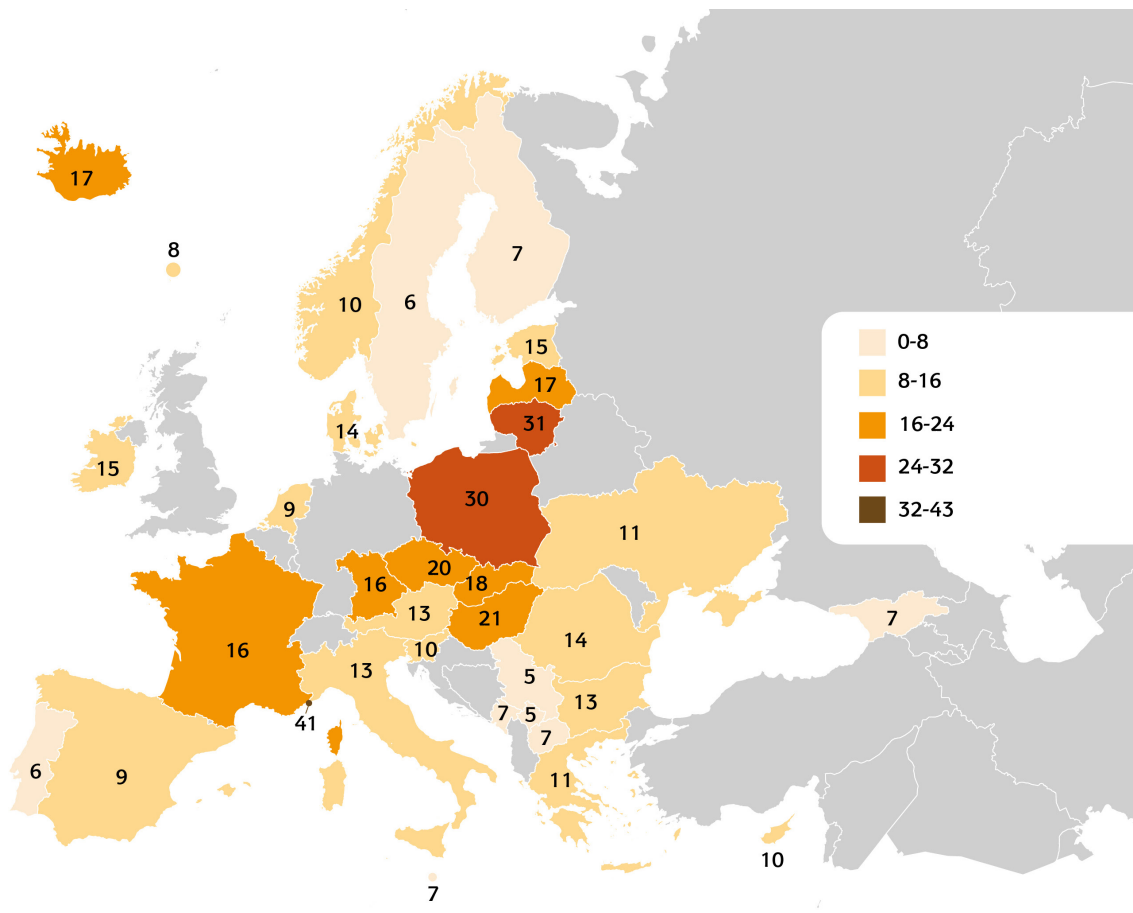
Appendix. Additional maps and infographics

Authors: Stanislas Spilka, Olivier Le Nézet, Eric Jansen, Alex Brissot, Antoine Philippon

