

Australian secondary school students' use of over-the-counter and illicit substances in 2005

Report

Report prepared for:

**Drug Strategy Branch
Australian Government Department
of Health and Ageing**

Report prepared by:

**Victoria White
Jane Hayman**

June 2006



Centre for Behavioural Research in Cancer
Cancer Control Research Institute
The Cancer Council Victoria

Acknowledgments

The Centre for Behavioural Research in Cancer at The Cancer Council Victoria gratefully acknowledges the cooperation and assistance of the following people and organisations in the running of this survey:

All of the students who participated in the survey:

Staff of the participating schools
State Departments of Education
State Catholic Education Offices
State Associations of Independent Schools

The following organisations helped fund and organise the smooth running of the survey in their individual States or Territories:

ACT Health, Population Health Research Centre
Australian Government Department of Health and Ageing
The Cancer Council ACT
The Cancer Council South Australia
The Cancer Council Tasmania
The Cancer Council Northern Territory
The Cancer Council New South Wales
The Cancer Council Victoria
Drug and Alcohol Services Council, SA
Department of Human Services, Victoria Drug Treatment Services
Health Department of Tasmania
Health Department of Western Australia—Prevention Branch, Drug and Alcohol Office
Northern Territory Government, Department of Health and Community Services—Alcohol and Other Drugs Program
NSW Health Department, Health Survey Branch, Centre for Epidemiology and Research
Queensland Cancer Fund
Queensland Health

The following people co-ordinated the survey in their State or Territory and/or organised data collection:

Kerri Beckmann, The Cancer Council South Australia
Edith Szabo, Centre for Behavioural Research in Cancer, The Cancer Council Victoria
Liza Kelsall and Graham Brice, Population Health Research Centre, ACT Health
Margo Eyeson-Annan and Deborah Baker, Health Survey Branch, Centre for Epidemiology and Research, NSW Health
Chris Moon and Tania Karjaluto, Alcohol and Other Drugs Program, NT Department of Health and Community Services
Kris White and Tabettha Browne, Prevention Branch, Drug and Alcohol Office, Western Australia

Robyn Davies and Janet Papps, The Cancer Council Tasmania
Lindi Woodcock and Jenny Madden, Community Solutions, Queensland
Ron Clarke and Leanne Smith, Ingenuity Research, NSW

Claire Davey, Centre for Behavioural Research in Cancer, The Cancer Council Victoria co-ordinated the survey in Queensland and at the national level.

Jo Condrón and Angela Hain, Centre for Behavioural Research in Cancer, The Cancer Council Victoria, coordinated data entry and cleaning.

Suzanna Vidmar, Clinical Epidemiology and Biostatistics Unit, Royal Children's Hospital, Victoria, advised on all aspects of sampling.

Thanks also to all the research assistants who administered the survey to students throughout Australia.

Contents

EXECUTIVE SUMMARY	1
Background	1
Analgesics	1
Tranquillisers	1
Cannabis	2
Inhalants	2
Hallucinogens	3
Amphetamines	3
Steroids	3
Opiates	4
Cocaine	4
Ecstasy	4
1. BACKGROUND	5
1.1 The 2005 Australian Secondary Students' Alcohol and Drug (ASSAD) Survey	6
1.2 Aims of this report	6
2. METHOD	7
2.1 Sample selection	7
2.2 Procedure	7
2.3 Questionnaire	8
2.4 Coding and editing of data	8
2.5 Data analyses	9
2.6 Sample size	10
2.7 Definitions of substances	11
2.8 Definitions of frequency of drug use	11
3. RESULTS	13
3.1 Analgesics	13
3.1.1 Changes in the prevalence of analgesic use between 1996 and 2005	15
3.2 Tranquillisers	16
3.2.1 Changes in the prevalence of tranquilliser use between 1996 and 2005	17
3.3 Cannabis	18
3.3.1 Changes in the prevalence of cannabis use between 1996 and 2005	21
3.4 Inhalants	22
3.4.1 Changes in the prevalence of inhalant use between 1996 and 2005	24

3.5	Hallucinogens	25
3.5.1	Changes in the prevalence of hallucinogen use between 1996 and 2005	27
3.6	Amphetamines	28
3.6.1	Changes in the prevalence of amphetamine use between 1996 and 2005	29
3.7	Steroids	30
3.7.1	Changes in the prevalence of steroids use between 1996 and 2005	31
3.8	Opiates	31
3.8.1	Changes in the prevalence of opiate use between 1996 and 2005	33
3.9	Cocaine	34
3.9.1	Changes in the prevalence of cocaine use between 1996 and 2005	35
3.10	Ecstasy	35
3.10.1	Changes in the prevalence of ecstasy use between 1996 and 2005	37
3.11	Use of any illicit substance	37
3.12	Use of any illicit substance excluding cannabis	38
3.13	Poly-substance use	39
3.14	Comparisons of the types of substances used by students in 2005	40
3.15	Lessons about substance use in the previous school year	43
4.	CONCLUSION	45
5.	REFERENCES	49
APPENDIX 1:		
	QUESTIONNAIRE	51
APPENDIX 2:		
	SUBSTANCES USED BY SECONDARY STUDENTS IN 2002 AND 2005	73

List of tables

Table 1:	Number of students surveyed in 2005 in Australia by age and gender	11
Table 2:	Analgesics: Percentage of students in each age and gender grouping using analgesics in each recency category, Australia, 2005	13
Table 3:	Percentage of students using analgesics in their lifetime, in the past month or in the past week in 1996, 1999, 2002 and 2005, Australia	15
Table 4:	Tranquillisers: Percentage of students in each age and gender grouping using tranquillisers in each recency category, Australia, 2005	16
Table 5:	Percentage of students using tranquillisers in their lifetime, in the past month or in the past week in 1996, 1999, 2002 and 2005, Australia	17
Table 6:	Cannabis: Percentage of students in each age and gender grouping using cannabis in each recency category, Australia, 2005	19
Table 7:	Percentage of students using cannabis in their lifetime, in the past month or in the past week in 1996, 1999, 2002 and 2005; Australia	22
Table 8:	Inhalants: Percentage of students in each age and gender grouping using inhalants in each recency category, Australia, 2005	23
Table 9:	Hallucinogens: Percentage of students in each age and gender grouping using hallucinogens in each recency category, Australia, 2005	26
Table 10:	Percentage of students using hallucinogens, in their lifetime and in the past month in 1996, 1999, 2002 and 2005, Australia	27
Table 11:	Amphetamines: Percentage of students in each age and gender grouping using amphetamines in each recency category, Australia, 2005	28
Table 12:	Percentage of students using amphetamines in their lifetime and in the past month in 1996, 1999, 2002 and 2005, Australia	29
Table 13:	Steroids: Percentage of students in each age and gender group reporting use of steroids without a doctor's prescription in an attempt to improve sporting ability, increase muscle size or improve appearance, by age and gender, Australia, 2005	30
Table 14:	Opiates: Percentage of students in each age and gender grouping using opiates other than for medical reasons in each recency category, Australia, 2005	32
Table 15:	Percentage of students who had used opiates in their lifetime or in the past month in 1996, 1999, 2002 and 2005, Australia	33
Table 16:	Cocaine: Percentage of students in each age and gender grouping using cocaine in each recency category, Australia, 2005	34
Table 17:	Percentage of students who had used cocaine in their life or in the past month in 1996,1999, 2002 and 2005, Australia	35

Table 18:	Ecstasy: Percentage of students in each age and gender grouping using ecstasy in each recency period, Australia, 2005	36
Table 19:	Percentage of students who had used ecstasy in their lifetime or in the past month in 1996, 1999, 2002 and 2005, Australia	37
Table 20:	Percentage of students who had used any illicit substance or any illicit substance excluding cannabis, in their lifetime or in the past month in 1996, 1999, 2002 and 2005, Australia	38
Table 21:	Percentage of students who had used cannabis, amphetamines, hallucinogens or ecstasy in the past 12 months indicating they had used other substances on the same occasion, Australia, 2005	40
Table 22:	Percentage of students indicating they had received no lesson, or part, one, or more than one lesson about the use of illicit substances in the previous school year, Australia, 2005	43

List of figures

Figure 1:	Percentage of male and female students in each age group using analgesics 10 or more times in the past year, Australia, 2005 (%)	14
Figure 2:	Percentage of all male and female students in each age group who had used cannabis at least 10 times in the previous year, 2005 (%)	20
Figure 3:	How cannabis is used, who cannabis is used with and where cannabis is used, among students who have used cannabis regularly or occasionally in the past year, Australia, 2005 (%)	21
Figure 4:	Proportion of all male and female students in each age group who used inhalants 10 or more times in the year before the survey, Australia, 2005 (%)	24
Figure 5:	Percentage of students who had ever used any licit or illicit substance, Australia, 2005	41
Figure 6:	Percentage of students who had used any licit or illicit substance in the past month, Australia, 2005	42

Executive summary

Background

This report describes the results of the fourth national survey on the use of over-the-counter and illicit substances by Australian secondary school students.

The survey was conducted in 2005 and involved the collaboration of State and Territory Health Departments and cancer organizations.

In each State and Territory, a representative sample of secondary schools (including government, Catholic and independent) was selected for surveying, and from each school up to 80 students were surveyed.

This report is based on data collected from 21,805 male and female students aged 12–17 years surveyed in 376 schools.

Analgesics

Analgesics were the most commonly used substance (licit or illicit) among secondary school students. By the age of 12 over 90% of students had used analgesics in their lifetime.

Over two-thirds of secondary school students had used analgesics in the four weeks prior to the survey, and this included 40% of students who had used analgesics in the week prior to the survey.

More females than males were regular users of analgesics: around 52% of females aged 15 years and over had used analgesics in the week prior to the survey, compared with around 34% of males aged 15 years and over.

The lifetime use of analgesics had decreased between 1996 and 2005 among both 12- to 15-year-olds and 16- and 17-year-olds and between 1999 and 2005 among 12- to 15-year-olds. However there was no decrease in the proportion of older or younger students using analgesics in their lifetime between 2002 and 2005. The decrease in lifetime use among 12- to 15-year-olds was reflected in a decrease in use in the past month between 1996 and 2005 and between 1999 and 2005. However, there was no change in the proportion of 12- to 15-year-olds or 16- and 17-year-olds using analgesics in the week before the survey between 1996 and 2005.

Tranquillisers

Use of tranquillisers other than for medical reasons among students was low, with 85% of students never having used tranquillisers.

Between 4% and 5% of students aged 13 and above had used tranquillisers in the month prior to the survey, and around 2–3% had used them in the week before the survey.

While the proportion of 12- to 15-year-olds and 16- and 17-year-olds using tranquillisers other than for medical reasons in their lifetime in 2005 was lower than the proportions found in 1996 and 1999, they were no different from the proportions found in 2002. However there was no change in the proportion of students using tranquillisers in the week prior to the survey between 1996 and 2005.

Cannabis

Cannabis was the most commonly used illicit substance among secondary school students, with 18% of all secondary school students aged between 12 and 17 years reporting the use of cannabis at some time in their life.

Cannabis use increased with age from 5% of 12-year-olds who had ever used cannabis to 32% of 17-year-olds.

Seven per cent of all students had used cannabis in the month prior to the survey and 4% had used it within the week before the survey. Weekly use increased with age from 1% of 12-year-olds to 6% of 17-year-olds. Weekly use of cannabis was more common among males than females.

Among those who had used cannabis in the past year, bongs were the most common mode of administration. Students who used cannabis in the past year most commonly used it with others at a friend's place.

The proportion of students using cannabis had decreased between 1996 and 2005. Among younger and older students the proportion using cannabis in their lifetime, the past month and past week had decreased between 1996 and 2005, 1999 and 2005 and between 2002 and 2005.

Inhalants

Reported use of inhalants was more common among younger students than older students. While 17% of all students had ever used inhalants, ever use decreased from 21% of 12-year-olds to 10% of 17-year-olds.

Recent use of inhalants also decreased with age, so that while 6% of 12-year-olds had used inhalants in the week prior to the survey, only 2% of 17-year-olds had used these substances recently.

Three per cent of 12-year-olds had used inhalants 10 or more times in the past year and this decreased to 1% of 17-year-olds.

The proportion of 12- to 15-year-olds using inhalants in their lifetime and in the past month had decreased significantly between 1996 and 2005 and between 2002 and 2005. Among 16- and 17-year-olds, significantly fewer students reported lifetime use of inhalants in 2005 than in 1996, 1999 and 2002. However, there was no change in the proportion of older students using inhalants in the past month.

Hallucinogens

Three per cent of all secondary school students had had some experience with hallucinogens.

Ever use increased with age, rising from 1% of 12-year-olds to 5% of 16-year-olds.

Just over 1% of students aged 16–17 years had used hallucinogens in the month prior to the survey.

The majority of students who had used hallucinogens in the year before the survey had used them infrequently.

Lifetime use of hallucinogens decreased significantly between all previous survey years and 2005 among younger students and between 1996, 1999 and 2005 among older students. The proportion of older students using hallucinogens in the month before the survey decreased between 1996 and 2005 and between 1999 and 2005 but not between 2002 and 2005. Only the decrease between 1996 and 2005 was seen among the 12- to 15-year-olds.

Amphetamines

The vast majority (95%) of secondary school students had never used amphetamines. By the age of 17, 7% of students reported having had some experience with amphetamines.

Around 3% of students 14 years and over reported using amphetamines in the month before the survey.

Of the 4% of students who used amphetamines in the year before the survey, 39% of males and 48% of females indicated that they had used them only once or twice.

While there was no change in the proportion of 12- to 15-year-olds or 16- to 17-year-olds using amphetamines in their lifetime between 2002 and 2005, there was a significant decrease between 1999 and 2005 for both age groups. However there was no change in the proportion of students in both age groups using amphetamines in the month prior to the survey between 1996 and 2005.

Steroids

Use of steroids without a doctor's prescription was very uncommon, with around 3% of all students having ever used these substances.

Only around 1% of students in any age group had used steroids without a doctor's prescription in the month before the survey.

There was no change in the proportion of 12- to 15-year-olds or 16- to 17-year-olds who had used steroids between 1996 and 2005.

Opiates

A small proportion of students (2%) reported that they had ever used opiates such as heroin or morphine.

Only 1% of students reported having used opiates in the month prior to the survey.

There was a decrease in the proportion of 12- to 15-year-olds and 16- to 17-year-olds reporting to have ever used opiates between 1996 and 2005 and between 1999 and 2005 but not between 2002 and 2005.

Cocaine

Use of cocaine was rare among students. Only 3% of all students reported having ever used cocaine.

Only 1% of students had used cocaine in the month prior to the survey.

There was no change in the proportion of older and younger students reporting to have used cocaine between 1999 and 2005 or between 2002 and 2005. While the proportion of older students using cocaine in their lifetime had not changed between 1996 and 2005, the proportion of younger students reporting using these substances between 1996 and 2005 had decreased significantly.

Ecstasy

Only 4% of students had ever used ecstasy.

Recent use of ecstasy was not common among any age group. Only 2% of students aged 16–17 had used ecstasy in the month prior to the survey.

There had been no change in the proportion of 12- to 15-year-olds reporting to have used ecstasy in their lifetime or in the past month between 1996 and 2005. While there had been no change in the proportion of 16- to 17-year-olds reporting to have used ecstasy in their life between 1996 and 2005, there was a significant decrease in the proportions reporting use in the past month between 1996 and 2005 only.

1. Background

The use of illicit substances was estimated to cost the Australian community nearly \$6,076 million in 1998/99.¹ Preventing the use of both licit and illicit substances among adolescents has been identified as one way of reducing substance use among adults and thereby reducing the human and financial costs associated with substance use. Young people are one of the major target groups for policies and programs aimed at reducing the use of substances such as alcohol, cannabis and other drugs.

The National Drug Strategy (NDS) grew out of the National Campaign Against Drug Abuse and was launched in 1997. The NDS was created to address the impact of licit and illicit substances use on the Australian community, and aimed to reduce the supply of, and demand for, drugs. The first NDS spanned the years 1998/99 to 2002/03 and had as one of its aims to prevent and reduce the use of illicit substances by young people. The second NDS spans the years 2004 to 2009 and it continues the aim of reducing and preventing the use of illicit substances by young people. The National Drugs Campaign (NDC) is one of a number of prevention initiatives of the NDS. To date there have been two phases of the NDC with the first phase targeting parents of children aged between 8 and 17 years launched in March 2001. The second phase of the campaign was launched in April 2005 and involved a youth campaign specifically targeting use of cannabis, amphetamines and ecstasy. Evaluation of this phase of the NDC suggests that recall and recognition of the campaign were very high among the target audience and that most young people were aware that the campaign addressed the negative effects and consequences of drug use. In addition around two thirds of the young people interviewed believed that the campaign had influenced what they did or thought about illegal drugs².

