

# **ACT SECONDARY STUDENT DRUG AND HEALTH RISK BEHAVIOURS**

**RESULTS OF THE 2008 ACT SECONDARY STUDENT  
ALCOHOL AND DRUG SURVEY**

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# Table of contents

<b>OVERVIEW OF RESULTS</b>	<b>3</b>
<b>1. INTRODUCTION</b>	<b>7</b>
<b>2. ALCOHOL CONSUMPTION</b>	<b>8</b>
2.1. Prevalence of alcohol consumption	8
2.2. Quantity and type of alcohol consumed	10
2.3. Purchase of alcohol and places consumed	11
2.4. Attitudes to alcohol	11
2.5. Education in class about alcohol	11
<b>3. TOBACCO USE</b>	<b>12</b>
3.1. Prevalence of tobacco use	12
3.2. Quantity and type of cigarettes preferred	13
3.3. Places where students smoked	13
3.4. Ease of purchase	13
3.5. Attitudes to smoking	14
3.6. Education in class about smoking	14
<b>4. ILLICIT SUBSTANCE AND OTHER DRUG USE</b>	<b>15</b>
4.1. Prevalence of illicit substance and other drug use	15
4.2. Needle use	16
4.3. Use of multiple substances	17
4.4. Non-users	17
4.5. Attitudes to the use of illicit substances and other drugs	17
4.6. Education in class about illicit substance and other drug use	17
<b>5. SUN PROTECTION</b>	<b>19</b>
5.1. Sun exposure	19
5.2. Sun protection	20
5.3. Education and knowledge about skin cancer	21
<b>6. HEALTHY WEIGHT</b>	<b>22</b>
6.1. Self-reported weight	22
6.2. Nutrition	24
6.3. Physical activity	26
<b>REFERENCES</b>	<b>28</b>
<b>GLOSSARY</b>	<b>29</b>

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## List of tables

Table 1: Overview of ACT ASSAD results, 1996, 1999, 2002, 2005 & 2008.....	6
Table 2: Alcohol consumption, current & harmful drinking, students (%) by sex & age-group, 2008.....	9
Table 3: Quantity of drinks consumed in single session over previous week, students (%).....	10
Table 4: Alcoholic drink preferences, students who had ever consumed alcohol, students (%) by sex & age-group, 2008.....	10
Table 5: Attitudes & knowledge about alcohol, students (%) by sex & age-group, 2008.....	11
Table 6: Smoking status, students (%) by sex & age-group, 2008.....	13
Table 7: Perception that cigarette smoking is 'very dangerous', students who had ever smoked (%) by sex, age-group & cigarette quantity, 2008.....	14
Table 8: Smoking perceptions, 'agreeing/strongly agreeing' with statements about smoking, by students who had ever smoked (%) by sex & age-group, 2008.....	14
Table 9: Use of illicit substances and other drugs, student (%) 1996–2008.....	16
Table 10: Illicit substance and other drug use, perception as 'very dangerous', students (%) by sex and age-group, 2008.....	18
Table 11: Sun protection activities, students reporting 'usually' or 'always' participating, by activity type (%) 1996–2008.....	20
Table 12: Sun protection activities, students reporting they 'usually' or 'always' participate (%) by sex and age-group, 2008.....	21
Table 13: BMI status, students (%) by sex & age-group, 2008.....	23
Table 14: Students who met selected food type nutrition guidelines (%) by sex & age-group, 2008.....	25

## List of figures

Figure 1: Alcohol consumption, various levels, students (%) 1996–2008.....	9
Figure 2: Smoking status, students (%) 1996–2008.....	12
Figure 3: Sunburn last summer, students (%) by sex, 1999–2008.....	19
Figure 4: Students reporting they liked to get a tan (%) by sex, 1996–2008.....	20
Figure 5: BMI status, students (%) 2005 & 2008.....	22
Figure 6: Actions taken to change body weight, students (%) by BMI status, 2008.....	24
Figure 7: Selected food consumption in last week, students (%) 2008.....	25
Figure 8: Students participating in vigorous or moderate activity for at least 30 minutes (%) by frequency, 2008.....	26
Figure 9: Students who met physical activity guidelines (%) 2005 & 2008.....	27

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## Overview of results

This report presents results from the 2008 ACT Secondary Student Alcohol and Drug Survey (ASSAD) which collected information from 1,650 students aged between 12 and 17 years attending Government, Catholic and independent secondary schools in the ACT. It builds on the analysis of previous surveys in 1996, 1999, 2002 and 2005 (ACT Health 2002, 2007).

There were some important improvements in the health behaviours reported by students in 2008. Results compare well against previous years in relation to illicit drug use with a continued reduction in lifetime and recent use of any illicit, including cannabis, cocaine, hallucinogens, amphetamines and cocaine. In addition, there has been a continued decline in the percentage of students who have ever tried smoking and also those who reported getting sunburn over the previous summer.

However, results also show that there has been little change in alcohol consumption patterns over time. There has also been an increase in the reported lifetime use of tranquillisers. In addition, students who reported to use injecting equipment were also more likely to report having shared a needle and less likely to have used a needle exchange service compared to the previous survey.

In terms of sun protection behaviours there was a reduction in the reported wearing of hats outside in summer. Finally, although comparisons with 2005 suggest a decrease in the proportion of students who were current or daily smokers as well as those who were overweight or obese, these differences were not statistically significant.

The report provides important insights into the experiences reported by adolescents, changes over time and their attitudes to drugs and health related behaviours. A summary of the key findings for each section of this survey report is provided below.

### Alcohol consumption

- The 2008 survey shows that alcohol use amongst ACT secondary school students was similar to previous survey years.
- In 2008, a quarter (24.2%) of students reported consuming alcohol on at least one day in the last seven days (current drinkers) and 7.1% reported harmful drinking.
- Patterns of binge drinking remain unchanged over the last 12 years with differences over time not being statistically significant.
- Current drinkers consumed an average of six alcoholic drinks in the week before the survey.
- In 2008, 2.8% of students reported drinking 11 or more drinks in a row, on at least one occasion in the previous week.
- The majority (90.0%) of students who were surveyed recalled receiving at least part of a lesson in class on alcohol during the previous year.

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## Tobacco use

- The 2008 survey results show a significant reduction in the percentage of students who had ever tried smoking, but there was no significant change in current smoking and daily smoking patterns between 2008 and 2005.
- In 2008, 26.4% of all students surveyed reported having smoked at least once in their lifetime (down from 32% in 2005); 6.7% reported smoking cigarettes on at least one day in the last seven days (8.6% in 2005), and 2.5% reported smoking cigarettes every day in the last seven days (2.9% in 2005).
- Male and female current smokers reported smoking an average of 28 and 20 cigarettes per week respectively in 2008.
- The percentage of students reporting to have been asked for proof of age when purchasing cigarettes (58.4%) has decreased since 2005 (65.8%).
- The majority (84.1%) of students who were surveyed recalled receiving at least part of a lesson in class on smoking during the previous year.

## Illicit substance and other drug use

- There was a decrease in the proportion of students reporting the use of illicit substances between 1996 and 2008.
- The most commonly ever used illicit substance reported in 2008 was cannabis (13.2%).
- The 2008 survey shows a continued reduction in the percentage of students who have used illicit substances, including those who have ever used: any illicit substance (14.8%, 2005:20.3%); cannabis (13.2%, 2005:16.9%); hallucinogens (2.4%, 2005:4.1%); amphetamines (3.3%, 2005:5.9%); and cocaine (1.6%, 2005:3.4%).
- Injection of illicit drugs was not common among ACT secondary students, with 3.9% of all students surveyed reporting that they had ever used needles in this manner. However, 40.8% of these students reported having shared a needle or syringe with someone else, a large increase from 2005 when 21.7% of students reported this. In addition, students who had injected were less likely to report having used a needle exchange service compared to 2005.
- In 2008, 13.6% of all students surveyed reported never having used tobacco, alcohol or any illicit substance in their lifetime. This was a significant decrease in users from 2005 (9.5%).
- Tranquillisers and sedatives (19.4%), followed by inhalants (17.7%) were the most commonly used drug ever used overall. The prevalence of having ever used tranquillisers and sedatives for non-medical reasons increased between 2005 and 2008.
- The majority (85.4%) of students who were surveyed recalled receiving at least part of a lesson in class on illicit substance and other drug use during the previous year.
- Perceptions of the danger associated with illicit substance and other drug use varied amongst groups. Older students were more likely than younger students to perceive the use of these substances as 'very dangerous' with one exception: younger students (75.6%) were more likely than older students (64.3%) to report regular use of marijuana as 'very dangerous'. Younger students perceived using LSD regularly and sniffing glue, thinners and petrol regularly as less dangerous than older students did.

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## Sun protection

- Three quarters (76.3%) of all students surveyed in 2008 reported getting sunburnt at least once over the previous summer, a small but statistically significant decrease from 2005 (79.5%).
- Less than three-quarters (68.5%) of all students surveyed reported that they liked to get a suntan (males: 64.2%, females: 72.7%).
- There was a decline in the proportion of students reporting 'usually' or 'always' wearing a hat on sunny days, but an increase in keeping out of the sunlight, since 1996.
- Over three-quarters (78.4%) of all students surveyed in 2008 recalled having received at least part of an education session in class on sun protection during the previous year.

