Haut Conseil de la santé publique

Summary of key points

Thirty Years regarding Adolescent Health

Trends, Changes and Challenges

23rd September 2025

Context

Faced with the major upheavals of our time—digital transformation, pandemics, and polycrises—the High Council for public health (HCSP) decided, through a self-referral, to explore how these changes influence the health and well-being of adolescents. Drawing on quantitative and qualitative data as well as an environmental analysis, the report traces these developments over three decades.

Definition and approach

Adolescence is defined as the period from ages 10 to 19 (including the 20th year). The report adopts a socio-anthropological approach, considering adolescence as a distinct stage of life, whose duration has lengthened due to extended schooling and difficulties in entering the workforce. It is a phase of identity construction, marked by tensions between autonomy and dependence, and increased risks for mental health.

Demography

Mortality: Children aged 10–14 have the lowest mortality rate. Among those aged 15–19, road traffic accidents and suicides remain the leading causes of death, although the overall mortality rate has been halved since 1990.
Morbidity: Mental disorders are predominant among 15–19-year-olds. Accidents, violence, and unintentional injuries have significantly declined. Girls are twice as likely to be affected by depression and anxiety.

Mental Health

While most young people enjoy good mental health, a gradual deterioration has been observed over the past 30 years, worsened by the pandemic. Girls are particularly affected.

Substance use

Adolescence remains a period of experimentation. Since the 1990s, tobacco and other substance use has decreased, but e-cigarette use is rising.

Growth and physical health

Puberty is starting earlier, especially among girls, linked to overweight and obesity. After a sharp increase in overweight and obesity up to 2005—particularly among young people from disadvantaged backgrounds—the rates have stabilized at a significant level (15% overweight, 3.5% obese). Physical fitness has deteriorated, with a 13% decline in cardiorespiratory capacity.

Education, Socialization, and Identity Construction

Adolescents gain autonomy gradually. Smartphones and digital technologies have transformed socialization, with effects varying by gender and social background. There is polarization of opinions, but little radicalization.

Sexual Health

Romantic aspirations and age at first sexual intercourse remain stable, but exposure to pornography is increasing. Sexual transmitted infections (STIs) are on the rise, condom use is declining. Pill use is decreasing, while emergency contraception is on the rise. A comprehensive program on emotional, relational, and sexual education will finally be deployed in the 2025–2026 school year.

Violence and Bullying

School bullying is decreasing, but cyberbullying is rising, especially against girls. Verbal and sexual violence are increasing, while physical and material violence are declining. Sports-related violence is poorly documented in France but is a cause of concern internationally. Domestic violence, particularly sexual violence, is increasing and has lasting effects on mental health.

Lifestyle

Physical Activity**:** Sharp decline, especially among 15–18-year-olds. France ranks poorly (119th out of 146 countries). Girls are most affected.

Screen Time**:** Sharp increase, from 2 hours/day in the 1990s to 5 hours in 2016. Only 20% of adolescents comply with the recommended limits.

Sleep**:** Insufficient and declining duration, especially among 15–19-year-olds. Sleep debt is increasing, with frequent disorders.

Diet**:** Fewer fruits and vegetables, more snacks and sugary drinks. Many adolescents follow diets.

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Relationships and Environment

Feelings of loneliness are increasing, especially among girls. Sports and culture remain key spaces for socialization, marked by gender differences. Cultural practices are becoming increasingly digital. Academic performance influences friendships.

Educational and Climate Environment

Schools have undergone profound changes with numerous reforms, the arrival of digital technologies, and inclusive perspectives. Climate change is a direct threat to adolescents, with impacts varying by social background.

Social and Territorial Health Inequalities (STHIs)

STHIs worsen during adolescence, particularly regarding mental health and overweight. The health crisis heightened awareness of these inequalities without resolving them.

Health Policies

Adolescent health is increasingly addressed in scientific publications, especially mental health. However, recognition of adolescents as a distinct group remains insufficient in official texts. Policies are evolving toward a more preventive and positive approach to adolescence.

The report concludes with a systemic recommendation visualization focused on adolescent health, the behaviors that impact it, and public policies that could improve outcomes.

Summary of Changes Over 30 Years

This table summarizes the main findings, and the evolution observed over 30 years (worsenings are shown in red, improvements in green)

	Main findings		Trends
Demographic Indicators			
Mortality	-Main causes: Road traffic accidents, suicides, and CNS cancer. -Rates significantly higher among boys than girls, but similar decline.		Regular decrease in mortality among 10–14-year-olds and even more among 15–19-year-olds.
Morbidity	- Main causes: Anxiety, depression, and asthma. - Depression and anxiety cause twice as many DALYs in girls as in boys.		↓ Injuries from road accidents (-71.1%), personal and interpersonal violence (-44.8%), and unintentional injuries (-29.4%). ↓ Cancers (-36.2%).