Campaigns addressing the negative consequences of substance use and promoting a drug free lifestyle are, of course, only one of many influences on the substance use behaviours of young people. Other factors such as use of substances by friends, psychological temperament of the individual, absence of supportive parents, as well as price and availability of different substances also influence adolescent substance use³. Thus it is important to monitor the prevalence of use of different substances among adolescents outside evaluations conducted for specific campaigns. These studies can highlight substances commonly used by adolescents and if repeated at regular intervals can identify emerging substance use issues.

In 2005, the fourth in a series of national surveys of secondary students use of tobacco, alcohol, illicit and over-the-counter substances was conducted throughout Australia. This survey series commenced in 1996 as a way to monitor substance use among Australian secondary students and built on national surveys being conducted by cancer organizations and health departments around the country to assess the use of tobacco and alcohol among secondary students. The survey assesses substance use in a representative sample of over 20,000 secondary school students across Australia.⁴ The survey has been repeated on a triennial basis with the previous survey conducted in 2002. The survey series has shown that cannabis is the illicit substance most commonly used by adolescents, followed by amphetamines, hallucinogens and ecstasy, with the latter three substances used by 10% or fewer senior secondary students in 2002. The study has shown that the prevalence of lifetime use of

cannabis, hallucinogens and opiates among secondary students decreased between 1999 and 2002.⁵

The National Drug Strategy Household Survey provides information on the use of licit and illicit substances among Australian adults^{6,7}. The survey series commenced in 1985 and has monitored the use of substances among 14 to 19 year olds as well as older Australian adults. The most recent survey in this series (the 2004 survey) suggests that the prevalence of cannabis use, amphetamine use, and ecstasy use among 14- to 19 year-olds declined between 2001 and 2004⁷.

1.1 The 2005 Australian Secondary Students' Alcohol and Drug (ASSAD) Survey

With the 2005 Australian Secondary Students' Alcohol and Drug survey, data on the prevalence of substance use among secondary students had been collected using the same method and same questions over a 10-year period. This provides the opportunity to examine long-term trends in reported use of substances among secondary students. As was the case for previous surveys in this series, the 2005 survey was conducted throughout Australia and was a collaboration between federal, state and territory health departments and state cancer councils. The illicit and over-the-counter substances asked about in the questionnaire were: analgesics, tranquillisers, steroids, cannabis, inhalants, amphetamines, hallucinogens, ecstasy, heroin and cocaine.

1.2 Aims of this report

The report describes the prevalence of the use of over-the-counter and illicit substances among secondary school students in 2005. For each substance in the survey, data relating to past and current involvement for male and female students in each age group between 12 and 17 years is presented. The frequency of use and regularity of use (used a substance 10 or more times in the past year) is then examined. Changes in students' involvement with the substance between 1996 and 2005 are examined and focus on the key indicators of use: i) lifetime use, ii) use in the past month and iii) use in the past week for analgesics, tranquillisers and cannabis and inhalants; and i) lifetime use and ii) use in the past month for all other substances. These analyses are conducted for 12- to 15-year-olds, 16- to 17-year-olds, and 12- to 17-year-olds and aim to determine whether the prevalence estimates found in 2005 differed significantly from those found in previous survey years. The next section of the report examines poly-drug use among students who have used cannabis, amphetamines, ecstasy and hallucinogens in the past year and the proportion of these students using other substances concurrently is reported. The final section of the report examines the use of the different substances relative to each other, including tobacco and alcohol.

2. Method

The procedures for selecting schools and students to be surveyed and for surveying students were the same as those in previous surveys in this series^{4-5, 8}. A brief description of the study method is given below.

2.1 Sample selection

The target population was all students in Years 7 to 12 across Australia. Population estimates were based on the most up-to-date figures available from state and federal education departments at the time. Schools with fewer than 100 students enrolled were not included in the study.

Within each State and Territory, schools were sampled using a random sampling methodology designed to represent students from the three main education sectors: government, Catholic and independent. The basic design of the sampling procedure was a stratified two-stage probability sample, with schools selected at the first stage of sampling and students selected within schools at the second stage of sampling. The schools were stratified by the three education sectors (government, Catholic and independent) and randomly selected from each sector. The sampling procedure of schools ensured that the distribution of schools in the three education sectors in each State or Territory was reflected in the sample. Two samples of schools were drawn to reflect the distinction between junior secondary (up to Year 10) and senior secondary (Years 11 and 12) campuses.

The study aimed to survey students from 404 schools across the country. To achieve this, 599 secondary schools and 111 feeder primary schools (to survey Year 7 students in Western Australia, South Australia, Queensland and the Northern Territory) were approached to take part in the study. Three hundred and seventy-six secondary schools participated in the study, giving an overall response rate for secondary schools of 63%. This was similar to the overall response rate achieved in 2002. Sixty-two primary schools allowed Year 7 students to participate resulting in a 55% response rate for feeder schools.

All surveying took place in the 2005 academic school year.

2.2 Procedure

Principals of selected schools were contacted and permission to conduct the survey at the school obtained. If a school refused they were replaced by the school nearest to them within the same education sector. The aim was to survey 80 students from each participating school. To this end, a member of the research team randomly selected 20 students (and six replacements) from each of the four year-levels in each junior school participating; while for senior schools, 40 students (and six replacements) were sampled from each of Years 11 and 12. The school roll for the year level to be surveyed at the school provided the sampling frame.

Following the protocol used in past surveys, members of the research team administered the pencil-and-paper questionnaire to groups of up to 20 students on the school premises. If a student from the sample list was not present at the

time of the survey, a student from the equivalent year level on the replacement list was surveyed. Students from different year levels were surveyed together. Students answered the questionnaire anonymously. The presence of teachers during the survey was discouraged but, because of individual school policy, 45% of students completed the questionnaire in the presence of teachers.

2.3 Questionnaire

In 2005, a 21-page core questionnaire was completed by the students (see Appendix 1). The core questionnaire covered the use of tobacco, alcohol, pain relievers, sleeping tablets and illicit substances such as cannabis and hallucinogens. As the focus of this report is the use of illicit substances, we discuss only these questions.

The substances included in the questionnaire represented a wide range of licit and illicit substances, including analgesics, tranquillisers, cannabis, amphetamines, inhalants and steroids. For each substance, the technical name was used in the question and was accompanied by explanations, examples and alternative terminology to clarify what substance was included in that category. As mentioned earlier, the substances were analgesics, sedatives, cannabis, steroids, inhalants, amphetamines, ecstasy, cocaine, opiates and hallucinogens.

For each substance, students were asked to indicate the number of times, if ever, they had used or taken the substance in four time periods: the past week, the past four weeks, the past year, and their lifetime. Students could choose from seven response categories ranging from 'None' to '40 or more times'. The questions concerning the use of sedatives, steroids, amphetamines and opiates explicitly asked about the non-medical use of these substances.

Students who had used cannabis, amphetamines, ecstasy and hallucinogens in the past year were asked if they had used any other substance(s) on the same occasion as using these substances. Students indicated the substances they had used from a list that included alcohol, tobacco, analgesics, cannabis, amphetamines and hallucinogens. Students who had not used any other substances could indicate this response from the list.

Students who had used cannabis in the 12 months preceding the survey were asked to indicate if they usually used it by themselves, with others, or about equally by themselves or with others. They were also asked to indicate where they usually used cannabis and how it was usually used (e.g. joint, bong, as food or other).

2.4 Coding and editing of data

Questionnaires from all States were coded and entered by the Centre for Behavioural Research in Cancer at The Cancer Council Victoria. After data entry, the data were cleaned and prepared for data analysis. Students with a large amount of missing data or whose responses were wildly exaggerated were removed from the data set before analyses started.

During analysis, respondents were not included in the analysis for particular questions if they gave contradictory or multiple responses, or did not answer the question. However, these respondents were included in the analysis of other questions if these had been validly completed.

Following procedures established for data collected from earlier surveys, data cleaning included examining for two types of inconsistent responses. First, inconsistencies in responses regarding use or non-use of a substance across time periods (lifetime, year, month and week) were examined. This cleaning procedure ensured maximum use of the data and operated on the principle that the subject's response about personal use in the most recent time period was accurate. If responses for other time periods were missing or inconsistent with the most recent response, responses for the subsequent time periods were coded '77' to indicate 'used in that time period but unsure how often'. For example, if subjects indicated they had used a substance in the past week, in the past month and in their lifetime but they had not used it in the past year or if the response to this question was missing, the response for the past year was recoded to '77'. This indicated that the subject had used the substance (using something in the past week and month necessitates that it was used in the past year) but how often the substance had been used was unknown. The impact of this set of changes on the data set was minimal, with around 2–3% of data changed to '77' for any substance type in any time period (lifetime, year, month and week). Data coded as '77' were included in analyses reporting prevalence of use within a time period. However, when frequency of use is reported, students giving a '77' response were excluded from the analyses.

The second set of cleaning focused on the frequency of substance use and involved examining inconsistencies in frequency of use across time periods. For example, if the responses for a student indicated cannabis had been used three to five times in the preceding week but only once or twice in the past month, the frequency of use across time periods would be inconsistent (as the number of times the substance was used in the past week should be included in the frequency of use in the past month). While we could not be certain exactly how often cannabis was used in the month before the survey we know that it was used at least three to five times (i.e. the frequency of use in the past week). Therefore it was decided to recode all inconsistent responses to indicate the amount we were certain the student had used. This procedure gives a conservative estimate of the number of times a student had used a substance within the various time periods. The impact of this recode on the frequency of responses for the 10 substances was minimal.

2.5 Data analyses

These analyses cover school students aged 12–17 years. To ensure that disproportionate sampling of any State, school type, age level and gender grouping did not bias the prevalence estimates, data were weighted to bring the achieved sample into line with the population distribution. The prevalence estimates reported in this report were based on these weighted data. Information about the enrolment details of male and female students in each age group at government, Catholic and independent schools was obtained from the Australian Bureau of Statistics.⁹

As this report is based on data from a sample and not on a census of the total population, it is necessary to allow for sampling error. For percentages or proportions, the sampling error is generally indicated by the 95% confidence interval. The 95% confidence interval is based on both the number of students in the specific group examined (i.e. 12-year-old boys) and the percentage reported (i.e. 15%). The confidence interval is larger when the sample size is small and the estimate is around

50%. For the 2005 survey, the largest confidence interval will be found for 12-year-old boys as this group has the smallest sample size ($n=1230$). The 95% confidence interval for 12-year-old boys around an estimate of 50.0% is $\pm 2.8\%$ meaning that the actual percentage will be between 47.2% and 52.8%. Thus, using 95% confidence intervals, the estimates of the prevalence of use of different substances among different age and gender groups reported here are within 2.8% or better of the true population values.

Logistic regression analyses were used to examine whether the proportion of students engaging in lifetime or monthly use of each substance in 2005 differed significantly from that found in the 1996, 1999 and 2002 surveys. For these analyses students were grouped into age groups: 12- to 15-year-olds, 16- to 17-year-olds and 12- to 17-year-olds; and the proportions of all students, and male and female students, in each age group using each substance in 1996, 1999, 2002 and 2005 were compared. In these analyses, the outcome variable was binary coded, with 1 indicating that the behaviour was engaged in and 0 indicating the behaviour did not occur. Age (within each of the groups), school type (government, Catholic and independent), State and, where appropriate, gender were entered into the analyses first. The four-level categorical variable year was then entered, enabling a χ^2 value associated with the main effect of year to be estimated.

Because this study used a two-stage sampling procedure, the sample was less efficient than a simple random sample of the same size. As students within the sample were clustered by school, standard errors for prevalence estimates may have been underestimated. Procedures within the statistical package STATA accommodate complex sample designs within analytic procedures by adjusting for the clustering of observations. STATA was used for analyses comparing prevalence estimates across survey years and standard errors, robust to potential non-independence within subjects, obtained.

Fourteen per cent of students were absent from school on the school day preceding the survey. Among both younger students (aged between 12 and 15 years) and older students (aged 16 and 17 years) those reporting being away from school the day before the survey were more likely to have used each of the illicit and over-the-counter substances asked about in the survey in the previous month, year and in their lifetime. These differences suggest that this report is likely to underestimate the true prevalence of substance use among secondary school students, and would have been higher if those absent on the day of the survey had been included.

Given the large sample size, and in accordance with previous practice, only those results associated with a p value of <0.01 were taken to be statistically significant.

2.6 Sample size

A total of 22,694 students in Year levels 7 to 12 were surveyed from schools in Australia during the survey period. Table 1 presents the number of students in each gender and age group between 12 and 17 years. A total of 21,805 students aged between 12 and 17 years of age across the country answered the questionnaire. Data from 889 students outside this age range were excluded from the analysis as the numbers in each age and gender group were too small to ensure reliable estimates.

Table 1: Number of students surveyed in 2005 in Australia by age and gender

	Age						
	12	13	14	15	16	17	12–17
Male	1,230	2,031	1,917	1,848	1,829	1,307	10,162
Female	1,357	2,175	2,106	2,010	2,384	1,611	11,643
Total	2,587	4,206	4,023	3,858	4,213	2,918	21,805

2.7 Definitions of substances

The drug categories used in this report were identical to the categories used in the questionnaire and follow the descriptions and examples provided to students, as follows:

Amphetamines:	Amphetamines or speed, uppers, MDA, goey, dex, dexies, dexamphetamine, ox blood, methamphetamine or ice other than for medical reasons.
Cocaine:	Cocaine.
Ecstasy:	Ecstasy or XTC, E, MDMA, ecci, X, bickies.
Hallucinogens:	LSD, 'acid', 'trips', Magic Mushrooms, Datura, Angel's Trumpet.
Inhalants:	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.
Cannabis:	Marijuana, grass, hash, cannabis, dope, weed, mull, yarndi, ganga, pot a bong or a joint.
Opiates:	Heroin, smack, horse, skag, hammer, H or other opiates (narcotics) such as methadone, morphine or pethidine other than for medical reasons.
Analgesics:	Painkillers/analgesics such as 'Disprin', Panadol' or 'Aspro'.
Tranquillisers:	Sleeping tablets, tranquillisers or sedatives such as 'Rohies', 'Rohypnol', 'Barbs', 'Valium' or 'Serepax', for non-medical reasons.
Steroids:	Steroids, muscle, roids or gear without a doctor's prescription to make you better at sport, to increase muscle size or to improve your general appearance.

2.8 Definitions of frequency of drug use

Students were asked how many times they had used a particular drug within specified time periods. For each substance we report the prevalence of use within the time periods asked about (past week, past month, past year and lifetime) for all students and males and females in each age group between 12 and 17 years.

The categories of use reported are:

Never:	Those who had never used the substance.
Ever:	Those who indicated any use of the substance, either in their lifetime, the past month, or past week (ever use).
Year:	Those who had used the substance within the past year.
Month:	Those who had used the substance within the four weeks prior to completing the survey.
Week:	Those who had used the substance within the seven days prior to completing the survey.

These categories are not mutually exclusive but rather overlap so that a student who reported having used a substance in the past week was included in the estimates of use in all other time periods, that is, in estimates for lifetime use, use in the past year and use in the past month.

Regularity of use: While the prevalence estimates described above give an indication of how widespread the use of a substance was in 2005, they tell little about the regularity of such use. That is, we cannot infer from the prevalence estimates the proportion of students who were monthly or regular users. For instance, a student may have used hallucinogens for the first time in the month before the survey and therefore was included in the estimates of use in the past month. However, the student may not use the substance again or may not use it for another 12 months so it would be incorrect to describe this student as a regular or monthly user. To gain an idea of the frequency of substance use, the number of times students reported using each substance in the year prior to the survey was examined. This measure gives an indication of involvement with the substance over a period of time. Students with a code indicating that they had used a substance but we were uncertain of the frequency of use within a time period (coded 77) were excluded from these analyses.

Regular use: Students who used a substance 10 or more times within the past year were defined as regular users.

3. Results

3.1 Analgesics

Table 2 illustrates the use of analgesics in all time periods by age and gender.

