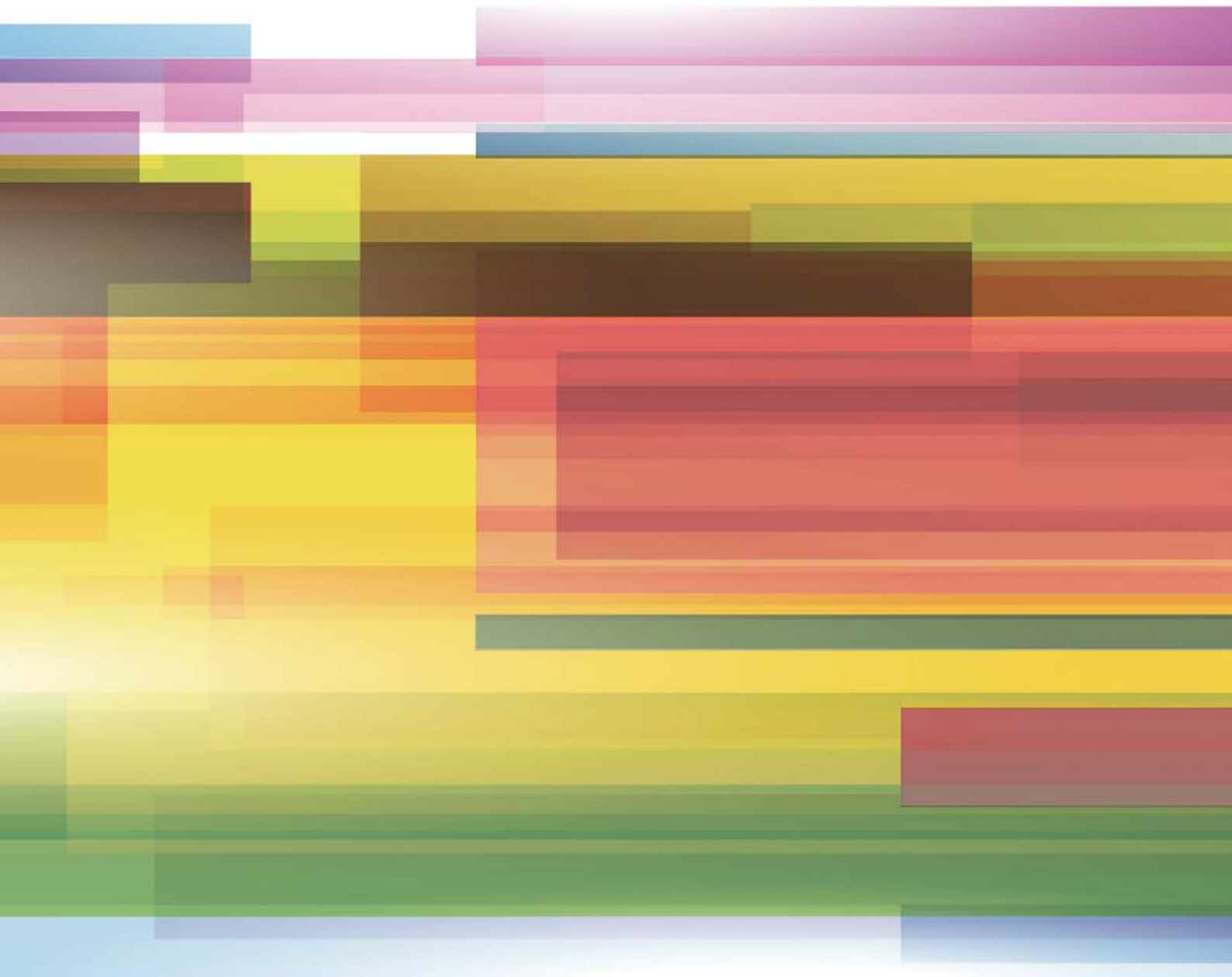


New South Wales School Students Health Behaviours Survey

2014 Report



Health

INTRODUCTION



EXECUTIVE SUMMARY

The 2014 School Students Health Behaviour Survey is the eleventh survey in a series that commenced in 1984.



