

**SUBSTANCE USE AND OTHER
HEALTH-RELATED BEHAVIOURS AMONG
ACT SECONDARY STUDENTS**

***Results of the 2002 ACT Secondary Student
Alcohol and Drug survey***

**Health Series
Number 37**

Population Health Research Centre
Population Health Division
ACT Health

December 2004

ACKNOWLEDGEMENTS

The authors of this report, Liza Kelsall, Wasu Jayasinghe, Louise Freebairn and Karen Lees, wish to acknowledge the efforts of the ACT Survey Leader Jan McKenzie and the ACT survey team in conducting the 2002 ACT Secondary Student Alcohol and Drug (ASSAD) survey. The Cancer Council ACT and Department of Education and Training are especially thanked for their support as partners with ACT Health in the conduct of the survey.

Special acknowledgement is made of the assistance and guidance provided by Jane Hayman and Vicki White from the Centre for Behavioural Research in Cancer at the Anti-Cancer Council of Victoria in the conduct and analysis of the survey, and of the contributions of the ACT ASSAD Survey Stakeholder Group.

ISSN 1325-1090

© Australian Capital Territory, Canberra, July 2004

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without written permission from Library & Information Management, Department of Urban Services, ACT Government, GPO Box 249, Civic Square ACT 2608.

Produced for the Population Health Research Centre by ACT Health and printed on recycled paper.

Enquiries about this publication should be directed to Gerard Fitzsimmons, Population Health Research Centre, Building 5 Level 1, The Canberra Hospital PO Box 11, Woden ACT 2606, or via email to healthinfo@act.gov.au.

Publication No: 04/1709

Suggested citation: Population Health Research Centre, ACT Health. 2004. *Alcohol, Tobacco and Other Substance Use by ACT Secondary Students in 2002*. Health Series No 37. Canberra, ACT Government.

Population Health Research Centre publications can be accessed online at <http://www.health.act.gov.au>

CONTENTS

ACKNOWLEDGEMENTS	2
LIST OF TABLES	5
LIST OF FIGURES	8
OVERVIEW	10
INTRODUCTION	16
METHODS	17
ALCOHOL CONSUMPTION BY ACT SECONDARY STUDENTS	23
<i>Consumption of alcohol</i>	23
<i>Recent consumption of alcohol</i>	25
<i>Harmful alcohol consumption</i>	27
<i>Self-described drinking status</i>	28
<i>Source of alcohol</i>	29
<i>Access to alcohol</i>	31
<i>Average number of drinks consumed</i>	31
<i>Preferred alcoholic drinks</i>	31
<i>Places where alcohol was consumed</i>	32
<i>Attitudes to alcohol</i>	33
<i>Education in class on alcohol</i>	35
TOBACCO USE BY ACT SECONDARY STUDENTS	36
<i>Use of tobacco</i>	36
<i>Recent, or current use of tobacco</i>	38
<i>Self-described smoking status</i>	39
<i>Source of tobacco</i>	39
<i>Quantity of tobacco used</i>	41
<i>Attitudes to smoking</i>	43
<i>Intention to be smoking in twelve months</i>	44
<i>Education in class on smoking</i>	45
USE OF OTHER (INCLUDING ILLICIT) SUBSTANCES BY ACT SECONDARY STUDENTS	46
ANALGESICS	46
<i>Recent use of analgesics</i>	47
<i>Frequency of use</i>	47
CANNABIS	48
<i>Recent use of cannabis</i>	49
<i>Frequency of use</i>	49
<i>Places where cannabis was used</i>	50
<i>Preferred methods of using cannabis</i>	50
<i>With whom students used cannabis</i>	50
INHALANTS	50
<i>Recent use of inhalants</i>	51
<i>Frequency of use</i>	51
TRANQUILLISERS	52
<i>Recent use of tranquillisers</i>	52
<i>Frequency of use</i>	53
HALLUCINOGENS	53
<i>Frequency of use</i>	54
AMPHETAMINES	54
<i>Frequency of use</i>	55

STEROIDS	55
<i>Frequency of use</i>	56
OPIATES	56
<i>Frequency of use</i>	57
COCAINE	57
<i>Frequency of use</i>	57
ECSTASY	58
<i>Frequency of use</i>	58
USE OF ANY ILLICIT SUBSTANCE.....	58
<i>Recent use of any illicit substance</i>	59
USE OF NEEDLES FOR INJECTING DRUGS	60
<i>Frequency of use</i>	60
PERCEPTIONS OF DANGER ASSOCIATED WITH ILLICIT SUBSTANCE USE	60
<i>Perceptions of the level of danger associated with cannabis use among students who had used/not used cannabis at least once in their lifetime</i>	61
<i>Changes in perception of the level of danger associated with other substance use</i>	62
EDUCATION IN CLASS ON ILLICIT SUBSTANCE USE	62
POLY-SUBSTANCE USE BY ACT SECONDARY STUDENTS.....	64
<i>Recent poly-substance use</i>	66
<i>Factors associated with recent poly-substance use (tobacco, alcohol and at least one illicit substance)</i>	66
NON-USE OF SUBSTANCES BY ACT SECONDARY STUDENTS	68
<i>Factors associated with non-use of substances (tobacco, alcohol and illicit substances)</i>	68
OTHER HEALTH-RELATED BEHAVIOURS AMONG ACT SECONDARY STUDENTS	70
NUTRITION	70
<i>Daily fruit consumption</i>	70
<i>Daily vegetable consumption</i>	70
<i>Daily bread and cereal consumption</i>	70
<i>Factors associated with meeting the fruit, vegetable and bread and cereal Dietary Guidelines for Children and Adolescents in Australia</i>	71
PHYSICAL & LEISURE-TIME ACTIVITY	73
<i>Factors associated with meeting the recommendations in the National Physical Activity Guidelines for Australians</i>	73
<i>Time spent watching TV or Video</i>	75
<i>Time spent using the Internet/playing computer games</i>	76
SUN PROTECTION	77
<i>Knowledge about skin cancer</i>	77
<i>Education on skin cancer</i>	78
<i>Sunburn</i>	78
<i>Sun protective behaviours</i>	79
APPENDICES.....	82
TABLES	83
ASSAD 2002 QUESTIONNAIRE	111
GLOSSARY	141
REFERENCES	143

LIST OF TABLES

TABLE 1: OVERVIEW OF RESULTS, ACT 1996, 1999 & 2002.....	10
TABLE 2: ACT SECONDARY SCHOOL ENROLMENTS ^{(A),(B)} (12 TO 17 YEARS) BY SCHOOL TYPE AND SEX, 2002.....	17
TABLE 3: ASSAD STUDENT SAMPLE, BY AGE AND SEX, FOR THE ACT, 1996, 1999 & 2002.....	18
TABLE 4: NUMBER OF DRINKS CONSUMED, AT LEAST ONCE, ON ANY ONE OCCASION, IN THE LAST TWO WEEKS, BY SEX, ACT 2002 (%).	28
TABLE 5: RECENT AND HARMFUL DRINKERS BY SELF-DESCRIBED DRINKING STATUS, ACT 2002 (%).	29
TABLE 6: WHERE AND FROM WHOM STUDENT GOT LAST ALCOHOLIC DRINK, BY CLASS OF DRINKER, ACT 2002 (%). ...	30
TABLE 7: STUDENT ACCESS TO ALCOHOL THROUGH RETAILERS, ACT 2002 (%).	31
TABLE 8: TYPE OF ALCOHOL PREFERRED BY STUDENTS, ACT 1996, 1999 & 2002 (%).	32
TABLE 9: ATTITUDES TO DRINKING, PER CENT AGREEING OR STRONGLY AGREEING, BY SEX, ACT 1996, 1999 & 2002 (%).	34
TABLE 10: LEVEL OF PERCEIVED DANGER IN HAVING FIVE OR MORE DRINKS OF BEER, WINE OR SPIRITS IN A ROW, BY AGE GROUP, ACT 1996, 1999 & 2002 (%).	35
TABLE 11: RECEIVED AT LEAST PART OF A LESSON IN CLASS ON ALCOHOL BY AGE AND YEAR, ACT 1996, 1999 & 2002 (%).	35
TABLE 12: ALL STUDENTS, RECENT, OR CURRENT SMOKERS AND 'HEAVY SMOKERS' ACCESS TO CIGARETTES, ACT 2002 (%).	41
TABLE 13: MEDIAN NUMBER OF CIGARETTES SMOKED IN THE LAST WEEK, BY AGE GROUP AND SEX, ACT 1996, 1999 & 2002 (%).	41
TABLE 14: RECENT, OR CURRENT SMOKERS' PREFERRED BRANDS OF CIGARETTES, BY SEX, ACT 1996, 1999 & 2002 (%).	42
TABLE 15: STUDENT ATTITUDES TO CIGARETTES, AGREEING OR STRONGLY AGREEING BY SEX, ACT 1996, 1999 & 2002 (%).	44
TABLE 16: STUDENT PERCEPTIONS OF DANGER ASSOCIATED WITH SMOKING CIGARETTES, ACT 2002 (%).	44
TABLE 17: 'DO YOU THINK YOU WILL BE SMOKING CIGARETTES THIS TIME NEXT YEAR?', ACT 2002 (%).	44
TABLE 18: STUDENTS REPORTING HAVING RECEIVED AT LEAST PART OF A LESSON IN CLASS ON SMOKING IN THE PREVIOUS 12 MONTHS, BY AGE, ACT 1996, 1999 & 2002 (%).	45
TABLE 19: STUDENT PERCEPTIONS OF DANGER ASSOCIATED WITH SUBSTANCE USE, BY SEX, ACT 2002 (%).	61
TABLE 20: STUDENT PERCEPTIONS OF DANGER ASSOCIATED WITH SUBSTANCE USE, BY AGE GROUP, ACT 2002 (%). ...	61
TABLE 21: STUDENTS INDICATING THAT THEY HAD RECEIVED AT LEAST PART OF A LESSON ON ILLICIT SUBSTANCE USE BY AGE AND SEX, ACT 1999 & 2002 (%).	63
TABLE 22: STUDENTS WHO HAD USED OTHER SUBSTANCES, IN CONJUNCTION WITH CANNABIS, IN THE PREVIOUS YEAR, BY AGE GROUP AND SEX, ACT 1999 & 2002 (%).	65
TABLE 23: STUDENTS WHO HAD USED OTHER SUBSTANCES IN CONJUNCTION WITH AMPHETAMINES, BY SEX, ACT 1999 & 2002 (%).	65
TABLE 24: STUDENTS WHO USED MULTIPLE SUBSTANCES (AT LEAST ONE ILLICIT SUBSTANCE, TOBACCO AND ALCOHOL) IN THE WEEK PRIOR TO SURVEY, ACT 2002 (%).	66
TABLE 25: FACTORS ASSOCIATED WITH STUDENTS WHO REPORTED USING ALCOHOL, TOBACCO AND AT LEAST ONE OTHER ILLICIT SUBSTANCE IN THE WEEK PRIOR TO SURVEY, ACT 2002.	67
TABLE 26: FACTORS ASSOCIATED WITH STUDENTS WHO REPORTED NEVER HAVING USED ALCOHOL, TOBACCO OR ILLICIT DRUGS, ACT 2002.	68
TABLE 27: FACTORS ASSOCIATED WITH STUDENTS WHO REPORTED AN ADEQUATE ^(A) DIET, ACT 2002.	71
TABLE 28: FACTORS ASSOCIATED WITH STUDENTS WHO REPORTED SUFFICIENT PHYSICAL ACTIVITY ^(A) , ACT 2002.	74
TABLE 29: PREVIOUS AND RECENT ALCOHOL CONSUMPTION BY AGE GROUP AND SEX, ACT 2002 (%).	83
TABLE 30: PROPORTION OF STUDENTS USING ALCOHOL IN THEIR LIFE, IN THE PREVIOUS MONTH OR IN THE PREVIOUS WEEK AND THE PROPORTION OF RECENT DRINKERS AT HARMFUL LEVELS AND AVERAGE NUMBER OF DRINKS CONSUMED PER WEEK, ACT 1999 & 2002.	84
TABLE 31: PROPORTIONS AND ODDS RATIOS (ORs) FOR STUDENTS, 12 TO 15 AND 16 TO 17 YEARS, WHO WERE RECENT DRINKERS AND HARMFUL DRINKERS AMONG RECENT DRINKERS AND AVERAGE NUMBER OF DRINKS CONSUMED BY RECENT DRINKERS, ACT 1996, 1999 & 2002.	84
TABLE 32: EVER HAD A DRINK, BY AGE, ACT 2002 (%).	85
TABLE 33: HAD A DRINK IN THE LAST 12 MONTHS, BY AGE AND SEX, ACT 1996, 1999 & 2002 (%).	85
TABLE 34: HAD A DRINK IN THE LAST FOUR WEEKS, BY AGE AND SEX, ACT 1996, 1999 & 2002 (%).	85
TABLE 35: STUDENTS WHO HAD CONSUMED ALCOHOL IN THE LAST WEEK BY AGE AND SEX, ACT 1996, 1999 & 2002 (%).	85
TABLE 36: STUDENTS WHO HAD CONSUMED ALCOHOL IN THE LAST WEEK BY AGE GROUP AND SEX, ACT 1996, 1999 & 2002 (%).	86

TABLE 37: PROPORTION OF ALL STUDENTS REPORTING HARMFUL ALCOHOL CONSUMPTION IN THE WEEK PRIOR TO SURVEY, BY AGE AND SEX, ACT 1996, 1999 & 2002.	86
TABLE 38: PROPORTION OF RECENT DRINKERS REPORTING HARMFUL ALCOHOL CONSUMPTION, BY AGE GROUP AND SEX, ACT 1999 & 2002.	86
TABLE 39: NUMBER OF DRINKS CONSUMED, ON ANY ONE OCCASION, IN THE LAST TWO WEEKS, BY AGE GROUP, ACT 2002 (%).	86
TABLE 40: NUMBER OF DRINKS CONSUMED IN THE LAST TWO WEEKS, BY FREQUENCY OF OCCASIONS, ACT 2002 (%).	87
TABLE 41: SELF-DESCRIBED DRINKING STATUS, ACT 1996, 1999 & 2002 (%).	87
TABLE 42: SELF-DESCRIBED DRINKING STATUS, BY NUMBER OF DRINKS CONSUMED, AT LEAST ONCE, ON ANY ONE OCCASION, IN THE LAST TWO WEEKS, ACT 2002 (%).	87
TABLE 43: DRINKING STATUS BY SOURCE OF LAST ALCOHOLIC DRINK, ACT 2002 (%).	88
TABLE 44: PROPORTION OF STUDENTS REPORTING THAT THEY HAD TRIED TO PURCHASE ALCOHOL FROM A RETAILER AT LEAST ONCE, ACT 1996, 1999 & 2002.	88
TABLE 45: REPORTED SOURCE OF LAST ALCOHOLIC DRINK, ACT 1996, 1999 & 2002 (%).	88
TABLE 46: PROPORTION OF STUDENTS REPORTING WHETHER THEY HAD BEEN REFUSED WHEN TRYING TO PURCHASE ALCOHOL FROM A RETAILER, ACT 1996, 1999 & 2002.	88
TABLE 47: MEAN NUMBER OF DRINKS CONSUMED BY STUDENTS IN THE WEEK PRIOR TO SURVEY, BY SEX, ACT 2002.	88
TABLE 48: RECENT AND HARMFUL DRINKERS BY PREFERRED ALCOHOLIC DRINKS, ACT 2002 (%).	89
TABLE 49: RECENT, AND HARMFUL DRINKERS BY PLACE WHERE STUDENT DRANK LAST ALCOHOLIC DRINK, ACT 2002 (%).	90
TABLE 50: RECENT, AND HARMFUL DRINKERS' ATTITUDES TO DRINKING, ACT 2002 (%).	91
TABLE 51: STUDENT ATTITUDES TO DRINKING, BY AGE GROUP, ACT 2002 (%).	91
TABLE 52: PERCEIVED DANGER IN HAVING FIVE OR MORE DRINKS OF BEER, WINE OR SPIRITS IN A ROW, BY SEX, ACT 2002 (%).	91
TABLE 53: RECENT AND HARMFUL DRINKERS BY PERCEIVED DANGER IN HAVING FIVE OR MORE DRINKS OF BEER, WINE OR SPIRITS IN A ROW, ACT 2002 (%).	92
TABLE 54: RECENT AND HARMFUL DRINKERS HAVING RECEIVED AT LEAST PART OF A LESSON IN CLASS ON ALCOHOL IN THE PREVIOUS 12 MONTHS, BY AGE, ACT 1996, 1999 & 2002 (%).	92
TABLE 55: EVER SMOKED, BY AGE, ACT 2002 (%).	93
TABLE 56: EVER SMOKED, BY SEX AND AGE GROUP, ACT 1996, 1999 & 2002 (%).	93
TABLE 57: SMOKED IN THE LAST 12 MONTHS, BY AGE AND SEX, ACT 1996, 1999 & 2002 (%).	93
TABLE 58: SMOKED IN THE LAST 12 MONTHS, ACT 1996, 1999 & 2002 (%).	93
TABLE 59: SMOKED IN THE LAST FOUR WEEKS, BY AGE GROUP AND SEX, ACT 1996, 1999 & 2002 (%).	93
TABLE 60: SMOKED IN THE LAST FOUR WEEKS, ACT 1996, 1999 & 2002 (%).	94
TABLE 61: SMOKED IN THE LAST WEEK, BY AGE GROUP AND SEX, ACT 1996, 1999 & 2002 (%).	94
TABLE 62: STUDENTS' SELF-DESCRIBED SMOKING STATUS, ACT 1996, 1999 & 2002 (%).	94
TABLE 63: RECENT, OR CURRENT SMOKERS BY SELF-DESCRIBED SMOKING STATUS, ACT 2002 (%).	94
TABLE 64: QUANTITY OF TOBACCO USED IN THE LAST WEEK, ACT 1996, 1999 & 2002 (%).	94
TABLE 65: AVERAGE (MEAN) NUMBER OF CIGARETTES SMOKED BY RECENT, OR CURRENT SMOKERS, BY SEX, ACT 1996, 1999 & 2002.	94
TABLE 66: AVERAGE (MEAN) AND MEDIAN NUMBER OF CIGARETTES SMOKED IN THE LAST WEEK BY 'HEAVY SMOKERS', ACT 1996, 1999 & 2002.	95
TABLE 67: RECENT, OR CURRENT SMOKERS' PREFERRED PACK SIZE OF CIGARETTES, BY SEX, ACT 2002 (%).	95
TABLE 68: 'HEAVY SMOKERS' PREFERRED BRANDS OF CIGARETTES, BY SEX, ACT 2002 (%).	95
TABLE 69: RECENT, OR CURRENT SMOKERS' PREFERRED PACK SIZE OF CIGARETTES, BY AGE GROUP, ACT 2002 (%).	95
TABLE 70: RECENT OR CURRENT SMOKERS SOURCE OF LAST CIGARETTE, ACT 1996, 1999 & 2002 (%).	96
TABLE 71: PROPORTION OF RECENT OR CURRENT SMOKERS WHO BOUGHT THEIR LAST CIGARETTE FROM A RETAILER THEMSELVES, BY AGE GROUP, ACT 1996, 1999 & 2002.	96
TABLE 72: 'HEAVY SMOKERS' BY SOURCE OF LAST CIGARETTE, ACT 2002 (%).	96
TABLE 73: RECENT OR CURRENT SMOKERS AND 'HEAVY SMOKERS' WHO BOUGHT A SINGLE CIGARETTE OR CIGARETTES NOT IN A FULL PACKET (FROM ANY SOURCE), IN THE LAST FOUR WEEKS, ACT 1996, 1999 & 2002 (%).	96
TABLE 74: FROM WHOM RECENT OR CURRENT SMOKERS AND 'HEAVY SMOKERS' BOUGHT THEIR LAST SINGLE CIGARETTE OR CIGARETTES THAT WERE NOT IN A FULL PACKET, ACT 2002 (%).	97
TABLE 75: 'WHEN YOU HAVE TRIED TO BUY CIGARETTES, HAS A RETAILER EVER REFUSED TO SELL CIGARETTES TO YOU?', ACT 1996, 1999 & 2002 (%).	97
TABLE 76: 'HAVE YOU EVER BEEN ASKED TO PROVIDE PROOF OF YOUR AGE WHEN BUYING CIGARETTES?', BY AGE GROUP, ACT 2002 (%).	97
TABLE 77: RECENT, OR CURRENT SMOKERS AND 'HEAVY SMOKERS' ATTITUDES TO CIGARETTES, AGREEING OR STRONGLY AGREEING, ACT 2002 (%).	97

TABLE 78: STUDENT ATTITUDES TO CIGARETTES, AGREEING OR STRONGLY AGREEING BY AGE GROUP, ACT 2002 (%)	98
TABLE 79: STUDENT PERCEPTIONS OF DANGER ASSOCIATED WITH SMOKING CIGARETTES, BY AGE GROUP AND SEX, ACT 2002 (%)	98
TABLE 80: RECENT, OR CURRENT SMOKERS - 'DO YOU THINK YOU WILL BE SMOKING CIGARETTES THIS TIME NEXT YEAR?', BY AGE GROUP AND SEX, ACT 2002 (%)	99
TABLE 81: ANALGESICS: PROPORTION OF STUDENTS ACCORDING TO RECENCY OF USE BY AGE GROUP AND GENDER, ACT 1999 & 2002 (%)	100
TABLE 82: TRANQUILLISERS: PROPORTION OF STUDENTS ACCORDING TO RECENCY OF USE BY AGE GROUP AND GENDER, ACT 1999 & 2002 (%)	100
TABLE 83: CANNABIS: PROPORTION OF STUDENTS ACCORDING TO RECENCY OF USE BY AGE GROUP AND GENDER, ACT 1999 & 2002 (%)	100
TABLE 84: INHALANTS: PROPORTION OF STUDENTS ACCORDING TO RECENCY OF USE BY AGE GROUP AND GENDER, ACT 1999 & 2002 (%)	101
TABLE 85: HALLUCINOGENS: PROPORTION OF STUDENTS ACCORDING TO RECENCY OF USE BY AGE GROUP AND GENDER, ACT 1999 & 2002 (%)	101
TABLE 86: AMPHETAMINES: PROPORTION OF STUDENTS ACCORDING TO RECENCY OF USE BY AGE GROUP AND GENDER, ACT 1999 & 2002 (%)	101
TABLE 87: STEROIDS: PROPORTION OF STUDENTS ACCORDING TO RECENCY OF USE BY AGE GROUP AND GENDER, ACT 1999 & 2002 (%)	102
TABLE 88: OPIATES: PROPORTION OF STUDENTS ACCORDING TO RECENCY OF USE BY AGE GROUP AND GENDER, ACT 1999 & 2002 (%)	102
TABLE 89: COCAINE: PROPORTION OF STUDENTS ACCORDING TO RECENCY OF USE BY AGE GROUP AND GENDER, ACT 1999 & 2002 (%)	102
TABLE 90: ECSTASY: PROPORTION OF STUDENTS ACCORDING TO RECENCY OF USE BY AGE GROUP AND GENDER, ACT 1999 & 2002 (%)	103
TABLE 91: NEEDLE USE: PROPORTION OF STUDENTS ACCORDING TO RECENCY OF USE BY AGE GROUP AND GENDER, ACT 2002 (%)	103
TABLE 92: INFORMATION ON CANNABIS USE BY STUDENTS WHO HAD REPORTED USING CANNABIS IN THE LAST 12 MONTHS, ACT 2002 (%)	104
TABLE 93: FREQUENCY OF USE OF OTHER SUBSTANCES BY SEX, ACT 2002 (%)	105
TABLE 94: PERCEPTIONS AMONG SECONDARY STUDENTS ON SUBSTANCE USE BY AGE GROUP AND SEX, ACT 1999 & 2002 (%)	106
TABLE 95: PERCEPTIONS ON CANNABIS USE AMONG STUDENTS WHO HAD EVER/NEVER USED CANNABIS, BY AGE GROUP, ACT 2002 (%)	106
TABLE 96: PERCEPTIONS ON CANNABIS USE AMONG STUDENTS WHO HAD EVER/NEVER USED CANNABIS, BY SEX, ACT 2002 (%)	106
TABLE 97: PROPORTIONS, ODDS RATIOS (ORs), 95% CONFIDENCE INTERVALS (95% CI) AND P-VALUES WHERE STUDENT PERCEPTIONS OF DANGER ASSOCIATED WITH OTHER SUBSTANCE USE WERE 'VERY DANGEROUS', ACT 1999 & 2002 (%)	107
TABLE 98: STUDENTS WHO HAD USED OTHER SUBSTANCES IN CONJUNCTION WITH AMPHETAMINES BY AGE GROUP AND SEX, ACT 1999 & 2002 (%)	108
TABLE 99: STUDENTS WHO HAD USED OTHER SUBSTANCES IN CONJUNCTION WITH HALLUCINOGENS BY AGE GROUP AND SEX, ACT 1999 & 2002 (%)	108
TABLE 100: STUDENTS WHO HAD USED OTHER SUBSTANCES IN CONJUNCTION WITH ECSTASY BY AGE GROUP AND SEX, ACT 2002 (%)	108
TABLE 101: DAILY FRUIT, VEGETABLE AND BREAD/CEREAL CONSUMPTION BY SEX, ACT 2002 (%)	109
TABLE 102: NUMBER OF 30-MINUTE SESSIONS OF MODERATE AND VIGOROUS PHYSICAL ACTIVITY UNDERTAKEN IN THE PREVIOUS WEEK, BY SEX, ACT 2002 (%)	109
TABLE 103: TIME SPENT WATCHING TV/VIDEO ON AN AVERAGE SCHOOL DAY, BY SEX, ACT 2002 (%)	109
TABLE 104: TIME SPENT USING THE INTERNET OR PLAYING COMPUTER GAMES ON AN AVERAGE SCHOOL DAY, BY SEX, ACT 2002 (%)	109
TABLE 105: STUDENTS REPORTING AT LEAST PART OF A LESSON ON SKIN CANCER IN THE PREVIOUS YEAR, BY AGE GROUP, ACT 1996, 1999 & 2002 (%)	109
TABLE 106: EDUCATION ON SUN PROTECTION IN THE PREVIOUS YEAR BY CORRECT RESPONSES TO QUESTIONS ABOUT THE CAUSES OF SKIN CANCER, ACT 2002 (%)	110
TABLE 107: CORRECT RESPONSES TO TRUE/FALSE QUESTIONS ABOUT THE CAUSES OF SKIN CANCER, ACT 2002 (%)	110
TABLE 108: TYPE OF HAT MOST OFTEN WORN ON A SUNNY DAY IN SUMMER, ACT 1996, 1999 & 2002 (%)	110
TABLE 109: STUDENTS USUALLY/ALWAYS USING SUN PROTECTION MEASURES, BY SEX, ACT 1996, 1999 & 2002 (%)	110

TABLE 110: STUDENTS USUALLY/ALWAYS USING SUN PROTECTION MEASURES, BY AGE GROUP, ACT 1996, 1999 & 2002 (%).....	110
--	-----

LIST OF FIGURES

FIGURE 1: ‘HAVE YOU EVER HAD AN ALCOHOLIC DRINK’ BY AGE, ACT 2002 (%).....	24
FIGURE 2: HAD A DRINK IN THE LAST 12 MONTHS, BY AGE AND SEX, ACT 1996, 1999 & 2002 (%).....	24
FIGURE 3: HAD A DRINK IN THE LAST FOUR WEEKS, BY AGE AND SEX, ACT 1996, 1999 & 2002 (%).....	25
FIGURE 4: CONSUMPTION OF ALCOHOL IN THE PAST WEEK BY SEX AND AGE, ACT 1996, 1999 & 2002 (%).....	26
FIGURE 5: STUDENTS WHO HAD CONSUMED ALCOHOL IN THE LAST WEEK BY AGE GROUP AND SEX, ACT 1996, 1999 & 2002 (%).....	26
FIGURE 6: PROPORTION OF ALL STUDENTS REPORTING HARMFUL ALCOHOL CONSUMPTION IN THE WEEK PRIOR TO SURVEY, BY AGE AND SEX, ACT 1996, 1999 & 2002.....	27
FIGURE 7: SELF-DESCRIBED DRINKING STATUS, ACT 1996, 1999 & 2002 (%).....	28
FIGURE 8: SELF-DESCRIBED DRINKING STATUS, BY NUMBER OF DRINKS CONSUMED, AT LEAST ONCE, ON ANY ONE OCCASION, IN THE LAST TWO WEEKS, ACT 2002 (%).....	29
FIGURE 9: PLACES WHERE STUDENTS REPORTED CONSUMING THEIR LAST ALCOHOLIC DRINK, 12-15 YEARS OF AGE, ACT 2002 (%).....	32
FIGURE 10: PLACES WHERE STUDENTS REPORTED CONSUMING THEIR LAST ALCOHOLIC DRINK, 16-17 YEARS OF AGE, ACT 2002 (%).....	33
FIGURE 11: PROPORTION OF STUDENTS WHO HAD EVER SMOKED, BY AGE, ACT 2002.....	37
FIGURE 12: PROPORTION OF STUDENTS WHO HAD EVER SMOKED, BY SEX AND AGE GROUP, ACT 1996, 1999 & 2002.....	37
FIGURE 13: PROPORTION OF STUDENTS WHO HAD SMOKED IN THE LAST 12 MONTHS, BY AGE AND SEX, ACT 1996, 1999 & 2002.....	38
FIGURE 14: PROPORTION OF STUDENTS WHO HAD SMOKED IN THE LAST FOUR WEEKS, BY AGE GROUP AND SEX, ACT 1996, 1999 & 2002.....	38
FIGURE 15: PROPORTION OF STUDENTS WHO HAD SMOKED IN THE LAST WEEK, BY AGE GROUP AND SEX, ACT 1996, 1999 & 2002.....	39
FIGURE 16: RECENT, OR CURRENT SMOKER'S SELF-DESCRIBED SMOKING STATUS, ACT 2002 (%).....	39
FIGURE 17: PROPORTION OF RECENT OR CURRENT SMOKERS WHO BOUGHT THEIR LAST CIGARETTE FROM A RETAILER THEMSELVES, BY AGE GROUP, ACT 1996, 1999 & 2002 (%).....	40
FIGURE 18: PLACES STUDENTS USUALLY SMOKE, ACT 2002 (%).....	43
FIGURE 19: STUDENTS WHO HAD USED ANALGESICS AT LEAST ONCE IN THEIR LIVES BY AGE GROUP AND SEX, ACT 1999 & 2002 (%).....	46
FIGURE 20: STUDENTS WHO HAD USED ANALGESICS IN THE LAST WEEK BY AGE GROUP AND SEX, ACT 1999 & 2002 (%).....	47
FIGURE 21: STUDENTS WHO HAD USED CANNABIS AT LEAST ONCE IN THEIR LIVES BY AGE GROUP AND SEX, ACT 1999 & 2002 (%).....	48
FIGURE 22: STUDENTS WHO HAD USED CANNABIS IN THE LAST FOUR WEEKS BY AGE GROUP AND SEX, ACT 1999 & 2002 (%).....	49
FIGURE 23: STUDENTS WHO HAD USED INHALANTS AT LEAST ONCE IN THEIR LIVES BY AGE GROUP AND SEX, ACT 1999 & 2002 (%).....	50
FIGURE 24: STUDENTS WHO HAD USED INHALANTS IN THE LAST FOUR WEEKS BY AGE GROUP, ACT 1999 & 2002 (%).....	51
FIGURE 25: STUDENTS WHO HAD USED TRANQUILLISERS AT LEAST ONCE IN THEIR LIVES BY AGE GROUP AND SEX, ACT 1999 & 2002 (%).....	52
FIGURE 26: STUDENTS WHO HAD USED HALLUCINOGENS AT LEAST ONCE IN THEIR LIVES BY AGE GROUP, ACT 1999 & 2002 (%).....	53
FIGURE 27: STUDENTS WHO HAD USED AMPHETAMINES AT LEAST ONCE IN THEIR LIVES BY AGE GROUP, ACT 1999 & 2002 (%).....	54
FIGURE 28: STUDENTS WHO HAD USED NON-PRESCRIBED STEROIDS AT LEAST ONCE IN THEIR LIVES BY SEX, ACT 1999 & 2002 (%).....	55
FIGURE 29: STUDENTS WHO HAD USED OPIATES AT LEAST ONCE IN THEIR LIVES BY AGE GROUP, ACT 1999 & 2002 (%).....	56
FIGURE 30: STUDENTS WHO HAD USED COCAINE AT LEAST ONCE IN THEIR LIVES BY AGE GROUP, ACT 1999 & 2002 (%).....	57
FIGURE 31: STUDENTS WHO HAD USED ECSTASY AT LEAST ONCE IN THEIR LIVES BY AGE GROUP, ACT 1999 & 2002 (%).....	58
FIGURE 32: LIFETIME USE OF AT LEAST ONE ILLICIT SUBSTANCE, BY AGE GROUP AND SEX, ACT 1999 & 2002 (%).....	59
FIGURE 33: DAILY FRUIT, VEGETABLE AND BREAD AND CEREAL CONSUMPTION, ACT 2002 (%).....	71

FIGURE 34: NUMBER OF 30-MINUTE SESSIONS OF MODERATE AND VIGOROUS PHYSICAL ACTIVITY UNDERTAKEN IN THE PREVIOUS WEEK, BY SEX, ACT 2002 (%).....	74
FIGURE 35: TIME SPENT WATCHING TV/VIDEO ON AN AVERAGE SCHOOL DAY, BY SEX, ACT 2002 (%).....	75
FIGURE 36: TIME SPENT USING THE INTERNET OR PLAYING COMPUTER GAMES ON AN AVERAGE SCHOOL DAY, BY SEX, ACT 2002 (%).....	76
FIGURE 37: CORRECT RESPONSES TO TRUE/FALSE QUESTIONS ABOUT THE CAUSES OF SKIN CANCER, ACT 2002 (%)... ..	78
FIGURE 38: STUDENTS REPORTING AT LEAST PART OF A LESSON ON SKIN CANCER IN THE PREVIOUS YEAR, BY AGE GROUP, ACT 1996, 1999 & 2002 (%).....	78
FIGURE 39: STUDENTS REPORTING LAST SUMMER AS LAST TIME SEVERELY SUNBURNT, BY AGE GROUP, ACT 1999 & 2002 (%).....	79
FIGURE 40: STUDENTS REPORTING 'USUALLY' OR 'ALWAYS' USING SUN PROTECTION MEASURES, ACT 1996, 1999 & 2002 (%).....	79
FIGURE 41: TYPE OF HAT MOST OFTEN WORN ON A SUNNY DAY IN SUMMER, ACT 1996, 1999 & 2002 (%).....	80

OVERVIEW

Table 1: Overview of results, ACT 1996, 1999 & 2002.

	1996	1999	2002	Sig. ^(e) (1996-2002)
Tobacco				
% Smoked at least part of a cigarette in lifetime	55.7	53.7	45.9	p<.05
% Recent or current (in last week) smokers	20.4	20.5	15.3	p<.05
Mean number of cigarettes smoked in last week by recent or current smokers	31	29	29	ns
Alcohol				
% Drank at least a few sips of alcohol in lifetime	89.7	90.2	89.8	ns
% Recent (in last week) drinkers	29.1	32.9	31.2	ns
% Harmful drinkers ^(a)	6.4	8.1	8.0	ns
Mean number of drinks consumed in last week by recent drinkers	7	7	8	ns
Illicit substances				
% Used at least one illicit substance in lifetime	37.5	35.0	29.6	p<.05
% Recent (in last week) users of any illicit substance	11.6	9.7	7.8	p<.05
% Used cannabis at least once in lifetime	36.4	33.5	28.1	p<.05
% Recent (in last week) cannabis users	10.7	8.8	7.6	p<.05
% Used inhalants at least once in lifetime	26.7	25.1	19.6	p<.05
% Used tranquillisers at least once in lifetime	20.6	19.1	15.1	p<.05
% Used hallucinogens at least once in lifetime	8.0	7.1	4.0	p<.05
% Used amphetamines at least once in lifetime	6.1	7.7	6.1	ns
% Used steroids at least once in lifetime	2.5*	3.7	4.1	p<.05
% Used opiates at least once in lifetime	4.6	4.0	2.5*	p<.05
% Used cocaine at least once in lifetime	4.2	4.7	3.4*	ns
% Used ecstasy at least once in lifetime	4.5	4.5	5.3	ns
% Recent poly-substance users^(b)	6.7	5.2	4.4	p<.05
% Non-users^(c)	9.0	8.8	8.1	ns
Diet and physical activity				
% Met the <i>Dietary Guidelines for Children and Adolescents in Australia</i>	-	-	26.2	na
% Met the <i>National Physical Activity Guidelines for Australians</i>	-	-	28.5	na
Sun protection^(d)				
% usually or always wear a hat	53.1	45.8	43.6	p<.05
% usually or always wear clothes covering most of your body	27.3	22.4	19.8	p<.05
% usually or always deliberately wear less or briefer clothing	14.0	18.7	23.2	p<.05
% usually or always wear maximum protection sunscreen	67.1	61.6	48.1	p<.05
% usually or always wear sunglasses	32.9	34.5	28.3	p<.05
% usually or always stay mainly in the shade	28.8	29.0	26.1	ns
% usually or always most of time inside	17.8	20.6	22.4	p<.05

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

(a) Five or more drinks on any one day of the week for females and seven or more drinks on any one day of the week for males.

(b) Used alcohol, tobacco and at least one illicit in the week prior to survey – not necessarily on the same occasion.

(c) Students who had never tried tobacco, alcohol or any illicit substance.

(d) Self care practices usually or always adopted when out in the sun on a sunny day between 11am and 3 pm.

(e) ns= not significant (p>0.05); na = not applicable; p<0.05 = significant change over time (1996-2002).

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Alcohol consumption

The results of the survey suggest that about a third (31.3%) of ACT students (12 to 17 years of age) were recent drinkers (consumed alcohol in the week prior to the survey in 2002). This figure remained relatively constant over time. Between 1996 and 2002, there was no significant change in the proportion of students reporting lifetime consumption of alcohol, consumption of alcohol in the last 12 months, the last four weeks or the last week.

About eight per cent of all students reported harmful levels of drinking on at least one day of the week prior to the 2002 survey. This figure did not change significantly between 1996 (6.4%) and 2002. In the two weeks prior to the 2002 survey, about a third (31.1%) of all female and about a quarter (25.9%) of all male students reported harmful drinking on at least one occasion. Harmful drinkers were more likely to be older

students; they were more likely to describe themselves as 'heavy' drinkers or 'party' drinkers than other students; they consumed greater quantities of alcohol in the week prior to survey than other drinkers; were more likely to report a preference for beverages with a high alcohol content (spirits and pre-mixed spirits); and, they were more likely to have purchased their last drink from a retailer than other drinkers.

In 2002, very few students who reported consuming alcohol at least once in their lifetime also reported purchasing their last drink from a retailer themselves (5.6%). Among those students who did purchase their last drink from a retailer, most reported having purchased their last drink from a supermarket or liquor store. There was a significant decrease in the proportion of students purchasing their last drink from a retailer, between 1996 (8.9%) and 2002. The majority of students who did not purchase their last drink from a retailer in 2002 reported being given their last drink by parents (37.6%) or friends (21.8%).

Among students who reported having tried to purchase alcohol from a retailer at least once in their lifetime, about a third (32.4%) reported never being refused alcohol by a retailer and 40 per cent reported never having been asked for proof of age. There was no significant change in the proportion of students reporting that they had never been refused alcohol when trying to purchase from a retailer, between 1996 (32.4%) and 2002.

Students reported consuming their last alcoholic drink in a variety of places. The most popular places for students to report consuming their last drink were at home or at a party, celebration or function. Younger students (12 to 15 years) were more likely to report consuming their last drink at home whereas older students (16 to 17 years) were more likely to report consuming their last drink at a party, celebration or function. Both recent and harmful drinkers were more likely to report consuming their last drink at a party, celebration or function.

In terms of alcohol preference, the majority of males expressed a preference for beer and spirits, while females expressed a preference for pre-mixed spirits and spirits in 2002. Recent drinkers and harmful drinkers expressed a preference for pre-mixed spirits and spirits.

Finally, males, older students (16 to 17 years) and harmful drinkers were more likely to express relaxed attitudes towards alcohol or play down the dangers associated with high levels of alcohol consumption, than their counterparts in 2002.

Tobacco use

The results of the survey suggest that about 15.3 per cent of ACT students (12 to 17 years) were recent or current smokers (used tobacco in the week prior to the 2002 survey). This figure decreased significantly between 1996 (20.4%) and 2002. Between 1996 and 2002, there was also a significant decrease in the proportion of students reporting tobacco use for other periods (lifetime use of tobacco, use of tobacco in the last 12 months and the last four weeks).

In 2002, older students (16 to 17 years) (17.8%) were more likely to be recent, or current smokers than younger students (12 to 15 years) (14.1%), although the proportion of older students who were recent, or current smokers decreased significantly between 1996 (28.6%) and 2002. Similarly, females (16.0%) were more likely to be recent, or current smokers than males (14.6%), although the proportion of females who were recent, or current smokers also decreased significantly between 1996 (24.0%) and 2002.

Almost a quarter (23.7%) of recent, or current smokers in 2002 described themselves as 'heavy smokers'. Although the category 'heavy smoker' was self-described, or based on student perceptions of their own smoking status, this group of smokers had a different profile to other smokers. 'Heavy smokers' were more likely to smoke more cigarettes, more likely to have tried purchasing cigarettes from a retailer and were more likely to indicate they would likely be smoking in 12 months time, than other recent or current smokers.

The proportion of recent, or current smokers who purchased their last cigarette from a retailer themselves decreased significantly between 1996 (25.8%) and 2002 (19.1%). At the same time, there was a significant increase in the proportion of recent, or current smokers who got someone else to purchase their last cigarette for them, up from 15.7 per cent in 1996 to 21 per cent in 2002.

Among those who did not purchase their last cigarette from a retailer themselves and did not ask another person to purchase for them, the majority obtained their last cigarette from friends (36.5%) or were given their last cigarette by parents or siblings (13.4%).

There was also a significant increase in the proportion of recent or current smokers who reported purchasing (from any source, including retailers, friends, relatives etc) a single cigarette or cigarettes that were not in a packet, in the four weeks prior to survey, up from 21.3 per cent in 1996 to 40.4 per cent in 2002. About three quarters (73.5%) bought singles from friends and relatives, very few reported purchasing singles from a retailer.

More than a third (37.8%) of students who reported having tried to purchase cigarettes from a retailer at least once in their lifetime also reported never being refused cigarettes by a retailer. There was no significant change in the proportion of students reporting that they had never been refused cigarettes when trying to purchase from a retailer between 1996 (35.7%) and 2002. More than a third (36.7%) of all students who had ever tried to purchase cigarettes from a retailer reported never having been asked for proof of age in 2002.