The reported use and experience of substances such as aspirin among secondary school students was extremely high. Among the entire sample, only 5% of students had never used these medications. The proportions of students who had ever used pain relievers increased significantly with age from a very high 92% of 12-year-olds to 97% of those aged 17 years. Over two-thirds of all students had used analgesics in the past month. The proportion of students using analgesics in the week before the survey increased from 31% of 12-year-olds to a peak of 45% of 15-year-olds. The increase in the proportion of students using analgesics in the past week was more marked among females than males. While use in the past week among males aged 13 and over was fairly stable at around 35%, among females analgesic use increased from 34% of 12-year-olds to 54% of 15-year-olds and 52% of 17-year-olds.

Table 2: Analgesics: Percentage of students in each age and gender grouping using analgesics in each recency category, Australia, 2005

Age		Never	Ever	Year	Month	Week
12	Total (%)	7.7	92.3	89.0	60.3	31.2
	Male (%)	9.4	90.6	86.8	56.0	28.3
	Female (%)	5.8	94.2	91.3	64.7	34.2
13	Total (%)	6.9	93.1	89.8	66.1	38.1
	Male (%)	8.9	91.1	87.7	60.9	36.6
	Female (%)	4.7	95.3	92.1	71.6	39.7
14	Total (%)	4.8	95.2	92.7	72.0	42.9
	Male (%)	5.9	94.1	91.7	65.3	36.4
	Female (%)	3.7	96.3	93.8	78.7	49.7
15	Total (%)	4.6	95.4	93.3	74.4	45.3
	Male (%)	6.3	93.7	91.2	67.0	37.1
	Female (%)	2.9	97.1	95.4	82.0	53.6
16	Total (%)	3.6	96.4	93.6	73.1	42.8
	Male (%)	5.2	94.8	90.5	64.3	35.4
	Female (%)	2.0	98.0	96.5	81.7	50.0
17	Total (%)	2.6	97.4	94.7	74.4	42.6
	Male (%)	3.4	96.6	92.7	66.1	32.7
	Female (%)	1.8	98.2	96.6	82.1	51.6
12–17	Total (%)	5.2	94.8	92.0	69.7	40.3
	Male (%)	6.8	93.2	89.9	63.0	34.5
	Female (%)	3.6	96.4	94.1	76.4	46.1

Prevalence estimates are within 2.8% or better of the true population values (see section 2.5 for explanation).

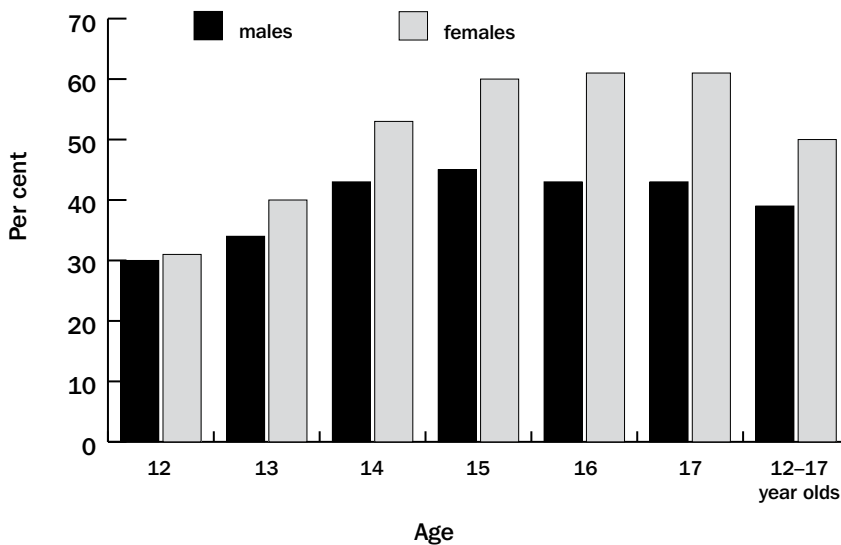
A greater proportion of female students had ever used analgesics when compared with males and this difference was significant for all ages up to 16. However there was no significant difference in the proportion of males and females aged 17 having ever used analgesics.

Females were significantly more likely to have used analgesics in the past year and month at all ages. A greater proportion of females than males reported using analgesics in the week prior to the survey at all ages except among 13-year-olds.

Regularity of use: Of the students who had used analgesics in the past year, 53% of females and 44% of males had used analgesics 10 or more times in the previous year. Only 16% of males and 11% of females had used analgesics once or twice in this time period and this was inversely related to age, decreasing from 20% among males and 19% among females aged 12 to 13% of males aged 17 and 8% of females aged 15 and over.

Among male students who had used analgesics in the past week, 72% had used them only once or twice, while 18% had used them 3–5 times in the previous week. Among females who had used analgesics in the past week, 67% had used them once or twice and 22% had used them 3–5 times.

Figure 1: Percentage of male and female students in each age group using analgesics 10 or more times in the past year, Australia, 2005 (%)



Regular use: Figure 1 shows for males and females the proportion of students who had used analgesics 10 or more times in the past year. While the proportion of students using analgesics regularly increased with age for both males and females, the increase for females was greater than that for males. While among 12-year-olds roughly the same proportion of males and females used analgesics regularly, by the age of 13 significantly more females than males were regular users of analgesics.

The results indicate that the use of analgesics was extremely common among secondary school students. Use in the past week increases with age, so that use in this time period was higher among older students. While ever use of analgesics was similar among males and females, use in the past week was more likely among female than male students.

3.1.1 Changes in the prevalence of analgesic use between 1996 and 2005

Table 3 presents the proportion of 12- to 15-year-olds, 16- to 17-year-olds, and 12- to 17-year-olds who had used analgesics in their lifetime, in the past month and in the past week in each survey year between 1996 and 2005. The proportion of younger students using analgesics in their lifetime in 2005 was significantly lower than that found in 1996 and 1999 but there was no change between 2002 and 2005. Among older students, the proportion using analgesics in their lifetime in 2005 was significantly lower than that found in 1996 but was not different from 1999 or 2002. The reduction among younger students between 1996 and 1999 and 2005 was also seen when comparing use in the past month for all students in this age group and for males. However, the proportion of younger students using analgesics in the week prior to the survey in 2005 was not significantly different from the proportions found in 1996, 1999 or 2002. Among older students, the proportions using analgesics in the month and week before the survey in 2005 was not significantly different from the proportions found in other survey years. The results suggest there has been a small reduction in the prevalence of lifetime analgesic use among younger and older secondary school students between 1996 and 2005 and, among younger students, a small reduction in monthly use of analgesics between 1996 and 2005. However for both younger and older students there has been no change in the use of analgesics in any recency period between 2002 and 2005.

Table 3: Percentage of students using analgesics in their lifetime, in the past month or in the past week in 1996, 1999, 2002 and 2005, Australia

Recency period	Gender	12- to 15-year-olds				16- to 17-year-olds				12- to 17-year-olds			
		1996	1999	2002	2005	1996	1999	2002	2005	1996	1999	2002	2005
Lifetime	Total	97**	96**	94	94	98**	97	97	97	98**	97**	95	95
	Male	97**	95**	93	92	98**	96	96	96	97**	96**	94	93
	Female	98**	97**	95	96	99**	98	98	98	98**	98**	96	96
Month	Total	72**	71**	69	68	76	75	72	74	73**	72**	70	70
	Male	67**	66**	63	62	67	66	63	65	67**	66**	63	63
	Female	77**	76	74	74	84	83	82	82	79**	78	76	76
Week	Total	41	41	39	39	43	44	44	43	41	42	41	40
	Male	36	37	35	35	35	37	34	34	36	37	35	35
	Female	45	46	43	44	51	50	53	51	48	47	46	46

Significantly different from 2005 at $p < .01$.

When data was combined across age groups the proportion of students using analgesics in their lifetime and in the previous month in 2005 was significantly lower than the proportions found in 1996 and 1999. However, there was no difference in the proportion of students using analgesics in their lifetime or in the previous

month between 2002 and 2005. There was no change in the proportion of students reporting to have used analgesics in the week before the survey across between any of the previous survey years and 2005.

3.2 Tranquillisers

Table 4 illustrates the use of tranquillisers other than for medical reasons in all time periods by age and gender.

Fifteen per cent of students had used tranquillisers other than for medical reasons at some point in their life. The proportions of students ever using tranquillisers differed slightly across age groups, increasing from 11% of 12-year-olds to 17% of 15- and 16-year-olds. Use in the past month was low and was highest among 15-year-old students at 5%. For all age groups, between 2% and 3% of secondary school students had used tranquillisers in the week before the survey.

Table 4: Tranquillisers: Percentage of students in each age and gender grouping using tranquillisers in each recency category, Australia, 2005

Age		Never	Ever	Year	Month	Week
12	Total (%)	89.1	10.9	5.6	2.4	1.5
	Male (%)	88.6	11.4	5.6	2.3	1.4
	Female (%)	89.7	10.3	5.6	2.5	1.5
13	Total (%)	85.8	14.2	8.5	3.9	1.7
	Male (%)	85.3	14.7	8.9	4.7	1.8
	Female (%)	86.3	13.7	8.0	3.1	1.6
14	Total (%)	83.6	16.4	10.5	4.4	2.7
	Male (%)	85.0	15.0	9.9	4.2	2.8
	Female (%)	82.2	17.8	11.2	4.6	2.7
15	Total (%)	83.1	16.9	10.0	4.7	2.8
	Male (%)	83.3	16.7	9.7	5.2	3.4
	Female (%)	82.9	17.1	10.3	4.1	2.2
16	Total (%)	83.2	16.8	10.1	4.0	2.1
	Male (%)	85.4	14.6	7.9	2.9	1.7
	Female (%)	80.9	19.1	12.2	5.0	2.5
17	Total (%)	83.7	16.3	9.5	3.3	2.0
	Male (%)	82.8	17.2	9.8	3.2	1.8
	Female (%)	84.6	15.4	9.2	3.4	2.2
12-17	Total (%)	84.9	15.1	9.0	3.8	2.1
	Male (%)	85.2	14.8	8.6	3.8	2.2
	Female (%)	84.5	15.5	9.4	3.8	2.1

Prevalence estimates are within 2.8% or better of the true population values (see section 2.5 for explanation).

Nine per cent of secondary school students had used tranquillisers in the past year. The proportion of students using tranquillisers in the past year increased between the age of 12 and 14 years and was fairly stable at around 10% between the age of 15 and 17 years.

While the use of tranquillisers was slightly higher among female students than male students, these differences were only significant for ever use among 12-, 13- and 16-year-olds, and use in the past year among 12-year-old and 16-year-old students. In general, there was no consistent pattern in the differences between male and female use across the six age groups.

Regularity of use: Of the nine per cent of students who had used tranquillisers in the previous year, around 52% of males and females had used them only once or twice, while around 21% of males and 20% of females had used them 3–5 times. There was little variation across age groups in these proportions. The proportion of all students using tranquillisers 10 or more times in the previous year was, at 1% for males and 2% for females, negligible.

3.2.1 Changes in the prevalence of tranquilliser use between 1996 and 2005

As can be seen from Table 5, there was no change in the prevalence of tranquilliser use among junior secondary school students between 2002 and 2005 but lifetime use of tranquillisers decreased between both 1996 and 1999 and 2005. Among senior students, there had been a small but statistically significant decrease in the lifetime use of sedatives between both 1996 and 1999 and 2005, but similar to results for younger students there was no change in prevalence of use between 2002 and 2005. The data suggest that both younger and older students in 2005 were less likely to have ever used tranquillisers than were their same age counterparts in both 1996 and 1999. While among younger students this did not translate into decreases in more recent use of tranquillisers (monthly and weekly use) it did translate into a decrease in monthly use among older students. For older students the proportion of students using tranquillisers in the month before the survey in 2005 was significantly lower than the proportion found in 1996, 1999 and 2002. However, there was no change in the proportion of older students reporting use of tranquillisers in the week before the survey between 1996 and 2005.

Table 5: Percentage of students using tranquillisers in their lifetime, in the past month or in the past week in 1996, 1999, 2002 and 2005, Australia

Recency period	Gender	12- to 15-year-olds				16- to 17-year-olds				12- to 17-year-olds			
		1996	1999	2002	2005	1996	1999	2002	2005	1996	1999	2002	2005
Lifetime	Total	19**	17**	16	15	20**	22**	18	17	19**	18**	16	15
	Male	19**	18**	16	14	19**	21**	17	16	19**	19**	16	15
	Female	19**	16	15	15	21**	24**	19	18	20**	18**	16	16
Month	Total	5	4	4	4	5**	5**	5**	4	5**	4	4	4
	Male	5	4	4	4	5**	5**	4	3	5	4	4	4
	Female	5**	4	4	4	5	5	5	4	5**	4	4	4
Week	Total	3	2	2	2	3	3	3	2	3	2	2	2
	Male	3	2	2	2	3	3	3	2	3	3	3	2
	Female	2	2	2	2	3	2	3	2	2	2	2	2

** Significantly different from 2005 at $p < .01$.

The decrease between 1996 and 2005 in the proportion of all 12- to 17-year-olds using tranquillisers in the month before the survey was largely driven by the decrease found among older students.

These results show that the level of tranquilliser use among secondary school students was generally low, and that older students were more likely to have ever used tranquillisers than younger students. While there was a decrease in the prevalence of lifetime use of tranquillisers among students between both 1996 and 1999 and 2005, there was no change in the prevalence of lifetime use between 2002 and 2005. However there was no change in the prevalence of tranquilliser use in the month or week prior to the survey for younger students and for older students in the week before the survey.

3.3 Cannabis

Table 6 shows the proportion of students using cannabis in all time periods by age and gender.

Cannabis was the most commonly used illicit substance among secondary school students, especially among those in the older age groups. Eighteen per cent of secondary students surveyed had used cannabis at some time in their lives. In all time periods, the proportion of students using cannabis increased with age; for example, levels of ever use increased significantly from 5% of students aged 12 years to 32% of 17-year-olds.

As time periods became more recent, fewer students reported having used cannabis. Use in the past year increased significantly across age groups, from 3% of students aged 12 to 25% of 17-year-old secondary school students, while use in the past month increased from 2% of 12-year-olds to around 12% of students aged 16.

Table 6: Cannabis: Percentage of students in each age and gender grouping using cannabis in each recency category, Australia, 2005

Age		Never	Ever	Year	Month	Week
12	Total (%)	95.4	4.6	2.9	1.6	1.1
	Male (%)	94.7	5.3	3.1	1.8	1.5
	Female (%)	96.2	3.8	2.7	1.4	0.7
13	Total (%)	91.2	8.8	6.7	3.6	2.4
	Male (%)	90.0	10.0	7.6	4.1	2.9
	Female (%)	92.5	7.5	5.8	3.1	2.0
14	Total (%)	84.6	15.4	12.7	6.7	4.7
	Male (%)	82.5	17.5	14.3	8.3	6.4
	Female (%)	86.9	13.1	10.9	5.1	2.9
15	Total (%)	77.2	22.8	18.8	10.4	5.9
	Male (%)	74.2	25.8	21.2	12.6	7.1
	Female (%)	80.4	19.6	16.4	8.2	4.8
16	Total (%)	70.0	30.0	24.7	11.8	5.9
	Male (%)	68.6	31.4	26.1	13.8	7.5
	Female (%)	71.3	28.7	23.4	9.8	4.4
17	Total (%)	67.6	32.4	25.3	11.1	5.9
	Male (%)	65.0	35.0	28.4	14.9	8.7
	Female (%)	69.9	30.1	22.5	7.6	3.3
12–17	Total (%)	82.2	17.8	14.2	7.2	4.2
	Male (%)	80.6	19.4	15.6	8.7	5.4
	Female (%)	83.9	16.1	12.9	5.6	2.9

Prevalence estimates are within 2.8% or better of the true population values (see section 2.5 for explanation)

Nearly 60% of students who reported using cannabis in the past month reported using cannabis in the past week. Use in the past week increased with age from 1% of the youngest students to peak at 6% among students aged 15–17.

In all time periods, more males than females had used cannabis. For any use of cannabis in the student’s lifetime the difference in the proportion of males and females using cannabis was significant at all ages except 12-year-olds and 16-year-olds. For use in the past year, the difference in the proportion of male and females using cannabis were significant for the 14-, 15- and 17-year-olds. From the age of 14, significantly more males than females reported using cannabis in the past month and past week.