## Healthy weight

- Estimates from the 2008 survey, based on self-reported height and weight, suggest that 19.5% of all students surveyed were overweight or obese. There was no significant change from 2005 (22.5%).
- When asked for their perceptions of their weight, students were not very accurate with only two-thirds of students perceiving themselves to be in the right weight category.
- More than half (57.7%) of all students reported to have taken some action to change their weight in the previous 12 months with students who were overweight (75.4%) more likely to report this than normal weight students (53.3%).
- In 2008, 41.7% of students reported consuming three or more serves of fruit each day; 22.3% reported consuming four or more serves of vegetables each day; and 17.7% reported consuming five or more serves of cereals each day, in-line with guidelines for this age-group. These estimates are similar to the reported consumption of these foods by students in 2005.
- Females were significantly less likely than males to consume fruit, vegetables and cereals at levels that satisfied national guidelines.
- Students who reported consumption of fast food increased in 2008 with 48% reporting to consume a fast food meal at least twice in the previous week (2005: 41.7%). Snack food and soft-drink consumption was similar between the two survey years with 16.4% reporting to eat a snack 7 times or more in the previous week (2005:15.8%) and 77.3% reporting to consume a soft drink/energy drink/fruit juice/cordial at least twice in the last week (2005:71.4%).
- In 2008, 15.6% of students reported doing at least 60 minutes of physical activity each day in the last week – a similar finding to 2005 (13.9%). In addition, 25% of students reported spending two hours or less watching television or on the computer, during an average school day, in-line with the recommendations for this age-group. This is a decrease in the proportion of students reporting this in 2005 (29.9%).

**Table 1: Overview of ACT ASSAD results, 1996, 1999, 2002, 2005 & 2008**

	1996	1999	2002	2005	2008	Sig. <sup>(e)</sup>
<b>Tobacco</b>						
% Smoked at least part of a cigarette in lifetime	55.7	53.7	45.9	32.0	26.4	p<.05
% Current smokers (smoked at least once in last 7 days)	20.4	20.5	15.3	8.6	6.7	ns
% Daily smokers (smoked each day in last 7 days)	9.3	8.2	6.1	2.9	2.5	ns
Mean number of cigarettes smoked in last 7 days by current smokers	31	29	29	25	23.8	ns
<b>Alcohol</b>						
% Drank at least a few sips of alcohol in lifetime	89.7	90.2	89.8	89.6	85.9	ns
% Current drinkers (drank at least once in last 7 days)	29.1	32.9	31.2	26.3	24.2	ns
% Harmful drinkers <sup>(a)</sup>	6.9	8.6	8.5	5.8	7.1	ns
Mean number of drinks consumed in last 7 days by current drinkers	7	7	8	6	6	ns
<b>Illicit substance and other drug use<sup>(b)</sup></b>						
<i>Illicit substance use</i>						
% Used at least one illicit substance in lifetime	37.5	35.0	29.6	20.3	14.8	p<.05
% Used at least one illicit substance in last week	11.6	9.7	7.8	4.8	3.7	ns
% Used cannabis at least once in lifetime	36.4	33.5	28.1	16.9	13.2	p<.05
% Used cannabis at least once in last week	10.7	8.8	7.6	3.7	2.7	ns
% Used hallucinogens at least once in lifetime	8.0	7.1	4.0	4.1	2.4	p<.05
% Used amphetamines at least once in lifetime	6.1	7.7	6.1	5.8	3.3	p<.05
% Used opiates at least once in lifetime	4.6	4.0	2.5	2.3	1.8	ns
% Used cocaine at least once in lifetime	4.2	4.7	3.4	3.4	1.6	p<.05
% Used ecstasy at least once in lifetime	4.5	4.5	5.3	5.0	3.8	ns
% Injected drugs with needles in lifetime	4.8	4.2	4.1	3.8	3.9	ns
<i>Other drug use</i>						
% Used inhalants at least once in lifetime	26.7	25.1	19.6	17.6	17.7	ns
% Used inhalants at least once in last week	6.5	6.4	6.2	5.2	3.6	ns
% Used tranquilisers at least once in lifetime	20.6	19.1	15.1	14.7	19.4	p<.05
% Used tranquilisers at least once in the last week	2.6	2.2	1.6	2.1	2.7	ns
% Used steroids at least once in lifetime	2.5	3.7	4.1	2.8	2.4	ns
% Used multiple substances in the last week <sup>(c)</sup>	6.7	5.2	4.4	2.3	1.4	ns
% Non-users (never tried tobacco, alcohol or any illicit in lifetime)	9.0	8.8	8.1	9.5	13.6	p<.05
<b>Healthy weight<sup>(d)</sup></b>						
% Met the dietary guidelines for fruit consumption (3 serves)	-	-	-	41.7	41.7	ns
% Met the dietary guidelines for vegetable consumption (4 serves)	-	-	-	22.0	22.3	ns
% Met the dietary guidelines for cereal consumption (5 serves)	-	-	-	18.5	17.7	ns
% Met the physical activity guidelines for daily activity (60mins.+)	-	-	-	13.9	15.6	ns
% Met the physical activity guidelines for daily TV/computer use (<=2hrs)	-	-	-	29.9	25.0	p<.05
% Overweight or obese	-	-	-	22.5	19.5	ns
<b>Sun protection<sup>(e)</sup></b>						
% usually or always wear a hat	53.1	45.8	43.6	40.2	29.2	p<.05
% usually or always wear clothes covering most of your body	27.3	22.4	19.8	22.4	20.2	ns
% usually or always deliberately wear less or briefer clothing	14.0	18.7	23.2	20.0	19.0	ns
% usually or always wear maximum protection sunscreen	67.1	61.6	48.1	40.3	43.7	ns
% usually or always stay mainly in the shade	28.8	29.0	26.1	22.2	27.0	p<.05
% usually or always most of time inside	17.8	20.6	22.4	20.2	26.7	p<.05

Source: 1996, 1999, 2002 & 2005 ASSAD, confidential unit record files, ACT Health

Notes: (a) Five or more drinks on any one day of the last week for females and seven or more drinks on any one day of the last 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) Healthy weight questions changed between 2002 and 2005, so results are not comparable. No questions asked about healthy weight prior to 2002.

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

(e) Sig. refers to statistical significance; ns= no significant change between 2005 & 2008 (p>0.05); na = not applicable; p<0.05 = significant change between 2005 & 2008.



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# 1. Introduction

In 2008, ACT Health conducted a survey of ACT secondary school students in Years 7 to 12. An external market research company, McNair Ingenuity Research, administered the ACT Secondary Student Alcohol and Drug (ASSAD) survey in schools. The survey was based on a self-report questionnaire that students responded to in a classroom environment.

Similar surveys were conducted in the ACT in 1996, 1999, 2002 and 2005. Many of the questions about alcohol, tobacco, other substance use and sun protection included in these earlier surveys were similar to questions in the 2008 survey, allowing for analysis of trends over time. However, surveys prior to 2005 did not include questions, or they included different questions, about nutrition, physical activity and height and weight. Therefore, the analysis of healthy weight-related behaviours is specific to the 2005 and 2008 surveys only.

As National results were not available at the time of writing, there are no comparisons between the ACT and Australian results in this report.

Significance testing<sup>1</sup> was used to identify changes in the proportion of students reporting specific behaviours between the 2008 and 2005 survey years.

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<sup>1</sup> Probability levels below 0.05 ( $p < 0.05$ ) are reported as being statistically significant. Statistical significance provides an indication of how likely a result is due to chance. A probability level below 0.05 indicates that there is a less than 5% chance the result (the trend or pattern in the data) is not a true reflection of the general population of 12 to 17 year old students in the ACT. In this report, where a figure is reported as significant, this implies statistical significance.

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## 2. Alcohol consumption

### *Key definitions:*

**Current drinkers:** includes all students who reported consuming alcohol on at least one day in the last seven days.

**Harmful drinkers:** includes all female students who reported consuming five or more alcoholic drinks on at least one day in the last seven days, and all male students who reported consuming seven or more alcoholic drinks on at least one day in the last seven days. Consumption of alcohol above these levels is thought to increase the short-term risk of health and social problems (NHMRC 2001).