Students reported smoking in a variety of places in 2002. The most popular places for students to report smoking were dance venues, dance parties and nightclubs (14.6%), parties (13.8%), at a friend's home (10.8%), at home (9.9%), and about one in ten (10.8%) reported that they usually smoked on school grounds during school hours.

Males, younger students (12 to 15 years) and students who described themselves as 'heavy smokers' were more likely than their counterparts to regard smokers as popular or mature and play down the dangers associated with smoking and exposure to environmental tobacco smoke.

About one in ten (9.5%) students reported that they were likely to be smoking in 12 months. Among recent, or current smokers, almost half (46.4%) reported that they were likely to be smoking in 12 months and among students who described themselves as 'heavy smokers', the majority (83.7%) reported that they were likely to be smoking in 12 months.

Finally, there was a significant increase in the proportion of students who recalled having received at least part of a lesson on smoking in the previous year, between 1996 (77.4%) and 2002 (80.4%).

Other (including illicit) substance use

In 2002, less than a third (29.6%) of students in the ACT reported the use of an illicit substance in their lifetime.

Over all, the reported use of illicit substances declined between 1996, 1999 and 2002. The reported lifetime use of cannabis, inhalants, tranquillisers, hallucinogens and opiates all decreased between 1996 and 2002 and for the period 1999 to 2002. There was no significant change over time in reported lifetime use of ecstasy or amphetamines, but reported use of cocaine decreased significantly between 1999 and 2002. Although the reported illicit lifetime use of steroids decreased significantly between 1996 and 2002, there was no significant change in reported use between 1999 and 2002.

In general, older (16 to 17 years) students were more likely to report having tried an illicit substance than younger (12 to 15 years) students (a notable exception was the use of inhalants, where younger students were more likely to report use than older students). Between the sexes, males were more likely to report the use of cannabis and steroids without a prescription than females.

The most commonly used illicit substance reported in 2002 was cannabis/marijuana, with more than a quarter (28.1%) of students reporting use of the substance in their lifetime and 7.6 per cent reporting use in the week prior to the survey. Although about a third (31.9%) of cannabis users indicated having tried the drug only once or twice in their lifetime, 42.2 per cent of students who had ever used cannabis indicated that they had used the substance at least 40 times in their lifetime.

Among students who reported using cannabis in the last 12 months, 33.9 per cent reported having used cannabis last at a friend's home, 22.7 per cent reported having used cannabis last at a party and 13.8 per cent reported having used cannabis last at the park. About two thirds (65.4%) of students who reported using cannabis in the last 12 months indicated a preference for smoking cannabis from a bong or pipe.

The second most commonly used illicit substance was inhalants (including deliberate sniffing of spray cans, glue, paint, petrol or thinners). One in five (19.6%) students reported deliberately sniffing inhalants at least once in their lifetime and 6.2 per cent in the week prior to the 2002 survey. Although about half (47.3%) of the students who had ever used inhalants reported use only once or twice in their lifetime, a quarter (25.2%) reported use ten times or more in their lifetime.

The use of tranquillisers for non-medical purposes, which included sleeping tablets and sedatives such as Valium, Serapax and Rohypnol, were the third most commonly used group of substances. In 2002, 15.1 per cent of students reported having used tranquillisers for non-medical purposes, at least once in their lifetime and 4.3 per cent reported use in the four weeks before the survey. About 45 per cent of students who had ever used tranquillisers for non-medical purposes reported using tranquillisers only once or twice. The results for other frequency categories (used tranquillisers 10 times or more; used tranquillisers 40 times or more) were not reliable and were therefore not reported.

In 2002, 6.1 per cent of students reported having used amphetamines (speed) at least once in their lifetime and 5.3 per cent reported having used ecstasy at least once in their lifetime. The reported levels of use of other illicit substances were very low, with less than five per cent of students reporting the use of substances such as cocaine (3.4%), opiates (2.5%), steroids (4.1%) and hallucinogens (4.0%) at least once in their lifetime.

About four per cent of students reported having used needles for injecting illicit drugs at least once in their lifetime. About 40 per cent of needle users indicated that they had shared a needle at least once with someone else and about half indicated that they had obtained equipment from a needle exchange.

More than 60 per cent of students perceived the use of most illicit substances as 'very dangerous'. Perceptions of the danger associated with illicit substance use varied according to student age and sex. Females and older students (16 to 17 years) were more likely than males and younger students (12 to 15 years) to perceive the use of most illicit substances as 'very dangerous'. However, there were a few exceptions – younger students were more likely than older students to perceive regular use of cannabis as 'very dangerous'.

Students who had never used cannabis were more likely to perceive cannabis use as 'very dangerous' compared to students who had used cannabis at least once in their lifetime.

Between 1999 and 2002, there were increases in the proportion of students perceiving the use of a number of illicit substances as 'very dangerous'. In most instances, these changes in perception were accompanied by decreases in reported levels of substance use by students. For instance, lifetime use of cannabis decreased significantly between 1999 (33.5%) and 2002 (28.1%). At the same time, there was a significant increase in the proportion of students who perceived 'smoking cannabis regularly' as 'very dangerous' (1999, 57.3%; 2002, 64.7%).

In 2002, about three quarters (76.2%) of secondary students recalled receiving at least part of a lesson on the use of illicit substances in the previous year. This figure did not vary significantly from 1999 (73.9%). There was no significant difference between the proportion of students who had/had not used an illicit substance, cannabis, or inhalants in the last 12 months and the proportion of students who recalled receiving at least part of a lesson on illicit substance use in the last 12 months.

Poly-substance use

In 2002, students who reported using cannabis, amphetamines, hallucinogens and ecstasy in the previous year were asked to report any other substances they may have used on the same occasion that they used cannabis, amphetamines, hallucinogens or ecstasy. As more than one other substance may have been used on any one occasion, or different substances may have been used on different occasions, students were able to indicate the use of multiple substances.

Alcohol was the most popular substance to have been used in conjunction with cannabis, amphetamines, hallucinogens or ecstasy in the previous year. At least 60 per cent of students who had used any one of these illicit substances in the previous year reported using alcohol, on at least one occasion, at the same time as using cannabis, amphetamines, hallucinogens or ecstasy.

Tobacco was popular, with 40 per cent of ecstasy users, about half of all cannabis users (47.7%), and more than half of amphetamine users (59.5%) and hallucinogen users (54.4%) reporting the use of tobacco, at least once in the previous year, in conjunction either ecstasy, cannabis, amphetamines or hallucinogens.

Cannabis was also commonly used in conjunction with other substances. More than half (56.4%) of the students who reported amphetamine use in the previous year reported using cannabis on at least one occasion in conjunction with amphetamines. About a third of ecstasy users (31%) and hallucinogen users (35.3%) reported using cannabis on at least one occasion when they used either ecstasy or hallucinogens in the previous year.

There were too few students who reported the use of other substances (eg tranquillisers, inhalants etc) in conjunction with ecstasy, cannabis, amphetamines or hallucinogens in the previous year to provide reliable estimates.

In 2002, 4.4 per cent of all students reported the use of tobacco, alcohol and at least one other illicit substance, on at least one occasion (not necessarily all at once on a single occasion) in the week prior to survey.

More than a quarter (27.3%) of recent, or current smokers (smoked in the week prior to survey) were recent drinkers (consumed alcohol in the week prior to survey) and more than a third (35.2%) had used an illicit substance in the week before the 2002 survey. Among recent drinkers, more than third (35.0%) were also recent, or current smokers and one in five (20.3%) had used an illicit substance in the week before survey. Among students who reported the use of at least one illicit substance in the week before survey, 70 per cent were recent, or current smokers and 84.8 per cent were recent drinkers.

Dietary inadequacies, large amounts of time (four hours or more on an average school day) spent watching TV or video and 'below average' self-described school performance were the major factors associated with students who reported the use of alcohol, tobacco and at least one illicit substance in the week prior to survey.

Non-users

In 2002, 8.1 per cent of students reported that they had not used tobacco, alcohol or an illicit substance in their lifetime. Being a younger student (12 to 15 years), meeting dietary guidelines and 'average' or 'above average' self-described school performance levels were the major factors associated with non-users.

Other health-related behaviours

In 2002, for the first time, the ASSAD survey questionnaire included a series of questions on nutrition, physical activity and leisure-time activities. There were also a number of new questions about sun protection and changes to some of the sun protection questions that had been included in previous surveys. These changes and new introductions to the survey content meant that many of the 2002 questions were not comparable with questions from previous survey years (1996 and 1999).

Nutrition

The results on dietary behaviours, or nutrition, should be interpreted with caution. Estimates that were derived from the survey data and are compared in the report to national guidelines are conservative. The guidelines on nutrition changed in 2003 and the ASSAD questionnaire administered in 2002 did not allow for direct comparison to the new guidelines. In addition, the nutrition questions that were asked in the survey required students to visualise 'serves' of various food types and pilot testing of these types of survey questions suggest they do not always yield valid results.^{1,2}

Limitations aside, the results of the questions about nutrition suggest that a substantial proportion of secondary students in the ACT had an inadequate intake of fruit, vegetables and breads and cereals in 2002. About three quarters (73.8%) of the students who were surveyed in 2002 did not consume enough of

¹ Barkess JL, Sherriff JL. 2003. Relative validity of two brief sets of questions to assess vegetable intake behaviours. *Asia Pac J Clin Nutr*. 12 Suppl:S23.

² Australian Bureau of Statistics. 2001. *Measuring Dietary Habits in the 2001 National Health Survey, Australia*. Occasional Paper: 4814.0.55.001. Canberra, Australian Bureau of Statistics.

at least one of the food types included in the survey to meet the 2003 *Dietary Guidelines for Children and Adolescents in Australia*. About a third (34%) of all students did not consume sufficient vegetables, about a third (32.4%) did not consume sufficient fruit and more than half (58.7%) did not consume sufficient breads and cereals to meet the minimum daily requirements outlined in the national guidelines.

Meeting the *National Physical Activity Guidelines for Australians* and describing school performance as 'average' or 'above average' were the major factors found to be associated with an adequate diet (consumption of sufficient fruit, vegetables and breads and/or cereals to meet national guidelines).

Physical and leisure-time activity

Levels of physical activity reported by students in 2002 were compared to the recommendations for children and young people less than 18 years of age in the national guidelines. Although only 15.6 per cent of ACT secondary students reported undertaking at least 30 minutes of moderate activity at least six times in the week prior to the 2002 survey, about half (52.9%) reported undertaking at least three 30 minute sessions of vigorous activity.

In 2002, 28.5 per cent of students reported undertaking sufficient moderate and vigorous activity to meet the *National Physical Activity Guidelines for Australians*. Having an adequate diet (adequate consumption of each of the three food types included in the survey to meet national guidelines), being male and watching less than four hours of TV or video a day were the major factors found to be associated with meeting the *National Physical Activity Guidelines for Australians*.

The survey also included questions about leisure-time activity. Two of the questions focused on the amount of time students spent watching TV or video and the amount of time they spent on the Internet or playing computer games on an average school day. An arbitrary threshold of four hours was used in the analysis. Students were pooled into two groups for comparison with each question – those who spent four hours or more watching TV or video vs. those who spent less than four hours; and, those who spent four hours or more using the Internet or playing computer games vs. those who spent less than four hours.

About one in five (18.5%) students reported spending four hours or more watching TV or video on an average school day. Students were more likely to report spending four hours or more watching TV or video if they were male, if they reported using the Internet or playing computer games for four hours or more, if their self-described school performance was poor, or if they reported inadequate consumption of one or more of the food types included in the survey.

Approximately one in ten (11.3%) students reported spending four hours or more on the Internet or playing computer games on an average school day. Students were more likely to report spending four hours or more on the internet or playing computer games if they were male, if they reported spending four hours or more watching TV or video, or if their self-described school performance was poor.

Sun protection

The results of the 2002 survey suggest that although the majority of students had a reasonable level of knowledge about the need for sun protection and had had at least part of a lesson on sun protection or skin cancer in the previous year, they were less likely to engage in self care practices than students in 1996 and 1999.

Although, almost two-thirds (63.7%) of students surveyed in 2002 responded correctly to questions about the causes of skin cancer and almost two-thirds (64.5%) recalled having had at least part of a lesson on sun protection or skin cancer in the previous year, the proportion of students reporting that they 'usually' or 'always' wore a hat, wore clothing to cover up, wore a maximum protection sunscreen, wore sunglasses, or mostly stayed inside, decreased significantly between 1996 and 2002. The proportion of students reporting that they 'usually' or 'always' wore briefer clothing to get sun on their skin increased significantly between 1996 and 2002.

Some self-care practices appeared to be quite unpopular with students. Only one in five students reported 'usually' or 'always' wearing clothes to cover up when outdoors, or reported mostly staying inside between 11am and 3pm in summer.

Finally, students who were unlikely to wear a hat outdoors or to use a maximum protection sunscreen were unlikely to use any other sun protective measures. Most of these students indicated a preference for a

suntan. They also indicated that they had had at least part of a sun protection lesson in the previous year and more than half had a reasonable level of knowledge about the causes of skin cancer.

Introduction

In 2002, ACT Health and the Cancer Council ACT conducted the ACT Secondary Student Alcohol and Drug (ASSAD) survey. The survey was administered in ACT secondary schools by external research staff using a self-completion questionnaire.

The main aim of the survey was to obtain information about substance use among secondary school students in the ACT. The 2002 survey was also designed to collect information about sun protective behaviours, nutrition, physical and leisure-time activities among secondary students.

Previous ASSAD surveys were conducted in the ACT in 1996 and 1999. Many of the questions about substance use included in these earlier surveys were similar to questions in the 2002 survey, allowing for analysis of trends over time. Accordingly, substance use results from 1996 and 1999 have been discussed, where relevant, throughout the report. However, the 1996 and 1999 surveys did not include questions about nutrition, physical activity or leisure-time activities and many of the earlier questions about sun protection differ from those included in the 2002 survey. Therefore, the analysis of these health-related behaviours in the report is largely specific to the 2002 survey.

As with previous surveys, the target population for the 2002 survey was students in Years 7 to 12, between 12 to 17 years of age, enrolled in government, Catholic and independent schools in the ACT. Students completed a total of 1,675 questionnaires.

The 2002 data were weighted by age, sex and school type to ensure the survey sample represented ACT school enrolments for Semester 2, 2002. Probability levels below 0.05 are reported as significant throughout the report and *p*-values have been provided where relevant.

The report includes analysis of tobacco, alcohol, other (including illicit) substance and poly-substance use by students in the ACT. Student access, attitudes, perceptions of danger and other behaviours associated with substance use are included in the analysis.

There is an analysis of daily fruit, vegetable and bread and cereal consumption in the ACT. The reported number of food serves consumed daily by students are compared to the number of food serves recommended in the *Dietary Guidelines for Children and Adolescents in Australia*. Similarly, reported levels of physical activity among students in the ACT are compared to the recommended levels of activity for children and young people, under the age of 18, in the current *National Physical Activity Guidelines for Australians*.

Leisure-time activities are included in the report. There is an analysis of the reported time spent by students watching TV or video and reported time spent using the Internet or playing computer games, on an average school day.

The report also includes an analysis of the sun protection questions included in the 2002 survey. Information is presented on self-care practices, student knowledge about the causes of skin cancer and information about student education on skin cancer and sun protection.

Finally, there are a series of tables included in the appendices that complement the analysis in the main body of the report. A copy of the 2002 survey questionnaire has also been included in the appendices.

Note that the analytical detail in the report has been limited by the size of the sample that was taken and ensuing problems with the (statistical) reliability of results. For instance, although it would have been possible to present age breakdowns of the data throughout the report by single year of age, as this information was collected in the survey, the report presents data by single year of age (12 years, 13 years....17 years) or by age group (12-15 years and 16-17 years), according to the level of reliability of results. Much of the data has had to be aggregated, so the results for the ACT are not always directly comparable with results for other States and Territories (although we have produced comparable ACT figures where ever possible).

In addition, there were 50 Aboriginal and Torres Strait Islander students who completed the survey questionnaire in 2002, comprising about three per cent of the 1,675 students surveyed. Unfortunately, the sample was too small to reliably estimate levels of substance use and other health-related behaviours among Aboriginal and Torres Strait Islander students in the ACT.

Methods

As part of a national survey effort, the 2002 ACT Secondary Students Alcohol and Drug (ASSAD) survey was conducted in ACT secondary schools between September and November 2002. The self-completion survey questionnaire was administered to students in schools by an external research team. Teachers were not present during administration of the survey, unless otherwise requested by the school, and schools were generally discouraged from providing students with pre-knowledge of the survey topic.

Sample selection

The target population for the survey included all students between 12 to 17 years of age, enrolled in year levels 7 to 12 in government, Catholic and independent schools in the ACT (Table 2).

Table 2: ACT secondary school enrolments^{(a),(b)} (12 to 17 years) by school type and sex, 2002.

	Males	Females	Persons
Government secondary school enrolments (12-17 years)	8,233	7,891	16,124
Catholic secondary school enrolments (12-17 years)	4,262	4,128	8,390
Independent secondary school enrolments (12-17 years)	1,816	1,762	3,578
Total ACT secondary school enrolments (12-17 years)	14,311	13,781	28,092

Source: Australian Bureau of Statistics. 2003. 2002 Schools Australia. Cat. No. 4221.0. Canberra, Australian Bureau of Statistics; Australian Bureau of Statistics. 2003. Companion data tables.

(a) Full-time students only.

(b) There were 28 secondary schools and 12 primary/secondary combined schools in the ACT in 2002.

A stratified two-stage sample design was used. Schools were randomly selected at the first stage of sampling and students were to be selected from the school roll, within schools, at the second stage of sampling. The schools were stratified by school type (the three education sectors - government, Catholic and independent) and randomly selected from within each sector. Two school samples were drawn from (a) high schools (Years 7 to 10); and (b), colleges (Years 11 and 12) in the ACT. There were 16 high schools and 6 colleges included in the sample. Fourteen of these schools were government schools, five were catholic schools and three were independent schools. Eighty-six per cent of the ACT schools originally selected agreed to participate in the 2002 survey.

The intention at the second stage of sampling was to randomly select students from the school roll within each school. However, implementation of random selection proved problematic in the field. Some of the high schools required students to return consent forms before participating in the survey, and at other schools entire classes of students were selected for survey, rather than individual students selected at random from the school roll. Random selection of students from the school roll at colleges in the ACT proved impractical because of the way in which the college system operates in the ACT. Instead, field interviewers visited colleges at a designated time, for a period of an hour, and surveyed students who were on campus at the time.

As a consequence, the methodology used in the ACT for the second stage of sampling differed somewhat from the protocol followed by other jurisdictions in Australia. The selection process may have implications for the representativeness of the ACT sample, and should be considered when comparing results with other jurisdictions.

Questionnaire

The 2002 questionnaire included questions about behaviours, access, perceptions of danger and attitudes to tobacco, alcohol and illicit drugs. The bulk of these questions were identical to those from previous surveys undertaken in 1996 and 1999.

The 2002 questionnaire also included a series of questions about sun protective behaviours. Some of these questions had been asked in previous surveys and some were new to the 2002 questionnaire.

In 2002, for the first time, a series of questions about nutrition, physical and leisure-time activities were introduced to the survey questionnaire.

To reduce order effects, two versions of the questionnaire were administered to students. One version of the questionnaire included the alcohol-related questions first and the other version included the tobacco-related questions first. Questions about other (including illicit) substances were the third topic covered in the questionnaire, always following the alcohol and tobacco sections. Questions about sun protection, nutrition and physical and leisure-time activities were included as part of the final section of the questionnaire.

(A copy of the 2002 questionnaire is included in the appendices).

Data processing

The 2002 data was coded, entered and cleaned by the Centre for Behavioural Research in Cancer at the Anti-Cancer Council of Victoria. A copy of the 2002 ACT data was combined with data from the 1996 and 1999 surveys and forwarded to ACT Health for analysis.

Questionnaires with large amounts of missing data and questionnaires with exaggerated responses were excluded from the data set used for analysis.

Sample size

The target sample for the ACT was 1,760 in 2002. A total of 1,882 secondary students were surveyed, with 1,675 questionnaires completed by students between 12 and 17 years of age.

Table 3: ASSAD student sample, by age and sex, for the ACT, 1996, 1999 & 2002.

YEAR	Age	No. of Respondents		
		Males	Females	Persons
1996	12 Years	106	107	213
	13 Years	191	157	348
	14 Years	190	195	385
	15 Years	182	164	346
	16 Years	221	321	542
	17 Years	192	274	466
	All ages	1,082	1,218	2,300
1999	12 Years	115	96	211
	13 Years	221	166	387
	14 Years	170	195	365
	15 Years	177	151	328
	16 Years	282	205	487
	17 Years	214	163	377
	All ages	1,179	976	2,155
2002	12 Years	43	55	98
	13 Years	154	140	294
	14 Years	160	163	323
	15 Years	156	141	297
	16 Years	193	152	345
	17 Years	190	128	318
	All ages	896	779	1,675

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

There were a small number of students less than 12 years and more than 17 years of age who completed the survey. However, they were excluded from the analysis in the report because their numbers were too small to provide statistically reliable estimates. Therefore, data are presented throughout this report by age for students between 12 and 17 years.

There were also a small number of non-resident students who completed the 2002 survey questionnaire. A brief review of student postcodes (there was a question on student postcodes in the survey) suggests that between 2-15 per cent of students who completed the survey were interstate residents in 2002. It is not possible to be any more precise than this as a number of postcodes span the ACT and NSW borders and the actual state of residence can not be clearly ascertained by the use of postcodes alone. All have been included in the analysis, regardless of their postcode or State of usual residence.

The relatively small sample size of the survey has implications for the reliability of estimates. An indication of the reliability of estimates has been provided in tables and graphs throughout the report. Estimates with a relative standard error (RSE) between 25 and 50 per cent should be interpreted with caution and have been indicated with a single asterisk (*). Estimates with an RSE above 50 per cent are considered unreliable for general use and have not been included in the report. In tables and graphs where other estimates are reliable, estimates with an RSE above 50 per cent have not actually been included, but are indicated by a double asterisk (**).

Data analysis

The analysis that was undertaken and the results that have been presented in the report have largely been determined by the reliability of estimates. Although it is theoretically possible to analyse and provide results in more detail than has been presented here, it is not necessarily valid to do so. The relative standard error has been used to provide an indication of estimate reliability (see section above).

The 2002 data was weighted by age, sex and school type to account for differences between the sample that was obtained and ACT school enrolments for Semester 2, 2002. Data from the 1996 and 1999 surveys was weighted similarly to time-appropriate school enrolment data.

All estimates provided in the report are based upon weighted data.

Logistic regression was used to identify changes in the proportion of students reporting specific behaviours (eg tobacco use) over time (between 1996 and 2002). Logistic regression was also used to identify factors associated with specific behaviours that were reported by students in 2002.

Chi-square statistics were calculated, using unweighted data, to determine the relative discrepancy/association between categorical variables. These statistics have not generally been reported, but their p-values have been reported where results are significant – null hypothesis has been rejected. Note that probability levels below 0.05 are reported as significant throughout the report.

Student responses were not included in the analysis for certain questions if there was evidence of contradictory responses or multiple responses. However, responses from these students were included in the analysis of other questions, if other questions had been validly completed.

All statistical analyses were undertaken using SPSS v11.5.

Analysis of alcohol questions

Depending upon estimate reliability, the majority of alcohol questions were analysed and presented for three groups of students:

- All students who were surveyed who validly completed various alcohol questions;
- Recent drinkers – students who reported consuming alcohol in the week prior to survey;
- Harmful drinkers – females who reported consuming five or more drinks on any one day in the week prior to survey and males who reported consuming seven or more drinks on any one day in the week prior to survey.

Analysis of tobacco questions

Depending upon estimate reliability, the majority of tobacco questions were analysed and presented for three groups of students:

- All students who were surveyed who validly completed various tobacco questions;
- Recent or current smokers – students who reported smoking in the week prior to survey;

- 'Heavy smokers' – students who reported smoking in the week prior to survey and described themselves as 'heavy smokers'. This group of students had a very different profile to other smokers. For instance, they smoked a median of 70 cigarettes in the week prior to survey, (the median for recent, or current smokers was 12 cigarettes). They were also more likely to have tried purchasing cigarettes from a retailer and were more likely to indicate that they would be smoking in 12 months time, compared to other recent or current smokers.

Analysis of questions about other (including illicit) substance use

Depending upon estimate variability, the questions on substance use were analysed and presented for all the students who were surveyed who validly completed the questions based on the following categorisation:

- Lifetime/ever users – students who had used relevant substances at least once in their lifetime.
- Users in the last 12 months – students who had reported using substances in the 12 months preceding the survey.
- Recent users – students who had reported using substances in either the four weeks or the week preceding the survey, depending upon estimate reliability.

The other (including illicit) substances in the 2002 survey were:

- painkillers/analgesics (Disprin, Panadol, Aspro) – for any reason;
- sleeping tablets/tranquillisers/sedatives (Valium, Serapax, Rohypnol) – other than for medical reasons;
- marijuana/cannabis;
- steroids - without a doctor's prescription;
- inhalants that were deliberately sniffed from spray cans, glue, paint, petrol or thinners in order to get high. This did not include sniffing white-out, liquid paper textas or pens;
- amphetamines (speed, uppers, MDA, goey, dex, dexties, dexamphetamine, ox blood, methamphetamine, ice) – other than for medical reasons;
- ecstasy or XTC (E, MDMA, ecci, X, bickies);
- cocaine;
- heroin or other opiates (narcotics) (smack, horse, skag, hammer, H, methadone, pethidine) – other than for medical reasons;
- hallucinogens (LSD, acid, trips, magic mushrooms, datura, angel's trumpet).

Changes in reported levels of illicit substance between 1999 and 2002 have been explored in the text. There is also mention in the text of changes in reported levels of illicit substance use between 1996 and 2002, where there are differences to the pattern between 1999 and 2002. Note that the table in the Overview (Table 1) presents trends overtime in reported levels of illicit substance use between 1996 and 2002.

Analysis of questions about poly-substance use

Depending upon estimate variability, the questions on poly-substance use were analysed and presented for the following groups of students:

- Students who reported using cannabis in the year preceding the survey.
- Students who reported using amphetamines in the year prior to the survey.
- Students who reported using hallucinogens in the year prior to the survey.
- Students who reported using ecstasy in the year prior to the survey.

There is also an analysis of students who reported the use of tobacco, alcohol and at least one other illicit substance in the week prior to the 2002 survey. These students are referred to as 'recent poly-substance users' in the report. Logistic regression was used to identify factors associated with students who reported recent poly-substance use.

Analysis of non-users

Students who reported never having used tobacco, alcohol or any illicit substance in their lifetime were categorised as 'non-users'. Logistic regression was used to identify factors associated with students who reported never having used tobacco, alcohol or any illicit substance in their lifetime.

Analysis of nutrition questions

In 2002, students in the ACT were asked to report on their daily intake of fruit, vegetables and breads and cereals. The *Dietary Guidelines for Children and Adolescents in Australia* recommend at least three serves

of vegetables and fruits and 5 -11 serves of breads and cereals per day for young people between 12 and 18 years of age. A serve of fruit is equal to one medium piece, or two small pieces of fruit, or one cup of diced fruit. A serve of vegetables is equal to ½ cup of cooked vegetables, or one cup of salad vegetables. One slice of bread, ½ bread roll, ½ cup of breakfast cereal, ½ cup of pasta, rice or noodles comprise a single serve of bread or cereal.

The analysis of nutrition questions focused on reported consumption levels of fruit, vegetables and breads and cereals. Students were pooled into two groups for comparison:

- those students who reported consuming less than the daily recommended serves of one or more food type, according to the *Dietary Guidelines for Children and Adolescents in Australia* (indicating an inadequate diet); and
- those students who reported consuming the daily recommended serves (or more) of each food type (indicating an adequate diet).

The 2002 questionnaire required students to report the level of consumption of each food type by a range of serves ie. 'less than one serve', '2-3 serves', '4-5 serves', '6 serves or more', 'I do not eat fruit (or vegetables, or breads/cereals)'. However, the ranges specified in the questionnaire did not allow for direct comparison with the guidelines. For instance, although the guidelines recommend three serves of fruit and three serves of vegetables a day, the questionnaire did not allow for identification of students reporting exactly three serves, as the range specified in the questionnaire was '2-3 serves'. In the analysis, therefore, students reporting consumption of 'less than one serve' and students reporting 'I do not eat fruit(/vegetables)' were assigned to the student group reporting an 'inadequate' level of consumption of fruit or vegetables (see questions 53 and 54 in the questionnaire in the Appendices).

Similarly, the *Dietary Guidelines for Children and Adolescents in Australia* recommend a minimum of five serves of breads and cereals a day, but it was not possible to ascertain those students who consumed five serves, as the relevant range specified in the questionnaire was '4-5 serves'. Therefore, students who reported not eating breads and cereals, or eating 'less than one serve' or between '2-3 serves', were included in the student group with an 'inadequate' level of consumption of breads and cereals (see question 55 in the questionnaire in the Appendices).

Because of the way student responses have been categorized, it is important to note that the results for the nutrition questions under estimate the actual proportion of students consuming less than the recommended daily serves of fruit, vegetables and breads and cereals.

Analysis of physical and leisure-time activity questions

The 2002 survey included a series of questions on physical and leisure-time activity. Students were asked to report the number of 30-minute sessions of vigorous and/or moderate physical activity undertaken during the week prior to the survey. They were also asked to report the time they spent watching TV or video and using the Internet or playing computer games on an average school day. The aim was to gain a better understanding of physical and leisure-time activity patterns among secondary school students in the ACT.

In order to obtain health benefits, the *National Physical Activity Guidelines for Australians* recommends at least 30 minutes of moderate-intensity physical activity on most, preferably all days of the week. The *National Physical Activity Guidelines for Australians* also recommend an additional level of activity for adults who wish to increase their physical fitness. In addition to the 30 minutes of moderate-intensity physical activity on most, preferably all days of the week, a further 30 minutes of vigorous activity 3-4 times a week is recommended. This additional level of activity is routinely recommended for children and young people less than 18 years of age.

A vigorous physical activity session included at least 30 minutes of activity that made students sweat or breathe hard, and included activities such as basketball, netball, soccer, football, running, aerobics and fast bike riding. A moderate physical activity session included at least 30 minutes of activity that did not make students sweat or breathe hard, and included activities such as slow bike riding, brisk walking, housework and pushing a lawn mower. (It should be noted that moderate physical activity reported by students might have been under reported due to the types of activities cited as an example in the survey questionnaire).

In the analysis, student responses above the guideline threshold for vigorous activity (at least three 30 minute sessions) were weighted by a factor of '2' and added to student levels of moderate activity. If a student indicated that they had not undertaken sufficient moderate activity to meet the guidelines, but had undertaken several sessions of vigorous activity in the week prior to survey, additional sessions (above the guideline threshold of three) of vigorous activity were halved and counted as extra sessions of moderate activity.

At the time of writing, the recommendations for children and young people were under review. For the purposes of this report, however, students who reported 30 minutes of moderate activity at least six times (or its equivalent), and 30 minutes of vigorous activity at least three times in the week prior to the survey were deemed as having met the recommendations in the existing guidelines.

Leisure-time activities were analysed using a four-hour viewing time threshold. Students were pooled into separate groups for comparison:

- those students who reported spending four or more hours watching TV or video vs. those students who reported spending less than four hours watching TV or video on an average school day; and,
- those students who reported spending four hours or more on the computer or the internet vs. those students who reported spending less than four hours on the computer or the internet on an average school day.

Analysis of sun protection questions

Many of the questions in the 2002 questionnaire had been asked of students in 1999 and 1996. However, there were changes to some of the existing sun protection questions in 2002 and new questions introduced for the first time. The analysis includes trends over time, where questions remained consistent between 1996 and 2002.

Students were asked two true/false questions about the causes of skin cancer, they were asked whether they could recall having a lesson on sun protection in the previous year, when students were last sunburnt and they were asked whether they used self-care practices when they went out into the sun.

The proportions of students who correctly answered the questions about the causes of skin cancer were determined and are presented in the report. In addition, student responses to questions on the causes of skin cancer were analysed according to whether students recalled having at least part of a lesson on sun protection in the previous year.

With the question regarding education in class on sun protection, students who could recall having at least part of a lesson in the previous year were compared to students who did not recall any education in class on sun protection in the previous year. The analysis included exploration of trends over time, between 1996 and 2002.

There were three questions in the 2002 questionnaire about sunburn. These analysis provides estimates of the proportion of students severely sunburnt the previous summer.

The final set of questions focused on the types of sun protective behaviours students employed when outside for an hour or more on a sunny day in summer, between 11am and 3pm. Students were asked to indicate whether they 'never', 'rarely', 'sometimes', 'usually' or 'always' did the following:

- wore a hat;
- wore clothes to cover most of the body including arms and legs;
- deliberately wore less or briefer clothing so as to get some sun on their skin;
- applied a maximum protection sunscreen;
- wore sunglasses;
- stayed mainly in the shade;
- stayed mainly inside.

Students who reported 'usually' or 'always' employing sun protection measures were compared to students who reported 'never', 'rarely' or only 'sometimes' employing sun protection measures.

Students who reported 'never', 'rarely' or only 'sometimes' wearing a hat or using a maximum protection sunscreen were explored further to determine if they 'usually' or 'always' employed any other sun protection measures.

Students who reported not employing any sun protection measures at all were also explored further to determine if they recalled having a lesson in the previous year; if they had answered the questions about the causes of skin cancer correctly; and, whether they had reported a preference for a suntan.

Alcohol consumption by ACT secondary students

Key results:

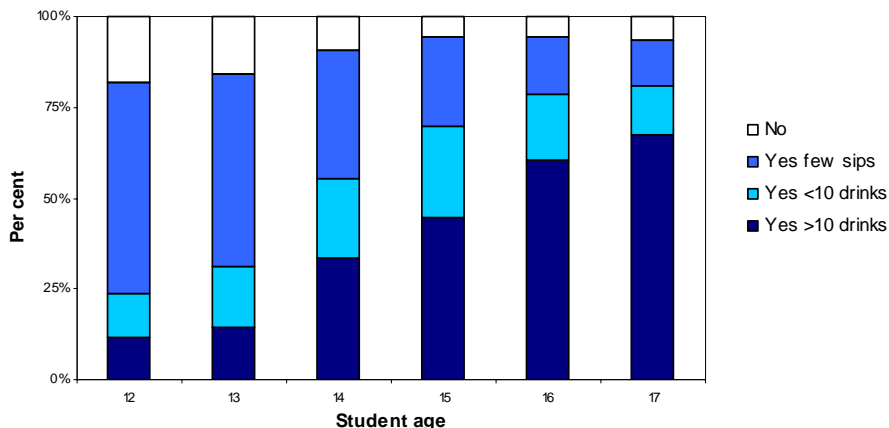
- *In 2002, about 90 per cent of students reported having consumed at least a few sips of alcohol in their lifetime; 74.4 per cent reported consumption of alcohol in the last 12 months; 47.9 per cent of students reported consumption of alcohol in the last month; and, 31.2 per cent reported consuming alcohol in the last week (recent drinkers).*
- *There was no significant change in the proportion of students reporting consumption of alcohol between 1996 and 2002.*
- *Eight per cent of students reported harmful drinking on at least one day in the week prior to the 2002 survey. In the two weeks prior to the survey, about a third (31.1%) of females and a quarter (25.9%) of males reported harmful drinking on at least one occasion.*
- *The average number of drinks consumed by all recent drinkers in the week prior to survey was eight, compared to 20 drinks for recent harmful drinkers.*
- *The majority (94.2%) of students did not purchase their last alcoholic drink from a retailer themselves - most reported that they got their last drink from their parents or from a friend.*
- *Only a very small proportion of students (5.8%) reported purchasing their last alcoholic drink from a retailer – most of these students reported purchasing their last drink from a supermarket or liquor store.*
- *About a third (32.4%) of all students who had ever tried to buy alcohol from a retailer reported never having been refused alcohol by a retailer and 40.3 per cent of all students who had tried to buy alcohol reported never having been asked for proof of age by a retailer.*
- *The majority of male students preferred to drink beer and spirits, while the majority of female students preferred to drink pre-mixed spirits or other spirits. Both recent drinkers and recent harmful drinkers preferred to drink pre-mixed spirits or other spirits.*
- *Younger (12 to 15 years) students and recent drinkers were more likely to have consumed their last alcoholic drink at home. Older students (16 to 17 years) and harmful drinkers were more likely to have consumed their last alcoholic drink at a party or celebration.*
- *Males, older students and harmful drinkers were more likely than their counterparts to have more relaxed attitudes to alcohol and play down the level of danger associated with harmful levels of alcohol consumption.*
- *Students aged 14 to 16 years were more likely to recall receiving education on alcohol in the 12 months prior to survey than other students. The proportion of students recalling education on alcohol decreased among 12 to 13 year old students and increased among 14 to 17 year old students between 1996 and 2002.*

Consumption of alcohol

In 2002, about 90 per cent of secondary school students in the ACT reported having consumed at least a few sips of alcohol in their lifetime, with similar results observed for males (90.0%) and females (89.6%). These proportions equate to an estimated 25,230 secondary school students in the ACT (12,880 males, 12,350 females).

The proportion of students who reported having ever tried alcohol increased significantly with age (Figure 1) ($p=0.000$). In 2002, about two thirds (67.3%) of 17 year olds had consumed more than ten alcoholic drinks in their lifetime, compared with only 11.5 per cent of 12 year olds.

Figure 1: 'Have you ever had an alcoholic drink' by age, ACT 2002 (%).

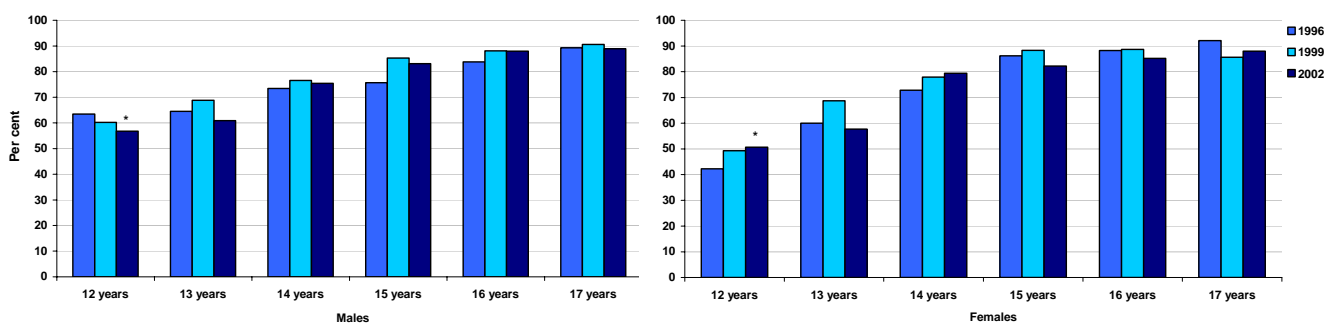


Source: 2002 ASSAD, confidential unit record file, ACT Health.

There was no significant difference in the proportion of students who reported lifetime use of alcohol between 1996 (89.7%) and 2002 (89.8%).

About three quarters (74.4%) of the students surveyed in 2002 reported having consumed alcohol in the last 12 months. The proportion of students reporting consumption of alcohol in the last 12 months increased significantly with age ($p=0.000$), but results were similar for males and females (Figure 2).

Figure 2: Had a drink in the last 12 months, by age and sex, ACT 1996, 1999 & 2002 (%).



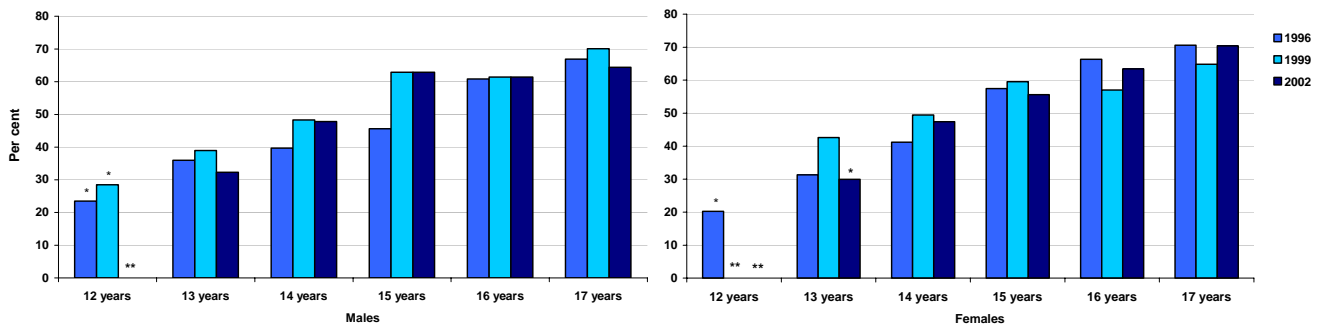
Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

There was no significant difference in the proportion of students who reported consuming alcohol in the last 12 months, between 1996 (73.6%) and 2002 (74.4%).

Almost a half (47.9%) of all students surveyed in 2002 reported having consumed alcohol in the last four weeks. The proportion of students reporting consumption of alcohol in the last four weeks increased significantly with age ($p=0.000$), but there was no significant difference observed between males and females (Figure 3).

Figure 3: Had a drink in the last four weeks, by age and sex, ACT 1996, 1999 & 2002 (%).



Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

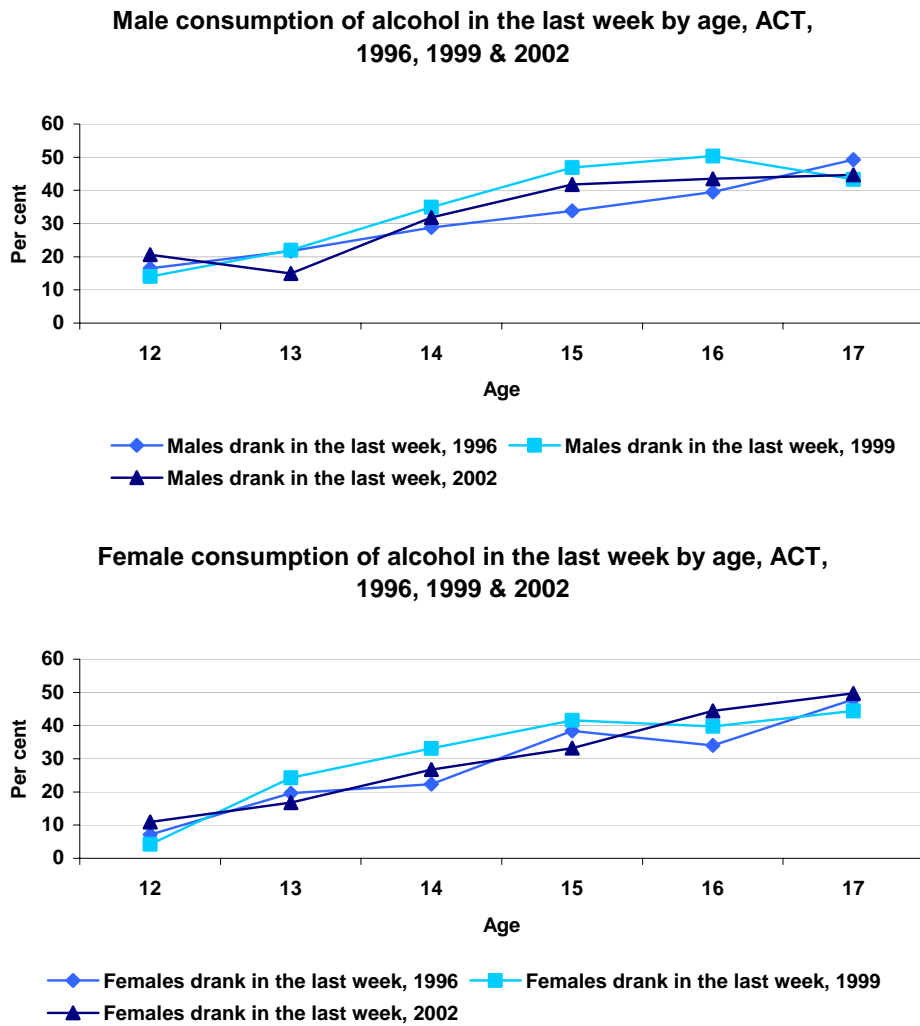
There was no significant difference in the proportion of students who reported consuming alcohol in the last four weeks, between 1996 (45.7%) and 2002 (47.9%).