Type of cannabis used and where used: Students who had used cannabis in the past year were asked to indicate whether they usually smoked it as a joint, used a bong or ate it. Bongos were the most common means of using cannabis, with 59% of males and 58% of females who had used cannabis in the past year indicating that this was how they usually consumed it. Joints were used by 38% of females and 35% of males. Most commonly, adolescents used cannabis with others. Eighty-six per cent of males and 90% of females who had used cannabis in the past year, used it with others. While 4% of males and 2% of females indicated that they usually used cannabis by themselves, 11% of males and 8% of females indicated that they used

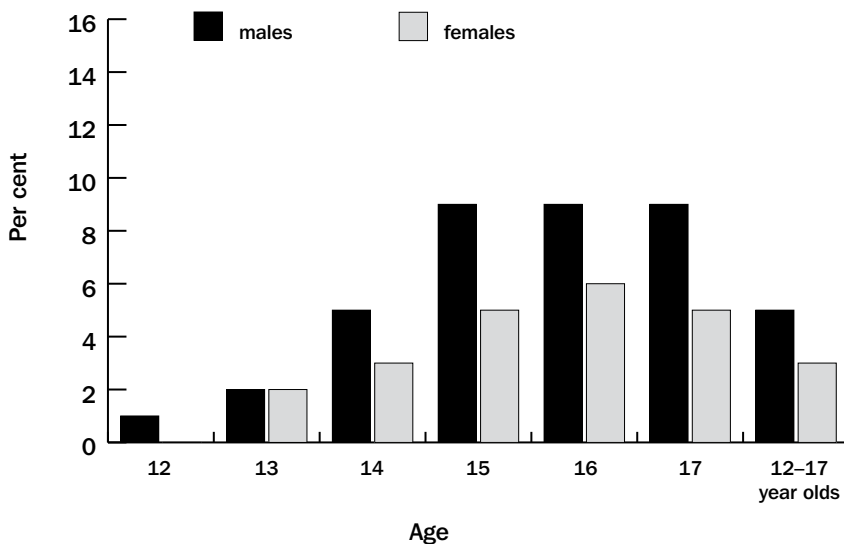
it by themselves or with others about equally often. Cannabis was most commonly used at a friend’s place (31% of males and 38% of females), a party (29% of males and females), at the student’s own home (12% of males and 11% of females) and at a park (9% of males and 8% of females).

Regularity of use: Among the 14% of students who reported using cannabis in the previous year, 35% of males and 43% of females had used it only once or twice. The proportion using cannabis once or twice was inversely related to age: decreasing from 55% of males aged 12 to 31% of 16-year-old males; and among females decreasing from 61% of 12-year-olds to 44% of 16-year-olds. Thirty-four per cent of males and 25% of females who had used cannabis in the previous year had used it on 10 or more occasions. Students who had used cannabis on 10 or more occasions in the past year were termed regular users and the proportion of regular users at each age is shown in Figure 2.

Among male students who had used cannabis in the previous week, 49% had used it once or twice in that week, around 23% said they had used it 3–5 times that week and around 8% said they had used it 6–9 times in the previous week. Among females who had used cannabis in the preceding week, 60% had used it once or twice, 22% had used it 3–5 times and 8% had used it 6–9 times in the past week.

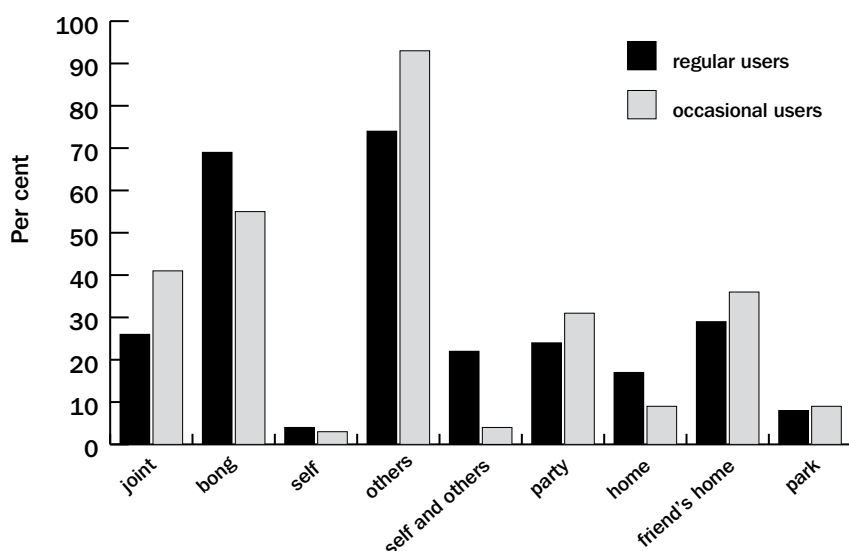
Regular use: Figure 2 shows the proportion of all male and female students in each age group indicating they had used cannabis at least 10 times in the year before the survey. Regular use increased with age from 2% of males and females aged 13, to peak at 9% among males 15 years and older and 6% among females age 16 years. In general, males were more likely to be regular users of cannabis than were females and this difference was significant from the age of 14 years.

Figure 2: Percentage of all male and female students in each age group who had used cannabis at least 10 times in the previous year, Australia, 2005 (%)



As Figure 3 shows, regular users and occasional users of cannabis differed in their method of cannabis use, with whom they used cannabis, and where cannabis was used. Occasional users were more likely to smoke cannabis as a joint ($p < .01$), while regular users were more likely to use a bong ($p < .01$). In addition, although the majority of both regular and occasional users used cannabis with others, more regular users (22%) than occasional users (4%) indicated that they used cannabis about equally often by themselves and with others ($p < .01$). Occasional users were more likely than regular users to use cannabis at a party ($p < .01$), while regular users (17%) were more likely than occasional users (8%) to use cannabis in their own home ($p < .01$). There was no difference in the proportion of regular and occasional users using cannabis at their friend's house or in a park.

Figure 3: How cannabis is used, who cannabis is used with and where cannabis is used, among students who have used cannabis regularly or occasionally in the past year, Australia, 2005 (%)



3.3.1 Changes in the prevalence of cannabis use between 1996 and 2005

The proportions of students using cannabis in their lifetime, in the past month or in the past week in 1996, 1999, 2002 and 2005 are shown in Table 7. Looking at the results for all 12- to 15-year-olds, significantly fewer junior students had used cannabis in each of the time periods in 2005 than in all previous surveys. This decrease was seen for both males and females in all time periods. The proportion of 12- to 15-year-olds who had used cannabis in the past month had decreased from 15% in 1996 to 6% in 2005. A similar pattern of results was found for older students. Older students in 2005 were significantly less likely to use cannabis in their lifetime, the past month and past week than were students surveyed in 1996, 1999 and 2002. The proportion of students aged 16 to 17 years who had used cannabis in the week before the survey decreased significantly from 17% in 1996 to 6% in 2005.

Examining changes in the use of cannabis for all 12- to 17-year-olds surveyed between 1996 and 2005 showed that lifetime, monthly and weekly use of cannabis was lower in 2005 than in any other survey year. This pattern of results was consistent for males and females in all recency periods.

These results suggest that while the proportion of students using cannabis in 2005, was lower than in previous survey years, cannabis use was still relatively widespread among secondary school students, particularly older males. Experience with the drug increased with age and in 2005 nearly one third of older students had tried cannabis and around 1 in 10 older students had used cannabis in the month before the survey. The decrease in the proportion of students using cannabis in all recency periods between 2002 and 2005 continues the decrease in prevalence between 1999 and 2002 and between 1996 and 1999.

Table 7: Percentage of students using cannabis in their lifetime, in the past month or in the past week in 1996, 1999, 2002 and 2005; Australia

Recency period	Gender	12- to 15-year-olds				16- to 17-year-olds				12- to 17-year-olds			
		1996	1999	2002	2005	1996	1999	2002	2005	1996	1999	2002	2005
Lifetime	Total	28**	23**	19**	13	52**	46**	39**	31	35**	29**	25**	18
	Male	32**	26**	22**	15	55**	50**	42**	33	38**	32**	27**	19
	Female	25**	20**	17**	11	50**	43**	36**	29	32**	27**	23**	16
Month	Total	15**	11**	9**	6	27**	20**	17**	12	18**	14**	11**	7
	Male	18**	13**	11**	7	31**	23**	20**	14	21**	15**	13**	9
	Female	13**	10**	8**	4	24**	17**	15**	9	16**	12**	10**	6
Week	Total	9**	7**	5**	4	17**	12**	10**	6	11**	8**	7**	4
	Male	11**	8**	7**	5	21**	15**	12**	8	14**	10**	8**	5
	Female	7**	5**	4**	3	13**	9**	8**	4	8**	6**	5**	3

Significantly different from 2005 at $p < .01$.

3.4 Inhalants

Table 8 illustrates the use of inhalants in all time periods by age and gender.

Less than one-fifth (17%) of all students had deliberately sniffed inhalants at least once during their lives. While 13% had used inhalants at some time in the past year, 8% of students had done so within the past month. Use in the week preceding the survey was reported by 5% of all students.

Inhalant use was related to age; however, unlike the pattern seen for other substances, prevalence decreased significantly from the youngest to the oldest students. While only about one-fifth (21%) of 12-year-old students had ever used inhalants, this proportion decreased to 10% of those aged 17 years.

Among 12- to 14-year-olds, 15% to 17% reported inhalant use in the past year. Use in the past year was lowest among 17-year-olds at 6%. Use within the past month decreased from 10% of 12-year-olds to 3% of students aged 17 years. Use within the past week was highest among the younger students and decreased significantly with increasing age. For example, while 6% of students aged 12 reported using inhalants

during the week preceding the survey, only 2% of 17-year-olds reported inhalant use in this time period.

Table 8: Inhalants: Percentage of students in each age and gender grouping using inhalants in each recency category, Australia, 2005

Age		Never	Ever	Year	Month	Week
12	Total (%)	79.2	20.8	15.7	9.9	6.4
	Male (%)	76.5	23.5	17.7	10.6	7.4
	Female (%)	82.0	18.0	13.7	9.1	5.4
13	Total (%)	80.9	19.1	15.3	9.7	6.0
	Male (%)	81.4	18.6	14.7	9.4	6.3
	Female (%)	80.4	19.6	15.9	10.0	5.7
14	Total (%)	79.0	21.0	16.6	9.2	5.5
	Male (%)	81.1	18.9	14.7	8.6	5.4
	Female (%)	76.7	23.3	18.6	9.9	5.5
15	Total (%)	83.5	16.5	12.5	7.2	3.9
	Male (%)	83.1	16.9	12.3	7.4	4.4
	Female (%)	83.8	16.2	12.8	6.9	3.4
16	Total (%)	87.7	12.3	8.3	3.6	2.5
	Male (%)	88.2	11.8	7.4	3.4	2.6
	Female (%)	87.2	12.8	9.3	3.7	2.5
17	Total (%)	90.1	9.9	5.9	3.1	2.1
	Male (%)	88.9	11.1	6.3	3.7	2.4
	Female (%)	91.2	8.8	5.5	2.5	1.7
12–17	Total (%)	82.8	17.2	12.9	7.5	4.6
	Male (%)	82.6	17.4	12.8	7.6	5.0
	Female (%)	83.0	17.0	13.1	7.4	4.2

Prevalence estimates are within 2.8% or better of the true population values (see section 2.5 for explanation).

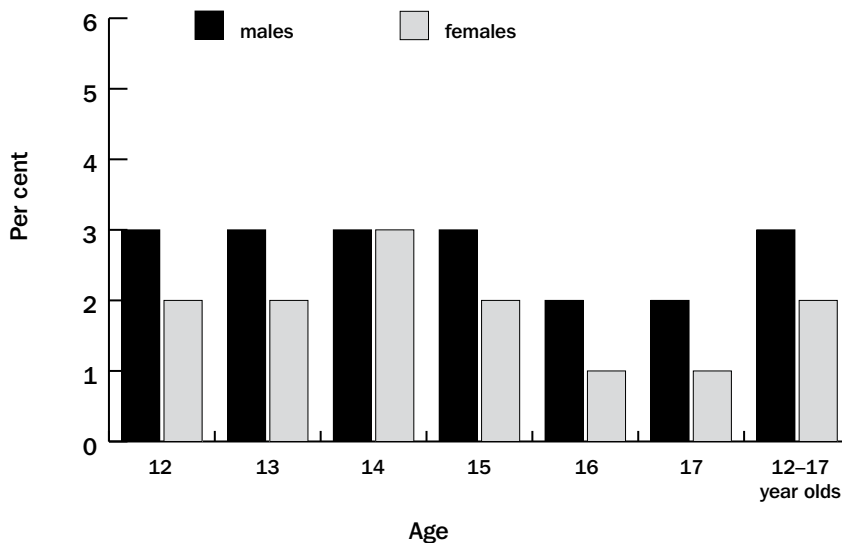
There were few significant differences in the use of inhalants between male and female secondary school students and there was no obvious pattern in the differences. While significantly more males than females aged 12 had ever used inhalants and used them in the past year, more females than males aged 14 had ever used inhalants and had used them in the past year. However there was no difference in the proportion of males and females at each age using inhalants in the past month and only the difference in the proportion of males and females aged 12 reporting use in the past week was significant ($p=.01$).

These results repeat a pattern of reported inhalant use that was similar to that found in 2002. While in general there is little difference in reported use of these substances between male and female students, there was a relatively large difference in the percentage of younger and older students reporting weekly use and ever use of inhalants. For example, five times as many 12- to 13-year-old students reported use of inhalants in the past week as had 17-year-olds. Similarly, twice as many 12-year-olds had ever used inhalants as had 17-year-olds.

Regularity of use: Around half of the 13% of students who had used inhalants in the previous year had used them on only one or two occasions (46% of males and 51% of females). Around 21% of males and females indicated they had used inhalants 3–5 times in the previous year. Twenty per cent of males and 15% of females who had used inhalants in the past year reported using inhalants 10 or more times in the previous year.

Regular use: Figure 4 shows the proportion of all male and female students in each age group having used inhalants 10 or more times in the past year. This figure shows that regular use of inhalants among secondary school students is low, with 3% of 12-year-olds and 1% of 17-year-olds using these substances regularly. The figure also suggests the same inverse association between age and inhalant use, with regular use of inhalants becoming less common with increasing age.

Figure 4: Proportion of all male and female students in each age group who used inhalants 10 or more times in the year before the survey, Australia, 2005 (%)



3.4.1 Changes in the prevalence of inhalant use between 1996 and 2005

Between 1996 and 2005, there was a decrease in the proportion of younger and older students reporting to have used inhalants in their lifetime. In addition the proportion of younger and older students using inhalants in 2005 was significantly lower than that found in 2002. The decrease was found for both males and females among both age groups. However while the decrease in lifetime use translated into a decrease in use in the month prior to the survey among younger students this was not the case for older students. Among 12- to 15-year-olds, the 19% of students who had used inhalants in their lifetime in 2005 was lower than the 23% found in 2002 and the 29% in both 1999 and 1996. In 2005, 9% of 12- to 15-year-old students had used inhalants in the previous month compared to 11% in 2002, and 13% in both 1999 and 1996. Among 16- to 17-year-olds, significantly fewer students had used inhalants

in their lifetime in 2005 (11%) than in 2002 (14%), 1999 (17%) and 1996 (17%). However, the proportion of older students reporting use in the previous month in 2005 (3%) was no different from the 4% found in each of the previous survey years.

When data were combined for all students surveyed aged between 12 and 17 years, analyses found that the proportion of students using inhalants in their lifetime (17%) and month in 2005 (8%) were significantly lower than the proportion found in all other survey years.

The pattern of inhalant use described above shows that use decreases with increasing age, so that 12-year-olds were more likely to report using inhalants than 17-year-olds. This pattern contrasts with that found for other substances where use becomes more likely with increasing age.

3.5 Hallucinogens

Table 9 illustrates the use of hallucinogens such as LSD in all time periods by age and gender.

The use of hallucinogens such as LSD among secondary school students was rare. The percentage of students reporting to have used hallucinogens increased with age. While around 3% of all secondary school students had ever used hallucinogens, the proportions increased significantly with age, from 1% of 12-year-old students to 5% of 16-year-olds. Only 3% of all students reported having used hallucinogens at some time in the past year. Use in the past year increased from 1% of 12-year-olds to 4% of 15- and 16-year-olds.

Use of hallucinogens in the past month was very low, ranging from 1% of 12-year-old students to around 2% of 14-, 15- and 16-year-olds. Among these age groups, between 50% and 60% of students who had used hallucinogens in the past year had used them in the previous month.

An examination of the pattern of gender differences for hallucinogen use showed that generally more males than females had used these substances. For ever use and use in the past year, these differences were significant at all ages except for 13-year-olds. For use in the past month and past week, differences in the proportion of males and females reporting use were significant at all ages.