### 2.1 Prevalence of alcohol consumption

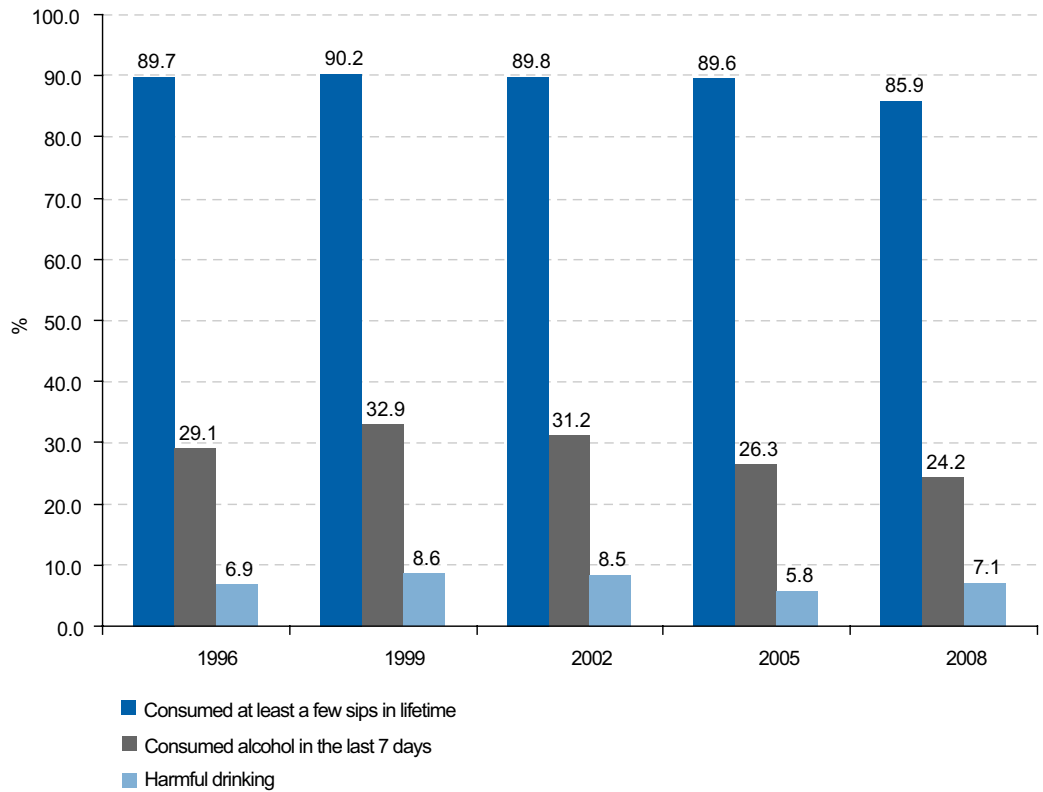
In 2008, 85.9% of students surveyed reported that they had consumed at least a few sips of alcohol in their lifetime (Figure 1). This proportion is a reduction from previous years where levels were closer to 90% with this reduction being statistically significant.

This proportion equates to an estimated 22,678 ACT secondary students between 12 to 17 years of age had ever consumed alcohol (males: 11,584; females: 11,094).

Just under a quarter (24.2%) of students surveyed in 2008 reported consuming alcohol on at least one day in the last seven days (current drinkers), and 7.1% reported harmful drinking.

There was no significant increase in harmful drinking from the 2005 survey results. In addition the differences in current drinking remain unchanged, however the lifetime consumption has decreased from previous years and this difference is statistically significant.

**Figure 1: Alcohol consumption, various levels, students (%) 1996–2008**



Source: 1996, 1999, 2002, 2005 & 2008 ASSAD, confidentialised unit record files, ACT Health.

2008 results suggest that although differences in alcohol consumption patterns between the sexes were not statistically significant (Table 2), differences between younger and older students were significant with students aged 12-15 years drinking at lower levels across all consumption patterns.

**Table 2: Alcohol consumption, current & harmful drinking, students (%) by sex & age-group, 2008**

	Sex			Age-group	
	Males	Females	Persons	12-15 years	16-17 years
Consumed alcohol at least once in lifetime	87.2	84.5	85.9	82.8 <sup>#</sup>	92.7
Current drinkers	25.1	23.3	24.2	19.4 <sup>#</sup>	35.0
Harmful drinkers	7.5	6.6	7.1	4.1 <sup>#</sup>	13.7

Source: 2008 ASSAD, confidentialised unit record file, ACT Health.

Note: # Denotes a statistically significant difference between age-groups.

## 2.2 Quantity and type of alcohol consumed

When asked how many drinks they had consumed each day in the last seven days, current drinkers reported consuming a weekly average of six drinks (males: over seven drinks; females: five drinks) in 2008. Older students reported an average of eight drinks and younger students reported an average of five drinks.

Students were also asked how many drinks they had consumed on any one occasion over the previous week. In 2008, 2.8% of students reported to have consumed 11 drinks or more during a single session and 8.7% and 5.6% reported to have consumed 5 drinks or more and 7 drinks or more respectively. Patterns of binge-drinking remain unchanged over the last 12 years with differences over time not being statistically significant.

**Table 3: Quantity of drinks consumed in single session over previous week, students (%) 1996–2008**

	1996	1999	2002	2005	2008
Drinking 11 drinks or more	2.4	2.7	2.2	2.4	2.8
Drinking 5 drinks or more	8.2	10.2	10.2	7.1	8.7
Drinking 7 drinks or more	5.4	6.9	6.6	4.7	5.6

Source: 1996, 1999, 2002, 2005 & 2008 ASSAD, confidentialised unit record files, ACT Health.

When asked about their alcoholic drink preferences in 2008, the majority of males who had ever consumed alcohol, expressed a preference for beer, followed by spirits, then premixed spirits. The majority of females expressed a preference for premixed spirits, followed by spirits, then wine (Table 4). Younger students expressed a preference for premixed spirits followed by beer and spirits, while older students expressed a preference for premixed spirits, followed by spirits, and then beer.

**Table 4: Alcoholic drink preferences, students who had ever consumed alcohol, students (%) by sex & age-group, 2008**

	Sex			Age-group	
	Male	Female	Persons	12-15 years	16-17 years
Premixed spirits	22.3 <sup>#</sup>	51.6	35.7	33.0 <sup>#</sup>	40.2
Spirits	30.7	28.9	29.9	27.3 <sup>#</sup>	34.0
Ordinary beer	40.1 <sup>#</sup>	11.1	26.8	27.9	25.1
Wine	18.0	14.1	16.2	19.1 <sup>#</sup>	11.4

Source: 2008 ASSAD, confidentialised unit record file, ACT Health.

Note: # Denotes a statistically significant difference between sex & age-groups.

## 2.3 Purchase of alcohol and places consumed

Students were asked where or from whom they obtained their last alcoholic drink. More than one-third (38.8%) reported that their parents gave it to them, 20.8% reported that friends gave them the alcohol and 18.3% reported that they got someone to buy it for them. Of those reporting having got someone else to buy their alcohol, nearly three-quarters (73.4%) reported that it was a friend aged 18 years and over.

When asked where they consumed their last alcoholic drink, students were more likely to report 'at my home' (41.9%), followed by 'at a party' (25.8%), and 'at my friend's home' (16.7%). The rankings for males, females and younger students were very similar, although, older students were more likely to report having consumed their last drink 'at a party' (34.2%), followed by 'at my home' (31.4%) and 'at my friend's home' (19.2%).

Nearly a third (31.8%) of students who had ever consumed alcohol reported that there was no adult supervising them when they consumed their last alcoholic drink. Older students (37.9%) were significantly more likely than younger students (27.9%) to report that there was no adult supervising when they consumed their last alcoholic drink. There was no difference between the males (30.1%) and females (33.6%).

## 2.4 Attitudes to alcohol

Students were also asked how strongly they agreed or disagreed with various statements about alcohol. Males and older students were more likely to express relaxed attitudes towards alcohol than females and younger students (Table 5).

**Table 5: Attitudes & knowledge about alcohol, students (%) by sex & age-group, 2008**

Students agree/strongly agree that:	Sex			Age-group	
	Males	Females	Total	12-15 years	16-17 years
Getting drunk every now and then is not a problem	44.0	46.3	45.2	39.1 <sup>#</sup>	57.7
Having a few drinks is one of the best ways of getting to know people	40.2 <sup>#</sup>	21.3	30.7	27.5 <sup>#</sup>	37.6
Having a few drinks is one of the best ways of relaxing	32.3 <sup>#</sup>	19.0	25.6	22.3 <sup>#</sup>	32.6
Having a few drinks makes you part of the group	24.6 <sup>#</sup>	13.8	19.2	18.3	21.0
You can have good time at a party where there is no alcohol	81.4 <sup>#</sup>	88.8	85.1	85.3	84.6
People who drink alcohol are more popular than people who don't	28.6 <sup>#</sup>	19.9	24.3	24.5	23.8

Source: 2008 ASSAD, confidentialised unit record file, ACT Health.

Note: # Denotes a statistically significant difference between sex & age-groups.

## 2.5 Education in class about alcohol

In 2008, 90.0% of all students surveyed recalled receiving at least part of a lesson in class on alcohol during the last year. There was little difference between the sexes (males: 89.0%; females: 91.1%). However younger students (91.6%) were significantly more likely than older students (86.6%) to have received a lesson.

### 3. Tobacco use

#### Key definitions:

**Current smoker:** includes all students who reported smoking cigarettes on at least one day in the seven days before the survey.