The Survey captures information on a wide range of health indicators, including smoking, alcohol consumption, and illicit drug use



In 2014, smoking rates continued to decline, with only 6.7% of students reporting that they currently smoked



More than three quarters (77.7%) of students reported eating adequate amounts of fruit on a daily basis



Under two-thirds (65.1%) of students reported ever trying alcohol

COLLECTION

In 2014, data for this survey were collected from 112 secondary schools, including schools in the Government, Independent and Catholic education sectors. Approval to administer the survey in each school was sought from the Department of Education, Catholic Education Commission, Association of Independent Schools, and the Principals of each school, with the parents and students providing their consent to participate. Without the support of these groups, and many more, it would not have been possible to administer this survey.

In total, 5,353 12-17 year old students completed the survey between July and December 2014. Schools were stratified by the 3 education sectors and randomly selected from each sector to ensure the distribution of schools in the 3 sectors was reflected in the sample. Two samples were drawn to distinguish between junior secondary (Years 7-10) and senior secondary (Years 11-12) schools. Responses to the questionnaire were entered into a database by the Centre for Behavioural Research in Cancer, Cancer Council Victoria. Data were cleaned and weighted to reflect the distribution of students across school sectors, using data obtained from the Australian Bureau of Statistics. The 2014 collection year had a school-level response rate of 26%, which was lower than previous years.

IMPORTANT CAVEATS AND DATA LIMITATIONS

As this Survey was answered by a sample of secondary students in New South Wales, it is important to note that estimates of health indicators are subject to a margin of error. This report uses confidence intervals to describe the margin of error for estimates, which can be interpreted as providing a 95% chance that the true prevalence of a particular health indicator lies between the lower and upper confidence interval limits. Wider confidence intervals reflect less certainty in an estimate.

Self-reports of certain health indicators are known to be subject to social desirability bias, a term used to describe the tendency for people to present a favourable image of themselves when responding to surveys. This may lead to the prevalence of certain positive behaviours being overstated, with undesirable or negative behaviours being understated. While an anonymous self-complete questionnaire—such as that used for this survey—provides respondents with the greatest level of privacy when responding to sensitive questions, it is possible that certain behaviours may be under or over-estimated in this report.

SMOKING

Smoking rates among students continue to decline



Current smoking rates have decreased substantially among students, from 27.3% in 1984 to 6.7% in 2014



Under 1 in 5 students (17.3%) reported they had tried smoking a cigarette in 2014



Around 1 in 7 students (14.6%) reported ever trying an electronic cigarette

Most people who become long-term smokers start smoking in their teenage years, and early uptake is associated with heavier smoking and greater difficulty in quitting.¹⁻² A key priority area of the *NSW Tobacco Strategy 2012-2017* is to reduce smoking in young people.³

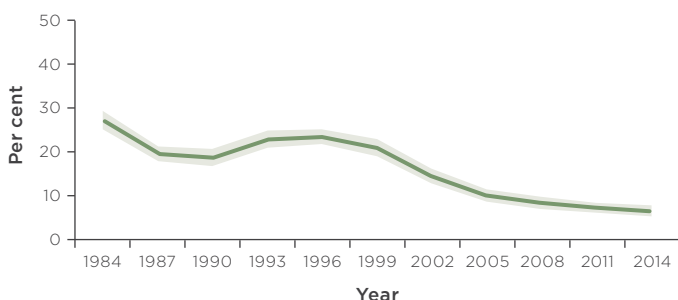
SMOKING

In 2014, 6.7% of students identified themselves as current smokers. This contrasts sharply with smoking rates in 1984, where 27.3% of students identified themselves as current smokers.

While current smoking rates were substantially higher among 16-17 year olds (13.4%) compared to 12-15 year olds (3.8%), there were no substantial differences between males (7.1%) and females (6.3%). Under 1 in 5 (17.3%) students reported trying a cigarette at least once. The proportion of students who have attempted to purchase cigarettes from a shop has more than halved since 2005, from 9.1% to 3.9% in 2014.

Around a quarter (26.7%) of students who identified themselves as current smokers had tried to quit smoking in the last 12 months prior to the survey.