Table 9: Hallucinogens: Percentage of students in each age and gender grouping using hallucinogens in each recency category, Australia, 2005

Age		Never	Ever	Year	Month
12	Total (%)	98.6	1.4	1.1	0.9
	Male (%)	98.0	2.0	1.6	1.3
	Female (%)	99.3	0.7	0.6	0.4
13	Total (%)	98.3	1.7	1.3	0.7
	Male (%)	98.0	2.0	1.6	1.1
	Female (%)	98.5	1.5	0.9	0.3
14	Total (%)	96.2	3.8	3.0	1.8
	Male (%)	94.7	5.3	4.2	2.6
	Female (%)	97.8	2.2	1.8	0.9
15	Total (%)	95.7	4.3	3.5	2.0
	Male (%)	93.8	6.2	5.2	3.1
	Female (%)	97.7	2.3	1.9	0.9
16	Total (%)	95.1	4.9	3.5	1.6
	Male (%)	93.9	6.1	4.6	2.3
	Female (%)	96.3	3.7	2.4	0.8
17	Total (%)	96.1	3.9	2.9	1.1
	Male (%)	94.8	5.2	3.9	1.6
	Female (%)	97.3	2.7	1.9	0.6
12–17	Total (%)	96.8	3.2	2.5	1.3
	Male (%)	95.7	4.3	3.5	2.0
	Female (%)	97.9	2.1	1.5	0.7

Prevalence estimates are within 2.8% or better of the true population values (see section 2.5 for explanation).

Regularity of use: The majority of the 3% of students who reported having used hallucinogens in the previous year had used them infrequently. Forty-eight per cent of males and 59% of females indicated they had used hallucinogens only once or twice in the previous year. A further 17% of the males and 22% of females who had used hallucinogens in the previous year had used them on 3–5 occasions. Negligible numbers of all students (less than 1%) were classified as regular users of hallucinogens.

Type of hallucinogen used: Students who had used hallucinogens in the year preceding the survey were asked what type of hallucinogens they had used. Students could indicate more than one type of hallucinogen. The hallucinogens most commonly used by students were ‘magic mushrooms’ (used by 56%), while tablets and paper tabs were used by 46% and 27% respectively. Liquid hallucinogens were used by 28% of students who had used hallucinogens in the previous year.

3.5.1 Changes in the prevalence of hallucinogen use between 1996 and 2005

Table 10 shows the proportion of students using hallucinogens in their lifetime and in the previous month in each survey year between 1996 and 2005. Among 12- to 15-year-old students, the proportion ever using hallucinogens in their lifetime in 2005 was significantly lower than the proportion found in 2002, 1999 and 1996. The decrease in lifetime use among 12- to 15-year olds, translated into a decrease in use in the past month between 1996 and 2005 but not between 2002 and 2005. Among 16- to 17-year-olds, there was a significant decrease in the proportion of students who had ever used hallucinogens between 1996 and 2005 but not between 2002 and 2005. Recent use of hallucinogens among older students declined between 1996 and 2005, but there was no change in the proportion of students using hallucinogens in the month before the survey between 2002 and 2005.

Table 10: Percentage of students using hallucinogens, in their lifetime and in the past month in 1996, 1999, 2002 and 2005, Australia

Recency period	Gender	12- to 15-year-olds				16- to 17-year-olds				12- to 17-year-olds			
		1996	1999	2002	2005	1996	1999	2002	2005	1996	1999	2002	2005
Lifetime	Total	6**	5**	4**	3	14**	11**	6	5	8**	7**	4**	3
	Male	7**	5**	4	4	14**	13**	7	6	9**	7**	5	4
	Female	5**	5**	3**	2	13**	9**	6**	3	7**	6**	4**	2
Month	Total	2**	2	2	1	4**	3**	2	1	3**	2**	2	1
	Male	3**	2	2	2	5**	4**	2	2	4**	3	2	2
	Female	2**	1	1	1	3**	2**	1	1	2**	1	1	1

** Significantly different from 2005 $p < .01$.

The decrease in lifetime use of hallucinogens between 1996 and 2005 and between 2002 and 2005 was also seen when data were combined for all 12- to 17-year-olds surveyed. The decrease between 1996 and 2005 translated into a similar decrease in the prevalence of use of hallucinogens in the month prior to the survey. However, there was no significant difference in the proportion of students using hallucinogens in the month before the survey between 2002 and 2005.

The results indicate that use of hallucinogens in 2005 was lower than it was in the late 1990s but had not declined between 2002 and 2005. In 2005, there was a low level of hallucinogen use among secondary school students with most of this being experimental use.

3.6 Amphetamines

Table 11 illustrates the use of amphetamines in all time periods by age and gender. The behaviour reported here is supposed to exclude any medically supervised use.

Table 11: Amphetamines: Percentage of students in each age and gender grouping using amphetamines in each recency category, Australia, 2005

Age		Never	Ever	Year	Month
12	Total (%)	97.3	2.7	2.0	1.4
	Male (%)	97.1	2.9	2.1	1.6
	Female (%)	97.6	2.4	1.9	1.3
13	Total (%)	97.1	2.9	2.3	1.4
	Male (%)	96.7	3.3	2.7	1.9
	Female (%)	97.5	2.5	1.8	0.9
14	Total (%)	94.7	5.3	4.3	2.6
	Male (%)	93.6	6.4	5.4	3.1
	Female (%)	95.9	4.1	3.1	2.1
15	Total (%)	93.4	6.6	5.6	3.5
	Male (%)	92.1	7.9	7.1	4.6
	Female (%)	94.6	5.4	4.1	2.3
16	Total (%)	91.7	8.3	6.4	3.1
	Male (%)	91.3	8.7	7.1	3.7
	Female (%)	92.0	8.0	5.8	2.5
17	Total (%)	92.8	7.2	5.4	2.4
	Male (%)	92.1	7.9	6.2	3.2
	Female (%)	93.5	6.5	4.6	1.7
12-17	Total (%)	94.7	5.3	4.2	2.4
	Male (%)	94.0	6.0	4.9	3.0
	Female (%)	95.3	4.7	3.4	1.8

Prevalence estimates are within 2.8% or better of the true population values (see section 2.5 for explanation).

The majority of secondary school students (95%) had never used amphetamines. The proportions of students who had ever used these substances increased significantly with age, from 3% of 12-year-olds to 8% of students aged 16 years and 7% of 15- and 17-year-olds.

Around 4% of all students surveyed had used amphetamines in the past year; this proportion was highest among the older students, increasing from 2% of 12-year-olds to 6% of those aged 15 and 16 and 5% of 17-year-olds. Use in the past month was very low for all age groups, ranging from 1-4%.

Considering the use of amphetamines among males and females separately, although ever use and use in the past year was slightly higher among males than females, these differences were only significant among 14- and 15-year-olds. Use of amphetamines in the past month was significantly greater among males than females in 13-, 15 and 17-year-olds.

Regularity of use: Of the 4% of students who reported using amphetamines in the year prior to the study, 39% of males and 48% of females had used them only once or twice. Seventeen per cent of males and 19% of females had used amphetamines 3–5 times in the past year.

Amongst all students surveyed around 1% indicated that they had used amphetamines regularly in the year prior to the survey.

3.6.1 Changes in the prevalence of amphetamine use between 1996 and 2005

The proportion of students using amphetamines in 1996, 1999, 2002 and 2005 is shown in Table 12. Use of amphetamines had not changed between 1996 and 2002 and between 2002 and 2005 among junior secondary school students. However among this age group, there was a significant decrease in use of amphetamines between 1999 and 2005. Among 16- and 17-year-olds, the proportion of students using amphetamines in their lifetime in 2005 was significantly lower than the proportion found in 1999 but was not different from the proportions found in 1996 and 2002. However the proportion of both younger and older students reporting monthly use of amphetamines had not changed between 1996 and 2005.

Table 12: Percentage of students using amphetamines in their lifetime and in the past month in 1996, 1999, 2002 and 2005, Australia

Recency period	Gender	12- to 15-year-olds				16- to 17-year-olds				12- to 17-year-olds			
		1996	1999	2002	2005	1996	1999	2002	2005	1996	1999	2002	2005
Lifetime	Total	5	6**	5	4	9	11**	10	8	6	7**	7**	5
	Male	6	6	6	5	10	12**	10	8	7	8**	7	6
	Female	4	5**	5	4	8	10**	11	7	5	7**	6**	5
Month	Total	2	2	2	2	3	4	3	3	2	3	3	2
	Male	3	3	3	3	4	5	3	4	3	3	3	3
	Female	1	2	2	2	2	3	3	2	2	2	2	2

** Significantly different from 2005 $p < .01$.

When data were combined across age groups, the proportion of students who had used amphetamines in their lifetime in 2005 was significantly lower than the proportion found in 2002 and 1999 but not 1996. However the proportion of students reporting use of amphetamines in the month before the survey in 2005 did not differ from the proportion seen in other survey years.

The use of amphetamines among Australian secondary school students in 2005 was generally low. While prevalence increased with age, there was little difference in the proportions of students aged 15–17 who had used the drug in the past month. The proportion of students who had ever used amphetamines had not changed between 2002 and 2005. The pattern of results found in the survey suggests that there was a low level of experimental use among secondary school students, with only a few students having used amphetamines recently.

3.7 Steroids

Table 13 shows the proportion of students using steroids without a doctor’s prescription in an attempt to improve sporting ability, increase muscle size or improve appearance, in all time periods by age and gender.

Table 13: Steroids: Percentage of students in each age and gender group reporting use of steroids without a doctor’s prescription in an attempt to improve sporting ability, increase muscle size or improve appearance, by age and gender, Australia, 2005

Age		Never	Ever	Year	Month
12	Total (%)	97.8	2.2	1.7	0.9
	Male (%)	97.5	2.5	1.8	0.8
	Female (%)	98.1	1.9	1.5	1.0
13	Total (%)	97.6	2.4	1.5	0.8
	Male (%)	97.0	3.0	1.8	1.1
	Female (%)	98.3	1.7	1.1	0.4
14	Total (%)	96.7	3.3	2.8	1.7
	Male (%)	96.0	4.0	3.3	2.0
	Female (%)	97.4	2.6	2.2	1.5
15	Total (%)	96.8	3.2	2.6	1.7
	Male (%)	95.5	4.5	3.8	2.7
	Female (%)	98.1	1.9	1.4	0.6
16	Total (%)	97.8	2.2	1.6	1.1
	Male (%)	96.7	3.3	2.4	1.9
	Female (%)	98.9	1.1	0.8	0.4
17	Total (%)	98.1	1.9	1.5	0.8
	Male (%)	97.1	2.9	2.2	1.2
	Female (%)	98.9	1.1	0.9	0.4
12–17	Total (%)	97.4	2.6	2.0	1.2
	Male (%)	96.6	3.4	2.6	1.6
	Female (%)	98.2	1.8	1.4	0.7

Prevalence estimates are within 2.8% or better of the true population values (see section 2.5 for explanation).

The use of steroids without a prescription among secondary school students was very low, and across the six age groups there was no significant difference in the proportions of students reporting use in any of the time periods. Both use in the past year and use in the past month were stable at around 1–2% across the six age groups. Only 1% of students across all age groups reported that they had used steroids without a prescription in the month before the survey.

Males were significantly more likely than females to have ever used steroids, to have used them in the past year and in the past month from the age of 15. For example, ever use was highest at 5% among male students aged 15 years, and was about twice the rate among females (2%) in this age group. The prevalence of use in the past month was between 1% and 3% for male students across the six age groups and was less than 1% for females 15 years and over.

Regularity of use: Among the 2% of students who had used steroids in the year before the survey, use was infrequent. Among males, 37% had used these substances only once or twice, with a further 19% using them 3–5 times. Among females, 43% had only used them once or twice, with a further 24% using them 3–5 times. Age was not associated with frequency of use.

Less than 1% of all students indicated that they had used steroids 10 or more times in the previous year.

3.7.1 Changes in the prevalence of steroid use between 1996 and 2005

There was little change in the proportion of younger and older students using steroids across the period between 1996 and 2005. The proportion of 12- to 15-year-olds and 16- to 17-year-olds using steroids at some time in their life had not changed significantly between 1996, 1999, 2002 and 2005. There was also no change in the proportion of students indicating they had used steroids in the month prior to the survey. In 1996, around 2% of all 12- to 15-year-olds had used steroids in their lifetime and this proportion was 3% in 1999, 2002 and 2005. Among this age group, in 1996, 1999, 2002 and 2005, 1% had used steroids in the month before the study. Among 16- and 17-year-olds, around 2% had used steroids at some time in their life in each survey year between 1996 and 2005, and in all survey years 1% indicated that they had used steroids at least once in the month before the study. There was also no change in steroid use between 2002 and 2005 when data were combined for all 12- to 17-year-olds surveyed. However there was a small but significant increase in the proportion of all students using steroids in their lifetime between 1996 (2%) and 2005 (3%).

While the prevalence estimates reported here indicate very low levels of steroid use that was not medically prescribed among adolescents at school, the results also suggest that, among students who were using steroids, use was fairly regular. Such behaviour was mainly concentrated among male students and did not differ substantially between age groups.

3.8 Opiates

Table 14 illustrates the use of opiates other than for medical reasons in all time periods by age and gender.

A small proportion (2%) of secondary school students had ever used opiates or narcotics such as heroin or morphine other than for medical reasons. Across the six age groups, this ranged from 2% to 4%. Only 2% of students reported using opiates in the past year; this level of use was fairly stable from the age of 14. Use in the past month was reported by around 1% of students.

In most age groups, slightly more males than females had ever used opiates: 1–3% of females compared with 2–4% of males. However, none of these differences were significant. The differences in the proportion of males and females using opiates in the past year were only statistically significant among the 15-year-olds. In general, similar proportions of male and female students had used opiates in the past month, with only the differences between 15- and 16-year-old males and females reaching statistical significance.

Table 14: Opiates: Percentage of students in each age and gender grouping using opiates other than for medical reasons in each recency category, Australia, 2005

Age		Never	Ever	Year	Month
12	Total (%)	98.4	1.6	1.1	0.6
	Male (%)	98.2	1.8	1.0	0.6
	Female (%)	98.7	1.3	1.1	0.6
13	Total (%)	98.1	1.9	1.3	0.7
	Male (%)	98.1	1.9	1.5	1.0
	Female (%)	98.2	1.8	1.1	0.4
14	Total (%)	96.5	3.5	2.5	1.6
	Male (%)	96.4	3.6	2.9	2.1
	Female (%)	96.7	3.3	2.2	1.1
15	Total (%)	97.0	3.0	2.3	1.5
	Male (%)	96.6	3.4	2.9	2.3
	Female (%)	97.5	2.5	1.6	0.6
16	Total (%)	97.1	2.9	2.1	1.1
	Male (%)	96.8	3.2	2.5	1.8
	Female (%)	97.4	2.6	1.6	0.5
17	Total (%)	98.4	1.6	1.0	0.5
	Male (%)	98.4	1.6	1.2	0.8
	Female (%)	98.5	1.5	0.7	0.3
12-17	Total (%)	97.6	2.4	1.7	1.0
	Male (%)	97.3	2.7	2.0	1.5
	Female (%)	97.8	2.2	1.4	0.6

Prevalence estimates are within 2.8% or better of the true population values (see section 2.5 for explanation).

Regularity of use: Of the 2% of students who reported having used opiates in the year prior to the survey, 43% of males and 60% of females had used these substances only once or twice.

Negligible numbers of all students (less than <0.5%) indicated that they had used opiates at least 10 times in the previous year.

3.8.1 Changes in the prevalence of opiate use between 1996 and 2005

Table 15 shows the proportion of students indicating they had used opiates in their lifetime or in the past month, in each survey year between 1996 and 2005. There was a small but significant reduction in the proportion of 12- to 15-year-olds indicating they had ever used opiates between 1996 and 2005 and between 1999 and 2005. There was, however, no change in the proportion of 12- to 15-year-old students indicating that they had used some sort of opiate in the month prior to the survey. Among older students, 4% reported that they had used opiates in their lifetime in 1996 and 5% reported using these substances in 1999 and these proportions were significantly higher than the 2% found in 2005. The reduction in prevalence between 1999 and 2005 was seen among both males and females. The proportion of students aged 16–17 years in 2005 indicating that they had used opiates in the month before the survey was not different from the proportion found in other survey years.