**Daily smoker:** includes all students who reported smoking cigarettes every day in the seven days before the survey.

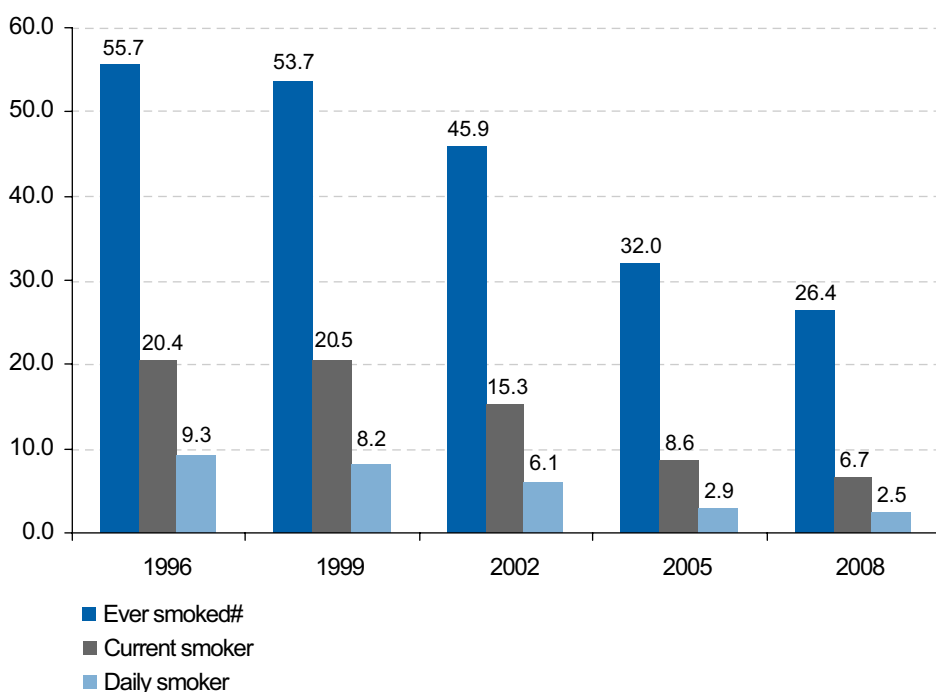
### 3.1 Prevalence of tobacco use

In 2008, 26.4% of all students surveyed reported having smoked at least once in their lifetime (Figure 2). Based on this proportion, an estimated 6,970 ACT secondary students between 12 to 17 years of age had ever-smoked (males: 3,560; females: 3,410), and represents a statistically significant decrease from 2005.

Less than one in ten (6.7%) reported smoking cigarettes on at least one day in the last seven days (current smokers), and 2.5% reported smoking cigarettes every day in the last seven days (daily smokers).

Although there has been a decrease in current and daily smoking between 1996 and 2005, the apparent decrease in 2008 is not significant.

Figure 2: Smoking status, students (%) 1996–2008



Source: 1996, 1999, 2002, 2005 & 2008 ASSAD, confidentialised unit record files, ACT Health.

Note: # Denotes a statistically significant difference between 2005 & 2008.

The 2008 survey results suggest that smoking rates are similar between the sexes (Table 6). Older students were significantly more likely than younger students to report having ever smoked and current smoking.

**Table 6: Smoking status, students (%) by sex & age-group, 2008**

	Sex			Age-group	
	Males	Females	Persons	12-15 years	16-17 years
Smoked at least once in lifetime	25.5	27.4	26.4	21.7 <sup>#</sup>	37.1
Current smokers	6.3	7.1	6.7	5.6	9.2
Daily smokers	2.7	2.2	2.5	2.2	3.2

Source: 2008 ASSAD, confidentialised unit record file, ACT Health.

Note: # Denotes a statistically significant difference between age-groups.

### 3.2 Quantity and type of cigarettes preferred

When asked how many cigarettes they had smoked in the last seven days, male current smokers reported smoking an average of 28 cigarettes and female smokers, 20 cigarettes. Younger students reported smoking an average of 25 and older students reported an average of 22 cigarettes 'in the last seven days'.

Current smokers reported Winfield (males=49.9%, females=50.6%) as their preferred brand of cigarette, followed by Peter Jackson for males (32.1%) and Longbeach for females (26.2%).

### 3.3 Places where students smoked

When asked where they usually smoked, students who had smoked at least once in their lifetime were more likely to report that they usually smoked 'at a party' (41.7%), followed by 'at a park or recreation area' (21.8%) and 'on school grounds during school hours' (15.7%).

### 3.4 Ease of purchase

When asked how easy it might be to buy cigarettes, around half of students (51.6%) reported it easy to get someone to purchase their cigarettes, with older students (64%) more likely to report this than younger students (46.1%). A quarter of males (25%) and 17.2% of females found it easy to purchase their own cigarettes with older students (33%) finding it easier than younger students (16.8%). Just over half of all students reported to have been asked for proof of age (58.4%). This represents a significant decrease from the percentage of students reporting to have been asked for proof of age in 2005 (65.8%).

### 3.5 Attitudes to smoking

Students were asked about the level of danger associated with smoking different quantities of cigarettes. In 2008, a third (36.3%) of students who had smoked at least once in their lifetime perceived smoking less than 10 cigarettes as ‘very dangerous’ and 82.9% perceived smoking more than 20 cigarettes as ‘very dangerous’ (Table 7).

Older students were significantly more likely to perceive smoking either more than 20 or less than 10 cigarettes a day as ‘very dangerous’ when compared to younger students.

**Table 7: Perception that cigarette smoking is ‘very dangerous’; students who had ever smoked (%) by sex, age-group & cigarette quantity, 2008**

	Sex			Age-group	
	Males	Females	Persons	12-15 years	16-17 years
Smoked < 10 cigarettes a day	34.6	37.9	36.3	29.0 <sup>#</sup>	45.2
Smoked > 20 cigarettes a day	84.2	81.7	82.9	78.4 <sup>#</sup>	88.2

Source: 2008 ASSAD, confidentialised unit record file, ACT Health.

Note: # Denotes a statistically significant difference between age-groups.

Students were also asked how strongly they agreed or disagreed with statements about smokers. In 2008, 12.7% of students who had smoked at least once in their lifetime ‘agreed/strongly agreed’ that ‘kids who smoke seem more grown-up than non-smokers’; 15.6% ‘agreed/strongly agreed’ that ‘smokers are usually more popular than non-smokers’; and, 90.1% ‘agreed/strongly agreed’ with the statement ‘the health of non-smokers can be affected by breathing other people’s cigarette smoke’ (Table 8).

Both males in general and younger students were twice as likely to agree/strongly agree with the statement that ‘kids who smoke are more popular than non-smokers’ compared to females and older students.

**Table 8: Smoking perceptions, ‘agreeing/strongly agreeing’ with statements about smoking, by students who had ever smoked (%) by sex & age-group, 2008**

	Sex			Age-group	
	Males	Females	Total	12-15 yrs	16-17 yrs
Smokers are usually more popular than non-smokers	21.8 <sup>#</sup>	10.1	15.6	19.6 <sup>#</sup>	10.9
The health of non-smokers can be affected by breathing other people’s smoke	87.1	92.8	90.1	90.3	89.8
Kids who smoke seem more grown-up	12.8	12.6	12.7	12.0	13.5

Source: 2008 ASSAD, confidentialised unit record file, ACT Health.

Note: # Denotes a statistically significant difference between sex & age groups.

### 3.6 Education in class about smoking

In 2008, 84.1% of all students surveyed recalled having received at least part of an education session in class on smoking during the previous year. Significance testing of estimates suggests younger students (90.3%) were more likely than older students (70.3%) to recall having had at least part of a lesson in the previous year.



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## 4. Illicit substance and other drug use

### *Key definitions:*

- Illicit substance use:** refers to the use of illicit substances, including: cannabis; amphetamines; ecstasy; cocaine; hallucinogens (LSD, magic mushrooms, datura, angel's trumpet); and opiates (heroin, methadone, pethidine).
- Other drug use:** refers to tranquillisers (sleeping tablets/sedatives); inhalants that were deliberately sniffed from spray cans, paint, petrol, glue or thinners – excludes sniffing whiteout, liquid paper, textas, markers and pens; and steroids.
- Multi-substance use:** refers to those students who reported the use of tobacco, alcohol and at least one illicit substance, on at least one occasion, in the seven days prior to survey.
- Non-users:** refers to those students who did not report any use of tobacco, alcohol or illicit substance in their lifetime.

### 4.1 Prevalence of illicit substance and other drug use

In 2008, 14.8% of students reported having used at least one illicit substance in their lifetime and 3.7% reported having used an illicit substance at least once in the last seven days (Table 9). Based on this proportion, an estimated 3,907 ACT secondary students aged 12-17 years have ever used an illicit substance.

The most commonly reported illicit substance was cannabis with 13.2% of students reporting lifetime use and 2.7% reporting use in the last seven days. This is a decrease from the 2005 survey results (16.9% lifetime use).

There was a significant decrease in the proportion of students reporting the use of illicit substances between 1996 and 2008. Lifetime use of 'any illicit', cannabis and cocaine all decreased between survey years. In addition, the decrease in reported lifetime use of cannabis was driven by students aged 15 to 16 years (8.4%) with older student use (23.5%) remaining unchanged from 2005 (27.2%) when tested for statistical significance.

The proportion of students reporting ecstasy use did not change significantly between survey years. In 2008, 3.8% of students reported having used ecstasy at least once in their lifetime.

Tranquillisers or sedatives for non-medical purposes were the most common drug used overall, with 19.4% of students reporting use at least once in their lifetime and 2.7% reporting use in the last 7 days.

The reported lifetime use of tranquillisers by secondary students increased significantly between 2005 and 2008 and this increase was primarily driven by females (females: 21.7%, males: 17.3%).

The second most commonly reported drug was inhalants with 17.7% of secondary students reporting use at least once in their lifetime and 3.6% reporting use in the last seven days.