Recent consumption of alcohol

Recent consumption of alcohol has been defined as any alcohol consumption in the week prior to survey. In 2002, 31.2 per cent of students reported that they had consumed alcohol in the last week. A third (32.6%) of males and 29.8 per cent of females reported recent consumption of alcohol. The proportion of male and female students reporting recent alcohol consumption did not change significantly between 1996 and 2002.

The proportion of students who reported drinking alcohol during the week prior to the 2002 survey increased significantly with age ($p=0.000$). Seventeen-year-old males (44.7%) and females (49.7%) were more likely to have consumed alcohol in the last week than students of any other age and sex (Figure 4).

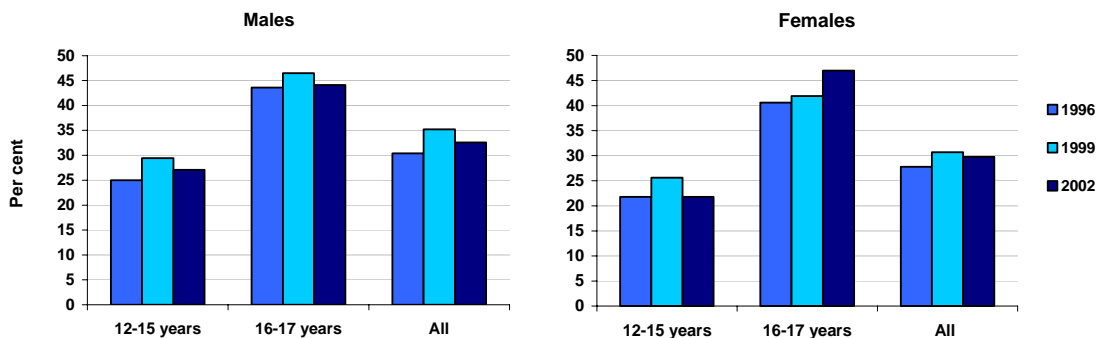
Figure 4: Consumption of alcohol in the past week by sex and age, ACT 1996, 1999 & 2002 (%).



Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

For all three-survey years, older (16 to 17 years) students were significantly more likely to report drinking alcohol in the week prior to survey than younger (12 to 15 years) students (2002 45.5% vs. 24.5%; $p=0.000$) (Figure 5).

Figure 5: Students who had consumed alcohol in the last week by age group and sex, ACT 1996, 1999 & 2002 (%).



Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

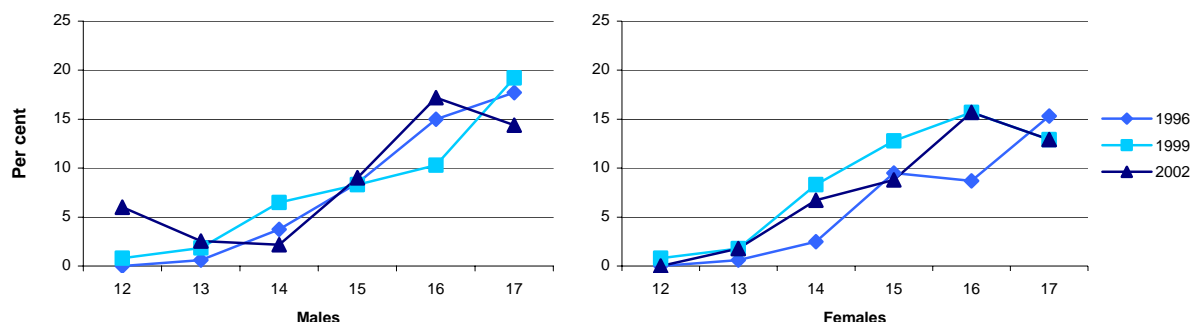
In 2002, males aged 12 to 15 years (27.1%) were significantly more likely to report that they had consumed alcohol in the week prior to the survey than females aged 12 to 15 years (21.8%) ($p=0.009$). However, there was no significant difference in recent alcohol consumption observed between males and females in the 16 to 17 year age group (males 44.1%, females 47.0%).

Harmful alcohol consumption

The current alcohol consumption guidelines recommend that females not consume more than four alcoholic drinks on any one day, and that males not consume more than six alcoholic drinks on any one day.³ Consumption above these levels is thought to significantly increase the short-term risk of health and social problems. In the analysis which follows, 'harmful' alcohol consumption has been defined as five or more drinks on any one day in the week prior to the survey for females, and seven or more drinks on any one day in the week prior to the survey for males.

There was no significant change in the proportion of students reporting harmful alcohol consumption in the week prior to survey, between 1996 and 2002. In 1996, 6.4 per cent of all students reported harmful drinking on at least one day of the week prior to survey, compared to 8.1 per cent in 1999 and 8.0 per cent in 2002. There was no significant difference in the proportion of students reporting harmful alcohol consumption in the week prior to the 2002 survey between the sexes (males 8.5%, females 7.5%). However, sixteen year old male (17.2%) and female (15.7%) students were significantly more likely to report harmful alcohol consumption in the week prior to the 2002 survey than students of any other age and sex ($p=0.000$) (Figure 6).

Figure 6: Proportion of all students reporting harmful alcohol consumption in the week prior to survey, by age and sex, ACT 1996, 1999 & 2002.



Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Students were also asked how often they engaged in harmful alcohol consumption over a two-week period. They were asked to report the number of times they had consumed five, seven and eleven drinks, on any one occasion in the two weeks prior to the survey. Males were significantly more likely than females to report consuming five ($p=0.003$), seven ($p=0.000$) or eleven drinks ($p=0.000$), at least once, on any one occasion, in the two weeks prior to the 2002 survey (Table 4).

Older students (16 to 17 years) were also significantly more likely than younger students (12 to 15 years) to report consuming five (44.8% vs. 29%; $p=0.000$), seven (29.8% vs. 17%; $p=0.000$) or eleven drinks (17.7% vs. 11%; $p=0.005$), at least once, on any one occasion, in the two weeks prior to the 2002 survey.

Although eight per cent of students reported harmful levels of alcohol consumption in the week prior to the 2002 survey, almost a third (31.1%) of female students and about a quarter (25.9%) of male students reported harmful levels of alcohol consumption, on at least one occasion, in the two-week period prior to the survey. In addition, 13.5 per cent of all students in 2002 reported consuming 11 or more drinks, at least once, on any one occasion, in the two-week period prior to the survey.

³ National Health and Medical Research Council. 2001. *Australian Alcohol Guidelines: Health Risks and Benefits*. Canberra, AusInfo.

Table 4: Number of drinks consumed, at least once, on any one occasion, in the last two weeks, by sex, ACT 2002 (%).

Number of of times in last two weeks had at least once:		(%)
11 or more drinks on any one occasion	Males	17.5
	Females	9.6*
	Persons	13.5
7 or more drinks on any one occasion	Males	25.9
	Females	17.8
	Persons	21.8
5 or more drinks on any one occasion	Males	38.9
	Females	31.1
	Persons	34.9

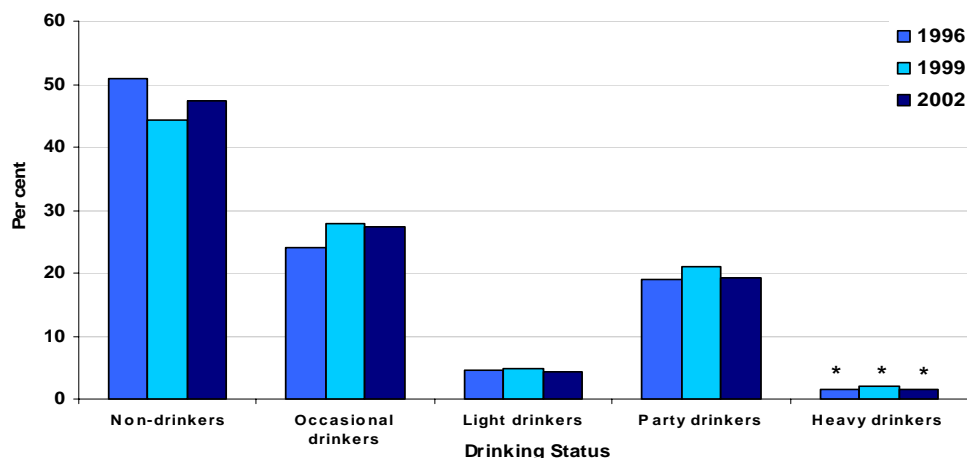
Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Self-described drinking status

Students were asked to describe their present drinking status. In 2002, almost half (47.4%) of the students surveyed described themselves as a 'non-drinker', 27.4 per cent described themselves as an 'occasional drinker', 4.4 per cent as a 'light drinker', 19.2 per cent as a 'party drinker' and 1.6 per cent as a 'heavy drinker' (Figure 7).

Figure 7: Self-described drinking status, ACT 1996, 1999 & 2002 (%).



Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

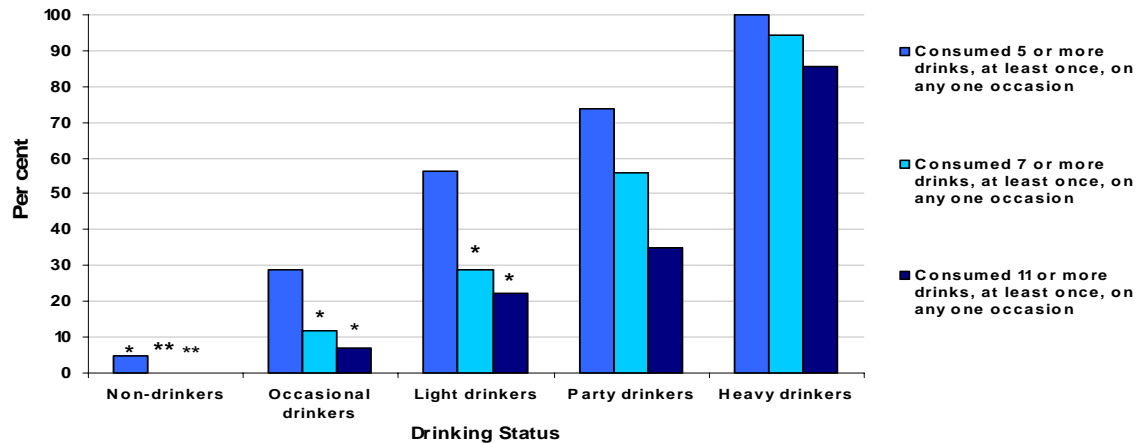
In 2002, younger students (12 to 15 years) (55.4%) were significantly more likely to describe themselves as 'non-drinkers' than their older counterparts (16 to 17 years) (30.5%), however, older students (35.3%) were significantly more likely to describe themselves as 'party drinkers', compared to younger students (11.5%) (p=0.000).

The proportion of students in each of the self-described drinking categories was similar for males and females over the three survey years (1996, 1999 and 2002).

Students describing themselves as 'heavy drinkers' and 'party drinkers' were significantly more likely to engage in harmful drinking than 'occasional drinkers' or 'light drinkers' in the two weeks prior to the 2002

survey ($p=0.000$) (Figure 8). Almost all (94.3%) of the 'heavy drinkers' and more than half (56.1%) of the 'party drinkers' reported consuming seven or more drinks, at least once, on any one occasion in the two-week period. In addition, 85.8 per cent of 'heavy drinkers' and more than a third (34.9%) of 'party drinkers' reported consuming 11 or more drinks at least once.

Figure 8: Self-described drinking status, by number of drinks consumed, at least once, on any one occasion, in the last two weeks, ACT 2002 (%).



Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 5: Recent and harmful drinkers by self-described drinking status, ACT 2002 (%).

Recent & harmful drinkers by self-described drinking status:		(%)
Recent drinkers	non-drinker	9.5
	occasional drinker	35.1
	light drinker	8.9*
	party drinker	42.4
	heavy drinker	4.0*
Harmful drinkers	non-drinker	**
	occasional drinker	13.7*
	light drinker	**
	party drinker	61.9
	heavy drinker	12.2*

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Although 42.4 per cent of recent drinkers described themselves as a 'party drinker' and about a third (35.1%) described themselves as an 'occasional drinker', one in ten (9.5%) students who had consumed alcohol in the week prior to the survey described themselves as a 'non-drinker' (Table 5).

Although the majority of harmful drinkers described themselves as either a 'party drinker' (61.9%) or a 'heavy drinker' (12.2%), 13.7 per cent of harmful drinkers described themselves as an 'occasional drinker'.

Source of alcohol

Students who had tried alcohol at least once in their lifetime were asked to report where or from whom they obtained their last alcoholic drink. Students who reported purchasing their last drink from a retailer were asked where they had purchased their last drink. Students who did not buy their last drink from a retailer were asked to report from where, or from whom, they had obtained their last drink.

In 2002, the majority of students (94.4%) who had ever tried alcohol reported that they did not buy their last alcoholic drink from a retailer. Only a very small proportion of students (5.6%), who had ever tried alcohol, reported purchasing their last alcoholic drink from a retailer themselves. In comparison, 8.8 per cent of recent drinkers and 20.6 per cent of harmful drinkers reported purchasing their last drink from a retailer.

There was a significant decrease in the proportion of students reporting they had purchased their last alcohol drink from a retailer, between 1996 and 2002 (1996 8.9%; 1999 6.6%; 2002 5.6%) (p=0.001).

Almost half (48.8%) the students who had ever tried alcohol and did not purchase their last alcoholic drink from a retailer themselves, reported being given their last drink by parents. One in five (20.3%) reported being given their last drink by a friend, and 15.3 per cent reported that they got someone else to buy their last drink for them (Table 6).

Table 6: Where and from whom student got last alcoholic drink, by class of drinker, ACT 2002 (%).

Where student got last alcoholic drink		(%)			
Lifetime drinker (Ever tried alcohol)	<i>Did not buy last drink from a retailer</i>	Not buy - parents gave	48.8		
		Not buy - brother or sister gave	8.1		
		Not buy - friend gave	20.3		
		Not buy - got someone to buy	15.3		
		Other not buy	7.5		
	<i>Bought last drink from a retailer</i>	Bought licenced liquor store/supermarket	47.1		
		Bought hotel/pub/bar/tavern/RSL	15.1*		
		Other	37.8		
		Recent drinker (Consumed alcohol in the last week)	<i>Did not buy last drink from a retailer</i>	Not buy - parents gave	37.6
				Not buy - friend gave	21.8
Not buy - got someone to buy	22.8				
Other not buy	17.8				
<i>Bought last drink from a retailer</i>	Bought licenced liquor store/supermarket		58.8		
	Other bought	41.2*			
Harmful drinker (Females = 5+ drinks & males = 7+ drinks in the last week)	<i>Did not buy last drink from a retailer</i>	Not buy - parents gave	24.0*		
		Not buy - friend gave	20.2*		
		Not buy - got someone to buy	39.8		
		Other not buy	16.0*		
	<i>Bought last drink from a retailer</i>	Bought licenced liquor store/supermarket	66.6		
		Other bought	33.4*		

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Students who reported purchasing their last alcoholic drink from a retailer themselves purchased from a wide variety of retail venues, however, almost a half (47.1%) of those who purchased their last drink from a retailer reported purchasing from a liquor store or supermarket.

More than a third (37.6%) of recent drinkers who reported not purchasing their last alcoholic drink reported being given their last alcoholic drink by parents. About one in five (21.8%) reported being given their last drink by a friend, and about one in five (22.8%) reported that they got someone else to buy their last drink for them.

Among harmful drinkers, the pattern of access was slightly different. More than a third (39.8%) of harmful drinkers who reported not purchasing their last alcoholic drink from a retailer themselves got someone else to buy their last drink for them. About one in five (20.2%) reported being given their last drink by a friend, and about one in four (24%) reported that they were given their last alcoholic drink by parents.

Among both recent and harmful drinkers, a licensed liquor store or supermarket was the most common retail venue to have purchased their last alcoholic drink (recent 58.8%; harmful 66.6%).

Access to alcohol

Students who reported having tried to purchase alcohol at least once in their lifetime (16.7% of all students surveyed in 2002 reported having tried to buy alcohol) were asked if they had ever been refused alcohol when trying to purchase and whether they had ever been asked for proof of age. About a third (32.4%) of students who had ever tried to buy alcohol reported that they had never been refused alcohol at a hotel, restaurant, licensed store or supermarket, disco or dance, sporting event or bottle shop in 2002 (Table 7).

There was no significant change in the proportion of students reporting that they had never been refused when trying to purchase alcohol from a retailer, between 1996 and 2002 (1996 32.4%; 1999 30.0%).

Forty per cent of students from both age groups (12 to 15 years and 16 to 17 years), who had ever tried to buy alcohol, reported never having been asked for proof of age. The proportion of students reporting that they had never been asked for proof of age increased significantly over time, from 26.1 per cent in 1996 to 31.1 per cent in 1999 and 40.3 per cent in 2002 (p=0.000).

Table 7: Student access to alcohol through retailers, ACT 2002 (%).

Statement	Age group		(%)
<i>Ever refused when tried to buy alcohol at a hotel, restaurant, licensed store or supermarket, disco or dance, sporting event or bottle shop?</i>	12-15 Years	No, I have never been refused	30.2*
		Yes, refused once or twice	54.1
		Yes, refused frequently	15.7*
	16-17 Years	No, I have never been refused	34.1
		Yes, refused once or twice	56.2
		Yes, refused frequently	9.7*
	All ages (12-17 Years)	No, I have never been refused	32.4
		Yes, refused once or twice	55.3
		Yes, refused frequently	12.3*
<i>Ever asked for proof of age when tried to buy alcohol at a hotel, restaurant, licensed store or supermarket, disco or dance, sporting event or bottle shop?</i>	12-15 Years	No, I have never been asked	40.4
		Yes, asked once or twice	43.6
		Yes, asked frequently	16.0*
	16-17 Years	No, I have never been asked	40.1
		Yes, asked once or twice	43.3
		Yes, asked frequently	16.6*
	All ages (12-17 Years)	No, I have never been asked	40.3
		Yes, asked once or twice	43.4
		Yes, asked frequently	16.3

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Average number of drinks consumed

The mean, or average number of drinks consumed by recent drinkers during the week prior to the 2002 survey was eight drinks (ten drinks for males and six drinks for females). This was similar to the average number of drinks consumed by recent drinkers in 1996 (7 drinks) and 1999 (7 drinks). Among harmful drinkers, the average number of drinks consumed during the week prior to survey was 20 (24 drinks for males and 15 drinks for females).

Preferred alcoholic drinks

The majority of males reported that they preferred beer and spirits, while the majority of females preferred pre-mixed spirits and spirits. The proportion of females reporting beer as their preferred drink decreased

from 20.1 per cent in 1996 to 12.8 per cent in 2002. The popularity of pre-mixed spirits among female students is evident (Table 8).

In 2002, almost a half (46.8%) of recent drinkers expressed a preference for spirits, 36.6 per cent reported a preference for premixed spirits and 30.4 per cent reported a preference for ordinary beer. The order of preference for harmful drinkers was similar, with 58.2 per cent reporting a preference for spirits, 41.3 per cent reporting a preference for premixed spirits and 30 per cent reporting a preference for ordinary beer.

Table 8: Type of alcohol preferred by students, ACT 1996, 1999 & 2002 (%).

Male	1996	1999	2002
Ordinary beer	42	42.8	41.4
Spirits	30.5	35.7	36.7
Premixed spirits	*	*	22.3
Wine	20.6	18.2	18.4
Low alcoholic beer	10.3	12.6	10.6
Female	1996	1999	2002
Premixed spirits	*	*	42.2
Spirits	31.9	35.9	30.7
Wine	21.2	24.2	18.8
Ordinary beer	20.1	15.9	12.8
Liqueurs	13.2	12.7	11.1

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

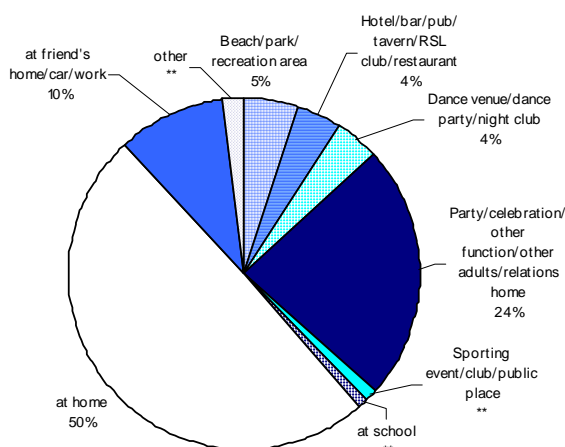
*Previously included as 'alcoholic sodas'.

Places where alcohol was consumed

Students who reported that they had consumed alcohol at least once in their lifetime were asked where they had consumed their last drink. Students aged 12 to 15 years were most likely to report that they had consumed their last drink at home (49.9%), or at a party, function or at the home of an adult other than their parents (23.5%). Other locations reported by students are presented in Figure 9.

Figure 9: Places where students reported consuming their last alcoholic drink, 12-15 years of age, ACT 2002 (%).

Where had last drink - 12-15 years (%)



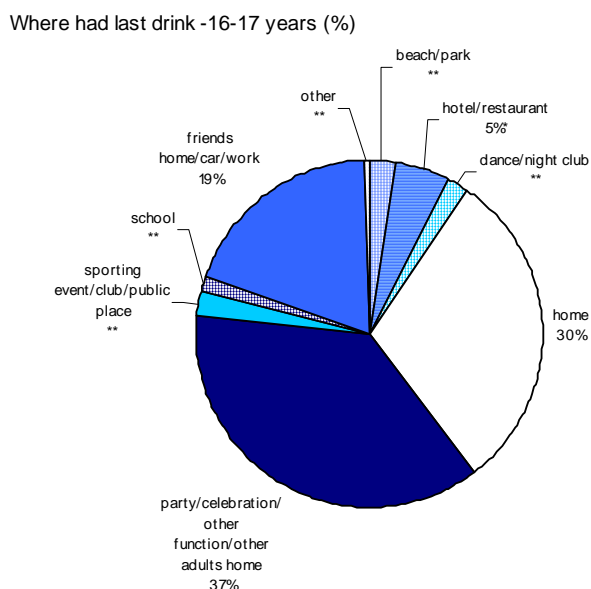
Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

The majority of 16 to 17 year olds reported consuming alcohol at a party or other adults home (37%); at home (30.3%); with friends at home/in car or at work (19.2%); and at a hotel/restaurant (5.1%) (Figure 10).

Figure 10: Places where students reported consuming their last alcoholic drink, 16-17 years of age, ACT 2002 (%).



Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

In 2002, the most common places for recent drinkers to report having consumed their last alcoholic drink were at home (32.0%), at a party (31.7%) or at a friend's home (14%).

Among harmful drinkers, the most common places to report having consumed their last alcoholic drink was at a party (43.6%), at a friend's home (19.6%) and at home (13.3%).

Attitudes to alcohol

In 2002, students were asked whether they agreed, strongly agreed, disagreed or strongly disagreed with six statements about alcohol use. They were asked whether 'you can have a good party without alcohol'; if 'occasionally getting drunk is no problem'; whether 'drinking is the best way of relaxing'; whether 'drinking is the best way to get to know people'; whether 'drinkers are usually more popular'; and, whether 'drinking makes you part of the group'. In the analysis, students who agreed or strongly agreed were compared to students who did not agree or strongly disagreed with each statement.

Over three quarters (81.3%) of students in 2002 agreed that 'you can have a good party without alcohol'. Similar findings were observed in previous surveys. Almost a half (48.4%) of male students and 40 per cent of female students agreed that 'occasionally getting drunk is not a problem'. Male students were more likely to agree that 'drinking is the best way of relaxing' (41.9%) than female students (24.6%). Almost double the proportion of male students (38.6%) agreed that 'drinking is the best way to get to know others' compared to female students (21.2%) (Table 9).

MALES	1996	1999	2002
Agree or strongly agree that:			
You can have a good party without alcohol	79.6	74.0	74.8
Occasionally getting drunk is no problem	43.5	52.6	48.4
Drinking is the best way of relaxing	37.2	45.4	41.9
Drinking is the best way to get to know people	34.3	42.6	38.6
Drinkers are usually more popular	26.3	30.2	33.6
Drinking makes you part of the group	13.2	14.9	30.3
FEMALES	1996	1999	2002
Agree or strongly agree that:			
You can have a good party without alcohol	86.3	81.9	87.8
Occasionally getting drunk is no problem	43.1	47.1	40.4
Drinkers are usually more popular	19.6	30.0	25.8
Drinking is the best way of relaxing	24.3	27.4	24.6
Drinking is the best way to get to know people	21.9	23.3	21.2
Drinking makes you part of the group	6.1	10.2	16.4

Table 9: Attitudes to drinking, per cent agreeing or strongly agreeing, by sex, ACT 1996, 1999 & 2002 (%).

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

The proportion of students – male students in particular - reporting that ‘drinking makes you part of the group’ increased significantly between 1999 and 2002 ($p=0.000$), while the proportion of students agreeing that ‘drinking is the best way of relaxing’ ($p=0.048$) and ‘occasionally getting drunk is no problem’ ($p=0.002$) decreased significantly between 1999 and 2002.

Older students (16 to 17 years) were more likely to agree or strongly agree with statements playing down the risks associated with alcohol than younger students (12 to 15 years). For instance, 57.2 per cent of students aged 16 to 17 years agreed or strongly agreed that ‘occasionally getting drunk is no problem’, compared to 38.2 per cent of students aged 12 to 15 years, and older students (38.2%) were more likely to agree or strongly agree that ‘drinking is the best way to get to know people’ than younger students (25.9%).

Recent harmful drinkers were also more likely to agree or strongly agree with statements playing down the risks associated with alcohol than all recent drinkers in 2002. For instance, 75.3 per cent of harmful drinkers agreed or strongly agreed that ‘occasionally getting drunk is no problem’, compared to 67.8 per cent of all recent drinkers, and harmful drinkers (64.9%) were more likely to agree or strongly agree that ‘drinking is the best way to get to know people’ than all recent drinkers (51.0%).

Students were also asked about the level of danger they perceived for themselves in having five or more drinks of beer, wine or spirits in a row. Students were asked to rank this level of alcohol consumption in terms of perceived levels of danger, on a three-point scale (‘not dangerous’, ‘a little dangerous’, ‘very dangerous’). In the analysis, students who perceived this level of drinking as ‘very dangerous’ were compared to those who opted for lower levels of danger.

Perceptions of danger associated with five or more drinks differed between age groups and between males and females. Although 39.9 per cent of all students reported that they perceived this level of alcohol consumption as ‘very dangerous’ in 2002, only 29.3 per cent of students aged 16 to 17 years perceived this as ‘very dangerous’, compared to 45.0 per cent of students aged 12 to 15 years (Table 10). Similarly, 34.5 per cent of males perceived this level of alcohol consumption as ‘very dangerous’, compared to 45.0 per cent of females in 2002.

About one in five (19.4%) recent drinkers perceived having five or more drinks of beer, wine or spirits in a row as ‘very dangerous’, compared to 15.1 per cent of harmful drinkers.

Table 10: Level of perceived danger in having five or more drinks of beer, wine or spirits in a row, by age group, ACT 1996,

		1996	1999	2002
12-15 Years	Not dangerous	8.9	11.3	11.1
	A little dangerous	34.7	39.6	38.2
	Very dangerous	47.9	41.8	45.0
	Don't know	8.5	7.3	5.6*
16-17 Years	Not dangerous	20.0	23.4	20.6
	A little dangerous	45.9	47.5	46.5
	Very dangerous	30.6	25.9	29.3
	Don't know	3.6*	3.3*	3.6*
All ages (12-17 Years)	Not dangerous	12.3	15.2	14.2
	A little dangerous	38.2	42.1	40.9
	Very dangerous	42.5	36.6	39.9
	Don't know	7.0	6.0	5.0

1999 & 2002 (%).

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Education in class on alcohol

In 2002, 80.7 per cent of students surveyed recalled receiving at least part of a lesson in class on alcohol in the previous year (Table 11). The proportion of students receiving lessons on alcohol varied significantly with age, ranging from 72.8 per cent of 12 year olds to 87.5 per cent of 15 year olds (p=0.001). The proportion of students recalling a lesson was highest among students 14 to 16 years of age. Overall, the proportion of students who recalled having received at least part of a lesson on alcohol was similar for the three survey years. However, reported education in class on alcohol has decreased significantly among 12 to 13 year olds since 1996 and increased significantly among students 14 to 17 years of age (p=0.001).

Table 11: Received at least part of a lesson in class on alcohol by age and year, ACT 1996, 1999 & 2002 (%).

AGE	12	13	14	15	16	17	Total
During 2002	72.8	74.7	86.1	87.5	86.5	75.8	80.7
During 1999	74.3	77.3	83.3	83.2	84.1	66.9	78.3
During 1996	76.4	81.4	80.1	73.9	78.4	63.7	76.1

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

The results for recent and harmful drinkers in 2002 were very similar to the results for all students, with 83.9 per cent of recent drinkers and 84.3 per cent of harmful drinkers reporting at least part of a lesson in class in the previous year.

Tobacco use by ACT secondary students

Key results:

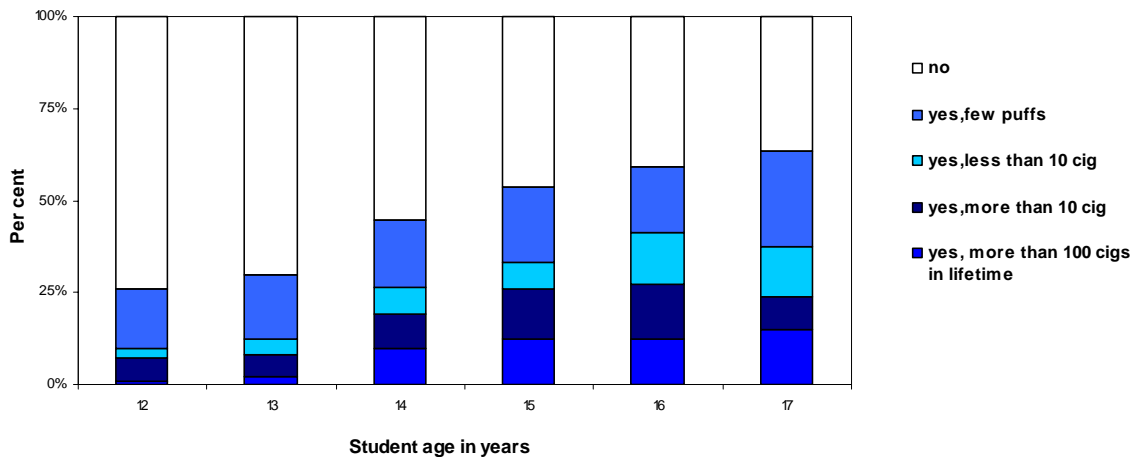
- In 2002, nearly half (45.9%) of all students surveyed reported having used tobacco at least once in their lifetime; 31.8 per cent reported use of tobacco in the last 12 months; 17.6 per cent of students reported use of tobacco in the last month and 15.3 per cent in the last week (recent, or current tobacco use).
- There was a significant decrease in the proportion of students reporting lifetime use of tobacco, use of tobacco in the last 12 months, the last four weeks and the last week, between 1996 and 2002.
- In 2002, older students (16 to 17 years) were more likely to be recent, or current smokers than younger students (12 to 15 years), although the proportion of older students who were recent, or current smokers decreased significantly between 1996 and 2002.
- Females were more likely to be recent, or current smokers than males, although the proportion of females who were recent, or current smokers decreased significantly between 1996 and 2002.
- Almost a quarter (23.7%) of recent, or current smokers in 2002 described themselves as 'heavy' smokers.
- The median number of cigarettes smoked by recent, or current smokers was 12, the median for students who described themselves as 'heavy smokers' in the week prior to the 2002 survey, was 70 cigarettes. Older students were more likely to report smoking more cigarettes than younger students.
- The proportion of recent, or current smokers who purchased their last cigarette from a retailer decreased significantly between 1996 (25.8%) and 2002 (19.1%). In 2002, 22.5 per cent of 'heavy smokers' purchased their last cigarette from a retailer.
- The majority of recent or current smokers who did not purchase their last cigarette from a retailer obtained their last cigarette from friends (36.5%), or they asked someone to purchase their last cigarette for them (21%), or were given their last cigarette by parents or siblings (13.4%).
- More than a third (37.8%) of students who had ever tried to purchase cigarettes from a retailer reported never being refused cigarettes by a retailer, and more than a third (36.7%) of all students who had ever tried to purchase cigarettes from a retailer reported never having been asked for proof of age by a retailer.
- The proportion of recent or current smokers who had purchased a single cigarette or cigarettes that were not in a packet (either from a retailer, friend, adult etc), in the four weeks prior to survey, increased significantly from 21.3% in 1996 to 40.4% in 2002.
- Students who had ever tried smoking reported that they usually smoked at dance venues, dance parties and nightclubs (14.6%); at parties (13.8%); at my friends home (10.8%); at my home (9.9%); and about one in ten (10.8%) reported that they usually smoked on school grounds during school hours.
- Males, younger students (12 to 15 years) and 'heavy smokers' were more likely than their counterparts to regard smokers as popular or mature and play down the dangers associated with smoking and exposure to environmental tobacco smoke.
- The majority (83.7%) of 'heavy smokers' indicated that they were likely to be smoking in 12 months, compared to almost a half (46.3%) of recent, or current smokers.
- There was a significant increase in the proportion of students who recalled having received at least part of a lesson on smoking in the previous year, between 1996 and 2002.

Use of tobacco

In 2002, 45.9 per cent of secondary students in the ACT reported having used tobacco at least once in their lifetime, with similar results observed for males (44.9%) and females (46.9%). These proportions equate to an estimated 12,890 secondary students in the ACT (6,430 males and 6,460 females).

The reported lifetime use of tobacco increased significantly with age in 2002. ($p=0.000$) (Figure 11).

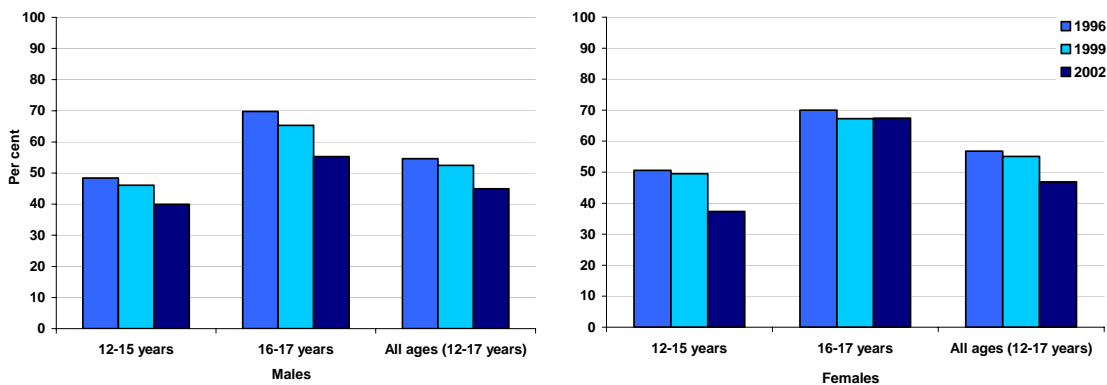
Figure 11: Proportion of students who had ever smoked, by age, ACT 2002.



Source: 2002 ASSAD, confidential unit record file, ACT Health.

There was a significant decrease in the proportion of students reporting lifetime use of tobacco, between 1996 (55.7%) and 2002 (45.9%) ($p=0.000$). The decrease over time (between 1996 and 2002) in the proportion of students who had ever tried smoking was significant for both younger (12 to 15 years) ($p=0.0230$) and older (16 to 17 years) ($p=0.001$) male students, and for younger (12 to 15 years) female students ($p=0.000$) (Figure 12).

Figure 12: Proportion of students who had ever smoked, by sex and age group, ACT 1996, 1999 & 2002.

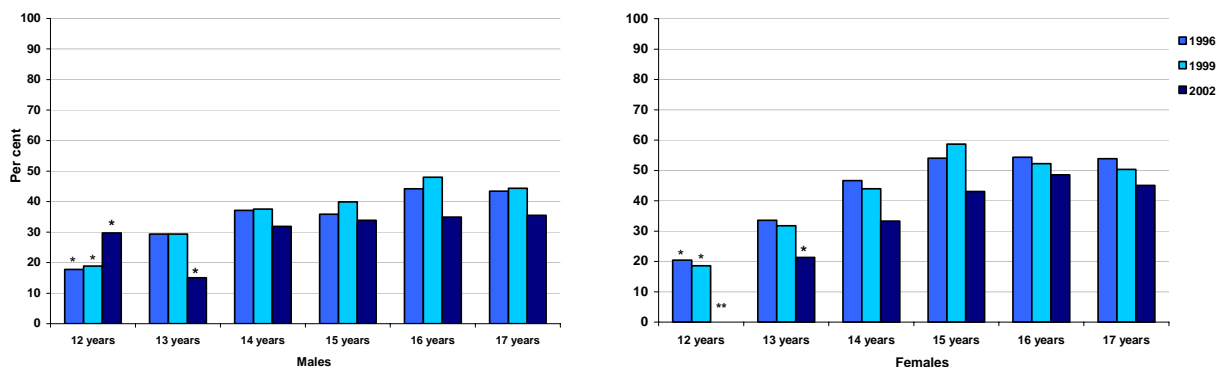


Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Almost a third (31.8%) of the students surveyed in 2002 reported that they had smoked in the last 12 months, which was significantly lower than the proportion of students who reported having smoked in the 12 months preceding the survey in 1996 (38.7%) ($p=0.000$).

The proportion of female students who reported having smoked in the last 12 months increased significantly with age in 2002 ($p=0.000$) (Figure 13).

Figure 13: Proportion of students who had smoked in the last 12 months, by age and sex, ACT 1996, 1999 & 2002.



Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

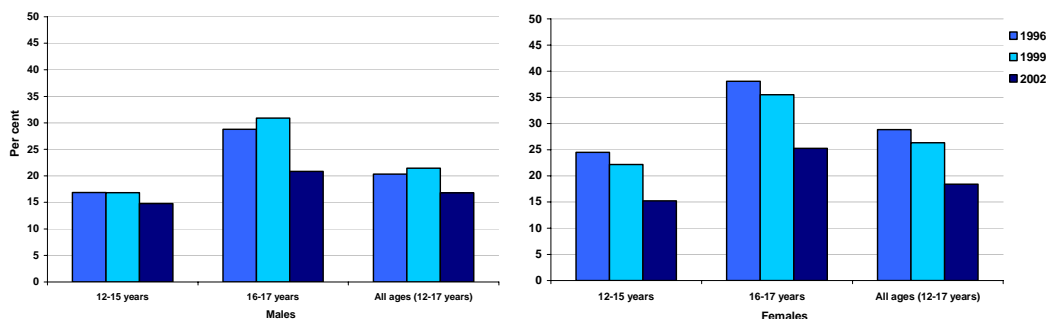
* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

About 18 per cent of the students surveyed in 2002 reported that they had smoked in the last four weeks, which was significantly lower than the proportion of students who reported having smoked in the last four weeks preceding the survey in 1996 (24.6%) ($p=0.000$).

Older (16 to 17 years) male (20.9%) students were significantly more likely to report having smoked in the last four weeks than younger male (14.8%) students ($p=0.021$) and older female (25.3%) students were significantly more likely to report having smoked in the last four weeks than younger female (15.2%) students in 2002 ($p=0.009$) (Figure 14).

Figure 14: Proportion of students who had smoked in the last four weeks, by age group and sex, ACT 1996, 1999 & 2002.



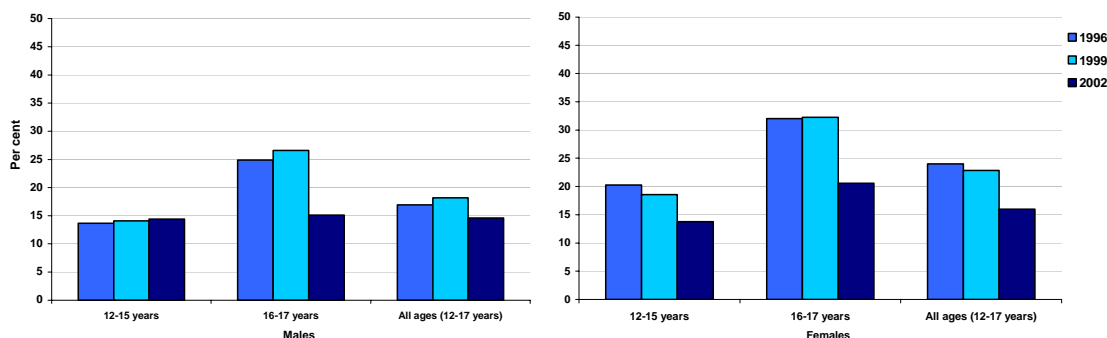
Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Recent, or current use of tobacco

Overall, 15.3 per cent of all students (14.6% males, 16.0% females) reported current, or recent use of tobacco in 2002 (ie. they had smoked in the week prior to the survey). Students aged 16 to 17 years (17.8%) were significantly more likely to report recent use of tobacco than students aged 12 to 15 years (14.1%) ($p=0.039$).

The proportion of students reporting that they had smoked in the week prior to survey decreased significantly between 1996 (20.4%) and 2002 (15.3%) ($p=0.000$). Most of this decrease was due to significant reductions in recent tobacco use among female students between 1996 (24%) and 2002 (16%) ($p=0.000$) (Figure 15), and significant reductions among students 16 to 17 years of age (28.6% in 1996 and 17.8% in 2002) ($p=0.000$).

Figure 15: Proportion of students who had smoked in the last week, by age group and sex, ACT 1996, 1999 & 2002.