The results indicate that opiate use was uncommon among Australian secondary school students in all survey years. The great majority of secondary school students (98%) had never used substances such as heroin. Most of the students who had used opiates had not used them in the past month, suggesting that any use of these substances by students was primarily experimental. Comparisons of the prevalence of opiate use among secondary school students in 2002 suggest that there was no change in the proportion of students using these substances in the three years to 2005.

Table 15: Percentage of students who had used opiates in their lifetime or in the past month in 1996, 1999, 2002 and 2005, Australia

Recency period	Gender	12- to 15-year-olds				16- to 17-year-olds				12- to 17-year-olds			
		1996	1999	2002	2005	1996	1999	2002	2005	1996	1999	2002	2005
Lifetime	Total	4**	4**	3	3	4**	5**	3	2	4**	4**	3	2
	Male	4**	4**	3	3	5**	6**	3	3	4**	4**	3	3
	Female	3	4**	2	2	3	4**	3	2	3	4**	2	2
Month	Total	1	1	1	1	1	1	1	1		1	1	1
	Male	2	2	2	2	2	2	1	2	2	2	2	2
	Female	1	1	1	1	0	1	1	0	1	1	1	1

** Significantly different from 2005 at $p < .01$.

3.9 Cocaine

Table 16 illustrates the use of cocaine in all time periods by age and gender.

As with opiate use, in 2005, most secondary school students had never tried cocaine. Only 3% of all students had ever used cocaine and the proportions across age groups ranged from 2% to 4%. Nearly 80% of the students who had ever used cocaine reported using this substance in the past year. Around 1% of students had used cocaine in the month before the survey. Examining each age group, use in the past month was between 1% and 2%.

Table 16: Cocaine: Percentage of students in each age and gender grouping using cocaine in each recency category, Australia, 2005

Age		Never	Ever	Year	Month
12	Total (%)	98.5	1.5	1.0	0.8
	Male (%)	98.2	1.8	1.2	1.1
	Female (%)	98.8	1.2	0.8	0.4
13	Total (%)	98.2	1.8	1.3	0.8
	Male (%)	98.2	1.8	1.5	0.9
	Female (%)	98.1	1.9	1.1	0.6
14	Total (%)	96.2	3.8	3.1	2.1
	Male (%)	95.4	4.6	3.6	2.8
	Female (%)	97.0	3.0	2.6	1.3
15	Total (%)	96.5	3.5	3.1	2.1
	Male (%)	95.0	5.0	4.7	3.5
	Female (%)	98.1	1.9	1.4	0.7
16	Total (%)	96.0	4.0	2.9	1.4
	Male (%)	95.1	4.9	3.6	2.1
	Female (%)	96.9	3.1	2.1	0.6
17	Total (%)	97.1	2.9	2.1	0.9
	Male (%)	96.9	3.1	2.2	1.3
	Female (%)	97.2	2.8	1.9	0.4
12–17	Total (%)	97.1	2.9	2.2	1.3
	Male (%)	96.5	3.5	2.8	2.0
	Female (%)	97.7	2.3	1.6	0.7

Prevalence estimates are within 2.8% or better of the true population values (see section 2.5 for explanation).

Ever use of cocaine showed a consistent pattern, with males being more likely than females to report having ever used cocaine at all ages. However, these differences were only significant among 15- and 16-year-olds. Use in the past year was only significantly higher among males than females among 15-, and 16-year-olds. From the age of 14, males had significantly higher levels of use in the past month than did females.

Regularity of use: Cocaine use was infrequent among the 2% of students who reported using in the past year. Around 44% of males and 56% of females who reported using cocaine in the previous year had used it only once or twice.

Negligible numbers of students (0.6%) reported using cocaine on at least 10 occasions in the past year.

3.9.1 Changes in the prevalence of cocaine use between 1996 and 2005

The proportion of students reporting to have used cocaine in 1996, 1999, 2002 and 2005 are shown in Table 17. While there was a decrease in the proportion of younger students reporting to have used cocaine in their lifetime between 1996 and 2005, there was no change in prevalence between 2002 and 2005. There was little change in the proportion of younger students indicating they had used cocaine in the month prior to the survey across the years between 1996 and 2005. Among 16 and 17-year-olds, the proportion of students reporting to have used cocaine in their lifetime and in the past month in 2005 was not statistically different from the proportions found in 1996, 1999 and 2002.

Levels of cocaine use were very low among Australian school students in 2005.

Table 17: Percentage of students who had used cocaine in their life or in the past month in 1996,1999, 2002 and 2005, Australia

Recency period	Gender	12- to 15-year-olds				16- to 17-year-olds				12- to 17-year-olds			
		1996 %	1999 %	2002 %	2005 %	1996 %	1999 %	2002 %	2005 %	1996 %	1999 %	2002 %	2005 %
Lifetime	Total	4**	3	3	3	3	4	4	4	4	4	3	3
	Male	5**	4	4	3	4	5	4	4	5	4	4	4
	Female	3	3**	2	2	3	3	3	3	3	3	3	2
Month	Total	1	1	1	1	1	1	1	1	1	1	1	1
	Male	2	2	2	2	2	2	1	2	2	2	2	2
	Female	1	1	1	1	0	0	1	1	1	1	1	1

** Significantly different from 2005 at $p < .01$.

3.10 Ecstasy

Table 18 gives the proportion of students reporting the use of ecstasy in all time periods by age and gender.

A small proportion of secondary school students had ever used ecstasy. Of all students, only 4% had ever had some sort of experience with this drug. Although use of ecstasy was not common among students in any age group, similar to other substances, the proportion of students reporting to have ever used ecstasy increased significantly as students progressed through secondary school. Experience of using ecstasy was most common among 16- to 17-year-old students, with 6% having ever used this substance. Use in the past year ranged from 1% of students aged 12 and 13 years to 5% of 16- to 17-year-olds.

Use of ecstasy in the past month was consistently lower than use in the past year. Prevalence of use in the past month ranged from 1% of 12-year-olds to 2% of those aged 14–17 years.

Table 18: Ecstasy: Percentage of students in each age and gender grouping using ecstasy in each recency period, Australia, 2005

Age		Never	Ever	Year	Month
12	Total (%)	98.5	1.5	1.2	0.7
	Male (%)	98.5	1.5	1.3	0.9
	Female (%)	98.5	1.5	1.2	0.5
13	Total (%)	98.1	1.9	1.3	0.8
	Male (%)	98.2	1.8	1.5	0.9
	Female (%)	98.0	2.0	1.1	0.8
14	Total (%)	95.9	4.1	3.4	2.1
	Male (%)	94.8	5.2	4.3	2.9
	Female (%)	97.0	3.0	2.5	1.3
15	Total (%)	95.2	4.8	4.1	2.3
	Male (%)	93.8	6.2	5.1	3.5
	Female (%)	96.5	3.5	3.1	1.1
16	Total (%)	93.9	6.1	4.9	2.3
	Male (%)	93.4	6.6	5.8	3.1
	Female (%)	94.5	5.5	4.0	1.5
17	Total (%)	94.1	5.9	5.0	2.3
	Male (%)	93.7	6.3	5.7	2.9
	Female (%)	94.6	5.4	4.3	1.6
12–17	Total (%)	96.1	3.9	3.2	1.7
	Male (%)	95.6	4.4	3.7	2.3
	Female (%)	96.7	3.3	2.6	1.1

Prevalence estimates are within 2.8% or better of the true population values (see section 2.5 for explanation).

In most age groups, a greater proportion of males than females reported ever using ecstasy. However, these differences were only significant among 14- and 15-year-olds. The differences between the use of ecstasy by males and females were also seen in the proportions of students using ecstasy in the past year and past month. The differences in male and female use of ecstasy in the past year and past month were significant for 14-, 15- and 16-year-olds.

Regularity of use: Of the 3% of students who reported using ecstasy in the past year, 36% of males and 59% of females had used it only once or twice.

Less than 1% of all students had used ecstasy 10 or more times in the year before the survey.

3.10.1 Changes in the prevalence of ecstasy use between 1996 and 2005

The proportions of students reporting to have used ecstasy in each survey year between 1996 and 2005 are shown in Table 19. There was no change in the proportion of younger students indicating they had used ecstasy either in their lifetime or in the month prior to the survey. In each survey year, 3–4% of 12- to 15-year-olds had ever used ecstasy, while about 6% of 16- and 17-year-olds had ever used ecstasy across the survey years. There was a small but significant increase in the proportion of 16 and 17-year-old students indicating that they had used ecstasy in the month before the survey between 1996 and 2005. However the proportion of older students using ecstasy in the month before the survey in 2005 was not different from the proportion found in 2002 and was, at 2%, very low.

Table 19: Percentage of students who had used ecstasy in their lifetime or in the past month in 1996, 1999, 2002 and 2005, Australia

Recency period	Gender	12- to 15-year-olds				16- to 17-year-olds				12- to 17-year-olds			
		1996	1999	2002	2005	1996	1999	2002	2005	1996	1999	2002	2005
Lifetime	Total	3	3	4	3	5	6	7	6	4	4	5	4
	Male	4	4	4	4	6	7	7	7	4	5	5	5
	Female	2	3	3	3	4	5	7	6	3	3	4	3
Month	Total	1	1	2	2	1**	3	2	2	1**	2	2	2
	Male	2	2	2	2	2	3	3	3	2	2	2	2
	Female	1	1	1	1	1**	2	2	2	1	1	1	1

** Significantly different from 2005 $p < .01$.

These results indicate that the proportion of Australian secondary school students who had had any experience of ecstasy, either recently or in the past, was very low. While use of ecstasy tended to increase with age, among all age groups prevalence was low, indicating that use of this substance was not widespread among secondary school students in 2005. The results shown here suggest that use of ecstasy among secondary school students was mainly experimental.

3.11 Use of any illicit substance

The proportion of students in each of the two age groups who had used cannabis, hallucinogens, amphetamines, cocaine, opiates or ecstasy in their lifetime and in the month prior to the survey in 1999, 2002 and 2005 is shown in Table 20. Among both older and younger students, the proportion of students who had used any illicit substance had declined substantially between 1996 and 2005. Among 12- to 15-year-olds, there was a significant decrease in the proportion of students using any illicit substance in their lifetime from 30% in 1996 to 15% in 2005 including a significant decrease between 2002 (22%) and 2005 (15%). A corresponding decrease was seen among 16- to 17-year-olds, where the proportion of students who had used any illicit substance in their lifetime decreased significantly from 53% in 1996 to 33% in 2005. The proportion of older students using any illicit substance also decreased significantly between 2002 and 2005. The decreases in lifetime use of any illicit substance were reflected in decreases in the levels of recent use of any illicit substance. Among 12- to 15-year-olds, recent use of any illicit substance

decreased significantly from 16% in 1996 to 7% in 2005 with a significant decrease between 2002 and 2005. A similar decrease was seen for the 16- to 17-year-olds, where the proportion of student using any illicit substance in the month before the survey decreased from 28% of students in 1996 to 13% in 2005. The decrease in the proportion of older students who had used any illicit substance in the month prior to the survey between 2002 and 2005 was significant.

Table 20: Percentage of students who had used any illicit substance or any illicit substance excluding cannabis, in their lifetime or in the past month in 1996, 1999, 2002 and 2005, Australia

Substance	Recency period	Gender	12- to 15-year-olds				16- to 17-year-olds				12- to 17-year-olds			
			1996	1999	2002	2005	1996	1999	2002	2005	1996	1999	2002	2005
			%	%	%	%	%	%	%	%	%	%	%	%
Any illicit substance	Lifetime	Total	30**	26**	22**	15	53**	48**	41**	33	36**	32**	27**	20
		Male	33**	28**	24**	17	55**	51**	44**	35	39**	34**	29**	21
		Female	26**	23**	20*	13	50**	44**	38**	31	33**	29**	25**	18
	Month	Total	16**	13**	10**	7	28**	21**	19**	13	19**	15**	13**	8
		Male	18**	14**	12**	8	32**	24**	21**	16	21**	17**	14**	10
		Female	14**	10**	8**	5	24**	18**	16**	10	16**	13**	11**	7
Any illicit substance excluding cannabis	Lifetime	Total	10**	11**	9**	7	17**	18**	15**	12	12**	13**	11**	8
		Male	12**	12**	10**	8	18**	20**	15	13	13**	13**	11**	9
		Female	9**	10**	8	7	16**	16**	14**	11	10**	11**	10**	8
	Month	Total	4	4	4	3	6	6	5	4	4	5**	4	4
		Male	5	5	5	4	7	8	5	6	6	6	5	5
		Female	3	3	3	3	5**	4	5**	3	3	4**	3	3

** Significantly different from 2005 at $p < .01$.

3.12 Use of any illicit substance excluding cannabis

Because the use of cannabis was so much more prevalent than any other substance, trends in its use tend to drive trends in the use of ‘any illicit substance’. For this reason, the above analyses were repeated using an index of illicit substance use that excluded cannabis. The proportion of students who had used any illicit drug other than cannabis in their lifetime or in the prior month during 1996, 1999, 2002 and 2005 are also shown in Table 20. The proportions of students using any illicit drug other than cannabis were considerably lower than when the index of drug use included cannabis, but were still impressive.

In 2005, around 12% of 16- to 17-year-olds and 7% of 12- to 15-year-olds indicated they had used an illicit drug other than cannabis in their lifetime. The proportion of students aged 12–15 who had used any illicit substance other than cannabis in their lifetime decreased significantly between 2002 and 2005, from 9% to 7%. This decrease was found for males but not females in this age group. The proportion of 12- to 15-year-olds using an illicit substance other than cannabis in 2005 was significantly lower than the proportion found in 1996. However, there was no change in the proportion of 12- to 15-year-olds who had used an illicit substance other than

cannabis in the month before the survey between 2002 and 2005 and between 1996 and 2005. Among 16- and 17-year-olds, the proportion of all students using an illicit substance other than cannabis in their lifetime in 2005 was significantly lower than the proportion found in 2002, 1999 and 1996. The decreases between 1996 and 1999 and 2005 were reflected in usage patterns for males and females. While there was no change in the proportion of all 16- and 17-year-old students who had used illicit substances other than cannabis in the month before the survey between 1996 and 2005, or between 2002 and 2005, females in this age group were significantly less likely to do so in 2005 than in 2002 and 1996.

3.13 Poly-substance use

In response to a specific question, students who had used cannabis, amphetamines, hallucinogens and ecstasy in the previous year were asked to indicate other substances they had used concurrently with these substances. As more than one other substance may have been used on any occasion, or different substances may have been used on different occasions, students could indicate multiple substances. Students could indicate a substance from a list of seven, along with a response indicating that no other substance was used. Students could also indicate other substances that were not listed.

The proportion of students using cannabis, amphetamines, hallucinogens and ecstasy in the past year indicating they had used any alcohol, tobacco, cannabis, hallucinogens amphetamines, ecstasy or analgesics on the same occasion is shown in Table 21. Alcohol, tobacco and cannabis were the substances most commonly used in conjunction with amphetamines, hallucinogens and ecstasy. Around 60% of the students who had used amphetamines and ecstasy in the previous year and 53% of those using hallucinogens were drinking alcohol at the same time, around 40% were smoking and around 35% were using cannabis. Among cannabis users 68% drank alcohol and 48% smoked cigarettes on the same occasions as they used cannabis in the past year.

Around 20% of students who had used cannabis, amphetamines or ecstasy in the past year did not use any other substance at the same time while around 25% of students using hallucinogens did not use any other substance at the same time.

Around 21% of students who had used amphetamines in the past year reported using ecstasy at the same time, 18% of students using hallucinogens in the past year reported using ecstasy, while 20% of students using ecstasy reported using amphetamines at the same time.

Table 21: Percentage of students who had used cannabis, amphetamines, hallucinogens or ecstasy in the past 12 months indicating they had used other substances on the same occasion, Australia, 2005

Substance used on same occasion	Substance used in the past 12 months				
	(n) [^]	Cannabis (3135)	Amphetamines (840)	Hallucinogens (493)	Ecstasy (621)
Alcohol	(%)	68	61	53	66
Tobacco	(%)	48	45	41	46
Cannabis	(%)	N/A ^{^^}	37	34	39
Hallucinogens	(%)	6	12	N/A ^{^^}	12
Amphetamines	(%)	7	N/A ^{^^}	18	20
Ecstasy	(%)	9	21	18	N/A ^{^^}
Analgesics	(%)	9	14	13	12
No other substance used	(%)	20	18	25	17
Other	(%)	6	9	10	9

[^] Unweighted number of students surveyed using substance in previous year.

^{^^}N/A = not applicable.