**Table 9: Use of illicit substances and other drugs, student (%) 1996 - 2008**

	1996	1999	2002	2005	2008
<i>Illicits</i>					
Used at least one illicit drug in lifetime	37.5	35.0	29.6	20.3	14.8 <sup>#</sup>
Used at least one illicit drug in last week	11.6	9.7	7.8	4.8	3.7
Used cannabis at least once in lifetime	36.4	33.5	28.1	16.9	13.2 <sup>#</sup>
Used cannabis at least once in the last week	10.7	8.8	7.6	3.7	2.7
Used hallucinogens at least once in lifetime	8.0	7.1	4.0	4.1	2.4
Used amphetamines at least once in lifetime	6.1	7.7	6.1	5.8	3.3
Used ecstasy at least once in lifetime	4.5	4.5	5.3	5.0	3.8
Used heroin at least once in lifetime	4.6	4.0	2.5	2.3	1.8
Used cocaine at least once in lifetime	4.2	4.7	3.4	3.4	1.6
<i>Other drugs</i>					
Used inhalants at least once in lifetime	26.7	25.1	19.6	17.6	17.7
Used inhalants at least once in the last week	6.5	6.4	6.2	5.2	3.6
Used tranquilisers at least once in lifetime	20.6	19.1	15.1	14.7	19.4 <sup>#</sup>
Used tranquilisers at least once in the last week	2.6	2.2	1.6	2.1	2.7
Used steroids at least once in lifetime	2.5	3.7	4.1	2.8	2.4
Used multiple substances at least once in the last week	6.7	5.2	4.4	2.3	1.4
No use of any substance in lifetime	9.0	8.8	8.1	9.5	13.6 <sup>#</sup>

Source: 1996, 1999, 2002, 2005 & 2008 ASSAD, confidentialised unit record files, ACT Health.

Note: # Denotes statistically significant difference between 2005 & 2008.

\* Reported lifetime and use in last week of 'any illicit' excludes tranquiliser, steroid and inhalant use.

## 4.2 Needle use

In 2008, students were asked whether they had ever used any drug by injection or needles without a doctor's prescription. The question explicitly excluded injecting drugs for medical reasons, such as for treating diabetes. The injection of illicit drugs was not common with 3.9% of all students surveyed reporting that they had ever used needles in this manner. This proportion was similar to that reported in 2005 (3.8%).

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 2008, 40.8% of students reported having done so. This proportion is a large increase from 2005 when 21.7% of students who used needles or syringes to inject drugs reported to have shared a needle or syringe.

Students who reported use of drugs by injection or needles without a prescription were also asked if they had ever obtained equipment from a needle exchange. In 2008, 35.1% of students reported that they had. This represents a large decrease from 2005 when 45.9% of students reported having obtained sterile injecting equipment from a needle exchange.

57.1% of students who reported use of drugs by injection or needles without a prescription in 2008 reported having been informed about safe injecting practices. This estimate has not changed significantly from 2005 (62.3%).

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## 4.3 Use of multiple substances

In 2008, 1.4% of all students surveyed reported the use of tobacco, alcohol and at least one illicit substance, on at least one occasion, in the seven days prior to survey. Between 1996 (6.7%) and 2005 (2.3%), there was a significant decrease in the proportion of students reporting the use of multiple substances (used tobacco, alcohol and at least one illicit substance) in the seven days prior to survey, however differences between 2008 and 2005 were not statistically significant.

## 4.4 Non-users

In 2008, 13.6% of all students surveyed reported never having used tobacco, alcohol or any illicit substance in their lifetime. This represents a significant increase in the proportion of non-users between 2008 and 2005 (9.5%).

## 4.5 Attitudes to the use of illicit substances and other drugs

Students were asked to report on the level of danger associated with the use of various illicit substances. In 2008, between 60% and 87% of students perceived most behaviour associated with illicit substance use as 'very dangerous'. However, only 52.8% of students reported regular inhalant use as 'very dangerous' and less than half (46.5%) reported trying LSD once or twice as 'very dangerous' (Table 10).

Over 80% of students reported regular use of cocaine (84.4%), heroin (86.7%), ecstasy (87.2%) or injecting with needles or syringes (83.9%) as being very dangerous.

Perceptions of the danger associated with illicit substance and other drug use varied according to student age. Older students were more likely than younger students to perceive the use of illicit substances as 'very dangerous'. However, there was an exception to this, with younger students (75.6%) more likely than older students (64.3%) to report regular use of marijuana as 'very dangerous'.

**Table 10: Illicit substance and other drug use, perception as ‘very dangerous,’ students (%) by sex and age-group, 2008**

	Sex			Age-group	
	Male	Female	Persons	12-15 yrs	16-17 yrs
Using LSD regularly	72.6	70.9	71.7	66.0 <sup>#</sup>	83.6
Using cocaine	83.1	85.7	84.4	83.7	85.9
Trying heroin or morphine once or twice	62.2	58.9	60.5	59.8	62.1
Using needles & syringes to inject drugs	82.0	85.7	83.9	83.2	85.4
Trying amphetamines occasionally	69.6	68.9	69.2	67.8	72.2
Taking heroin/morphine regularly	86.1	87.3	86.7	86.2	87.8
Sniffing glue, thinners or petrol regularly	56.6 <sup>#</sup>	49.1	52.8	47.8 <sup>#</sup>	63.0
Taking ecstasy occasionally	75.7	78.2	76.9	77.4	76.1
Using marijuana regularly	71.6	72.2	71.9	75.6 <sup>#</sup>	64.3
Using LSD once or twice	48.6	44.5	46.5	44.1 <sup>#</sup>	51.5
Using ecstasy regularly	86.1	88.2	87.2	86.5	88.6
Mixing a number of drugs including alcohol	84.9	86.9	85.9	86.7	84.1

Source: 2008 ASSAD, confidentialised unit record file, ACT Health.

Note: # Denotes a statistically significant difference between sex & age-groups.

## 4.6 Education in class about illicit substance and other drug use

In 2008, 85.4% of all students surveyed recalled having received at least part of an education session in class on illicit substance use during the previous year.

Significance testing of estimates suggests that students (72.8%) who reported using at least one illicit drug in the last seven days were less likely to recall a lesson in the previous year compared to other students.

## 5. Sun protection

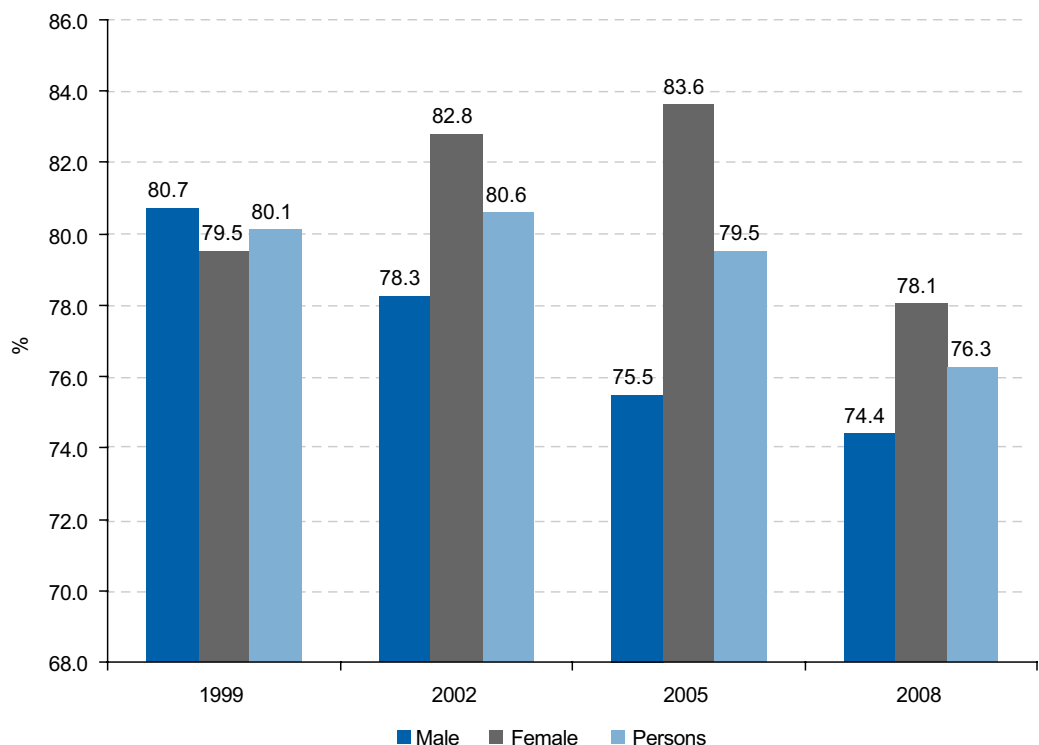
There have been changes over time to some of the sun protection questions asked in the survey. Therefore, time trends are only presented for comparable questions that have not changed between survey years.

### 5.1 Sun exposure

In 2008, the majority (76.3%) of all students surveyed reported getting sunburnt at least once over the previous summer, with 32.8% of all students reporting sunburn severe enough to blister. Between 1999 and 2005 there was a steady increase in sunburn for females and people, however during 2008 the rate decreased and this decrease was statistically significant (Figure 3).

There was little difference between age-groups in the proportion of students reporting sunburn over the previous summer (12 to 17 years: 72.9%; 16 to 17 years: 75.8%). However there was a significant difference between age-groups in regards to serious sunburn with older students more likely to report this (41.5%) than younger students (34.2%).