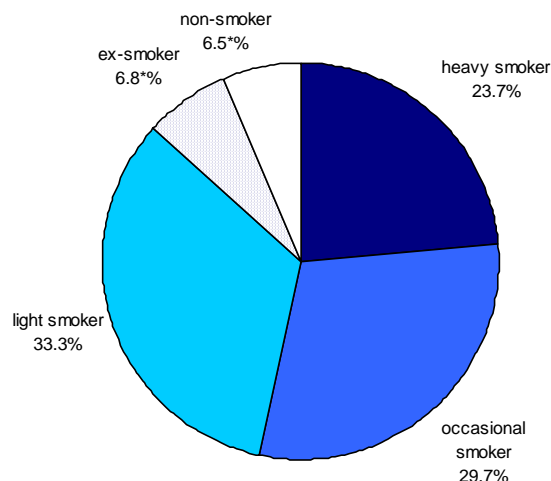
Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Self-described smoking status

Students were asked to describe their smoking status. The majority of all students surveyed in 2002 described themselves as being either 'non-smokers' (77.8%), or 'ex-smokers' (4.9%). Less than one in five (17.3%) of all students surveyed described themselves as a smoker.

Among students who reported smoking in the week prior to the 2002 survey (recent, or current smokers), 13.3 per cent described themselves as either a 'non-smoker', or an 'ex-smoker'. Almost two thirds (63%) described themselves as either a 'light smoker' or 'occasional smoker', and about a quarter (23.7%) described themselves as a 'heavy smoker' (Figure 16).

Figure 16: Recent, or current smoker's self-described smoking status, ACT 2002 (%).



Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

The students who described themselves as 'heavy smokers' were more likely to smoke more cigarettes, more likely to have tried purchasing cigarettes from a retailer and were more likely to indicate they would likely be smoking in 12 months time, than other recent or current smokers.

Source of tobacco

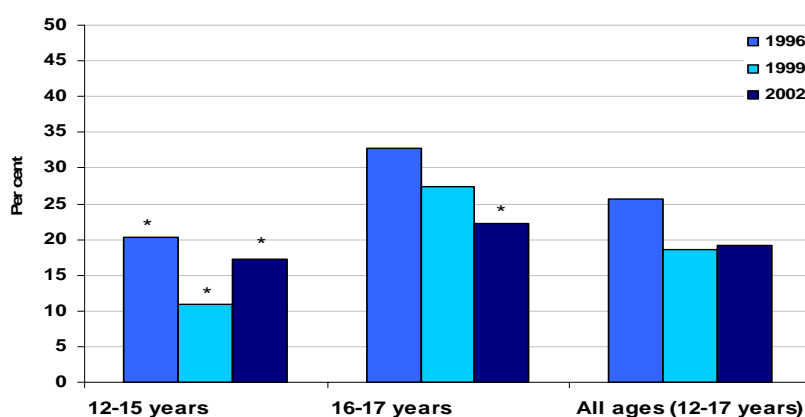
Students who reported recent, or current tobacco use were asked where they had obtained their last cigarette. In 2002, the majority of recent, or current smokers indicated that they had not bought their last

cigarette from a retailer themselves (80.9%). A similar result was observed among recent, or current tobacco users who described themselves as 'heavy smokers' (77.5%).

The most frequently reported sources of tobacco among recent, or current smokers were from friends who gave smokers a cigarette/s (36.5%); asking somebody to buy the cigarette/s for them (21.0%); obtaining cigarette/s from parents (7.5%) or siblings (5.9%); or taking the cigarette/s from home (6.5%).

There was a significant decrease in the proportion of recent, or current smokers who reported buying their last cigarette themselves from a retailer, between 1996 (25.8%) and 2002 (19.1%) ($p=0.006$) (Figure 17). At the same time, there was a significant increase in the proportion of recent or current smokers who reported getting someone else to purchase their last cigarette for them, up from 15.7 per cent in 1996 to 21 per cent in 2002 ($p=0.035$).

Figure 17: Proportion of recent or current smokers who bought their last cigarette from a retailer themselves, by age group, ACT 1996, 1999 & 2002 (%)



Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Cigarettes that were purchased from retailers were most frequently purchased from supermarkets. In 2002, 5.6 per cent of all recent or current smokers reported buying their last cigarette from a supermarket (the results for other retail outlets were not reliable and are therefore not reported).

Vending machines

The survey also included a question about purchasing tobacco from vending machines. Recent or current smokers who reported purchasing their last cigarette were asked if they had bought their last cigarette from a vending machine. In 2002, almost all of the recent smokers (and 'heavy smokers') who had purchased their last cigarette indicated that they had not bought their last cigarette from a vending machine. The results for this question between 1996 and 2002 were consistent, with the majority of recent smokers indicating that they had not purchased from a vending machine, but the results were also statistically unreliable (RSE >50%) and for that reason, are not discussed or interpreted any further.

Single cigarettes

The proportion of recent or current smokers who had bought (from any source, including retailers, friends, relatives etc) a single cigarette or cigarettes that were not in a packet, in the four weeks prior to survey, increased significantly from 21.3 per cent in 1996 to 40.4 per cent in 2002 ($p=0.000$). Almost three quarters (73.5%) of recent or current smokers bought their last single cigarette, or cigarettes from a friend or relative in 2002 and about one in five (19.7%) bought the cigarette/s from another person. Only a very small number of respondents indicated that they bought their last single cigarette, or cigarettes, from a shop (the figure was too small to allow us to reliably estimate how many students had bought their last single cigarette/s from a shop).

In 2002, more than a half (53.4%) of recent or current smokers who described themselves as 'heavy smokers' reported buying a single cigarette, or cigarettes, that were not in a packet (from any source), in the four weeks prior to survey. The majority (69.8%) of these 'heavy smokers' reported buying the cigarette/s from a friend or relative.

Access to tobacco

In 2002, students who reported having ever tried to buy cigarettes from a retailer (10.6% of all students surveyed reported having tried to buy cigarettes), were asked if they had ever been refused when trying to purchase cigarettes and whether they had ever been asked for proof of age by a retailer. More than a third (37.8%) of all students in 2002 who had ever tried to purchase cigarettes reported never being refused cigarettes by a retailer (such as a delicatessen, petrol station, take-away food shop, newsagency, supermarket or pub/hotel). There was no significant change in the proportion of students reporting that they had never been refused cigarettes when trying to purchase from a retailer between 1996 (35.7%) and 2002.

More than a third (36.7%) of all students who had ever tried to purchase cigarettes from a retailer reported never having been asked for proof of age. This did not vary significantly by age or sex in 2002.

Among recent, or current smokers in 2002, 45.8 per cent indicated that they had tried to purchase cigarettes from a retailer; almost a third (31.9%) reported never having been refused cigarettes by a retailer when trying to purchase, and almost a third (31.2%) reported never having been asked for proof of age when trying to purchase from a retailer.

The results for students who identified themselves as 'heavy smokers' were unreliable, however, 60.5 per cent of 'heavy smokers' did indicate that they had tried to purchase cigarettes at least once in their lifetime from a retailer (Table 12).

Table 12: All students, recent, or current smokers and 'heavy smokers' access to cigarettes, ACT 2002 (%).

Question:	All students	Recent, or current smokers	'Heavy smokers'
% of students having ever tried to purchase cigarettes from a retailer	10.6	45.8	60.5
% of students having tried to purchase cigarettes, who reported never having been refused cigarettes from a retailer	37.8	31.9	**
% of students having tried to purchase cigarettes, who reported never having been asked for proof of age when buying cigarettes from a retailer	36.7	31.2*	**

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Quantity of tobacco used

In 2002, 42.6 per cent of recent, or current smokers reported smoking seven cigarettes or less and a further 21.3 per cent reported smoking between seven and 25 cigarettes in the week prior to survey. In 1999, these proportions were similar: 39.0 per cent and 22.0 per cent, respectively.

The median number of cigarettes smoked in the week prior to the 2002 survey was significantly higher for recent, or current smokers aged 16 to 17 years (males 31 cigarettes, females 20 cigarettes) than smokers aged 12 to 15 years (males 4 cigarettes, females 12 cigarettes) ($p=0.003$) (Table 13).

The median number of cigarettes smoked by students who described themselves as 'heavy smokers', in the last week, was 70 cigarettes in 2002.

Table 13: Median number of cigarettes smoked in the last week, by age group and sex, ACT 1996, 1999 & 2002 (%).

	Males			Females			Persons		
	1996	1999	2002	1996	1999	2002	1996	1999	2002
12-15 years	16	9	4	7	7	12	10	8	8
16-17 years	32	28	31	30	28	20	32	28	31
All ages (12-17 years)	24	15	7	14	11	13	17	14	12

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Preferred Brands

The preferred cigarette packet size reported by recent, or current smokers was 25's for both males (45.0%) and females (39.5%) in 2002. This was followed by packs of 20 for males (32.9%) and females (24.4%). Younger students between 12 and 15 years (40%) and older students between 16 and 17 years (46.2%) also reported a preference for 25's, followed by packs of 20 (32.2% for students 12 to 15 years and 22.6% for students 16 to 17 years).

Among students who described themselves as 'heavy smokers' in 2002, the preferred cigarette packet size was also 25's (49.5%) (the order of preference for other pack sizes by 'heavy smokers' is not discussed here as the results were not reliable for the ACT in 2002).

The top five preferred cigarette brands for recent, or current smokers were Winfield; Peter Jackson; Longbeach; Benson & Hedges and Dunhill. Preferences for the Winfield brand cigarettes increased significantly among current, or recent smokers between 1996 (22.2%) and 2002 (42.9%) ($p=0.037$). In comparison, preference for the Peter Jackson brand of cigarettes declined significantly between 1996 (49.7%) and 2002 (24.3%) ($p=0.012$). These trends were observed among both males and females (Table 14).

The preferred brands of cigarettes reported by students who described themselves as 'heavy smokers' in 2002 were very similar, with Winfield the preferred brand, followed by Longbeach, Benson & Hedges, Dunhill and Peter Jackson.

Table 14: Recent, or current smokers' preferred brands of cigarettes, by sex, ACT 1996, 1999 & 2002 (%).

Males	1996	1999	2002
Winfield	28.5	34.0	45.5
Longbeach	**	14.7*	30.7*
Benson & Hedges	10.1*	20.1*	21.3*
Peter Jackson	43.4	42.2	17.8*
Dunhill	**	15.8*	15.7*
Females	1996	1999	2002
Winfield	17.8	34.4	40.2
Peter Jackson	54.1	40.0	31.1*
Longbeach	5.8*	9.7*	16.7*
Benson & Hedges	9.5*	17.1*	13.0*
Dunhill	**	7.4*	12.7*
Persons	1996	1999	2002
Winfield	22.2	34.2	42.9
Peter Jackson	49.7	41.0	24.3
Longbeach	5.9*	12.0*	23.8
Benson & Hedges	9.7*	18.5	17.2*
Dunhill	3.5*	11.2*	14.2*

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

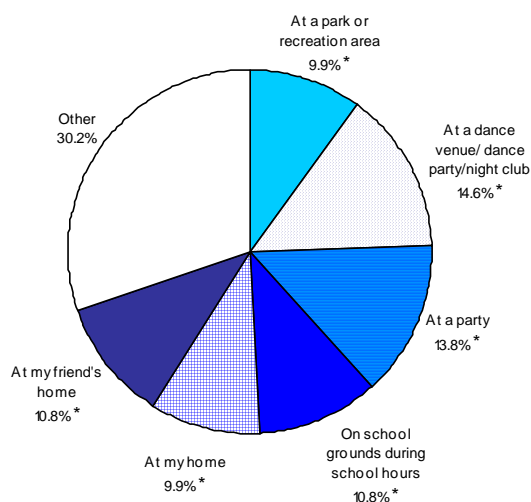
* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Places where students usually smoke

In 2002, students who had tried smoking were asked where they usually smoked. Students were most likely to report that they usually smoked at a dance venue/dance party/nightclub (14.6%), followed by a party (13.8%), on school grounds during school hours (10.8%), at a friend's home (10.8%), at home (9.9%), or at a park or recreation area (9.9%) (Figure 18). The order of preference was very similar for recent, or current smokers and for students who described themselves as 'heavy smokers'.

Figure 18: Places students usually smoke ACT 2002 (%)



Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Attitudes to smoking

In 2002, students were asked whether they agreed, strongly agreed, disagreed or strongly disagreed with three statements about smoking. They were asked whether 'passive smoking can affect your health'; whether 'smokers are usually more popular'; and, whether 'smokers are usually more mature'. In the analysis, students who agreed or strongly agreed were compared to students who did not agree, or strongly disagreed.

Females (92.7%) were significantly more likely than males (83.8%) to agree that 'passive smoking can affect your health' ($p=0.000$) (Table 15). Older students (16 to 17 years) (90.6%) were also significantly more likely than younger students (12 to 15 years) (87.2%) to agree that 'passive smoking can affect your health' ($p=0.040$). Although 86.8 per cent of recent, or current smokers agreed, or strongly agreed that 'passive smoking can affect your health', only 63.3 per cent of students who described themselves as 'heavy smokers' agreed that 'passive smoking can affect your health'.

The proportion of students who agreed that 'smokers are usually more popular' has decreased significantly since 1999 (35.1%), with just over one quarter (28.3%) of all students agreeing that 'smokers are usually more popular' in 2002 ($p=0.001$). Although there was no significant difference between the sexes in 2002 (males 31.4%; females 25.3%), younger students (12 to 15 years) (30.9%) were significantly more likely to agree that 'smokers are usually more popular' than older students (16 to 17 years) (22.8%) ($p=0.000$). A greater proportion of recent, or current smokers (39%) and 'heavy smokers' (41.1%) agreed that 'smokers are usually more popular', in 2002.

The proportion of students who agreed that 'smokers are usually more mature' did not change significantly between 1996, 1999 and 2002. In 2002, however, younger students (12 to 15 years) (10.6%) were significantly more likely to agree that 'smokers are usually more mature' than older students (16 to 17 years) (5.1%) ($p=0.028$).

Table 15: Student attitudes to cigarettes, agreeing or strongly agreeing by sex, ACT 1996, 1999 & 2002 (%).

	Males			Females			Persons		
	1996	1999	2002	1996	1999	2002	1996	1999	2002
Passive smoking can affect your health	87.7	86.6	83.8	92.6	90.5	92.7	90.2	88.5	88.3
Smokers are usually more popular	31.3	32.3	31.4	30.4	38.0	25.3	30.9	35.1	28.3
People who smoke seem more mature	11.7	11.6	11.5	8.7	7.3	6.1*	10.2	9.5	8.8

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Students were also asked about the level of danger they perceived for themselves in smoking ten and 20 cigarettes a day. Students were asked to rank these smoking levels in terms of perceived levels of danger, on a three-point scale ('not dangerous', 'a little dangerous', 'very dangerous'). In the analysis, students who perceived these levels of smoking as 'very dangerous' were compared to those who opted for lower levels of danger.

Almost a half (48.9%) of all students surveyed in 2002 perceived 'smoking less than 10 cigarettes a day' as 'very dangerous'. There was no significant difference in perceived levels of danger between age groups or between the sexes. One in five (20%) recent or current smokers perceived this level of cigarette consumption as 'very dangerous' (Table 16).

Table 16: Student perceptions of danger associated with smoking cigarettes, ACT 2002 (%).

		Recent or current smokers	'Heavy smokers' ^(a)	'Non-smokers' ^(a)	All students
Smoking less than 10 cigarettes every day	Not dangerous	14.7*	24.4*	3.9*	5.7
	A little dangerous	57.4	49.8*	34.0	38.7
	Very dangerous	20.0	**	55.6	48.9
	Don't know	7.9*	**	6.4	6.8
Smoking more than 20 cigarettes a day	Not dangerous	7.2*	**	2.0*	2.9*
	A little dangerous	23.8	23.6*	3.7*	7.2
	Very dangerous	63.1	46.0*	90.8	86.2
	Don't know	5.9*	**	3.6*	3.8

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

(a) Self-described smoking status.

The majority (86.2%) of students surveyed in 2002 perceived 'smoking 20 cigarettes a day' to be 'very dangerous'. Females (88.9%) were significantly more likely to perceive 'smoking 20 cigarettes a day' to be 'very dangerous', compared to males (83.3%) ($p=0.002$), however, perceived levels of danger did not vary significantly between age groups. Sixty three per cent of recent or current smokers and 46.0 per cent of 'heavy smokers' perceived this level of cigarette consumption as 'very dangerous'.

Intention to be smoking in twelve months

Students were asked if they were likely to be smoking cigarettes in 12 months time. The majority (81.7%) of students surveyed in 2002 indicated that they were unlikely to be smoking in 12 months, about one in ten (9.5%) reported that they were likely to be smoking, and 8.7 per cent were unsure if they were likely to be smoking in 12 months.

In comparison, 23.3 per cent of all recent, or current smokers indicated that they were unlikely to be smoking in 12 months, almost a half (46.4%) reported that they were likely to be smoking, and almost a third (30.3%) were unsure if they were likely to be smoking in 12 months.

The majority (83.7%) of students who described themselves as 'heavy smokers' indicated that they were likely to be smoking in 12 months, while the majority of 'ex-smokers' (84.1%) and 'non-smokers' (96.0%) indicated that they were unlikely to be smoking in 12 months (Table 17).

Table 17: 'Do you think you will be smoking cigarettes this time next year?', ACT 2002 (%).

	Recent or current smokers	'Heavy smokers' ^(a)	'Non-smokers' ^(a)	All students
unlikely	23.3	**	96.0	81.7
likely	46.3	83.7	3.2*	9.5
not sure how likely	30.3	**	**	8.7

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

(a) Self-described smoking status.

Education in class on smoking

The proportion of students who recalled having received at least part of a lesson in class on smoking during the previous year increased significantly between 1996 (77.4%) and 2002 (80.4%) ($p=0.000$). In 2002, the proportion of students recalling a lesson varied significantly by age, with 17 year olds the least likely to recall a lesson and 15 year olds the most likely to recall a lesson on smoking in the previous 12 months ($p=0.000$) (Table 18).

Table 18: Students reporting having received at least part of a lesson in class on smoking in the previous 12 months, by age, ACT 1996, 1999 & 2002 (%).

	12	13	14	15	16	17	All ages
During 1996	83.9	84.0	82.2	77.4	75.0	57.9	77.4
During 1999	83.8	90.1	88.3	86.1	84.1	66.1	83.3
During 2002	81.6	77.8	86.2	88.0	78.9	69.3	80.4

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

In 2002, 79.2 per cent of all recent or current smokers recalled at least part of a lesson on smoking and 73.4 per cent of recent or current smokers who described themselves as 'heavy smokers' recalled a lesson on smoking in the previous 12 months.

Use of other (including illicit) substances by ACT secondary students

Analgesics

Key results:

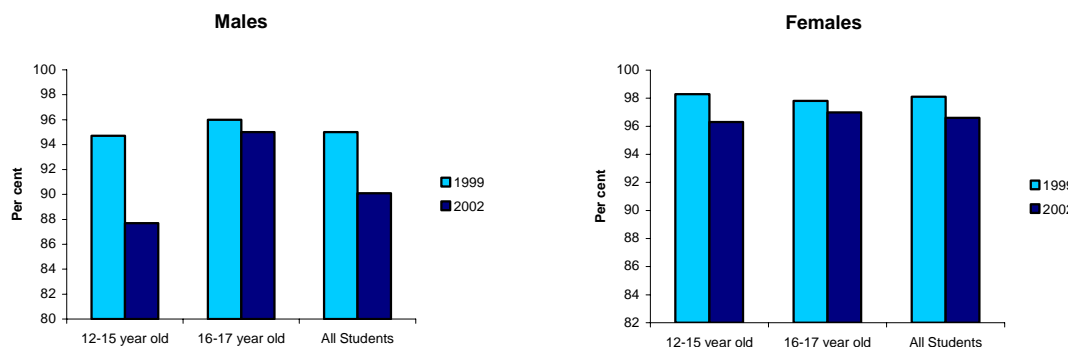
- In 2002, more than 90 per cent of students reported the use of analgesics (for any reason) at least once in their lifetime and 42.4 per cent reported using analgesics in the previous week.
- Older (16 to 17 years) students were more likely to report the use of analgesics than younger (12 to 15 years) students.
- Females were more likely to report the use of analgesics than males.
- The reported use of analgesics decreased significantly between 1999 and 2002.

Students were asked whether they had ever used analgesics or painkillers, such as Disprin, Panadol or Aspro for any reason in their lifetime; in the last 12 months; in the last four weeks; and, in the last week.

The reported level of analgesics use was high among ACT secondary school students in 2002, with 93.3 per cent of students reporting that they had used analgesics at least once in their lifetime.

The proportion of male students who had used analgesics at least once in their lifetime increased significantly with age, with 87.7 per cent of younger (12 to 15 year olds) students and 95 per cent of older (16 to 17 years) students reporting lifetime use of analgesics ($p=0.007$) (Figure 19). However, lifetime use of analgesics among females did not increase significantly with age.

Figure 19: Students who had used analgesics at least once in their lives by age group and sex, ACT 1999 & 2002 (%).



Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Among younger students (12 to 15 years), females were significantly more likely than males to report having used analgesics at least once in their lifetime (females: 96.3% vs. males: 87.7%) ($p=0.000$). Lifetime use of analgesics by older (16 to 17 years) male and female students did not vary significantly.

Between 1999 and 2002, there was a significant decrease in the proportion of male students reporting lifetime use of analgesics (1999: 95.1% vs. 2002: 90.1%) ($p=0.006$) (Figure 19). Lifetime use of analgesics by female students did not vary significantly between 1999 and 2002.

The majority (89.2%) of students surveyed in 2002 reported using analgesics in the last 12 months. Female students (93.5%) were significantly more likely to report the use of analgesics in the last 12 months than males (83.1%) ($p=0.000$). However, the proportion of males reporting the use of analgesics in the last 12 months increased significantly with age (82.9% for males 12 to 15 years vs. 89.5% for males 16 to 17 years), but did not vary significantly with age for female students.

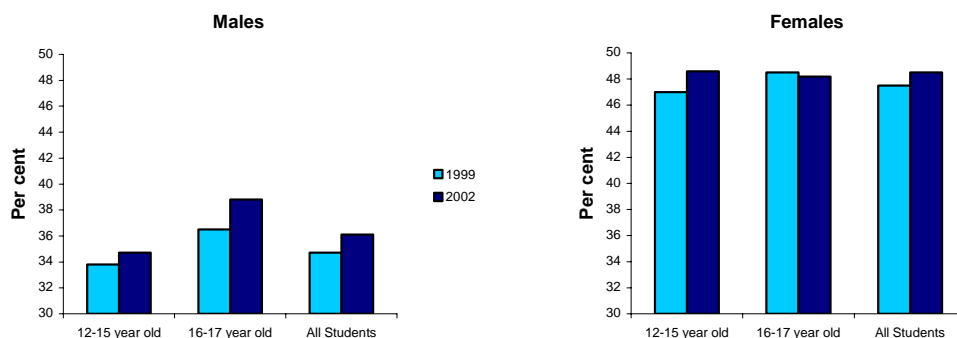
Recent use of analgesics

About two thirds (68.3%) of the students surveyed in 2002 reported the use of analgesics in the last four weeks and 42.4 per cent reported the use of analgesics in the previous week.

The proportion of students reporting the use of analgesics in the previous week did not vary significantly with age, however, female students (48.5%) were significantly more likely to report recent use of analgesics than male students (36.1%) ($p=0.000$) (Figure 20).

Both younger (12 to 15 years) and older (16 to 17 years) female students (48.6% and 48.2%, respectively) were significantly more likely to report recent use of analgesics than younger and older male students (34.7% and 38.8%, respectively) (younger female vs. younger male: $p=0.000$; older female vs. older male: $p=0.009$).

Figure 20: Students who had used analgesics in the last week by age group and sex, ACT 1999 & 2002 (%).



Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

The proportion of students reporting the use of analgesics in the last week did not change significantly by sex or age group between 1999 and 2002.

Frequency of use

Students were also asked how many times they had used analgesics in their lifetime; in the last 12 months; in the last four weeks; and, in the last week. Among students who reported the use of analgesics in the last 12 months, 54.7 per cent of females and 44.3 per cent of males reported the use of analgesics ten or more times. Only 14.2 per cent of boys and 9.3 per cent of girls reported the use of analgesics once or twice in the last 12 months.

Among male students who reported the use of analgesics in the last week, 68.3 per cent of males reported the use of analgesics once or twice, while another 20.7 per cent reported the use of analgesics 3-5 times. Among females, 72.5 per cent reported the use of analgesics once or twice and 17.3 per cent reported the use of analgesics 3-5 times in the last week.

Cannabis

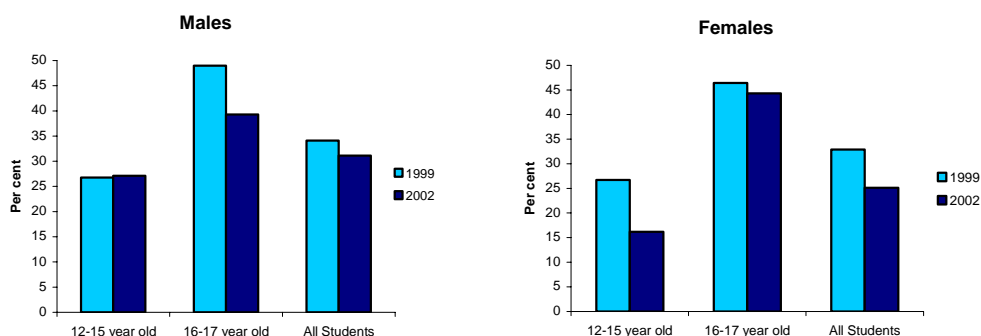
Key results:

- In 2002, more than a quarter (28.1%) of the students surveyed reported having used cannabis at least once in their lifetime; about a quarter (24.3%) reported use of cannabis in the last 12 months; 12 per cent reported use in the last four weeks and 7.6 per cent reported use in the last week.
- The proportion of students reporting cannabis use increased with age and males were more likely to report cannabis use than females, especially among younger (12 to 15 years) students.
- Between 1999 and 2002, there was a significant decrease in the proportion of students reporting lifetime use of cannabis, and students reporting cannabis use in the last four weeks.
- In 2002, about a third (31.9%) of students who had ever used cannabis reported using the drug once or twice, and 42.2 per cent of those who had ever used cannabis reported using the drug ten times or more.
- In 2002, among students who reported cannabis use in the last 12 months, the majority (87.6%) reported that they usually smoked with others. The most popular places to have last used cannabis were at a friend's home (33.9%), at a party (22.7%) and at a park (13.8%).
- About two thirds (65.4%) of the students who reported cannabis use in the last 12 months reported smoking from a bong or a pipe as their preferred method of cannabis use.

Students were asked whether they had ever smoked or used marijuana/cannabis (grass, hash, dope, weed, mull, yarndi, gaga, pot, a bong, a joint) in their lifetime; in the last 12 months; in the last four weeks; and, in the last week.

In 2002, 28.1 per cent of ACT secondary students reported having used cannabis at least once in their lifetime. Male students (31.1%) were significantly more likely to report lifetime use of cannabis than female students (25.1%) ($p=0.014$) (Figure 21).

Figure 21: Students who had used cannabis at least once in their lives by age group and sex, ACT 1999 & 2002 (%).



Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

The proportion of students reporting lifetime use of cannabis increased with age. In 2002, 27.1 per cent of younger (12 to 15 years) male students reported lifetime use of cannabis, compared to 39.3 per cent of older (16 to 17 years) male students ($p=0.000$) and 16.2 per cent of younger (12 to 15 years) female students reported lifetime use of cannabis, compared to 44.3 per cent of older (16 to 17 years) female students ($p=0.000$).

Among younger (12 to 15 years) students, males (27.1%) were significantly more likely to report the use of cannabis at least once in their lifetime than females (16.2%) ($p=0.012$). Among older (16 to 17 years) students, however, the difference between the sexes was not significant.

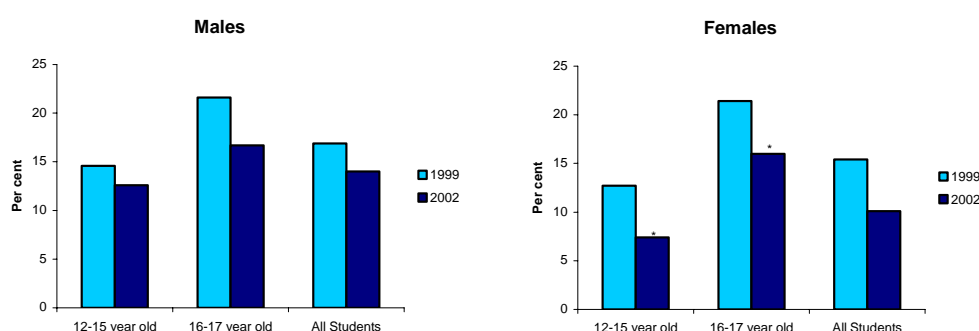
There was a significant decrease in the proportion of students reporting lifetime use of cannabis, between 1999 (33.5%) and 2002 (28.1%) ($p=0.000$).

About a quarter (24.3%) of all students surveyed in 2002 reported using cannabis in the previous 12 months.

Recent use of cannabis

In 2002, 12.0 per cent of ACT secondary students reported using cannabis in the last four weeks. Older (16 to 17 years) students (16.4%) were significantly more likely to report having used cannabis in the last four weeks than younger (12 to 15 years) students (9.9%) ($p=0.001$) (Figure 22). Younger (12 to 15 years) males (12.6%), in particular, were more likely to report the use of cannabis in the last four weeks than younger females (7.4%) ($p=0.018$). Among older (16 to 17 years) students, however, the difference between the sexes was not significant.

Figure 22: Students who had used cannabis in the last four weeks by age group and sex, ACT 1999 & 2002 (%).



Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

*Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

There was a significant decrease in the proportion of students reporting use of cannabis in the last four weeks, between 1999 (16.2%) and 2002 (12.0%) ($p=0.000$).

Less than one in ten (7.6%) students reported using cannabis in the week prior to the 2002 survey. The change in levels of reported use in the last week, between 1999 (8.8%) and 2002, was not significant, although the change in levels of reported use in the last week, between 1996 (10.7%) and 2002, was significant ($p=0.000$).

Frequency of use

Students were also asked how many times they had smoked or used cannabis in their lifetime; in the last 12 months; in the last four weeks; and, in the last week. Among students who reported lifetime use of cannabis in 2002, almost a third (31.9%) indicated that they had only ever used cannabis once or twice in their lifetime. A further 42.2 per cent of students who reported lifetime use of cannabis indicated that they had used it ten times or more.

Among students who reported using cannabis in the last four weeks, 41.2 per cent indicated that they had used it only once or twice. Almost a quarter (23.8%) of those students who reported use in the last four weeks indicated that they had used cannabis ten times or more in the last four weeks.

Almost half (46.8%) of those students who reported using cannabis in the last week reported that they had used cannabis only once or twice. A quarter (25.3%) of those students who reported use in the last week indicated that they had used cannabis ten times or more in the last week.

Places where cannabis was used

In 2002, a third (33.9%) of students who reported cannabis use in the previous 12 months indicated that they had last used cannabis at a friend's home, 22.7 per cent indicated that they had last used cannabis at a party and 13.8 per cent indicated that they had last used cannabis in a park. The differences observed between age groups and between the sexes were not significant.

Preferred methods of using cannabis

In 2002, about two thirds (65.4%) of the students who had used cannabis in the previous 12 months reported smoking from a bong or a pipe as their preferred method of cannabis use and a third (33.2%) reported a preference for smoking cannabis as a joint. Similar results were observed between age groups and between the sexes.

With whom students used cannabis

In 2002, the majority (87.6%) of students who had used cannabis in the previous 12 months indicated that they usually smoked cannabis with others, rather than by themselves. Similar results were observed between age groups and between the sexes.

Inhalants

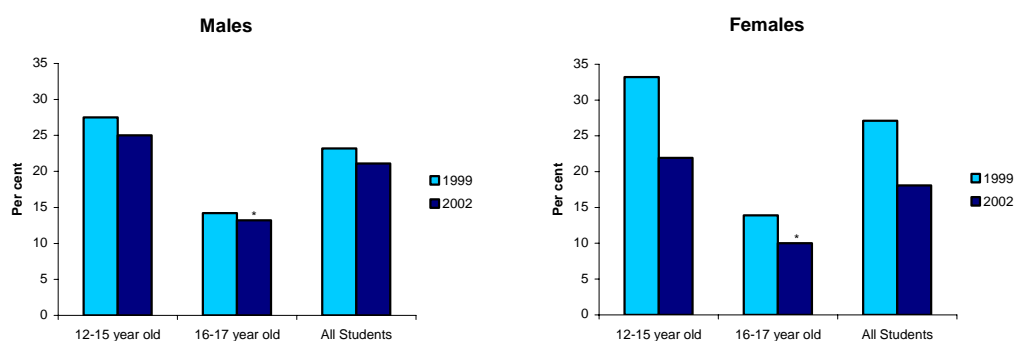
Key results:

- In 2002, one in five (19.6%) students reported having deliberately sniffed inhalants at least once in their lifetime, 13 per cent reported sniffing inhalants in the last 12 months, 8.6 per cent in the last four weeks and 6.2 per cent in the last week.
- The proportion of students reporting deliberate sniffing of inhalants decreased as student age increased, in contrast to the pattern with other illicit substances.
- There was a significant decrease in the proportion of students reporting lifetime use of inhalants, between 1999 (25.1%) and 2002 (19.6%).

In 2002, students were asked whether they had ever deliberately sniffed or inhaled from spray cans, or sniffed glue, paint, petrol or thinners, in their lifetime; in the last 12 months; in the last four weeks; and, in the last week. The question excluded sniffing white-out, liquid paper, textas and pens.

One in five (19.6%) students surveyed in 2002 reported deliberately sniffing inhalants at least once in their lifetime. Although there was no significant difference in reported levels of use between the sexes, there was a significant difference in the proportion of students reporting lifetime use of inhalants between age groups. Younger (12 to 15 years) students (23.4%) were significantly more likely than older (16 to 17 years) students (11.6%) to report having ever deliberately sniffed inhalants ($p=0.000$) (Figure 23).

Figure 23: Students who had used inhalants at least once in their lives by age group and sex, ACT 1999 & 2002 (%).



Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.
*Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

The proportion of students reporting lifetime use of inhalants decreased significantly between 1999 (25.1%) and 2002 (19.6%) ($p=0.000$). The decrease was significant for female students between 1999 (27.1%) and 2002 (18.1%) ($p=0.000$), however, reported levels of lifetime use for males did not vary significantly between 1999 and 2002.

In 2002, 13.0 per cent of secondary students reported using inhalants in the last 12 months, with similar results observed between the sexes. As with lifetime use, the proportion of students reporting use of inhalants in the last 12 months decreased significantly with increasing age (younger students: 16.6%; older students: 5.3%) ($p=0.000$).

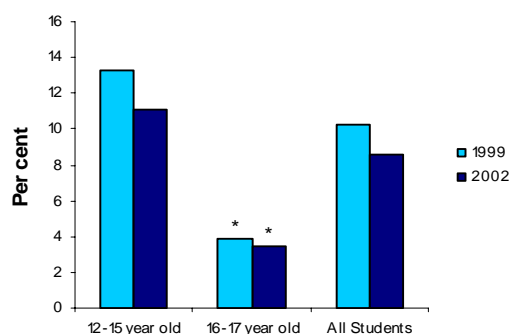
Recent use of inhalants

In 2002, 8.6 per cent of ACT secondary students reported deliberately sniffing inhalants in the last four weeks. Reported levels of use within the last four weeks decreased significantly with increasing age (younger students: 11.1%; older students: 3.4%) ($p=0.000$) (Figure 24).

The proportion of students reporting use of inhalants in the last four weeks did not vary significantly between 1999 and 2002.

In 2002, 6.2 per cent of all students reported deliberately sniffing inhalants in the last week.

Figure 24: Students who had used inhalants in the last four weeks by age group, ACT 1999 & 2002 (%).



Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.
*Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Frequency of use

Students were also asked how many times they had deliberately sniffed inhalants in their lifetime; in the last 12 months; in the last four weeks; and, in the last week. In 2002, almost half (47.3%) of the students who had ever used inhalants in their lifetime reported deliberately sniffing inhalants once or twice. A quarter (25.2%) of the students who had ever used inhalants reported using inhalants ten times or more in their lifetime.

In 2002, 41.9 per cent of students who had used inhalants in the last 12 months reported deliberately sniffing

inhalants once or twice. About one in five (21.9%) students who used inhalants in the last 12 months reported using inhalants ten times or more during that period.

The estimates for other periods (last four weeks and the last week) were not reliable and are therefore not presented.

Tranquillisers

Key results:

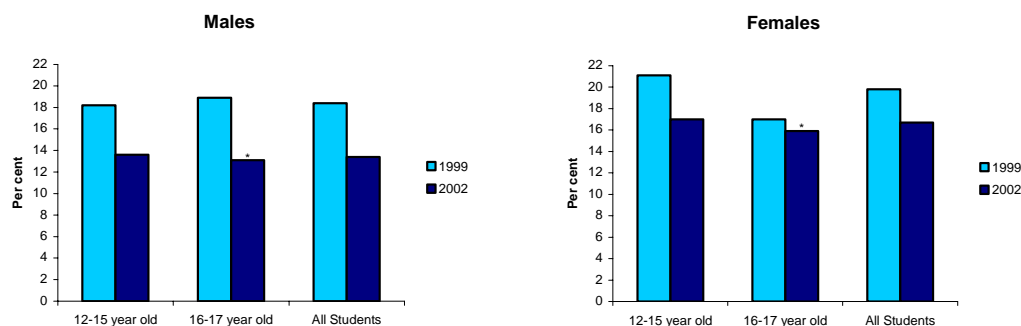
- In 2002, 15.1 per cent of ACT secondary students reported having ever used tranquillisers, about one in ten reported using tranquillisers in the last 12 months and 4.3 per cent reported having used tranquillisers for recreational purposes in the last four weeks.
- The proportion of students reporting use of tranquillisers in 2002 did not vary significantly between the sexes or with age.
- The proportion of students reporting lifetime use of tranquillisers decreased between 1999 and 2002.
- Although one in ten students reported using tranquillisers in the last 12 months, about half of these students reported using tranquillisers only once or twice.

Students were asked whether they had ever taken sleeping tablets, tranquillisers or sedatives, such as Valium, Serapax or Rohypnol, other than for medical purposes, in their lifetime; in the last 12 months; in the last four weeks; and, in the last week.

In 2002, 15.1 per cent of ACT secondary school students reported having used tranquillisers for non-medical purposes, at least once in their lifetime, with similar results observed between male and female students.

The proportion of students reporting lifetime use of tranquillisers in 2002 did not vary significantly with age or sex. However, there was a significant decrease in the proportion of younger (12 to 15 years) male students reporting lifetime use of tranquillisers between 1999 and 2002 (1999: 18.2% vs. 2002: 13.6%) ($p=0.006$) and a significant decrease in the proportion of younger female students reporting lifetime use of tranquillisers between 1999 and 2002 (1999: 21.1% vs. 2002: 17.0%) ($p=0.036$) (Figure 25).

Figure 25: Students who had used tranquillisers at least once in their lives by age group and sex, ACT 1999 & 2002 (%).



Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

*Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

In 2002, approximately one in ten (9.6%) secondary students reported using tranquillisers in the last 12 months. The proportion of students reporting use of tranquillisers in the last 12 months did not vary significantly with age or sex.

Recent use of tranquillisers

In 2002, 4.3 per cent of secondary students reported using tranquillisers for non-medical purposes in the last four weeks. The proportion of students reporting the use of tranquillisers in the last four weeks did not vary

significantly with age or sex, and there was no significant change in levels of reported use between 1999 (4.4%) and 2002.

Estimates for the use of tranquillisers in the last week were unreliable and are therefore not reported.

Frequency of use

Students were also asked how many times they had taken tranquillisers for non-medical purposes in their lifetime; in the last 12 months; in the last four weeks; and, in the last week. Among students who reported use of tranquillisers at least once in their lifetime, 45.1 per cent reported only using tranquillisers once or twice.

Among students who reported use of tranquillisers in the last 12 months, about half (46.3%) indicated that they had only used tranquillisers once or twice. Among females, 48.6 per cent reported the use of tranquillisers once or twice, and 42.5 per cent of males reported using tranquillisers once or twice in the last 12 months.

The results for other periods (last four weeks and the last week) and other frequency categories (3-5 times; 6-9 times; 40 times or more etc) were not reliable and are therefore not reported.

Hallucinogens

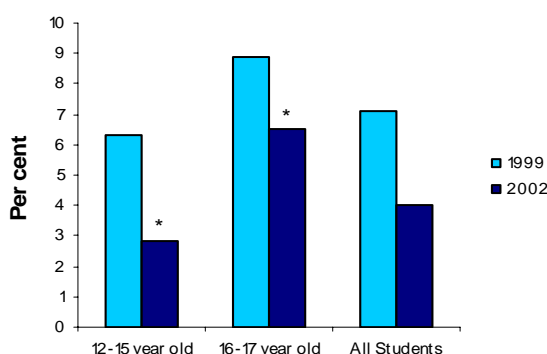
Key results:

- In 2002, only 4.0 per cent of students reported having used hallucinogens at least once in their lifetime. About half of these students reported using the substance only once or twice.
- Magic mushrooms were the most popular type of hallucinogen used by secondary students.
- The proportion of students reporting lifetime use of hallucinogens decreased significantly between 1999 (7.1%) and 2002 (4.0%).

In 2002, students were asked whether they had ever taken hallucinogens, such as LSD, acid, trips, magic mushrooms, datura or angel's trumpet, in their lifetime; in the last 12 months; in the last four weeks; and, in the last week.

Only four per cent of ACT secondary students reported the use of hallucinogens at least once in their lifetime. The proportion of students reporting lifetime use of hallucinogens decreased significantly between 1999 (7.1%) and 2002 (4.0%) ($p=0.000$) (Figure 26).

Figure 26: Students who had used hallucinogens at least once in their lives by age group, ACT 1999 & 2002 (%).



Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

*Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Estimates for other periods (last 12 months; last four weeks; and, the last week) were not reliable and are therefore not reported.

Students who reported hallucinogen use at least once in their lifetime were asked about the type of hallucinogens they had used (students were able to indicate more than one type of hallucinogen). The hallucinogens most commonly used by students surveyed in 2002 were 'magic mushrooms' (used by 68 per cent of students who had ever used hallucinogens). 'Tablets' were used by 49 per cent, and 'liquid hallucinogens' were used by 33 per cent of students who had ever used hallucinogens.

Frequency of use

Students were also asked how many times they had used hallucinogens in their lifetime; in the last 12 months; in the last four weeks; and, in the last week. About half (51.2%) of the ACT secondary students who reported using hallucinogens at least once in their lifetime, indicated that they had used the substance only once or twice.

The results for other periods (last 12 months, last four weeks and the last week) and other frequency categories (3-5 times; 6-9 times; 40 times or more etc) were not reliable and are therefore not reported.

