

Substance Consumption of school-aged children



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KEY FINDINGS

- Alcohol was the most consumed intoxicating substance.
- No gender differences were found for alcohol, tobacco and cannabis consumption.
- Alcohol, tobacco and cannabis consumption increases with age.
- 9.1% of adolescents in secondary school consumed all 3 substances in the past month (current polyconsumers).

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SUBSTANCE CONSUMPTION

Adolescence is a period associated with risky behaviors (Peeters et al., 2017). Avoiding unhealthy behaviors, and more specifically substance use, during adolescence, could have a significant impact afterwards, as many lifelong health behaviors emerge in adolescence (Akasaki et al, 2019; Coban et al., 2019).

This factsheet presents the results from the 2022 HBSC Luxembourg survey on alcohol, tobacco and cannabis consumption. Pupils were asked how often they consumed alcohol, tobacco and cannabis (secondary pupils only) during their lifetime and in the past month. Their responses were then regrouped and categorized into: 1) never consumed (in their lifetime), 2) consumed in the past (consumed in their lifetime but not last month) and 3) current consumers (consumed in past month).

Figure 1. Prevalence of alcohol and tobacco consumption (aged 11-18 years old)

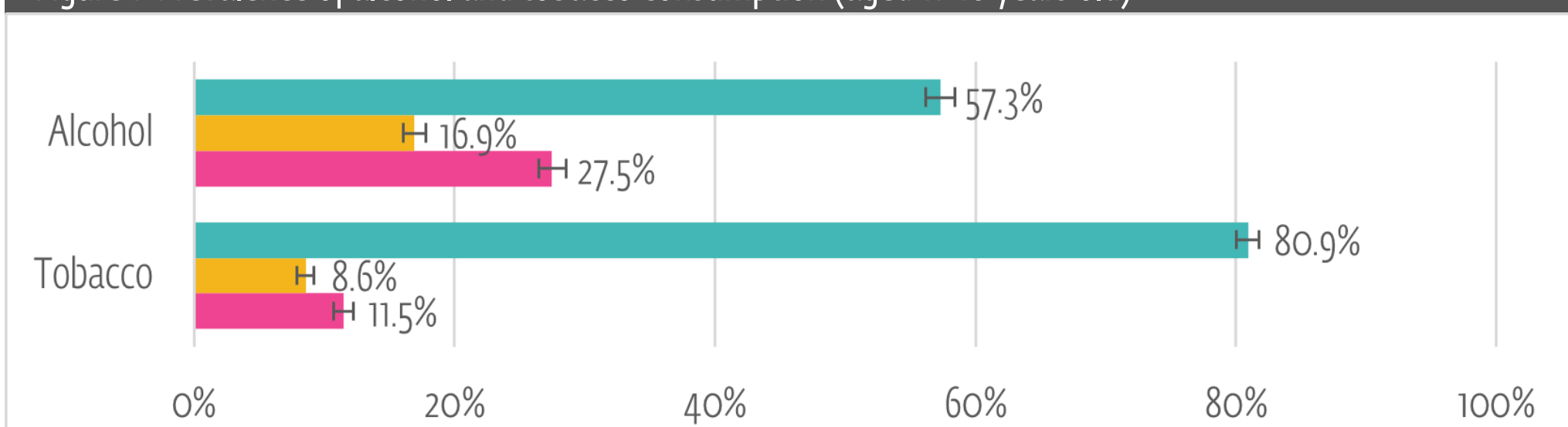
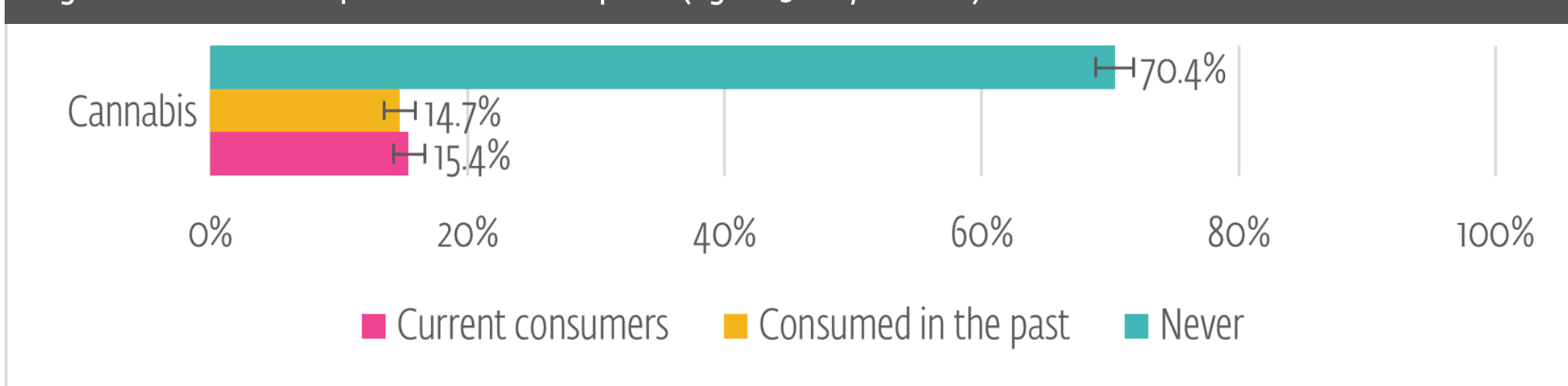


