Drug use among 12- to 17-year-old Western Australian school students in 2002 Report

Report prepared for:

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1. INTRODUCTION

In 1998, more than 17,000 deaths and over 200,000 hospital episodes were attributable to substance use and abuse (AIHW, 2003). While the Australian Institute of Health and Welfare (AIHW, 2003) estimates that illegal substances accounted for only 4% of these deaths and 7% of these hospital episodes, use of these substances costs the community more than \$6 billion a year (Collins & Lapsley, 2002).

Preventing the use of both legal and illegal substances among adolescents has been suggested as a way of reducing substance use among adults and thereby reducing the human and financial costs associated with substance use. Young people are therefore a major target group for policies and programs aimed at reducing the use of substances such as cannabis and other drugs.

The availability of accurate information on the prevalence of the use of various substances is essential in planning and implementing appropriate interventions and campaigns. As well as helping to identify the substances that need targeting, this information also identifies the groups of young people these campaigns and interventions need to reach to be effective.

In 1996, the first national survey on the use of illegal substances by adolescents was conducted on a representative sample of over 30,000 secondary students (Letcher & White, 1999), and a subsequent survey was completed in 1999 (White, 2001). Results are reported here for the Western Australian component of the third national survey, which was conducted in 2002. Prevalence levels are reported for the following substances: analgesics, tranquillisers, cannabis, amphetamines, cocaine, opiates, inhalants, ecstasy, hallucinogens, steroids and amphetamine-like drugs such as dexamphetamine or Ritalin. Prevalence is also presented for the use of needles to inject any drug, as well as attitudes to the various illegal substances.

The protocol for the 2002 survey was the same as that followed in all previous surveys. The survey was co-ordinated nationally by the Centre for Behavioural Research in Cancer of The Cancer Council Victoria on behalf of the Drug and Alcohol Office and Quit WA, the Department of Health. Co-operation was provided by the Western Australian Department of Education and Training, Catholic Education Commission and the Association of Independent Schools.

1.1 Sampling and data collection

The methods of sampling and data collection were the same as those reported for previous surveys. The defined target population for the survey was all students enrolled in school year levels 7 to 12 in government, Catholic and independent schools in Western Australia.

1.1.1 Sampling

To achieve a random sample of students for the survey, a stratified two-stage sample design was used.

Random selection of schools: Secondary schools were selected through stratified random sampling from the total Western Australian school population, which comprised all government and non-government schools. Two school samples were drawn, one sample for students in Years 8 to 10 (lower secondary) and the other for students in Years 11 and 12 (upper secondary). A total of 32 lower secondary schools and 18 upper secondary schools were selected for the survey. Of the 50 secondary schools taking part in the survey, 34 were from the metropolitan area and 16 were from non-metropolitan areas. Principals of these schools were sent a letter inviting them to participate. This letter was followed by a phone call, and once principals had agreed to participate they were sent a confirmation letter and an information sheet.

Of the 50 secondary schools initially approached, 12 declined to participate in the survey. These 12 schools were replaced from a pool of equivalent pairs. Each school was paired with another school from the same school system and then by location (i.e. metropolitan and rural), where possible. Main primary feeder schools (Year 7)¹ were selected once the lower secondary schools were recruited. Initial approaches were made to 32 primary feeder schools. Eight primary feeder schools declined to participate and seven were replaced from a pool of equivalent pairs. In the remaining case, the replacement school declined to participate and another replacement school was used in the survey (see Table 1).

	Number of	schools and students surve	yed in 2002
	Feeder schools*	Lower Secondary	Upper secondary
	(Year 7)	(Year 8-10)	(Year 11-12)
Government	21	20	10
Catholic	5	6	4
Independent	6	6	4
No. of schools visited	32	32	18
No. of student groups	1	3	4
of 20 per school	(approx. 20 students)	(approx. 60 students)	(approx. 80 students)
Total no. of students Selected in sample	640	1920	1140

Table 1:	Number of schools and students involved in the 2002 school student survey	I
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* Each feeder primary school in the survey was combined with a lower secondary high school and the two were considered as one school.

Random selection of students: In each of the randomly selected schools, a random cluster of students was selected from the school roll for Years 7 to 12. Within the lower secondary schools, a random sample of 20 students was chosen from each year level, as well as five replacements. Within the upper secondary schools a random sample of 40 students was chosen from each year level, as well as 10 replacements. Replacements were used for students who were selected in the original sample, but were absent on the day of the survey. The random selection of students was conducted on an initial visit to each school by external research staff. The students available for selection had already been granted permission to participate.

Within each of the government, Catholic and independent school systems each student in each year level had the same chance of being surveyed.

1.1.2 Survey administration

The survey was conducted in schools in Term 3, during August, September and October 2002. External research staff administered the survey. Teachers were not present unless specifically requested by the school. In 2002, 50% of students completed their survey with a teacher present in the room, compared to 21% of students in 1999 and only 10% in the 1996 survey. Analysis of the 2002 results indicated that there were no significant differences in overall usage estimates for illegal substances between those surveyed with or without a teacher present. Therefore, the increased presence of teachers during the survey does not appear to have affected the 2002 results.

¹ In Western Australia Year 7 students are included in the primary school system, whereas schools in most Eastern States include Year 7 students in the high school system. To allow for comparison between States, main primary feeder schools for the lower secondary schools were included in the Western Australian survey so students in Year 7 could be included in the sample. For the purpose of this survey, data from each primary feeder school in the survey were combined with data from the appropriate lower secondary high school and considered as data from one school.

To minimise discipline problems and to reduce any influence of friends on responses, students were generally tested in mixed year level groups of 20. Students did not have prior knowledge of the contents of the survey.

Permission for students to participate was obtained from the principal in 36 of the 50 secondary schools participating in 2002. Parental permission was obtained via passive consent in 12 secondary schools, and in the remaining two schools active parental consent was obtained. Within the 23 primary feeder schools surveyed, permission was obtained from the principal in six schools, and parental permission via passive consent was obtained in the remaining feeder schools.

1.1.3 The questionnaire

As in previous years, students were asked to report on their use of analgesics, tranquillisers, cannabis, amphetamines, cocaine, opiates, inhalants, ecstasy, hallucinogens, steroids, and the use of any drug by injection. In 2002, an additional question asked about the use of amphetamine-like substances such as dexamphetamine or Ritalin. Questions relating to the use of the various substances focused on the number of times the student had used the substance in four time periods: the last week, the last month, the last year and in their lifetime. New questions relating to the context of cannabis use and the form in which it is consumed were also included in 2002. As in previous years, students' attitudes to the use of the various illegal substances were also measured in 2002. Since 1999 the survey has also included poly-substance use questions, which investigated the use of multiple substances on the same occasion. Students who had used cannabis, amphetamines, ecstasy and hallucinogens in the last year were asked: 'Did you use any other substances on the same occasion that you used [the substance]', and indicated all the other substances they had used in conjunction with the substance. A copy of the 2002 (modified) questionnaire is included in Appendix I.

To reduce order effects, two versions of the questionnaire were used. The first version had alcohol-related questions first; the second had tobacco-related questions first. Questions regarding other drug use and drug-related attitudes always followed both the alcohol and tobacco sections.

The confidentiality of responses was explained to students prior to the commencement of the survey. To ensure this confidentiality was maintained, students were asked to place their completed questionnaire in a sealed envelope before handing it back to external research staff.

1.2 Response rates

1.2.1 School response rates

In 2002, 50 secondary schools were approached to take part in the survey, as shown in Table 2. Twelve of these schools declined to participate, so twelve replacement schools from a pool of equivalent pairs were contacted.

In 2002, 81% of the secondary schools that were approached participated in the survey. This compared to 98% achieved in 1987, 91% in 1990, 92% in 1993, 79% in 1996, and 83% in 1999. Data for 1984 was not available.

Survey year	Number of schools required	Number of schools declined	Number of schools approached	Number of schools who participated in	Achievement rate
	•	(replaced)	••	the survey	
1987	39	1 (1)	40	39	98%
1990	52	5 (5)	57	52	91%
1993	50	4 (2)	54	48	89%
1996	50	12 (11)	62	49	79%
1999	50	9 (9)	59	50	85%
2002	50	12 (12)	62	50	81%

Table 2: Achievement rates for schools* in each of the survey years

Each feeder primary school in the survey was combined with a lower secondary high school and the two were considered as one school. As such, the number of schools and the associated achievement rates do not include primary feeder schools.

Common reasons for non-participation of schools in 2002 were:

- Concurrent or recent involvement in other surveys;
- The timing of the survey, which coincided with secondary school exams and 'excessive workloads'; and
- No interest in the survey.

1.2.2 Student response rates

A total of 3,545 WA school students in Years 7 to 12 took part in the 2002 survey, resulting in a response rate of 89%. Response rates for previous surveys were 76%, 98%, 92%, 94%, and 93% for 1984, 1990, 1993, 1996, and 1999 respectively. Response rate information was not available for the 1987 survey.

1.3 Sample characteristics

Throughout this report, data are presented for students aged between 12- and 17-years. Students younger or older than this were excluded from analyses, as the size of the resulting age groups was too small to enable reliable estimates to be calculated.

Of the 3,545 students surveyed in Years 7 to 12, 3,315 were aged 12- to 17-years. Complete demographic data was available for 3,305 students (93%). The age and sex distribution of the sample of students aged 12- to 17-years is shown in Table 3.

	Age (Years)						
	12	13	14	15	16	17	12-17
Male Female No answer	285 306 2	266 297 3	279 328 0	290 297 1	243 297 2	194 223 2	1557 1748 10
Total	593	566	607	588	542	419	3315

Table 3: Distribution of the Western Australian sample, by age and sex*

* Sample sizes reported here represent unweighted data

Table 4 shows the weighted sample demographics for age and sex by regional location of schools. While no major gender differences were found, there were significant age related differences between students from schools located in metropolitan versus non-metropolitan regions. Students aged 12- to 15-years were more likely to be from non-metropolitan than metropolitan areas. A contrasting pattern of results was found for 16- to 17-year-olds, who were more likely to attend schools located in metropolitan regions of Western Australia.

		R	EGION	TOTAL
		Metro	Non-metro	12-17 years
		%	%	%
Age	12	18	23*	20
-	13	17	24*	20
	14	18	23*	19
	15	17	20*	18
	16	19	7*	15
	17	11	3*	8
Sex	Male	50	53	51
	Female	50	47	49

Table 4: Sample demographics: Age and sex, by region[#]

[#] Data reported in this table has been weighted by age, sex and school type

* Significantly different at p<.05 level.

1.4 Data analysis issues

Weighting: Prevalence estimates are based on data that have been weighted to counteract any over-sampling or under-sampling with respect to age, sex, and school type. Weighting of data was based on Western Australian school enrolments for Semester 2, 2002, provided by the Department of Education and Training.

Weighting adjustment for regional location of schools: Due to difficulties in finding replacement schools from matching locations, schools participating in the 2002 survey were more likely to be from non-metropolitan areas of Western Australia than in previous years. While 19% of schools in the 1999 survey were from non-metropolitan areas, this increased to 32% of schools in 2002. To adjust for the over-sampling of students in non-metropolitan areas of Western Australia, data were weighted to bring the achieved sample into line with the regional distribution of schools participating in the 1999 survey. The data presented here are based on these weighted data.

School retention rates: Students have been remaining at school until Year 12 at an increasing rate since the 1980's. In 2002, 66% of males and 76% of females in Western Australia remained in school until Year 12. In 1999, 60% of males and 72% of females remained at school until Year 12². In 1996, 58% of males and 70% of females remained at school until Year 12. This compares to approximately 44% of males and 47% of females who remained at school in Year 12 in 1984³. The effect that the increasing retention rates have had on the students' responses is not known. However, as the population of students in Years 11 and 12 may be different from that in previous years, care should be taken when interpreting changes over time among the older sample and the total sample. For this reason, separate analyses are performed for the 12- to 15-year-olds (populations which are not affected by different school retention rates) and 16- to 17-year-olds (populations which are affected by the changing retention rates).

Sampling error: 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. In 2002, the sampling error indicates that prevalence estimates are within $\pm 7.0\%$ of the true population values. Thus a reported percentage of 50% for 17-year-old males who used illegal substances in the last week means that we can be 95% confident that the actual percentage of current users among this group is between 43% and 57%.

² The statistics reported here are from the Department of Education and Training, Western Australia. The Australian Bureau of Statistics (ABS) also produces statistics on student retention rates, however they vary from Department of Education and Training figures since they include full fee paying students and students aged 18+. The ABS student retention rates were reported as 73.7% in 2002 compared to 70.7% in 1999.

³ The statistics reported here for 1984 are from *Retention and Participation in Australian Schools 1967-1990*, Department of Education Employment and Training, Monograph Series 6, April 1991.

Coding and editing of data: Following procedures established for the data in 1996, 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 last week, in the last month and in their lifetime but they had not used it in the last year, or if the response to this question was missing, the response for the last year was recoded to '77'. This indicated that the subject had used the substance (using something in the last week and month necessitates that it was used in the last year) but how often the substance had been used was unknown. Data coded as '77' were included in analyses reporting prevalence of use within a time period (e.g. used a substance within the last month or the last week).

Data analysis and significance testing: To determine prevalence levels, use of each substance was estimated based on the proportion of students who had ever used the drug and also on the percent of students who used the drug in each recency period.

Changes in the prevalence of substance use between different surveys were assessed through logistic regression analyses. To account for the effects of changes in retention rates for school years over time, separate logistic regression analyses were conducted for 12- to 15-year-olds and 16- to 17-year-olds.

Logistic regression analyses were performed to compare the proportion of students who had ever used a substance in 2002 to previous surveys, as well as the proportion of students who had used a substance recently (in the last month). The two time periods were chosen as they indicated the extent to which students had any contact with the substance, and the extent to which students had current access to, and involvement with, the substance. Use in the past week was also examined for analgesics, tranquillisers and cannabis. For the separate analyses of males' and females' data, the effects of age, school type and school location were controlled. When data for males and females were combined, sex was also included in the analyses as a covariate.

Probability levels below .05 are reported as significant.

1.5 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:	Speed, uppers, MDA, goey, dex, dexies, dexamphetamine, ox blood, methamphetamine, ice other than for medical reasons.
Amphetamine-like drugs:	Dexamphetamine/dexies/Ritalin that were not prescribed by a doctor.
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/cannabis, grass, hash, dope, weed, mull, yarndi, ganga, pot, a bong, 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:	Pain killers/analgesics such as Disprin, Panadol or Aspro for any reason.
Tranquillisers:	Sleeping tablets, tranquillisers or sedatives such as Valium, Serepax or Rohypnol (rohies, barbs) other than for medical reasons.
Steroids:	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.

1.6 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 (last week, last month, last year and lifetime) for all students and for males and females in each age group between 12- and 17-years of age.

The categories of use reported are:

Ever:	Those who indicated any use of the substance, either in their lifetime, the last year, the last month, or last week.
Year:	Those who had used the substance within the last 12 months.
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 last week was included in the estimates of use in all other time periods, that is in estimates for lifetime use, use in the last year and use in the last month.

2. SUMMARY AND CONCLUSIONS

This section provides an overview of the prevalence of use in 2002 and changes in prevalence over time for each drug category included in the questionnaire. The full results for each drug category including prevalence of use and attitudes to particular substances are presented in Section 3 Results.

2.1 Overall drug use reported in 2002

Overall, analgesics were the most commonly and most recently used drug. In the week prior to the survey, 43% of all students had taken analgesics.

Cannabis accounts for the majority of lifetime and recent illegal drug use, with one in three students (31%) having used the drug in their lifetime and 9% using cannabis in the week prior to the survey.

Almost half of all students (49%) aged 12- to 17-years had used at least one illegal drug (including cannabis) in their lifetime and 15% had used an illegal drug in the last week. When data were combined for all illegal drugs **other than cannabis**, results showed that 36% of students had used at least one illegal drug other than cannabis in their lifetime.

2.2 Analgesic use reported in 2002 and changes over time

Analgesics were the most commonly used substance among 12- to 17-year-old students, and almost all students (96%) had used these substances in their lifetime. Use in the last year was also high (93%), as was use of analgesics in the last month (72%) and in the week prior to the survey (43%). In 2002, use of analgesics was more common among females than males within all recency periods.

There was a slight decrease over time in the proportion of students from all age groups reporting use of analgesics. While lifetime use of analgesics was lower in 2002 among 12- to 15-year-olds than in 1996, there had been no change in lifetime use since 1999. This change occurred mainly among younger females. Among 12- to 15-year-old males there was no change since 1996 in lifetime use of analgesics, as was the case for all 16- to 17-year-old students. Use of analgesics in the last month did not change over time among 12- to 15-year-old males in 2002 compared with 1999. More recent use of analgesics in the last week was significantly different over time only among 12- to 15-year-old females, who were less likely to have used analgesics in the last week in 2002 than they were in both 1999 and 1996.

2.3 Tranquilliser use reported in 2002 and changes over time

Use of tranquillisers other than for medical reasons among students was low, with only 18% of students having ever used these substances. Approximately 1 in 10 students had used tranquillisers in the last year (11%) and 1 in 20 had used them in the last month (5%). Between the ages of 15- and 17-years, females were more likely than males to have used tranquillisers in the last year, month and week.

Lifetime use of tranquillisers declined between 1999 and 2002 among 12- to 17-year-olds, but this finding was only significant for males. Use of tranquillisers in the last month was lower in 2002 than that reported in 1999 for younger students of both sexes and among older males. Use of tranquillisers in the last week was significantly lower in 2002 compared to 1999 among older males only.

2.4 Cannabis use reported in 2002 and changes over time

Cannabis was the most commonly used illegal substance among 12- to 17-year-olds, with 31% of all students reporting the use of cannabis at some time in their life. The use of cannabis was higher among males than females in all recency periods and age groups, except among 16 year olds in the last year and month. Lifetime use of cannabis tended to increase with age, from 10% at 12- years to a peak of 53% at 17-years of age.

Approximately 27% of students had used cannabis in the last year, 16% had used it in the month prior to the survey, and 9% had used cannabis in the week before the survey. Weekly use increased with age from 3% of 12-year-olds to 16% of 17-year-olds.

Significantly fewer students reported cannabis use for all recency periods in 2002 compared with 1999 and 1996. Significant reductions over time in lifetime use and use of cannabis in the last year were uniform across all age groups and genders. Use of cannabis in the last month and week was lower in 2002 than in both other survey years for males and females in the younger age group, but only for males in the older age group. Among 16- to 17-year-old females, use in the last month and week in 2002 had not changed significantly since 1999. However, large reductions in monthly and weekly use by older females had already occurred between 1996 and 1999.

2.5 Inhalant use reported in 2002 and changes over time

In 2002, 18% of students reported having ever used inhalants during their lifetime. Approximately 13% had used inhalants in the last year, 7% in the last month, and 5% had used these substances in the week prior to the survey.

Lifetime use of inhalants decreased with age from a peak of 26% among 12-year-old students to 11% among 17-year-olds. Similar decreases in the use of inhalants with age were found for use in the last year, month and week.