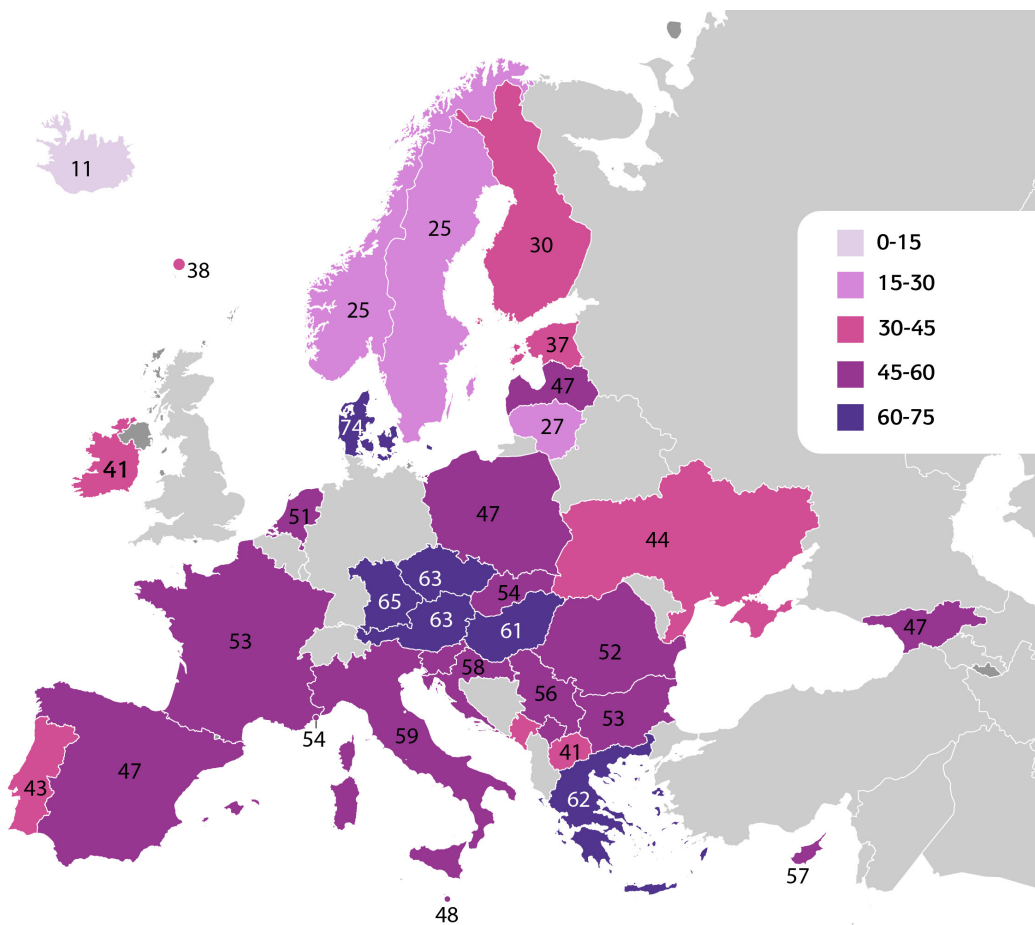
Map of countries participating in the surveys *Health Behaviour in School-Aged Children (HBSC)* and *European School Survey Project on Alcohol and other Drugs (ESPAD)*



Map 1a. Levels of e-cigarette use in the last month at the age of 16 in 2019 in Europe (%)