Amphetamines

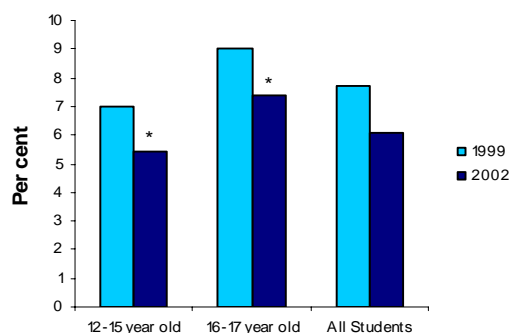
Key results:

- In 2002, 6.1 per cent of ACT secondary students reported having used amphetamines, other than for medical reasons, at least once in their lifetime and five per cent reported using amphetamines in the last 12 months.
- In 2002, 39.2 per cent of students who had ever used amphetamines, other than for medical reasons, reported using amphetamines only once or twice, however, about one in five students who had ever used amphetamines reported that they had used amphetamines at least 40 times in their lifetime.

In 2002, students were asked whether they had ever taken amphetamines (eg speed, uppers, MDA, goey, dex, dexies, dexamphetamine, ox blood, methamphetamine, ice), other than for medical reasons, in their lifetime; in the last 12 months; in the last four weeks; and, in the last week.

In 2002, 6.1 per cent of ACT secondary students reported having used amphetamines, other than for medical reasons, at least once in their lifetime (Figure 27).

Figure 27: Students who had used amphetamines at least once in their lives by age group, ACT 1999 & 2002 (%).



Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

*Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

There was no significant difference in reported levels of lifetime use between the sexes or different age groups and reported lifetime use of amphetamines did not vary significantly between 1999 (7.7%) and 2002.

Five per cent of all students reported using amphetamines in the 12 months preceding the 2002 survey. Estimates for other periods (last four weeks and the last week) were not reliable and are therefore not reported.

Frequency of use

Students were also asked how many times they had used amphetamines, other than for medical reasons, in their lifetime; in the last 12 months; in the last four weeks; and, in the last week. Among students who reported using amphetamines at least once in their lifetime, 39.2 per cent reported using amphetamines only once or twice. About one in five students (22.8%) who had ever used amphetamines reported using amphetamines 40 times or more in their lifetime.

Among students who reported using amphetamines in the 12 months preceding the 2002 survey, 41.8 per cent reported using amphetamines only once or twice and about one in five (20.1%) reported using amphetamines 40 times or more.

The results for other periods (last four weeks and the last week) were not reliable and are therefore not reported.

Steroids

Key results:

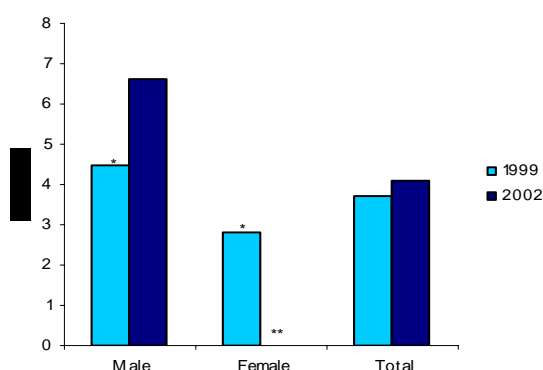
- The level of reported steroid use among secondary students that was not medically supervised was very low in 2002, with 4.1 per cent of students reporting the use of non-prescribed steroids at least once in their lifetime.
- In 2002, a higher proportion of male students (6.6%) reported using non-prescribed steroids at least once in their lifetime, than female students.
- About half (51.5%) of the students who reported they had ever used steroids reported using non-prescribed steroids 40 or more times in their lifetime.
- Although there was no change in reported levels of illicit lifetime use of steroids between 1999 and 2002, there was a significant increase in levels of lifetime use between 1996 and 2002.

In 2002, students were asked whether they had ever used or taken steroids (muscle, roids or gear) without a doctor's prescription, in an attempt to make them better at sport, or to increase muscle size, or to improve general appearance.

Only 4.1 per cent of ACT secondary students reported having used or taken steroids without medical supervision, at least once in their lifetime (Figure 28). There was no significant difference in reported levels of lifetime use between different age groups. The proportion of students reporting lifetime use of steroids did not vary significantly between 1999 (3.7%) and 2002, although there was a significant increase in reported levels of lifetime use between 1996 (2.5%) and 2002 ($p=0.027$).

In 2002, 6.6 per cent of male students reported using non-prescribed steroids at least once in their lifetime. In contrast, a much smaller proportion of female students reported this behaviour.

Figure 28: Students who had used non-prescribed steroids at least once in their lives by sex, ACT 1999 & 2002 (%).



Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

*Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Frequency of use

Students were also asked how many times they had used steroids without medical supervision in their lifetime; in the last 12 months; in the last four weeks; and, in the last week. While only a small proportion of students reported using steroids at least once in their lifetime, about half (51.5%) indicated that they had used non-prescribed steroids 40 or more times. Among male students who had ever used steroids, almost two thirds (64.1%) indicated that they had used steroids 40 or more times in their lifetime.

The results for other periods (last 12 months, last four weeks and the last week) and other frequency categories (3-5 times; 6-9 times; etc) were not reliable and are therefore not reported.

Opiates

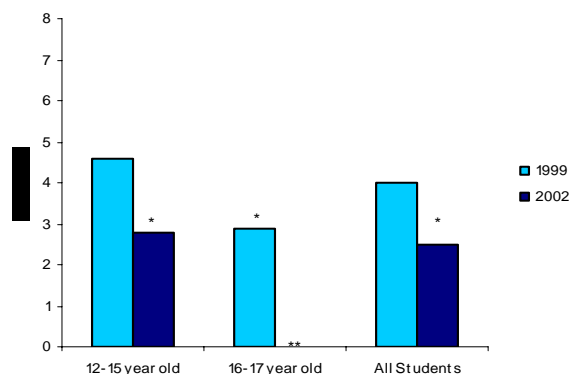
Key results:

- *Non-prescribed opiate use among secondary students was low in 2002, with 2.5 per cent of students reporting use of opiates at least once in their lifetime.*
- *Among students who reported using opiates at least once in their lifetime, 41.8 per cent indicated that they had only used opiates once or twice.*
- *There was a significant decrease in the reported lifetime use of opiates between 1999 and 2002.*

In 2002, students were asked whether they had ever used or taken heroin (smack, horse, skag, hammer, H) or other opiates (narcotics such as methadone, morphine or pethidine), other than for medical reasons.

The use of opiates was not common among ACT secondary students, with about 2.5 per cent indicating that they had ever used opiates in their lifetime in 2002 (Figure 29).

Figure 29: Students who had used opiates at least once in their lives by age group, ACT 1999 & 2002 (%).



Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

*Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.
 ** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

There was a significant decrease in the reported lifetime use of opiates between 1999 (4.0%) and 2002 (p=0.033).

Frequency of use

Students were also asked how many times they had used opiates, for non-medical reasons, in their lifetime; in the last 12 months; in the last four weeks; and, in the last week. Among students who reported using opiates at least once in their lifetime, 41.8 per cent indicated that they had only used opiates once or twice.

The results for other periods (last 12 months, last four weeks and the last week) and other frequency categories (3-5 times; 6-9 times; 40 times or more etc) were not reliable and are therefore not reported.

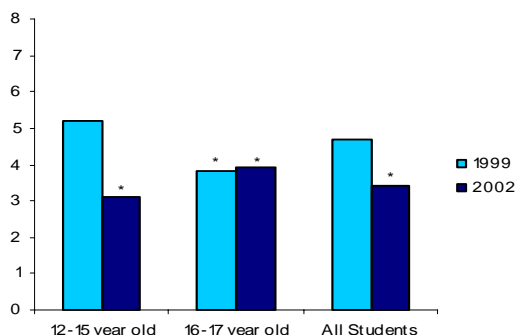
Cocaine

Key results:

- Cocaine use among secondary students was low in 2002, with 3.4 per cent of students reporting use of cocaine at least once in their lifetime.
- Among students who reported using cocaine at least once in their lifetime, 43.9 per cent indicated that they had only used the substance once or twice.
- There was a significant decrease in the reported lifetime use of cocaine between 1999 and 2002, although there was no significant change in the level of use between 1996 and 2002.

In 2002, students were asked whether they had ever used or taken cocaine. The use of cocaine was not common among ACT secondary students, with about 3.4 per cent indicating that they had ever used the substance in their lifetime (Figure 30).

Figure 30: Students who had used cocaine at least once in their lives by age group, ACT 1999 & 2002 (%).



Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

*Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

There was a significant decrease in the reported lifetime use of cocaine between 1999 (4.7%) and 2002 (p=0.027), although there was no significant change in the level of lifetime use between 1996 (4.2%) and 2002.

Frequency of use

Students were also asked how many times they had used cocaine in their lifetime; in the last 12 months; in the last four weeks; and, in the last week. Among students who reported using cocaine at least once in their lifetime, 43.9 per cent indicated that they had only used the substance once or twice.

The results for other periods (last 12 months, last four weeks and the last week) and other frequency categories (3-5 times; 6-9 times; 40 times or more etc) were not reliable and are therefore not reported.

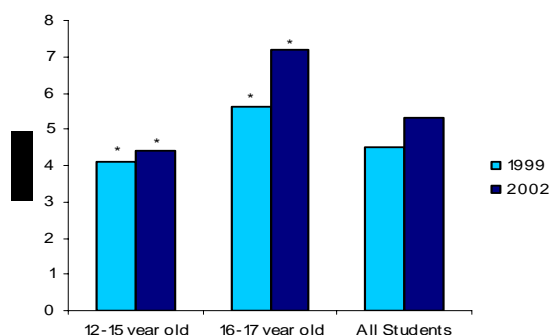
Ecstasy

Key results:

- In 2002, 5.3 per cent of ACT secondary students reported using ecstasy at least once in their lifetime.
- Among students who reported using ecstasy at least once in their lifetime, 43.3 per cent indicated that they had only used the substance once or twice.
- There was no significant change in the reported lifetime use of ecstasy between 1999 and 2002.

In 2002, students were asked whether they had ever used or taken ecstasy (E, MDMA, ecci, X, bickies). About one in twenty students (5.3%) reported the use of ecstasy at least once in their lifetime (Figure 31).

Figure 31: Students who had used ecstasy at least once in their lives by age group, ACT 1999 & 2002 (%).



Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

*Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

There was no significant change in the reported lifetime use of ecstasy between 1999 (4.5%) and 2002.

Frequency of use

Students were also asked how many times they had used ecstasy in their lifetime; in the last 12 months; in the last four weeks; and, in the last week. Among students who reported using ecstasy at least once in their lifetime, 43.3 per cent indicated that they had only used the substance once or twice.

The results for other periods (last 12 months, last four weeks and the last week) and other frequency categories (3-5 times; 6-9 times; 40 times or more etc) were not reliable and are therefore not reported.

Use of any illicit substance

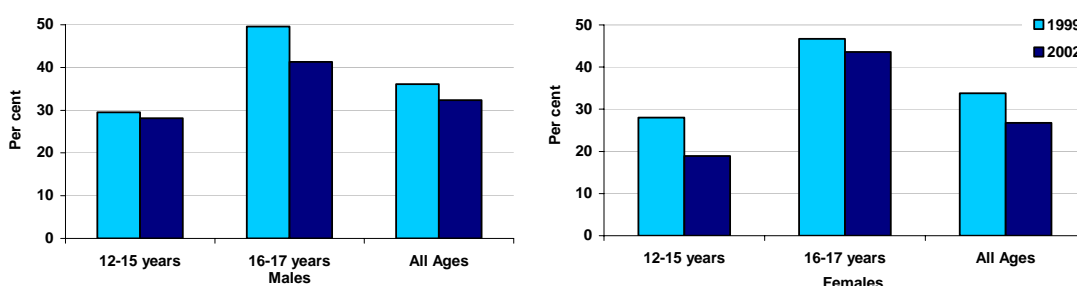
Key results:

- In 2002, 29.6 per cent of ACT secondary students reported that they had used an illicit substance at least once in their lifetime; a quarter (24.8%) reported using an illicit substance in the last 12 months; 12.4 per cent in the last four weeks; and, 7.8 per cent of students reported using an illicit substance in the last week.
- Males and older (16 to 17 years) students were more likely to have used an illicit substance than females or younger (12 to 15 years) students.
- There was a decrease in the proportion of students reporting the use of an illicit substance between 1999 and 2002.

Students were asked whether they had ever used an illicit substance in their lifetime; in the last 12 months; in the last four weeks; and, in the last week.

In 2002, 29.6 per cent of ACT secondary students reported that they had used at least one illicit substance, at least once, in their lifetime (Figure 32). The proportion of students who had ever used an illicit substance in their lifetime varied significantly between age group and sex. Males (32.4%) were significantly more likely to report having used an illicit substance than females (26.8%) ($p=0.009$) and older (16 to 17 years) students (42.4%) were significantly more likely to report having used an illicit substance than younger (12 to 15 years) students (23.6%) ($p=0.000$). In addition, there was a significant decrease in the proportion of students reporting lifetime use of an illicit substance between 1999 (35.0%) and 2002 (29.6%) ($p=0.000$).

Figure 32: Lifetime use of at least one illicit substance, by age group and sex, ACT 1999 & 2002 (%).



Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

In 2002, a quarter (24.8%) of ACT secondary students reported that they had used an illicit substance at least once in the last 12 months. The proportion of students who had used an illicit substance in the last 12 months varied significantly between age group, but did not vary significantly between the sexes. Older (16 to 17 years) students (33.8%) were significantly more likely to report having used an illicit substance than younger (12 to 15 years) students (20.6%) ($p=0.000$).

There was also a significant decrease in the proportion of students reporting the use of an illicit substance in the last 12 months, between 1999 (29.6%) and 2002 (24.8%) ($p=0.000$).

Recent use of any illicit substance

In 2002, 12.4 per cent of ACT secondary students reported that they had used an illicit substance at least once in the last four weeks and 7.8 per cent reported that they had used an illicit substance in the last week.

The proportion of students who had used an illicit substance in the last four weeks varied significantly between age groups and between the sexes. Males (14.5%) were significantly more likely to report having used an illicit substance than females (10.2%) ($p=0.001$) and older (16 to 17 years) students (17.5%) were significantly more likely to report having used an illicit substance than younger (12 to 15 years) students (10.0%) ($p=0.000$).

There was also a significant decrease in the proportion of students reporting the use of at least one illicit substance in the last four weeks, between 1999 (17.4%) and 2002 (12.4%) ($p=0.000$).

The proportion of students who had used an illicit substance in the last week varied significantly between the sexes, but not by age group. Males (10.0%) were significantly more likely to report having used an illicit substance than females (5.6%) ($p=0.000$).

Finally, there was a significant decrease in the proportion of students reporting the use of an illicit substance in the last week, between 1999 (9.7%) and 2002 (7.8%) ($p=0.021$).

Use of needles for injecting drugs

Key results:

- *Needle use for injecting drugs without medical supervision was not common among ACT secondary students in 2002, with about 4.1 per cent indicating that they had ever used needles in this manner.*
- *Among students who reported using drugs by injection or needles, 41.2 per cent reported they had shared a needle with someone else and about half (52.7%) reported having obtained equipment from a needle exchange.*
- *Among students who reported using drugs by injection or needles without a prescription, at least once in their lifetime, 31.0 per cent indicated that they had only used needles in this manner once or twice.*

In 2002, students were asked whether they had ever used any drug by injection or needles without a doctor's prescription. The question that was asked explicitly excluded injecting drugs for medical reasons, such as for treating diabetes.

The use of drugs by injection or needles without a prescription was not common among ACT secondary students, with about 4.1 per cent indicating that they had ever used needles in this manner.

Students who reported use of drugs by injection or needles without a prescription were asked if they had ever shared a needle or syringe with someone else. In 2002, 41.2 per cent of students who had injected drugs without a prescription indicated that they had shared a needle with someone else.

Students who reported use of drugs by injection or needles without a prescription were also asked if they had ever got equipment from a needle exchange. In 2002, about half (52.7%) of these students indicated that they had got equipment from a needle exchange.

Frequency of use

Students were also asked how many times they had used drugs by injection or needles without a prescription in their lifetime; in the last 12 months; in the last four weeks; and, in the last week. Among students who reported using drugs by injection or needles without a prescription, at least once in their lifetime, 31.0 per cent indicated that they had only used needles in this manner once or twice.

The results for other periods (last 12 months, last four weeks and the last week) and other frequency categories (3-5 times; 6-9 times; 40 times or more etc) were not reliable and are therefore not reported.

Perceptions of danger associated with illicit substance use

Key results:

- *In 2002, more than 60 per cent of students perceived most behaviour associated with illicit substance use as 'very dangerous'.*
- *In 2002, students (77.3%) who had never used cannabis in their lifetime were significantly more likely to perceive regular use of cannabis as 'very dangerous', compared to students (31.2%) who had used the substance at least once in their lifetime.*
- *Between 1999 and 2002, there was a significant increase in the proportion of students who perceived 'using needles and syringes to inject drugs', 'occasional amphetamine use', 'trying LSD once or twice', 'taking drugs like heroin or morphine once or twice', 'occasional ecstasy use', 'sniffing glue, thinners or petrol regularly' and 'smoking marijuana regularly' as 'very dangerous'. In most instances, these changes in perception were accompanied by a corresponding decrease in reported use of these substances.*

The questionnaire included a section in which students were asked about the level of danger associated with the use of various illicit substances. Students were asked to rank specific behaviours associated with illicit substance use in terms of perceived levels of danger, on a three-point scale ('not dangerous', 'a little dangerous', 'very dangerous').

The behaviours included in the questionnaire were:

- cocaine use,

- needle and syringe use,
- occasional amphetamine use,
- occasional hallucinogen use,
- occasional and regular narcotic use,
- occasional and regular ecstasy use,
- regular inhalant use, and
- regular cannabis use.

In the analysis, students who perceived these behaviours as 'very dangerous' were compared to students who opted for lower levels of danger.

In 2002, more than 60 per cent of students perceived most behaviour associated with illicit substance use as 'very dangerous'. However, only 58.4 per cent of students perceived regular inhalant use as 'very dangerous' and about half (48.4%) perceived 'trying hallucinogens once or twice' as 'very dangerous'.

Female students were significantly more likely to perceive 'cocaine use', 'needle and syringe use', 'occasional amphetamine use', 'taking heroin or morphine regularly', 'regular ecstasy use' and 'regular cannabis use' as 'very dangerous', compared to male students (Table 19).

Table 19: Student perceptions of danger associated with substance use, by sex, ACT 2002 (%).

Perceiving as very dangerous:	Males	Females	p-value
Sniffing glue, thinners or petrol regularly	58.6	58.2	0.529
Smoking marijuana regularly	60.6	68.7	0.000
Trying amphetamines (speed) occasionally	60.4	67.9	0.002
Trying LSD once or twice	46.4	50.2	0.265
Using ecstasy/designer drugs occasionally	70.9	75.3	0.122
Using ecstasy/designer drugs regularly	82.2	88.5	0.012
Using cocaine	78.2	86.8	0.002
Taking drugs like heroin or morphine once or twice	66.4	66.6	0.581
Taking drugs like heroin or morphine regularly	81.7	89.8	0.002
Using needles and syringes to inject drugs	80.3	87.7	0.001

Source: 2002 ASSAD, confidential unit record file, ACT Health.

Table 20: Student perceptions of danger associated with substance use, by age group, ACT 2002 (%).

Perceiving as very dangerous:	12-15 years	16-17 years	p-value
Sniffing glue, thinners or petrol regularly	53.6	68.1	0.000
Smoking marijuana regularly	69.2	55.6	0.000
Trying amphetamines (speed) occasionally	61.9	69.1	0.019
Trying LSD once or twice	45.3	54.4	0.061
Using ecstasy/designer drugs occasionally	72.5	74.4	0.728
Using ecstasy/designer drugs regularly	84.8	86.6	0.108
Using cocaine	81.3	85.3	0.015
Taking drugs like heroin or morphine once or twice	62.5	74.9	0.000
Taking drugs like heroin or morphine regularly	84.9	87.6	0.007
Using needles and syringes to inject drugs	83.7	84.9	0.157

Source: 2002 ASSAD, confidential unit record file, ACT Health

In addition, older (16 to 17 years) students were significantly more likely to perceive 'cocaine use', 'occasional amphetamine use', 'occasional' and 'regular heroin or morphine use', and 'regular inhalant use' as 'very dangerous' compared to younger (12 to 15 years) students. In contrast, however, younger (12 to 15 years) students were significantly more likely to perceive 'smoking marijuana regularly' as 'very dangerous', compared to older (16 to 17 years) students (Table 20).

Perceptions of the level of danger associated with cannabis use among students who had used/not used cannabis at least once in their lifetime

Student responses to the level of danger perceived with regular cannabis use were analysed according to whether students' had/had not used cannabis in their lifetime.

In 2002, students (77.3%) who had never used cannabis were significantly more likely to perceive 'regular use of cannabis' as 'very dangerous', compared to students (31.2%) who had used cannabis at least once in their lifetime ($p=0.000$). Females (ever used cannabis: 33.2%; never used cannabis: 80.4%) were significantly more likely to perceive 'regular cannabis use' as 'very dangerous', compared to males (ever used cannabis: 29.5%; never used cannabis: 73.9%), regardless of whether they had ever used cannabis (males vs. females ever used cannabis: $p=0.040$; males vs. females never used cannabis: $p=0.009$).

Among students who had never used cannabis in their lifetime, younger (12 to 15 years) students (79.1%) were significantly more likely to perceive regular cannabis use as 'very dangerous', compared to older (16 to 17 years) students (72.4%) ($p=0.001$). However, among those students who had used cannabis at least once in their lifetime, the proportions observed between age groups did not vary significantly.

Changes in perception of the level of danger associated with other substance use

Logistic regression was undertaken to determine whether the proportion of students perceiving other substance use as 'very dangerous' in 2002 differed from the levels reported in 1999.

Between 1999 and 2002, there was a significant increase in the proportion of students who perceived 'using needles and syringes to inject drugs', 'occasional amphetamine use', 'trying LSD once or twice', 'taking drugs like heroin or morphine once or twice', 'occasional ecstasy use', 'sniffing glue, thinners or petrol regularly' and 'smoking marijuana regularly' as 'very dangerous'. In most instances, between 1999 and 2002, these changes in perception were accompanied by a corresponding decrease in the proportion of students reporting use of each substance:

Cannabis: Between 1999 and 2002, there was a significant decrease in the proportion of students reporting lifetime use of cannabis. This was accompanied by a significant increase in the proportion of students who perceived 'smoking marijuana regularly' as 'very dangerous'.

Inhalants: Between 1999 and 2002, there was a significant decrease in the proportion of students reporting lifetime use of inhalants. This was accompanied by a significant increase in the proportion of students who perceived 'sniffing glue, thinners or petrol regularly' as 'very dangerous'.

Hallucinogens: Between 1999 and 2002, there was a significant decrease in the proportion of students reporting lifetime use of hallucinogens. This was accompanied by a significant increase in the proportion of students who perceived 'trying LSD once or twice' as 'very dangerous'.

Opiates: Between 1999 and 2002, there was a significant decrease in the proportion of students reporting lifetime use of heroin and other opiates. This was accompanied by a significant increase in the proportion of students who perceived 'taking drugs like heroin or morphine once or twice' as 'very dangerous'.

Amphetamines: Between 1999 and 2002, there was a significant increase in the proportion of students who perceived 'occasional amphetamine use' as 'very dangerous'. However, lifetime use of amphetamines did not decrease significantly.

Ecstasy: Between 1999 and 2002, there was a significant increase in the proportion of students who perceived 'occasional ecstasy use' as 'very dangerous'. However, lifetime use of ecstasy did not decrease significantly.

Needle and syringe use: Between 1999 and 2002, there was a significant decrease in the proportion of students reporting lifetime use of needles and syringes. This was accompanied by a significant increase in the proportion of students who perceived 'using needles and syringes to inject drugs' as 'very dangerous'.

Education in class on illicit substance use

Key results:

- *In 2002, about three quarters (76.2%) of ACT secondary students recalled receiving at least part of a lesson on illicit substance use in the previous year.*

- *There was no significant difference between students who had/had not used any illicit substance; cannabis; or, inhalants in the last 12 months and the proportion of students recalling a lesson in the previous year.*
- *The proportion of students recalling at least part of a lesson in the previous year did not vary significantly between 1999 and 2002.*

Students were asked to indicate if they could recall receiving any lessons on the use of illicit substances at school in the previous year. In 2002, about three quarters (76.2%) of ACT secondary students recalled receiving at least part of a lesson in the previous year (Table 21).

Although the proportion of students recalling at least part of a lesson in 2002 did not vary significantly between the sexes, there was a significant difference between students of different ages ($p=0.000$). More than 80 per cent of students between 14 and 16 years recalled at least part of a lesson, compared to about two thirds of younger students between 12 and 13 years of age.

There was no significant difference between students who had/had not used any illicit substance; cannabis; or, inhalants in the last 12 months and the proportion of students recalling a lesson in the previous year.

Finally, the proportion of students recalling at least part of a lesson in the previous year did not vary significantly between 1999 (73.9%) and 2002 (76.2%).

Table 21: Students indicating that they had received at least part of a lesson on illicit substance use by age and sex, ACT 1999 & 2002 (%).

	12	13	14	Age 15	16	17	All Ages
Males							
1999	68.0	71.6	77.5	88.7	81.0	66.1	72.2
2002	65.3	67.7	79.3	84.8	82.0	73.3	75.5
Females							
1999	65.8	78.6	78.2	80.7	81.4	67.1	75.5
2002	62.9	70.0	86.7	83.5	84.3	74.2	76.9
Persons							
1999	66.9	75.1	77.8	74.5	81.2	66.6	73.9
2002	64.1	68.8	83.0	84.2	83.2	73.7	76.2

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Poly-substance use by ACT secondary students

Key results:

- *In 2002, alcohol and tobacco were the most common substances that were used in conjunction with cannabis, by students who reported using cannabis in the previous year. More than half of the cannabis users reported using alcohol (57.6%) and about half reported using tobacco (47.7%), at least once, in conjunction with cannabis in the previous year.*
- *Two thirds (66.5%) of the students who reported using amphetamines in the previous year also reported using alcohol at the same time, on at least one occasion. More than half of these amphetamine users reported the use of cannabis (56.4%) or tobacco (59.5%), at the same time, on at least one occasion.*
- *More than half of the students who reported using hallucinogens in the previous year also reported using alcohol (62.1%) or tobacco (54.5%) at the same time, on at least one occasion. About a third (35.3%) of these hallucinogen users reported the use of cannabis, at the same time, on at least one occasion.*
- *More than half of the students who reported using ecstasy in the previous year also reported using alcohol (59.6%); 40.2 per cent reported using tobacco; and, about a third (31.0%) reported the use of cannabis, at the same time, on at least one occasion.*
- *In 2002, 4.4 per cent of all students reported the use of tobacco, alcohol and at least one other illicit substance in the week prior to survey.*
- *Dietary inadequacies, insufficient physical activity levels, large amounts of time (four hours or more on an average school day) spent watching TV or video and 'below average' self-described school performance were the major factors associated with students who reported the recent use of tobacco, alcohol and at least one other illicit substance in 2002.*

In 2002, students who reported using cannabis, amphetamines, hallucinogens and ecstasy in the previous year were asked if they had used any other substances on the same occasion. As more than one other substance may have been used on any one occasion, or different substances may have been used on different occasions, students were able to indicate the use of multiple substances.

Alcohol and tobacco were the most commonly used substances that were used in conjunction with cannabis, by students who had reported cannabis use in the previous year (Table 22).

Table 22: Students who had used other substances, in conjunction with cannabis, in the previous year, by age group and sex, ACT 1999 & 2002 (%).

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

	Males		Females		Persons	
	1999	2002	1999	2002	1999	2002
12-15 years						
Alcohol	54.9	47.6	49.6	62.3	52.4	53.6
Tobacco	54.7	48.3	55.3	52.3	55.0	49.9
No other substance used	24.0*	35.5*	29.2*	27.6*	26.5	32.3
16-17 years						
Alcohol	70.3	67.5	64.6	57.2	67.5	62.2
Tobacco	51.0	52.8	60.8	37.8	55.9	45.1
No other substance used	16.5*	24.7*	22.6*	35.7*	19.5	30.4
All Ages						
Alcohol	62.1	55.8	56.8	59.6	59.6	57.6
Tobacco	53.0	50.2	58.0	44.8	55.4	47.7
No other substance used	20.5*	31.1	26.0	31.8	23.2	31.4

*Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

In 2002, more than half (57.6%) of the students who reported cannabis use in the previous year had consumed alcohol, at least once, on the same occasion and about half (47.7%) had used tobacco. Almost a third (31.4%) of cannabis users reported that they had not used any other substance in conjunction with cannabis in the previous year. Although some students did report the use of other illicit substances in conjunction with cannabis, they were in the minority (the results were not reliable, so have not been presented).

Among younger (12 to 15 years) students, a higher proportion of females (62.3%) reported the use of alcohol with cannabis than males (47.6%) in 2002. Half (49.9%) of the younger students reported that they had used tobacco, at least once in the previous year, on the same occasion as they had used cannabis, and a third (32.3%) reported that they had not used any other substance in conjunction with cannabis in the previous year.

Among older (16 to 17 years) students, alcohol was the substance most commonly used in conjunction with cannabis (62.2%). In contrast to the younger students, a higher proportion of males (67.5%) reported the use of alcohol with cannabis than females (57.2%) in 2002. In addition, a higher proportion of older male students (52.8%) reported the use of tobacco with cannabis than older female students (37.8%).

In 2002, two thirds (66.5%) of the students who reported amphetamine use in the previous year reported using alcohol, at least once, in conjunction with amphetamines. More than half of the amphetamine users had also used cannabis (56.4%) and tobacco (59.5%) on the same occasion as amphetamines (Table 23).

Table 23: Students who had used other substances in conjunction with amphetamines, by sex, ACT 1999 & 2002 (%).

	Males		Females		Persons	
	1999	2002	1999	2002	1999	2002
Alcohol	64.6	68.1	53.6*	64.1*	59.7	66.5
Tobacco	48.8	59.3	61.6	59.8*	54.6	59.5
Cannabis	54.0	62.1	42.2*	47.4*	48.7	56.4

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

*Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Among students who reported using hallucinogens in the previous year, 62.1 per cent reported alcohol use and 54.5 per cent reported tobacco use, at least once, on the same occasion when hallucinogens were used. About a third (35.3%) reported cannabis use.

Among students who reported using ecstasy in the previous year, 59.6 per cent reported alcohol use and 40.2 per cent reported tobacco use, at least once, on the same occasion that ecstasy was used. About a third (31.0%) reported cannabis use.

Recent poly-substance use

In 2002, 4.4 per cent of all students surveyed reported the use of tobacco, alcohol and at least one illicit substance in the week prior to survey (Table 24). Between 1996 and 2002, there was a significant decrease in the proportion of students reporting the use of multiple substances (they used tobacco, alcohol and at least one illicit substance) in the week prior to survey (1996: 6.7%, 1999: 5.2%; $p=0.006$).

Table 24: Students who used multiple substances (at least one illicit substance, tobacco and alcohol) in the week prior to survey, ACT 2002 (%).

Category		(%)
All students	Used multiple ^(a) substances in the week before survey	4.4
	Did not use multiple substances in the week before survey	95.6
Recent smokers	Used alcohol in the week before survey	27.3
	Did not use alcohol in the week before survey	72.7
	Used illicit substance/s in the week before survey	35.2
	Did not use illicit substance/s in the week before survey	64.8
Recent drinkers	Smoked tobacco in the week before survey	35.0
	Did not smoke tobacco in the week before survey	65.0
	Used illicit substance/s in the week before survey	20.3
	Did not use illicit substance/s in the week before survey	79.7
Recent user of at least one illicit substance	Smoked tobacco in the week before survey	70.0
	Did not smoke tobacco in the week before survey	30.0
	Used alcohol in the week before survey	84.8
	Did not use alcohol in the week before survey	16.3*

Source: 2002 ASSAD, confidential unit record file, ACT Health

*Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

(a) Students had to have reported the use of tobacco, alcohol and at least one illicit substance in the week prior to survey.

Among recent smokers, more than a quarter (27.3%) reported the use of alcohol in the week prior to survey and more than a third (35.2%) reported the use of at least one other illicit substance.

More than a third (35%) of recent drinkers smoked tobacco in the week prior to the 2002 survey and one in five (20.3%) recent drinkers reported the use of at least one other illicit substance.

Whilst 70 per cent of students who reported the use of at least one illicit substance in the week prior to survey also reported smoking tobacco, 84.8 per cent reported the use of alcohol in the week prior to survey.

Factors associated with recent poly-substance use (tobacco, alcohol and at least one illicit substance)

Logistic regression was used to identify characteristics, or factors, associated with students who reported the use of tobacco, alcohol and at least one illicit substance in the week prior to the 2002 survey. Forced-entry models, which include significant and non-significant factors, were used in the analysis. Significant factors are presented in Table 25, with adjusted odds ratios and relevant p -values (the odds ratios represent the independent effect of each factor considered in the model). Dietary inadequacies, large amounts of time (four hours or more on an average school day) spent watching TV or video and below average self-described school performance were the major factors associated with students who reported the recent use of tobacco, alcohol and at least one other illicit substance in 2002. Other factors that were considered in the model, but not found to be significant, included student age, sex, physical activity levels, whether the school attended by students was a government, independent or catholic school, time spent on a computer or the internet on an average school day and whether students recalled receiving at least part of a lesson in the previous year on alcohol, tobacco and other illicit substance use.

Table 25: Factors associated with students who reported using alcohol, tobacco and at least one other illicit substance in the week prior to survey, ACT 2002.

	Odds Ratio	Odds Ratio 95% CI	p value
<i>Diet</i>			
Adequate consumption of fruits, vegetables and/or breads/cereals to meet the Dietary Guidelines	1.000		
Inadequate consumption of fruits, vegetables and/or breads/cereals to meet the Dietary Guidelines	2.323	(1.049 - 5.142)	0.038
<i>Self-described school performance</i>			
'Average' or 'above average' or a lot above average'	1.000		
'Below average' or 'a lot below average'	3.359	(1.826 - 6.176)	0.000
<i>TV/video viewing time</i>			
Watching less than four hours of TV or video on an average school day	1.000		
Watching at least four hours of TV or video on an average school day.	3.732	(2.211 - 6.299)	0.000

Source: 2002 ASSAD, confidential unit record file, ACT Health

Among poly-substance users, the odds of reporting insufficient daily consumption of fruit, vegetables and breads and cereals to meet the *Dietary Guidelines for Children and Adolescents in Australia*, were about 2.4 times higher than the odds of reporting an adequate diet.

Further, among poly-substance users, the odds of describing school performance as 'below average' or 'a lot below average' were about 3.5 times higher than the odds of describing school performance as 'average', 'above average', or 'a lot above average'.

Finally, among poly-substance users, the odds of watching at least four hours of TV or video on an average school day were about 3.8 times higher than the odds of watching less than four hours of TV or video.

Non-use of substances by ACT secondary students

Key results:

- In 2002, 8.1 per cent of students surveyed had not used tobacco, alcohol or any other illicit substance in their lifetime.
- Being a younger student (12 to 15 years), meeting dietary guidelines and 'average' or 'above average' self-described school performance levels were the major factors associated with students who reported never having used tobacco, alcohol or any other illicit substance.

Although the majority of students (91.9%) surveyed in 2002 reported the use of at least one substance in their lifetime, a small proportion (8.1%) indicated that they were 'non-users' - they had never used tobacco, alcohol or any other illicit substance in their lifetime.

Factors associated with non-use of substances (tobacco, alcohol and illicit substances)

Logistic regression was used to identify characteristics, or factors, associated with this group of non-users. Forced-entry models, which include significant and non-significant factors, were used in the analysis. Significant factors are presented in Table 26, with adjusted odds ratios and relevant *p*-values (the odds ratios represent the independent effect of each factor considered in the model). Student age, diet, and self-described school performance were the major factors associated with non-users. Other factors that were considered in the model, but not found to be significant, included student sex, physical activity levels, whether the school attended by students was a government, independent or catholic school, time spent on a computer or the internet on an average school day and time spent watching TV or video on an average school day.

Table 26: Factors associated with students who reported never having used alcohol, tobacco or illicit drugs, ACT 2002.

	Odds Ratio	Odds Ratio 95% CI	<i>p</i> value
<i>Age group</i>			
12 to 15 years	2.316	(1.483 - 3.616)	0.000
16 to 17 years	1.000		
<i>Diet</i>			
Adequate consumption of fruits, vegetables and/or breads/cereals to meet the Dietary Guidelines	1.635	(1.086 - 2.462)	0.019
Inadequate consumption of fruits, vegetables and/or breads/cereals to meet the Dietary Guidelines	1.000		
<i>Self-described school performance</i>			
'Average' or 'above average' or a lot above average'	4.027	(1.035 - 15.673)	0.045
'Below average' or 'a lot below average'	1.000		

Source: 2002 ASSAD, confidential unit record file, ACT Health

The odds of younger students (12 to 15 years) being non-users were 2.3 times higher than the odds of older students (16 to 17 years) being non-users. In 2002, 9.8 per cent of younger students reported being non-users, compared to 4.4 per cent of older students.

The odds of non-substance use among students who reported sufficient daily consumption of fruit, vegetables and breads and cereals to meet the *Dietary Guidelines for Children and Adolescents in Australia*, were about 1.6 times higher than the odds of non-substance use among students who did not meet the dietary guidelines. In 2002, 11.5 per cent of students who met the guidelines reported being non-users, compared to 7.2 per cent of students who did not meet the guidelines.

Further, the odds of non-substance use among students who described their school performance as 'average', 'above average' or 'a lot above average' were about four times higher than the odds of non-substance use among students who described their school performance as 'below average' or 'a lot below average'. In 2002, 8.5 per cent of students who described their school performance as 'average', 'above average' or 'a lot above average' reported being non-users, compared to 2.8 per cent of students who described their school performance as 'below average' or 'a lot below average'.

Other health-related behaviours among ACT secondary students

Nutrition

Key results:

- *Almost three-quarters (73.8%) of the students who were surveyed in 2002 did not consume enough of at least one of the food types (fruit, vegetables, bread/cereals) included in the survey, to meet the Dietary Guidelines for Children and Adolescents in Australia.*
- *Meeting the National Physical Activity Guidelines for Australians and 'average' or 'above average' self-described school performance levels were the major factors associated with students who met the Dietary Guidelines for Children and Adolescents in Australia.*
- *Almost a third (32.4%) of students reported consuming less than the recommended daily serves of fruit. Male students and older students, between 16 to 17 years, were significantly more likely to report consuming less than the recommended daily serves of fruit than females and younger students aged 12 to 15 years.*
- *Approximately a third (34%) of students reported consuming less than the recommended daily serves of vegetables.*
- *More than half (58.7%) of the students surveyed in 2002 reported consuming less than the recommended daily serves of breads/cereals. Females and younger students (12 to 15 years) were significantly more likely to report consuming less than the recommended daily serves of breads/cereals than males and older students (16 to 17 years).*

Daily fruit consumption

Almost a third (32.4%) of students in 2002 reported consuming less than the recommended daily serves of fruit. There were significant differences in inadequate levels of consumption between males and females and between students in different age groups. Males (35.7%) were significantly more likely to report consuming less than the recommended number of fruit serves per day than females (29.1%) ($p=0.002$) and 16 to 17 year old students (41.4%) were significantly more likely to report consuming less than the recommended number of fruit serves per day than 12 to 15 year old students (28%) ($p=0.000$).

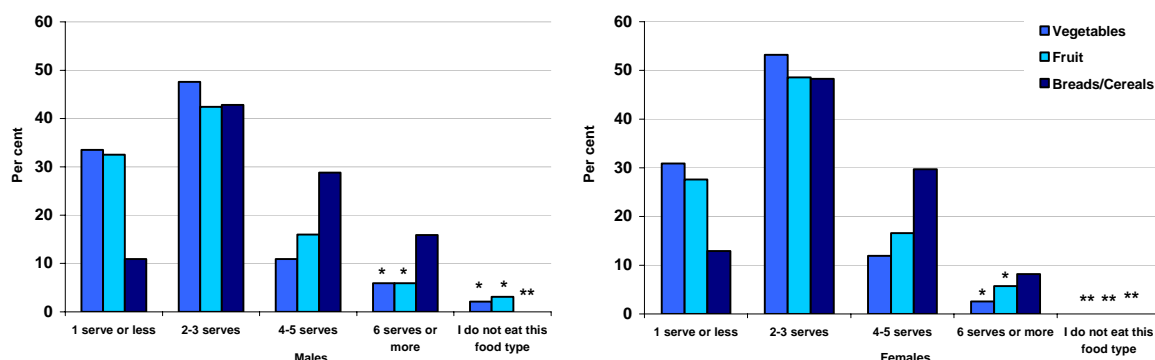
Daily vegetable consumption

Approximately a third (34%) of students in 2002 reported consuming less than the recommended daily intake of vegetables. There was no significant difference in inadequate levels of consumption reported between male and female students, or between students in different age groups (12 to 15 years and 16 to 17 years).

Daily bread and cereal consumption

More than half (58.7%) of the students surveyed in 2002 reported consuming less than the recommended daily serves of breads and cereals. There were significant differences in inadequate levels of consumption reported between males and females and between students in different age groups. Females (62.1%) were significantly more likely to report consuming less than the recommended number of serves per day than males (55.4%) ($p=0.000$) and younger students (12 to 15 years) (60.7%) were significantly more likely to report consuming less than the recommended number of serves per day than older students (16 to 17 years) (54.8%) ($p=0.000$).

Figure 33: Daily fruit, vegetable and bread and cereal consumption, ACT 2002 (%)



Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Factors associated with meeting the fruit, vegetable and bread and cereal Dietary Guidelines for Children and Adolescents in Australia

Almost three-quarters (73.8%) of the students who were surveyed in 2002 reported consuming less than the daily-recommended serves of one or more of the food types included in the survey - vegetables, fruit and breads/cereals. Approximately a third (35.2%) reported an inadequate intake in one food type, 25.5 per cent reported an inadequate intake in two food types and 13.1 per cent reported an inadequate intake in each of the three food types included in the survey.

Logistic regression was used to identify characteristics, or factors, associated with students who reported an adequate diet (those students who met the *Dietary Guidelines for Children and Adolescents in Australia*). Forced-entry models, which include significant and non-significant factors, were used in the analysis. Significant factors are presented in Table 27, with adjusted odds ratios and relevant *p* values (the odds ratios represent the independent effect of each factor considered in the model).

Table 27: Factors associated with students who reported an adequate^(a) diet, ACT 2002.

	Odds Ratio	95% CI	<i>p</i> -value
<i>Physical activity</i>			
Sufficient activity to meet the National Guidelines	1.901	(1.481 - 2.442)	0.000
Insufficient activity to meet the National Guidelines	1.000		
<i>Self-described school performance</i>			
'Above average' or 'a lot above average'	3.016	(1.621 - 5.614)	0.000
'Average'	1.988	(1.070 - 3.694)	0.030
'Below average' or 'a lot below average'	1.000		

Source: 2002 ASSAD, confidential unit record file, ACT Health.