Analyses of changes over time showed that lifetime use of inhalants was similar in 2002 to that reported in 1999, but that prevalence was lower in 2002 compared with 1996. Between 1996 and 2002 there was little change in the proportion of students reporting they had used inhalants in the month before the survey. The only significant change was a reduction found among 12- to 15-year-old males, who were less likely to have used inhalants in the last month in 2002 compared with 1996.

2.6 Hallucinogen use reported in 2002 and changes over time

In 2002, approximately 6% of all Western Australian students reported some experience with hallucinogens. Lifetime use of hallucinogens increased with age, so that while only 1% of 12-year-olds had ever used these substances, this increased to 10% among 17-year-olds. Only 4% of 12- to 17-year-olds reported using hallucinogens in the past year, 2% had used them in the last month, and 1% had used them in the week before the survey. Within the different recency periods and in most age groups, hallucinogen use was more common among males than females in 2002.

The types of hallucinogens most commonly used by students in 2002 were magic mushrooms (47%), followed by paper tabs/trips, (34%), liquids (22%) and datura/angel's trumpet (15%). Since 1999, the popularity of tabs has decreased slightly, while the use of magic mushrooms has increased.

Significant reductions in lifetime use of hallucinogens were found between 1996 and 2002 across all age groups, with particularly large decreases found among 16- to 17-year-old students. Similarly, use of hallucinogens within the last month was lower among 12- to 15-year-olds in 2002 compared with 1999 and 1996. Among all older students, use of hallucinogens in the last month was lower in 2002 compared with 1999 and 1996, but had changed little among 16- to 17-year-olds females since 1999.

2.7 Amphetamine use reported in 2002 and changes over time

The vast majority of students surveyed in 2002 had never used amphetamines (87%). Lifetime use of these substances increased with age, from 4% of 12-year-olds to a high of 22% among 17-year-olds. Approximately 10% of all students had used amphetamines in the last year, and use during this period was also highest among the older students. Similarly, use of amphetamines in the last month increased from 2% of 12-year-olds to 10% among 17-year-olds. In 2002, only 3% of students had used amphetamines in the week before the survey.

Analysis of changes over time showed that a number of significant reductions in amphetamine use occurred in 2002. This follows large increases in amphetamine use that occurred between 1996 and 1999. However, 2002 levels of use were significantly higher than 1996 levels of use for all recency periods among both younger and older male and female students, except for 16-17 year old males where use of amphetamines in the last year and month declined between 1999 and 2002 to reach levels similar to 1996 levels.

Among all students, lifetime use of amphetamines did not change significantly from 1999, except among 16-17 year old males. Use of amphetamines in the last year was significantly lower among all students in 2002 (10%) compared to 1999 (12%), again due mostly to use among older males. There was no significant change in use of amphetamines in the last month between 1999 and 2002, except among 12- to 15-year-old males. Use in the last month among older females continued to increase between 1996 and 2002, rising from 2% in 1996 to 7% in 1999 and 9% in 2002. Significant reductions in amphetamine use in the last week were evident among all students aged 12- to 17-years, decreasing from 4% in 1999 to 3% in 2002.

2.8 Amphetamine-like drug use reported in 2002

Questions about the use of amphetamine-like drugs such as dexamphetamine tablets or Ritalin were asked of students for the first time in 2002. The results showed that prevalence for use of these substances was similar to that found for use of amphetamines such as speed⁴. In 2002, approximately 13% of students had ever used amphetamine-like-drugs without a doctor's prescription. Lifetime experience of these substances increased with age, from a low of 7% among 12-year-olds to a peak of 22% at 17-years of age. Ten per cent of students had used amphetamine-like drugs in the last year, 5% had used them in the last month, and only 3% of 12- to 17-year-olds had used these substances in the week before the survey. Among 16- and 17-year-olds, females were significantly more likely than males to have ever used amphetamine-like substances in their lifetime.

2.9 Steroid use reported in 2002 and changes over time

Use of steroids without a doctor's prescription was very uncommon in 2002, with only 3% of all students having ever used these substances. Only 2% of 12- to 17-year-olds had used steroids in the last year, and more recent use was also low, with only 1% of students reporting steroid use in the last month and the last week.

Lifetime steroid use among 12- to 15-year-olds was significantly higher in 2002 than in 1996, but had changed little since 1999. Prevalence levels for lifetime use of steroids reported by 16- to 17-year-olds in 2002 were similar to those found in both other survey years. In 2002, use in the last month by 12- to 15-year-olds was significantly higher than that reported in 1996, but had changed little since 1999. No significant changes over time were found for use of steroids in the last month among 16- to 17-year-olds.

⁴ Caution needs to be taken when interpreting these findings, as these questions were just a subset of the overall amphetamine question. It is possible that students may have misinterpreted the question, as some subgroups reported higher use of dexamphetamines than for amphetamines

2.10 Opiate use reported in 2002 and changes over time

In 2002, only a small proportion of 12- to 17-year-old students (3%) had ever used opiates such as heroin or morphine. Only 2% of students had used opiates in the last year, and 1% had used these substances in the last month and in the week prior to the survey. A significantly higher proportion of males than females had ever used opiates, except among the 15- and 16- year-old students.

There was a small but significant reduction in lifetime opiate use between 1999 and 2002 within both age groups, but this change occurred mainly among males. Lifetime opiate use by females in both the 12- to 15- and 16- to 17-year age groups had changed little since 1996. Similarly, between 1999 and 2002 there was a small but significant decline in the number of students from all age groups that reported using opiates in the last month.

2.11 Cocaine use reported in 2002 and changes over time

Use of cocaine was rare among students, with only 4% of 12- to 17-year-olds surveyed in 2002 reporting that they had ever used the substance in their lifetime. Similar, more recent use of cocaine was low, with only 3% using it in the last year, and 1% using the substance in the last month and in the week before the survey. After 14 years of age, males were more likely than females to have ever used cocaine.

No significant change over time was found across age groups for lifetime use of cocaine and use in the month prior to the survey.

2.12 Ecstasy use reported in 2002 and changes over time

Approximately 5% of students surveyed in 2002 had ever used ecstasy, and while prevalence was low in most age groups, lifetime experience with this substance increased with age to peak at 12% among 17-year-olds. Use in the past year was reported by 4% of 12- to 17-year-olds, while 2% reported having used ecstasy in the last month and 1% having used ecstasy it in the week before the survey.

Up to 16-years of age, males were more likely than females to have ever used ecstasy, but at 17-years of age, females were more likely to have lifetime experience with this substance. At 17-years of age, females were also more likely than males to have used ecstasy in the last year and in the month before the survey. In contrast, recent use of ecstasy in the last week was generally more common among males than females.

There was no significant change over time in lifetime ecstasy use among 12- to 15-year-old students, nor was there any change in the number of younger students reporting use of ecstasy within the last month. Among older students, however, lifetime use of ecstasy declined significantly between 1999 and 2002, but this change occurred mainly among 16- to 17-year-old males.

2.13 Use of needles to inject drugs reported in 2002 and changes over time

Very few students surveyed in 2002 had ever used needles to inject drugs (4%), and use of needles during the last year, month and week was also low among 12- to 17-year-olds. Males were generally more likely to report lifetime needle use than females, except at 15-years of age.

There were significant reductions over time in lifetime needle use reported by 12- to 15-yearold students. Younger students were also less likely to have used needles in the last month in 2002 compared with 1999. Among older students, lifetime needle use was significantly lower among 16- to 17-year-old males in 2002 than in 1999, as was use in the last month. There was little change over time in needle use among females in the older age group.

2.14 Use of at least one illegal drug reported in 2002 and changes over time

Almost half of all students surveyed in 2002 (49%) had used at least one illegal drug in their lifetime. Prevalence for lifetime use of illegal drugs increased with age, from 41% at 12-years to a peak of 61% among 17-year-olds. In the year before the survey, 40% of 12- to 17-year-olds had used at least one illegal drug and 23% had done so in the last month. In the week prior to the survey, 15% of all students had used an illegal substance. In 2002, males were generally more likely than females to have used at least one illegal drug across all recency categories.

Lifetime use of at least one illegal drug decreased significantly over time among students from all age groups. Prevalence levels among 12- to 15-year-olds reported in 2002 were significantly lower than those found in 1999 and 1996, and this finding was also true for females in this age group. However, lifetime use of at least one illegal drug among younger males was at a similar level in 2002 to that reported in 1999. Lifetime use of at least one illegal drug was lower among 16- to 17-year-olds in 2002 than in both other survey years, and this change occurred among both males and females in this age group. Use of at least one illegal drug in the last month decreased over time among 12- to 15-year-olds and 16 to 17 year olds.

2.15 Use of at least one illegal drug <u>excluding cannabis</u> reported in 2002 and changes over time

More than one-third of students surveyed in 2002 (36%) had used at least one illegal drug other than cannabis in their lifetime. Approximately 28% had used a drug other than cannabis in the last year, 14% had done so in the last month and 9% in the week before the survey. Lifetime use of illegal drugs other than cannabis was at similar levels within the different age groups, ranging from 35% at 12-years to 37% at 17-years of age. In 2002, males were generally more likely than females to have ever used an illegal drug other than cannabis, except at 14- and 16-years of age.

Significantly fewer 12- to 15-year-old students had used an illegal drug other than cannabis during their lifetime in 2002 compared with 1999. In 2002, younger students were also less likely to have used illegal substances other than cannabis in the month before the survey than in 1999. Lifetime use of at least one illegal drug other than cannabis was lower among 16- to 17-year-olds in 2002 than in both 1999 and 1996 and this was also true for use of these substances in the month before the survey.

2.16 Poly-substance use reported in 2002

Alcohol and tobacco were the substances most likely to be used by students on the same occasion that they used cannabis, amphetamines, hallucinogens or ecstasy in the last twelve months. Among students who had used cannabis in the last year, alcohol (62%) was the substance most commonly used on the same occasion, followed by tobacco (36%) and amphetamines (15%). Alcohol was also highly likely to have been used by students at the same time they were using amphetamines (52%), hallucinogens (44%) or ecstasy (50%) over the last year. Approximately than one quarter of students who had used cannabis, amphetamines, hallucinogens or ecstasy in the last year did not use any other substance on the same occasion.

2.17 Lessons about substance use in the previous school year

The majority of students surveyed in 2002 (81%) recalled having at least part of a lesson about illegal substances in the year prior to the survey. Students aged between 14- and 16-years were most likely to recall having had these lessons. At 12- and 14-years of age, males

were more likely than females to report having at least part of a lesson about illegal substances in the past year. However, from the age of 15-years, females were more likely to recall these lessons than males.

3. RESULTS

This section contains the main results of the 2002 survey, including prevalence of substance use and attitudes towards particular substances in 2002 (Section 3.1). Section 3.2 contains an overview of drug usage and poly substance use.

3.1 Prevalence of substance use and attitudes towards particular substances in 2002

The proportion of students having used each substance across all measured recency periods (lifetime, last year, month and week) is presented in this section for 12- to 17-year-old males and females. Attitudinal questions were only asked for particular substances and where available, these results are also presented here.

3.1.1 Analgesics

Table 5 illustrates the use of analgesics in all recency periods for 2002 by age and gender.

Age		Ever	Year	Month	Week
12	Male	95.1	90.9	70.3	44.0
	Female	96.8	92.5	67.7	36.2
	Total	95.9	91.6	69.1	40.4
13	Male	95.0	91.2	67.5	37.8
	Female	96.1	93.8	74.7	43.1
	Total	95.5	92.4	70.9	40.3
14	Male	93.9	89.7	68.1	44.7
	Female	96.0	93.7	78.4	45.4
	Total	94.9	91.6	73.0	45.0
15	Male	93.2	88.7	66.6	37.9
	Female	97.3	96.0	81.8	51.2
	Total	95.1	92.0	73.6	44.1
16	Male	97.9	94.6	65.4	36.1
	Female	98.4	96.8	78.7	52.3
	Total	98.1	95.6	71.6	43.7
17	Male	96.5	90.0	68.5	39.9
	Female	97.6	96.3	85.6	56.6
	Total	97.0	93.0	76.7	47.9
12-17	Male	95.1	90.9	67.7	40.2
	Female	97.0	94.7	77.1	46.6
	Total	96.0	92.6	72.1	43.2

 Table 5:
 Percentage of students using analgesics in 2002 by age and gender

This table shows that the reported use of analgesics such as aspirin among students was extremely high in 2002 across all age groups and genders. Among the entire sample, only 4% of students had never used these medications. Across age groups, lifetime use of analgesics increased minimally from a very high 96% among 12-year-olds to 97% of 17-year-olds. More than 90% of students in all age groups had used analgesics within the last year, and almost three-quarters of all 12- to 17-year-olds (72%) had used analgesics in the last month. The proportion of students using analgesics in the week before the survey increased with age from 40% of 12-year-olds to a peak of 48% among 17-year-olds.

Across all age groups, females were more likely to have ever used analgesics in their lifetime compared to males. Similarly, females in all age groups were significantly more likely to have used analgesics in the past year. Use in the last month was significantly higher among females than males for all age groups, except among 12 year-olds. As with the other recency periods, females were more likely than males to have used analgesics in the week prior to the survey (except at 12 years), and this difference was significant from the age of 15-years and upwards. These findings indicate that the use of analgesics was extremely common among students in 2002, especially among females.

3.1.2 Tranquillisers

Use of tranquillisers other than for medical reasons is presented in Table 6 by age and gender for all recency periods.

Age		Ever	Year	Month	Week
12	Male	18.4	10.5	4.2	3.5
	Female	12.8	8.1	3.0	1.4
	Total	15.8	9.4	3.6	2.5
13	Male	18.0	12.7	5.4	3.9
	Female	19.7	12.1	5.0	3.2
	Total	18.8	12.4	5.2	3.5
14	Male	18.2	10.3	4.5	3.1
	Female	18.2	10.3	5.4	4.4
	Total	18.2	10.5	4.9	3.7
15	Male	12.9	6.0	2.2	0.9
	Female	20.7	12.4	6.0	4.4
	Total	16.5	8.9	3.9	2.5
16	Male	14.8	7.7	3.3	1.9
	Female	20.8	16.0	6.3	3.2
	Total	17.6	11.6	4.7	2.5
17	Male	22.3	13.1	3.5	3.2
	Female	20.2	15.2	6.5	2.8
	Total	21.3	14.1	5.0	3.0
12-17	Male	17.0	9.8	3.9	2.7
	Female	18.5	12.1	5.2	3.2
	Total	17.7	10.9	4.5	3.0

Table 6:	Percentage of students using tranquillisers for non-medical reasons in 2002 by age
	and gender

Nearly one-fifth of students (18%) had used tranquillisers other than for medical reasons at some point in their life (Table 6). The proportions of students having ever used tranquillisers differed slightly across age groups, increasing from 16% among 12-year-olds to 21% among 17-year-olds. Across all students, lifetime experience with tranquillisers was significantly higher among females than males. However, differing patterns of gender differences were found within the various age groups, with males more likely to have ever used tranquillisers at both 12- and 17-years, and females more likely to have ever used these substances at 13-, 15-, and 16-years of age. At 14-years of age, males and females were just as likely to have ever used tranquillisers.

Eleven percent of Western Australian students had used tranquillisers in the last year, and use during this period peaked at 14% among 17-year-olds. Females were significantly more

likely than males to have used tranquillisers in the last year at 15-, 16- and 17-years of age. Use of tranquillisers in the last month was low, with prevalence estimates of only 5% or less across all age groups. Use in the last month was higher among 12- and 13-year-old males, but from 14-years of age females were more likely than males to have used tranquillisers during this period. In 2002, only 3% of 12- to 17-year-old Western Australian students had used tranquillisers in the week before the survey. Compared to males, females aged between 14- and 16-years were more likely to have used tranquillisers in the week prior to the survey.

These findings indicate that the level of tranquilliser use was generally low among students in 2002, with older students more likely to have experience with these substances compared to younger students. In addition, there was a general trend towards greater use of tranquillisers among older females than males across all recency periods.

3.1.3 Cannabis

Table 7 presents the proportion of students using cannabis in all time periods by age and gender. Cannabis was the most commonly used illegal substance among students surveyed in 2002, especially among those in the older age groups. Approximately one-third of all students (31%) had used cannabis at some time in their lives (Table 7). In all time periods, the proportion of students using cannabis generally increased with age; for example, levels of ever use increased significantly from 10% among 12-year-olds to more than half of all 17-year-olds (53%). As time periods became more recent, fewer students reported having used cannabis. Prevalence of use in the last year increased with age, from 8% at 12-years to 44% at 17-years of age. Similarly, use of cannabis in the last month increased from 4% of 12-year-olds to 25% of students aged 17-years. Use in the last week increased with age from 3% of 12-year-olds to a peak of 16% among students aged 17-years (Table 7).

Age		Ever	Year	Month	Week
12	Male	15.1	11.2	6.5	4.2
	Female	4.2	3.3	0.7	0.7
	Total	10.1	7.5	3.8	2.6
13	Male	23.4	20.2	12.6	6.1
	Female	16.4	14.8	7.9	3.4
	Total	20.1	17.7	10.4	4.8
14	Male	28.8	26.8	17.7	12.3
	Female	27.3	23.8	15.9	8.4
	Total	28.1	25.4	16.9	10.5
15	Male	44.3	37.3	26.1	18.2
	Female	39.8	35.9	19.9	9.3
	Total	42.2	36.7	23.3	14.2
16	Male	47.4	39.9	19.8	13.1
	Female	46.5	39.6	21.0	9.2
	Total	47.0	39.8	20.4	11.3
17	Male	56.7	49.2	28.2	19.1
	Female	48.8	37.5	22.1	12.7
	Total	52.9	43.6	25.3	16.0
12-17	Male	33.8	28.9	17.5	11.5
	Female	28.6	24.5	13.8	6.7
	Total	31.4	26.8	15.8	9.3

Table 7.	Deve enterne of	. ملينا ما منام			01	
Table /:	Percentage of	students t	using cani	1adis in 20	uz by age	e and gender

More males than females had used cannabis in their lifetime and in the last year and this was true at all ages. The proportion of males having ever used cannabis increased from 15% of 12-year-olds to 57% of 17-year-olds, while among females lifetime experience with cannabis increased from 4% at 12-years to 49% at 17-years of age (Table 7).

Except for 16-year-olds, males were significantly more likely than females to report using cannabis in the last year and in the last month (Table 7). Similarly, use of cannabis in the last week was more common among males than females, with prevalence for use in the last week peaking at 17-years for both males (19%) and females (13%).

3.1.4 Context of cannabis use

Students who used cannabis in the last year were asked in what form they usually consumed the drug, whether they tended to use cannabis by themselves or with others, and where they last used cannabis. The majority of students who had used cannabis in the year prior to the survey were most likely to consume it through a bong or a pipe (80%), while 18% smoked it as a joint, and 2% ate it (e.g. in cookies). Approximately 83% of Western Australian students used cannabis in the company of others, and 15% reported using the substance equally as often with others as by themselves. Only 3% of students reported using the substance when they were alone. Almost one-third (32%) of 12- to 17-year-olds reported that they last used cannabis at their friend's house, while 29% last used it at a party, 15% at home and 8% had last used cannabis in a park. The remaining 16% last used cannabis at a pub, dance venue, beach, car or other public area.