**Figure 3: Sunburn last summer, students (%) by sex, 1999–2008**

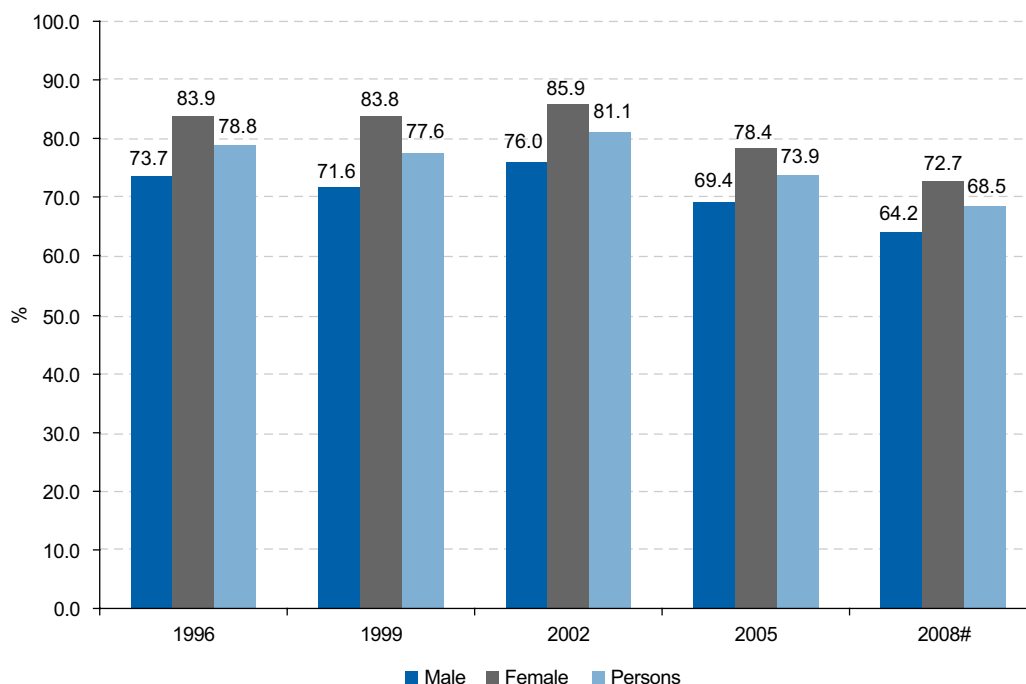


Source: 1999, 2002, 2005 & 2008 ASSAD, confidentialised unit record files, ACT Health.

Note: Students were not asked this question in 1996.

Less than three-quarters (68.5%) of all students surveyed in 2008 reported that they liked to get a suntan. Females (72.7%) were significantly more likely than males (64.2%) but older students (70%) showed similar preferences to getting a suntan as younger students (67.4%). Between 2005 and 2008, there was a significant decrease in the proportion of students who reported a preference for a suntan (Figure 4).

**Figure 4: Students reporting they liked to get a tan (%) by sex, 1996 - 2008**



Source: 1996, 1999, 2002, 2005 & 2008 ASSAD, confidentialised unit record files, ACT Health.

Note: # Denotes a statistically significant difference between 2005 & 2008.

## 5.2 Sun protection

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.

The results of the 2008 survey suggest that there has been a decline in the proportion of students reporting 'usually' or 'always' wearing a hat on sunny days in summer compared to previous years. There has however been an increase since 1996 in keeping out of direct sunlight with 27.0% of students reporting to stay mainly in the shade (2005: 22.2%) and 26.7% reporting to spending most time indoors (2005: 20.2%) (Table 12). The most popular practice was wearing a maximum protection sunscreen (43.7%) in 2008.

**Table 11: Sun protection activities, students reporting 'usually' or 'always' participating, by activity type (%) 1996 - 2008**

	1996	1999	2002	2005	2008
Wear hat on sunny days in summer	53.1	45.8	43.6	40.2	29.2 <sup>#</sup>
Wear clothes covering body on sunny days	27.3	22.4	19.8	22.4	20.2
Deliberately wear less clothing on sunny days	14.0	18.7	23.2	20.0	19.0
Wear sunscreen (SPF 30+) on sunny days	67.1	61.6	48.1	40.3	43.7
Stay mainly in the shade on sunny days	28.8	29.0	26.1	22.2	27.0 <sup>#</sup>
Spend most time indoors on sunny days	17.8	20.6	22.4	20.2	26.7 <sup>#</sup>

Source: 1996, 1999, 2002, 2005 & 2008 ASSAD, confidentialised unit record files, ACT Health.

Note: # Denotes a statistically significant difference between 2005 & 2008.

There were differences in sun care practices between the sexes, with males more likely than females to cover-up when outside on a sunny day in summer (Table 12). In contrast, females were more likely to wear less, or briefer clothing, but were more likely to use a maximum protection sunscreen, wear sunglasses or to stay mainly in the shade. Significance testing also suggests that older students were less likely to wear a hat and were more likely to wear less or briefer clothing than younger students.

**Table 12: Sun protection activities, students reporting they ‘usually’ or ‘always’ participate (%) by sex and age-group, 2008**

	Sex			Age-group	
	Males	Females	Persons	12-15 years	16-17 years
Wear hat on sunny days	33.5 <sup>#</sup>	25.1	29.2	32.2 <sup>#</sup>	22.9
Wear clothes covering body on sunny days	26.8 <sup>#</sup>	13.9	20.2	20.9	18.7
Deliberately wear less clothing on sunny days	14.7 <sup>#</sup>	23.2	19.0	17.0 <sup>#</sup>	23.3
Wear sunscreen (SPF 30+) on sunny days	35.3 <sup>#</sup>	51.7	43.7	44.5	42.0
Stay mainly in the shade on sunny days	23.3 <sup>#</sup>	30.5	27.0	27.4	26.1
Spend most time indoors on sunny days	30.4 <sup>#</sup>	23.1	26.7	26.8	26.6

Source: 2008 ASSAD, confidentialised unit record file, ACT Health.

Note: # Denotes a statistically significant difference between sex & age groups.

### 5.3 Education and knowledge about skin cancer

In 2008, the majority of students (78.4%) surveyed recalled having received at least part of an education session in class on sun protection during the previous year. Significance testing of estimates suggests that there was an increase in the proportion of students reporting at least part of a lesson between 1996 (60.1%) and 2008.

Younger students (79.4%) were more likely than older students (64.3%) to recall having had at least part of a lesson in the previous year. In addition, females (77.2%) were more likely than males 72.0% to recall this.

With regards to knowledge about skin cancer, students were asked two questions about the causes of skin cancer.

In response, 94.5% of students correctly rated as true the statement that “Most skin cancer is caused by UVR from the sun”. A similar proportion of younger and older students and males and females responded correctly to this question.

In response to the second statement, “You only get skin cancer if you get burnt often”, 78.4% of students correctly rated this statement as false. The accuracy of responses to this question varied over time, sex and age-group. There has been a decrease in the knowledge of this statement since 1996, when 83.6% correctly rated the statement as false. Females (81.4%) were more likely to rate this question correctly than males (75.4%) and older students (89.1%) were more likely to rate this question correctly than younger students (73.3%).

## 6. Healthy weight

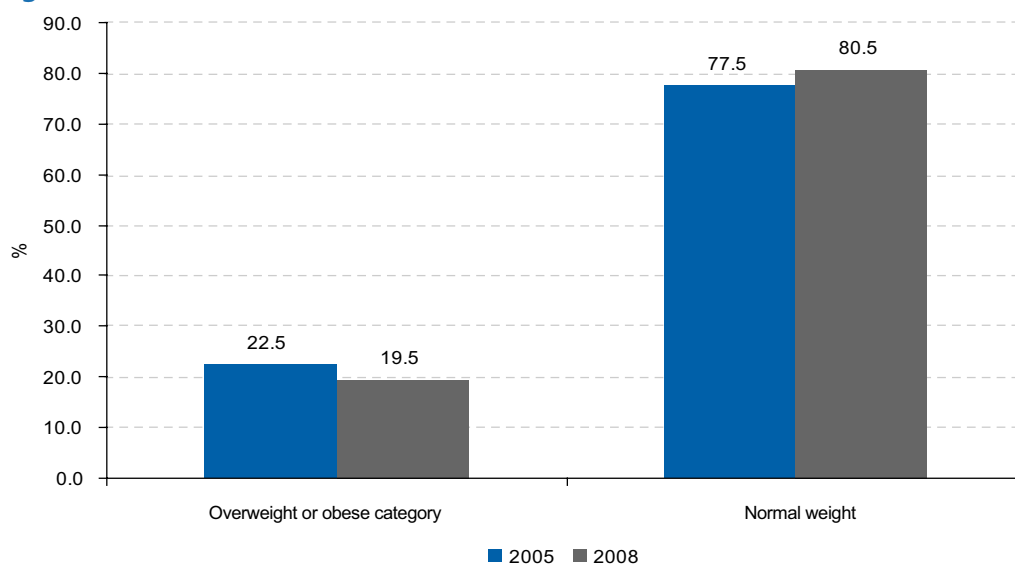
Questions about physical activity and nutrition were asked for the first time in the 2002 survey, but the questions asked in 2005 were changed to better reflect national guidelines. Therefore, the results from the 2002 survey are not comparable with the results from the 2005 and 2008 surveys and have not been presented.