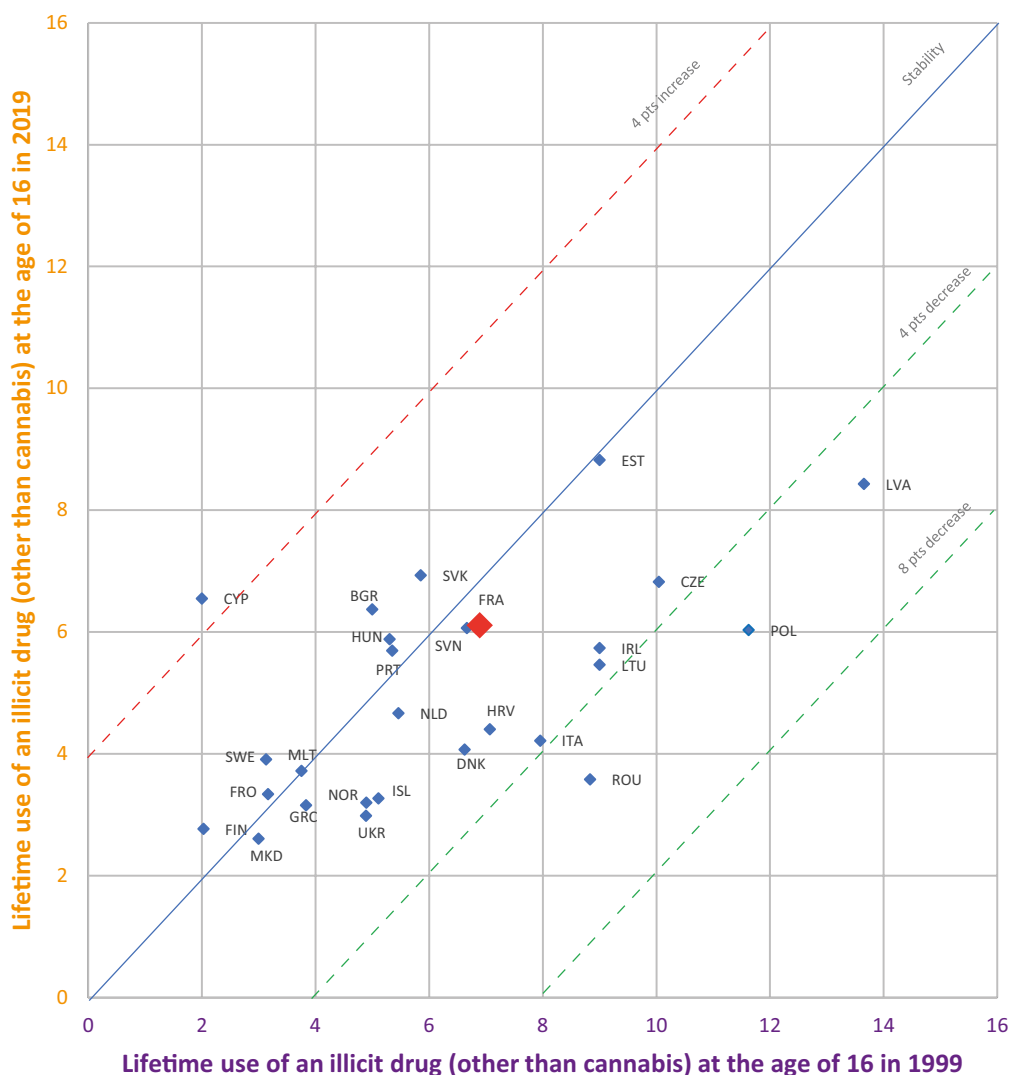


Map 2a. Levels of alcohol use in the last month at the age of 16 in 2019 in Europe (%)



Sources: ESPAD 1999, ESPAD 2019, processed by the OFDT

Figure 2a. Change in levels of lifetime use of other illicit drug at the age of 16 in Europe between 1999 and 2019 (%)



Sources: ESPAD 1999, ESPAD 2019, processed by the OFDT

Reading note: the prevalence rates of 1998 are represented on the x-axis of the graph and those of 2018 on the y-axis. The position of the countries on either side of the diagonal lines indicates the change in the indicator: the closer the point is to the top left, the more the indicator is increasing. Conversely, the closer the point is to the bottom right, the lower it goes. Only countries that participated in both editions of the survey are represented in this figure.

AUT (Austria); BGR (Bulgaria); CHE (Switzerland); CYP (Cyprus); CZE (Czechia); DEU (Germany); DNK (Denmark); ENG (England); EST (Estonia); FIN (Finland); FLA (Belgium-Flanders); FRA (France); FRO (Faroe Islands); GRC (Greece); HRV (Croatia); HUN (Hungary); IRL (Ireland); ISL (Iceland); ITA (Italy); LTU (Lithuania); LVA (Latvia); MKD (North Macedonia); MLT (Malta); NLD (Netherlands); NOR (Norway); POL (Poland); PRT (Portugal); ROU (Romania); RUS (Russia); SCO (Scotland); SVK (Slovakia); SVN (Slovenia); SWE (Sweden); UKR (Ukraine); WAL (Wales)

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