3.1.5 Students' attitudes towards cannabis

Questions assessing attitudes to cannabis included asking students if they would take the substance if it was offered by a trusted friend; what kind of experience they would expect if they took cannabis; how much danger is involved in smoking cannabis once or twice and smoking it regularly; and how concerned they would be if their friends were using cannabis. Attitudes to cannabis among 12- to 17-year-old males and females are presented in Table 8.

	Age (Years)						
	12	13	14	15	16	17	12-17
Would take cannabis from a trusted friend							
Male	11.1	20.1	28.5	37.1	38.0	45.7	28.3
Female	4.8	14.4	29.0	42.6	41.0	48.1	28.1
Total	8.2	17.4	28.7	39.6	39.4	46.9	28.2
Good or really good experience if took cannabis							
Male	19.6	41.4	51.6	64.9	61.8	70.4	49.6
Female	11.4	23.6	38.9	52.7	59.1	61.9	39.1
Total	15.9	33.0	45.7	59.3	60.6	66.4	44.7
Dangerous to smoke cannabis once or twice							
Male	77.8	73.1	67.3	63.3	69.4	61.3	69.5
Female	79.4	81.4	71.8	74.5	67.0	59.6	73.5
Total	78.5	77.0	69.4	68.5	68.3	60.5	71.3
Dangerous to smoke cannabis regularly							
Male	82.1	80.7	78.9	80.2	79.4	80.1	80.3
Female	85.4	85.1	83.2	85.2	86.5	84.5	85.0
Total	83.6	82.7	80.9	82.5	82.7	82.1	82.5
Concerned if friends used cannabis							
Male	78.3	68.2	65.5	61.3	58.7	56.7	65.7
Female	87.2	84.0	76.6	75.3	75.1	64.9	78.3
Total	82.3	75.7	70.6	67.7	66.3	60.7	71.5

Table 8: Students' attitudes towards cannabis in 2002 by age and gender

The proportion of students reporting that they would take cannabis from a trusted friend increased with age from a low of 8% among 12-year-olds to a peak of 47% at 17-years of age. Furthermore, as age increased, students were more likely to expect that taking cannabis would be a positive experience. With increasing age, students were less likely to view occasional smoking of cannabis as a dangerous activity, with 60% of 17-year-olds viewing occasional use as dangerous compared to 78% of 12-year-olds. In contrast, smoking cannabis regularly was viewed as a dangerous activity by students in all age groups, decreasing only slightly from a peak of 84% at 12-years to 82% at 17-years of age. Older students were also less likely to report that they would be concerned if their friends were using cannabis, with concern declining from 82% at 12-years to 61% at 17-years of age.

Across all age groups, females were significantly more likely than males to view regular use of cannabis as a dangerous activity, a finding that reflects the higher prevalence of cannabis use among males. The higher likelihood of cannabis use among older students is also reflected in their higher expectations of a good experience from taking cannabis, as well as their increased willingness to accept cannabis offered by a trusted friend.

3.1.6 Inhalants

Students' use of inhalants is presented in Table 9 for all time periods by age and gender.

Age		Ever	Year	Month	Week
12	Male	28.1	22.4	15.7	9.3
	Female	22.7	17.1	12.5	7.9
	Total	25.6	20.0	14.2	8.7
13	Male	20.9	15.1	6.3	4.1
	Female	21.3	16.4	10.7	7.0
	Total	21.1	15.7	8.4	5.5
14	Male	18.9	12.6	8.6	5.9
	Female	22.8	16.3	7.8	4.4
	Total	20.7	14.3	8.2	5.2
15	Male	12.3	6.3	2.5	1.7
	Female	18.3	13.4	5.7	3.3
	Total	15.1	9.6	4.0	2.4
16	Male	11.4	7.1	2.9	2.6
	Female	12.2	7.7	2.4	1.0
	Total	11.8	7.4	2.7	1.8
17	Male	12.9	6.5	3.7	2.1
	Female	8.9	5.9	4.8	3.6
	Total	11.0	6.2	4.3	2.8
12-17	Male	18.0	12.3	7.0	4.5
	Female	18.6	13.5	7.6	4.7
	Total	18.3	12.9	7.3	4.6

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Table 9 shows that in 2002, almost one-fifth (18%) of all students had deliberately sniffed inhalants at least once during their lives. Approximately 13% had used inhalants at some time in the last year and 7% of students had done so within the last month. Use in the week preceding the survey was reported by approximately 5% of all students.

Lifetime experience of inhalants was inversely related to age, with prevalence decreasing from 26% at 12-years to around 15% by the age of 15 and 11% at 17-years of age. A similar pattern was found for inhalant use in the last year; while 20% of 12-year-olds reported using inhalants during this period, only 6% of 17-year-olds had used inhalants in the year prior to the survey. Use of inhalants within the last month ranged from 14% among 12-year-olds to 4% of students aged 17 years. Use within the last week was highest among the younger students and decreased with age from a peak of 9% at 12 years to a low of 3% among 17-year-olds. Although differences were apparent in the use of inhalants among males and females, there was no obvious pattern in these differences. The finding that use of inhalants decreases with age is in marked contrast to patterns of use for other substances, which are more likely to be used by older than younger students.

3.1.7 Students' attitudes towards inhalants

Questions assessing attitudes to inhalants included asking students if they would sniff glue, petrol or other solvents if these substances were offered by a trusted friend; what kind of experience they would expect if they inhaled any of these substances; and how much danger is involved in inhaling glue, petrol or solvents regularly. Attitudes to inhalants among 12- to 17-year-old males and females are presented in Table 10.

	Age (Years)						
	12	13	14	15	16	17	12-17
Would take inhalants from a trusted friend							
Male	6.0	3.3	6.2	2.6	3.9	4.8	4.5
Female	5.3	6.5	4.8	4.5	2.7	4.1	4.7
Total	5.7	4.8	5.6	3.5	3.3	4.5	4.6
Good or really good experience if took inhalants							
Male	13.4	17.3	17.0	11.6	10.4	16.5	14.3
Female	10.4	15.7	13.4	12.7	10.3	10.5	12.4
Total	12.1	16.5	15.3	12.1	10.4	13.7	13.4
Dangerous to take inhalants regularly							
Male	79.2	80.1	83.9	84.2	86.7	89.6	83.4
Female	82.1	85.6	86.8	86.5	91.3	91.6	86.9
Total	80.5	82.7	85.3	85.3	88.8	90.6	85.0

Table 10: Student's attitudes towards inhalants in 2002 by age and gender

Table 10 shows that only a small proportion of students reported that they would take inhalants from a trusted friend (5%). Approximately 13% of students reported that sniffing inhalants would be a good or very good experience. Older students were more likely to report the dangers of regularly taking inhalants than younger students. While 80% of 12-year-olds viewed regular use of these substances as dangerous, 91% of 17-year-olds agreed that regular use of inhalants is dangerous.

3.1.8 Hallucinogens

Table 11 presents the use of hallucinogens such as LSD in all recency periods by age and gender. Around 6% of all 12- to 17-year-olds surveyed in 2002 had ever used hallucinogens in their lifetime, and experience with these substances increased with age (Table 11). For example, 1% of 12-year-olds had ever used hallucinogens and this increased to 10% by 17-years of age. Only 4% of all students reported having used hallucinogens at some time in the past year, and use during this period increased with age from 1% of 12-year-olds to 7% of 17-year-olds (Table 11).

Use of hallucinogens in the past month was very low, peaking at 3% among 14-year-olds,

and only 1% of all students had used these substances within the last week. This pattern of findings suggests that most students who use hallucinogens do not use them regularly.

Age		Ever	Year	Month	Week
12	Male	1.6	1.1	0.9	0.9
	Female	0.9	0.7	0.7	0.0
	Total	1.3	0.9	0.8	0.5
13	Male	3.5	2.4	2.0	1.3
	Female	2.7	2.4	1.2	1.2
	Total	3.1	2.4	1.6	1.2
14	Male	7.1	5.9	3.7	3.0
	Female	5.2	2.8	1.4	0.9
	Total	6.2	4.5	2.6	2.0
15	Male	12.8	8.4	2.6	1.9
	Female	4.5	4.0	1.5	1.5
	Total	9.0	6.4	2.1	1.7
16	Male	8.9	8.3	3.0	1.1
	Female	4.6	4.1	0.6	0.0
	Total	6.9	6.4	1.9	0.6
17	Male	11.8	8.5	2.0	1.3
	Female	7.6	5.5	2.6	1.5
	Total	9.8	7.1	2.3	1.4
12-17	Male	7.2	5.5	2.4	1.6
	Female	3.9	3.0	1.2	0.8
	Total	5.7	4.3	1.8	1.2

Table 11:	Percentage of	f students	using hall	ucinogens ir	n 2002 by ac	e and gender

Across all age groups, males were significantly more likely to have ever used hallucinogens than females, and males in all age groups apart from 13-years were also more likely to have used hallucinogens in the past year. Furthermore, a significantly higher proportion of males than females had used hallucinogens in the last month, except at age 17.

3.1.9 Types of hallucinogens consumed by students

Students who had used hallucinogens in the last year were asked what forms of hallucinogens they had used during that period. Students were able to indicate if they had used more than one type of hallucinogen. The types of hallucinogens most commonly used by students in the year prior to the survey were 'magic mushrooms' (47%), followed by 'paper tabs/trips' (34%), 'liquids' (22%) and datura/angel's trumpet (15%). Approximately 7% of students reported using some other form of hallucinogens.

3.1.10 Students' attitudes towards hallucinogens

Questions assessing attitudes to hallucinogens included asking students if they would take LSD from a trusted friend; what kind of experience they would expect if they took LSD; how much danger is involved in trying LSD once or twice; and how dangerous it is to use LSD regularly. Attitudes to hallucinogens among 12- to 17-year-old males and females are presented in Table 12.

	Age (Years)						
	12	13	14	<u>15</u>	<i>.</i> 16	17	12-17
Would take LSD from a trusted friend							
Male	1.4	2.8	6.3	7.4	7.8	15.5	6.0
Female	1.1	2.8	5.0	7.9	8.8	10.9	5.6
Total	1.3	2.8	5.7	7.6	8.2	13.3	5.8
Good or really good experience if took LSD							
Male	9.1	17.9	17.5	23.0	23.3	34.8	19.3
Female	5.5	6.8	15.1	19.0	21.5	24.6	14.4
Total	7.5	12.6	16.4	21.1	21.9	30.0	17.0
Dangerous to try LSD once or twice							
Male	73.1	74.4	76.0	77.8	82.8	86.2	77.6
Female	74.9	78.2	78.8	89.4	87.5	90.4	82.5
Total	73.9	76.2	77.3	83.2	85.0	88.2	79.8
Dangerous to use LSD regularly							
Male	80.1	81.3	82.5	82.7	86.7	88.3	83.1
Female	78.3	83.8	86.5	89.6	91.8	92.1	86.5
Total	79.3	82.5	84.4	85.9	89.1	90.1	84.7

Table 12: Students' attitudes towards hallucinogens in 2002 by age and gender

Table 12 shows that willingness to take LSD from a trusted friend increased with age. While just over 1% of 12-year-olds reported that they would take hallucinogens from a friend, this increased to 13% among 17-year-old students. Similarly, expectations that taking LSD would be a good or really good experience increased with age. At 12-years of age, 8% of students viewed taking LSD as a positive experience and this increased to 30% at 17-years of age.

Compared to younger students, those in the upper school years were more likely to view taking LSD as dangerous. While 74% of 12-year-olds viewed occasional use of LSD as dangerous, this increased to 88% among 17-year-olds. Similarly, fewer 12-year-olds viewed regular use of LSD as dangerous (79%) than did 17-year-olds (90%).

3.1.11 Amphetamines

Students' use of amphetamines is presented in Table 13 for all recency periods by age and gender.

Table 13 shows that the majority of students surveyed in 2002 had never used amphetamines, with only 13% of students reporting lifetime experience with these substances. The proportions of students who had used amphetamines in their lifetime increased significantly with age, from 4% of 12-year-olds to 22% of students aged 17-years.

Around 10% of all students had used amphetamines in the past year; and use of these substances was also highest among the older students, increasing from 3% at 12-years to 18% at 17-years of age. Similarly, use of amphetamines in the month before the survey also increased with age, from approximately 2% of 12-year-olds to 10% of 17-year-olds. Only 3% of all students had used amphetamines in the last week.

Age		Ever	Year	Month	Week
12	Male	5.8	4.2	3.8	3.5
	Female	1.8	1.3	0.7	0.0
	Total	4.0	2.9	2.3	1.9
13	Male	7.7	5.7	4.2	2.4
	Female	7.5	6.2	4.7	1.5
	Total	7.6	5.9	4.4	2.0
14	Male	11.2	8.4	4.4	4.2
	Female	13.1	11.5	6.4	4.6
	Total	12.1	9.8	5.3	4.4
15	Male	19.5	16.7	7.3	2.1
	Female	16.8	13.8	6.6	4.8
	Total	18.2	15.4	7.0	3.3
16	Male	17.0	13.3	6.1	4.5
	Female	19.5	15.5	7.8	3.4
	Total	18.2	14.3	6.9	4.0
17	Male	19.1	15.1	9.0	4.0
	Female	25.5	20.3	10.3	3.6
	Total	22.2	17.6	9.6	3.8
12-17	Male	12.8	10.1	5.5	3.4
	Female	13.0	10.6	5.7	2.9
	Total	12.9	10.3	5.6	3.2

Table 13: Percentage of students using amphetamines in 2002 by age and gender

A higher proportion of males than females had ever used amphetamines at ages 12 and 15. In contrast, females were more likely than males to have ever used these substances at 14-, 16- and 17-years of age. Gender differences for use of amphetamines in the last year were only apparent among 12-year-olds, with males more likely to have used them during this period. Use of amphetamines in the last month was greater among males than females at 12- and 15-years of age, while among the 16- to 17-year-olds these substances were significantly more likely to be used by females compared to males. The proportions of males and females using amphetamines in the last week were significantly different among all age groups except at 14- and 17-years. At the ages of 12-, 13- and 16-years males were more likely to have used amphetamines in the last week, and females were more likely to have done so at 15-years of age.

3.1.12 Students' attitudes towards amphetamines

Questions assessing attitudes to amphetamines included asking students if they would take amphetamines from a trusted friend; what kind of experience they would expect if they took amphetamines; how much danger is involved in taking amphetamines once or twice; and how dangerous it is to take these substances regularly. Attitudes to amphetamines among 12- to 17-year-old males and females are presented in Table 14.

The proportion of students reporting that they would take amphetamines from a trusted friend increased with age from a low of 4% among 12-year-olds to a peak of 24% at 17-years of age. Furthermore, as age increased, students were more likely to expect that taking these substances would be a good or really good experience. Perceptions of the danger involved in both occasional and regular use of amphetamines increased with age, peaking among students aged 16- to 17-years.

	Age (Years)						
	12	13	14	15	16	17	12-17
Would take amphetamines from a trusted friend							
Male	4.6	5.7	8.6	12.8	12.4	21.5	9.8
Female	2.2	6.5	11.1	16.2	23.4	26.4	13.0
Total	3.5	6.1	9.8	14.4	17.5	23.8	11.3
Good or really good experience if took amphetamines							
Male	13.4	24.9	21.0	26.9	29.2	41.0	24.5
Female	7.5	13.9	22.0	28.8	36.6	37.8	22.9
Total	10.8	19.7	21.5	27.8	32.6	39.5	23.7
Dangerous to take amphetamines once or twice							
Male	73.8	71.7	73.5	74.1	83.5	80.2	75.7
Female	73.4	78.0	77.1	84.6	85.9	84.0	80.1
Total	73.7	74.7	75.1	79.0	84.6	82.0	77.7
Dangerous to take amphetamines regularly							
Male	80.4	79.9	82.1	83.4	87.6	87.7	83.1
Female	79.2	83.6	83.8	89.5	92.7	91.9	86.2
Total	79.8	81.6	82.9	86.2	90.0	89.6	84.5

Table 14: Students' attitudes towards amphetamines in 2002 by age and gender

3.1.13 Non-prescribed amphetamine-like drugs

The use of amphetamine-like drugs such as dexamphetamine tablets or Ritalin *that were not prescribed by a doctor* is presented in Table 15 by age and gender for all recency periods.

Table 15 shows that in 2002, prevalence for use of amphetamine-like drugs was similar to that found for amphetamines. Approximately 13% of 12- to 17-year-olds had ever used amphetamine-like drugs in their lifetime. Lifetime experience of these substances increased with age, from a low of 7% among 12-year-olds to a peak of 22% at 17-years of age. About 10% of 12- to 17-year-olds had used amphetamine-like drugs in the past year, and 5% had used them in the month prior to the survey. Only 3% of all students had used these substances in the past week. At 16- and 17-years of age, females were significantly more likely than males to have ever used amphetamine-like substances in their lifetime.

Age		Ever	Year	Month	Week
12	Male	8.3	5.5	4.8	3.0
	Female	5.7	4.0	1.9	0.8
	Total	7.1	4.8	3.5	2.0
13	Male	7.5	6.3	3.9	2.2
	Female	8.2	6.8	5.0	3.0
	Total	7.8	6.6	4.4	2.6
14	Male	12.4	10.9	5.4	4.2
	Female	12.9	10.2	6.4	4.6
	Total	12.6	10.6	5.8	4.3
15	Male	19.4	17.1	5.6	2.0
	Female	16.7	12.7	5.2	3.2
	Total	18.1	15.1	5.4	2.5
16	Male	14.8	12.2	5.2	3.1
	Female	16.9	12.5	6.9	3.4
	Total	15.8	12.3	6.0	3.2
17	Male	17.6	12.4	5.9	4.3
	Female	26.4	18.4	8.5	4.9
	Total	21.8	15.2	7.1	4.6
12-17	Male	12.8	10.5	5.1	3.0
	Female	13.3	10.0	5.4	3.2
	Total	13.1	10.3	5.2	3.1

Table 15: Percentage of students using <u>non-prescribed</u> amphetamine-like drugs in 2002 by age and gender

3.1.14 Steroids

The use of steroids without a doctor's prescription in an attempt to improve sporting ability, increase muscle size or improve appearance is shown in Table 16 for each age group and gender.

The use of steroids without a prescription was very low across all age groups in 2002, with only 3% of 12- to 17-year-olds having ever used steroids in their lifetime. Only 2% of all students had used steroids in the last year, and more recent use was also low with only 1% of students using steroids in the last month and in the last week. At ages 14, 16 and 17, males were significantly more likely than females to have ever used steroids in their lifetime. At 15-years of age, however, females were significantly more likely to have ever used steroids, and to have used them in the last month and during the week before the survey.

