

Drug and Alcohol Services South Australia

DASSA Statistical Bulletin

Number 9 – October 2015

Alcohol and other drug use among South Australian secondary school students: Findings from the South Australian component of the 2014 Australian Secondary Students' Alcohol and Drug Survey



Government
of South Australia

SA Health



Alcohol and other drug use among South Australian secondary school students: Findings from the South Australian component of the 2014 Australian Secondary Students' Alcohol and Drug Survey.

Introduction

Every three years school students throughout Australia participate in the Australian Secondary Students' Alcohol and Drug Survey (ASSADS). In South Australia the survey is conducted by Cancer Council SA. ASSADS investigates the use of both licit and illicit substances among students between the ages of 12 and 17 years recruited from South Australian Government, Catholic and Independent schools.

Methodology

Prior to the 2014 survey, a randomly selected sample of students aged between 12 and 17 years was recruited from schools. To achieve this, a stratified two-stage probability sample was employed; schools were 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 and randomly selected from each sector. Sample sizes have typically ranged between 2800 and 3000.

There was a change to the methodology in the 2014 survey in South Australia, which has impacted on the sample size. As a condition of ethics approval from the Department of Education and Child Development, an active consent procedure was required where only children with a signed parental consent form could participate in the survey. This differs to previous years where passive consent was used; all parents were notified of the survey and could opt-out if they did not want their child to participate. Research on this was conducted in Victoria during the 1999 survey and found that active parental consent is likely to underestimate the prevalence of substance use among Australian school students. Therefore, any results comparing 2011 and 2014 should be interpreted with caution.

The change to sampling reduced the number of students that were able to participate in the survey from each school. As a consequence, instead of the usual random selection of student sampling procedure that was previously employed, all students in the sampled year levels had to be invited to participate in order to achieve adequate student numbers. Recruitment of schools also proved more difficult than in previous years due to competing priorities of the schools. Consequently, the final weighted sample for 2014 ($N=1856$) is substantially smaller than in previous years (e.g. $N=2875$ in 2011 and $N=2984$ in 2008).

Students were asked to complete an anonymous questionnaire. The survey covered demographic information, the use of tobacco, alcohol and a range of other licit and illicit drugs. Questions that pertained to school-based drug and skin cancer education and student involvement in various health behaviours were also included but responses to these questions are not reported here.

Data from 2011 to 2014 were compared for statistical significance using a Chi-square test to assess differences in frequencies of drug use. Due to small numbers, breakdowns by individual ages were not meaningful; rather, comparisons were made between those aged 12-15 years, and those aged 16-17 years. In addition, use of individual drugs is not reported, with the exception of alcohol, cannabis and analgesics. Statistical significance was accepted at $p<0.05$. South Australian data on tobacco prevalence and Australian ASSADS data for all drugs were not available in time for inclusion in this bulletin.

Key findings

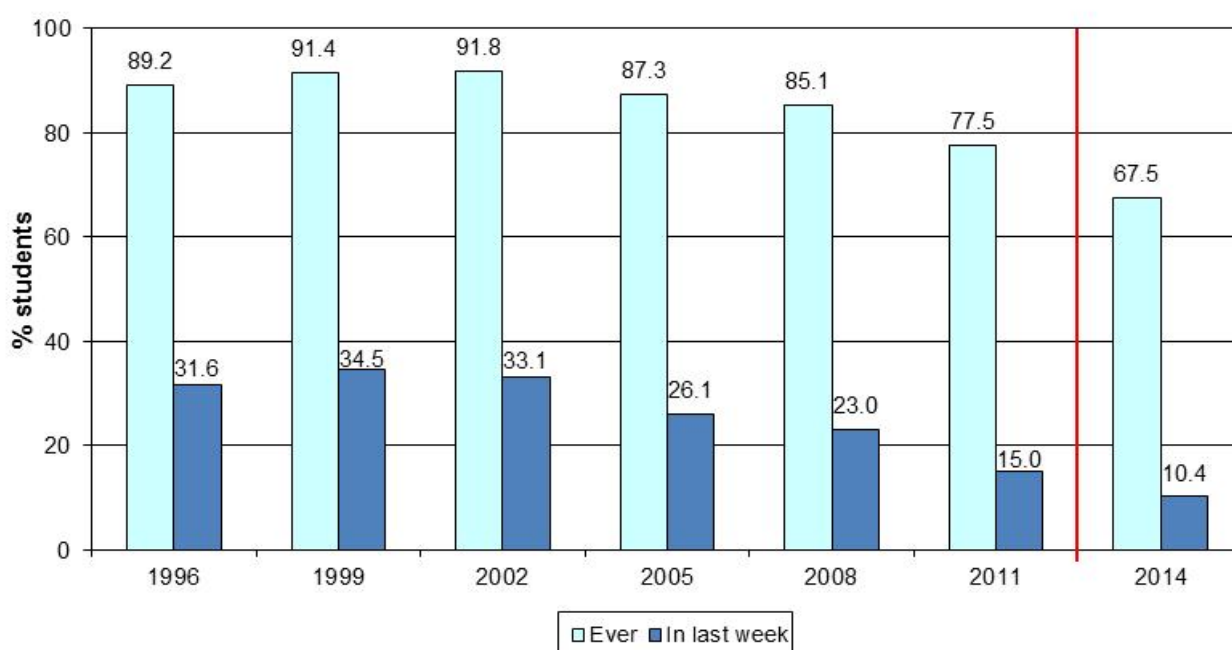
- A methodological change in 2014 where active parental consent was required is likely to have underestimated the prevalence of substance use; comparisons between 2011 and 2014 should therefore be interpreted with caution.
- Since 2011, there have been statistically significant decreases in the proportion of students who had ever used alcohol (from 78% to 68%), or who had consumed alcohol in the previous week (from 15% to 10%).
- The drinks usually consumed were regular strength beer (27%), followed by pre-mixed spirits (21%). Students usually got their alcohol from parents (51%) or friends (21%).
- Lifetime use of alcohol decreased significantly between 2011 and 2014 among both male and female students.
- Among students aged 12-15 years, there were significant decreases between 2011 and 2014 in lifetime and recent use of alcohol.
- Among students aged 16-17 years, there were significant decreases between 2011 and 2014 in lifetime use of alcohol and sedatives.
- Analgesics were the most commonly used drugs in 2014 (93% had ever used and 38% had used in the previous week), while cannabis was the most commonly used **illicit** substance (11% had ever used and 2% had used in the previous week).
- Lifetime and recent use of cannabis, or at least one illicit drug, did not change significantly between 2011 and 2014.
- Small proportions of students reported lifetime or recent use of other substances.