3.14 Comparisons of the types of substances used by students in 2005

So far, this report has concentrated on the separate prevalence estimates for each substance. In this section the relative levels of use of the different substances were examined in order to highlight the substances most commonly used by secondary school students. Included in these comparisons were data on the prevalence of alcohol and tobacco use. These two substances were included to gain a complete picture of the types of substances most commonly used by secondary school students. Lifetime use and use in the month before the survey were focused upon. Lifetime use provides an indication of the extent students have had contact with the substance, and the extent the substance may have been used in the past, even though they may not be using the substance any more. Use in the past month gives an indication of the recency of use and suggests current access to, and involvement with, the substance.

Lifetime experience of alcohol was assessed by the question ‘Have you ever had an alcoholic drink?’, with responses made on a four-point scale ranging from ‘No, never’ to ‘Yes, more than 10 drinks’. Lifetime experience of tobacco was assessed by the question ‘Have you ever smoked even part of a cigarette?’, with responses made on a five-point scale ranging from ‘No’ to ‘Yes, more than 100 cigarettes’. Students indicating they had consumed alcohol or tried a cigarette were classified as ever users of tobacco or alcohol. Monthly use was assessed by asking students to indicate if they had had an alcoholic drink or a cigarette in the past month. Students indicating they had had a drink or a cigarette in this time period were classified as recent users.

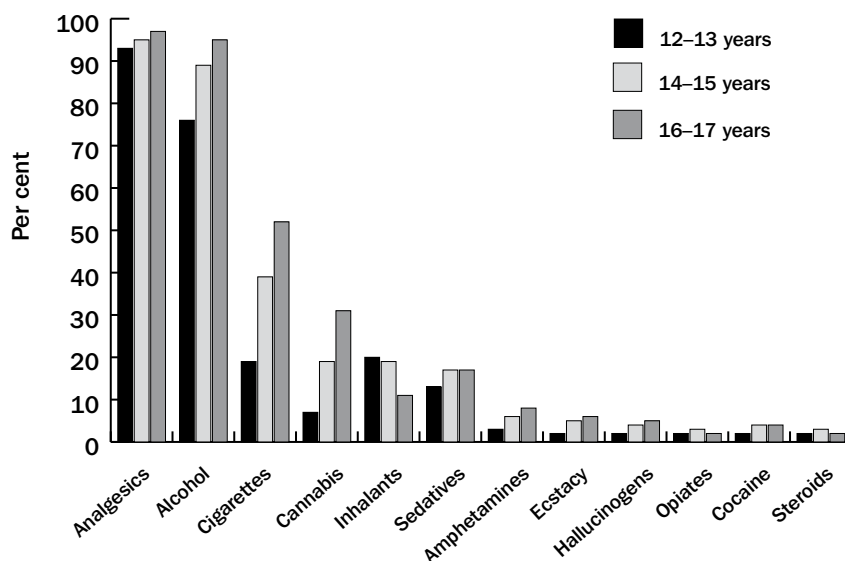
To obtain an overall picture of students’ use of various substances, data for males and females were combined and data is presented for 12- to 13-year-olds, 14- to 15-year-olds and 16- to 17-year-olds. This combination of age groups reflects the junior, middle and senior years of secondary school and also reflects the age patterns for use of substances reported previously.

Figure 5 shows the proportions of students who had ever used each of the various substances for the three age groups. As seen, students of all ages have most experience with the legal substances analgesics, alcohol and tobacco. Analgesics were the most widely used substance, with over 90% of students in all three age groups having some experience of them. Experience with alcohol was also high among all age groups, with experience increasing as students move through secondary school. Tobacco was the next commonly used substance. Experience with tobacco also increased as students progressed through secondary school.

Cannabis was the most widely used illicit substance and was the fourth most widely used substance among adolescents. Once again, experience with cannabis is seen to increase with age, with around 31% of 16- to 17-year-olds having used this substance at some point in their life.

Inhalants were the next most commonly used substance. Again, the unusual pattern where lifetime use of inhalants becomes less common with increasing age is shown in this graph.

Figure 5: Percentage of students who had ever used any licit or illicit substance, Australia, 2005



Sedatives were the next most commonly used substance with 17% of students over the age of 14 having ever used these sorts of substances in their lifetime.

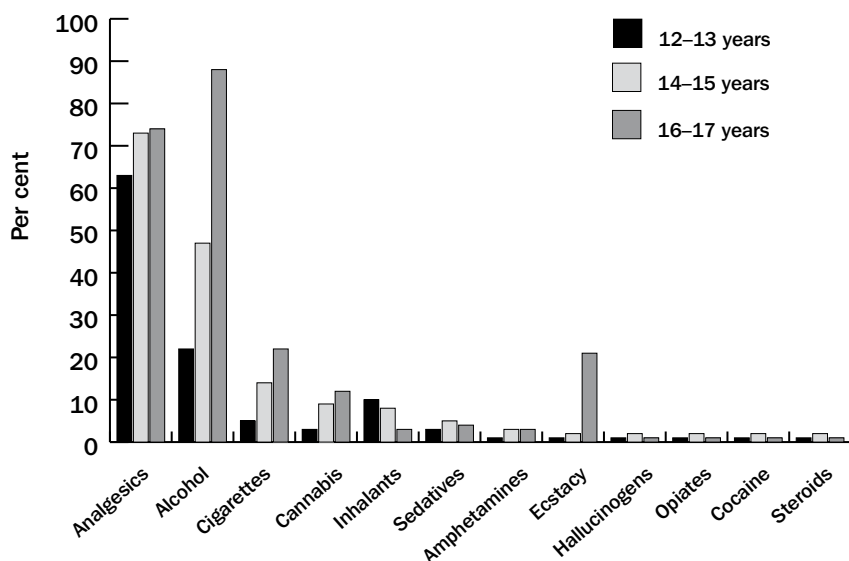
Amphetamines, ecstasy and hallucinogens were the next most commonly used substances, and again their use increased with age. Amphetamines had been tried by 8% of 16- to 17-year-olds, while 6% of 16- and 17-year-olds had tried ecstasy and 5% of students in this age group had tried hallucinogens. Experience with other illicit drugs was rare across all age groups.

The percentage of students in the three age groups ever using each of the substances in Figure 5 is shown in Appendix 2, Table 2A.1 for 2005. For interest, the corresponding percentages found in the 2002 survey are also shown in this table.

Figure 6 shows the proportion of students in the three age groups who had used any of the licit and illicit substances in the month prior to the survey. The pattern of substance use seen in Figure 5 was also found in Figure 6. The licit substances were the most commonly used substances. Analgesics had been used by around two-thirds of all students in the past month. Alcohol was the next most commonly used substance, with more students in each age group having used alcohol in the month prior to the survey than any other substance, excluding analgesics. For students aged 14 and over, tobacco was the next most commonly used substance in the four weeks preceding the survey. For students aged 12 and 13, inhalants were more commonly used than tobacco.

For students aged 14 and over, cannabis was the most widely used illicit substance in the previous month. Around 12% of students aged 16 and 17 had used cannabis in the month before the survey.

Figure 6: Percentage of students who had used any licit or illicit substance in the past month, Australia, 2005



Inhalants were the next most commonly used substance, and again use of inhalants was more common among younger students than older students. Recent use of amphetamines, ecstasy and hallucinogens increased with age, with 3% or fewer older students reporting to have used these substances in the month before the survey. Recent use of other illicit substances was very rare across all age groups.

Appendix 2, Table 2A.2, shows the percentage of students in the three age groups using each of the substances in the previous month, presented in Figure 6 for 2005. For interest, the corresponding percentages from the 2002 survey are also shown in this table.

3.15 Lessons about substance use in the previous school year

Students were asked to indicate if they could recall receiving any lessons on the use of illicit drugs and other substances in the previous school year (2004). The proportion of students who did not recall receiving any lessons, or who recalled receiving part of a lesson or one or more lessons in the previous school year is shown in Table 22. Across all age groups, 19% of students indicated that they had not received any lessons on illicit substance use in the previous school year, while 44% indicated that they had received more than one lesson about this topic. The highest proportions of students not receiving a lesson about illicit drug use were found among the 12-year-olds (27%), 13-year-olds (25%) and 17-year-olds (22%). This may indicate that schools were less likely to include lessons about the use of illicit substances in the curriculum of students in Years 6 and 7 and in the Year 11 curriculum. Students aged 14, 15 and 16 were most likely to report receiving more than one lesson about the topic in the previous school year. This finding indicates that schools participating in this survey were most likely to include lessons about the use of illicit substances in the curriculum of students in Years 8, 9 and 10.

Table 22: Percentage of students indicating they had received no lesson, or part, one, or more than one lesson about the use of illicit substances in the previous school year, Australia, 2005

	Age						
	12 %	13 %	14 %	15 %	16 %	17 %	12–17 %
No lessons	27	25	15	12	14	22	19
Part of a lesson	20	19	16	13	16	21	17
One lesson	21	20	20	19	18	18	19
More than one lesson	31	37	50	57	52	39	44

4. Conclusion

This 2005 national survey provides recent estimates on the prevalence of the use of illicit and over-the-counter substances among secondary school male and female students aged between 12 and 17 years. The large sample of students used in this study ensures estimates for these subgroups are reliable, enabling age and gender specific trends to be explored. As 10 years had elapsed between the 1996 survey and this 2005 survey, long-term trends in use of substances among secondary students were also examined.

The ASSAD survey has asked students to report on any use of analgesics and does not distinguish between medicinal and non-medicinal use of these substances. Thus the survey cannot inform about the proportion of secondary school students misusing analgesics. Findings from the 2004 National Drug Strategy Household Survey^{6,7} indicate that the use of analgesics for non-medical purposes is minimal among this age group (3%).

Regarding any use of analgesics, the current study found that analgesic use was a large part of the adolescent experience. This result is similar to the findings from previous surveys of secondary school students in this series. The 2005 survey found that by the age of 12, over 90% of students had used analgesics and around 30% of 12-year-old students had used them in the week before the survey. As was the case in the previous surveys,^{4,5,8} recent use was more common among females than males and from the age of 13 more female than male students were regular users of analgesics. The increase of use of analgesics among females from the age of 12 coincides with the onset of menstruation. Primary dysmenorrhea is common among young women with several studies finding that over 80% of adolescent girls have experienced some pain or discomfort during their menstrual period.^{10,11} In addition, a recent study from New Zealand found that primary dysmenorrhea was more common among younger than older women with 65% of women in their 20s reporting some pelvic pain with periods.¹² Over the counter analgesics can be an effective treatment for relief of pain associated with primary dysmenorrhea.¹³ Research has found that over the counter analgesics are commonly used for this purpose, with Hillen et al's 10 study finding that around half of the girls experiencing dysmenorrhea used analgesics to manage symptoms.

While the majority of students in 2005 had not used any illicit substance, 15% of students aged between 12 and 15 years and 33% of students aged 16 and 17 years had tried at least one of cannabis, hallucinogens, amphetamines, ecstasy, opiates or cocaine. As in previous surveys of secondary school students and in surveys of adults,^{6,7} cannabis was the most widely used illicit substance, with around 30% of 16- to 17-year-olds having tried this substance. However, when the prevalence of lifetime and monthly use of licit and illicit substances was compared, analgesics, alcohol and tobacco were the substances most widely used by adolescents.

Despite decreases in the prevalence of cannabis use among adolescents over the survey period, in 2005 cannabis was still the most commonly used illicit substance among adolescents. In 2005, around 30% of 16- and 17-year-old students indicated that they had used cannabis in their lifetime with 25% indicating they had used this substance in the year before the survey. The results suggest that if adolescents are

going to use an illicit substance, cannabis is the substance they are most likely to use. In addition, cannabis was also the substance most likely to be used regularly by current users. Around 58% of the students who had used cannabis in the month prior to the survey had used it in the past week. In addition, rather than the pattern found for other substances where the majority of users had used the substance infrequently, about 30% of males and 25% of the females who reported using cannabis in the previous year had used this substance on more than 10 occasions. It was estimated that about 9% of 16- and 17-year-old males and about 5% of females in this age group could be regular users of cannabis. While both regular users and occasional users of cannabis were more likely to smoke cannabis through a bong rather than a joint, more regular users than occasional users reported using a bong. In addition, while the majority of both occasional and regular users used cannabis only with others, a quarter of the regular users indicated they were use cannabis by themselves and with others about equally often compared to only around 5% of occasional users reporting this. However the main conclusion from the data collected on use of cannabis among secondary students is that for most adolescents, cannabis is used in a social context.

After cannabis, amphetamines were the next most commonly used substance. About 8% of 16- to 17-year-olds had used amphetamines in their lifetime. When data for students aged 12- to 17-years were combined, there was a significant decrease in the proportion of students reporting to have used amphetamines between 2002 and 2005 and between 1999 and 2005. The recent change in the prevalence of lifetime amphetamine use among students is similar to the decrease found in the 2004 NDS Household Survey for use in the past year among 14- to 19-year-olds between 2001 and 2004.⁷

In 2005, 6% of 16- to 17-year-olds had used ecstasy at some time in their life and this was about the same level as in previous survey years. Most students who used ecstasy in the year before the survey had only used this substance once or twice.

Around 5% of 16- to 17-year-old students in 2005 had ever used hallucinogens and while this was similar to the levels found in 2002 it was less than half the proportion found in 1999 and 1996. These results suggest that since 1999 hallucinogens have become a much less common substance among adolescents. Use of hallucinogens was irregular, with the majority of students who used these substances in the year before the study only using them once or twice. If students did use hallucinogens they generally used 'magic mushrooms' or some form of tablet.

Use of the other illicit substances and steroids by secondary school students was rare and there had been little change in the prevalence of these substances between 1996 and 2005. The results suggest that any use of illicit substances, other than cannabis, by secondary school students was likely to be experimental rather than regular.

As found in previous surveys in this series, in 2005 the use of inhalants within any time period was more common among younger than older students. This inverse relationship between prevalence and age may be due to inhalants being a 'kiddie' drug with students growing out of using these inhalants as they get older. However if this were the case, similar proportions of younger and older students should be reporting any lifetime use of these substances. As in previous years, the results, however, do not reflect this. While around 20% of 12- to 13-year-olds had ever used

inhalants, this decreased to 10% of 17-year-old students. That fewer older than younger students had ever used inhalants may indicate that the use of inhalants among younger students was a recent phenomenon, with students who are now in the upper levels not having used such substances several years ago. This is unlikely, as similar to findings from the 2002 survey, the proportion of younger students found to be using inhalants in 2002 was slightly higher than that found in the present study (about 25% of 12-year-olds had used inhalants in 2002). Reasons for the finding that fewer older students reported ever using inhalants need to be investigated. However, as noted before, the possibility that younger and older students interpreted the question differently (with, for instance, younger students reporting on instances where they have sniffed ‘textas’, glue or other substances without intending to get ‘high’) cannot be ruled out. This pattern of results suggests that estimates on the prevalence of inhalant use obtained from this study should be treated cautiously.

Over the period between 1996 and 2005, there were significant decreases in the proportion of secondary students who had ever used cannabis, inhalants, hallucinogens and opiates. For all of these substances except opiates, these decreases also translated into a decrease between 2002 and 2005. As indicated above, the proportion of students using amphetamines in their lifetime decreased only recently (between 2002 and 2005). The decrease in the proportion of students using cannabis is similar to the results reported in the 2004 NDS Household Survey⁷ that found a decrease in the prevalence of recent (in the past year) use of cannabis between 2001 and 2004 among 14- to 19-year-olds. This follows on from a decrease in prevalence of recent cannabis use among this age group between 1998 and 2001⁶. The recent decrease in the proportion of all students using amphetamines also reflects the decrease in use of this substance among the 14- to 19-year-olds between 2001 and 2004 found in the 2004 NDS Household survey.

The decrease in the use of cannabis between 1996 and 2005 and between 2002 and 2005 was partly responsible for the decrease in the proportion of students who had used any illicit substance. However, even when cannabis was excluded from the drug use index, there was a decrease in lifetime substance use among all students between 1996 and 2005 and between 2002 and 2005. This suggests that there has been an overall decrease in the proportion of secondary students involved with any illicit substance use between 1996 and 2005, with the decreasing trend continuing between 2002 and 2005.