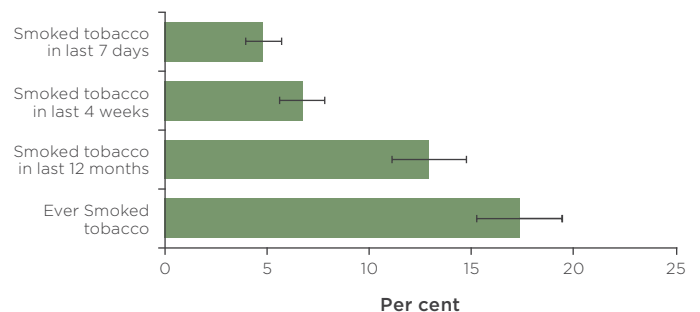
Figure 1 Current smokers, NSW 1984-2014



ELECTRONIC CIGARETTES

In addition to tobacco consumption, the 2014 questionnaire asked respondents about their use of electronic cigarettes. Electronic cigarettes are battery powered devices that heat a liquid to a vapour so it can be inhaled;⁴ some of these liquids may contain nicotine. In 2014, around 1 in 7 (14.6%) students reported using an electronic cigarette at least once, with 4.1% of students reporting they had used an electronic cigarette in the last 4 weeks.

Figure 2 Smoking status, NSW 2014



POPULATION HEALTH INITIATIVES

Population health strategies targeted at reducing the uptake and prevalence of smoking in students include:

- A ban on the sale of tobacco products to minors, with a strong compliance, monitoring and enforcement program to support it. Over 90% of retailers that were tested in 2014 were found to be compliant
- Regulation of advertising and promotion of tobacco products to ensure they are not seen by children and young people in retail settings
- Bans on smoking in indoor and certain outdoor public places, to protect children from the harmful effects of second-hand smoke and to de-normalise smoking
- Educating school students about the health risks of tobacco and smoking in the school curriculum
- A ban on the sale of electronic cigarettes to minors
- Television campaigns that discourage the uptake of smoking and encourage smokers to quit

HEALTHY LIVING

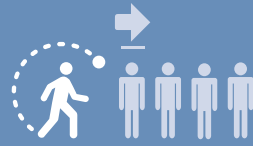
Around 1 in 5 students was overweight or obese



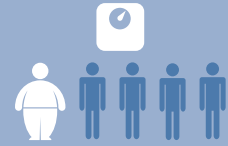
More than three quarters (77.7%) of students consumed adequate amounts of fruit on a daily basis



Around 10% (9.9%) of students consumed adequate amounts of vegetables on a daily basis



More than 1 in 5 (21.0%) students engaged in adequate levels of physical activity



Around 1 in 5 (20.6%) students was overweight or obese

Childhood is a period where education about healthy eating and physical activity is key to establishing healthy practices in later years. Excess weight in children increases the risk of poor health during childhood and later in adulthood.

NUTRITION

The *NSW Healthy Eating and Active Living Strategy 2013–2018* aims to encourage the community to make healthy lifestyle changes including reducing intake of energy-dense nutrient-poor food and drinks, increasing consumption of fruit and vegetables, and increasing the intake of water in preference to sugar-sweetened drinks.⁵

In 2013, the National Health and Medical Research Council (NHMRC) completed its review of dietary guidelines and made amendments to the recommended dietary intake of fruits and vegetables.⁶ The NHMRC now recommend that adults and children aged 9 years and older consume at least 2 serves of fruit per day. It is now recommended that boys aged 12–18 years consume 5.5 serves of vegetables per day, with girls 12 years and over consuming 5 serves per day. As the survey did not measure half servings of vegetables, all reported results for recommended daily vegetable intake are based on consuming 5 or more serves of vegetables per day.

In 2014, 9.9% of students consumed the minimum recommended daily vegetable intake of 5 or more serves a day and, 77.7% of students consumed the minimum recommended daily fruit intake of 2 or more serves a day, with slightly higher rates observed for females (79.4%) compared to males (76.0%). These rates are similar to those found in previous years.

PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOURS

In 2014, the Commonwealth Department of Health released *Australia's Physical Activity and Sedentary Behaviour Guidelines* [7], which provides recommendations around the frequency and intensity of physical activity, as well as guidance on sedentary behaviour. The guidelines recommend children and adolescents aged 5–17 years participate in at least 60 minutes of moderate (such as brisk walking, bike riding, or dancing) to vigorous (such as football, soccer, running, or lap swimming) physical activity every day. For sedentary behaviours, the guidelines recommend that time spent engaged in sedentary activities limiting the use of electronic media for entertainment to no more than 2 hours a day, particularly during daylight hours.^{8–10} Two key objectives of the *NSW Healthy Eating and Active Living Strategy 2013–2018* are to increase incidental, moderate and vigorous physical activity, and reduce time spent engaging in sedentary behaviours.⁵