Results

Alcohol: frequency and quantity

Figure 1 shows lifetime and recent alcohol consumption since 1996. After a small increase between 1996 and 2002, use has decreased over time. In 2014, 68% of students reported that they had ever used alcohol; significantly lower than the proportion in 2011 (78%). The proportion of students who had recently consumed alcohol (in the previous week) also decreased significantly, from 15% in 2011 to 10% in 2014. The decreases in lifetime and recent use between 2008 and 2011 were also statistically significant, as were decreases between 1996 and 2014.

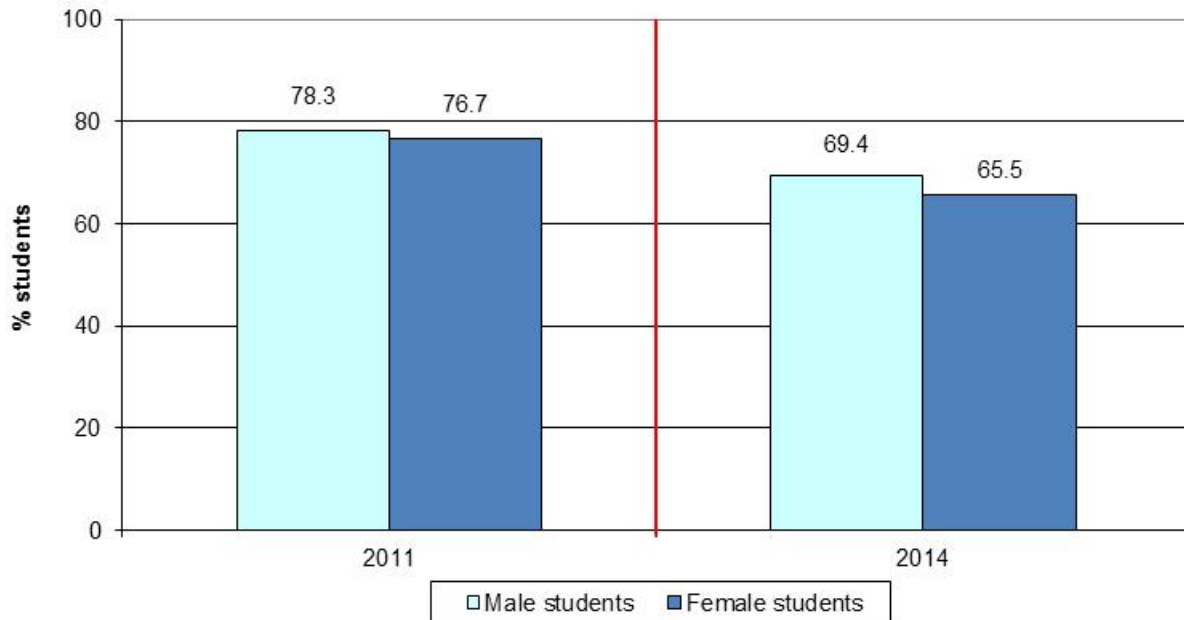
Figure 1 Proportion of students who had ever consumed alcohol or had consumed in the previous week, by year¹



¹ Comparisons between 2011 and 2014 should be interpreted with caution due to the change in consent described previously

Although the proportions of male and female students who reported having ever consumed alcohol in 2014 were similar, there were decreases among both groups between 2011 and 2014. Figure 2 shows that 78% of males and 77% of females had ever consumed alcohol in 2011, which decreased significantly to 69% and 66%, respectively, in 2014. Recent use of alcohol did not change between 2011 and 2014: from 15% to 11% for male students and from 15% to 10% for female students.

Figure 2 *Proportion of students who had ever consumed alcohol, by sex, 2011 and 2014²*



Decreases in lifetime use of alcohol between 2011 and 2014 were statistically significant among those aged 12-15 years (from 72% to 60%), and 16-17 years (from 89% to 83%; see Figure 3). However, the decrease in recent use was only significant among those aged 12-15 years (from 9.3% to 5.2%; see Figure 4). Analyses of individual ages were not possible due to small sample sizes increasing the likelihood of unreliable estimates.

In 2014, students aged 16-17 years were significantly more likely to have ever consumed alcohol (83%, compared with 60% of those aged 12-15 years), as well as consumed alcohol in the last week (21% compared with 5.2%).