Age		Ever	Year	Month	Week
12	Male	3.3	3.1	1.1	1.1
	Female	3.0	1.9	1.0	1.0
	Total	3.2	2.6	1.1	1.0
13	Male	3.6	2.6	1.2	0.7
	Female	3.8	2.8	2.0	1.7
	Total	3.7	2.7	1.5	1.2
14	Male	5.1	3.4	2.6	1.7
	Female	2.4	1.4	1.4	0.5
	Total	3.9	2.5	2.0	1.2
15	Male	1.1	1.1	0.2	0.0
	Female	2.9	1.7	1.4	0.9
	Total	2.0	1.4	0.8	0.4
16	Male	3.1	1.5	1.5	1.5
	Female	1.3	1.0	1.0	0.4
	Total	2.3	1.3	1.3	1.0
17	Male	3.2	2.1	2.1	2.1
	Female	1.1	0.3	0.0	0.0
	Total	2.2	1.2	1.1	1.1
12-17	Male	3.3	2.4	1.4	1.1
	Female	2.6	1.6	1.2	0.8
	Total	2.9	2.0	1.3	1.0

Table 16: Percentage of students using steroids in 2002 by age and gender

3.1.15 Heroin and other opiates

Table 17 illustrates the use of opiates for non-medical reasons in all time periods by age and gender. This category includes heroin and other opiates such as methadone, morphine, or pethidine.

Table 17 shows that only a small proportion (3%) of Western Australian students surveyed in 2002 had ever used opiates for non-medical reasons. Across all age groups, lifetime experience with opiates ranged from 2% to 5%, with the highest lifetime use reported by 15-year-old females. Only 2% of students reported using opiates in the past year, and 17-year-olds were the most likely to have used these substances during this period (3%). Use in the last month was reported by 1% of 12- to 17-year-olds, peaking at 2% among 17-year-olds. Less than 1% of all students reported using opiates in the week prior to the survey.

Age		Ever	Year	Month	Week
12	Male	2.0	1.5	0.7	0.7
	Female	1.7	0.9	0.4	0.4
	Total	1.9	1.2	0.6	0.6
13	Male	3.3	1.2	1.2	0.7
	Female	2.0	1.5	1.0	1.0
	Total	2.7	1.4	1.1	0.9
14	Male	4.1	2.8	2.0	1.6
	Female	3.4	1.7	0.6	0.2
	Total	3.8	2.3	1.4	1.0
15	Male	3.0	2.6	1.5	1.3
	Female	4.8	2.3	0.7	0.4
	Total	3.8	2.4	1.1	0.9
16	Male	2.4	2.1	0.6	0.3
	Female	2.6	1.9	0.0	0.0
	Total	2.5	2.0	0.3	0.2
17	Male	4.2	3.5	1.9	1.4
	Female	2.6	2.3	1.8	1.5
	Total	3.4	2.9	1.9	1.5
12-17	Male	3.1	2.2	1.3	1.0
	Female	2.9	1.7	0.7	0.5
	Total	3.0	2.0	1.0	0.8

 Table 17: Percentage of students using opiates in 2002 by age and gender

A significantly higher proportion of males than females had ever used opiates in all age groups, except at 15- and 16-years of age. In general, a greater proportion of males than females had used opiates in the last year, the last month and in the week before the survey.

3.1.16 Students' attitudes towards heroin and other opiates

Questions assessing attitudes to opiates included asking students if they would take heroin or other opiates from a trusted friend; what kind of experience they would expect if they took heroin or other opiates; how much danger is involved in taking heroin or other opiates once or twice; and how dangerous it is to take heroin or other opiates regularly. Attitudes to opiates among 12- to 17-year-old males and females are presented in Table 18.

Only a small proportion of students (3%) reported that they would take heroin or other opiates from a trusted friend, a finding that reflects the low prevalence of opiate use among students surveyed in 2002. As with a number of other substances, expectations that taking opiates would be a positive experience tended to increase with age. While 8% of 12-year-olds thought that taking opiates would be a good or very good experience, this increased to 16% among 17-year-olds. In addition, 16- to 17-year-old students were most likely to report that it would be dangerous to use opiates either occasionally or on a regular basis.

	Age (Years)						
	12	13	14	15	Í 16	17	12-17
Would take opiates from a trusted friend							
Male	3.8	2.7	3.3	1.8	2.4	3.1	2.9
Female	1.1	3.2	3.1	5.4	3.5	3.7	3.3
Total	2.6	3.0	3.2	3.5	2.9	3.4	3.1
Good or really good experience if took opiates							
Male	9.9	19.2	13.4	14.9	12.3	20.7	14.5
Female	6.0	9.0	12.5	10.8	9.7	10.6	9.7
Total	8.1	14.3	13.0	13.0	11.1	16.0	12.3
Dangerous to take opiates once or twice							
Male	82.8	77.9	78.8	83.3	87.5	90.1	82.7
Female	79.6	85.0	83.3	93.5	91.5	91.0	86.9
Total	81.4	81.2	80.9	88.0	89.4	90.5	84.7
Dangerous to take opiates regularly							
Male	85.1	82.4	82.1	85.2	88.6	89.5	85.1
Female	82.5	87.3	87.4	90.8	94.9	91.6	88.8
Total	83.9	84.7	84.6	87.8	91.5	90.5	86.8

Table 18: Students' attitudes towards opiates in 2002 by age and gender

3.1.17 Cocaine

Use of cocaine during all recency periods is presented in Table 19 for each gender and age group. Table 19 shows that in 2002, most Western Australian students had never tried cocaine. Only 4% of all students had ever used cocaine, with lifetime experience of cocaine highest among 14-year-olds (6%). Three percent of 12- to 17-year-olds reported using cocaine in the last year, just over 1% had used the substance in the last month, and only 1% of all students had used cocaine in the last week.

From the age of 14 years, males were more likely to have ever used cocaine than females, and this difference was significant at 14-, 16- and 17-years of age. A significantly higher proportion of males had used cocaine in the last year, except at age 13, when females were more likely to have used cocaine during this period. Among 12-, 13- and 17-year-olds, females were more likely than males to have used cocaine in the last month, but between 14- and 16-years the opposite was true, with males in these age groups more likely to have used cocaine in the month before the survey. Use of cocaine in the week before the survey was generally similar among males and females, with the most noticeable difference occurring at 15-years of age (males 2.2% vs. females 0.7%).

Age		Ever	Year	Month	Week
12	Male	2.5	1.8	0.2	0.0
	Female	1.0	1.0	0.4	0.4
	Total	1.8	1.4	0.3	0.2
13	Male	1.4	0.7	0.7	0.7
	Female	2.9	2.2	1.9	1.5
	Total	2.1	1.4	1.3	1.1
14	Male	6.5	5.7	2.7	1.9
	Female	5.9	4.0	1.6	0.6
	Total	6.2	4.9	2.2	1.3
15	Male	4.4	4.1	2.2	2.2
	Female	4.1	3.1	0.9	0.7
	Total	4.3	3.6	1.6	1.5
16	Male	4.7	4.2	2.1	1.1
	Female	3.4	3.2	1.2	1.2
	Total	4.1	3.8	1.7	1.1
17	Male	6.0	2.7	1.2	0.5
	Female	3.8	2.6	1.8	1.5
	Total	5.0	2.6	1.5	1.0
12-17	Male	4.1	3.2	1.5	1.1
	Female	3.5	2.7	1.3	0.9
	Total	3.8	3.0	1.4	1.0

Table 19: Percentage of students using cocaine in 2002 by age and gender

3.1.18 Students' attitudes towards cocaine

Attitudes towards cocaine were assessed by asking students if they would take cocaine from a trusted friend; what type of experience they would expect if they took cocaine; how much danger is involved in trying cocaine once or twice; and how much danger is involved in using cocaine regularly. Attitudes to cocaine among 12- to 17-year-old males and females are presented in Table 20.

Attitudes to cocaine reported in 2002 reflected the low prevalence of use for this substance among students from all age groups. As shown in Table 20, only a small proportion of students reported that they would take cocaine from a trusted friend (5%). Willingness to take cocaine from a friend increased with age, from 2% of 12-year-olds to 9% at 17-years of age. With increasing age, students were also more likely to view taking cocaine as a positive experience, and were more likely to report the dangers of taking cocaine, either occasionally or on a regular basis.
	Age (Years)						
	12	13	14	15	16	17	12-17
Would take cocaine from a trusted friend							
Male	2.4	4.6	5.8	3.3	4.4	9.6	4.6
Female	1.4	3.6	6.2	4.7	6.3	8.4	4.8
Total	2.0	4.1	6.0	4.0	5.3	9.0	4.7
Good or really good experience if took cocaine							
Male	11.5	19.7	18.3	18.6	17.4	31.4	18.3
Female	7.5	9.9	16.1	14.1	17.3	18.5	13.4
Total	9.7	15.1	17.2	16.5	17.4	25.3	16.0
Dangerous to take cocaine once or twice							
Male	79.8	74.2	75.2	79.0	87.3	84.5	79.5
Female	79.6	82.1	79.6	88.0	89.0	88.2	84.0
Total	79.7	77.9	77.2	83.2	88.1	86.3	81.6
Dangerous to take cocaine regularly							
Male	83.9	82.6	82.8	82.8	86.9	88.9	84.2
Female	82.1	85.6	85. 9	89.5	93.3	91.0	87.5
Total	83.1	84.0	84.3	85.8	89.9	89.9	85.8

Table 20: Students' attitudes towards cocaine in 2002 by age and gender

3.1.19 Ecstasy

Use of ecstasy during all recency periods is presented in Table 21 for each gender and age group.

Table 21 shows that only 5% of students surveyed in 2002 had ever used ecstasy in their lifetime. Although use of ecstasy was not common among students in any age group, lifetime experience with ecstasy generally increased with age, peaking at 12% among 17-year-olds. Use in the past year among 12- to 17-year-olds was about 4%, and use of ecstasy during this time period also increased with age, peaking at 9% among 17-year-olds. More recent use of ecstasy was less common among students, with 2% having used it in the last month and only 1% using it in the week prior to the survey.

Between the ages of 12- and 16-years, males were more likely than females to have ever used ecstasy. However, at 17-years of age, lifetime experience of this ecstasy was significantly higher among females than males. Females in this age group were also more likely than males to have used ecstasy in the last year, and in the month prior to the survey. In contrast, use of ecstasy in the last week was more common among males than females, and this difference was significant for all age groups except at age 15.

Age		Ever	Year	Month	Week
12	Male	2.8	1.8	1.8	1.8
	Female	1.0	1.0	0.7	0.0
	Total	1.9	1.4	1.3	0.9
13	Male	2.2	2.2	2.2	1.5
	Female	2.0	2.0	1.3	0.6
	Total	2.1	2.1	1.8	1.1
14	Male	5.9	3.5	1.4	0.9
	Female	4.8	3.9	1.4	0.6
	Total	5.4	3.7	1.4	0.8
15	Male	8.4	6.0	2.7	1.3
	Female	6.9	6.1	2.7	1.1
	Total	7.7	6.0	2.7	1.2
16	Male	5.8	5.5	3.1	1.3
	Female	5.0	4.3	2.2	0.4
	Total	5.4	5.0	2.7	0.9
17	Male	10.3	8.5	3.9	2.5
	Female	13.4	9.9	4.3	1.1
	Total	11.7	9.2	4.1	1.8
12-17	Male	5.5	4.2	2.4	1.5
	Female	4.8	4.1	1.9	0.6
	Total	5.2	4.2	2.2	1.1

Table 21: Percentage of students using ecstasy in 2002 by age and gender

3.1.20 Students' attitudes towards ecstasy

Attitudes towards ecstasy were assessed by asking students if they would take ecstasy from a trusted friend; what type of experience they would expect if they took ecstasy; how much danger is involved in trying ecstasy once or twice; and how much danger is involved in taking ecstasy regularly. Attitudes towards ecstasy among 12- to 17-year-old males and females are presented in Table 22.

Table 22 shows that willingness to take ecstasy from a friend increased with age, from 3% of 12-year-olds to 20% of 17-year-olds. Furthermore, with increasing age students were more likely to expect that taking ecstasy would be a positive experience. Awareness of the dangers of taking ecstasy, either occasionally or on a regular basis, was also higher among 15- to 17-year-olds compared to younger students.

			A	ge (Yea	rs)		
	12	13	14	15	16	17	12-17
Would take ecstasy from a trusted friend							
Male	3.4	2.4	5.2	10.3	10.7	17.1	7.3
Female	1.8	3.8	7.8	13.2	13.8	23.5	9.4
Total	2.7	3.1	6.4	11.7	12.2	20.1	8.3
Good or really good experience if took ecstasy							
Male	13.4	20.3	20.2	27.2	27.1	41.5	23.2
Female	7.1	11.6	18.6	23.5	32.1	37.1	20.0
Total	10.5	16.1	19.4	25.5	29.4	39.5	21.7
Dangerous to take ecstasy once or twice							
Male	73.7	74.9	77.7	79.6	83.8	85.2	78.5
Female	78.7	79.8	82.0	89.0	90.0	86.5	84.0
Total	76.0	77.2	79.7	84.0	86.7	85.8	81.0
Dangerous to take ecstasy regularly							
Male	82.2	82.0	81.5	83.8	87.8	87.3	83.8
Female	82.3	86.2	86.4	89.5	94.3	91.0	87.9
Total	82.2	84.0	83.8	86.4	90.8	89.1	85.7

Table 22: Students' attitudes towards ecstasy in 2002 by age and gender

3.1.21 Injecting drugs

Use of any drug by injection without a doctor's prescription is presented in Table 23 for all recency periods by age and gender⁵.

Table 23 shows that few students had used needles to inject drugs, with only 4% of 12- to 17-year-olds reporting use of needles during their lifetime. Similarly, 3% of students had injected a drug during the past year, and 2% had done so in the last month. Only 1% of students had used needles to inject drugs in the week prior to the survey. Males were significantly more likely than females to have ever used any drug by injection in all age groups, except at 15-years.

⁵ Care should be taken when interpreting the following data, in particular the prevalence estimates for students aged 12- to 14-years. Placement of this question at the end of the questionnaire and not within the illegal drug section may have resulted in some confusion among younger students.

Age		Ever	Year	Month	Week
12	Male	6.7	4.7	3.9	1.5
	Female	3.1	1.9	0.6	0.2
	Total	5.1	3.5	2.4	0.9
13	Male	5.4	4.5	3.1	1.7
	Female	4.2	3.5	2.1	2.1
	Total	4.9	4.0	2.7	1.9
14	Male	4.9	3.6	3.1	2.1
	Female	2.4	1.8	0.4	0.0
	Total	3.8	2.8	1.9	1.1
15	Male	2.6	2.1	0.9	0.6
	Female	3.5	2.7	1.2	0.5
	Total	3.0	2.4	1.0	0.6
16	Male	3.8	3.3	1.9	1.3
	Female	1.9	1.4	0.0	0.0
	Total	2.9	2.4	1.0	0.7
17	Male	4.1	3.0	2.2	1.8
	Female	3.6	3.3	2.5	2.0
	Total	3.9	3.2	2.3	1.9
12-17	Male	4.7	3.6	2.6	1.5
	Female	3.1	2.4	1.0	0.7
	Total	3.9	3.0	1.9	1.1

Table 23: Percentage of students injecting drugs in 2002 by age and gender

3.1.22 Use of at least one illegal drug

This section examines the proportion of students who had used at least one of the following illegal substances within the different recency periods: cannabis, ecstasy, cocaine, inhalants, amphetamines, dexamphetamine/Ritalin, opiates, hallucinogens, steroids or tranquillisers. Use of at least one illegal drug is shown in Table 24 by age and gender.

Table 24 shows that almost half (49%) of all students in 2002 had ever used at least one illegal drug in their lifetime. Approximately 41% of 12-year-olds had tried at least one illegal drug and prevalence increased with age so that among 17-year-olds 61% had tried an illegal drug. Within the last year, 40% of 12- to 17-year-olds had tried an illegal drug, and 23% had done so within the last month. In the week before the survey, 15% of all students had used at least one illegal substance. Within most age groups, a higher proportion of males than females had used at least one illegal drug across all recency periods.

Age		Ever	Year	Month	Week
12	Male	46.7	34.0	20.5	13.8
	Female	33.0	24.1	14.5	9.1
	Total	40.6	29.5	17.8	11.7
13	Male	45.5	37.5	21.0	12.5
	Female	38.6	30.4	18.9	11.5
	Total	42.3	34.2	20.0	12.1
14	Male	45.2	38.6	24.6	18.7
	Female	46.6	37.8	23.5	13.7
	Total	45.9	38.2	24.1	16.3
15	Male	54.6	44.7	30.7	21.0
	Female	51.6	44.2	24.0	12.4
	Total	53.3	44.5	27.7	17.1
16	Male	55.8	45.2	24.0	16.3
	Female	59.1	48.1	24.1	12.9
	Total	57.4	46.6	24.0	14.7
17	Male	65.1	54.4	30.8	21.0
	Female	56.5	45.6	29.0	16.3
	Total	61.0	50.2	29.9	18.7
12-17	Male	50.8	41.1	24.7	16.8
	Female	46.5	37.5	21.7	12.3
	Total	48.8	39.4	23.3	14.7

Table 24: Use of at least one illegal drug in 2002 by age and gender

3.1.23 Use of at least one illegal drug excluding cannabis

Since the proportion of adolescents that use cannabis is relatively high, this tends to drive the statistics for use of 'any' illegal drug. For that reason, statistics were compiled for use of any illegal drug *apart from cannabis*, the results of which are presented in Table 25 by age and gender for all recency periods.

Table 25 shows that over one third of students (36%) in 2002 had used at least one illegal drug other than cannabis in their lifetime. Around 28% had used an illegal substance other than cannabis in the last year, 14% had done so in the last month and 9% within the last week. Lifetime experience of an illegal drug other than cannabis was relatively stable among the different age groups. For example, 37% of 12-year-olds, 38% of 15-year-olds, and 37% of 17-year-olds had ever used an illegal drug apart from cannabis. Among most age groups, males were more likely than females to have ever used an illegal drug other than cannabis, except at 14- and 16-years of age.

Age		Ever	Year	Month	Week
12	Male	41.5	29.6	19.1	12.7
	Female	30.8	21.9	14.3	8.9
	Total	36.7	26.2	16.9	11.0
13	Male	36.0	28.6	14.3	9.0
	Female	34.7	26.3	16.2	9.8
	Total	35.4	27.5	15.2	9.4
14	Male	33.2	25.6	14.3	11.4
	Female	38.8	30.0	15.1	9.9
	Total	35.8	27.6	14.7	10.7
15	Male	39.0	31.3	13.2	7.0
	Female	37.5	29.2	12.0	8.3
	Total	38.3	30.3	12.7	7.6
16	Male	33.4	22.6	10.3	6.4
	Female	36.5	28.8	13.2	6.8
	Total	34.9	25.5	11.7	6.6
17	Male	38.0	30.0	12.7	8.2
	Female	35.9	27.9	15.6	6.7
	Total	37.0	29.0	14.1	7.5
12-17	Male	36.8	27.8	14.2	9.3
	Female	35.7	27.3	14.4	8.6
	Total	36.3	27.6	14.3	9.0

Table 25: Use of at least one illegal drug excluding cannabis in 2002 by age and gender

3.2 Overview of student drug usage

This section examines the relative levels of use for the various substances in order to highlight the substances most commonly used by students. These comparisons focus on lifetime use of substances, as well as their use in the month prior to the survey. Lifetime use provides an indication of the extent to which students have had contact with the substance, and the extent to which they may have used the substance in the past, even though they may no longer be using the substance. Examination of use within the last month gives an indication of the recency of use and suggests current access to, and involvement with, the substance.