Mental Health			
Mental Well-being	- Most adolescents report good health and life satisfaction. - Socio-economic disadvantage and polycrisis context have negative impact. - Girls report twice as many complaints as boys.		Progressive deterioration of mental health over 30 years, sharply worsened since COVID-19, especially among girls.
Psychoactive Substances	- Alcohol: First substance consumed		↓ Experimentation, monthly use, drunkenness, and regular use at age 17.
	- Tobacco		↓ Tobacco use
	- E-cigarette: consumption now higher than tobacco		↑ E-cigarette use
	- Cannabis: higher consumption among high school students		Stable consumption
			Other substances: Overall stable except poppers and nitrous oxide

	Main findings		Trends
Physical Health			
Growth and Puberty	- High prevalence of overweight and obesity: higher in middle school than high school, higher in boys than girls		Stabilization of growth parameters and overweight/obesity (requires deeper analysis taking into account the determining factors and using objective parameters).
	- Puberty: Earlier onset in girls linked to overweight/obesity; lack of data for boys		The onset of female puberty at increasingly younger ages requires further studies to confirm it
Physical Fitness	- Low cardiorespiratory and muscular capacity		Sharp decline since the 2000s of cardiorespiratory and muscular capacity

Socialization			
An empowerment in question	- Adolescents gain autonomy gradually. - Socialization is crucial for health; technology impacts vary by social background and gender - Polarization of positions, but limited risks of radicalization		Secondary socialization disrupted by smartphones and Information and communication technologies (ICT)

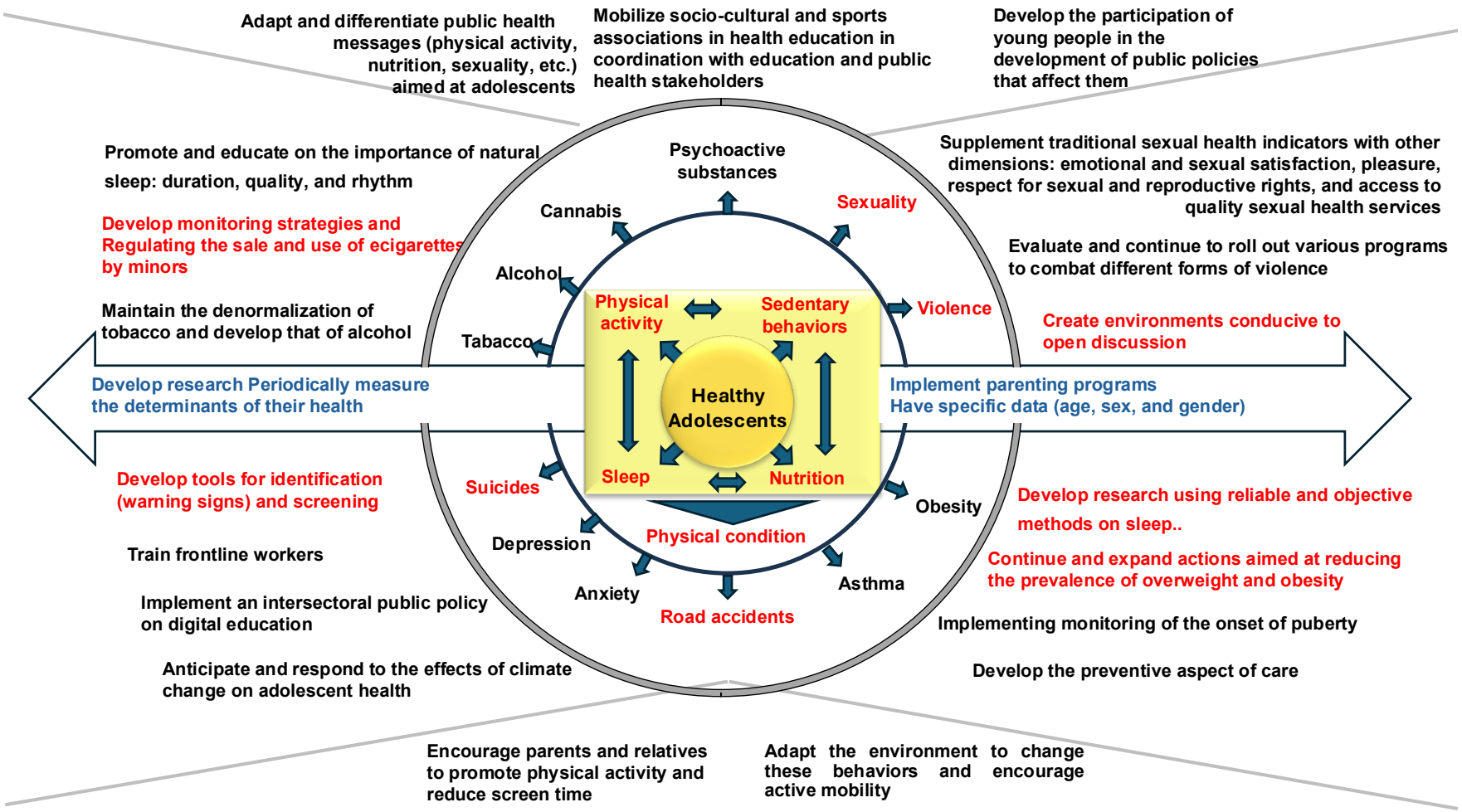
	Main findings		Trends
Sexual Health			
Romantic life	Feelings of love appear as early as middle school		↑ Acceptance of homosexuality and bisexuality among girls
Age at First sexual Intercourse	Early sexual development associated with risky behaviors (tobacco, cannabis, drunkenness)		Age stable for 10 years; ↓ proportion of middle/high school students reporting a first sexual intercourse.
Condom use			↓ Condom use.
Reproductive health			↑ Intrauterine devices (IUD) use, ↓ pill use, ↑ emergency contraception. ↓ Abortions by half.
Sexually transmitted infections	high Chlamydia infection incidence.		Increase in young people reporting a gonococcal infection at least once in the year
Pornography	- 2/3 of under-15s exposed to pornographic images		no data on trends
Sexting	New trend since 2000		Regular increase of sexting