Figure 2. Prevalence of cannabis consumption (aged 15-18 years old)



Alcohol was the most consumed substance by the respondents aged from 11-to-18 years old both in lifetime (42.7%) and in the past month (27.5%). For both alcohol and tobacco consumption, current consumers are more prevalent than those who consumed in the past (Figure 1).

One in 4 adolescents in secondary school aged from 15-to-18 years old consumed cannabis in their lifetime (Figure 2).

GENDER

There was no gender difference in substances consumption except for adolescents who never consumed tobacco in their lifetime, and for adolescents who currently use cannabis ($p < .05$; Figure 3 and Figure 4).

Figure 3. Prevalence of alcohol and tobacco consumption by gender (aged 11-18 years old)

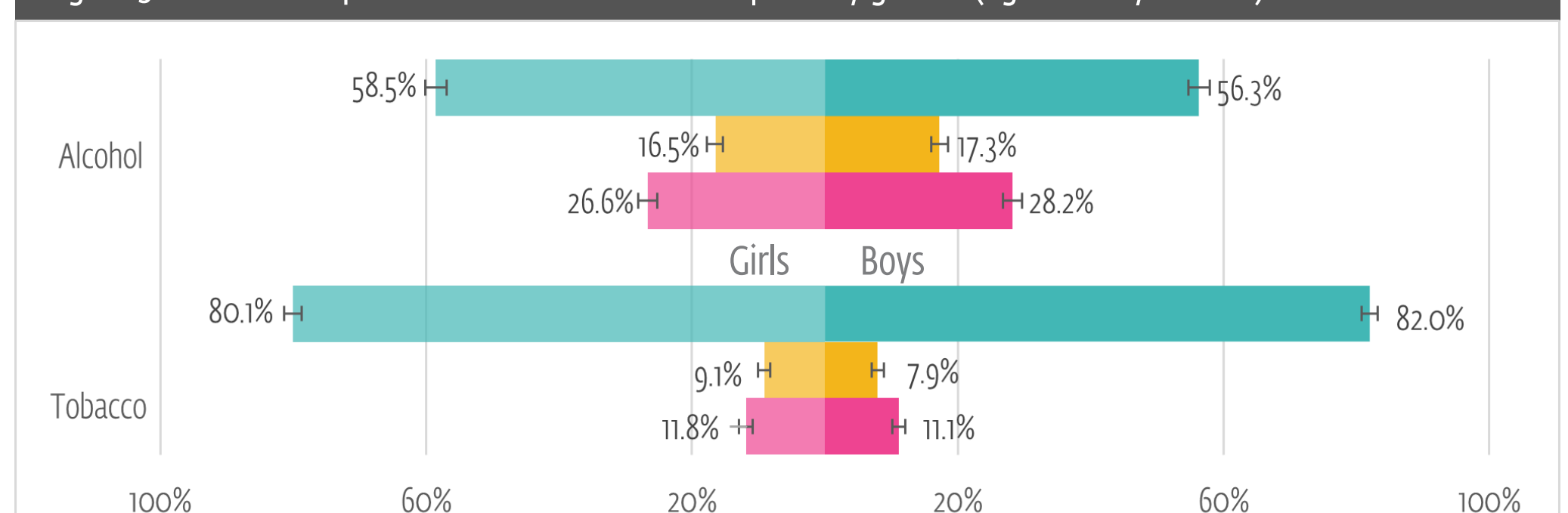
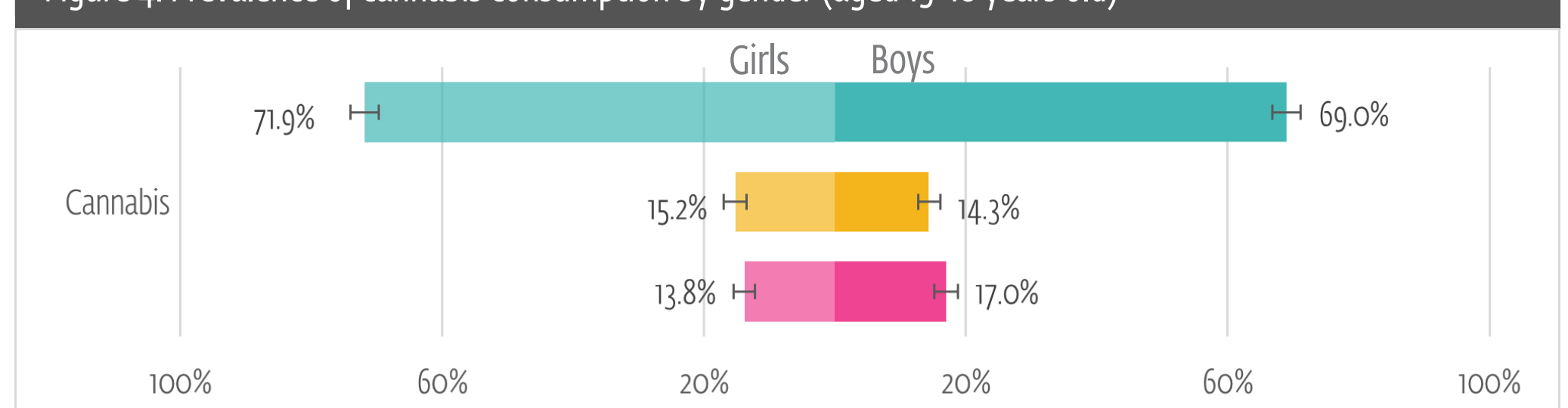