In 2005, students who had used cannabis, hallucinogens, amphetamines and ecstasy in the 12 months preceding the survey were asked if they had used any other substances on the same occasion. The results showed that mixing substances was not uncommon among those students who had used these four illicit substances. Tobacco and alcohol were the substances most likely to be used when students were using cannabis, hallucinogens or ecstasy. This finding shows the importance of including both alcohol and tobacco in programs and campaigns designed to address the issue of illicit substance use among adolescents. Of some concern was the finding that around 20% of students who had used any amphetamines, hallucinogens or ecstasy in the past 12 months were increasing their risk of an adverse consequence by mixing them. Also of note is that nearly 40% of students using amphetamines, hallucinogens and ecstasy used cannabis on the same occasion.

Several limitations of this school based study need to be noted. First, schools were used as the basis for surveying adolescents. This means that students who did not remain in school past the age of 15 were excluded from the study, and that estimates for 16- to 17-year-olds are only generalisable to the population of students rather than to all adolescents aged 16–17 years. As adolescents who do not complete secondary school are more likely to use substances,¹⁴ this study is likely to underestimate the prevalence of substance use among the population of 16–17-year-olds. In addition, it was possible that students with good school attendance were more likely to participate in the survey than students with poor attendance records. This selection bias may also mean that the results of this study tend towards underestimating prevalence. However, countering this bias, is the possibility that students, particularly younger students, may exaggerate their use of illicit substances, leading to slightly inflated estimates. As the survey reports on self reported use of substances the accuracy of students' reports on substance use are not validated. While it must be acknowledged that some students may have over or under-estimated their use of different substances in this study, as noted in earlier reports from this survey series, previous work has indicated that the vast majority of students answer questionnaires of the type used in this study honestly.¹⁵ Despite these limitations, we believe the data provide valuable information regarding the prevalence of substance use among Australian secondary school students.

In summary, the most widely and regularly used substances among Australian secondary school students in 2005 were the legal drugs: analgesics, alcohol and tobacco. In contrast to the prevalence estimates for the legal substances, the use of illicit substances, except cannabis, was low. Although the decline in the proportion of students using cannabis found between 1996 and 2002 continued into 2005, cannabis was still the most frequently used illicit substance. Prevalence rates for the use of amphetamines in 2005 for all students were lower than those found in 2002 suggesting that the prevalence of amphetamine use has decreased. Between 2002 and 2005, the proportion of students using hallucinogens continued the decrease seen between 1999 and 2002. It was not uncommon for students who had used ecstasy, amphetamines and hallucinogens in the past year, to use several other substances on the same occasion. Alcohol, tobacco and cannabis were the substances most commonly mixed with other substances. As in previous surveys in this series, in 2005, use of substances such as cocaine, opiates, ecstasy or steroids among secondary students was rare.

5. References

1. Collins D, Lapsley H. *Counting the cost: estimates of the social costs of drug abuse in Australia in 1998-9*. National Drug Strategy Monograph Series No. 49. Canberra: Commonwealth Department of Health and Ageing, 2002.
2. Pennay D, Blackmore D, Milat AJ, Stewart C, Carroll T, Taylor J. *National Drugs Campaign: Evaluation of Phase Two*. Canberra: Commonwealth of Australia, 2006.
3. Petraitis J, Flay BR, Miller TQ, Torpy EJ, Greiner B. Illicit substance use among adolescents: a matrix of prospective predictors. *Subst Use and Misuse* 1998; 33: 2561–2604.
4. Letcher T, White V. *Australian secondary students' use of over-the-counter and illicit substances in 1996*. Monograph Series 33. Canberra: Commonwealth Department of Health and Aged Care, 1999.
5. White V, Hayman J. *Australian secondary school students' use of over-the-counter and illicit substances in 2002*. Prepared for: National Drug Strategy Unit, Australian Government Department of Health and Ageing, March 2004.
6. Australian Institute of Health and Welfare (AIHW). *2001 National Drug Strategy Household Survey: first results*. Drug Statistics Series No. 9. Canberra: AIHW, 2002. AIHW Cat No. PHE 35.
7. Australian Institute of Health and Welfare (AIHW). *2004 National Drug Strategy Household Survey: first results*. Drug Statistics Series No. 13. Canberra: AIHW, 2005. AIHW cat. no. PHE 57.
8. White V. *Australian secondary students' use of over-the-counter and illicit substances in 1999*. Monograph Series No. 46. Canberra: Commonwealth Department of Health and Aged Care, 2001.
9. Australian Bureau of Statistics (ABS). *Schools Australia 2005*. Canberra: Australian Bureau of Statistics, 2006. ABS Catalogue No. 4221.0.
10. Hillen TI, Grbavac SL, Johnston PJ, Straton JA, Keogh JM. Primary dysmenorrhoea in young Western Australian women: prevalence, impact, and knowledge of treatment. *Journal of Adolescent Health* 1999; 25: 40–45.
11. Campbell MA, McGrath P. Use of medication by adolescents for the management of menstrual discomfort. *Archives of Pediatrics and Adolescent Medicine* 1997; 151: 905–913.
12. Grace V, Zondervan K. Chronic pelvic pain in New Zealand: prevalence, pain severity, diagnosis and use of the health services. *Australian and New Zealand Journal of Public Health* 2004; 28: 369–375.
13. Zhang WY, Li Wan Po A. Efficacy of minor analgesics in primary dysmenorrhoea: a systematic review. *British Journal Obstetrics and Gynaecology* 1998; 105: 780–789.

14. Bachman J, Undsworth K, O'Malley P, Johnston L, Schulenberg J. *Smoking, drinking & drug use in young adulthood: the impacts of new freedoms and new responsibilities*. New Jersey: Laurence Erlbaum Assoc, 1997.
15. Cooney A, Dobbinson S, Flaherty B. *1992 survey of drug use by NSW secondary students*. Sydney: NSW Drug and Alcohol Directorate, 1994. NSW State Health Publication No. (DAD) 93-166.

Appendix 1: 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.

<u>Office use only</u>						
STATE	5	SCHOOL	ID	PCODE	LEVEL	CAMPUS
PATTERN		SCHSEX	STRATA	TEACH	DAY	
ORDER	2	INITIALS		DATE	MONTH	YEAR 2005

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 SMOKING CIGARETTES.

11. 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?

12. 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

13. Have you smoked cigarettes in the last **twelve months**?

- 1 Yes
- 2 No

14. Have you smoked cigarettes in the last **four weeks**?

- 1 Yes
- 2 No

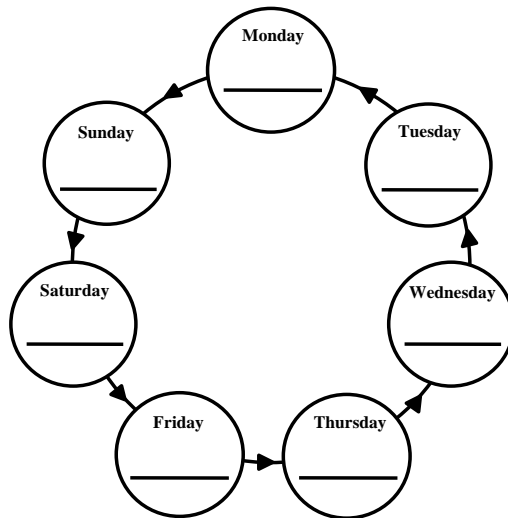
15. This question is about the number of cigarettes you had during the last **seven days**, including yesterday.

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.



16. Do you think you will be smoking cigarettes this time next year?

- 1 Certain **not** to be smoking
- 2 Very **unlikely** to be smoking
- 3 **Unlikely** to be smoking
- 4 Can't decide how likely
- 5 Likely to be smoking
- 6 Very likely to be smoking
- 7 Certain to be smoking

17 At most shops in the area where you live and go to school, how easy or difficult would it be: (*Tick only one box for each question.*)

	Very easy	Easy	Neither easy nor difficult	Difficult	Very difficult
(i) for you to buy cigarettes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(ii) for you to get someone else to buy cigarettes for you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**QUESTIONS 18, 19 AND 20 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 21.**

18. (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?

*Remember you should have ticked only **one** box*

19. (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 ...

OR

I bought 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*)

- 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 Night Owl/727)
- 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 someone else bought cigarettes for you, who was this person?

- 1 Friend who is 18 or over
- 2 Brother/sister or other relative who is 18 or over
- 3 Friend who is not yet aged 18
- 4 Brother/sister or other relative who is not yet 18
- 5 Stranger who was able to buy cigarettes
- 6 Other (*please specify*) _____

(c) If you bought your last cigarette, was it from a coin-operated (vending) machine?

- 1 Yes
2 No

20. (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 20(b)*
2 No *Go to QUESTION 21*

(b) 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

THESE QUESTIONS ARE FOR EVERYONE AND ARE ABOUT DRINKING ALCOHOL – BEER, WINE, ALCOHOLIC SODAS, SPIRITS, PREMIXED DRINKS, LIQUEURS, ALCOHOLIC APPLE CIDER, SHERRY OR PORT.

21. 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?

22. 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

23. Have you had an alcoholic drink in the last **twelve months**?

1 Yes

2 No

24. Have you had an alcoholic drink in the last **four weeks**?

1 Yes

2 No

25. This question is about the number of alcoholic drinks you had during the last **seven days**, including yesterday.

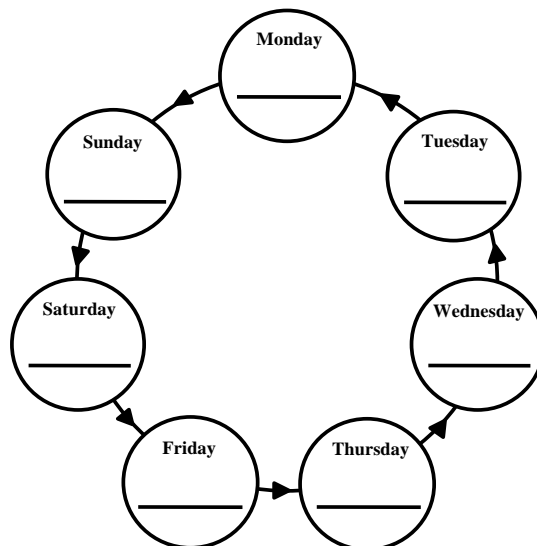
*Put a tick near **yesterday**. Then in the space provided, write the number of alcoholic drinks you had yesterday. If you didn't have any alcoholic drinks, put in '0'.*

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 26, 27, 28 AND 29 ARE FOR ANYONE WHO HAS HAD AN ALCOHOLIC DRINK.
IF YOU HAVE NEVER HAD AN ALCOHOLIC DRINK, GO TO QUESTION 30.**

26. 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, Glide, Archers, Illusion etc)
- ** Other (*specify*) _____

*You should have ticked only **one** box.*

27. (a) 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 <input type="checkbox"/> My parent(s) gave it to me | | 51 <input type="checkbox"/> At a hotel, pub, bar, tavern, RSL Club |
| 02 <input type="checkbox"/> My brother or sister gave it to me | | 52 <input type="checkbox"/> At a licensed liquor store or supermarket |
| 03 <input type="checkbox"/> I took it from home without my parent(s) permission | | 53 <input type="checkbox"/> At a walk-in bottle-shop at a pub or hotel |
| 04 <input type="checkbox"/> Friends gave it to me | | 54 <input type="checkbox"/> At a drive-in bottle-shop |
| 05 <input type="checkbox"/> I got someone to buy it for me | | 55 <input type="checkbox"/> At a restaurant |
| ** <input type="checkbox"/> Other (<i>specify</i>)
_____ | | 56 <input type="checkbox"/> At a dance venue/dance party |
| | | 57 <input type="checkbox"/> At a nightclub |
| | | 58 <input type="checkbox"/> At a sporting event |
| | | 59 <input type="checkbox"/> At a sports club (eg Leagues, surfing, football) |
| | | 60 <input type="checkbox"/> Through the Internet |
| | | 61 <input type="checkbox"/> By phone, fax, mail order |
| | | ** <input type="checkbox"/> Other (<i>specify</i>) _____ |

You should have ticked only **one** box.

(b) If someone else bought alcohol for you, who was this person?

- 1 Friend who is 18 or over
- 2 Brother or sister or other relative who is 18 or over
- 3 Friend who is not yet aged 18
- 4 Brother or sister or other relative who is not yet 18
- 5 Stranger who was able to buy alcohol
- 6 Other (*please specify*) _____

28. (a) **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.*

(b) Was an adult supervising you and/or your friends when you had this drink?

- 1 Yes
- 2 No

29. 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 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 painkillers/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 I did not use any other substance on the same occasion
- 02 Ecstasy (XTC, E, MDMA, ecci, X, bickies)
- 03 Amphetamines (eg speed, uppers, goey, MDA, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
- 04 Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- 05 Painkillers/analgesics
- 06 Sedatives/tranquillisers/sleeping tablets
- 07 Alcohol
- 08 Tobacco
- ** Other (*what substance?*) _____

*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. (a) 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, markers 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"/>

If you have NOT deliberately sniffed or inhaled any substances in the last year, go to QUESTION 35(a).

- (b) Thinking about the last time you did this, what substance did you inhale or sniff?

Tick all that apply.

- 1 Glue
- 2 Paint
- 3 Petrol
- 4 Thinners
- 5 Butane gas
- 6 Other (*what substance?*) _____

- (c) Do you usually sniff or inhale substances by yourself or with others?

- 1 By myself
- 2 With others
- 3 By myself and with others about equally often

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, MDA, goey, dex, dexies, dexamphetamine, ox blood, methamphetamine, ice)?

*Tick **all** that apply.*

- 01 I did not use any other substance on the same occasion
- 02 Ecstasy (XTC, E, MDMA, ecci, X, bickies)
- 03 Marijuana/cannabis
- 04 Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- 05 Painkillers/analgesics
- 06 Sedatives/tranquillisers/sleeping tablets
- 07 Alcohol
- 08 Tobacco
- ** Other (*what substance?*) _____

*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 I did not use any other substance on the same occasion
- 02 Marijuana/cannabis
- 03 Amphetamines (eg speed, uppers, goey, MDA, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
- 04 Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- 05 Painkillers/analgesics
- 06 Sedatives/tranquillisers/sleeping tablets
- 07 Alcohol
- 08 Tobacco
- ** Other (*what substance?*) _____

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 I did not use any other substance on the same occasion
- 02 Ecstasy (XTC, E, MDMA, ecci, X, bickies)
- 03 Amphetamines (eg speed, uppers, goey, MDA, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
- 04 Marijuana/cannabis
- 05 Painkillers/analgesics
- 06 Sedatives/tranquillisers/sleeping tablets
- 07 Alcohol
- 08 Tobacco
- ** Other (*what substance?*) _____

*You should have ticked **all** that apply.*

THESE QUESTIONS ARE FOR EVERYONE.

40. **During 2004** (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 2004** (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 2004** (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 2004.

Thank you very much for your help.

Appendix 2:
**Substances used by secondary students
in 2002 and 2005**

Table 2A.1: Percentage of students surveyed indicating they had ever used each of the different substances asked about in the survey in 2005 and 2002 in three age groups (12 to 13-year-olds; 14 to 15-year-olds and 16 to 17-year-olds)

Ever used in lifetime	2002			2005		
	12–13 %	14–15 %	16–17 %	12–13 %	14–15 %	16–17 %
Analgesics	93	96	97	93	95	97
Alcohol	81	91	94	76	89	95
Tobacco	29	51	63	19	39	52
Cannabis	11	28	39	7	19	31
Inhalants	25	21	14	20	19	11
Tranquillisers	14	17	18	13	17	17
Amphetamines	3	7	10	3	6	8
Hallucinogens	2	5	6	2	4	5
Ecstasy	2	5	7	2	5	6
Opiates	2	3	3	2	3	2
Cocaine	2	4	4	2	4	4
Steroids	3	3	3	2	3	2

Table 2A.2: Percentage of students surveyed indicating that in the past month they had used each of the different substances asked about in the survey in 2005 and 2002 in three age groups (12 to 13-year-olds; 14 to 15-year-olds and 16 to 17-year-olds)

Used in previous month	2002			2005		
	12–13 %	14–15 %	16–17 %	12–13 %	14–15 %	16–17 %
Analgesics	66	72	73	63	73	74
Alcohol	31	54	68	22	47	68
Tobacco	8	20	28	5	14	22
Cannabis	5	13	17	3	9	12
Inhalants	14	9	4	10	8	3
Tranquillisers	3	4	5	3	5	4
Amphetamines	2	3	4	1	3	3
Hallucinogens	1	2	2	1	2	1
Ecstasy	1	2	2	1	2	2
Opiates	1	1	1	1	2	1
Cocaine	1	2	1	1	2	1
Steroids	1	1	1	1	2	1