² Comparisons between 2011 and 2014 should be interpreted with caution due to the change in consent described previously

Figure 3 Proportion of students who had ever consumed alcohol, by age group, 2011 and 2014³

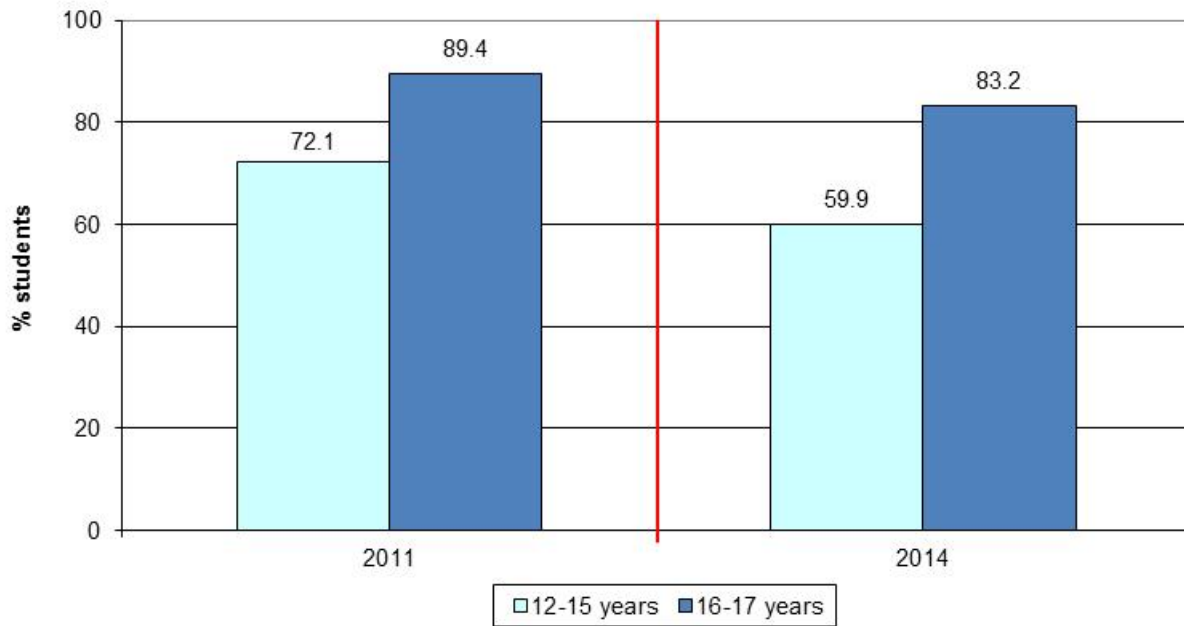
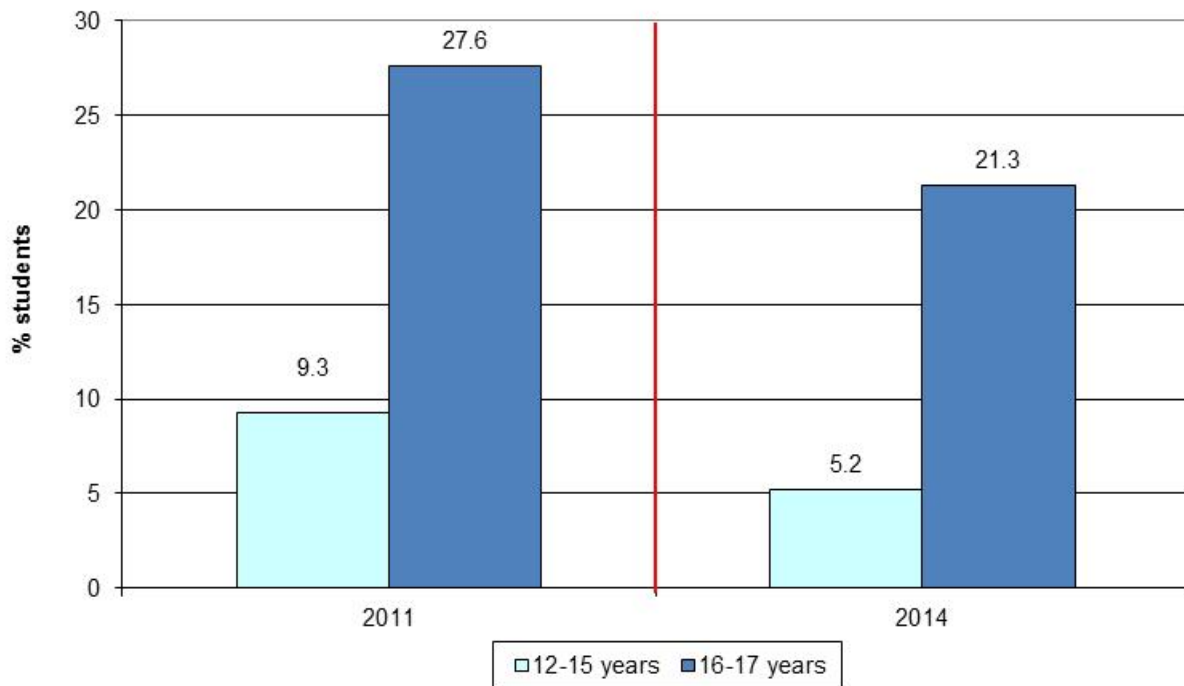


Figure 4 Proportion of students who had recently consumed alcohol, by age group, 2011 and 2014⁴