In 2014, around 1 in 5 (21.0%) students were meeting recommended guidelines for physical activity, with 12–15 year olds (24.4%) nearly twice as likely to engage in adequate levels of physical activity as 16–17 year olds (13.3%). Overall, males (25.0%) were more likely to engage in adequate levels of physical activity than females (16.7%). This contrasts sharply with physical activity rates reported in previous years where rates were stable at around 13%, with this increase largely driven by increases observed in 12–15 year olds (14.2% in 2011) rather than 16–17 year olds (10.4% in 2011). Further data are required to establish whether the increase seen in 2014 will be sustained.

Figure 3 Recommended fruit and vegetable intake, NSW 2014

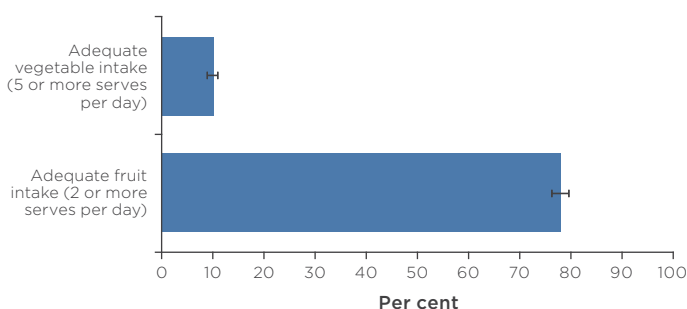
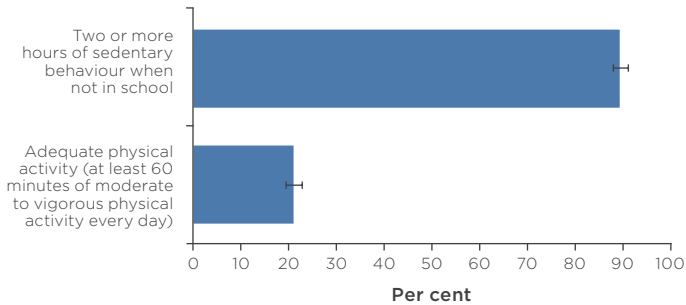


Figure 4 Adequate physical activity, and 2 or more hours of sedentary behaviour, NSW 2014



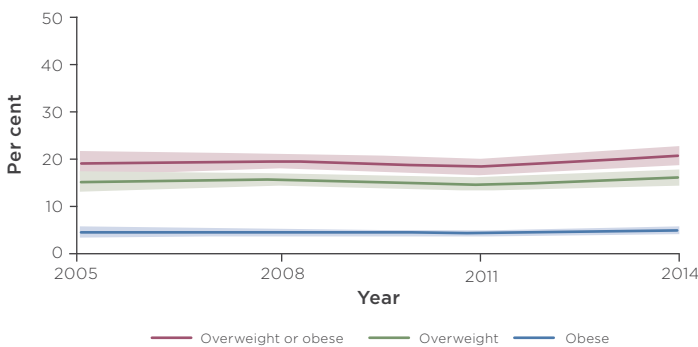
In 2014, 89.5% of students reported engaging in 2 or more hours of sedentary behaviour per day when not at school, with 16-17 year olds (92.8%) more likely to engage in 2 or more hours than 12-15 year olds (88.0%). Rates for male students (90.9%) were slightly higher than female students (88.0%).

OVERWEIGHT OR OBESITY

Excess weight in children increases the risk of poor health during childhood and later in adulthood. Overweight or obese children are at greater risk of developing chronic conditions such as asthma and type 2 diabetes, and may experience negative social and mental wellbeing.¹² Adolescents who are overweight and obese have an increased chance of becoming overweight and obese adults, and are at higher risk of weight-related morbidity and premature mortality during adulthood compared to individuals who only became obese as adults.¹³

In 2014, 4.6% of students were obese and 16.0% were overweight, based on self-reported height and weight measurements and age- and sex-specific cut-offs.¹¹ Male students (18.7% overweight, 5.8% obese) were more likely to be overweight than female students (12.9% overweight, 3.2% obese) and also slightly more likely to be obese. There were no differences in rates of overweight or obesity between students aged 12-15 years (20.3%) and students aged 16-17 years (21.1%). Overall, these patterns of overweight and obesity rates among students surveyed have been relatively stable since 2005.