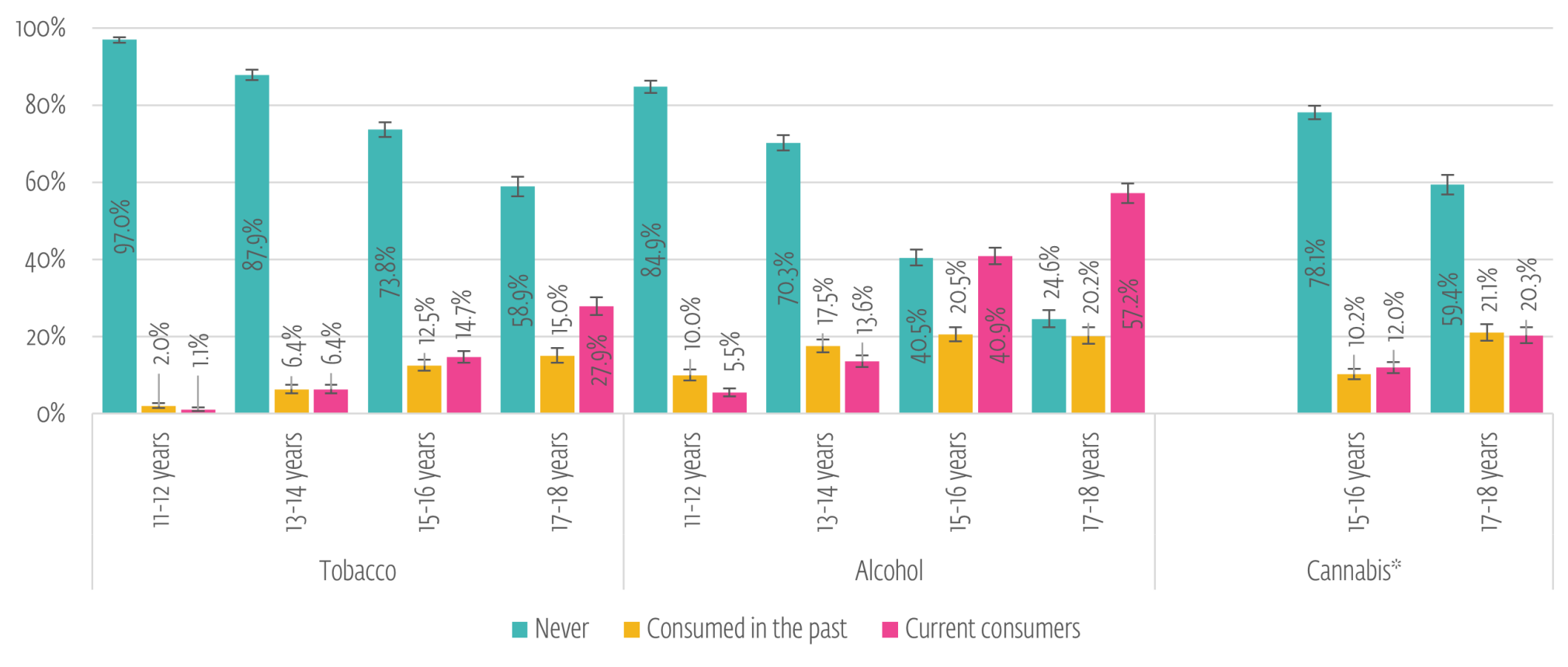
Figure 4. Prevalence of cannabis consumption by gender (aged 15-18 years old)