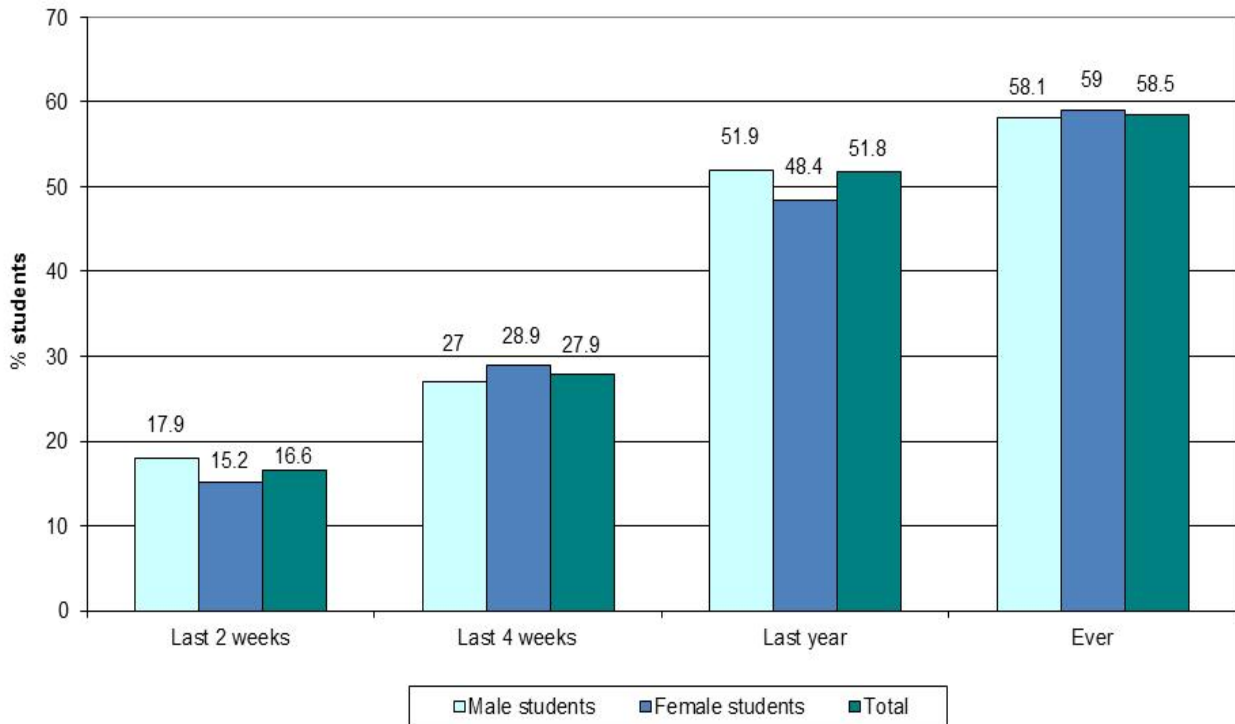


Information was also collected in 2014 on the quantity of alcohol consumed. Figure 5 shows that 17% of 12-17 year old students consumed more than four standard drinks at least once in a single occasion of drinking within the past two weeks, and 28% within the last month. Around half had done so in the last year, and 59% in their lifetime. There were no statistically significant differences between males and females.

³ Comparisons between 2011 and 2014 should be interpreted with caution due to the change in consent described previously

⁴ *Ibid*

Figure 5 Proportion of students consuming more than 4 drinks on one occasion at various frequencies, 2014