(a) Consumed sufficient serves of fruit, vegetables and breads/cereals to meet the Dietary Guidelines.

Sufficient levels of physical activity to meet the *National Physical Activity Guidelines for Australians* and 'average', or 'above average' self-described school performance levels were the major factors associated with meeting the *Dietary Guidelines for Children and Adolescents in Australia*, in 2002. Other factors that were considered in the model, but not found to be significant, included age, sex, whether the school attended by students was a government, independent or catholic school, time spent on a computer or the internet on an average school day, time spent watching TV or video on an average school day and whether students had used tobacco, alcohol or any other illicit substance in the week before survey.

The odds of students meeting the *Dietary Guidelines for Children and Adolescents in Australia*, if they reported adequate physical activity levels (met the *National Physical Activity Guidelines for Australians* - 30 minutes of moderate activity at least six times, and 30 minutes of vigorous activity at least three times in the week prior to the survey), were about 1.9 times higher than the odds for students who reported insufficient levels of physical activity. Indeed, 36.8 per cent of students who met the *National Physical Activity Guidelines for Australians* also met the *Dietary Guidelines for Children and Adolescents in Australia*. In comparison, 21.8 per cent of students who did not meet the *National Physical Activity Guidelines for Australians*, met the *Dietary Guidelines for Children and Adolescents in Australia*.

Inadequate levels of consumption increased as school performance levels declined. The odds of students meeting the *Dietary Guidelines for Children and Adolescents in Australia*, if they described their school performance as 'above average' and 'a lot above average', or 'average', were between 2-3 times higher than the odds for students who described their school performance as 'below average' and 'a lot below average'. Although 35.8 per cent of students who described their school performance as either 'a lot above average' or 'above average' met the *Dietary Guidelines for Children and Adolescents in Australia*, only 20.7 per cent of 'average' and 13.7 per cent of 'a lot below average' or 'below average' students met the *Dietary Guidelines for Children and Adolescents in Australia*.

Physical & Leisure-Time Activity

Key results:

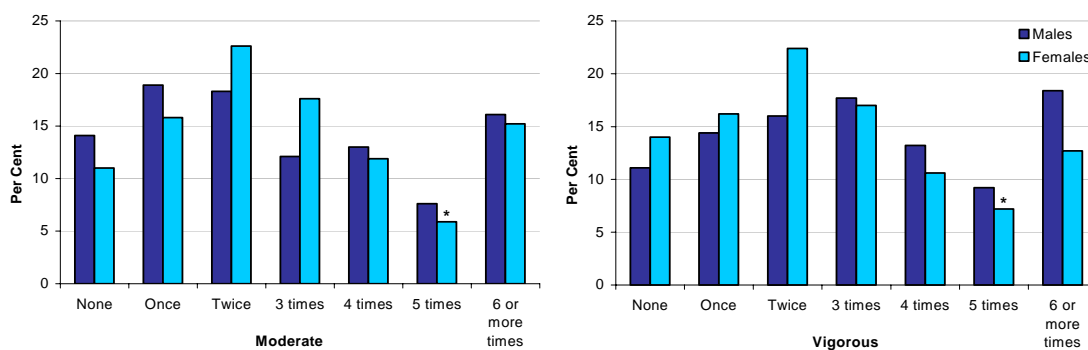
- Although only 15.6 per cent of ACT secondary students reported undertaking at least 30 minutes of moderate activity at least six times in the week prior to the 2002 survey, about half (52.9%) reported undertaking at least three 30 minute sessions of vigorous activity.
- In 2002, 28.5 per cent of students reported undertaking sufficient *moderate and vigorous* activity to meet the National Physical Activity Guidelines for Australians.
- Being male, meeting the Dietary Guidelines for Children and Adolescents in Australia and watching less than four hours of TV or video a day were the major factors associated with students who met the National Physical Activity Guidelines for Australians.
- About one in five (18.5%) students reported spending four hours or more watching TV or video on an average school day.
- Students were significantly more likely to report spending four hours or more watching TV or video if they were male, if they reported using the internet or playing computer games for four hours or more, if their self-described school performance was poor, or if they reported inadequate consumption of one or more of the food types included in the survey (did not meet the Dietary Guidelines for Children and Adolescents in Australia).
- Approximately one in ten (11.3%) students reported spending four hours or more on the Internet or playing computer games on an average school day.
- Students were significantly more likely to report spending four hours or more on the internet or playing computer games if they were male, if they reported spending four hours or more watching TV or video, or if their self-described school performance was poor.

Factors associated with meeting the recommendations in the National Physical Activity Guidelines for Australians

The *National Physical Activity Guidelines for Australians* do not provide an explicit set of guidelines for young people between 12 and 17 years of age. However, they do recommend that children and young people less than 18 years of age undertake at least 30 minutes of moderate activity on most days of the week and 30 minutes of vigorous activity 3-4 times a week. At the time of writing, these recommendations were under review. For the purposes of this report, however, students who reported 30 minutes of moderate activity at least six times, and 30 minutes of vigorous activity at least three times in the week prior to the survey were deemed as having met the recommendations in the existing *National Physical Activity Guidelines for Australians*.

In 2002, 28.5 per cent of students reported undertaking sufficient activity in the week prior to the 2002 survey to meet the recommendations for children and young people in the *National Physical Activity Guidelines for Australians*. Less than one in five (15.6%) students reported undertaking at least 30 minutes of moderate activity at least six times in the week prior to the survey and about half (52.9%) reported undertaking at least three 30 minute sessions of vigorous activity (Figure 34).

Figure 34: Number of 30-minute sessions of moderate and vigorous physical activity undertaken in the previous week, by sex, ACT 2002 (%).



Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Logistic regression was used to identify characteristics, or factors, associated with students who met the *National Physical Activity Guidelines for Australians*. Forced-entry models, which include significant and non-significant factors, were used in the analysis. Significant factors are presented in Table 28, with adjusted odds ratios and relevant *p*-values (the odds ratios represent the independent effect of each factor considered in the model).

Table 28: Factors associated with students who reported sufficient physical activity^(a), ACT 2002.

	Odds Ratio	95% CI	<i>p</i> -value
<i>Sex</i>			
Male	1.506	(1.185 - 1.914)	0.001
Female	1.000		
<i>Diet</i>			
Adequate consumption of fruits, vegetables and/or breads/cereals to meet the Dietary Guidelines	1.903	(1.482 - 2.445)	0.000
Inadequate consumption of fruits, vegetables and/or breads/cereals to meet the Dietary Guidelines	1.000		
<i>TV/video viewing time</i>			
Watching less than four hours of TV or video on an average school day	1.566	(1.132 - 2.167)	0.007
Watching at least four hours of TV or video on an average school day.	1.000		

Source: 2002 ASSAD, confidential unit record file, ACT Health.

(a) Reported at least 30 minutes of moderate activity at least six times, and 30 minutes of vigorous activity at least three times, in the week prior to the survey - sufficient to meet the recommendations for children and adolescents (<18years) in the existing *National Physical Activity Guidelines for Australians*.

An adequate diet (meeting the *Dietary Guidelines for Children and Adolescents in Australia*), being male and watching less than four hours of TV or video on an average school day were the major factors associated with meeting the *National Physical Activity Guidelines for Australians* in the week prior to the 2002 survey. Other factors that were considered in the model, but not found to be significant, included student age, whether the school attended by students was a government, independent or Catholic school, time spent on a computer or the internet on an average school day, self-described levels of school performance and whether students had used tobacco, alcohol or any other illicit substance in the week before survey.

The odds of students who reported an adequate diet (consumed sufficient serves of each of the food types included in the survey to meet the *Dietary Guidelines for Children and Adolescents in Australia*) meeting the *National Physical Activity Guidelines for Australians* were about 1.9 times higher than the odds for students who reported an inadequate diet (reported consuming less than the daily recommended serves of one or more of the food types included in the survey). In 2002, 40.5 per cent of students who met the *Dietary Guidelines for Children and Adolescents in Australia* also met the *National Physical Activity Guidelines for Australians*. In comparison, only a quarter (24.5%) of students with an inadequate diet (did not meet the

Dietary Guidelines for Children and Adolescents in Australia) met the *National Physical Activity Guidelines for Australians*.

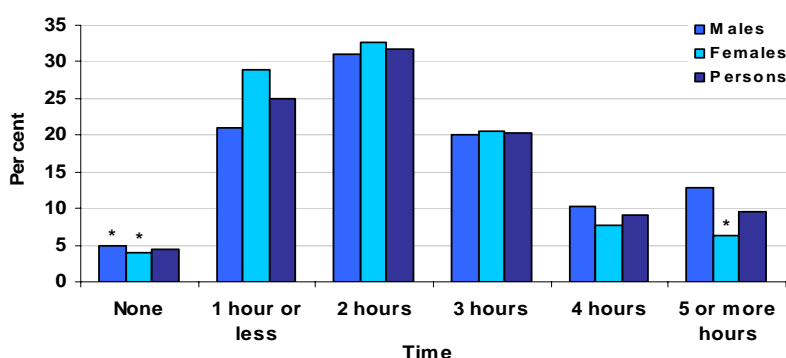
The odds of students who reported watching less than four hours of TV or video on an average school day meeting the *National Physical Activity Guidelines for Australians* were about 1.6 times higher than the odds for students who reported watching more than four hours of TV or video. Indeed, 29.6 per cent of students who reported watching less than four hours of TV or video on an average school day met the *National Physical Activity Guidelines for Australians*, compared to 24.7 per cent of students who reported watching more than four hours of TV or video.

In addition, the odds for male students meeting the *National Physical Activity Guidelines for Australians* were about 1.5 times higher than the odds for female students. About a third of all males (32.2%) met the *National Physical Activity Guidelines for Australians* compared to a quarter (24.9%) of females.

Time spent watching TV or Video

About one in five (18.5%) of the ACT secondary school students who were surveyed in 2002 reported spending four hours or more watching TV or video on an average school day. The majority (77.1%) reported spending 1-3 hours daily, and 4.4 per cent reported not watching TV or video on school days at all (Figure 35).

Figure 35: Time spent watching TV/video on an average school day, by sex, ACT 2002 (%)



Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Male students (23.1%) were significantly more likely to report spending four or more hours watching TV or video than female students (14.1%) ($p=0.007$), and students who met the *Dietary Guidelines for Children and Adolescents in Australia* (ie. they reported consuming the recommended daily serves of fruit, vegetables and breads/cereals)(15.4%) were significantly less likely to report watching TV or video for four hours or more than students with an inadequate diet (19.6%) ($p=0.001$).

In addition, students who reported using the internet or playing computer games for four hours or more on an average school day (43.4%) were significantly more likely to report spending four or more hours watching TV or video than students who reported using the internet or playing computer games for less than four hours (15.2%) ($p=0.000$).

Finally, the proportion of students who reported watching four or more hours of TV or video on an average school day decreased significantly with increasing levels of self-described school performance. For instance, 14.6 per cent of students who reported their school performance as either 'a lot above average' or 'above average', 19.9 per cent of students who reported their school performance as 'average', and 29.6 per cent of students who reported their school performance as either 'a lot below average' or 'below average', also reported watching four or more hours of TV or video on an average school day ($p=0.000$).

Time spent using the Internet/playing computer games

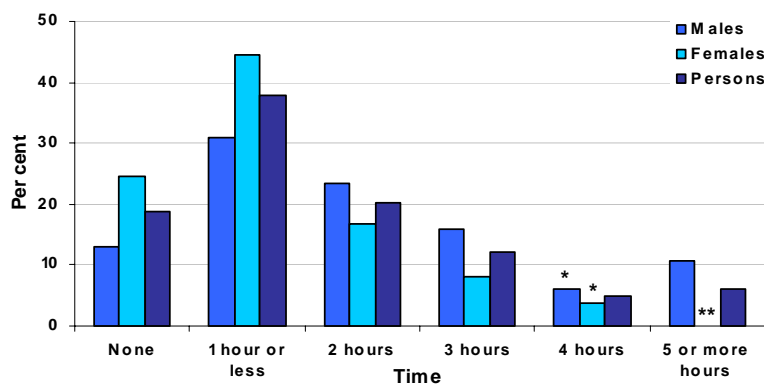
The majority (70%) of ACT secondary school students who were surveyed in 2002 reported spending 1-3 hours on the internet or playing computer games on an average school day. Approximately one in ten students (11.3%) reported spending four or more hours engaged in these activities, and approximately one in five (18.7%) students reported that they did not use the Internet or play computer games at all on an average school day (Figure 36).

Male students (16.7%) were significantly more likely than female students (5.8%) to report spending four hours or more on the Internet or playing computer games ($p=0.000$).

In addition, students who reported watching four or more hours of TV or video on an average school day (26.8%) were significantly more likely to report using the internet or playing computer games for four or more hours than students who reported watching less than four hours of TV or video (7.9%) ($p=0.000$).

Finally, the proportion of students who reported using the internet or playing computer games for four or more hours on an average school day decreased significantly with increasing levels of self-described school performance. For instance, 9.7 per cent of students who reported their school performance as either 'a lot above average' or 'above average', 11.0 per cent of students who reported their school performance as 'average', and 21.3 per cent of students who reported their school performance as either 'a lot below average' or 'below average', also reported using the internet or playing computer games for four or more hours on an average school day ($p=0.015$).

Figure 36: Time spent using the internet or playing computer games on an average school day, by sex, ACT 2002 (%).



Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Sun Protection

Key results:

- Almost two-thirds (63.7%) of students surveyed in 2002 responded correctly to questions about the causes of skin cancer.
- Almost two-thirds (64.5%) of students surveyed in 2002 recalled having had at least part of a lesson on sun protection or skin cancer in the previous year.
- Two-thirds (66.4%) of students surveyed in 2002 reported receiving a sunburn the previous summer that was sore or tender the next day, and about half (48.9%) the students surveyed reported receiving a severe sunburn that blistered the previous summer.
- There was a general decrease over time in reported self-care practices when outdoors between 11am and 3pm in summer. The proportion of students reporting that they 'usually' or 'always' wore a hat, wore clothing to cover up, wore a maximum protection sunscreen, wore sunglasses, or mostly stayed inside, decreased significantly between 1996 and 2002. The proportion of students reporting that they 'usually' or 'always' wore briefer clothing to get sun on their skin increased significantly between 1996 and 2002.
- Some self-care practices appeared to be quite unpopular with students. Only one in five students reported 'usually' or 'always' wearing clothes to cover up when outdoors, or reported mostly staying inside between 11am and 3pm in summer.
- The cap was the most popular type of hat preferred by students, and the narrow-brimmed hat and sun-visor gained considerably in popularity between 1996 and 2002. The popularity of the wide-brimmed hat remained relatively constant between 1996 and 2002, preferred by about one in ten students.
- The majority of students in 2002 who reported 'never', 'rarely' or only 'sometimes' wearing a hat or using a maximum protection sunscreen were unlikely to report 'usually' or 'always' adopting other sun protective measures.
- The majority of students in 2002 who did not report 'usually' or 'always' adopting any sun protective measures indicated a preference for a suntan. They also indicated that they had had at least part of a sun protection lesson in the previous year and more than half had a reasonable level of knowledge about the need for sun protection.

The Cancer Council Australia advise being 'SunSmart' and using a range of measures to protect skin from exposure to the sun's ultraviolet radiation (UVR). In particular, they advise wearing appropriate clothing to cover most of the body, using a maximum protection broad-spectrum water resistant sunscreen, wearing a wide-brimmed hat, suitable sunglasses and staying in the shade or indoors between 11:00am and 3:00pm^{4,5}.

Knowledge about skin cancer

Students were asked two questions about the causes of skin cancer. Both questions were worded as statements, requiring a true/false response from students. Initially, the responses to each question were analysed separately. Then an overall knowledge index was calculated and analysed, based on correct responses to each question.

The first question suggested repeated sunburn was the sole cause of skin cancer. The correct response to this question was 'false'. In 2002, the majority (70.5%) of students surveyed were aware that sunburn was not the sole cause of skin cancer (Figure 37).

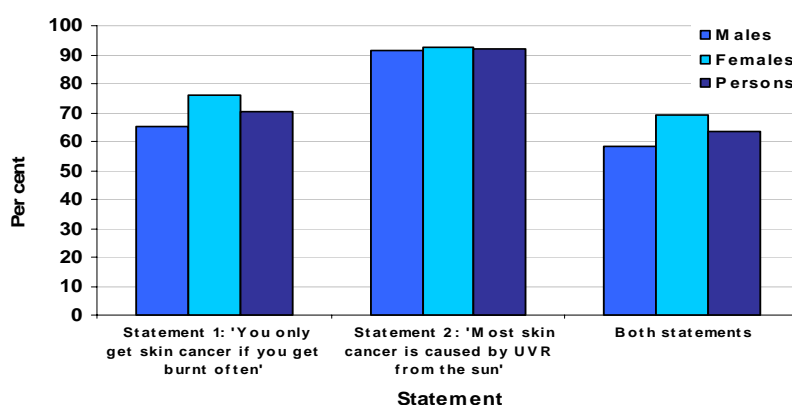
The second question stated that most skin cancer was caused by ultraviolet radiation (UVR). The correct response to this question was 'true'. In 2002, the majority of students (91.9%) provided the correct response to this question.

Almost two-thirds (63.7%) of the students surveyed in 2002 responded correctly to both questions and only 1.3 per cent responded incorrectly to both questions. This was similar to the results from the 1999 survey.

⁴ The Cancer Council Australia. 2001. *National Cancer Prevention Policy 2001-03*. Sydney, The Cancer Council Australia.

⁵ www.cancer.org.au

Figure 37: Correct responses to true/false questions about the causes of skin cancer, ACT 2002 (%).



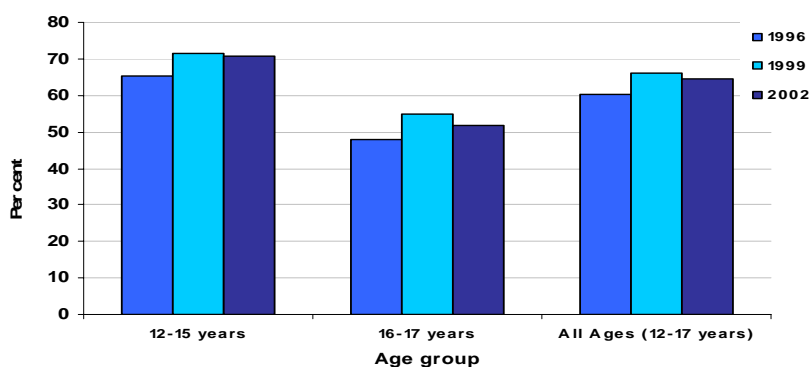
Source: 2002 ASSAD, confidential unit record file, ACT Health.

Education on skin cancer

In 1996, 1999 and 2002, students were asked if they had had at least part of a lesson on skin cancer or protection from the sun during the previous year. The majority of students reported that they did have at least part of a lesson during the previous year (1996, 60.1%; 1999, 66%; 2002, 64.5%) (Figure 38).

Across each of the three surveys (1996, 1999 and 2002), younger students (12 to 15 years) were significantly more likely to report that they had at least part of a lesson in the previous year compared to older students (16 to 17 years). In 2002, for instance, 70.6 per cent of 12 to 15 year old students reported having had at least part of a lesson on skin cancer or protection from the sun during the previous year, compared to 51.8 per cent of 16 to 17 year old students ($p=0.000$).

Figure 38: Students reporting at least part of a lesson on skin cancer in the previous year, by age group, ACT 1996, 1999 & 2002 (%).



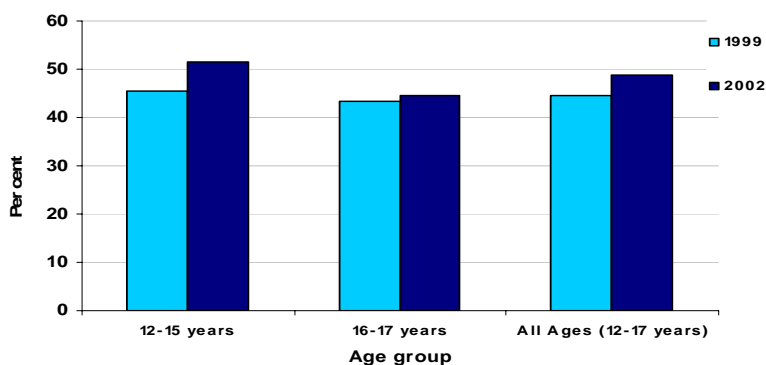
Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

For both 1999 and 2002, there was no significant difference in the proportion of students who did or did not have at least part of a lesson in the previous year and knowledge about the causes of skin cancer.

Sunburn

Students were asked if they received a sunburn the previous summer that was sore or tender the next day. In 2002, 80.6 per cent of students reported receiving a sunburn the previous summer that was sore or tender the next day. Students were also asked to recall the last time they received a severe sunburn that made their skin blister. In 2002, almost half (48.9%) of the students surveyed reported being severely sunburnt the previous summer (Figure 39). Younger students (12 to 15 years) (51.6%) were more likely to report being severely sunburnt the previous summer than older students (16 to 17 years) (44.5%) ($p=0.001$).

Figure 39: Students reporting last summer as last time severely sunburnt, by age group, ACT 1999 & 2002 (%).



Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

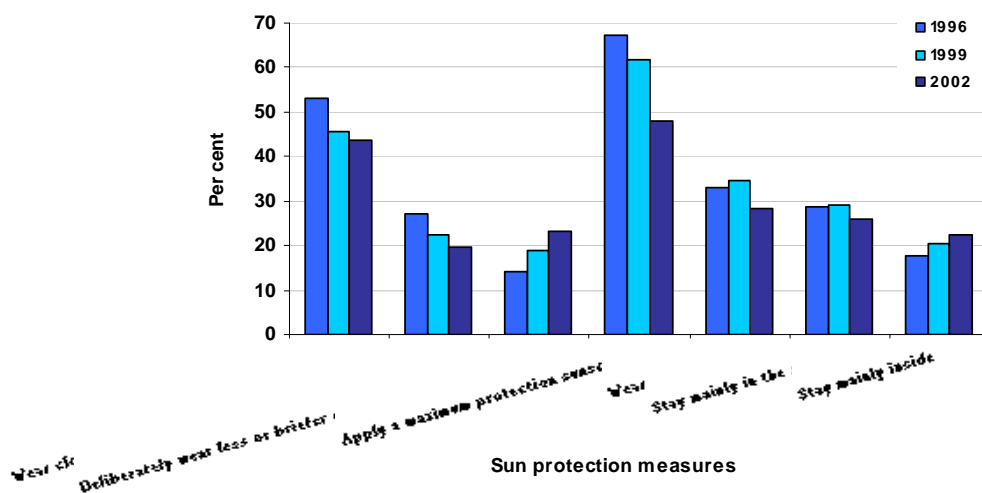
Sun protective behaviours

Students were asked about the types of sun protective behaviours, or self care practices they would use when outside for an hour or more on a sunny day in summer, between 11am and 3pm. Students were asked to indicate whether they 'never', 'rarely', 'sometimes', 'usually' or 'always' did the following:

- wore a hat;
- wore clothes to cover most of the body including arms and legs;
- deliberately wore less or briefer clothing so as to get some sun on their skin;
- applied a maximum protection sunscreen;
- wore sunglasses;
- stayed mainly in the shade;
- stayed mainly inside.

The results of the 2002 survey suggest that there has been a general decline in the proportion of students reporting self care practices since 1996 (Figure 40).

Figure 40: Students reporting 'usually' or 'always' using sun protection measures, ACT 1996, 1999 & 2002 (%).



Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Wore a hat

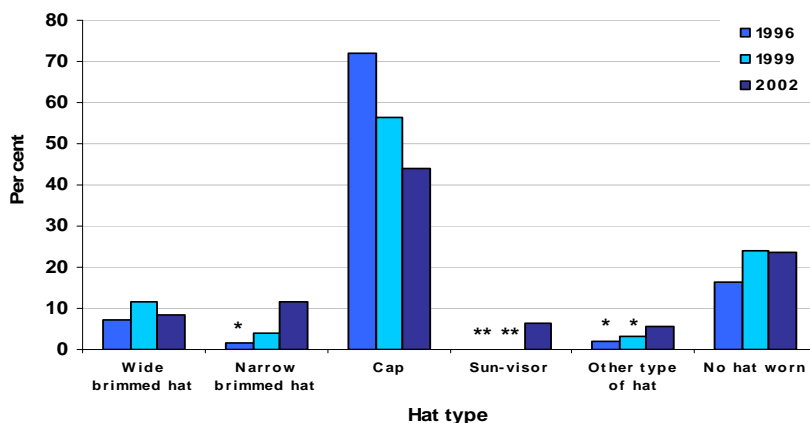
There was a significant decrease, between 1996 (53.1%) and 2002 (43.6%), in the proportion of students who reported 'usually' or 'always' wearing a hat when outside for an hour or more on a sunny day in summer, between 11am and 3pm ($p=0.000$).

Younger students (12 to 15 years) were significantly more likely to report wearing a hat than older students (16 to 17 years), for each of the three survey years. In 2002, for instance, 47.7 per cent of students between 12 and 15 years reported 'usually' or 'always' wearing a hat, compared to 34.9 per cent of students between 16 and 17 years ($p=0.000$). Males were also significantly more likely to report 'usually' or 'always' wearing a hat than females, for each of the three survey years. In 2002, 52.4 per cent of males reported wearing a hat, compared to 35.3 per cent of females ($p=0.000$).

Analysis was also undertaken to determine whether students who reported not usually wearing a hat adopted other sun protection measures. In 2002, students who reported they were unlikely to wear a hat on a sunny day were also unlikely to report they adopted other sun protection measures. For instance, only about a third (36.3%) of students who reported they were unlikely to wear a hat reported that they were likely to use a maximum protection sunscreen and only 15 per cent reported they were likely to wear clothes to protect themselves from the sun.

The popularity of different hat types appears to have changed over time with changes in fashion. In 1996, the most popular types of hat reported by students were the 'cap' (72%) and the 'wide brimmed hat' (7.2%). The 'cap' (56.6%) and the 'wide brimmed hat' (11.6%) were also the most popular types of hat in 1999. By 2002, however, the 'cap' (44.2%) and the 'wide brimmed hat' (8.6%) had declined in popularity and the 'narrow brimmed hat' (11.7%), and 'sun-visor' (6.4%) were becoming more popular (Figure 41).

Figure 41: Type of hat most often worn on a sunny day in summer, ACT 1996, 1999 & 2002 (%).



Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Wore clothes to cover most of the body including arms and legs

There was a significant decrease between 1996 (27.3%) and 2002 (19.8%) in the proportion of students who reported 'usually' or 'always' wearing clothes to cover most of their body ($p=0.000$).

Males were significantly more likely to report 'usually' or 'always' wearing clothes to cover most of their body, than females, for each of the three survey years. In 2002, for instance, 25.7 per cent of males reported wearing clothes to cover most of their body, compared to 14.3 per cent of females ($p=0.000$).

Deliberately wore less or briefer clothing

Students were asked if they deliberately wore less or briefer clothing so as to get some sun on their skin.

There was a significant increase in the proportion of students who reported 'usually' or 'always' wearing less or briefer clothing in order to expose their skin to the sun between 1996 (14%) and 2002 (23.2%) ($p=0.000$).

Females were significantly more likely to report 'usually' or 'always' wearing briefer clothing than males, for each of the three survey years. In 2002, for instance, 30.2 per cent of females reported wearing briefer clothing, compared to 15.8 per cent of males ($p=0.000$).

Applied a maximum protection sunscreen

Although the majority of students reported that they 'usually' or 'always' wore the maximum protection sunscreen in 1996 (67.1%) and 1999 (61.6%), the figure had declined significantly to 48.1 per cent in 2002 ($p=0.000$). However, the 1996 and 1999 questionnaires referred to SPF15+ as the maximum protection sunscreen and the 2002 questionnaire referred to SPF30+ as the maximum protection sunscreen, which may explain the significant decline in use between 1999 and 2002.

Females were significantly more likely to report 'usually' or 'always' wearing the maximum protection sunscreen than males, for each of the three survey years. In 2002, for instance, 55.2 per cent of females reported wearing the maximum protection sunscreen, compared to 40.6 per cent of males ($p=0.000$).

Analysis was also undertaken to determine whether students who reported they were unlikely to use a maximum protection sunscreen adopted other sun protection measures. In 2002, students who reported they were unlikely to use a maximum protection sunscreen were also unlikely to report using other sun protection measures. For instance, only a third (31%) of students who were unlikely to use a maximum protection sunscreen reported that they were likely to wear a hat and only 17.3 per cent reported that they were likely to wear clothes to protect themselves from the sun, in 2002.

Wore sunglasses

There was a significant decrease in the proportion of students who reported 'usually' or 'always' wearing sunglasses between 1996 (32.9%) and 2002 (28.3%) ($p=0.000$).

Older students (16 to 17 years) were significantly more likely to report wearing sunglasses than younger students (12 to 15 years), for each of the three survey years. In 2002, for instance, 36.1 per cent of older students reported 'usually' or 'always' wearing sunglasses, compared to 24.6 per cent of younger students ($p=0.000$). Females were also significantly more likely to report 'usually' or 'always' wearing sunglasses than males, for each of the three survey years. In 2002, for instance, 36.5 per cent of females reported wearing sunglasses, compared to 19.6 per cent of males ($p=0.000$).

Stayed mainly in the shade

The proportion of students reporting 'usually' or 'always' staying mainly in the shade did not differ significantly between 1996 (28.8%) and 2002 (26.1%). There were no significant differences in the proportion of male and female or younger and older students reporting 'usually' or 'always' staying mainly in the shade, across the three survey years.

Stayed mainly inside

There was a significant increase in the proportion of students who reported 'usually' or 'always' staying mainly inside between 1996 (17.8%) and 2002 (22.4%) ($p=0.001$). There were no significant differences in the proportion of younger and older students reporting 'usually' or 'always' staying mainly inside, across the three survey years. In 2002, males (25.9%) were significantly more likely to report staying mainly inside than females (19.1%) ($p=0.002$).

Unlikely to use any sun protection measures

About 14 per cent of students in 2002 reported that they were unlikely to use any sun protection measures. The majority of these students (85.4%) reported a preference to obtain a suntan; the majority (60%) reported that they had had at least part of a lesson on sun protection in the previous year; the majority (92.1%) were aware that most skin cancers were caused by ultraviolet radiation from the sun and more than half (56.9%) were aware that repeated sunburn was not the sole cause of skin cancer.

APPENDICES

TABLES

ALCOHOL CONSUMPTION

Table 29: Previous and recent alcohol consumption by age group and sex, ACT 2002 (%).

Drinker category and sex.	Age Group		Total
	12-15 years	16-17 years	
Never drank			
Male	12.0	5.7*	10.0
Female	12.3	6.5*	10.5
Drank in last year			
Male	69.0	88.4	75.3
Female	67.4	86.6	73.5
Drank in last month			
Male	41.8	62.8	48.6
Female	38.1	66.7	47.2
Drank in last week (recent drinker)			
Male	27.1	44.1	32.6
Female	21.8	47.0	29.8
Mean number of alcoholic drinks per week among recent drinkers			
Male	6.3	13.5	9.5
Female	6.8	5.3	6.1
Describe self as an 'occasional drinker'			
Male	28.6	27.5	28.3
Female	24.9	30.1	26.5
Describe self as a 'party drinker'			
Male	10.4*	32.9	17.8
Female	12.7	38.0	20.7

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 30: Proportion of students using alcohol in their life, in the previous month or in the previous week and the proportion of recent drinkers at harmful levels and average number of drinks consumed per week, ACT 1999 & 2002.

Period	12-15 years			16-17 years		
	1999	2002	<i>p</i> value	1999	2002	<i>p</i> value
Lifetime (%)						
Male	88.4	88.0	<i>p</i> > 0.05	96.3	94.3	<i>p</i> > 0.05
Female	87.8	87.7	<i>p</i> > 0.05	92.7	93.6	<i>p</i> > 0.05
Total	88.1	87.9	<i>p</i> > 0.05	94.6	93.9	<i>p</i> > 0.05
Month (%)						
Male	44.8	41.8	<i>p</i> > 0.05	69.8	62.8	<i>p</i> > 0.05
Female	40.0	38.1	<i>p</i> > 0.05	60.6	66.7	<i>p</i> > 0.05
Total	42.4	40.0	<i>p</i> > 0.05	65.5	64.7	<i>p</i> > 0.05
Week (%)						
Male	29.4	27.1	<i>p</i> > 0.05	46.5	44.1	<i>p</i> > 0.05
Female	25.6	21.8	<i>p</i> > 0.05	41.9	47.0	<i>p</i> > 0.05
Total	27.5	24.5	<i>p</i> > 0.05	44.3	45.5	<i>p</i> > 0.05
Harmful among recent drinkers (%)						
Male	15.9*	18.3*	<i>p</i> > 0.05	34.0	39.6	<i>p</i> > 0.05
Female	24.2*	21.3*	<i>p</i> > 0.05	35.7	32.0	<i>p</i> > 0.05
Total	19.7	19.7*	<i>p</i> > 0.05	34.8	35.7	<i>p</i> > 0.05
Mean no. drinks per week among recent drinkers						
Male	6.1	6.3	<i>p</i> > 0.05	8.7	13.5	<i>p</i> > 0.05
Female	5.3	6.8	<i>p</i> > 0.05	6.5	5.3	<i>p</i> > 0.05
Total	5.7	6.5	<i>p</i> > 0.05	7.7	9.4	<i>p</i> > 0.05

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 31: Proportions and odds ratios (ORs) for students, 12 to 15 and 16 to 17 years, who were recent drinkers and harmful drinkers among recent drinkers and average number of drinks consumed by recent drinkers, ACT 1996, 1999 & 2002.

		Recent Drinkers			Harmful Drinkers			Ave. drinks per week
		%	OR	95%CI	%	OR	95%CI	
12-15 years	2002	24.5	1.000		19.7	1.000		6.5
	1999	27.5	1.148	(0.954 - 1.383)	19.7	0.998	(0.669 - 1.489)	5.7
	1996	23.4	0.861	(0.717 - 1.035)	14.0	0.665	(0.435 - 1.017)	5.1
	<i>p</i> value		<i>p</i> < 0.05			<i>p</i> > 0.05		
16-17 years	2002	45.5	1.000		35.7	1.000		9.4
	1999	44.3	0.961	(0.782 - 1.181)	34.8	0.903	(0.655 - 1.245)	7.7
	1996	42.1	0.860	(0.692 - 1.068)	35.9	0.980	(0.698 - 1.375)	8.6
	<i>p</i> value		<i>p</i> > 0.05			<i>p</i> > 0.05		

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Table 32: Ever had a drink, by age, ACT 2002 (%).

	Students' age in years						All ages
	12	13	14	15	16	17	
No	18.1*	15.8*	9.3*	5.4*	5.4*	6.7*	10.2
Yes few sips	58.3	52.9	35.4	24.9	16.2	12.2*	33.8
Yes <10 drinks	**	17.0*	22.0	25.3	17.9	13.7*	18.1
Yes >10 drinks	**	14.3*	33.3	44.5	60.5	67.3	37.9

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 33: Had a drink in the last 12 months, by age and sex, ACT 1996, 1999 & 2002 (%).

	Males			Females		
	1996	1999	2002	1996	1999	2002
12 years	63.5	60.2	56.8*	42.3	49.3	50.7*
13 years	64.5	68.8	60.9	60.0	68.7	57.7
14 years	73.4	76.5	75.4	72.8	77.9	79.4
15 years	75.7	85.3	83.1	86.2	88.3	82.2
16 years	83.8	88.1	88.0	88.2	88.7	85.2
17 years	89.3	90.6	88.9	92.1	85.6	88.0

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 34: Had a drink in the last four weeks, by age and sex, ACT 1996, 1999 & 2002 (%).

	Males			Females		
	1996	1999	2002	1996	1999	2002
12 years	63.5	60.2	56.8*	42.3	49.3	50.7*
13 years	64.5	68.8	60.9	60.0	68.7	57.7
14 years	73.4	76.5	75.4	72.8	77.9	79.4
15 years	75.7	85.3	83.1	86.2	88.3	82.2
16 years	83.8	88.1	88.0	88.2	88.7	85.2
17 years	89.3	90.6	88.9	92.1	85.6	88.0

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 35: Students who had consumed alcohol in the last week by age and sex, ACT 1996, 1999 & 2002 (%).

	Males			Females		
	1996	1999	2002	1996	1999	2002
12 years	63.5	60.2	56.8*	42.3	49.3	50.7*
13 years	64.5	68.8	60.9	60.0	68.7	57.7
14 years	73.4	76.5	75.4	72.8	77.9	79.4
15 years	75.7	85.3	83.1	86.2	88.3	82.2
16 years	83.8	88.1	88.0	88.2	88.7	85.2
17 years	89.3	90.6	88.9	92.1	85.6	88.0

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 36: Students who had consumed alcohol in the last week by age group and sex, ACT 1996, 1999 & 2002 (%).

Year and sex	Age Group		
	12-15 years	16-17 years	All ages
1996			
Males	25.0	43.6	30.4
Females	21.8	40.6	27.8
Persons	23.4	42.1	29.1
1999			
Males	29.4	46.5	35.0
Females	25.6	41.9	30.7
Persons	27.5	44.3	32.9
2002			
Males	27.1	44.1	32.6
Females	21.8	47.0	29.8
Persons	24.5	45.5	31.2

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Table 37: Proportion of all students reporting harmful alcohol consumption in the week prior to survey, by age and sex, ACT 1996, 1999 & 2002.

	Males (%)			Females (%)		
	1996	1999	2002	1996	1999	2002
12 years	**	**	**	-	**	-
13 years	**	**	**	**	**	**
14 years	**	**	**	**	8.3*	**
15 years	8.5*	9.4*	**	9.5*	13.7*	**
16 years	17.1*	11.6*	17.9*	9.8*	15.7*	16.3*
17 years	19.1*	20.2*	16.9*	15.5*	14.2*	13.6*

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 38: Proportion of recent drinkers reporting harmful alcohol consumption, by age group and sex, ACT 1999 & 2002.

	12-15 years (%)		16-17 years (%)	
	1999	2002	1999	2002
Males	15.9*	18.3*	34.0	39.6
Females	24.2*	21.3*	35.7	32.0
Persons	19.7	19.7*	34.8	35.7

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 39: Number of drinks consumed, on any one occasion, in the last two weeks, by age group, ACT 2002 (%).

Number of drinks consumed:	Age group	(%)
11 or more drinks on any one occasion	12-15 years	11.0
	16-17 years	17.7
7 or more drinks on any one occasion	12-15 years	17.0
	16-17 years	29.8
5 or more drinks on any one occasion	12-15 years	29.0
	16-17 years	44.8

Source: 2002 ASSAD, confidential unit record file, ACT Health.

Table 40: Number of drinks consumed in the last two weeks, by frequency of occasions, ACT 2002 (%).

Number of of times in last two weeks had:		(%)
11 or more drinks on any one occasion	None	86.5
	Once	5.8
	Twice	3.0*
	3-6 times	2.2*
	7-9 times	**
	10 or more times	2.1*
7 or more drinks on any one occasion	None	78.2
	Once	9.3
	Twice	5.4
	3-6 times	3.4*
	7-9 times	1.5*
	10 or more times	2.3*
5 or more drinks on any one occasion	None	65.1
	Once	15.4
	Twice	8.5
	3-6 times	4.5*
	7-9 times	2.6*
	10 or more times	3.9*

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 41: Self-described drinking status, ACT 1996, 1999 & 2002 (%).

	1996	1999	2002
Non-drinkers	50.8	44.3	47.4
Occasional drinkers	24.1	27.8	27.4
Light drinkers	4.6	4.9	4.4
Party drinkers	19.0	21.1	19.2
Heavy drinkers	1.5*	1.9*	1.6*

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 42: Self-described drinking status, by number of drinks consumed, at least once, on any one occasion, in the last two weeks, ACT 2002 (%).

	Consumed 5 or more drinks	Consumed 7 or more drinks	Consumed 11 or more drinks
Non-drinkers	4.6*	**	**
Occasional drinkers	28.7	11.9*	6.8*
Light drinkers	56.4	28.8*	22.1*
Party drinkers	73.7	56.1	34.9
Heavy drinkers	100.0	94.3	85.8

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 43: Drinking status by source of last alcoholic drink, ACT 2002 (%).

Drinking status:		(%)
Lifetime (Ever drank)	Purchased last drink from a retailer	5.6
	Did not purchase last drink from a retailer	94.4
Recent	Purchased last drink from a retailer	8.8*
	Did not purchase last drink from a retailer	91.2
Harmful	Purchased last drink from a retailer	20.6*
	Did not purchase last drink from a retailer	79.4

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 44: Proportion of students reporting that they had tried to purchase alcohol from a retailer at least once, ACT 1996, 1999 & 2002.

	1996	1999	2002
Yes, I have tried to purchase alcohol from a retailer	21.3	22.8	16.7
No, I have not tried to purchase alcohol from a retailer	78.7	77.2	83.3

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Table 45: Reported source of last alcoholic drink, ACT 1996, 1999 & 2002 (%).

	1996	1999	2002
Purchased last drink from a retailer	8.9	6.6	5.6
Did not purchase last drink from a retailer	91.1	93.4	94.4

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Table 46: Proportion of students reporting whether they had been refused when trying to purchase alcohol from a retailer, ACT 1996, 1999 & 2002.

	1996	1999	2002
Refused at least once or twice when trying to purchase from a retailer	67.6	70.0	67.6
Never refused alcohol when trying to purchase from a retailer	32.4	30.0	32.4

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Table 47: Mean number of drinks consumed by students in the week prior to survey, by sex, ACT 2002.

	Males	Females	Persons
Recent drinkers	9.5	6.1	7.9
Harmful drinkers	24.4	15.3	20.2

Source: 2002 ASSAD, confidential unit record file, ACT Health.

Table 48: Recent and harmful drinkers by preferred alcoholic drinks, ACT 2002 (%).

Drinker status:		(%)
Recent drinker	Ordinary beer	30.4
	Low alc beer	5.4*
	Wine	12.9
	Wine cooler	4.3*
	Champagne/sparkling wine	6.3*
	Alc apple cider	4.8*
	Alc sodas	5.8*
	Premixed spirits	36.6
	Spirits	46.8
	Liqueurs	12.3
	Other unspecified	**
	Port/sherry	**
	Cocktail/punch	**
	Other specified	**
Harmful drinker	Ordinary beer	30.0
	Low alc beer	**
	Wine	**
	Wine cooler	**
	Champagne/sparkling wine	**
	Alc apple cider	**
	Alc sodas	**
	Premixed spirits	41.3
	Spirits	58.2
Liqueurs	15.7*	

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 49: Recent, and harmful drinkers by place where student drank last alcoholic drink, ACT 2002 (%).