Figure 1 shows the proportions of students who had ever used each of the various substances for 12- to 15-year-olds, 16- to 17-year-olds, and the total sample of 12- to17-year-olds.



Figure 1: Percentage of students who had ever used any legal or illegal substance in 2002

Figure 1 shows that analgesics were the most widely used substance, with 96% of 12- to 17year-olds having used them in their lifetime. The most commonly used illegal substance was cannabis, and lifetime experience with this substance increased with age, with a quarter of 12- to 15-year-olds having ever used the substance, compared to nearly half (49%) of 16- to 17-year-olds. Inhalants were the next most commonly used substance and lifetime use of these substances decreased with age. Tranquillisers were the next most commonly used substance, and again usage increased with age. In 2002, 12- to 15-year-olds were less likely to report experience with amphetamines, hallucinogens and ecstasy, compared to 16- to 17year-olds. Amphetamines had been tried by 10% of 12- to 15-year-olds and this figure increased to 20% among 16- to 17-year-olds. Hallucinogens were used by 6% of 12- to 17year-olds, while only 5% of 12- to-17 year-olds had ever used ecstasy. Experience with opiates, cocaine and steroids was rare across all age groups.

Figure 2 shows the proportion of students in the three age groups who had used any of the legal and illegal substances in the month prior to the survey. This pattern of more recent substance use was similar to that of lifetime use seen in Figure 1. Analgesics had been used by 72% of all students in the last month, and cannabis was the most widely used illegal substance in the month prior to the survey. Approximately 14% of 12- to 15-year-olds had used cannabis in the previous month, and this substance was used by 22% of 16- to 17-year-olds during this time period. Inhalants were the next most commonly used substance and once again use of these substances within the last month was more common among 12-to 15-year-olds compared to older students. Recent use of amphetamines increased with age, with about 8% of 16- to 17-year-olds using these substances in the month before the survey. Recent use of other illegal substances was less common across all age groups.



Figure 2: Percentage of students who had used any legal or illegal substance in the last month, 2002

3.3 Poly-substance use

In response to a specific question, students who had used cannabis, amphetamines, ecstasy and hallucinogens in the previous year were asked to indicate any other substances they had used **on the same occasion** that they used 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 selected from a list of seven substances, or could indicate other substances that were not listed. Alternatively, students could select the response 'I did not use any other substance on the same occasion'. Presented in Table 26, for 12- to 17-year-olds, is the proportion of students who had used any other substance on the same occasion that they had used cannabis, amphetamines, hallucinogens and ecstasy in the last year.

Table 26 shows that alcohol and tobacco were the substances most commonly used in conjunction with cannabis, amphetamines, hallucinogens or ecstasy. Cannabis was also highly likely to be used at the same time as amphetamines, hallucinogens or ecstasy. Around one quarter of students who had used cannabis, amphetamines, hallucinogens or ecstasy in the past year did not use any other substance at the same time.

Substance used on same	Substance used in the last 12 months							
occasion (%)	Cannabis	Amphetamines	Hallucinogens	Ecstasy				
Alcohol	61.7	52.5	43.7	49.5				
Tobacco	35.9	35.2	37.5	40.4				
Cannabis	N/A	44.6	35.4	48.6				
Hallucinogens	5.0	4.7	N/A	5.0				
Amphetamines	14.8	N/A	9.6	19.9				
Ecstasy	7.1	11.3	13.5	N/A				
Analgesics	7.4	5.7	5.0	5.3				
Sedatives	1.7	2.8	3.2	2.5				
No other substance used	28.9	29.9	30.3	23.8				
Other	0.5	2.0	1.7	4.7				

Table 26:	Percentage of students who	had used any other su	bstance on the s	same occasion	that
	they had used cannabis, am	phetamines, hallucinog	gens and ecstasy	/ – for the last y	year.

Note: N/A = not applicable

4. LESSONS ABOUT SUBSTANCE USE IN THE PREVIOUS SCHOOL YEAR

Students were asked whether they had any lessons, or parts of lessons, about illegal drugs during the previous school year (2001). Student responses were combined for those who had at least part of a lesson or more, and are presented in Table 27 by age and gender.

At least part of a lesson Age (Years)							
on illegal drugs %	12	13	14	15	16	17	12-17
Male	69.8	76.6	86.9	90.1	84.2	67.5	80.1
Female	65.4	76.6	84.8	95.4	89.6	74.8	81.4
Total	67.8	76.6	85.9	92.5	86.7	71.0	80.7

Table 27: Recall of lessons about illegal drugs at school during 2001 by age and gender

Table 27 shows that the majority of 12- to 17-year-olds (81%) recalled having at least part of a lesson about illegal drugs in the year before the 2002 survey. Recall of lessons about drugs increased with age up to 15 years. This finding suggests that schools in the 2002 survey were most likely to include lessons about illegal substances in the curriculum of students in Years 8, 9 and 10. At 12- and 14-years of age, males were more likely than females to report having at least part of a lesson about illegal drugs within the last year. However, from the age of 15-years females were more likely than males to recall having these lessons in 2001.

5. TRENDS IN SUBSTANCE USE BETWEEN 1996 AND 2002

This section examines changes between 1996 and 2002 in the use of illegal substances by two groups of Western Australian school students: those aged 12- to 15-years and those aged between 16- and 17-years. As discussed earlier in Section 1.4, these age groupings are used as the proportion of students staying in school until Year 12 has changed over the years. Therefore, to account for these variations in school retention rates across survey years, 12- to 15-year-olds and 16- to 17-year-olds are examined separately. Results for 12-to 17-year-old students can be seen in Appendix II which contains prevalence tables for all age groupings in all recency periods from 1996 to 2002 and includes significant shifts.

Changes in substance use over time among 12- to 15-year-olds and 16- to 17-year-olds are presented and discussed in this section for the recency categories of ever used in lifetime and used in the last month. As mentioned earlier, these time periods indicate the extent to which students have had any contact with a particular substance, and the extent to which students have current access to, and involvement with, the substance. Use in the past week was also examined for analgesics, tranquillisers and cannabis, which were the most commonly used substances across years. Trends in attitudes towards cannabis have also been examined and presented in order to investigate if the significant decrease in use seen in 2002 was associated with changes in attitudes towards cannabis. The significance of differences within recency periods was tested using logistic regressions that controlled for the effects of age and school type. When data for males and females were combined, the effects of sex were also controlled.

5.1 Trends in substance use among 12- to 15- and 16- to 17-yearolds

5.1.1 Trends in the use of analgesics 1996-2002

Table 28 presents changes between 1996 and 2002 in the proportion of students who had used analgesics in their lifetime, within the last month and in the last week. Regression analyses showed no significant changes over time in the proportion of 16- to 17-year-old students who had ever used analgesics in their lifetime. Among all 12- to 15-year-olds, lifetime use of analgesics reported in 2002 was only significantly lower than the levels reported in 1996, and this finding was true for younger females. Use of analgesics within the last month was significantly lower among 16- to 17-year-old males in 2002 (66%) than in 1999 (73%). More recent use of analgesics in the week prior to the survey was significantly lower among 12- to 15-year-old females in 2002 (44%) compared to both 1999 (50%) and 1996 (48%). These findings suggest that there has been little change in the prevalence of analgesic use among Western Australian students between 1996 and 2002.

ANALGESICS		12- 1	15 Year (Olds	16-1	16-17 Year Olds		
	Gender	1996	1999	2002	1996	1999	2002	
Lifetime	Male	95.8	94.8	94.3	97.5	98.0	97.4	
	Female	98.4*	97.0	96.6	98.7	98.6	98.1	
	Total	97.1*	95.9	95.4	98.1	98.3	97.7	
Month	Male	66.2	66.6	68.2	60.0	73.0*	66.5	
	Female	76.7	77.5	75.6	81.7	81.3	81.2	
	Total	71.3	72.0	71.6	71.3	77.3	73.4	
Week	Male	37.2	39.2	41.1	32.5	42.2	37.4	
	Female	48.1*	49.9*	43.9	50.3	50.9	53.9	
	Total	42.5	44.5	42.4	41.7	46.7	45.2	

 Table 28:
 Trends in the use of analgesics among 12- to 15- and 16- to 17-year-olds 1996-2002

* Denotes significantly different from 2002 estimate at p<0.05

5.1.2 Trends in the use of tranquillisers 1996-2002

Changes between 1996 and 2002 in the proportion of students who had used tranquillisers in their lifetime, within the last month and in the last week are presented in Table 29.

TRANQUILLISERS		12-1	15 Year (Olds	16- 1	16-17 Year Olds		
	Gender	1996	1999	2002	1996	1999	2002	
Lifetime	Male	18.5	20.1*	16.9	18.4	25.0*	17.4	
	Female	19.4	19.9	17.8	26.3*	24.0	20.6	
	Total	18.9	20.0*	17.3	22.5	24.5*	18.9	
Month	Male	4.6	5.4	4.1	4.7	7.5*	3.4	
	Female	4.6	6.1	4.8	6.3	6.0	6.4	
	Total	4.6	5.7*	4.4	5.6	6.7	4.8	
Week	Male	2.7	3.2	2.8	2.2	4.8*	2.4	
	Female	2.1	3.4	3.3	3.5	4.1	3.1	
	Total	2.4	3.3	3.1	2.9	4.4*	2.7	

Table 29: Trends in the use of tranquillisers among 12- to 15- and 16- to 17-year-olds 1996-2002

* Denotes significantly different from 2002 estimate at p<0.05

Regression analyses showed that significantly fewer 16- to 17-year-olds reported lifetime experience with tranquillisers in 2002 (19%) than in 1999 (24%). Nonetheless, this change was significant only for males in the older age group, with females showing no change since 1999 but a significant decrease since 1996. Fewer students in the younger age groups reported lifetime use of tranquillisers in 2002 (17%) compared to 1999 (20%), but again this was only true for males. The use of tranquillisers among 12- to 15-year-olds in the month before the survey was significantly lower in 2002 (4%) compared with 1999 (6%) and among males aged 16- to 17-years (3% in 2002 vs. 8% in 1999). While there was no change over time in the proportion of younger students using tranquillisers within the last week, a small but significant reduction in recent use was found for 16- to 17-year-olds between 1999 (4%) and 2002 (3%) which was significant only for males in the older age group.

5.1.3 Trends in the use of cannabis 1996-2002

Table 30 presents changes between 1996 and 2002 in the proportion of students who had used cannabis in their lifetime, in the last month and in the last week.

CANNABIS			12- 1	15 Year (Olds	16-17 Year Olds			
		Gender	1996	1999	2002	1996	1999	2002	
	Lifetime	Male	37.4*	33.6*	27.8	64.8*	62.7*	50.7	
		Female	29.8*	31.2*	21.7	62.0*	55.5*	47.3	
		Total	33.7*	32.4*	25.0	63.4*	59.0*	49.1	
	Month	Male	23.9*	19.5*	15.7	40.8*	34.8*	22.8	
		Female	16.1*	16.8*	11.0	35.0*	23.3	21.4	
		Total	20.1*	18.2*	13.5	37.8*	28.9*	22.1	
	Week	Male	16.6*	13.7*	10.1	30.9*	21.0*	15.2	
		Female	9.5*	9.8*	5.4	21.6*	12.5	10.4	
		Total	13.1*	11.8*	7.9	26.0*	16.7*	13.0	

* Denotes significantly different from 2002 estimate at p<0.05

Regression analyses showed that significantly fewer students had used cannabis in each of the recency periods in 2002 compared to both 1999 and 1996. Among 12- to 15-year-olds, lifetime use of cannabis showed a decline from 34% of students in 1996, to 32% in 1999 and 25% in 2002. This significant decline in lifetime experience with cannabis was true for both males and females in the younger age group. Similarly, lifetime cannabis use declined among 16- to 17-year-olds from 63% in 1996 to 59% in 1999, and then showed a dramatic decline to 49% in 2002. As with the younger students, significant decreases in lifetime experience with cannabis were found over time for both males and females in the 16- to 17-year age group.

Use of cannabis in the month before the survey also decreased significantly across time among 12- to 15-year old students. The proportion of younger students using cannabis within the last month declined from 20% in 1996 to 18% in 1999, and was lower again in 2002 (14%). This decline in use of cannabis in the last month was true for both males and females in the 12- to 15-year age group. Among 16- to 17-year-olds, cannabis use within the last month also declined over time from 38% in 1996 to 29% in 1999, and was reduced further to 22% in 2002. However, this pattern of reduced use in the month before the survey was only true for 16- to 17-year-old males. While the proportion of older females who had used cannabis in the last month was significantly lower in 2002 (21%) than in 1996 (35%), use in the last month was at a similar level in 1999 (23%) to that reported in 2002.

As reported for the other recency periods, significant reductions over time were found across age groups for cannabis use in the week before the survey. Among 12- to 15-year-olds, use within the last week declined from 13% in 1996 to 12% in 1999, and was reduced further to 8% of students in 2002. This reduction in recent use of cannabis was true for both males and females in the younger age group. Among 16- to 17-year-olds, use of cannabis declined from 26% of students in 1996 to 17% in 1999 and 13% in 2002. While this decline in recent consumption was true for older males, cannabis use within the last week reported in 2002 by 16- to 17-year-old females (10%) was only significantly different to 1996 (22%), with no significant change found between 1999 (13%) and 2002.

5.1.4 Trends in attitudes towards cannabis 1996-2002

In light of the significant reduction over time for cannabis use within all recency periods, attitudes towards cannabis were also examined in order to investigate if this decreased use was associated with changes in attitudes towards cannabis. Table 31 presents changes in attitudes towards cannabis among 12- to 15-year-olds and 16- to 17-year-olds between 1996 and 2002.

Analysis of students' attitudes towards cannabis revealed that those surveyed in 2002 were generally more negative towards cannabis than in previous years. In 2002, both 12- to 15- and 16- to 17-year-olds were less likely to report that they would take cannabis from a friend compared to 1999 and 1996. Furthermore, across all age groups students were less likely to view taking cannabis as a positive experience in 2002 compared to 1999 and 1996.

In 2002, students from both age groups were also more likely to view occasional use of cannabis as dangerous compared with the other two survey years. In addition, 12- to 15-year-olds were more likely to view regular use of cannabis as dangerous in 2002 than they were in 1999 and 1996. While 16- to 17-year-olds were more likely to view regular cannabis use as dangerous in 2002 compared with 1996, there was no significant change in attitudes towards regular use among older students between 1999 and 2002. Finally, students from both age groups were more likely to be concerned about their friends using cannabis in 2002 than they were in 1999 and 1996.

		12-	15 Year C	lds	16-1	17 Year (Olds
	Gender	1996	1999	2002	1996	1999	2002
Would take cannabis	from a trus	sted friend	d				
	Male	36.4*	28.5*	23.9	55.2*	49.9*	40.7
	Female	30.4*	29.1*	22.4	56.4*	46.7	43.5
	Total	33.5*	28.8*	23.2	55.8*	48.3*	42.0
Good or really good	experience	if took ca	nnabis				
	Male	50.7*	46.8	44.1	75.0*	72.4*	64.9
	Female	42.9*	41.6*	31.4	73.1*	64.1	60.1
	Total	46.9*	44.2*	38.2	74.0*	68.2*	62.6
Dangerous to take ca	annabis ond	ce or twic	е				
	Male	62.8*	68.4	70.5	52.7*	51.7*	66.6
	Female	69.5*	72.3*	76.8	58.0	67.1	64.3
	Total	66.1*	70.3*	73.4	55.4*	59.5*	65.5
Dangerous to take ca	annabis reg	ularly					
	Male	76.4*	78.4	80.5	71.2*	76.3	79.7
	Female	83.0	79.9*	84.7	78.6*	85.6	85.8
	Total	79.7*	79.1*	82.4	75.0*	81.1	82.5
Concerned if friends	used canna	abis					
	Male	56.8*	63.6*	68.4	39.2*	44.7*	58.0
	Female	70.4*	76.6*	80.8	50.1*	64.1*	71.4
	Total	63.4*	70.0*	74.1	44.8*	54.7*	64.3

Table 31: Trends in students' attitudes towards cannabis 1996- 2002.

* Denotes significantly different from 2002 estimate at p<0.05

5.1.5 Trends in the use of inhalants 1996-2002

Table 32 shows changes between 1996 and 2002 in the proportion of students using inhalants during their lifetime and within the last month.

INHALANTS			12-1	5 Year (Olds	16- 1	16-17 Year Olds			
		Gender	1996	1999	2002	1996	1999	2002		
	Lifetime	Male	25.5*	21.6	20.2	16.8*	14.0	11.9		
		Female	24.9	24.4	21.3	17.0*	11.5	11.0		
		Total	25.2*	22.9	20.7	16.9*	12.7	11.5		
	Month	Male	11.5*	9.9	8.3	4.6	4.8	3.2		
		Female	9.1	9.7	9.2	3.1	1.8	3.3		
		Total	10.3	9.8	8.7	3.8	3.3	3.2		

Table 32: Trends in the use of inhalants among 12- to 15- and 16- to 17-year-olds 1996-2002

* Denotes significantly different from 2002 estimate at p<0.05

Regression analyses showed that prevalence levels for lifetime use of inhalants were similar in 2002 to those found in 1999. While lifetime use of inhalants by 12- to 15-year olds was significantly lower in 2002 (21%) compared with 1996 (25%), the level of lifetime use reported in 2002 was similar to that found in 1999 (23%). Furthermore, this reduction in lifetime use of inhalants since 1996 was only true for males in the younger age group. Lifetime use of inhalants among 16- to 17-year-olds was also significantly lower in 2002 (12%) compared with 1996 (17%), but had changed little since 1999 (13%), and this finding was true for both males and females in the older age groups.

While use of inhalants in the last month did not change significantly over time among 12- to 15-year-olds in general, or among younger females, use in the last month among males in this age group was significantly lower in 2002 (8%) than in 1996 (12%). No significant changes over time were found among 16- to 17- year-old males and females for use of inhalants in the last month.

5.1.6 Trends in the use of hallucinogens 1996-2002

Table 33 presents changes between 1996 and 2002 in the proportion of students who had used hallucinogens in their lifetime and within the last month. Regression analyses showed that in 2002 there was a significant decrease in the proportion of 12- to 15-year-olds reporting that they had ever used hallucinogens. While between 8% and 9% of students from the 1996 and 1999 surveys had ever used these substances, this was reduced significantly to 5% of younger students in 2002. Similarly, older students were significantly less likely to have ever used hallucinogens in 2002 than in the other two survey years. While 22% of 16-to 17-year-olds had ever used hallucinogens in 1996, this decreased to 17% in 1999 and declined dramatically in 2002 to only 8% of students in the older age group. These decreases in lifetime experience with hallucinogens were significant for males and females across both age groupings.