- Current consumers
- Consumed in the past
- Never

AGE

Figure 5. Prevalence of alcohol, tobacco and cannabis consumption by age



*Note: Pupils from Primary and Secondary Schools, (aged 11-18 years old) answered questions about alcohol and tobacco consumption; Only pupils from Secondary Schools answered questions about cannabis consumption. Hence, the age range is different.

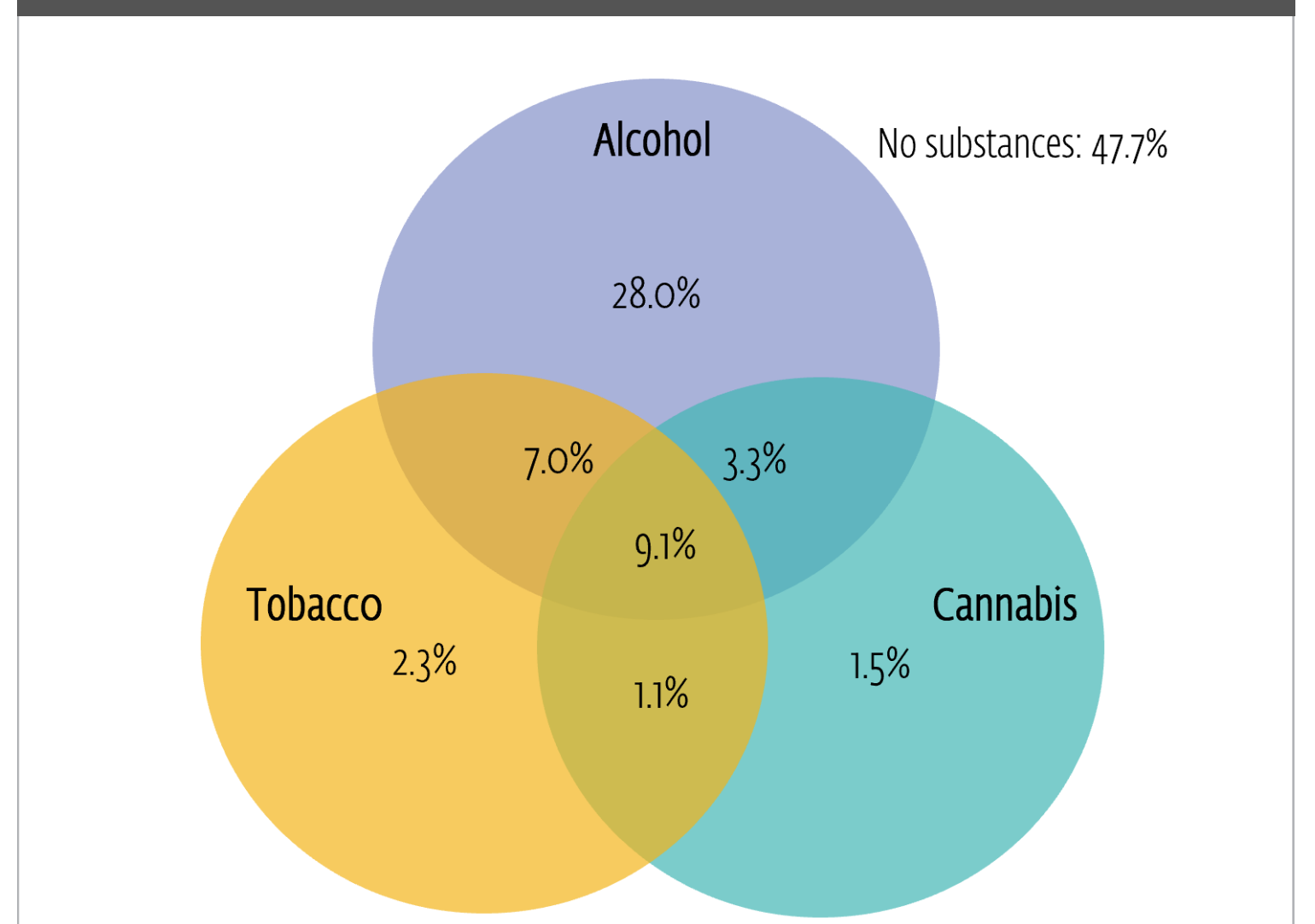
The consumption of all three substances is clearly influenced by age (Figure 5). Similarly to tobacco and cannabis consumption, the prevalence of respondents that never consumed alcohol decreases considerably with age (11-12: 84.9%; 13-14: 70.3%; 15-16: 40.5%; 17-18: 24.6%). Reversely, the percentage of those that are considered as current alcohol consumers increases with age (11-12: 5.5%; 13-14: 13.6%; 15-16: 40.9%; 17-18: 57.2%).