Where student drank last alcoholic drink		(%)
Recent drinker	Beach/park/recreation area	5.0*
	Hotel/bar/pub/tavern/RSL club	2.8*
	Dance venue/dance party	**
	Nightclub	**
	Party	31.7
	Restaurant	**
	Sporting event	**
	Sports club	**
	at school	**
	at home	32.0
	at friend's home	14.0
	in a car	**
	other unspecified	**
	at traditional celebration	**
	other function	**
	other adults/relations home	**
	public area/place	**
	at work	**
	Other specified	**
	Harmful drinker	Beach/park/recreation area
Hotel/bar/pub/tavern/RSL club		**
Dance venue/dance party		**
Nightclub		**
Party		43.6
Restaurant		**
Sporting event		**
Sports club		-
at school		**
at home		13.3*
at friend's home		19.6*
in a car		**
other unspecified		-
at traditional celebration		-
other function		-
other adults/relations home		**
public area/place		**
at work		**
Other specified		**

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 50: Recent, and harmful drinkers' attitudes to drinking, ACT 2002 (%).

Agree or strongly agree that:		(%)
Recent drinkers	Occasionally getting drunk is no problem	67.8
	Drinking is the best way of relaxing	52.7
	Drinking is the best way to get to know people	51.0
	Drinking makes you part of the group	32.8
	You can have a good party without alcohol	74.1
	Drinkers are usually more popular	35.4
Harmful drinkers	Occasionally getting drunk is no problem	75.3
	Drinking is the best way of relaxing	56.3
	Drinking is the best way to get to know people	64.9
	Drinking makes you part of the group	39.2
	You can have a good party without alcohol	68.6
	Drinkers are usually more popular	39.7

Source: 2002 ASSAD, confidential unit record file, ACT Health.

Table 51: Student attitudes to drinking, by age group, ACT 2002 (%).

Agree or strongly agree that:		(%)
12-15 years	Occasionally getting drunk is no problem	38.2
	Drinking is the best way of relaxing	31.4
	Drinking is the best way to get to know people	25.9
	Drinking makes you part of the group	22.0
	You can have a good party without alcohol	82.9
	Drinkers are usually more popular	31.0
16-17 years	Occasionally getting drunk is no problem	57.2
	Drinking is the best way of relaxing	37.3
	Drinking is the best way to get to know people	38.2
	Drinking makes you part of the group	26.1
	You can have a good party without alcohol	78.0
	Drinkers are usually more popular	27.1

Source: 2002 ASSAD, confidential unit record file, ACT Health.

Table 52: Perceived danger in having five or more drinks of beer, wine or spirits in a row, by sex, ACT 2002 (%).

Level of perceived danger:		(%)
Males	Not dangerous	18.3
	A little dangerous	41.2
	Very dangerous	34.5
	Don't know	6.0*
Females	Not dangerous	10.3
	A little dangerous	40.6
	Very dangerous	45.0
	Don't know	4.0*

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 53: Recent and harmful drinkers by perceived danger in having five or more drinks of beer, wine or spirits in a row, ACT 2002 (%).

Level of perceived danger:		(%)
Recent drinkers	Not dangerous	25.5
	A little dangerous	50.8
	Very dangerous	19.4
	Don't know	4.3*
Harmful drinkers	Not dangerous	30.2
	A little dangerous	49.4
	Very dangerous	15.1*
	Don't know	**

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 54: Recent and harmful drinkers having received at least part of a lesson in class on alcohol in the previous 12 months, by age, ACT 1996, 1999 & 2002 (%).

	Recent drinkers			Harmful drinkers		
	1996	1999	2002	1996	1999	2002
12 years	68.9*	77.5	74.3*	-	-	-
13 years	87.6	76.1	85.5	**	80.2*	-
14 years	77.5	86.0	83.9	-	92.7	-
15 years	76.0	84.6	92.1	75.1	86.4	82.8
16 years	76.2	86.1	85.2	75.5	89.4	82.2
17 years	67.0	70.8	78.6	64.2	67.5	76.0
All ages	75.2	81.0	83.9	72.8	82.1	84.3

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

TOBACCO USE

Table 55: Ever smoked, by age, ACT 2002 (%).

	Students' age in years						All ages
	12	13	14	15	16	17	
no	73.9	70.2	55.1	46.5	40.9	36.5	54.1
yes, few puffs	16.1*	17.4*	18.3	20.3	18.0	25.9	19.2
yes, <10 cig	**	**	7.4*	7.3*	14.0*	13.8*	8.2
yes, >10 cig	**	5.7*	9.6*	13.7*	14.9*	8.8*	9.9
yes, >100 cigs	**	**	9.6*	12.1*	12.2*	15.0*	8.6

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 56: Ever smoked, by sex and age group, ACT 1996, 1999 & 2002 (%).

	Males			Females			Persons		
	1996	1999	2002	1996	1999	2002	1996	1999	2002
12-15 years	48.4	46.1	39.9	50.6	49.5	37.3	49.5	47.8	38.6
16-17 years	69.8	65.3	55.3	70.0	67.3	67.4	69.9	66.3	61.2
All ages (12-17 years)	54.6	52.4	44.9	56.8	55.1	46.9	55.7	53.7	45.9

Source: 1996, 1999 & 2002 ASSAD, confidential unit record file, ACT Health.

Table 57: Smoked in the last 12 months, by age and sex, ACT 1996, 1999 & 2002 (%).

	Males			Females		
	1996	1999	2002	1996	1999	2002
12 years	17.8*	18.9*	29.7*	20.4*	18.6*	**
13 years	29.4	29.4	15.0*	33.6	31.7	21.3*
14 years	37.1	37.5	31.8	46.7	43.9	33.3
15 years	35.9	39.9	33.9	54.0	58.6	43.1
16 years	44.2	48.0	34.9	54.3	52.2	48.6
17 years	43.4	44.3	35.5	53.8	50.3	45.0

Source: 1996, 1999 & 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 58: Smoked in the last 12 months, ACT 1996, 1999 & 2002 (%).

Year	(%)
1996	38.7
1999	39.2
2002	31.8

Source: 1996, 1999 & 2002 ASSAD, confidential unit record file, ACT Health.

Table 59: Smoked in the last four weeks, by age group and sex, ACT 1996, 1999 & 2002 (%).

	Males			Females		
	1996	1999	2002	1996	1999	2002
12-15 years	16.9	16.8	14.8	24.5	22.2	15.2
16-17 years	28.8	30.9	20.9	38.1	35.5	25.3
All ages (12-17 years)	20.3	21.4	16.8	28.8	26.3	18.4

Source: 1996, 1999 & 2002 ASSAD, confidential unit record file, ACT Health.

Table 60: Smoked in the last four weeks, ACT 1996, 1999 & 2002 (%).

Year	(%)
1996	24.6
1999	23.8
2002	17.6

Source: 1996, 1999 & 2002 ASSAD, confidential unit record file, ACT Health.

Table 61: Smoked in the last week, by age group and sex, ACT 1996, 1999 & 2002 (%).

	Males			Females			Persons		
	1996	1999	2002	1996	1999	2002	1996	1999	2002
12-15 years	13.7	14.1	14.4	20.3	18.5	13.8	16.9	16.3	14.1
16-17 years	24.9	26.6	15.1	32.0	32.2	20.6	28.6	29.3	17.8
All ages (12-17 years)	16.9	18.2	14.6	24.0	22.8	16.0	20.4	20.5	15.3

Source: 1996, 1999 & 2002 ASSAD, confidential unit record file, ACT Health.

Table 62: Students' self-described smoking status, ACT 1996, 1999 & 2002 (%).

	1996	1999	2002
chain smoker	1.2*	0.9*	-
heavy smoker	5.1	4.5	4.1
light smoker	7.5	6.0	5.4
occasional smoker	9.7	10.2	7.8
ex-smoker	5.6	6.7	4.9
non-smoker	70.9	71.6	77.8

Source: 1996, 1999 & 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

- category not included in 2002 survey questionnaire.

Table 63: Recent, or current smokers by self-described smoking status, ACT 2002 (%).

	(%)
heavy smoker	23.7
light smoker	33.3
occasional smoker	29.7
ex-smoker	6.8*
non-smoker	6.5*

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 64: Quantity of tobacco used in the last week, ACT 1996, 1999 & 2002 (%).

	1996	1999	2002
7 cigarettes or less	34.5	39.0	42.6
8-25 cigarettes	23.7	22.0	21.3
26-50 cigarettes	18.2	19.0	16.6*
51-100 cigarettes	19.4	13.9	14.4*
more than 100 cigars	4.3*	6.1*	**

Source: 1996, 1999 & 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 65: Average (mean) number of cigarettes smoked by recent, or current smokers, by sex, ACT 1996, 1999 & 2002.

	1996	1999	2002
Males	37	30	30
Females	26	27	28
Persons	31	28	29

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Table 66: Average (mean) and median number of cigarettes smoked in the last week by 'heavy smokers', ACT 1996, 1999 & 2002.

	M e d i a n	M e a n
1 9 9 6	5 7	5 8
1 9 9 9	5 9	6 3
2 0 0 2	7 0	7 4

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Table 67: Recent, or current smokers' preferred pack size of cigarettes, by sex, ACT 2002 (%).

Pack size:	Males	Females	Persons
Packs of 20s	32.9*	24.4*	28.6
Packs of 25s	45.0	39.5	42.3
Packs of 30s	**	21.6*	14.6*
Packs of 35s	**	**	**
Packs of 40s	**	10.6*	9.7*
Packs of 50s	**	**	**

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 68: 'Heavy smokers' preferred brands of cigarettes, by sex, ACT 2002 (%).

	(%)
Winfield	42.7*
Longbeach	35.0*
Benson & Hedges	32.3*
Dunhill	24.2*
Peter Jackson	20.6*

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 69: Recent, or current smokers' preferred pack size of cigarettes, by age group, ACT 2002 (%).

Pack Size:	12-15 years	16-17 years	All ages
Packs of 20s	32.2	22.6*	28.6
Packs of 25s	40.0	46.2	42.3
Packs of 30s	13.1*	17.2*	14.6*
Packs of 35s	**	0.0	**
Packs of 40s	10.9*	**	9.7*
Packs of 50s	**	**	**

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 70: Recent or current smokers source of last cigarette, ACT 1996, 1999 & 2002 (%).

	2002	1999	1996
Did not buy - Parents gave	7.5*	6.8*	4.1*
Did not buy - Brother/sister gave	5.9*	6.1*	5.3*
Did not buy - Took from home without permission	6.5*	**	3.2*
Did not buy - Friends gave to me	36.5	42.7	42.1
Did not buy - other relative gave	**	**	0.0
Did not buy - found or stole	**	**	**
Did not buy - got someone to buy for me	21.0	20.9	15.7
Did not buy - other	**	**	3.0*
Total Not Bought	80.9	81.6	74.2
Bought at hotel/pub/bar/tavern/RSL	**	**	**
Bought at supermarket	5.6*	3.5*	4.7*
Bought at newsagency	**	**	**
Bought at tobacconist/tobacco shop	**	4.8*	4.5*
Bought at takeaway food shop	**	**	3.8*
Bought at petrol station	**	4.5*	7.2*
Bought through internet	**	0.0	0.0
Bought from friends	**	**	**
Bought - other	**	**	**
Total Bought^(a)	19.1	18.4	25.8

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

(a) Student bought or purchased from a retailer themselves.

Table 71: Proportion of recent or current smokers who bought their last cigarette from a retailer themselves, by age group, ACT 1996, 1999 & 2002.

	12-15 years	16-17 years	All ages
1996	20.3*	32.8	25.8
1999	11.0*	27.4	18.4
2002	17.2*	22.2*	19.1

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 72: 'Heavy smokers' by source of last cigarette, ACT 2002 (%).

	(%)
Bought from a retailer myself	22.5*
Did not buy from a retailer myself	77.5

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 73: Recent or current smokers and 'heavy smokers' who bought a single cigarette or cigarettes not in a full packet (from any source), in the last four weeks, ACT 1996, 1999 & 2002 (%).

	Recent or current smokers	'Heavy smokers'
1996	21.3	24.1*
1999	35.8	48.0
2002	40.4	53.4

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 74: From whom recent or current smokers and 'heavy smokers' bought their last single cigarette or cigarettes that were not in a full packet, ACT 2002 (%).

	Recent or current smokers	'Heavy smokers'
A shop	**	**
Friend/relative	73.5	69.8
Someone else	19.7*	**

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 75: 'When you have tried to buy cigarettes, has a retailer ever refused to sell cigarettes to you?', ACT 1996, 1999 & 2002 (%).

		(%)
1996	No never	35.7
	Yes, once or twice	52.9
	Yes, frequently	11.4
1999	No never	34.8
	Yes, once or twice	55.9
	Yes, frequently	9.3*
2002	No never	37.8
	Yes, once or twice	50.4
	Yes, frequently	11.8*

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 76: 'Have you ever been asked to provide proof of your age when buying cigarettes?', by age group, ACT 2002 (%).

		(%)
12-15 years	No, I have never been asked for proof of my age	40.9*
	Yes, I have been asked for proof of my age once or twice	48.4
	Yes, I have frequently been asked for proof of my age	**
16-17 years	No, I have never been asked for proof of my age	32.8*
	Yes, I have been asked for proof of my age once or twice	43.2
	Yes, I have frequently been asked for proof of my age	24.0*
All ages (12-17 years)	No, I have never been asked for proof of my age	36.7
	Yes, I have been asked for proof of my age once or twice	45.7
	Yes, I have frequently been asked for proof of my age	17.7*

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 77: Recent, or current smokers and 'heavy smokers' attitudes to cigarettes, agreeing or strongly agreeing, ACT 2002 (%).

Source: 2002 ASSAD, confidential unit record file, ACT Health.

	Recent or current smokers	'Heavy smokers'
Passive smoking can affect your health	86.8	63.3
Smokers are usually more popular	39.0	41.1*
People who smoke seem more mature	14.5*	**

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 78: Student attitudes to cigarettes, agreeing or strongly agreeing by age group, ACT 2002 (%).

	12-15 Years	16-17 Years
Passive smoking can affect your health	87.2	90.6
Smokers are usually more popular	30.9	22.8
People who smoke seem more mature	10.6	5.1*

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 79: Student perceptions of danger associated with smoking cigarettes, by age group and sex, ACT 2002 (%).

			(%)
How much danger would you see for yourself in smoking less than 10 cigarettes every day?	Male	Not dangerous	6.8*
		A little dangerous	37.6
		Very dangerous	47.7
		Don't know	7.8
	Female	Not dangerous	4.6*
		A little dangerous	39.7
		Very dangerous	49.9
		Don't know	5.8*
	Persons	Not dangerous	5.7
		A little dangerous	38.7
		Very dangerous	48.9
		Don't know	6.8
	12-15 Years	Not dangerous	5.7*
		A little dangerous	38.4
		Very dangerous	48.8
		Don't know	7.2
16-17 Years	Not dangerous	5.7*	
	A little dangerous	39.2	
	Very dangerous	49.1	
	Don't know	6.0*	
How much danger would you see for yourself in smoking more than 20 cigarettes a day?	Male	Not dangerous	3.9*
		A little dangerous	7.1
		Very dangerous	83.3
		Don't know	5.7*
	Female	Not dangerous	**
		A little dangerous	7.2*
		Very dangerous	88.9
		Don't know	2.0*
	Persons	Not dangerous	2.9*
		A little dangerous	7.2
		Very dangerous	86.2
		Don't know	3.8
	12-15 Years	Not dangerous	2.2*
		A little dangerous	7.1
		Very dangerous	86.5
		Don't know	4.2*
16-17 Years	Not dangerous	4.2*	
	A little dangerous	7.3*	
	Very dangerous	85.6	
	Don't know	2.9*	

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 80: Recent, or current smokers - 'Do you think you will be smoking cigarettes this time next year?', by age group and sex, ACT 2002 (%).

		(%)
12-15 years	unlikely	24.9*
	likely	49.8
	not sure how likely	25.2*
16-17 years	unlikely	20.6*
	likely	40.6
	not sure how likely	38.8
Males	unlikely	28.8*
	likely	49.2
	not sure how likely	22.0*
Females	unlikely	18.4*
	likely	43.8
	not sure how likely	37.8
Persons	unlikely	23.3
	likely	46.3
	not sure how likely	30.3

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

OTHER (INCLUDING ILLICIT) SUBSTANCE USE

Table 81: Analgesics: Proportion of students according to recency of use by age group and gender, ACT 1999 & 2002 (%).

Age Group		Lifetime use		Year		Four Weeks		Week	
		1999	2002	1999	2002	1999	2002	1999	2002
12-15 year olds	Total	96.5	92.0	94.2	87.7	72.5	66.3	40.4	41.8
	Male	94.7	87.7	91.3	82.9	67.1	59.9	33.8	34.7
	Female	98.3	96.3	97.3	92.4	78.1	72.6	47.0	48.6
16-17 year olds	Total	96.9	96.0	93.7	92.6	73.7	72.5	42.2	43.4
	Male	96.0	95.0	91.8	89.5	67.4	64.5	36.5	38.8
	Female	97.8	97.0	95.9	95.7	80.6	80.7	48.5	48.2
All Students	Total	96.6	93.3	94.1	89.2	72.9	68.3	41.0	42.4
	Male	95.1	90.1	91.4	85.1	67.2	61.4	34.7	36.1
	Female	98.1	96.6	96.8	93.5	78.9	75.2	47.5	48.5

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Table 82: Tranquillisers: Proportion of students according to recency of use by age group and gender, ACT 1999 & 2002 (%).

Age Group		Lifetime use		Year		Four Weeks		Week	
		1999	2002	1999	2002	1999	2002	1999	2002
12-15 year olds	Total	19.7	15.3	11.0	10.1	4.6*	4.3*	2.6*	**
	Male	18.2	13.6	9.4	8.2*	4.4*	3.7*	2.9*	**
	Female	21.1	17.0	12.7	12.0	4.8*	4.9*	**	**
16-17 year olds	Total	18.0	14.5	10.8	8.5*	4.0*	4.4*	2.1*	**
	Male	18.9	13.1*	10.5*	8.0*	4.7*	4.2*	**	**
	Female	17.0	15.9*	11.2*	9.0*	**	**	**	**
All Students	Total	19.1	15.1	11.0	9.6	4.4	4.3	2.4*	1.7*
	Male	18.4	13.4	9.8	8.1	4.5*	3.8*	2.7*	**
	Female	19.8	16.7	12.2	11.1	4.3*	4.8*	2.0*	**

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 83: Cannabis: Proportion of students according to recency of use by age group and gender, ACT 1999 & 2002 (%).

Age Group		Lifetime use		Year		Four Weeks		Week	
		1999	2002	1999	2002	1999	2002	1999	2002
12-15 year olds	Total	26.7	21.7	23.1	19.7	13.7	9.9	7.1	7.5
	Male	26.8	27.1	23.2	24.7	14.6	12.6	9.8	9.6*
	Female	26.7	16.2	22.9	14.9	12.7	7.4*	4.4*	5.4*
16-17 year olds	Total	47.8	41.7	40.8	33.8	21.5	16.4	12.1	7.7*
	Male	49.0	39.3	40.0	31.7	21.6	16.7	12.9	9.5*
	Female	46.4	44.3	41.8	36.0	21.4	16.0*	11.3*	5.8*
All Students	Total	33.5	28.1	28.8	24.3	16.2	12.0	8.8	7.6
	Male	34.1	31.1	28.8	27.0	16.9	14.0	10.9	9.6
	Female	32.9	25.1	28.8	21.5	15.4	10.1	6.6	5.6*

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 84: Inhalants: Proportion of students according to recency of use by age group and gender, ACT 1999 & 2002 (%).

Age Group		Lifetime use		Year		Four Weeks		Week	
		1999	2002	1999	2002	1999	2002	1999	2002
12-15 year olds	Total	30.3	23.4	24.3	16.6	13.3	11.1	8.3	8.3
	Male	27.5	25.0	21.4	17.1	13.2	11.3*	8.6	8.5*
	Female	33.2	21.9	27.3	16.1	13.4	10.8*	7.9*	8.2*
16-17 year olds	Total	14.0	11.6	8.9	5.3*	3.9*	3.4*	2.5*	**
	Male	14.2	13.2*	7.7*	7.9*	3.7*	5.6*	**	**
	Female	13.9	10.0*	10.2*	2.6*	4.2*	**	**	**
All Students	Total	25.1	19.6	19.4	13.0	10.3	8.6	6.4	6.2
	Male	23.2	21.1	16.9	14.1	10.1	9.4	6.6	6.6*
	Female	27.1	18.1	22.0	11.8	10.6	7.7	6.2	5.8*

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 85: Hallucinogens: Proportion of students according to recency of use by age group and gender, ACT 1999 & 2002 (%).

Age Group		Lifetime use		Year		Four Weeks		Week	
		1999	2002	1999	2002	1999	2002	1999	2002
12-15 year olds	Total	6.3	2.8*	5.1	2.0*	3.0*	**	2.1*	0.9*
	Male	7.1*	**	5.6*	**	4.2*	**	2.9*	**
	Female	5.4*	**	4.5*	**	**	**	**	**
16-17 year olds	Total	8.9	6.5*	5.9*	4.8*	2.1*	**	**	**
	Male	9.7*	9.7*	6.9*	7.7*	3.6*	**	**	**
	Female	8.1*	**	4.8*	**	**	**	-	-
All Students	Total	7.1	4.0	5.3	2.9*	2.7*	1.4*	1.7*	1.1*
	Male	7.9	5.3*	6.0	3.9*	4.0*	2.1*	2.6*	**
	Female	6.3	2.7*	4.6*	**	**	**	**	**

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 86: Amphetamines: Proportion of students according to recency of use by age group and gender, ACT 1999 & 2002 (%).

Age Group		Lifetime use		Year		Four Weeks		Week	
		1999	2002	1999	2002	1999	2002	1999	2002
12-15 year olds	Total	7.0	5.4*	5.4	4.6*	3.2*	3.1*	2.2*	2.3*
	Male	8.5	6.5*	6.5*	5.3*	4.3*	4.2*	2.8*	3.5*
	Female	5.5*	4.4*	4.3*	3.9*	**	**	**	**
16-17 year olds	Total	9.0	7.4*	6.9	6.0*	3.2*	3.4*	**	**
	Male	10*	10.3*	7.4*	8.6*	3.4*	6.0*	**	**
	Female	8.0*	**	6.2*	**	**	**	**	-
All Students	Total	7.7	6.1	5.9	5.0	3.2	3.2*	2.0*	2.0*
	Male	9.0	7.8	6.8	6.4*	4.0*	4.8*	2.5*	3.2*
	Female	6.3	4.4*	4.9*	3.7*	2.3*	**	**	**

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 87: Steroids: Proportion of students according to recency of use by age group and gender, ACT 1999 & 2002 (%).

Age Group		Lifetime use		Year		Four Weeks		Week	
		1999	2002	1999	2002	1999	2002	1999	2002
12-15 year olds	Total	4.5*	4.7*	3.5*	3.8*	2.1*	3.3*	1.6*	3.0*
	Male	5.1*	7.7*	4.4*	6.0*	3.0*	5.8*	**	5.4*
	Female	3.8*	**	2.5*	**	**	**	**	**
16-17 year olds	Total	2.0*	2.9*	**	**	**	**	**	**
	Male	3.2*	4.6*	**	**	**	**	**	**
	Female	**	**	**	**	**	-	-	-
All Students	Total	3.7	4.1	2.8	3.1*	1.7*	2.6*	1.3*	2.4*
	Male	4.5*	6.6	3.8*	5.0*	2.5*	4.6*	1.8*	4.4*
	Female	2.8*	**	1.8*	**	**	**	**	**

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 88: Opiates: Proportion of students according to recency of use by age group and gender, ACT 1999 & 2002 (%).

Age Group		Lifetime use		Year		Four Weeks		Week	
		1999	2002	1999	2002	1999	2002	1999	2002
12-15 year olds	Total	4.6*	2.8*	3.6*	1.8*	2.2*	**	1.6*	**
	Male	4.3*	**	3.2*	**	2.4*	**	**	**
	Female	4.8*	**	4.1*	**	**	**	**	**
16-17 year olds	Total	2.9*	**	2.3*	**	**	**	**	**
	Male	3.5*	4.0*	3.2*	**	**	**	**	**
	Female	**	-	**	-	**	-	**	-
All Students	Total	4.0	2.5*	3.2	1.8*	1.3*	1.1*	1.3*	**
	Male	4.1*	3.1*	3.2*	2.2*	1.5*	**	1.5*	**
	Female	4.0*	2.0*	3.2*	**	**	**	**	**

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 89: Cocaine: Proportion of students according to recency of use by age group and gender, ACT 1999 & 2002 (%).

Age Group		Lifetime use		Year		Four Weeks		Week	
		1999	2002	1999	2002	1999	2002	1999	2002
12-15 year olds	Total	5.2	3.1*	3.7*	1.8*	2.4*	**	2.0*	**
	Male	5.6*	3.6*	3.9*	**	3.0*	**	**	**
	Female	4.7*	**	3.5*	**	**	**	**	**
16-17 year olds	Total	3.8*	3.9*	2.8*	2.8*	**	**	**	**
	Male	5.5*	6.2*	4.2*	5*	**	**	**	**
	Female	**	**	**	**	**	-	**	-
All Students	Total	4.7	3.4*	3.4	2.2*	2.0*	1.2*	1.6*	**
	Male	5.6	4.4*	4.0*	2.7*	2.6*	**	2.0*	**
	Female	3.8*	2.3*	2.9*	**	**	**	**	**

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 90: Ecstasy: Proportion of students according to recency of use by age group and gender, ACT 1999 & 2002 (%).

Age Group		Lifetime use		Year		Four Weeks		Week	
		1999	2002	1999	2002	1999	2002	1999	2002
12-15 year olds	Total	4.1*	4.4*	3.3*	3.7*	2.4*	1.9*	1.8*	**
	Male	5.0*	6.0*	4.2*	4.9*	3.1*	**	2.3*	**
	Female	3.2*	**	**	**	**	**	**	**
16-17 year olds	Total	5.6*	7.2*	4.4*	4.5*	1.9*	3.1*	**	**
	Male	6.3*	9.5*	5.5*	6.1*	**	5.2*	**	**
	Female	4.8*	**	**	**	**	**	**	-
All Students	Total	4.5	5.3	3.7	4.0	2.2*	2.3*	1.5*	1.5*
	Male	5.4	7.2	4.6*	5.3*	2.8*	3.5*	1.9*	2.6*
	Female	3.7*	3.5*	2.7*	2.7*	**	**	**	**

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 91: Needle use: Proportion of students according to recency of use by age group and gender, ACT 2002 (%).

Age Group		Lifetime	Year	Four Weeks	Week
12-15 year olds	Total	4.6*	3.1*	2.8*	**
	Male	6.4*	5.2*	4.9*	**
	Female	**	**	**	**
16-17 year olds	Total	3.0*	**	**	**
	Male	5.1*	**	**	**
	Female	**	**	**	**
All Students	Total	4.1	2.8*	2.5*	1.5*
	Male	6.0*	4.7*	4.4*	2.5*
	Female	2.3*	**	**	**

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 92: Information on cannabis use by students who had reported using cannabis in the last 12 months, ACT 2002 (%).

Places where students smoked cannabis	Age		
	12-15 year olds	16-17 year olds	All ages
Males			
At my friend's place	38.2	33.0*	36.1
At a party	16.9*	17.9*	17.3*
In a park	13.5*	13.9*	13.6*
At my home	**	11.6*	9.0*
On school grounds during school time	13.0*	13.5*	13.2*
Females			
At my friend's place	32.2*	30.6*	31.4
At a party	21.8*	35.4	29.0
In a park	**	15.3*	14.1*
At my home	**	**	11.2*
On school grounds during school time	**	**	**
Persons			
At my friend's place	35.8	31.7*	33.9
At a party	18.9*	27.2	22.7
In a park	13.2*	14.6*	13.8
At my home	9.3*	10.9*	10.0*
On school grounds during school time	10.8*	8.1*	9.5*
Method of using cannabis			
	12-15 year olds	16-17 year olds	All ages
Males			
Smoking from a bong or pipe	64.8	61.6	63.5
smoking as a joint	33.8*	37.2	35.1
Females			
Smoking from a bong or pipe	66.7	68.5	67.7
smoking as a joint	31.4*	30.3*	30.8
Persons			
Smoking from a bong or pipe	65.5	65.2	65.4
smoking as a joint	32.9*	33.5	33.2
With whom students used cannabis			
	12-15 year olds	16-17 year olds	All ages
Males			
With others	83.2	83.3	83.3
By myself and with others equully often	16.4*	15.3*	16.0*
Females			
With others	89.1	96.6	93.0
By myself and with others equully often	**	**	**
Persons			
With others	85.5	90.2	87.6
By myself and with others equully often	14.0*	9.1*	12.0*

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 93: Frequency of use of other substances by sex, ACT 2002 (%).

	Males	Females	Persons		Males	Females	Persons
Analgesics				Amphetamines - Last year			
Last year				Once or twice	33.9*	54.4*	41.8*
Once or twice	14.2	9.3	11.7	3-5 times	**	**	19.1*
3-5 times	19.2	15.3	17.1	6-9 times	**	**	**
6-9 times	22.3	20.8	21.5	10-19 times	**	**	**
10-19 times	22.5	27.0	24.8	20-39 times	**	**	**
20-39 times	12.5	18.7	15.7	40 or more times	31.4*	**	20.1*
40 or more times	9.3	9.0	9.1	Steroids - Lifetime			
Last week				Once or twice	**	**	**
Once or twice	68.3	72.5	70.8	3-5 times	**	**	**
3-5 times	20.7	17.3	18.8	6-9 times	**	**	**
6-9 times	6.2*	7.7*	7.1*	10-19 times	**	**	**
10-19 times	**	**	**	20-39 times	**	**	**
20-39 times	**	**	**	40 or more times	64.1	-	51.5*
40 or more times	**	**	**	Opiates - Lifetime			
Tranquillisers				Once or twice	**	51.6*	41.8*
Last year				3-5 times	**	**	**
Once or twice	42.5*	48.6	46.3	6-9 times	**	**	**
3-5 times	25.0*	21.5*	22.8*	10-19 times	**	**	**
6-9 times	20.1*	18.2*	18.9*	20-39 times	-	-	-
10-19 times	**	**	**	40 or more times	**	**	**
20-39 times	**	**	**	Cocaine - Lifetime			
40 or more times	**	**	**	Once or twice	37.5*	54.8*	43.9*
Cannabis				3-5 times	**	**	**
Last year				6-9 times	**	**	**
Once or twice	29.2	44.6	36.2	10-19 times	**	-	**
3-5 times	24.2	19.3*	22.0	20-39 times	-	-	-
6-9 times	10.3*	10.7*	10.5*	40 or more times	43.0*	**	30.1*
10-19 times	13.6*	11.2*	12.5*	Ecstasy - Lifetime			
20-39 times	**	**	5.3*	Once or twice	45.6*	38.9*	43.3*
40 or more times	18.5*	7.7*	13.6	3-5 times	**	31.9*	**
Last week				6-9 times	**	**	**
Once or twice	43.6	52.3*	46.8	10-19 times	**	**	**
3-5 times	**	34.8*	19.7*	20-39 times	**	**	**
6-9 times	**	**	**	40 or more times	28.8*	**	19.7*
10-19 times	**	**	**	Needle use - Lifetime			
20-39 times	**	-	**	Once or twice	22.1*	**	31.0*
40 or more times	22.3*	**	15.3*	3-5 times	**	**	**
Inhalants - Last Year				6-9 times	**	**	**
Once or twice	35.3*	49.3	41.9	10-19 times	-	-	-
3-5 times	32.6*	19.7*	26.5*	20-39 times	-	-	-
6-9 times	**	**	9.7*	40 or more times	**	-	**
10-19 times	**	**	10.0*	Hallucinogens - Lifetime			
20-39 times	**	**	**	Once or twice	45.2*	61.3*	51.2
40 or more times	15.6*	**	10.2*	3-5 times	27.8*	**	23.6*
Hallucinogens - Lifetime				6-9 times	**	**	**
Once or twice	45.2*	61.3*	51.2	10-19 times	**	**	**
3-5 times	27.8*	**	23.6*	20-39 times	**	-	**
6-9 times	**	**	**	40 or more times	**	**	**
10-19 times	**	**	**				
20-39 times	**	-	**				
40 or more times	**	**	**				

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 94: Perceptions among secondary students on substance use by age group and sex, ACT 1999 & 2002 (%).

Perceiving as very dangerous:	Males		Females		Persons	
	1999	2002	1999	2002	1999	2002
12-15 year olds						
Sniffing glue, thinners or petrol regularly	45.9	53.6	41.4	53.7	43.7	53.6
Smoking marijuana regularly	53.9	63.6	65.7	74.3	59.8	69.2
Trying amphetamines (speed) occasionally	51.8	56.7	59.4	66.7	55.6	61.9
Trying LSD once or twice	35.0	43.1	41.5	47.4	38.2	45.3
Using ecstasy/designer drugs occasionally	63.8	69.8	71.1	75.0	67.4	72.5
Using ecstasy/designer drugs regularly	75.5	81.7	82.6	87.7	79.0	84.8
Using cocaine	77.1	76.5	78.9	85.7	78.0	81.3
Taking drugs like heroin or morphine once or twice	54.1	61.8	54.5	63.0	54.3	62.5
Taking drugs like heroin or morphine regularly	80.4	80.1	88.1	89.4	84.2	84.9
Using needles and syringes to inject drugs	67.6	79.2	73.6	87.7	70.6	83.7
16-17 year olds						
Sniffing glue, thinners or petrol regularly	60.2	68.3	64.1	67.8	62.1	68.1
Smoking marijuana regularly	48.1	54.6	56.4	56.8	52.1	55.6
Trying amphetamines (speed) occasionally	63.8	67.6	63.5	70.5	63.6	69.1
Trying LSD once or twice	47.5	52.7	51.7	56.2	49.5	54.4
Using ecstasy/designer drugs occasionally	68.6	73.0	75.9	75.8	72.1	74.4
Using ecstasy/designer drugs regularly	82.4	83.1	91.3	90.2	86.7	86.6
Using cocaine	81.2	81.4	91.9	89.3	86.3	85.3
Taking drugs like heroin or morphine once or twice	64.5	75.4	71.0	74.4	67.6	74.9
Taking drugs like heroin or morphine regularly	87.2	84.8	94.1	90.6	90.5	87.6
Using needles and syringes to inject drugs	77.4	82.3	85.8	87.6	81.4	84.9
All Ages						
Sniffing glue, thinners or petrol regularly	50.7	58.6	48.6	58.2	49.6	58.4
Smoking marijuana regularly	52	60.6	62.8	68.7	57.3	64.7
Trying amphetamines (speed) occasionally	55.8	60.4	60.7	67.9	58.2	64.2
Trying LSD once or twice	39.1	46.4	44.8	50.2	41.9	48.4
Using ecstasy/designer drugs occasionally	65.4	70.9	72.6	75.3	68.9	73.1
Using ecstasy/designer drugs regularly	77.8	82.2	85.4	88.5	81.5	85.4
Using cocaine	78.5	78.2	83	86.8	80.7	82.6
Taking drugs like heroin or morphine once or twice	57.5	66.4	59.7	66.6	58.6	66.5
Taking drugs like heroin or morphine regularly	82.6	81.7	90	89.8	86.2	85.8
Using needles and syringes to inject drugs	70.8	80.3	77.5	87.7	74.1	84.1

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Table 95: Perceptions on cannabis use among students who had ever/never used cannabis, by age group, ACT 2002 (%).

Use of cannabis	Perception on 'smoking marijuana regularly'	12-15 years		16-17 years	
		Very Dangerous	Not dangerous/other	Very dangerous	Not dangerous/other
Ever used cannabis	Very Dangerous	30.8	31.6		
	Not dangerous/other	69.2	68.4		
Never used cannabis	Very dangerous	79.1	72.4		
	Not dangerous/other	20.9	27.6		

Source: 2002 ASSAD, confidential unit record file, ACT Health.

Table 96: Perceptions on cannabis use among students who had ever/never used cannabis, by sex, ACT 2002 (%).

Use of cannabis	Perception on 'smoking marijuana regularly'	12-15 years			16-17 years		
		Males	Females	Persons	Males	Females	Persons
Ever used cannabis	Very Dangerous	29.5	33.2	31.2			
	Not dangerous/other	70.5	66.8	68.8			
Never used cannabis	Very dangerous	73.9	80.4	77.3			
	Not dangerous/other	26.1	19.6	22.7			

Source: 2002 ASSAD, confidential unit record file, ACT Health.

Table 97: Proportions, odds ratios (ORs), 95% confidence intervals (95%CI) and p-values where student perceptions of danger associated with other substance use were 'very dangerous', ACT 1999 & 2002 (%).

		12-15 year olds				16-17 year olds				All ages			
		%	OR	95% CI	Sig.	%	OR	95% CI	Sig.	%	OR	95% CI	Sig.
Taking two or three aspirins or other analgesics nearly every day													
Total	2002	45.9	1			46.9	1			46.2	1		
	1999	40.4	0.837	0.704-0.995	<0.05	44.0	0.892	0.723 - 1.100	NS	41.6	0.857	0.750 - 0.979	<0.05
Male	2002	41.1	1			48.5	1			43.6	1		
	1999	39.4	1.052	0.822-1.345	NS	41.6	0.769	0.583 - 1.014	NS	40.1	0.91	0.758 - 1.093	NS
Female	2002	50.3	1			45.2	1			48.7	1		
	1999	41.5	0.681	0.533-0.870	<0.05	46.6	1.085	0.785 - 1.499	NS	43.1	0.808	0.665 - 0.982	<0.05
Smoking marijuana regularly													
Total	2002	69.2	1			55.6	1			64.7	1		
	1999	59.8	0.678	0.564-0.815	<0.05	52.1	0.872	0.707 - 1.076	NS	57.3	0.759	0.661 - 0.871	<0.05
Male	2002	63.6	1			54.6	1			60.6	1		
	1999	53.9	0.699	0.544-0.898	<0.05	48.1	0.779	0.591 - 1.026	NS	52.0	0.737	0.612 - 0.886	<0.05
Female	2002	74.3	1			56.8	1			68.7	1		
	1999	65.7	0.653	0.497-0.858	<0.05	56.4	1.024	0.739 - 1.418	NS	62.8	0.789	0.641 - 0.972	<0.05
Sniffing glue, thinners or petrol regularly													
Total	2002	53.6	1			68.1	1			58.4	1		
	1999	43.7	0.644	0.542-0.765	<0.05	62.1	0.781	0.627 - 0.972	<0.05	49.6	0.691	0.604 - 0.792	<0.05
Male	2002	53.6	1			68.3	1			58.6	1		
	1999	45.9	0.761	0.597-0.971	<0.05	60.2	0.71	0.533 - 0.947	<0.05	50.7	0.736	0.611 - 0.886	<0.05
Female	2002	53.7	1			67.8	1			58.2	1		
	1999	41.4	0.554	0.434-0.709	<0.05	64.1	0.887	0.631 - 1.246	NS	48.6	0.646	0.530 - 0.789	<0.05
Trying amphetamines (speed) occasionally													
Total	2002	61.9	1			69.1	1			64.2	1		
	1999	55.6	0.828	0.696-0.986	<0.05	63.6	0.819	0.656 - 1.023	NS	58.2	0.819	0.714 - 0.939	<0.05
Male	2002	56.7	1			67.6	1			60.4	1		
	1999	51.8	0.931	0.730-1.188	NS	63.8	0.872	0.651 - 1.168	NS	55.8	0.899	0.746 - 1.083	NS
Female	2002	66.7	1			70.5	1			67.9	1		
	1999	59.4	0.74	0.575-0.941	<0.05	63.5	0.755	0.535 - 1.065	NS	60.7	0.742	0.606 - 0.909	<0.05
Trying LSD once or twice													
Total	2002	45.3	1			54.4	1			48.4	1		
	1999	38.2	0.716	0.602-0.852	<0.05	49.5	0.849	0.685 - 1.040	NS	41.9	0.764	0.668 - 0.873	<0.05
Male	2002	43.1	1			47.5	1			46.4	1		
	1999	35.0	0.712	0.555-0.913	<0.05	52.7	0.831	0.630 - 1.095	NS	39.1	0.758	0.630 - 1.033	<0.05
Female	2002	47.4	1			56.2	1			50.2	1		
	1999	41.5	0.736	0.576-0.940	<0.05	51.7	0.873	0.632 - 1.265	NS	44.8	0.782	0.646 - 0.951	<0.05
Using ecstasy/designer drugs occasionally													
Total	2002	72.5	1			74.4	1			73.1	1		
	1999	67.4	0.833	0.690-1.005	NS	72.1	0.923	0.729 - 1.169	NS	68.9	0.863	0.745 - 0.999	<0.05
Male	2002	69.8	1			73.0	1			70.9	1		
	1999	63.8	0.868	0.670-1.123	NS	68.6	0.84	0.619 - 1.139	NS	65.4	0.848	0.697 - 1.033	NS
Female	2002	75.0	1			75.8	1			75.3	1		
	1999	71.1	0.804	0.611-1.088	NS	75.9	1.051	0.722 - 1.530	NS	72.6	0.887	0.711 - 1.106	NS
Using ecstasy/designerdrugs regularly													
Total	2002	84.8	1			86.6	1			85.4	1		
	1999	79.0	0.736	0.588-0.921	<0.05	86.7	1.044	0.770 - 1.413	NS	81.5	0.829	0.692 - 0.992	<0.05
Male	2002	81.7	1			83.1	1			82.2	1		
	1999	75.5	0.785	0.584-1.056	NS	82.4	0.98	0.681 - 1.410	NS	77.8	0.85	0.676 - 1.069	NS
Female	2002	87.7	1			90.2	1			88.5	1		
	1999	82.6	0.691	0.490-0.973	<0.05	91.3	1.196	0.688 - 2.078	NS	85.4	0.802	0.599 - 1.072	NS
Using cocaine occasionally													
Total	2002	81.3	1			85.3	1			82.6	1		
	1999	78.0	0.885	0.715-1.095	NS	86.3	1.118	0.833 - 1.501	NS	80.7	0.961	0.809 - 1.142	NS
Male	2002	76.5	1			81.4	1			78.2	1		
	1999	77.1	1.164	0.872-1.554	NS	81.2	1.002	0.706 - 1.422	NS	78.5	1.095	0.877 - 1.368	NS
Female	2002	85.7	1			89.3	1			86.8	1		
	1999	78.9	0.644	0.467-0.887	<0.05	91.9	1.433	0.827 - 2.483	NS	83.0	0.785	0.596 - 1.034	NS
Taking drugs like heroin or morphine once or twice													
Total	2002	62.5	1			74.9	1			66.5	1		
	1999	54.3	0.739	0.621-0.880	<0.05	67.6	0.699	0.552 - 0.879	<0.05	58.6	0.732	0.628 - 0.829	<0.05
Male	2002	61.8	1			75.4	1			66.4	1		
	1999	54.1	0.772	0.604-0.988	<0.05	64.5	0.603	0.445 - 0.817	<0.05	57.5	0.695	0.575 - 0.841	<0.05
Female	2002	63.0	1			74.4	1			66.6	1		
	1999	54.5	0.706	0.552-0.904	<0.05	71.0	0.859	0.598 - 1.232	NS	59.7	0.749	0.611 - 0.919	<0.05
Taking drugs like heroin and morphine regularly													
Total	2002	84.9	1			87.6	1			85.8	1		
	1999	84.2	1.002	0.790-1.270	NS	90.5	1.383	0.995 - 1.923	NS	86.2	1.118	0.923 - 1.355	NS
Male	2002	80.1	1			84.8	1			81.7	1		
	1999	80.4	1.169	0.860-1.588	NS	87.2	1.229	0.829 - 1.820	NS	82.6	1.187	0.932 - 1.512	NS
Female	2002	89.4	1			90.6	1			89.8	1		
	1999	88.1	0.827	0.562-1.211	NS	94.1	1.806	0.980 - 3.327	NS	90.0	1.03	0.747 - 1.419	NS

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.
NS - Not significant.