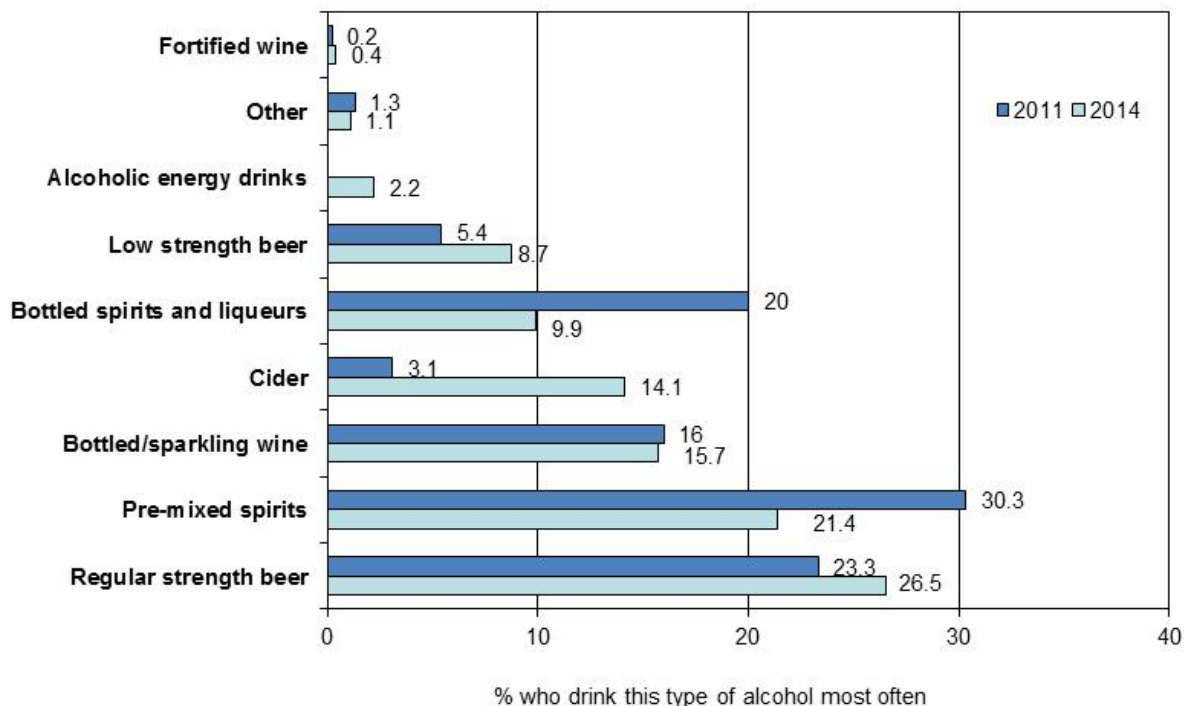


Alcohol: drinking behaviour and attitudes

Drink preference

Figure 6 shows the main drink usually consumed by South Australian secondary school students in 2014. Around 27% usually drank regular strength beer, followed by pre-mixed spirits (21%). A further 16% usually drank bottled wine or sparkling wine and 14% drank cider. Alcoholic energy drinks were included for the first time in 2014 and were the main drink consumed by 2.2% of students. In 2011, 30% usually drank pre-mixed spirits and 20% bottled spirits and liqueurs. Similar proportions reported that their main drink was regular strength beer (23%) or bottled wine (16%).

Figure 6 Main drink usually consumed by students, 2011 and 2014⁵



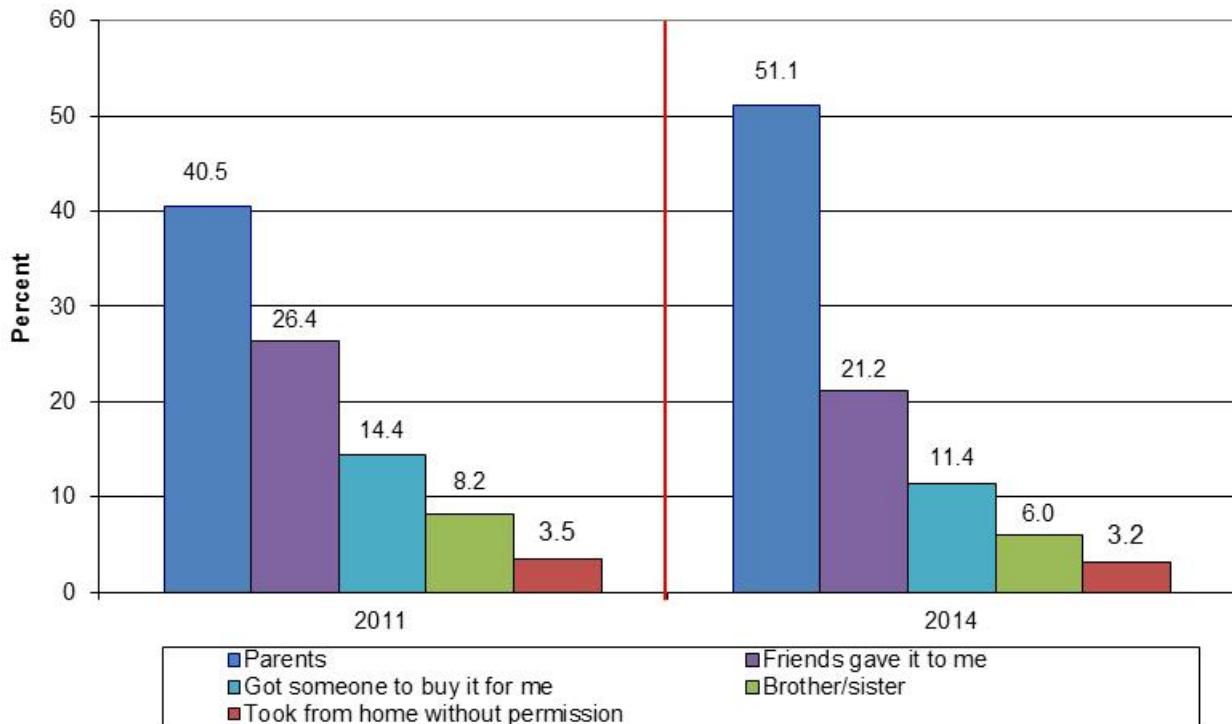
In 2014, male students were significantly more likely to usually drink regular strength beer than female students (39% compared with 13%) and almost twice as many females reported that they usually drank bottled/sparkling wine (21% compared with 11%). Female students' drink preferences were most commonly premixed spirits (29%); only 15% of male students usually consumed these drinks. Cider was usually consumed by 13% of male and 16% of female students.

Source of supply

Figure 7 shows that the usual source of the most recent alcoholic drink consumed by students was from parents or friends. There was a significant increase in the proportion of students obtaining alcohol from their parents between 2011 and 2014 (41% to 51%). When students got someone else to buy their most recent alcoholic drink, the majority in both 2011 and 2014 asked a friend (aged 18 or over) to do so (72% and 74%, respectively), followed by a relative aged 18 years or over (12% in both years), and a friend aged less than 18 years (11% and 7%, respectively).

⁵ Comparisons between 2011 and 2014 should be interpreted with caution due to the change in consent described previously

Figure 7 Source of most recent alcoholic drink for students, 2011 and 2014⁶



Risky behaviour / negative consequences

The incidence of behaviours such as drink-driving and verbal or physical assault after drinking was examined among those who had consumed alcohol in the last 12 months. In 2014, 32% reported risky or undesirable behaviour, most commonly vomiting (7.2%), having a verbal or physical argument (7.2%), going to work or school (4.8%) or creating a public disturbance (3.1%). This is significantly lower than in 2011, where 44% reported risky behaviour, including having a verbal or physical argument (11%), going to work or school (10.4%), vomiting (8.4%) or creating a public disturbance (7%). Drink-driving was uncommon, with only 1.4% in 2011 and 0.5% in 2014 reporting that they had done so in the previous 12 months.