### 6.1 Self-reported weight

In 2005 and 2008, students were asked to report their weight and height. These data were used to calculate a body mass index (BMI) for each student. The BMI<sup>2</sup> provides a useful estimate of excess weight as it measures an individual's weight in relation to their height. Student BMIs have been categorised based on the adolescent thresholds endorsed by the Department of Health and Ageing (Cole 1990).

In 2008, based on self-reported height and weight, 19.5% of all students surveyed were overweight or obese. Although this rate represents a slight decrease from 2005 (22.5%) this difference was not statistically significant. More than three quarters of students (80.5%) were of healthy weight.

**Figure 5: BMI status, students (%) 2005 & 2008**



Source: 2005 & 2008 ASSAD, confidentialised unit record file, ACT Health.

Notes: (a) BMI categories for adolescents are defined in Cole TJ 1990, The LMS method for constructing normalised growth standards, *European journal of clinical nutrition*, 44:45-60. This method is recognised by the NHMRC.  
(b) 'Normal weight' refers to acceptable healthy range of weight according to the BMI categorisation.

2 BMI is calculated as weight in kilograms, divided by height in metres squared (kg/m<sup>2</sup>).



Males were significantly more likely than females to be overweight and less likely to be of healthy weight (Table 13). Younger students were more likely than older students to be overweight or obese however these differences were not significant.

**Table 13: BMI status, students (%) by sex & age-group, 2008**

	Sex		Age-group		Total
	Male	Female	12 to 15 yrs	16 to 17 yrs	
Overweight	21.2 <sup>#</sup>	10.9	18.2	14.1	16.7
Obese	2.5	2.6	3.0	1.9	2.6
Overweight or obese	23.8 <sup>#</sup>	14.0	21.4	16.5	19.5
Normal weight	76.2 <sup>#</sup>	86.0	78.6	83.5	80.5

Notes: (a) BMI categories for adolescents are defined in Cole TJ 1990, The LMS method for constructing normalised growth standards, European journal of clinical nutrition, 44:45-60.

(b) # Denotes statistically significant difference between sex.

Source: 2008 ASSAD, confidentialised unit record file, ACT Health.

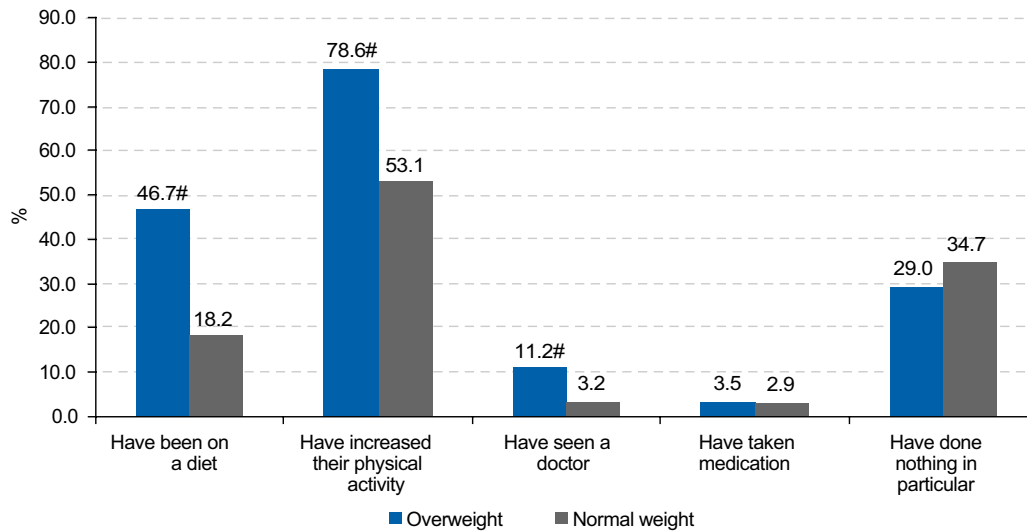
When asked to classify their perceived weight, students were not very accurate. Only 64.3% of students within the normal healthy weight range thought that their weight was about right. A further 17.0% thought they were overweight and 18.7% thought they were underweight. Only 13% were unhappy with their weight with a further 26.2% being non-committal (neither happy nor unhappy).

Students who were overweight had a similar accuracy in perceiving their weight classification: 64.1% thought they were overweight, 32.5% thought they were about the right weight and 3.3% thought they were underweight. However, 29.5% were unhappy with their weight with a further 43.4% being non-committal, both percentages being considerably higher than for students with normal healthy weight.

Females (33.5%) were more likely than males (20.1%) to perceive themselves as overweight. Females (41.3%) were also less likely to be happy about their weight than males (64.2%).

More than half (57.7%) of all students reported to have taken some action to change their weight in the previous 12 months. Students who were overweight (75.4%) were more likely to report this than normal weight students (53.3%). Increasing physical activity levels was the most common strategy employed by students (Figure 6).

**Figure 6: Actions taken to change body weight, students (%) by BMI status, 2008**



Source: 2008 ASSAD, confidentialised unit record file, ACT Health.

Notes: (a) 'Normal weight' refers to acceptable healthy range of weight according to the BMI categorisation.

(b) # Denotes statistically significant difference between BMI status.

## 6.2 Nutrition

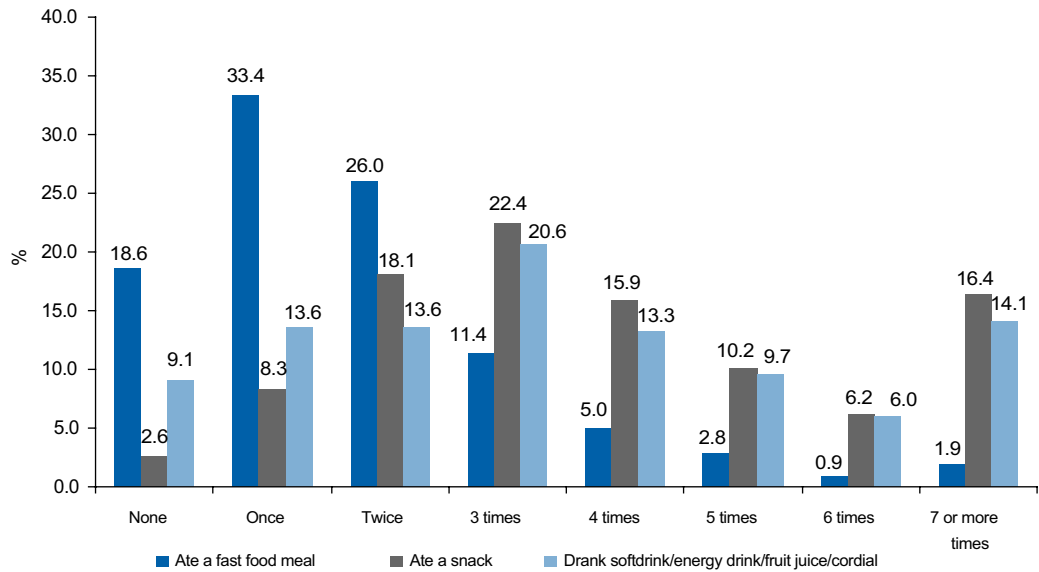
In 2005 and 2008, students were asked a range of questions about their diet, including how many times in the last week they had consumed a fast food meal, snacks and soft drink, and how many serves of fruit, vegetables and cereals they usually consumed each day.

In 2008, almost one in five (18.6%) reported that they did not consume any fast food (22.2% in 2005,  $p < .05$ ), 33.4% reported consuming one fast food meal (36.1% in 2005) and 48.0% of students reported consuming a fast food meal at least twice in the last week (41.7% in 2005,  $p < .05$ ) (Figure 7). This pattern of findings suggests that less students in 2008 compared to 2005 are eating fast food, however students who do eat fast food are consuming this food more often.

There were very few students (2.6%) who reported that they did not consume any snacks and 16.4% reported consuming seven or more snacks in the last week.

Less than 1 in 10 students (9.1%) reported that they did not consume any soft drink/energy drink/fruit juice/cordial and 77.3% reported consuming at least one of these drinks at least twice in the last week (71.4% in 2005,  $p < .05$ ).

**Figure 7: Selected food consumption in last week, students (%) 2008**



Source: 2008 ASSAD, confidentialised unit record file, ACT Health.

- Notes: (a) 'Fast food' is defined in the questionnaire as 'a fast food meal like McDonald's, Hungry Jacks, pizzas, fish and chips, hamburgers, meat pies, pasties etc'  
 (b) 'Snacks' are defined in the questionnaire as being 'like a chocolate bar, a piece of cake, a packet of chips/twisties/corn chips, ice cream, 3-4 sweet biscuits'  
 (c) 'Soft drink/energy drink/fruit juice/cordial' is defined in the questionnaire as being 'like Coke, Pepsi Lemonade, Fanta, an energy drink like Red Bull, V, Wild, fruit juice or having at least 2 glasses of cordial in a row'.

In 2008, 41.7% of students reported consuming at least three serves of fruit and more than one in five (22.3%) reported consuming at least four serves of vegetables each day. Significance testing of estimates suggests that differences between age-groups were not statistically significant, but males were more likely than females to report consuming at least four serves of vegetables each day (Table 14). These results are similar to those of the 2005 survey.