Figure 5 Overweight or obese, by sex, NSW 2005-2014



POPULATION HEALTH INITIATIVES

The NSW Healthy Eating and Active Living Strategy 2013-2018 is a whole of government approach to address overweight and obesity which contributes to the NSW Premier's priority to reduce child overweight and obesity by 5% over 10 years. The Strategy supports healthy lifestyle choices through health-focused planning, built environment and transport initiatives, improved access to healthier foods, and improved food labelling. Strategies for students include:

- The Go4Fun treatment program for young adolescents who are above a healthy weight and their families
- Healthier food and water as the drink of choice in junior community sport
- Health education, physical activity and sport in the school curriculum
- Kilojoule labelling in fast food settings with enhanced messaging for young people
- Make Healthy Normal campaign with specific messaging for families and future enhancements to target young people
- Improving food and beverages available in public sector settings such as schools

ALCOHOL AND DRUGS

More students are abstaining from alcohol than ever before



In 2014, 65.1% of students reported ever consuming alcohol, a substantial decrease from 82.7% in 2005



5.7% of students reported drinking 4 or more drinks in a day in the last 7 days, a substantial reduction from 10.2% in 2005



While rates of cannabis have remained relatively stable over time, there is some evidence of an increase in sedative use and a decline in inhalant use

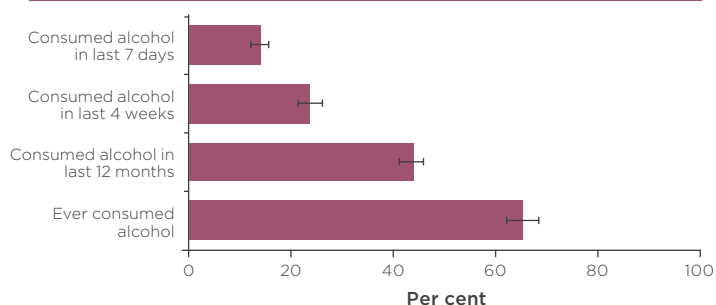
Drinking alcohol at young ages not only increases the risk of injury and participating in high risk behaviour (such as coercive sexual activity, unprotected sex and violence), but also may affect brain development and increase the risk of alcohol and other substance dependencies later in life [14–16]. Drug misuse is associated with substantial health risks, including injury, mental health problems, and organ failure.¹⁷

In 2014, 5.7% of students reported consuming 4 or more drinks on at least 1 day in the last 7 days, placing them at risk of alcohol-related injury on the occasions in which this occurred. Males (6.8%) and students aged 16–17 years (13.4%) were more likely to consume alcohol at these levels compared to females (4.6%) and students aged 12–15 years (2.4%) respectively.

ALCOHOL

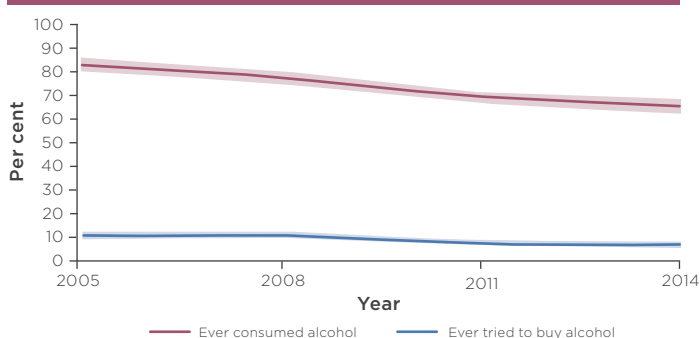
In 2014, 65.1% of students reported ever consuming alcohol, which is substantially lower than rates reported in 2005 (82.7%). While 1 in 5 (23.6%) students reported alcohol consumption in the last 4 weeks, only 13.9% of students reporting alcohol consumption in the last 7 days. Of those students who had consumed alcohol in the last 12 months, only 19.1% of them reported an intention to get drunk, compared to 22.4% in 2011.

Figure 6 Alcohol consumption, NSW 2014



Only 6.4% of students reported ever trying to buy alcohol, with students aged 16–17 years (14.3%) substantially more likely to have tried to buy alcohol than students aged 12–15 years (2.9%) and rates slightly higher in males (7.5%) than females (5.2%).