Illicit drugs

Figure 8 shows lifetime and recent use of at least one illicit drug since 1996. As observed with alcohol, use has decreased over time. In 2014, 14% of students had ever used at least one illicit drug,⁷ and 2.9% had used at least one in the past week. The prevalence of both lifetime and recent illicit drug use did not change significantly compared with 2011 (17.3% and 4.5%, respectively), or with 2008, although there was a significant decrease between 2005 and 2014.

There was no significant difference between the proportions of male (14.6%) and female (13.5%) students who reported ever using an illicit drug in 2014. Similarly, recent use was not significantly different (3.6% and 2.3%, respectively; see Figure 9). There were also no significant changes between 2011 and 2014 among either males or females: in 2011, 16% of females had ever used illicit drugs and 3.3% had used them recently; 19% of males had ever used illicit drugs and 5.6% had used them recently.

⁶ Comparisons between 2011 and 2014 should be interpreted with caution due to the change in consent described previously

⁷ "Illicit drugs" include: cannabis, amphetamines, ecstasy, cocaine, heroin and hallucinogens.

Figure 8 Proportion of students who had ever used illicit drugs and who had used in the previous week, by year⁸

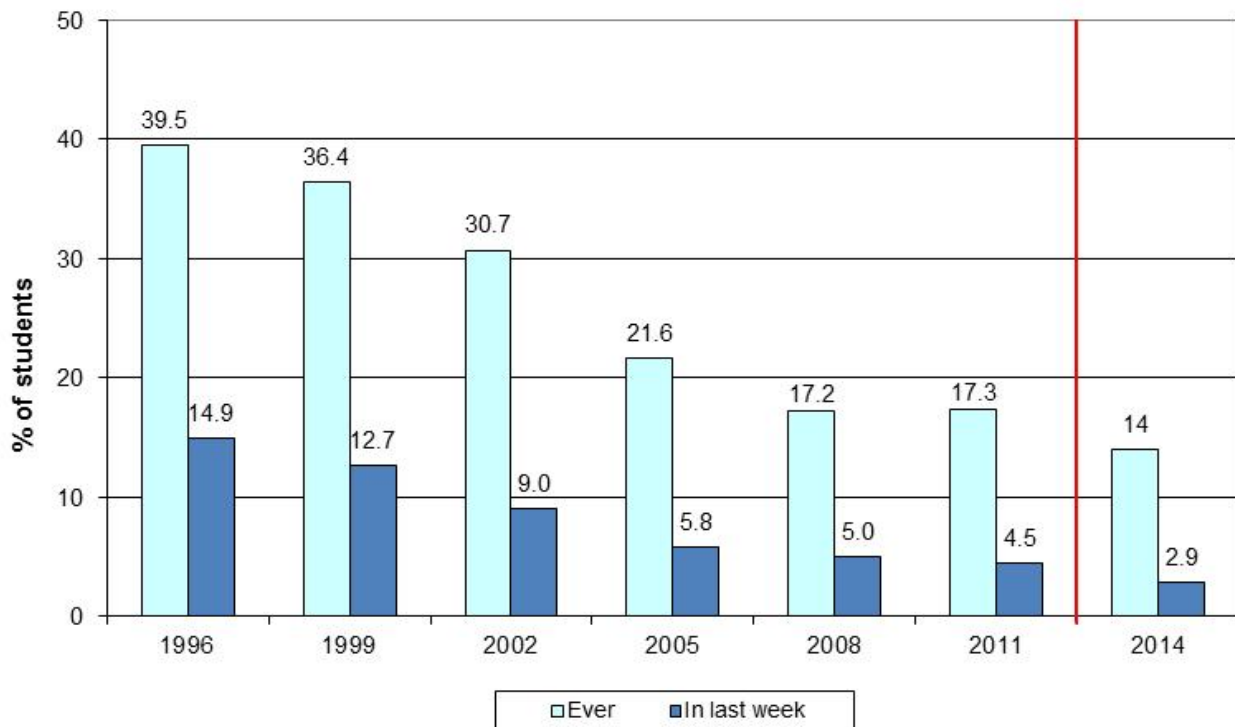
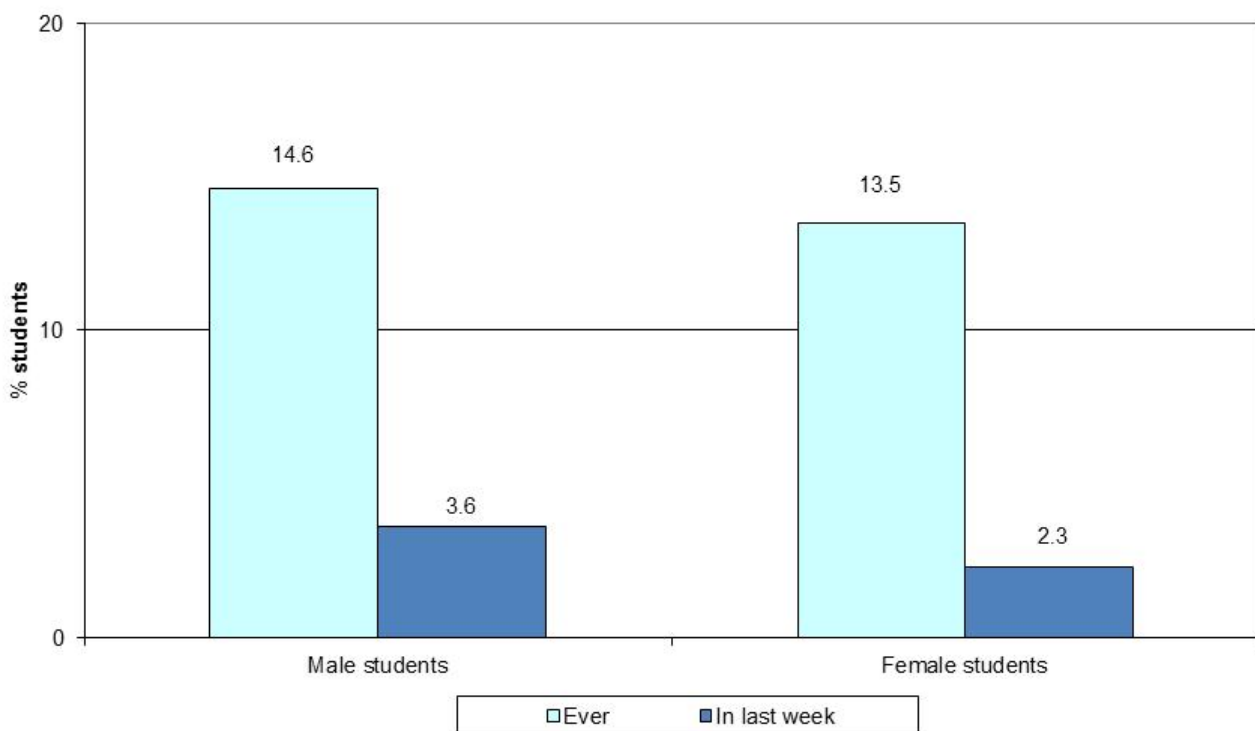