POLYCONSUMPTION

Current polyconsumption is categorized as the consumption of at least 2 substances (alcohol, tobacco and/or cannabis) during the past month. As cannabis consumption is only asked in Secondary Schools, pupils from Primary Schools were excluded.

Half of the respondents did not consume any substance during the past month (Figure 6). The current consumption of alcohol only is the most prevalent (28.0%), followed by the consumption of all three substances, by 9.1% of the respondents.

Figure 6. Secondary school adolescents' current polyconsumption



CONCLUSION

In Luxembourg, alcohol, tobacco and cannabis consumption is not associated with gender, but increases with age. Regarding current consumption of secondary school adolescents from 15-to-18 years old, the consumption of alcohol only had the highest prevalence followed by the polyconsumption of alcohol, tobacco and cannabis.

Further analysis should be taken to explore the factors that are associated to substances consumption and its polyconsumption.

Scan the QR code for more information on how risk behaviours of school aged children in Luxembourg changed over time.



METHODS

The study population in this factsheet concerns pupils aged 11 to 18 attending Luxembourg public and private schools whose teaching is based on the national curriculum. Stratified sampling was used to randomly select school classes. All pupils in the selected classes were invited to participate in the study. Parents of these pupils received an information letter about the survey as well as an informed consent form. Both parents and the pupils themselves could refuse to participate in the study.

A representative sample of 8,737 pupils from 643 classes and 145 schools responded to an anonymized paper-pencil questionnaire in class, during school hours. The HBSC survey is developed collaboratively within the HBSC network, which gathers researchers from each country participating in the study. Established in English, the questionnaire was subsequently translated into French and German, using a translation/back-translation process.

For the analysis, data was weighted by the distribution of pupils between school levels, in order to compensate for the slightly disproportionate stratification. As such and due to the combination of multiple variables with different missing information, the prevalence of certain variables might differ than those presented in other publications.

The HBSC 2022 Luxembourg study was approved by the Ethics Review Panel of the University of Luxembourg (ERP 21-013 HBSC 2022).

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WHAT IS HBSC?

Health Behaviour in School-aged Children (HBSC) is a WHO collaborative cross-national study of adolescent health and well-being. The HBSC survey aims to evaluate well-being, health status and health-related behaviours, in order to better understand the relationship between health and social factors and inform policy and practice to improve young people's lives.

Luxembourg has regularly participated in the HBSC study since 2006 (2010, 2014, 2018 and 2022). Since 2016, the HBSC Luxembourg study has been carried out in collaboration with the Ministère de l'Éducation nationale, de l'Enfance et de la Jeunesse, the Ministère de la Santé/Direction de la Santé and the University of Luxembourg.