HALLUCINOGENS		12-	15 Year (Olds	16-17 Year Olds			
	Gender	1996	1999	2002	1996	1999	2002	
Lifetime	Male	9.6*	8.6*	6.2	23.2*	20.2*	9.9	
	Female	7.1*	8.6*	3.3	21.4*	13.0*	5.6	
	Total	8.4*	8.6*	4.9	22.2*	16.5*	7.9	
Month	Male	4.1*	3.6	2.3	10.3*	7.7*	2.6	
	Female	2.5*	2.2	1.2	7.1*	2.9	1.3	
	Total	3.3*	2.9*	1.8	8.6*	5.2*	2.0	

Table 33: Trends in the use of hallucinogens among 12- to 15- and 16- to 17-year olds 1996-2002

* Denotes significantly different from 2002 estimate at p<0.05

More recent use of hallucinogens in the month before the survey also decreased significantly across both age groupings between 1996 and 2002 (Table 32). Among 12- to 15-year-olds, there was a small but significant decrease in use of hallucinogens during the last month from around 3% of students in 1996 and 1999 to approximately 2% in 2002. A larger decrease in use within the last month was found among 16- to 17-year-olds, with prevalence declining from 9% in 1996 to 5% in 1999, and then declining further to only 2% of older students in 2002. This large decline was due mostly to males, with females experiencing a similar decline in use between 1996 and 1999.

5.1.7 Trends in the use of amphetamines 1996-2002

Table 34 presents changes between 1996 and 2002 in the proportion of students who had used amphetamines in their lifetime and within the last month.

AMPHETAMINES		12-1	15 Year (Olds	16 -1	16-17 Year Olds		
	Gender	1996	1999	2002	1996	1999	2002	
Lifetime	Male	6.3*	13.0	11.0	11.2*	24.8*	17.8	
	Female	5.3*	10.9	9.8	9.9*	21.3	21.7	
	Total	5.8*	12.0	10.4	10.5*	23.0	19.6	
Month	Male	2.6*	6.8	4.9	5.0	10.5	7.1	
	Female	1.9*	4.9	4.6	1.5*	7.3	8.7	
	Total	2.2*	5.9	4.7	3.2*	8.8	7.8	

Table 34: Trends in the use of amphetamines among 12- to 15- and 16- to 17-year-olds 1996-2002

* Denotes significantly different from 2002 estimate at p<0.05

Regression analyses showed that there was little change in lifetime and monthly use of amphetamines between 1999 and 2002, for both males and females in the younger age group. There was however, a significant difference observed between 1996 and 2002, due to the large increase in use found in 1999. In 1996, 6% of 12- to 15-year-olds reported lifetime amphetamine use which doubled in 1999 to 12%. In 2002, 10% of 12- to 15-year-olds reported lifetime amphetamine use. Similar findings were observed among 16- to 17-year-old students, however, lifetime use of amphetamines among 16- to 17-year-old males was significantly lower in 2002 (18%) compared to 1999 (25%) but remained higher than use in 1996 (11%).

A similar pattern was found in both age groups for use of amphetamines within the last month. Among 12- to 15-year-olds, use in the last month was lower in 2002 (5%) compared

to 1999 (6%), but still remained higher than that found in 1996 (2%). This finding of no significant change in recent use between 1999 and 2002 was true for both males and females in the 12- to 15-year age group. A similar pattern was found among 16- to 17-year-olds, with use in the last month comparable in 2002 (8%) and 1999 (9%), both of which were significantly higher than 1996 (3%).

5.1.8 Trends in the use of steroids 1996-2002

Table 35 shows changes between 1996 and 2002 in the proportion of students using steroids during their lifetime and within the last month.

Regression analyses showed that among 12- to 15-year-olds, lifetime use of steroids was higher in 2002 (3%) than in 1996 (2%), but had changed little since 1999 (4%). This finding was true for younger females but among 12- to 15-year-old males, lifetime use of steroids has decreased significantly from 1999 (5%) to 2002 (3%) which is similar to levels reported in 1996 (2%).

STEROIDS			12-1	5 Year C	Olds	16-17 Year Olds				
		Gender	1996	1999	2002	1996	1999	2002		
	Lifetime	Male	2.5	5.3*	3.3	1.5	4.7	3.2		
		Female	0.9*	2.9	3.0	0.3	0.5	1.2		
		Total	1.7*	4.2	3.2	0.9	2.6	2.2		
	Month	Male	1.1	2.0	1.3	1.0	2.5	1.7		
		Female	0.3*	1.3	1.4	0.1	0.2	0.7		
		Total	0.7*	1.6	1.4	0.5	1.3	1.2		

Table 35:	Trends in the use of	steroids among	12- to 15	- and 16- to	o 17-vear-olds	1996-2002
		Storolas among			0 17 jour oras	

* Denotes significantly different from 2002 estimate at p<0.05

Among 16- to 17-year-olds, lifetime use of steroids did not change significantly across survey years, nor was there any change in older students' use of steroids within the last month. Furthermore, while use in the last month among 12- to 15-year-olds between 1996 and 2002 had doubled, the level of use reported by this age group in 2002 was similar to that found in 1999. The change in prevalence of use in the last month between 1996 and 2002 occurred mainly among younger females, with no significant change over time for recent use of steroids among 12- to 15-year-old males.

5.1.9 Trends in the use of opiates 1996-2002

Table 36 shows changes between 1996 and 2002 in the proportion of students using opiates during their lifetime and within the last month.

OPIATES			12-1	5 Year	Olds	16-17 Year Olds		
		Gender	1996	1999	2002	1996	1999	2002
	Lifetime	Male	4.2	4.9*	3.1	4.4	7.3*	3.0
		Female	3.6	3.6	2.9	3.7	2.9	2.6
		Total	3.9	4.3*	3.0	4.1	5.0*	2.8
	Month	Male	1.3	2.5	1.4	1.0	3.9*	1.1
		Female	0.6	1.4	0.7	1.1	1.0	0.6
		Total	1.0	1.9*	1.1	1.1	2.4*	0.9

Table 36: Trends in the use of opiates among 12- to 15- and 16- to 17- year olds 1996-2002

* Denotes significantly different from 2002 estimate at p<0.05

Regression analyses found small but significant changes in lifetime opiate use between 1999 and 2002 among both age groups. Students aged 12- to 15-years and 16- to 17-years were significantly less likely to have ever used opiates in 2002 compared with 1999, but this finding was only significant for males.

Use of opiates within the last month was significantly lower among all 12- to 15-year-olds in 2002 (1%) compared with 1999 (2%), but there were no significant shifts within each gender. While opiate use among older students within the last month was also significantly lower in 2002 (1%) than in 1999 (2%), this change occurred mainly among 16- to 17-year-old males.

5.1.10 Trends in the use of cocaine 1996-2002

Table 37 shows changes between 1996 and 2002 in the proportion of students using cocaine during their lifetime and within the last month.

COCAINE			12-1	5 Year	Olds	16-17 Year Olds			
		Gender	1996	1999	2002	1996	1999	2002	
	Lifetime	Male	3.6	5.1	3.7	4.6	6.3	5.2	
		Female	3.2	3.6	3.5	3.2	2.3	3.6	
		Total	3.4	4.4	3.6	3.9	4.2	4.4	
	Month	Male	1.5	2.2	1.4	0.7	3.3	1.8	
		Female	1.4	1.3	1.2	0.4	0.6	1.4	
		Total	1.5	1.8	1.3	0.5	1.9	1.6	
*		~ . ~	~~~~		0.05				

Table 37: Trends in the use of cocaine among 12- to 15- and 16- to 17-year-olds 1996-2002

⁶ Denotes significantly different from 2002 estimate at p<0.05

Regression analyses found no change over time in the number of students from both age groupings using cocaine in their lifetime and within the last month. Between 1996 and 2002, lifetime use of cocaine remained at around 3% to 4% of both younger and older students. Similarly, cocaine use within the last month remained at less than 2% of students in both age groupings across the three survey years.

5.1.11 Trends in the use of ecstasy 1996-2002

Table 38 presents changes between 1996 and 2002 in the proportion of students using ecstasy in their lifetime and within the last month.

ECSTASV			12-1	15 Year (Olds	16-17 Year Olds		
ECSTAST		Gender	1996	1999	2002	1996	1999	2002
	Lifetime	Male	3.9	5.8	4.8	7.6	13.4*	7.4
		Female	3.2	5.1	3.7	6.7	8.5	8.0
		Total	3.5	5.5	4.3	7.2	10.9*	7.7
	Month	Male	1.5	2.9	2.0	3.4	6.4*	3.4
		Female	1.1	1.6	1.6	0.8*	3.7	2.9
		Total	1.3	2.3	1.8	2.0	5.0*	3.2

Table 38: Trends in the use of ecstasy among 12- to 15- and 16- to 17-year-olds 1996-2002

* Denotes significantly different from 2002 estimate at p<0.05

Regression analyses showed no significant change over time in the use of ecstasy among 12- to 15-year-old males and females within both recency periods. Among 16- to 17-year-olds, lifetime use of ecstasy declined significantly between 1999 (11%) and 2002 (8%) to reach levels similar to 1996 (7%), but this change was significant only for males in this age group. Lifetime use of ecstasy among 16- to 17-year-old females did not change significantly between 1996 and 2002. Use of ecstasy within the last month decreased significantly among 16- to 17-year-olds between 1999 (5%) and 2002 (3%), again reaching levels consistent with 1996 (2%). Older males were half as likely to have used ecstasy in the last month in 2002 (3%) compared with 1999 (6%). There had been no further change in ecstasy use in the last month among 16 to 17 year females between 1999 and 2002.

5.1.12 Trends in the use of needles to inject drugs 1996-2002

Table 39 shows changes between 1996 and 2002 in the proportion of students using needles to inject drugs during their lifetime and within the last month.

NEEDLES			12-1	5 Year	Olds	16-1	16-17 Year Olds			
		Gender	1996	1999	2002	1996	1999	2002		
	Lifetime	Male	7.1*	7.0*	4.9	4.3	7.1*	3.9		
		Female	4.6	5.6*	3.3	2.7	2.6	2.5		
		Total	5.9*	6.3*	4.2	3.4	4.8	3.2		
	Month	Male	3.0	3.0	2.8	2.2	4.5*	2.0		
		Female	1.4	2.7*	1.1	0.8	0.4	0.9		
		Total	2.2	2.9*	2.0	1.5	2.4	1.5		

Table 39: Trends in the use of needles to inject drugs among 12- to 15- and16- to 17-year olds 1996-2002

* Denotes significantly different from 2002 estimate at p<0.05

Regression analyses found significant reductions in the number of students reporting lifetime needle use between 1996 and 2002, but this change occurred mainly among 12- to 15-year-olds. Significantly fewer of the younger students had ever used needles in 2002 (4%) compared with both 1999 and 1996 (6% of students in both years). Among 12- to 15-year-old males, reported lifetime needle use was lower in 2002 than in both other survey years, while lifetime use by younger females in 2002 was significantly lower than that reported in 1999 but similar to 1996 levels. Students aged 12- to 15-years were significantly less likely to have used needles within the last month in 2002 (2%) compared with 1999 (3%), but this change occurred mainly among younger females.

Among older students, males were significantly less likely to report lifetime needle use and needle use in the last month in 2002 than in 1999.

5.1.13 Trends in the use of at least one illegal substance 1996-2002

Table 40 shows changes between 1996 and 2002 in the proportion of students using at least one illegal drug (one of cannabis, ecstasy, cocaine, inhalants, amphetamines, opiates, dexamphetamine/Ritalin, hallucinogens, steroids, or tranquillisers) in their lifetime and in the month before the survey.

AT LEAST 1		12-1	5 Year C	Olds	16-1	16-17 Year Olds			
ILLEGAL DRUG	Gender	1996	1999	2002	1996	1999	2002		
Lifetime	Male	55.7*	51.5	47.9	70.8*	72.7*	59.1		
	Female	48.9*	49.5*	42.3	69.1*	63.4*	58.2		
	Total	52.4*	50.5*	45.4	70.0*	68.0*	58.7		
Month	Male	32.8*	28.1*	24.1	43.6*	39.1*	26.4		
	Female	23.6	25.6*	20.2	39.6*	28.2	25.8		
	Total	28.4*	26.9*	22.3	41.5*	33.5*	26.1		

Table 40:Trends in the use of any illegal substance among 12- to 15- and
16- to 17-year-old students 1996-2002

* Denotes significantly different from 2002 estimate at p<0.05

Regression analyses showed that lifetime use of at least one illegal drug decreased significantly over time among students in both age groupings. Fewer 12- to 15-year-olds had ever used at least one illegal drug in 2002 (45%) compared with 1999 (50%) and 1996 (52%), and this finding was also true for younger females. Although lifetime use of at least one illegal drug was significantly lower among 12- to 15-year-old males in 2002 (48%) compared with 1996 (56%), lifetime use had not changed significantly among younger males since 1999 (52%). Among 16- to 17-year-olds, lifetime use of at least one illegal drug was significantly lower in 2002 (59%) compared with both 1999 (68%) and 1996 (70%), and this was true for both males and females in the older age groups.

Use of at least one illegal drug within the last month was significantly lower among 12- to 15year-olds in 2002 (22%) than in both 1999 (27%) and 1996 (28%), and this was true for males in this age group. Among younger females, however, use within the last month was significantly lower in 2002 (20%) than in 1999 (26%), but the 2002 prevalence level among 12- to 15-year-old females was similar to that found in 1996 (24%). Fewer 16- to 17-yearolds had used at least one illegal drug within the last month in 2002 (26%) compared to both 1999 (34%) and 1996 (42%), and this was true for older males. However, use within the last month among older females in 2002 was significantly different only to 1996, and was at a similar level to that reported in 1999.

5.1.14 Trends in the use of at least one illegal drug <u>excluding cannabis</u> 1996-2002

Table 41 shows changes between 1996 and 2002 in the proportion of students using any illegal substance **other than cannabis** (one of ecstasy, cocaine, inhalants, amphetamines, opiates, dexamphetamine/Ritalin, hallucinogens, steroids, or tranquillisers) in their lifetime and in the month prior to the survey.

AT LEAST 1		12-15 Year Olds			16-17 Year Olds		
ILLEGAL DRUG EXCLUDING CANNABIS	Gender	1996	1999	2002	1996	1999	2002
Lifetime	Male Female	40.0 38 7	39.3 39.5*	37.4 35.4	39.7 45 5*	48.0* 40.8	35.0 36.3
	Total	39.4	39.4	36.5	42.7*	44.3*	35.6
Month	Male	17.5	18.6*	15.3	17.3*	19.3*	11.1
	Female	13.9	16.9	14.5	14.8	12.5	14.1
	Total	15.8	17.7*	14.9	16.0*	15.8*	12.5

Table 41:	Trends in the use of any illegal substance excluding cannabis among
	12- to 15- and 16- to 17-year-old students 1996-2002

* Denotes significantly different from 2002 estimate at p<0.05

Regression analyses showed little change between 1996 and 2002 in lifetime use of amphetamines among 12- to 15-year-olds. The only significant change occurred among females in the younger age group, who were less likely to have used drugs other than cannabis in 2002 than they were in 1999. Among 16- to 17-year-olds, lifetime use of drugs other than cannabis was significantly lower in 2002 (36%) compared with both 1999 (44%) and 1996 (43%). Fewer older males had ever used illegal drugs other than cannabis in 2002 (35%) compared with 1999 (48%), but lifetime use among 16- to 17-year-old females in 2002 (36%) was only significantly different to that reported in 1996 (46%).

Use of illegal drugs other than cannabis in the month before the survey was significantly lower among 12- to 15-year-olds in 2002 (15%) than in 1999 (18%). However, this decline was true only for younger males, with no significant change found over time for use in the last month among 12- to 15-year-old females. Fewer 16- to 17-year-olds had used illegal drugs other than cannabis within the last month in 2002 (12%) compared to both 1999 and 1996 (16% in both years). While this finding was true for older males, 16- to 17-year-old females were as likely to have used these substances during the last month in 2002 as they were in other survey years.

6. **REFERENCES**

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Appendix I: 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.

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STATE 4	SCHOOL	ID	PCODE	LEVEL	CAMPUS
PATTERN	SCHSEX	STRATA	TEACH	DAY	SES
ORDER1	INITIALS		DATE	MONTH	YEAR 2002



- 5. What is your date of birth? ____/ ___/ 19 ____/
- 6. During a normal week, how much money do you have available to spend on yourself (from pocket money, part-time job)?



7. At school work, do you consider yourself:



10. What is the main language spoken at home? Tick only one box.



THE NEXT FEW QUESTIONS ARE ABOUT DRINKING <u>ALCOHOL</u> - BEER, WINE, WINE COOLERS, ALCOHOLIC SODAS, SPIRITS, LIQUEURS, ALCOHOLIC APPLE CIDER, SHERRY OR PORT.

11. At the present time, do you consider yourself:



- Yes, I have had more than 10 alcoholic drinks in my life
- 13. Have you had an alcoholic drink in the last **twelve months**?



No No

4

12.

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



No

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

Put a tick near **yesterday.** Then in the space provided, write the number of alcoholic drinks you had yesterday. If you didn't have any alcoholic drinks, put in '0'. Start filling in the spaces beginning with yesterday, and follow the arrows.

Answer for every day of the week.

Write the number of alcoholic drinks you had each day in the circle.

Put '0' for each day you didn't drink any alcoholic drinks.



16. What alcoholic drink do you usually have?

Tick the box near the drink you **usually** have. If that drink is not listed here, tick the box next to "Other" and write the name of the drink in the space provided.

01	Ordinary beer
02	Low alcohol beer
03	Wine
04	Wine Cooler (eg West Coast Coolers)
05	Champagne or sparkling wine (eg Spumante, Passion Pop)
06	Alcoholic Apple Cider (eg Strongbow)
07	Alcoholic Sodas (eg Two Dogs)
08	Premixed spirits (eg Bacardi Breezer, Lemon Ruski, UDL Drinks, Sub Zero)
09	Spirits (eg rum, brandy, whisky, gin, vodka)
10	Liqueurs (eg Tia Maria, Kahlua, Midori, etc)
**	Other (specify)

You should have ticked only one box.

17. Where, or from whom, **did you get** your **last** alcoholic drink? *Fill in the space beside "Other" if you can't find your answer.*

Tick only **one** box.

l didn't buy it	<u>OR</u>	l bought it
01 My parent(s) gave it to me		51 🗖 At a hotel, pub, bar, tavern, RSL Club
02 My brother or sister gave it to me	9	52 At a licensed liquor store or supermarket
03 I took it from home without my parent(s) permission		53 At a walk-in bottle-shop at a pub or hotel
04 Friends gave it to me		54 At a drive-in bottle-shop
05 I got someone to buy it for me		55 At a restaurant
** Other (specify)		$_{56}$ At a dance venue/dance party
		57 At a nightclub
		$_{58}$ At a sporting event
		59 At a sports club (eg Leagues, surfing, football)
		60 Through the Internet
		61 By phone, fax, mail order
		** Other (specify)

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

18. Where did you drink your last alcoholic drink?Fill in the space beside "Other" if you can't find your answer.

Tick only **one** box.

I drank it

- 01 At a beach, park or recreation area
- 02 At a hotel, pub, bar, tavern or RSL club
- 03 At a dance venue/dance party
- 04 At a nightclub
- 05 At a party
- 06 At a restaurant
- 07 At a sporting event
- 08 At a sports club (eg Leagues, surfing, football)
- 09 On school grounds during school hours
- 10 On school grounds after hours
- 11 At my home
- 12 At my friend's home
- 13 In a car
 - J Other (specify)_

You should have ticked only one box.