Figure 9 Proportion of students who had ever used illicit drugs or had used them in the last week, by sex, 2014



In 2011, 11% of students aged 12-15 years had ever used illicit drugs, compared with 9.8% in 2014. Only 3.1% had used them in the last week; 2.3% in 2014. Among 16-17 year olds, lifetime use was higher (29% in 2011 and 22% in 2014), as was use in the last week (7.2% in 2011 and 4.1% in 2014). However, there were no significant differences in lifetime or recent use of at least one illicit drug for either age group.

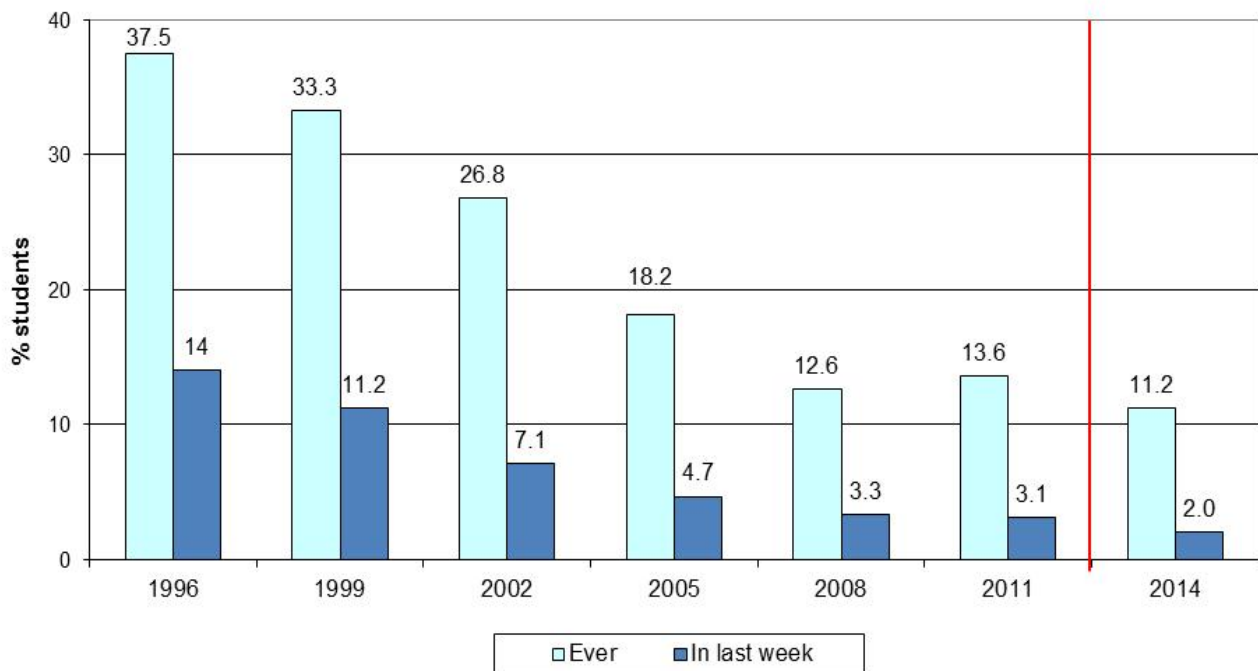
⁸ Comparisons between 2011 and 2014 should be interpreted with caution due to the change in consent described previously

Although differences in illicit drug use over time were not significant, in 2014, those aged 16-17 years were significantly more likely to have ever used illicit drugs (22% compared with 9.8% of those aged 12-15 years).

Cannabis

In 2014, 11% of students reported having used cannabis in their lifetime and 2% reported use in the previous week, making cannabis the most commonly used illicit drug. Both lifetime and recent use has remained stable since 2011, with decreases observed not statistically significant. Figure 10 shows lifetime and recent cannabis use over time.