Violence / Bullying / Exploitation			
Prostitution			↑ Minors exploited in prostitution
Violence / Bullying	High number of serious incidents in schools Theft is the most frequently reported incident in schools Normalization of violent behaviour in sports		↑ Cyberbullying. ↑ Sexual violence involving youth (stable %). ↓ Crimes and offenses => requires reliable data for the sporting and judicial spheres

	Main findings		Trends
Lifestyle			
Physical Activity	Only ~12% meet recommendations. ○ ↓ Club sports, ↑ bodybuilding, ↑ inactivity (+85%).		stabilization of the number of teenagers reporting practicing sport once a week ↓ Club sports, ↑ bodybuilding, ↑ inactivity (+85%).
Sedentary Behavior	Very high levels of sedentary behavior: more than 70% of teenagers do not follow the recommendations		↑ Screen time exponentially; ↑ daily internet use augmentation ↑ adolescents not complying with the recommendations
Sleep	- Insufficient sleep duration - Significant sleep debt (1 hour 20 minutes for 11-14 year olds and almost 2 hours for 15-17 year olds) - Predominant evening chronotype - Sleep difficulties (approximately 40% of affected adolescents)		↓ Sleep duration; ↑ evening chronotype; ↑ sleep disorders. Sleep debt stable
Eating behaviors and habits			
Food intake			Stabilization of energy intake and macronutrient percentages Stabilization of fruit and vegetable consumption Stabilization of sugar consumption Increase in snack and prepared food consumption Trend towards increased consumption of sugary drinks
Eating habits	regular consumption of three main meals		↓ daily breakfast Decrease and then stabilization in the proportion of teenagers having an afternoon snack on school days Decrease in snacking Increase in the number of teenagers eating lunch at the school cafeteria at least 3 times a week

	Main findings		Trends
Environment			
Relational	Digitalization of cultural practices - very marked difference between girls and boys Strong correlation between academic performance and friendships		↑ Feelings of isolation, especially among girls.
Educational	Significant evolution, driven by educational reforms, the integration of technologies, the diversification of educational pathways, the increase in the number of high school graduates, inclusive education, and societal changes - links between health, well-being, and learning increasingly emphasized in schools		Shift from risk-focused to systemic health-promoting school environment
Transition écologique	Effects of climate change on the mental health of children and adolescents are linked to the social determinants of health		New concern; climate change negatively impacts adolescent mental health
Social and territorial inequalities	Lived experience and internalization of inequalities by adolescents themselves - adoption of detrimental lifestyles - inequalities exacerbated by the health crisis		↑ Health inequalities during adolescence, especially overweight and mental health.
Growing up in a time of polycrisis?	- importance of training for public health professionals		
Health Policies			
Trends in international scientific publications	Among the topics addressed in publications concerning adolescents, those dedicated to mental health and public health are the fastest growing.		↑ Publications on adolescent health, especially mental health.
Place de l'adolescent dans les politiques de santé	Good territorial coverage by Adolescent Centers in France		Adolescents increasingly recognized in policies, but often grouped with children or youth Positive shift: From risk-focused to preventive and opportunity-based approach

Summary of recommendations



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