- 19. Think back over the last **two weeks**. How many times, if any, have you had the following number of alcoholic drinks on any one occasion when you have been drinking in the last two weeks?
 - (i) 11 or more drinks in a row
 - (ii) 7 or more drinks in a row
 - (iii) 5 or more drinks in a row



THE NEXT QUESTIONS ARE FOR EVERYONE AND ARE ABOUT SMOKING CIGARETTES.

20. At the present time, do you consider yourself:



A light smoker?



2

5

2

An occasional smoker?



- A non-smoker?
- 21. Have you **ever** smoked even part of a cigarette?



- Yes, just a few puffs
- 3 Yes, I have smoked fewer than 10 cigarettes in my life
- 4 Yes, I have smoked more than 10 but fewer than 100 cigarettes in my life
- 5 Yes, I have smoked more than 100 cigarettes in my life
- 22. Have you smoked cigarettes in the last **twelve months**?



- No
- 23. Have you smoked cigarettes in the last **four weeks**?
 - 1 Yes
 - No

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

Put a tick near **yesterday**. Then in the space provided, write the number of cigarettes you had yesterday. If you didn't smoke any cigarettes, put in '0'. Start filling in the spaces beginning with yesterday, and follow the arrows.

Answer for every day of the week.

Write the number of cigarettes you smoked each day in the circle.

Put '0' for each day you didn't smoke any cigarettes.



- 25. Do you think you will be smoking cigarettes this time next year?
 - Certain **not** to be smoking
 - Very **un**likely to be smoking
 - **Un**likely to be smoking
 - _ Can't decide how likely
 - Likely to be smoking

5

6L

- Very likely to be smoking
- Certain to be smoking

26. Have you **ever** smoked even part of a cigar?



No

Yes, a few puffs but not as much as one cigar

Yes, I have smoked at least one cigar in my life

QUESTIONS 27, 28 AND 29 ARE ONLY FOR THOSE WHO HAVE SMOKED A CIGARETTE IN THE PAST WEEK. IF YOU HAVE NOT SMOKED A CIGARETTE IN THE PAST WEEK, GO TO QUESTION 30.

27. (a) What brand of cigarettes do you usually smoke?

Tick the box near the brand you **usually** smoke. If that brand is not listed here, tick the box next to "Other" and write the name of the brand in the space provided.

01	Alpine
02	Benson & Hedges
03	Dunhill
04	Escort
05	Fortune
06	Holiday
07	Horizon
08	Longbeach
09	Marlboro
10	Peter Jackson
11	Sterling
12	Stradbroke
13	Vogue
14	Wills Super Mild
15	Winfield
16	Freedom
**	Other (specify)

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

(b)

Do the cigarettes you usually smoke come from packets of?



28. (a) Where, or from whom, did you get the last cigarette that you smoked?Fill in the space beside "Other" if you can't find your answer.

Tick only **one** box.

l didn't buy it	OR I bought it
01 My parent(s) gave it to me	51 🗖 At a hotel, pub, bar, tavern, RSL Club
02 My brother or sister gave it to me	52 At a supermarket
03 I took it from home without my	53 At a newsagency
parent(s) permission	54 \Box At a milk bar or delicatessen
04 Friends gave it to me	55 🗖 At a convenience store (eg Ezy Plus,
05└─┚ I got someone to buy it for me	Quick Stop)
** Other <i>(specify)</i>	$_{56}$ At a tobacconist/tobacco shop
	57 At a take-away food shop
	$_{58}$ At a petrol station
	59 Through the Internet
	** Other
	(specify)

You should have ticked only one box.

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



29(a) Sometimes people break open a packet of cigarettes and sell single cigarettes. In the last **four weeks**, have you **bought** cigarettes that were **not in a full packet** (for example, buying one or more cigarette(s) at a time)?



No Go to QUESTION 30

- (b) Thinking of the last time you **bought** cigarettes that were **not in a full packet**, who did you buy the cigarette(s) from?

3

I bought the cigarette(s) at a shop



I bought the cigarette(s) from someone else

THE NEXT QUESTIONS ARE FOR EVERYONE AND ARE ABOUT OTHER THINGS YOU MIGHT USE.

For each substance, tick the box which shows how many times you have used the substance during the specified time period. There should only be one tick for each line of boxes.

30. How many times, if ever, have you used or taken pain killers/analgesics such as Disprin, Panadol or Aspro, **for any reason**:


31. How many times, if ever, have you used or taken sleeping tablets, tranquillisers or sedatives, such as Valium, Serepax or Rohypnol (rohies, barbs) <u>other than for</u> <u>medical reasons</u>:



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	2	3	4	5	6	7
(ii)	In the last four weeks?		2	3	4	5	6	7
(iii)	In the last year?	1	2	3	4	5	6	7
(iv)	In your lifetime?	1	2	з	4	5	6	7

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?



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

(c) When you use cannabis (marijuana) do you usually:

Tick only **one** box

- Smoke it as a joint (reefer, spliff)?
- Smoke it from a bong or a pipe?
 - Eat it (eg in hash cookies)?

Other (specify)_____

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

- (d) Do you usually use cannabis (marijuana) by yourself or with others?
 - By myself
 - With others
 - 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....

З

At a hotel, pub, bar, tavern or RSL club 01 At a dance venue, dance party, rave 02 At a nightclub 03 At a party <u>0</u>4 At my home 05 At my friend's home 06 At a sports club (eg Leagues, surfing, football) 07 At the beach 08 In a park no In a car 10 On school grounds during school time 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:



34. How many times, if ever, have you <u>deliberately sniffed</u> (inhaled) from spray cans or sniffed things like glue, paint, petrol or thinners in order to get high or for the way it makes you feel:

This does not include sniffing white-out, liquid paper, textas or pens.

- Once or 3-5 6-9 10-19 20-39 40 or more None twice times times times times times (i) In the last week? 2 3 5 6 (ii) In the last four weeks? 2 3 (iii) In the last year? 2 3 5 In your lifetime? (iv) 2 3 5 6
- 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) <u>other</u> <u>than for medical reasons</u>:



If you have NOT used amphetamines in the last year, go to QUESTION 36(a).

(b) In the **last year**, did you use any other substance or substances **on the same occasion that you used** amphetamines (eg speed, uppers, goey, MDA, dex, dexies, dexamphetamine, ox blood, methamphetamine, ice)?

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

You should have ticked all that apply

36.(a) How many times, if ever, have you used or taken ecstasy or XTC (E, MDMA, ecci, X, bickies):

		None	Once or 3-5 twice times	6-9 times	10-19 times	20-39 times	40 or more times
(i)	In the last week?	1	2 3	4	5	6	7
(ii)	In the last four weeks?	1	2 3	4	5	6	7
(iii)	In the last year?	1	2 3	4	5	6	7
(iv)	In your lifetime?	1	2 3	4	5	6	7

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	Тоbассо							
02	Alcohol							
03	Pain killers/analgesics							
04	Sedatives/tranquillisers/sleeping tablets							
05	Hallucinogens (eg LSD, acid, trips, magic mushrooms)							
06	Amphetamines (eg speed, uppers, goey, MDA, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)							
07	Marijuana/cannabis							
**	Other (what substance?)							
08	I did not use any other substance on the same occasion							
	You should have ticked all that apply.							

37. How many times, if ever, have you used or taken cocaine:

		None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i)	In the last week ?	1	2	3	4	5	6	7
(ii)	In the last four weeks?	1	2	з	4	5	6	7
(iii)	In the last year?	1	2	з	4	5	6	7
(iv)	In your lifetime?	1	2	з	4	5	6	7

69

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 <u>other than</u> <u>for medical reasons</u>:



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	2	3	4	5	6	7
(ii)	In the last four weeks?	1	2	3	4	5	6	7
(iii)	In the last year?	1	2	3	4	5	6	7
(iv)	In your lifetime?	1	2	3	4	5	6	7

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?

(c) In the **last year**, did you use any other substance or substances **on the same occasion that you used** hallucinogens (eg LSD, acid, trips, magic mushrooms, datura, angel's trumpet)?

	Tick all that apply.							
01	Tobacco							
02	Alcohol							
03	Pain killers/analgesics							
04	Sedatives/tranquillisers/sleeping tablets							
05	Marijuana/cannabis							
06	Amphetamines (eg speed, uppers, goey, MDA, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)							
07	Ecstasy (XTC, E, MDMA, ecci, X, bickies)							
**	Other (what substance?)							
08	I did not use any other substance on the same occasion							
	You should have ticked all that apply.							

THESE QUESTIONS ARE FOR EVERYONE.

- 40. **During 2001** (last year), did you have any lessons or parts of lessons at school that were about **smoking**?
 - 1

No, not even part of a lesson

2

3

Yes, part of a lesson

Yes, one lesson

4 Yes, more than one lesson

- 41. **During 2001** (last year), did you have any lessons or parts of lessons at school that were about **drinking**?
 - No, not even part of a lesson
 - 2**7** `

1

3

Yes, part of a lesson

- Yes, one lesson
- Yes, more than one lesson

- 42. **During 2001** (last year), did you have any lessons or parts of lessons at school that were about **illicit drugs** such as marijuana, ecstasy, heroin, amphetamines, hallucinogens, cocaine?
 - 1
 - No, not even part of a lesson
 - 2 Yes, part of a lesson
 - ____Yes, one lesson
 - Yes, more than one lesson

Remember, last year was 2001.

THE NEXT FEW QUESTIONS ARE ABOUT SOME OTHER TOPICS.

43. You only get skin cancer if you get burnt often.



44. Most skin cancer is caused by ultraviolet radiation (UVR) from the sun.



45. **During 2001** (that is **last year**), did you have any lessons or parts of lessons at school that were about **skin cancer** or **protection from the sun**?



2

No, not even part of a lesson



- Yes, part of a lesson
- Yes, one lesson
 - Yes, more than one lesson

46. Over the **last** summer, did you get sunburn that was sore or tender the next day?



J Yes, 4 or more times

No, not at all

47. (a) Have you ever had severe sunburn, which has blistered?

1	Yes
2	No

Go to QUESTION 47(b)

Go to QUESTION 48

(b) If yes, how long ago was the last time you were severely sunburnt?



- 48. What type of hat do you most often wear on a sunny day in summer?
 - 1
 Wide brimmed hat

 2
 Narrow brimmed hat

 3
 Legionnaire hat

 4
 Cap

 5
 Sun-visor

 6
 Other (what kind?)

 7
 None

49. What is the SPF (Sun Protection Factor) of the sunscreen you usually use on a sunny day in summer?



² SPF 12 or lower

- 3 SPF 15
 - SPF 30+



50. Suppose your skin was exposed to **strong** sunshine at the **beginning** of summer with no protection at all. If you stayed in the sun for 30 minutes, would your skin:

1		ļ
2		ļ

4

1

2

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5L

⊿ا

- Just burn or go red
- Burn or go red first, then tan afterwards



Nothing would happen because I was born with dark skin

51. Do you like to get a suntan?

- No
- Yes, a light tan
- J Yes, a moderate tan
- Yes, a dark tan
- Yes, a very dark tan

52. Thinking about sunny days in summer, when you are outside for an hour or more between 10 am and 2 pm, how often would you:

		Never	Rarely	Sometimes	Usually	Always
(i)	Wear a hat?	1	2	3	4	5
(ii)	Wear clothes covering most of your body (including arms and legs)?	1	2	3	4	5
(iii)	Deliberately wear less or briefer clothing so as to get some sun on your skin?	1	2	3	4	5
(iv)	Wear maximum protection sunscreen (SPF 30+)?	1	2	3	4	5
(v)	Wear sunglasses?	1	2	3	4	5
(vi)	Stay mainly in the shade?	1	2	3	4	5

Thinking about sunny days in summer between 10 am and 2 pm:

		Never	Rarely	Sometimes	Usually	Always
(vii)	How often would you spend most					
	of the time inside ?	1	2	3	4	5

THE NEXT QUESTIONS ARE FOR EVERYONE AND ARE ABOUT SOME THINGS SOME YOUNG PEOPLE MIGHT USE

53. Amphetamine-like drugs (eg dexamphetamine tablets, Ritalin) are prescribed by doctors to treat conditions such as attention deficit disorders (ie ADD/ADHD). How many times, if ever, have you used dexamphetamines/dexies/Ritalin **that were not prescribed for you by a doctor:**

Give a tick for each statement.



54. How many times, if at all, have you used any drug by injection or needles **without a doctor's prescription:**

Give a tick for **each** statement.



55. If a friend you trusted offered you any of the following would you take it?

Tick either "Yes" or "No" for **each** drug.

- (i) Marijuana/cannabis (eg hash, dope, mull, pot)
- (ii) Cigarettes
- (iii) Heroin (eg smack, horse, hammer)
- (iv) Alcohol
- (v) Glue, petrol, solvent to sniff
- (vii) Amphetamines (eg speed, wizz, uppers, dexies, methamphetamines)
- (vii) Cocaine
- (viii) Ecstasy (eg E, ecci, MDMA)
- (ix) LSD (eg acid, trips)



56. Please tick the box that best shows what type of experience you think you would **usually** have if you took each drug.

(i) Marijuana/cannabis 1 3 4 (eg hash, dope, mull, pot) 3 (ii) Alcohol (iii) Cocaine 3 (iv) Heroin (eg smack, horse, hammer) 3 (v) Glue, petrol, solvent to sniff 3 (vi) Amphetamines (eg speed, wizz, 3 uppers, dexies, methamphetamines) (vii) LSD (eg acid, trips) 3 (viii) Ecstasy (eg E, ecci, MDMA) 3 Cigarettes (ix) 3

Really good Good

Bad

Really bad

57. How much danger would you see for **yourself** in doing the following <u>once or</u> <u>twice</u>?

		Not	A little know	Very	Don't
(i)	Smoking one or two cigarettes	1	2	3	4
(ii)	Trying heroin (eg smack, horse, hammer)	1	2	3	4
(iii)	Trying LSD (eg acid, trips)	1	2	3	4
(iv)	Getting very drunk on alcohol		2	3	4
(v)	Trying ecstasy (eg E, ecci, MDMA)	1	2	3	4
(vi)	Smoking marijuana/cannabis				
	(eg hash, dope, mull, pot)	1	2	3	4
(vii)	Trying cocaine	1	2	3	4
(viii)	Trying amphetamines (eg speed, wizz,				
	uppers, dexies, methamphetamines)	1	2	3	4
(ix)	Trying two or more drugs (eg any of the				
	drugs mentioned above) at the same time	1	2	3	4

		Not Don't	Not Don't		Very
		dangerous know		dangerou	sdangerous
(i)	Getting very drunk on alcohol	1	2	3	4
(ii)	Using amphetamines (eg speed, wizz, uppers, dexies, methamphetamines)		2	3	4
(iii)	Taking heroin (eg smack, horse, hammer)	1	2	3	4
(iv)	Smoking marijuana/cannabis (eg hash, dope, mull, pot)		2	3	4
(v)	Taking ecstasy (eg E, ecci, MDMA)	1	2	3	4
(vi)	Using cocaine		2	3	4
(vii)	Using LSD (eg acid, trips)	1	2	3	4
(viii)	Sniffing glue, petrol, solvent	1	2	3	4
(ix)	Smoking more than 10 cigarettes every day		2	3	4
(x)	Trying two or more drugs (eg any of the drugs mentioned above) at the same time		2	3	4

59. How much would it concern you if your friends were doing the following?

		A lot	A little	Not at all	Don't know
(i)	Using marijuana/cannabis (eg hash, dope, mull, pot)	1	2	3	4
(ii)	Using amphetamines, ecstasy or LSD	1	2	3	4
(iii)	Injecting drugs (using needles)	1	2	3	4
(iv)	Taking more than one drug at the same time	1	2	3	4

60. When was the last time you talked to your parents about illicit drugs such as marijuana/cannabis, ecstasy, heroin, amphetamines, cocaine or LSD?

Tick only one box.



THE FOLLOWING QUESTIONS ARE ABOUT SMOKING CIGARETTES

61. The following are statements about smoking cigarettes. Please tick the box that best describes what you think about **each** statement.

		Strongly disagree	Disagre	e Agree	Strongly agree	Don't know
(i)	Young people who smoke seem more mature than non-smokers	1	2	3	4	5
(ii)	Smoking can reduce your sporting ability	1	2	3	4	5
(iii)	Smokers are usually more popular than non-smokers	1	2	3	4	5
(iv)	Smoking harms your health	1	2	3	4	5
(v)	The health of non-smokers can be affected by breathing other people's cigarette smoke	s 1] 2] 3	4	5
(vi)	People who smoke are usually less concerned about their health	1	2	3	4	5
(vii)	It's okay if my friends smoke	1	2	3	4	5
(viii)	Smokers are usually more concern than non-smokers about their imag	ed e 1	2	3	4	5
(ix)	Smoking is unattractive	1	2	3	4	5

62. **Out of every 100 people your age,** how many do you think do the following regularly (that is at least once a week)?

Please write your answer in the space provided for **each** item.

- (i) Smoke cigarettes _____ out of 100
- (ii) Drink alcohol _____ out of 100
- (iii) Use marijuana/cannabis _____ out of 100

63. (a) Do any of the other people living in your house smoke cigarettes, pipes or cigars?



(b) Does anyone living in your home usually smoke inside while you are there?



(c) What are the rules or restrictions, if any, on smoking cigarettes in your house? *Tick only one box.*



No-one is allowed to smoke inside or outside the house



No-one is allowed to smoke inside, but outside is OK



Smoking is allowed in some rooms



5

Smoking is allowed anywhere in the house

Something else (please specify)

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

THE FOLLOWING QUESTIONS (QUESTION 64 AND QUESTION 65) ARE ONLY FOR THOSE WHO HAVE BOUGHT A PACK OF CIGARETTES DURING 2002. IF YOU HAVE NOT BOUGHT A PACK OF CIGARETTES DURING 2002, GO TO QUESTION 66.

64. When you bought your last cigarette, did the person who sold you the cigarette:

Tick either "Yes" or "No" for **each** item.

	Yes	No
Ask your age?	1	2
Ask for proof of your age?	1	2
Tell you that they cannot sell cigarettes to children?	1	2

65. At most shops in the area where you live, it is:

(i)

(ii)

(iii)

Δ

Tick only **one** box.

- Very easy for you to buy cigarettes
- Easy for you to buy cigarettes
- 3 Neither easy nor difficult for you to buy cigarettes
 - Difficult for you to buy cigarettes
- 5 Very difficult for you to buy cigarettes

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

THE NEXT FEW QUESTIONS ARE FOR <u>EVERYONE</u> (even if you don't drink) AND ARE ABOUT DRINKING <u>ALCOHOL</u> – eg beer, alcoholic sodas, wine, wine coolers, spirits and pre-mix spirits, liqueurs, alcoholic apple cider, sherry or port

66. The following are statements about drinking alcohol.

Please tick the box that best describes what you think about **each** statement.