Figure 10 *Proportion of students who had ever used cannabis or had used in the last week, by year⁹*

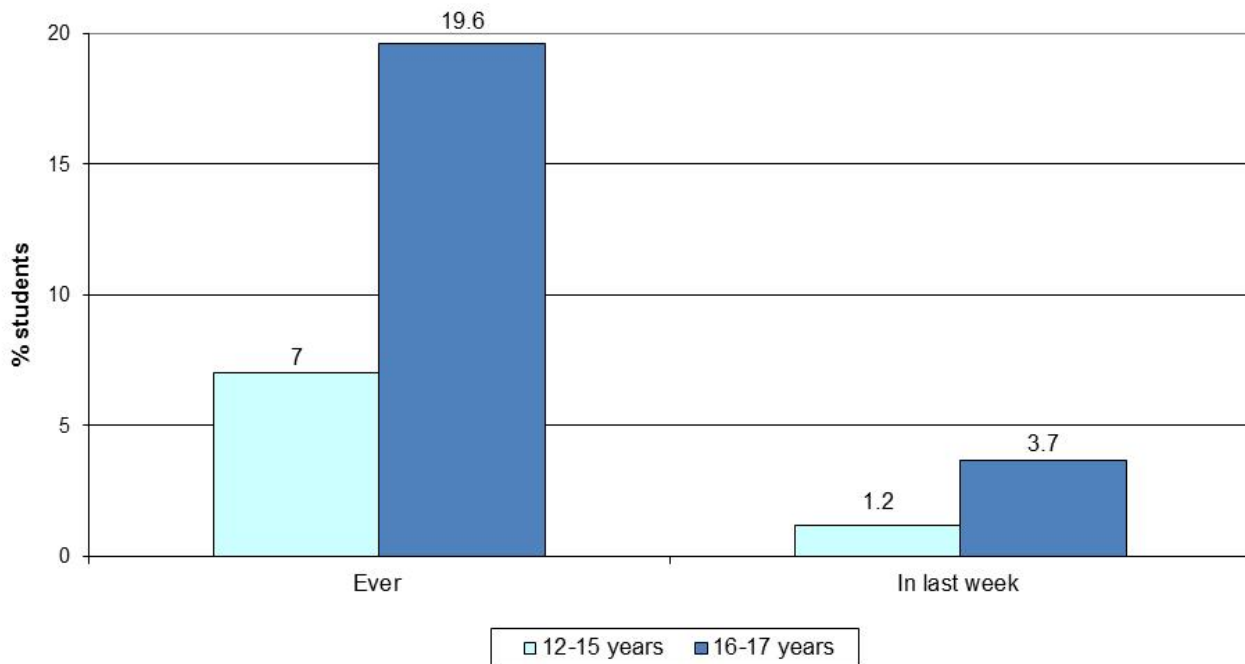


In 2014, there was no significant difference between the proportions of males and females who had ever used cannabis (11.9% and 10.4%, respectively) or had used in the last week (2.6% and 1.4%, respectively), and no significant change over time among either sex. Moreover, lifetime cannabis use among 12-15 year old and 16-17 year old students remained stable between 2011 and 2014. In 2011, 7.9% of 12-15 year olds reported lifetime use, and 7% in 2014. For 16-17 year olds, 25% reported lifetime use in 2011 and 20% in 2014. In addition, there were no significant changes in recent use: from 1.9% to 1.2% for 12-15 year old students, and from 5.6% to 3.7% for those aged 16-17 years.

In 2014, a significantly higher proportion of students aged 16-17 years had ever used cannabis (20% compared with 7% of those aged 12-15 years), and were also significantly more likely to have used cannabis in the last week (3.7% compared with 1.2%); see Figure 11.

⁹ Comparisons between 2011 and 2014 should be interpreted with caution due to the change in consent described previously

Figure 11 *Proportion of students who had ever used cannabis and who had used in the previous week, by age group, 2014*



Painkillers / analgesics

Analgesics (such as Disprin or Panadol) were the most widely used drugs, (including alcohol). Nearly all students (93%) had used painkillers (for any reason) at some time in their life and 38% had used them in the week prior to the survey. This has not changed since 2011.

Although there were no significant differences in analgesic use over time for either male or female students, there were differences between the sexes. In 2014, 89% of male students had ever used analgesics, which was significantly lower than lifetime use among female students (97%). Similarly, a significantly lower proportion of male students had used them in the last week (33% compared with 42% of female students).

Sedatives

Sedatives had been used (other than for medical reasons) by 15% of students in their lifetime; this has remained stable since 2011 (16% and 2.2%, respectively). There were also no significant differences in lifetime use between male (14%) and female (17%) students in 2014, or between age groups (16% of 12-15 year olds and 12% of 16-17 year olds). Between 2011 and 2014, there was a significant decrease in lifetime use among 16-17 year old students, from 20% to 12%. However, due to the methodological change described previously, this finding should be interpreted with caution.

For more information

This Bulletin was produced by Marie Longo and Richard Cooke, Population Health and Clinical Monitoring, Drug and Alcohol Services South Australia.

For more information, please contact:
Population Health and Clinical Monitoring Unit
Telephone: 08 8274 3385
Email: richard.cooke@sa.gov.au

Drug and Alcohol Services South Australia acknowledges the contribution of Kamalesh Venugopal, Health Statistics Unit, Epidemiology Branch, SA Department of Health and Ageing, for his statistical assistance and advice, as well as the following organisations:

- Dept of Education & Child Development (formerly Dept. Education & Children's Services)
- The Cancer Council, South Australia
- Cancer Council, Victoria
- Catholic Education Office
- Independent Schools Board
- Participating staff & students