Table 98: Students who had used other substances in conjunction with amphetamines by age group and sex, ACT 1999 & 2002 (%).

	Males		Females		Persons	
	1999	2002	1999	2002	1999	2002
12-15 years						
Alcohol	66.7	75.0	71.1	66.4*	68.7	70.8
Tobacco	48.7*	47.6*	59.1*	62.3*	53.4	54.8*
Cannabis	45.8*	59.5*	40.1*	46.2*	43.3*	53*
16-17 years						
Alcohol	61.4*	62.4*	**	59.2*	46.1*	61.5*
Tobacco	49.0*	68.9*	65.5*	**	56.4	65.1
Cannabis	66.3	64.2*	45.4*	**	57.0	60.4*
All Ages						
Alcohol	64.6	68.1	53.6*	64.1*	59.7	66.5
Tobacco	48.8	59.3	61.6	59.8*	54.6	59.5
Cannabis	54.0	62.1	42.2*	47.4*	48.7	56.4

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 99: Students who had used other substances in conjunction with hallucinogens by age group and sex, ACT 1999 & 2002 (%).

	Males		Females		Persons	
	1999	2002	1999	2002	1999	2002
12-15 years						
Alcohol	56.0*	**	**	79.6*	47.9*	67.7*
Tobacco	57.2*	**	63.9*	**	60.1	42.3*
Cannabis	57.0*	**	**	**	45.4*	**
16-17 years						
Alcohol	53.6*	59.2*	**	**	43.5*	57.3*
Tobacco	50.9*	73.6	77.3*	**	62.1	64.9*
Cannabis	41.0*	**	**	**	43.5*	35.3*
All Ages						
Alcohol	55.1	57.8*	34.2*	70.4*	46.2	62.1
Tobacco	54.8	61.0*	69.0	**	60.8	54.5
Cannabis	50.9	32.5*	36.2*	**	44.7	35.3*

Source: 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 100: Students who had used other substances in conjunction with ecstasy by age group and sex, ACT 2002 (%).

	Males	Females	Persons
12-15 years			
Alcohol	**	69.7*	54.4*
Tobacco	**	**	**
Cannabis	**	**	**
16-17 years			
Alcohol	73.2*	**	69.2
Tobacco	65.8*	69.7*	66.9*
Cannabis	45.6*	**	43.1*
All Ages			
Alcohol	56.2*	66.4*	59.6
Tobacco	**	58.5*	40.2*
Cannabis	**	**	31.0*

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

OTHER HEALTH-RELATED BEHAVIOURS

Table 101: Daily fruit, vegetable and bread/cereal consumption by sex, ACT 2002 (%).

	Males			Females		
	Vegetables	Fruit	Breads/Cereals	Vegetables	Fruit	Breads/Cereals
1 serve or less	33.5	32.5	10.9	30.9	27.6	12.9
2-3 serves	47.6	42.4	42.8	53.2	48.6	48.3
4-5 serves	10.9	16.0	28.8	11.9	16.6	29.7
6 serves or more	5.9*	5.9*	15.9	2.6*	5.7*	8.2
I do not eat this food type	2.1*	3.1*	**	**	**	**

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 102: Number of 30-minute sessions of moderate and vigorous physical activity undertaken in the previous week, by sex, ACT 2002 (%).

	Males		Females	
	Moderate	Vigorous	Moderate	Vigorous
None	14.1	11.1	11.0	14.0
Once	18.9	14.4	15.8	16.2
Twice	18.3	16.0	22.6	22.4
3 times	12.1	17.7	17.6	17.0
4 times	13.0	13.2	11.9	10.6
5 times	7.6	9.2	5.9*	7.2*
6 or more times	16.1	18.4	15.2	12.7

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 103: Time spent watching TV/Video on an average school day, by sex, ACT 2002 (%).

	Males	Females	Persons
None	4.9*	3.9*	4.4
1 hour or less	21.0	28.9	25.0
2 hours	31.0	32.6	31.8
3 hours	20.0	20.5	20.3
4 hours	10.2	7.8	9.0
5 or more hours	12.9	6.2*	9.5

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

Table 104: Time spent using the internet or playing computer games on an average school day, by sex, ACT 2002 (%).

	Males	Females	Persons
None	12.9	24.5	18.7
1 hour or less	30.9	44.6	37.8
2 hours	23.5	16.8	20.1
3 hours	16.0	8.2	12.1
4 hours	6.1*	3.9*	5.0
5 or more hours	10.6	**	6.2

Source: 2002 ASSAD, confidential unit record file, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 105: Students reporting at least part of a lesson on skin cancer in the previous year, by age group, ACT 1996, 1999 & 2002 (%).

	12-15 years	16-17 years	All Ages
1996	65.3	48.1	60.1
1999	71.4	54.7	66.0
2002	70.6	51.8	64.5

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Table 106: Education on sun protection in the previous year by correct responses to questions about the causes of skin cancer, ACT 2002 (%).

	No lesson	At least part of a lesson
At least one question wrong	38.5	35.2
Both questions correct	61.5	64.8

Source: 2002 ASSAD, confidential unit record file, ACT Health.

Table 107: Correct responses to true/false questions about the causes of skin cancer, ACT 2002 (%).

Statement:	Males	Females	Persons
Statement 1: 'You only get skin cancer if you get burnt often'	65.0	76.1	70.5
Statement 2: 'Most skin cancer is caused by UVR from the sun'	91.2	92.6	91.9
Both statements	58.1	69.3	63.7

Source: 2002 ASSAD, confidential unit record file, ACT Health.

Table 108: Type of hat most often worn on a sunny day in summer, ACT 1996, 1999 & 2002 (%).

	1996	1999	2002
Wide brimmed hat	7.2	11.6	8.6
Narrow brimmed hat	1.7*	4.0	11.7
Cap	72.0	56.6	44.2
Sun-visor	**	**	6.4
Other type of hat	2.0*	3.1*	5.5
No hat worn	16.6	24.2	23.5

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

** Estimate has a relative standard error greater than 50% and is considered unreliable for general use.

Table 109: Students usually/always using sun protection measures, by sex, ACT 1996, 1999 & 2002 (%).

	Males			Females			Persons		
	1996	1999	2002	1996	1999	2002	1996	1999	2002
Wear a hat	63.9	55.9	52.4	42.4	35.6	35.3	53.1	45.8	43.6
Wear clothes covering most of your body	30.4	28.3	25.7	24.3	16.3	14.3	27.3	22.4	19.8
Deliberately wear less or briefer clothing	10.0	13.9	15.8	18.1	23.5	30.2	14.0	18.7	23.2
Wear maximum protection sunscreen	55.4	51.6	40.6	78.6	71.7	55.2	67.1	61.6	48.1
Wear sunglasses	22.1	28.0	19.6	43.5	41.1	36.5	32.9	34.5	28.3
Stay mainly in the shade	23.9	27.3	25.6	33.7	30.6	26.5	28.8	29.0	26.1
Most of time inside	19.2	23.1	25.9	16.3	18.0	19.1	17.8	20.6	22.4

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

Table 110: Students usually/always using sun protection measures, by age group, ACT 1996, 1999 & 2002 (%).

	12-15 years			16-17 years		
	1996	1999	2002	1996	1999	2002
Wear a hat	56.9	48.7	47.7	44.3	39.6	34.9
Wear clothes covering most of your body	28.7	22.1	19.9	24.1	23.0	19.6
Deliberately wear less or briefer clothing	12.0	18.7	21.8	18.8	18.7	26.3
Wear maximum protection sunscreen	68.2	62.2	50.8	64.8	60.4	54.2
Wear sunglasses	27.5	31.7	24.6	45.4	40.3	36.1
Stay mainly in the shade	27.7	26.7	23.8	31.2	33.7	30.8
Most of time inside	17.2	20.6	21.6	19.1	20.4	24.1

Source: 1996, 1999 & 2002 ASSAD, confidential unit record files, ACT Health.

ASSAD 2002 Questionnaire

SURVEY

- Please do not write your name on this paper.
- The information you give is private and will only be seen by the people putting all the answers together.
- Answer **every** question you can.
- If you can't answer a question or if you do not want to answer a question, leave it out and go on to the next one.
- For most questions, there is a choice of answers. Pick the one that's true for you and tick the box next to it.
- If you make a mistake or wish to change your answer, cross out the mistake and tick the new response.
- Some questions ask you to write a short answer in the space provided.

Office use only					
STATE 6	SCHOOL	ID	PCODE	LEVEL	CAMPUS
PATTERN	SCHSEX	STRATA	TEACH	DAY	
ORDER 1	INITIALS		DATE	MONTH	YEAR 2002

1. (a) What suburb or town do you live in? _____

(b) What is the postcode of your address? _ _ _ _

2. What year level are you in?

1 Year 7

4 Year 10

2 Year 8

5 Year 11

3 Year 9

6 Year 12

3. How old are you **now**?

10 10

15 15

11 11

16 16

12 12

17 17

13 13

18 18

14 14

19 19 and over

4. What sex are you?

1 Male

2 Female

5. What is your date of birth? _ _ / _ _ / 19 _ _

6. During a normal week, how much money do you have available to spend on yourself (eg from pocket money, part-time job)?

1 None

2 Less than \$10

3 \$11 - \$20

4 \$21 - \$40

5 \$41 - \$60

6 \$61 - \$80

7 Over \$80

7. **At school work, do you consider yourself:**

- 1 A lot above average?
- 2 Above average?
- 3 Average?
- 4 Below average?
- 5 A lot below average?

8. (a) **Were you at school on the last school day?**

- 1 Yes **Go to QUESTION 9**
- 2 No **Go to QUESTION 8(b)**

(b) **If No: Why were you away?**

- 1 You were ill or had some other health problem
- 2 Study day or other school-related activities
- 3 Family reasons
- 4 Other (*specify*) _____

9. **Are you of Aboriginal or Torres Strait Islander descent?**

- 1 No
- 2 Yes - Aboriginal descent
- 3 Yes - Torres Strait Islander descent
- 4 Yes - both Aboriginal and Torres Strait Islander descent

10. **What is the main language spoken at home? Tick only *one* box.**

- 1 English
- 2 Another language only (*specify which language*) _____
- 3 English and another language
(*specify the other language*) _____

THE NEXT FEW QUESTIONS ARE ABOUT DRINKING ALCOHOL - BEER, WINE, WINE COOLERS, ALCOHOLIC SODAS, SPIRITS, LIQUEURS, ALCOHOLIC APPLE CIDER, SHERRY OR PORT.

11. At the present time, do you consider yourself:

- 1 A non-drinker?
- 2 An occasional drinker?
- 3 A light drinker?
- 4 A party drinker?
- 5 A heavy drinker?

12. Have you **ever** had even part of an alcoholic drink?

- 1 No
- 2 Yes, just a few sips
- 3 Yes, I have had fewer than 10 alcoholic drinks in my life
- 4 Yes, I have had more than 10 alcoholic drinks in my life

13. Have you had an alcoholic drink in the last **twelve months**?

- 1 Yes
- 2 No

14. Have you had an alcoholic drink in the last **four weeks**?

- 1 Yes
- 2 No

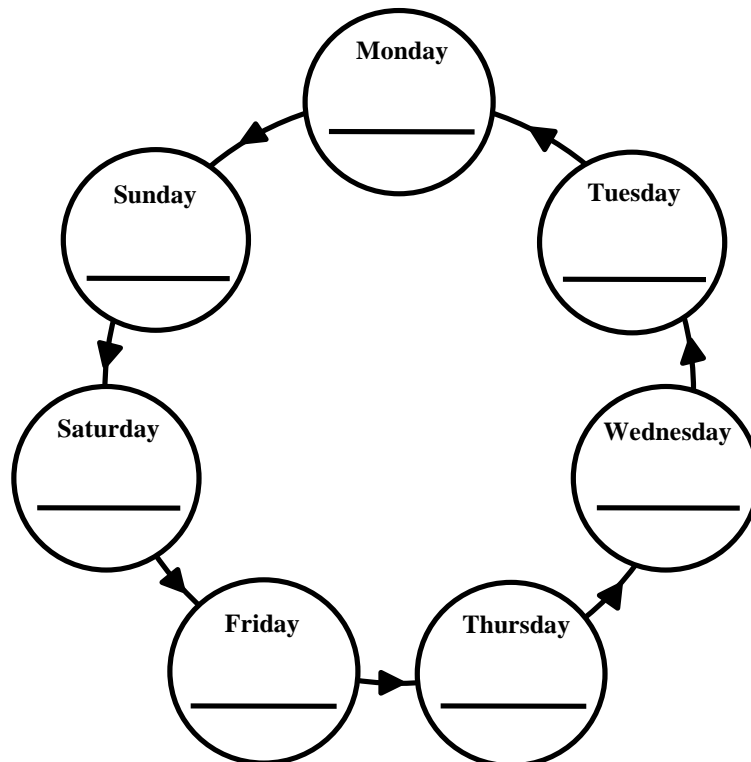
15. This question is about the number of alcoholic drinks you had during the last **seven days**, including yesterday.

Put a tick near **yesterday**. Then in the space provided, write the number of alcoholic drinks you had yesterday. If you didn't have any alcoholic drinks, put in '0'. Start filling in the spaces beginning with yesterday, and follow the arrows.

Answer for every day of the week.

Write the number of alcoholic drinks you had each day in the circle.

Put '0' for each day you didn't drink any alcoholic drinks.



QUESTIONS 16, 17, 18 AND 19 ARE FOR ANYONE WHO HAS HAD AN ALCOHOLIC DRINK.
IF YOU HAVE NEVER HAD AN ALCOHOLIC DRINK, GO TO QUESTION 20.

16. What alcoholic drink do you usually have?

Tick the box near the drink you **usually** have. If that drink is not listed here, tick the box next to "Other" and write the name of the drink in the space provided.

- 01 Ordinary beer
- 02 Low alcohol beer
- 03 Wine
- 04 Wine Cooler (eg West Coast Coolers)
- 05 Champagne or sparkling wine (eg Spumante, Passion Pop)
- 06 Alcoholic Apple Cider (eg Strongbow)
- 07 Alcoholic Sodas (eg Two Dogs)
- 08 Premixed spirits (eg Bacardi Breezer, Lemon Ruski, UDL Drinks, Sub Zero)
- 09 Spirits (eg rum, brandy, whisky, gin, vodka)
- 10 Liqueurs (eg Tia Maria, Kahlua, Midori, etc)
- ** Other (*specify*) _____

You should have ticked only **one** box.

17. Where, or from whom, **did you get** your **last** alcoholic drink?

Fill in the space beside "Other" if you can't find your answer.

Tick only **one** box.

I didn't buy it

OR

I bought it

01 My parent(s) gave it to me

51 At a hotel, pub, bar, tavern, RSL Club

02 My brother or sister gave it to me

52 At a licensed liquor store or supermarket

03 I took it from home without my parent(s) permission

53 At a walk-in bottle-shop at a pub or hotel

04 Friends gave it to me

54 At a drive-in bottle-shop

05 I got someone to buy it for me

55 At a restaurant

** Other (*specify*)

56 At a dance venue/dance party

57 At a nightclub

58 At a sporting event

59 At a sports club (eg Leagues, surfing, football)

60 Through the Internet

61 By phone, fax, mail order

** Other (*specify*) _____

You should have ticked only **one** box.

18. **Where did you drink your last alcoholic drink?**

Fill in the space beside "Other" if you can't find your answer.

Tick only **one** box.

I drank it

- 01 At a beach, park or recreation area
- 02 At a hotel, pub, bar, tavern or RSL club
- 03 At a dance venue/dance party
- 04 At a nightclub
- 05 At a party
- 06 At a restaurant
- 07 At a sporting event
- 08 At a sports club (eg Leagues, surfing, football)
- 09 On school grounds during school hours
- 10 On school grounds after hours
- 11 At my home
- 12 At my friend's home
- 13 In a car
- ** Other (*specify*) _____

You should have ticked only **one** box.

19. Think back over the last **two weeks**. How many times, if any, have you had the following number of alcoholic drinks on any one occasion when you have been drinking in the last two weeks?

	None	Once	Twice	3-6 times	7-9 times	10 or more times
(i) 11 or more drinks in a row	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(ii) 7 or more drinks in a row	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(iii) 5 or more drinks in a row	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

THE NEXT QUESTIONS ARE FOR EVERYONE AND ARE ABOUT SMOKING CIGARETTES.

20. At the present time, do you consider yourself:

- 1 A heavy smoker?
- 2 A light smoker?
- 3 An occasional smoker?
- 4 An ex-smoker?
- 5 A non-smoker?

21. Have you **ever** smoked even part of a cigarette?

- 1 No
- 2 Yes, just a few puffs
- 3 Yes, I have smoked fewer than 10 cigarettes in my life
- 4 Yes, I have smoked more than 10 but fewer than 100 cigarettes in my life
- 5 Yes, I have smoked more than 100 cigarettes in my life

22. Have you smoked cigarettes in the last **twelve months**?

- 1 Yes
- 2 No

23. Have you smoked cigarettes in the last **four weeks**?

- 1 Yes
- 2 No

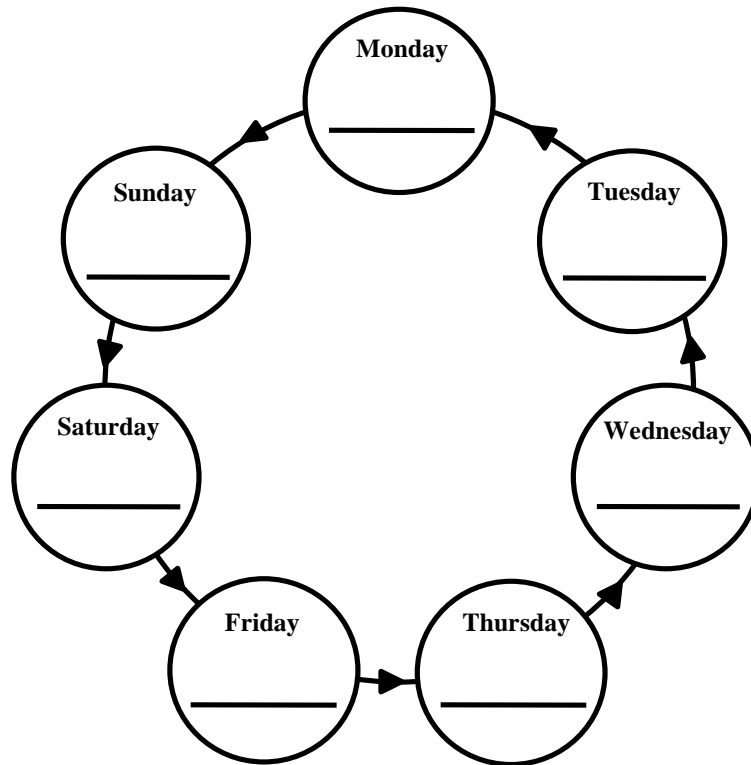
24. This question is about the number of cigarettes you had during the last **seven days**, including yesterday.

Put a tick near **yesterday**. Then in the space provided, write the number of cigarettes you had yesterday. If you didn't smoke any cigarettes, put in '0'. Start filling in the spaces beginning with yesterday, and follow the arrows.

Answer for every day of the week.

Write the number of cigarettes you smoked each day in the circle.

Put '0' for each day you didn't smoke any cigarettes.



25. Do you think you will be smoking cigarettes this time next year?

- | | | |
|---|--------------------------|------------------------------------|
| 1 | <input type="checkbox"/> | Certain not to be smoking |
| 2 | <input type="checkbox"/> | Very unlikely to be smoking |
| 3 | <input type="checkbox"/> | Unlikely to be smoking |
| 4 | <input type="checkbox"/> | Can't decide how likely |
| 5 | <input type="checkbox"/> | Likely to be smoking |
| 6 | <input type="checkbox"/> | Very likely to be smoking |
| 7 | <input type="checkbox"/> | Certain to be smoking |

26. Have you **ever** smoked even part of a cigar?

- 1 No
2 Yes, a few puffs but not as much as one cigar
3 Yes, I have smoked at least one cigar in my life

QUESTIONS 27, 28 AND 29 ARE ONLY FOR THOSE WHO HAVE SMOKED A CIGARETTE IN THE PAST WEEK.

IF YOU HAVE NOT SMOKED A CIGARETTE IN THE PAST WEEK, GO TO QUESTION 30.

27. (a) What brand of cigarettes do you usually smoke?

*Tick the box near the brand you **usually** smoke. If that brand is not listed here, tick the box next to "Other" and write the name of the brand in the space provided.*

- 01 Alpine
02 Benson & Hedges
03 Dunhill
04 Escort
05 Fortune
06 Holiday
07 Horizon
08 Longbeach
09 Marlboro
10 Peter Jackson
11 Sterling
12 Stradbroke
13 Vogue
14 Wills Super Mild
15 Winfield
16 Freedom
** Other (*specify*) _____

*You should have ticked only **one** box.*

(b) Do the cigarettes you usually smoke come from packets of?

- 1 20s?
- 2 25s?
- 3 30s?
- 4 35s?
- 5 40s?
- 6 50s?

*You should have ticked only **one** box.*

28. (a) Where, or from whom, **did you get the last** cigarette that you smoked?

Fill in the space beside "Other" if you can't find your answer.

*Tick only **one** box.*

I didn't buy it

- 01 My parent(s) gave it to me
- 02 My brother or sister gave it to me
- 03 I took it from home without my parent(s) permission
- 04 Friends gave it to me
- 05 I got someone to buy it for me
- ** Other (*specify*)

OR

I bought it

- 51 At a hotel, pub, bar, tavern, RSL Club
- 52 At a supermarket
- 53 At a newsagency
- 54 At a milk bar or delicatessen
- 55 At a convenience store (eg Food Plus)
- 56 At a tobacconist/tobacco shop
- 57 At a take-away food shop
- 58 At a petrol station
- 59 Through the Internet
- ** Other (*specify*) _____

*You should have ticked only **one** box.*

(b) If you bought your last cigarette, was it from a coin-operated (vending) machine?

- 1 Yes
- 2 No

29. (a) Sometimes people break open a packet of cigarettes and sell single cigarettes. In the last **four weeks**, have you **bought** cigarettes that were **not in a full packet** (for example, buying one or more cigarette(s) at a time)?

- 1 Yes **Go to QUESTION 29(b)**
 2 No **Go to QUESTION 30**

Thinking of the last time you **bought** cigarettes that were **not in a full packet**, who did you buy the cigarette(s) from?

- 1 I bought the cigarette(s) at a shop
 2 I bought the cigarette(s) from a friend or relative
 3 I bought the cigarette(s) from someone else

THE NEXT QUESTIONS ARE FOR EVERYONE AND ARE ABOUT OTHER THINGS YOU MIGHT USE.
 For each substance, tick the box which shows how many times you have used the substance during the specified time period. There should only be **one** tick for **each** line of boxes.

30. How many times, if ever, have you used or taken pain killers/analgesics such as Disprin, Panadol or Aspro, **for any reason**:

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

31. How many times, if ever, have you used or taken sleeping tablets, tranquillisers or sedatives, such as Valium, Serepax or Rohypnol (rohies, barbs) **other than for medical reasons:**

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

32. (a) How many times, if ever, have you smoked or used marijuana/cannabis (grass, hash, dope, weed, mull, yarndi, ganga, pot, a bong, a joint):

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have NOT used marijuana/cannabis in the last year, go to QUESTION 33.

(b) In the **last year**, did you use any other substance or substances **on the same occasion that you used marijuana/cannabis?**

Tick all that apply.

- 01 Tobacco
- 02 Alcohol
- 03 Pain killers/analgesics
- 04 Sedatives/tranquillisers/sleeping tablets
- 05 Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- 06 Amphetamines (eg speed, uppers, goey, MDA, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
- 07 Ecstasy (XTC, E, MDMA, ecci, X, bickies)
- ** Other (*what substance?*) _____
- 08 I did not use any other substance on the same occasion

*You should have ticked **all** that apply.*

(c) When you use cannabis (marijuana) do you usually:

*Tick only **one** box*

- 1 Smoke it as a joint (reefer, spliff)?
- 2 Smoke it from a bong or a pipe?
- 3 Eat it (eg in hash cookies)?
- 4 Other (*specify*) _____

*You should have ticked only **one** box.*

(d) Do you usually use cannabis (marijuana) by yourself or with others?

- 1 By myself
- 2 With others
- 3 By myself and with others about equally often

(e) **Where** did you last use cannabis?

*Fill in the space beside "**Other**" if you can't find your answer*

I used it....

- 01 At a hotel, pub, bar, tavern or RSL club
- 02 At a dance venue, dance party, rave
- 03 At a nightclub
- 04 At a party
- 05 At my home
- 06 At my friend's home
- 07 At a sports club (eg Leagues, surfing, football)
- 08 At the beach
- 09 In a park
- 10 In a car
- 11 On school grounds during school time
- 12 On school grounds after hours
- ** Other (*specify*) _____

*You should have ticked only **one** box.*

33. How many times, if ever, have you used or taken steroids (muscle, roids, or gear) **without a doctor's prescription** in an attempt to make you better at sport, to increase muscle size or to improve your general appearance:

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

34. How many times, if ever, have you **deliberately sniffed** (inhaled) from spray cans or sniffed things like glue, paint, petrol or thinners in order to get high or for the way it makes you feel:

This does not include sniffing white-out, liquid paper, textas or pens.

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

35. (a) How many times, if ever, have you used or taken amphetamines (eg speed, uppers, MDA, goey, dex, dexies, dexamphetamine, ox blood, methamphetamine, ice) **other than for medical reasons**:

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have NOT used amphetamines in the last year, go to QUESTION 36(a).

(b) In the **last year**, did you use any other substance or substances **on the same occasion that you used** amphetamines (eg speed, uppers, goey, MDA, dex, dexies, dexamphetamine, ox blood, methamphetamine, ice)?

*Tick **all** that apply.*

- 01 Tobacco
- 02 Alcohol
- 03 Pain killers/analgesics
- 04 Sedatives/tranquillisers/sleeping tablets
- 05 Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- 06 Marijuana/cannabis
- 07 Ecstasy (XTC, E, MDMA, ecci, X, bickies)
- ** Other (*what substance?*) _____
- 08 I did not use any other substance on the same occasion

*You should have ticked **all** that apply*

36. (a) How many times, if ever, have you used or taken ecstasy or XTC (E, MDMA, ecci, X, bickies):

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have NOT used ecstasy in the last year, go to QUESTION 37.

(b) In the **last year**, did you use any other substance or substances **on the same occasion that you used** ecstasy (XTC, E, MDMA, ecci, X, bickies)?

*Tick **all** that apply.*

- 01 Tobacco
- 02 Alcohol
- 03 Pain killers/analgesics
- 04 Sedatives/tranquillisers/sleeping tablets
- 05 Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- 06 Amphetamines (eg speed, uppers, goey, MDA, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
- 07 Marijuana/cannabis
- ** Other (*what substance?*) _____
- 08 I did not use any other substance on the same occasion

*You should have ticked **all** that apply.*

37. How many times, if ever, have you used or taken cocaine:

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

38. How many times, if ever, have you used or taken heroin (smack, horse, skag, hammer, H), or other opiates (narcotics) such as methadone, morphine or pethidine **other than for medical reasons:**

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

39. (a) How many times, if ever, have you used or taken hallucinogens (eg LSD, acid, trips, magic mushrooms, datura, angel's trumpet):

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have NOT used hallucinogens in the last year, go to QUESTION 40.

(b) In the **last year**, what forms of hallucinogens did you use?

*Tick **all** that apply.*

- 1 Tablets
- 2 Paper tabs
- 3 Liquids
- 4 Magic Mushrooms
- 5 Datura / Angel's trumpet
- 6 Other (*please write in*) _____

- (c) In the **last year**, did you use any other substance or substances **on the same occasion that you used** hallucinogens (eg LSD, acid, trips, magic mushrooms, datura, angel's trumpet)?

*Tick **all** that apply.*

- 01 Tobacco
- 02 Alcohol
- 03 Pain killers/analgesics
- 04 Sedatives/tranquillisers/sleeping tablets
- 05 Marijuana/cannabis
- 06 Amphetamines (eg speed, uppers, goey, MDA, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
- 07 Ecstasy (XTC, E, MDMA, ecci, X, bickies)
- ** Other (*what substance?*) _____
- 08 I did not use any other substance on the same occasion

*You should have ticked **all** that apply.*

THESE QUESTIONS ARE FOR EVERYONE.

40. **During 2001** (last year), did you have any lessons or parts of lessons at school that were about **smoking**?

- 1 No, not even part of a lesson
- 2 Yes, part of a lesson
- 3 Yes, one lesson
- 4 Yes, more than one lesson

41. **During 2001** (last year), did you have any lessons or parts of lessons at school that were about **drinking**?

- 1 No, not even part of a lesson
- 2 Yes, part of a lesson
- 3 Yes, one lesson
- 4 Yes, more than one lesson

42. **During 2001** (last year), did you have any lessons or parts of lessons at school that were about **illicit drugs** such as marijuana, ecstasy, heroin, amphetamines, hallucinogens, cocaine?

- 1 No, not even part of a lesson
2 Yes, part of a lesson
3 Yes, one lesson
4 Yes, more than one lesson

*Remember, **last** year was 2001.*

THE NEXT FEW QUESTIONS ARE ABOUT SOME OTHER TOPICS.

43. You only get skin cancer if you get burnt often.

- 1 True
2 False

44. Most skin cancer is caused by ultraviolet radiation (UVR) from the sun.

- 1 True
2 False

45. **During 2001** (that is **last year**), did you have any lessons or parts of lessons at school that were about **skin cancer** or **protection from the sun**?

- 1 No, not even part of a lesson
2 Yes, part of a lesson
3 Yes, one lesson
4 Yes, more than one lesson

46. Over the **last** summer, did you get sunburn that was sore or tender the next day?

- 1 Yes, just once
- 2 Yes, 2 or 3 times
- 3 Yes, 4 or more times
- 4 No, not at all

47. (a) Have you **ever** had severe sunburn, which has blistered?

- 1 Yes **Go to QUESTION 47(b)**
- 2 No **Go to QUESTION 48**

(b) **If yes**, how long ago was the last time you were severely sunburnt?

- 1 Last summer
- 2 1 to 2 years ago
- 3 More than 2 years ago

48. What type of hat do you most often wear on a sunny day in summer?

- 1 Wide brimmed hat
- 2 Narrow brimmed hat
- 3 Legionnaire hat
- 4 Cap
- 5 Sun-visor
- 6 Other (*what kind?*)
- 7 None

49. What is the SPF (Sun Protection Factor) of the sunscreen you usually use on a sunny day in summer?

- 1 I don't use sunscreen
- 2 SPF 12 or lower
- 3 SPF 15
- 4 SPF 30+
- 5 Can't remember / don't know

50. Suppose your skin was exposed to **strong** sunshine at the **beginning** of summer with no protection at all. If you stayed in the sun for 30 minutes, would your skin:

- 1 Just burn or go red
- 2 Burn or go red first, then tan afterwards
- 3 Just tan
- 4 Nothing would happen because I was born with dark skin

51. Do you like to get a suntan?

- 1 No
- 2 Yes, a light tan
- 3 Yes, a moderate tan
- 4 Yes, a dark tan
- 5 Yes, a very dark tan

52. Thinking about sunny days in summer, when you are outside for an hour or more between 11 am and 3 pm, how often would you:

	Never	Rarely	Sometimes	Usually	Always
(i) Wear a hat?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(ii) Wear clothes covering most of your body (including arms and legs)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(iii) Deliberately wear less or briefer clothing so as to get some sun on your skin?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(iv) Wear maximum protection sunscreen (SPF 30+)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(v) Wear sunglasses?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(vi) Stay mainly in the shade?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Thinking about sunny days in summer between 11 am and 3 pm:

	Never	Rarely	Sometimes	Usually	Always
(vii) How often would you spend most of the time inside ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

THE NEXT FEW QUESTIONS ARE ABOUT FOOD YOU MIGHT HAVE EATEN

53. How many serves of vegetables do you usually eat each day? (*A serve is equal to 1/2 cup of cooked vegetables or 1 cup of salad vegetables*)

1 1 serve or less
 2 2-3 serves
 3 4-5 serves
 4 6 serves or more
 5 I do not eat vegetables

54. How many serves of fruit do you usually eat each day? (*A serve is equal to 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces of fruit*)

1 1 serve or less
 2 2-3 serves
 3 4-5 serves
 4 6 serves or more
 5 I do not eat fruit

55. How many serves of bread and/or cereal do you usually eat each day?
(A serve is 1 slice of bread, 1/2 bread roll, 1/2 cup of breakfast cereal or 1/2 cup of pasta, rice, or noodles)

- 1 1 serve or less
- 2 2-3 serves
- 3 4-5 serves
- 4 6 serves or more
- 5 I do not eat bread or cereals

THE NEXT FEW QUESTIONS ARE ABOUT SOME ACTIVITIES YOU MIGHT HAVE DONE IN THE LAST WEEK

56. How many times in the **last week** did you:

3 4 5 6 or more
 None Once Twice times times times times

- (i) do any **vigorous** physical activity for **at least 30 minutes** that made you **sweat and breathe hard?**
(eg basketball, netball, soccer, football, running, fast bike riding, aerobics)
- for **at least 30 minutes** that did **not** make you sweat or breathe hard?
(eg slow bike riding, housework, brisk walking, pushing a lawnmower)

1 2 3 4 5 6 7

1 2 3 4 5 6 7

57. On an average **school day**, about how many **hours a day** do you do the following when you are not at school:

1 hour 2 3 4 5 or more
 None or less hours hours hours hours

- (i) homework
- (ii) watching TV/videos
- (iii) using Internet/playing computer games?
(Don't include computer use for homework)

1 2 3 4 5 6

1 2 3 4 5 6

1 2 3 4 5 6

THE FOLLOWING QUESTIONS ARE ABOUT CIGARETTES AND ALCOHOL.

58. Here are some statements about smoking cigarettes and drinking alcoholic drinks. How much do you agree or disagree with each of the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
(a) Kids who smoke seem more grown up than non-smokers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(b) Smokers are usually more popular than non-smokers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(c) The health of non-smokers can be affected by breathing other people's cigarette smoke	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(d) Getting drunk every now and then is not a problem	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(e) Having a few drinks is one of the best ways of relaxing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(f) Having a few drinks is one of the best ways of getting to know people	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(g) Having a few drinks makes you part of the group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(h) You can have a good time at a party where there is no alcohol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(i) People who drink alcohol are usually more popular than people who don't	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

THE FOLLOWING QUESTIONS ARE ABOUT ACCESS TO ALCOHOL AND TOBACCO

59. Have you ever tried to buy alcohol at a hotel, club, restaurant, licensed store or supermarket, disco or dance, sporting event or bottleshop?

*Please tick **one** box only.*

- 1 No
2 Yes

GO TO QUESTION 62

GO TO QUESTION 60

60. Have you ever been refused alcohol at a hotel, club, restaurant, licensed store or supermarket, disco or dance, sporting event or bottleshop?

*Please tick **one** box only.*

- 1 No, I have never been refused alcohol
2 Yes, I have been refused alcohol once or twice
3 Yes, I have been refused alcohol frequently

61. Have you ever been asked to provide **proof of your age** at a hotel, club, restaurant, licensed store or supermarket, disco or dance, sporting event or bottleshop?

*Please tick **one** box only.*

- 1 No, I have never been asked for proof of my age
2 Yes, I have been asked for proof of my age once or twice
3 Yes, I have frequently been asked for proof of my age

62. Have you ever tried to buy cigarettes from a retailer (such as a delicatessen, petrol station, take-away food shop, newsagency, supermarket or pub/hotel)?

*Please tick **one** box only.*

- 1 No
2 Yes

GO TO QUESTION 66

GO TO QUESTION 63

63. When you have tried to buy cigarettes, has a retailer ever refused to sell cigarettes to you?

*Please tick **one** box only.*

- 1 No, I have never been refused cigarettes
- 2 Yes, I have been refused cigarettes once or twice
- 3 Yes, I have been refused cigarettes frequently

64. Have you ever been asked to provide **proof of your age** when buying cigarettes?

*Please tick **one** box only.*

- 1 No, I have never been asked for proof of my age
- 2 Yes, I have been asked for proof of my age once or twice
- 3 Yes, I have frequently been asked for proof of my age

65. **Where** do you usually smoke?

Fill in the space beside "Other" if you can't find your answer.

*Tick **more than one** box if necessary.*

I usually smoke

- 01 At a park or recreation area
- 02 At a dance venue/dance party
- 03 At a nightclub
- 04 At a party
- 05 At a restaurant
- 06 At a sporting event
- 07 On school grounds during school hours
- 08 On school grounds after hours
- 09 At my home
- 10 At my friend's home
- 11 In a car
- 12 At my job
- ** Other (*specify*) _____

THE FOLLOWING QUESTIONS ARE ABOUT USING NEEDLES OR SYRINGES

66. How many times, if at all, have you used any drug by injection or needles without a doctor's prescription?

This does not include injecting for medical reasons, such as diabetes.

	Never	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(a) In the last week ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(b) In the last four weeks ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(c) In the last year ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(d) In your lifetime ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have NEVER injected drugs without a doctor's prescription, go to QUESTION 70

67. Have you ever shared a needle or syringe with someone else?

- 1 Yes
 2 No

68. Have you ever obtained clean injecting equipment from a needle and syringe outlet?

- 1 Yes
 2 No

69. Have you ever been informed about safe injecting practices?

- 1 Yes
 2 No

THE NEXT QUESTIONS ARE ABOUT SOME OTHER THINGS YOU MIGHT USE

70. How much danger would you see for yourself in the following?

	Not dangerous	A little dangerous	Very dangerous	Don't know
(a) Smoking less than 10 cigarettes every day	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(b) Using LSD regularly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(c) Using cocaine	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(d) Smoking more than 20 cigarettes a day	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(e) Trying drugs like heroin or morphine (narcotics) once or twice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(f) Using needles and syringes to inject drugs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(g) Trying amphetamines (speed) occasionally	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(h) Taking drugs like heroin or morphine (narcotics) regularly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(i) Sniffing glue, thinners or petrol regularly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(j) Taking two or three aspirins or other analgesic tablets nearly every day	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(k) Using ecstasy/designer drugs (XTC, E, MDMA, Ecce) occasionally	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(l) Smoking marijuana regularly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(m) Trying LSD once or twice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(n) Having five or more drinks of beer, wine or spirits in a row	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(o) Using ecstasy/designer drugs (XTC, E, MDMA, Ecce) regularly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(p) Mixing a number of drugs (including alcohol and other drugs)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Thank you very much for your help.

GLOSSARY

ACT – Australian Capital Territory.

ASSAD – Australian Secondary Students Alcohol and Drug survey (1996, 1999 and 2002).

Chi square (χ^2) – An over all measure of the association or discrepancy between an expected and observed set of values, within categories, in which a distribution has been divided.

‘Ex-smoker’ – self-described smoking status.

Harmful drinker – defined by level of alcohol consumption. Defined for females as consumption of five or more drinks on any one day in the week prior to survey and seven or more drinks on any one day in the week prior to survey for males.

‘Heavy drinker’ - self-described drinking status.

‘Heavy smoker’ – self-described smoking status.

Inadequate diet – Insufficient consumption of one or more of any of the following food types: fruit, vegetables, bread and cereals, to meet the *Dietary Guidelines for Children and Adolescents in Australia*.

Insufficient physical activity – insufficient activity to meet the *National Physical Activity Guidelines for Australians* (existing recommendations for children and adolescents less than 18 years of age) - 30 minutes of moderate activity at least six times, and 30 minutes of vigorous activity at least three times in the week prior to the survey.

Lifetime use – defined as having ever used a substance in lifetime.

‘Light drinker’ – self-described drinking status.

‘Light smoker’ – self-described smoking status.

Logistic regression – statistical procedure used to estimate how closely two or more variables are related.

Median – a measure of central tendency - the point between the upper and lower halves of a set of values.

Moderate physical activity – activity which did not make students sweat or breathe hard, such as slow bike riding, housework, brisk walking, pushing a lawnmower etc.

‘Non-drinker’ – self-described drinking status.

‘Non-smoker’ – self-described smoking status.

‘Occasional drinker’ – self-described drinking status.

‘Occasional smoker’ – self-described smoking status.

‘Party drinker’ – self-described drinking status.

P-value – The probability that the hypothesis under test is correct.

Passive smoking – exposure to second hand smoke, environmental tobacco smoke.

Recent, or current smoker - defined as cigarette smoking in the week prior to survey.

Recent drinker - defined as any alcohol consumption in the week prior to survey.

Relative standard error – a value that expresses a standard error as a proportion of an estimate. The relative standard error provides an indication of the reliability of an estimate.

Vigorous physical activity – activity which made students sweat or breathe hard, such as basketball, netball, soccer, football, running, fast bike riding, aerobics etc.

REFERENCES

- Active Australia and Commonwealth Department of Health and Aged Care. 1999. *National Physical Activity Guidelines For Australians*. Canberra, AusInfo.
- Australian Bureau of Statistics. 2001. *Measuring Dietary Habits in the 2001 National Health Survey, Australia*. Occasional Paper: 4814.0.55.001. Canberra, Australian Bureau of Statistics.
- Australian Bureau of Statistics. 2003. *2002 Schools Australia*. Cat. No. 4221.0. Canberra, Australian Bureau of Statistics.
- Barkess JL, Sherriff JL. 2003. Relative validity of two brief sets of questions to assess vegetable intake behaviours. *Asia Pac J Clin Nutr*. 12 Suppl: S23.
- National Health and Medical Research Council. 2001. *Australian Alcohol Guidelines: Health Risks and Benefits*. Canberra, AusInfo.
- National Health and Medical Research Council and Commonwealth Department of Health and Aged Care. 2003. *Dietary Guidelines for Children and Adolescents in Australia*. Canberra, AusInfo.
- The Cancer Council Australia. 2001. *National Cancer Prevention Policy 2001-03*. Sydney, The Cancer Council Australia.