Almost one in five (17.7%) students surveyed reported consuming at least five serves of cereals each day. Males (20.8%) were more likely than females (14.8%) to report levels that met the minimum recommended serves.

**Table 14: Students who met selected food type nutrition guidelines (%) by sex & age-group, 2008**

	Sex			Age-group	
	Males	Females	Total	12-15 years	16-17 years
Met guidelines for minimum recommended serves of fruit (a)	42.5	40.8	41.7	42.3	40.1
Met guidelines for minimum recommended serves of vegetables (a)	24.9 <sup>#</sup>	19.5	22.3	22.7	21.3
Met guidelines for minimum recommended serves of cereals(a)	20.8 <sup>#</sup>	14.8	17.7	18.1	16.8

Source: 2008 ASSAD, confidentialised unit record file, ACT Health.

- Note: (a) The Dietary Guidelines for Children and Adolescents in Australia (NHMRC 2003) recommend at least three serves of fruit, four serves of vegetables and a minimum of five serves of cereals per day for this age-group.  
 (b) <sup>#</sup> Denotes statistically significant difference between sex.

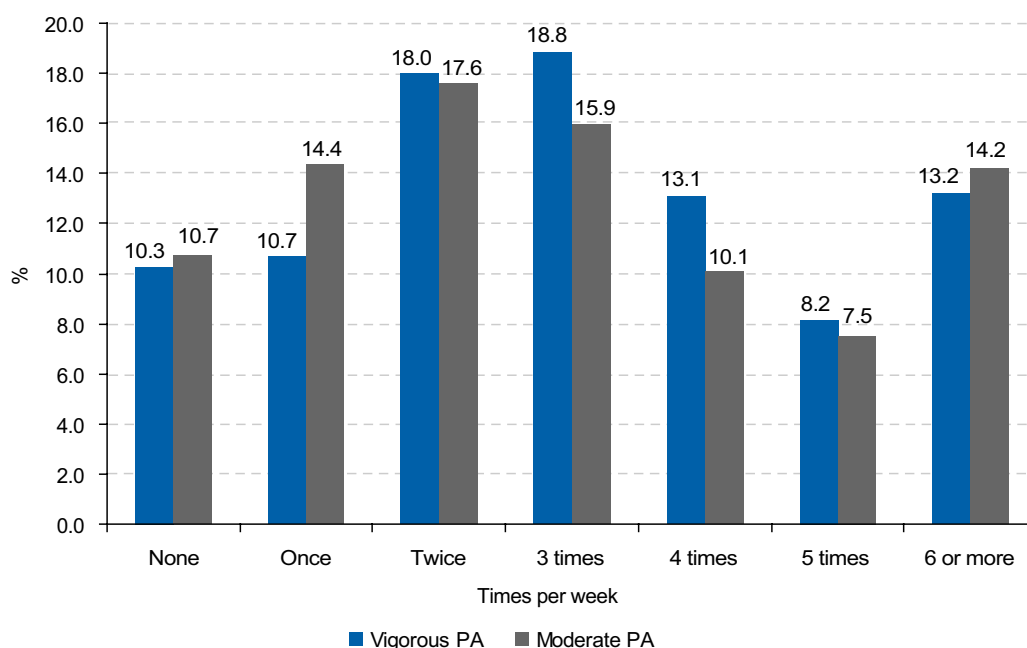
## 6.3 Physical activity

In 2005 and 2008, students were asked a range of questions about their physical activity levels, including how many times in the last week they had undertaken at least 30 minutes of moderate or vigorous activity; how many days in the last week they had undertaken vigorous or moderate activity for at least 60 minutes; and, how many hours on an average school day they would watch TV or videos, use the internet or play computer games.

The results of the 2008 survey show that 10.3% of students reported they did not do 30 minutes of vigorous activity on any day in the last week, one in seven (68.8%) did at least 30 minutes of vigorous activity 1-5 times and 13.2% did at least 30 minutes of vigorous activity six or more times in the last week (Figure 8). These results are similar to those found in 2005.

When asked about moderate activity, 10.7% of students reported they did not do 30 minutes of moderate activity on any day in the last week, 65.5% did at least 30 minutes of moderate activity 1-5 times and 14.2% did at least 30 minutes of moderate activity six or more times in the last week. The 2008 results show a slight reduction in moderate physical activity of any frequency since 2005, however these differences were not statistically significant.

**Figure 8: Students participating in vigorous or moderate activity for at least 30 minutes (%) by frequency, 2008**

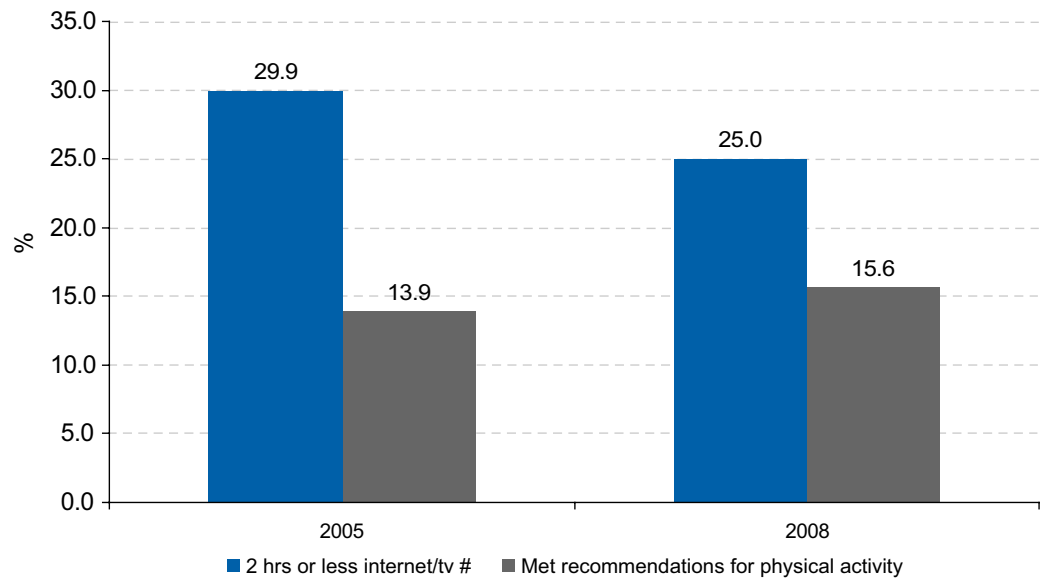


Source: 2008 ASSAD, confidentialised unit record file, ACT Health.

In 2008, 15.6% of students reported doing at least 60 minutes of physical activity each day in the last week. This is not a significant increase on 2005 findings (13.9%). Males (17.9%) and younger students (18.3%) were more likely than females (13.3%) and older students (10.0%) to report this level of activity.

When asked about the amount of time they spent on the internet, playing computer games, watching TV or videos, 25.0% of students surveyed in 2008 reported spending two hours or less engaged in these activities on an average school day. This was a significant decrease from 2005 survey results (29.9%). Males were more likely than females to spend more than two hours engaged in these activities, but the difference between the sexes was not significant.

**Figure 9: Students who met physical activity guidelines (%) 2005 & 2008**



Source: 2005 & 2008 ASSAD, confidentialised unit record file, ACT Health.

Note: (a) Australia's Physical Activity Recommendations For 12-18 year Olds (DoHA 2004) recommend at least 60 minutes of moderate to vigorous physical activity every day and no more than two hours a day on the internet or watching TV or playing video games.

(b) # Denotes a statistically significant difference between years.

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## References

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## Glossary

**ACT** – Australian Capital Territory.

**ASSAD** – Australian Secondary Students Alcohol and Drug survey (1996, 1999 and 2002).

**Body Mass Index (BMI)** – BMI is based on height and weight (kg weight divided by square of height metres). Overweight refers to people with a BMI score of between 25.0 and 29.9. Obese refers to people with a score of 30.0 and above.

**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.

**Lifetime use** – defined as having ever used a substance in lifetime.

**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.

**Recent, or current smoker** – defined as cigarette smoking in the week prior to survey.

**Vigorous physical activity** – activity which made students sweat or breathe hard, such as basketball, netball, soccer, football, running, fast bike riding, aerobics etc.

**Dietary intake: NHMRC guidelines** – For a healthy diet, young people aged between 12 and 18 years are recommended to consume at least 3 serves of fruit, 4 serves of vegetables and 5 serves of cereal each day.

**Physical activity guidelines:** Department of Health and Ageing recommendations  
The guidelines for young people are 60 minutes or more of physical activity each day.

**Statistical significance** – In statistics, a result is significant if it is considered unlikely to have occurred by chance. For the purpose of this report 'significant' implies that a test of significance has been applied. A result was deemed statistically significant (i.e. there is an effect that is considered unlikely to be due to chance alone) if the p-value obtained was less than 0.05, or if comparing confidence intervals, there was no overlap between intervals. Statistical significance has been assessed in this report by comparing confidence intervals (95% CI) or calculating p-values, depending on the type of data available for hypothesis testing. Note that statistical significance is different to clinical significance.







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Enquiries about this publication should be directed to the:  
Office of the Chief Health Officer  
Level 2, 11 Moore St  
Canberra ACT 2601

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