	St dis	rongly sagree	Disagree	Agree	Strongly agree	Don't know
(i)	Occasionally getting very drunk and losing control is good fun		2	3	4	5
(ii)	Having a drink is one of the best ways of relaxing		2	3	4	5
(iii)	Having a few drinks is one of the best ways of getting to know people		2	3	4	5
(iv)	If someone doesn't have a few drinks then they're not really part of the group	1	2	3	4	5
(v)	People who drink alcohol are usually more popular than people who don't drink		2	3	4	5
(vi)	It is difficult to say no to friends if they are offering me alcohol		2	3	4	5
(vii)	Getting drunk can harm your health		2	3	4	5
(viii)	It's okay to get drunk occasionally as long as you don't lose control	1	2	3	4	5

67. The following three statements are about drinking alcohol.

Please tick the box that best describes what you think about **each** statement.

		Strongly disagree	Disagree	Agree	Strongly agree	Don't know	Don't ever drink
(i)	Sometimes when I've had a few drinks I feel more confident	1	2	3	4	5	6
(ii)	One of the main reasons I drink is to get drunk	1	2	3	4	5	6
(iii)	Being able to buy alcohol easily encourages me to drink a lot	1	2	3	4	5	6

Thank you very much for your help. You have finished the survey.

Appendix II: Trends in substance use from 1996 to 2002 among all age groups for all recency periods

% EVER USE									
Base = All	12 t	to 15-year	-olds	16 a	nd 17-year	-olds	12 to 17-year-olds		
respondents	2002	1999	1996 (%)	2002	1999	1996 (%)	2002	1999	1996 (%)
Malos	(%)	(%)		(%)	(%)		(%)	(%)	
Applacsics	04.2	04.0	05.0	07.4	00.0	07.5	05.4		0(0
Analyesics	94.3	94.8	90.8	97.4	98.0	97.5	95.1	95.5	96.2
	27.8^♦	33.6	37.4	50./^♦	62.7	64.8	33.8^♦	40.0	43.2
	16.9*	20.1	18.5	17.4*	25.0	18.4	17.0*	21.2	18.5
Innalants	20.2♦	21.6	25.5	11.9♦	14.0	16.8	18.0♦	19.9∎	23.7
Ampnetamines	11.0♦	13.0∎	6.3	17.8*♦	24.8∎	11.2	12.8*♦	15.6∎	7.3
Ampnet-like	11.8	-	-	15.8	-	-	12.8	-	-
Steroids	3.3*	5.3∎	2.5	3.2	4.70	1.5	3.3*	5.2∎	2.3
Cocaine	3.7	5.1	3.6	5.2	6.3	4.6	4.1	5.3∎	3.8
Ecstasy	4.8	5.8∎	3.9	7.4*	13.4∎	7.6	5.5*	7.5∎	4.7
Heroin	3.1*	4.9	4.2	3.0*	7.3	4.4	3.1*	5.4	4.3
Hallucinogens	6.2*♦	8.6	9.6	9.9*♦	20.2	23.2	7.2*♦	11.2	12.5
Injected drugs	4.9*♦	7.0	7.1	3.9*	7.1	4.3	4.7*♦	7.0	6.5
Females									
Analgesics	96.6♦	97.0∎	98.4	98.1	98.6	98.7	97.0♦	97.4	98.4
Cannabis	21.7*♦	31.2	29.8	47.3*♦	55.5∎	62.0	28.6*♦	36.9	37.2
Tranquillisers	17.8	19.9	19.4	20.6♦	24.0	26.3	18.5	20.9	21.0
Inhalants	21.3♦	24.4	24.9	11.0♦	11.5∎	17.0	18.6*♦	21.3	23.1
Amphetamines	9.8♦	10.9∎	5.3	21.7♦	21.3∎	9.9	13.0♦	13.4∎	6.3
Amphet-like	10.8	-	-	20.3	-	-	13.3	-	-
Steroids	3.0♦	2.90	0.9	1.2	0.5	0.3	2.6♦	2.4∎	0.8
Cocaine	3.5	3.6	3.2	3.6	2.3	3.2	3.5	3.3	3.2
Ecstasy	3.7	5.1∎	3.2	8.0	8.5	6.7	4.8	5.9∎	4.0
Heroin	2.9	3.6	3.6	2.6	2.9	3.7	2.8	3.5	3.6
Hallucinogens	3.3*♦	8.6	7.1	5.6*♦	13.0□	21.4	3.9*♦	9.6	10.4
Injected drugs	3.3*	5.6	4.6	2.5	2.6	2.7	3.1*	4.9	4.2
All students									
Analgesics	95.4♦	95.9□	97.1	97.7	98.3	98.1	96.0♦	96.4∎	97.3
Cannabis	25.0*♦	32.4	33.7	49.1*♦	59.0□	63.4	31.4*♦	38.5	40.2
Tranquillisers	17.3*	20.0	18.9	18.9*	24.5	22.5	17.7*♦	21.0	19.7
Inhalants	20.7♦	22.9	25.2	11.5♦	12.7	16.9	18.3*♦	20.6	23.4
Amphetamines	10.4	12.0	5.8	19.6*♦	23.0	10.5	12.9♦	14.5	6.8
Amphet-like	11.3	-	-	17.9		-	13.1	-	-
Steroids	3.2♦	4.2 ¤	1.7	2.2♦	2.6	0.9	2.9*♦	3.8□	1.6
Cocaine	3.6	4 4	3.4	4 4	4.2	39	38	4.3	3.5
Ecstasy	4.3	5.5	3.5	7.7*	10.9m	7.2	5.2*	6.7 m	4.3
Heroin	3.0*	<u></u>	3.0 3.0	2.8*	50	μ. Δ	3.0* ▲	45	3.0
Hallucinogens	4 9* ▲	8.6	9.7 Q /	2.0 7 9*▲	16 5m))))))	5.7* ♦	10.4	11.4
Injected drugs	4.2*♠	6.3	5.4 5.9	3.2*	4.8	34	3 9*♠	59	5.4

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Base = All	12 t	to 15-year	-olds	16 a	nd 17-year	-olds	12	to 17-year-	olds
respondents	2002	1999	1996 (%)	2002	1999	1996 (%)	2002	1999	1996 (%)
	(%)	(%)		(%)	(%)		(%)	(%)	
Males	00.4	00.4							
Analgesics	90.1♦	90.1	92.8	93.0*	95.9∎	92.1	90.9	91.4	92.7
Cannabis	23.8*♦	29.1	33.7	43.2*♦	55.6	59.9	28.9*♦	34.9∎	39.2
Tranquillisers	9.9*	12.6	11.8	9.6*	14.7	11.9	9.8*	13.1	11.8
Inhalants	14.2♦	15.9	18.3	6.9	9.1	9.6	12.3♦	14.4	16.5
Amphetamines	8.7♦	11.0	5.1	13.9*	20.4	9.7	10.1*♦	13.1	6.1
Amphet-like	9.9	-	-	12.2	-	-	10.5	-	-
Steroids	2.6	3.3∎	1.7	1.7	3.6	1.2	2.4	3.4∎	1.6
Cocaine	3.1	3.9∎	2.2	3.7	5.2	3.0	3.2	4.2∎	2.3
Ecstasy	3.4	4.3	2.9	6.6*	11.4∎	6.9	4.2*	5.9∎	3.7
Heroin	2.0*	3.8∎	2.3	2.6*	5.4	2.9	2.2*	4.1∎	2.5
Hallucinogens	4.5♦	6.3	7.4	8.4*♦	15.5	20.1	5.5*♦	8.4	10.1
Injected drugs	3.8	5.0	4.8	3.2	5.4∎	2.5	3.6*	5.1	4.3
Females									
Analgesics	94.0♦	94.7	96.2	96.6	96.1	98.1	94.7♦	95.0∎	96.7
Cannabis	19.3*♦	27.6	26.5	38.8*♦	45.5∎	57.3	24.5*♦	31.9	33.6
Tranquillisers	10.7*	13.3	13.0	15.7	15.0	19.0	12.1♦	13.7	14.4
Inhalants	15.8*	18.9	18.5	7.1♦	6.5	11.8	13.5*♦	16.0	17.0
Amphetamines	8.2♦	9.3∎	3.7	17.2♦	17.2	8.0	10.6♦	11.2	4.7
Amphet-like	8.4	-	-	14.6	-	-	10.0	-	-
Steroids	1.9♦	2.0	0.5	0.8	0.5	0.3	1.6♦	1.7∎	0.4
Cocaine	2.5	3.0	2.3	3.0	1.9	1.3	2.7	2.7	2.1
Ecstasy	3.2	4.5∎	2.1	6.3	7.7	5.7	4.1	5.3∎	2.9
Heroin	1.6	2.7	2.0	2.1	2.7	2.7	1.7*	2.7	2.2
Hallucinogens	2.4*♦	6.6	5.7	4.6*♦	10.5 ¤	17.7	3.0*♦	7.5	8.4
Injected drugs	2.5*	4.7 o	2.9	2.1	1.8	1.2	2.4*	4.0	2.5
All students									
Analgesics	91.9♦	92.4□	94.5	94.7	96.0	95.3	92.6♦	93.2∎	94.6
Cannabis	21.7*♦	28.4	30.2	41.4*♦	50.4 ¤	58.5	26.8*♦	33.4	36.4
Tranquillisers	10.3*♦	13.0	12.4	12.5	14.8	15.6	10.9*♦	13.4	13.1
Inhalants	15.0*♦	17.4	18.4	7.0♦	7.8□	10.7	12.9*♦	15.2	16.7
Amphetamines	8.4*♦	10.1	4.4	15.5*♦	18.8	8.8	10.3*♦	12.1	5.4
Amphet-like	9.2	-	-	13.4	-	-	10.3	-	-
Steroids	2.3♦	2.7	1.1	1.3	2.0	0.7	2.0♦	2.5	1.0
Cocaine	2.8	3.4	2.2	3.4	3.5	2.1	3.0♦	3.5	2.2
Ecstasy	3.3*	4.40	2.5	6.5*	9.5	6.3	4.2*	5.6	3.3
Heroin	1.8*	3.2	2.2	2.3*	4.0	2.8	2.0*	3.4	2.3
Hallucinogens	3.5*♠	6.4	65	c	12 9 m	18.9	4.3*♦	7.90	<u> </u>
Injected drugs	3.2*	4.9	3.9	2.7	3.5	1.8	3.0*	4.6	3.4

% USED IN LAST YEAR

Base – All 12 to 15-year-olds		16 and 17-year-olds			12 to 17-vear-olds				
respondents	2002	1999	-0ius 1996 (%)	2002	10017-year 1000	-0ius 1996 (%)	2002	1017-year-0	1996 (%)
respondentes	(%)	(%)	1770 (70)	(%)	(%)	1770 (70)	(%)	(%)	1770 (70)
Males									
Analgesics	68.2	66.6	66.2	66.5*	73.0	60.0	67.7	68.0	64.9
Cannabis	15.7*♦	19.5 ¤	23.9	22.8*♦	34.8	40.8	17.5*♦	22.9 0	27.4
Tranquillisers	4.1	5.4	4.6	3.4*	7.5	4.7	3.9*	5.8	4.6
Inhalants	8.3♦	9.9	11.5	3.2	4.8	4.6	7.0♦	8.8	10.0
Amphetamines	4.9*♦	6.8∎	2.6	7.1	10.5 □	5.0	5.5*♦	7.6∎	3.1
Amphet-like	4.9	-	-	5.4	-	-	5.1	-	-
Steroids	1.3	2.0	1.1	1.7	2.5	1.0	1.4	2.1	1.1
Cocaine	1.4	2.2	1.5	1.8	3.3□	0.7	1.5*	2.5∎	1.3
Ecstasy	2.0	2.9	1.5	3.4*	6.4∎	3.4	2.4*	3.7∎	1.9
Heroin	1.4	2.5	1.3	1.1*	3.9	1.0	1.3*	2.8∎	1.2
Hallucinogens	2.3♦	3.6	4.1	2.6*♦	7.7	10.3	2.4*♦	4.5	5.4
Injected drugs	3.0	3.0	3.0	2.0*	4.5∎	2.2	2.6	3.4	2.8
Females									
Analgesics	75.6	77.5	76.7	81.2	81.3	81.7	77.1	78.4	77.9
Cannabis	11.0*♦	16.8	16.1	21.4♦	23.3∎	35.0	13.8*♦	18.3	20.5
Tranquillisers	4.8	6.1	4.6	6.4	6.0	6.3	5.2	6.0	5.0
Inhalants	9.2	9.7	9.1	3.3	1.8	3.1	7.6	7.8	7.7
Amphetamines	4.6♦	4.9∎	1.9	8.7♦	7.3∎	1.5	5.7♦	5.5∎	1.8
Amphet-like	4.6	-	-	7.4	-	-	5.4	-	-
Steroids	1.4♦	1.3∎	0.3	0.7	0.2	0.1	1.2♦	1.1∎	0.3
Cocaine	1.2	1.3	1.4	1.4	0.6	0.4	1.3	1.1	1.2
Ecstasy	1.6	1.6	1.1	2.9♦	3.7∎	0.8	1.9♦	2.1	1.0
Heroin	0.7	1.4□	0.6	0.6	1.0	1.1	0.7	1.3	0.8
Hallucinogens	1.2♦	2.2	2.5	1.3♦	2.9	7.1	1.2*♦	2.4	3.6
Injected drugs	1.1*	2.7∎	1.4	0.9	0.4	0.8	1.0*	2.1	1.3
All students									
Analgesics	71.6	72.0	71.3	73.4*	77.3∎	71.3	72.1	73.2	71.3
Cannabis	13.5*♦	18.2	20.1	22.1*♦	28.9 ¤	37.8	15.8*♦	20.6	24.0
Tranquillisers	4.4*	5.7	4.6	4.8*	6.7	5.6	4.5*	5. 9□	4.8
Inhalants	8.7	9.8	10.3	3.2	3.3	3.8	7.3♦	8.3	8.9
Amphetamines	4.7♦	5.9∎	2.2	7.8♦	8.8	3.2	5.6♦	6.6∎	2.4
Amphet-like	4.8	-	-	6.4	-	-	5.2	-	-
Steroids	1.4♦	1.6∎	0.7	1.2	1.3∎	0.5	1.3♦	1.6∎	0.7
Cocaine	1.3	1.8	1.5	1.6♦	1.9□	0.5	1.4	1.8	1.3
Ecstasy	1.8	2.3	1.3	3.2*	5.0∎	2.0	2.2♦	2.9	1.5
Heroin	1.1*	1.9□	1.0	0.9*	2.4□	1.1	1.0*	2.0	1.0
Hallucinogens	1.8*♦	2.9	3.3	2.0*♦	5.2∎	8.6	1.8*♦	3.4	4.5
Injected drugs	2.0*	2.9	2.2	1.5	2.4	1.5	1.9*	2.8	2.0

% USED IN LAST MONTH

Base = All	12 t	o 15-yea	r-olds	16 a	nd 17-year	-olds	12 to 17-year-olds		/ear-olds		
respondents	2002	1999	1996 (%)	2002	1999	1996 (%)	2002	1999	1996 (%)		
Malaa	(%)	(%)		(%)	(%)		(%)	(%)			
Males	41.1	20.0	07.0								
Analgesics	41.1	39.2	37.2	37.4	42.2 ¤	32.5	40.2♦	39.9∎	36.2		
Cannabis	10.1*♦	13.7	16.6	15.2*♦	21.0	30.9	11.5*♦	15.3∎	19.5		
Tranquillisers	2.8	3.2	2.7	2.4*	4.8∎	2.2	2.7	3.5	2.6		
Inhalants	5.3	6.2	6.7	2.4	2.9	3.1	4.5	5.4	6.0		
Amphetamines	3.1♦	4.5∎	1.6	4.3♦	6.3∎	1.9	3.4*♦	4.90	1.7		
Amphet-like	2.8	-	-	3.5	-	-	3.0	-	-		
Steroids	0.9	1.5	0.7	1.7	2.3	0.7	1.1	1.70	0.7		
Cocaine	1.2	1.8	1.1	0.9*	2.7∎	0.3	1.1*	2.0	1.0		
Ecstasy	1.4	1.8	0.9	1.7	3.1	1.7	1.5	2.1∎	1.1		
Heroin	1.1	2.0	0.9	0.7*	2.6	0.5	1.0*	2.1∎	0.8		
Hallucinogens	1.8	2.4	2.6	1.2*♦	3.8	4.5	1.6*♦	2.7	3.0		
Injected drugs	1.5	1.8	1.6	1.5	3.0	1.9	1.5	2.1	1.6		
Females											
Analgesics	43.9*♦	49.9	48.1	53.9	50.9	50.3	46.6*	50.1	48.6		
Cannabis	5.4*♦	9.8	9.5	10.4♦	12.5	21.6	6.7*♦	10.4	12.3		
Tranquillisers	3.3	3.4∎	2.1	3.1	4.1	3.5	3.2	3.6	2.5		
Inhalants	5.7	6.4	4.7	1.9	1.2	2.6	4.7	5.2	4.2		
Amphetamines	2.7♦	3.4∎	1.1	3.5♦	2.9	0.9	2.9♦	3.2	1.0		
Amphet-like	2.9	-	-	3.9	-	-	3.2	-	-		
Steroids	1.0♦	0.8	0.2	0.2	0.2	0.0	0.8♦	0.7	0.1		
Cocaine	0.8	0.5	0.9	1.3	0.6	0.4	0.9	0.5	0.8		
Ecstasy	0.6	1.1∎	0.4	0.7	1.9	0.7	0.6*	1.3	0.5		
Heroin	0.5	0.8	0.5	0.5	0.5	0.1	0.5	0.8	0.4		
Hallucinogens	0.9	0.9	1.1	0.5♦	1.4	2.6	0.8	1.0	1.5		
Injected drugs	0.7	1.3	0.8	0.7	0.0	0.4	0.7	1.0	0.7		
All students											
Analgesics	42.4	44.5	42.5	45.2	46.7∎	41.7	43.2	45.0∎	42.3		
Cannabis	7.9*♦	11.8	13.1	13.0*♦	16.7∎	26.0	9.3*♦	12.9□	15.9		
Tranquillisers	3.1	3.3	2.4	2.7*	4.4	2.9	3.0	3.6∎	2.5		
Inhalants	5.5	6.3	5.7	2.2	2.0	2.8	4.6	5.3	5.1		
Amphetamines	2.9*♦	4.0□	1.4	3.9♦	4.5∎	1.4	3.2*♦	4.1∎	1.4		
Amphet-like	2.9	-	-	3.7	-	-	3.1	-	-		
Steroids	1.0♦	1.1□	0.5	1.0	1.2□	0.3	1.0♦	1.2□	0.4		
Cocaine	1.0	1.2	1.0	1.1♦	1.6	0.3	1.0	1.3	0.9		
Ecstasy	1.0	1.5	0.6	1.2*	2.5	1.2	1.1*	1.7	0.8		
Heroin	0.8*	1.40	0.7	0.6*	1.5	0.3	0.8*	1.5	0.6		
Hallucinogens	1.4	1.6	19	0.9*♦	2.6	3.5	1.2*♦	1.8	2.2		
Injected druas	11	15	1.7	11	14	11	11	15	<u>_</u> 12		
* Denotes 2002 e	estimate is	significan	tly different t	o 1999 estir	nate at p<0.	.05		1.5	1.2		
 Denotes 2002 	estimate is	significar	ntly different	to 1996 esti	mate at p<0	.05					
Denotes 1999	Denotes 1999 estimate is significantly different to 1996 estimate at p<0.05										

% USED IN LAST WEEK