Figure 7 Ever consumed alcohol or tried to buy alcohol, NSW 2005–2014



DRUG MISUSE

In 2014, 14.9% of students reported ever using marijuana or cannabis, 15.0% ever inhaling substances, such as glue, paint or other volatile solvents, and 17.7% reported ever using sedatives or tranquilisers for non-medical reasons. While rates of cannabis use appear to have remained relatively stable since 2005, there has been a slight increase in sedative use over the same time period. There are early indications of a decline in inhalant use in 2014, however further data is required in order to ascertain whether this decline will be sustained.

POPULATION HEALTH INITIATIVES

Population health initiatives for minimising alcohol and drug-related harm in young people in NSW primarily focus on education and skill building activities, resources and information, social marketing programs and community engagement such as:

- *What are you doing to yourself?* social marketing encourages young people to “know your limits and you’ll have a much better time”
- *Know when to say when* challenges the broader NSW community to assess the role excessive alcohol consumption plays in Australian culture
- Community Drug Action Teams or CDATs deliver education, information and skills building programs to their local communities to prevent and reduce alcohol misuse and drug related harm, with many CDATs focusing on young people
- The Australian Red Cross’s *Save-a-mate* program that provides drug and alcohol information, education and training and support and care at various settings including music festivals, and other youth focussed events across NSW
- *Your Room* website offers information about alcohol and a wide range of drugs, how they affect people, side effects, withdrawal, and how to get help
- Education through the primary and secondary school curriculum and the *Cross Roads Program* for senior high school students which provide students with the skills and information to minimise alcohol and other drug related harm

KEY TRENDS

	Health indicator	Trend	2005		2008		2011		2014	
			%	95% CI	%	95% CI	%	95% CI	%	95% CI
Smoking	Current smoker ^[a]	↓	10.3	9.2-11.4	8.6	7.4-9.9	7.5	6.5-8.5	6.7	5.5-7.9
	Ever smoked	↓	32.8	30.7-34.9	25.3	23.3-27.3	21.1	19.1-23.2	17.3	15.2-19.4
	Tried to purchase cigarettes from a shop	↓	9.5	8.1-10.9	8.7	7.2-10.2	6.1	5.0-7.1	3.9	3.1-4.7
Healthy living	Adequate fruit consumption ^[b]	↑	73.4	71.6-75.1	78.5	77.1-79.8	77.2	75.5-78.8	77.7	75.9-79.4
	Adequate vegetable consumption ^[c]	~	8.2	7.3-9.1	11.5	10.6-12.5	10.9	9.9-11.9	9.9	8.9 - 10.9
	Overweight ^[d]	~	15.0	12.8-17.3	15.6	14.2-16.9	14.5	13.1-16.0	16.0	14.3-17.7
	Obese ^[d]	~	4.0	2.8-5.3	4.0	3.2-4.8	3.8	3.1-4.5	4.6	3.7-5.6
	Overweight or obese ^[d]	~	19.1	16.4-21.8	19.5	17.9-21.2	18.3	16.5 -20.1	20.6	18.5-22.8
	Adequate physical activity ^[e]	n/a	13.2	12.1-14.3	13.3	12.4-14.3	13.1	11.9-14.2	21.0	19.2-22.7
Alcohol and drugs	Ever consumed alcohol	↓	82.7	79.9-85.5	77.2	74.3-80.1	68.8	66.3-71.3	65.1	61.8-68.3
	Ever tried to buy alcohol	~	10.4	8.9-12.0	10.9	9.5-12.4	7.2	6.2-8.2	6.4	5.0-7.8
	Ever used marijuana	~	15.4	13.5-17.3	12.9	11.1-14.7	13.6	11.9-15.3	14.9	12.7-17.1
	Ever used inhalants	↓	18.9	17.2-20.6	19.9	18.3-21.5	18.0	16.5-19.5	15.0	13.6-16.4
	Ever used sedatives	↑	13.9	12.7-15.0	16.1	15.0-17.2	16.0	14.7-17.3	17.7	16.4-19.0

Legend: ↓ = Rates have declined between 2005 and 2014; ↑ = Rates have increased between 2005 and 2014; ~ = Rates have neither increased or declined over the period 2005 to 2014; n/a = Trend analysis not performed. All rates have been rounded to 1 decimal place. Notes: [a] Current smoker was defined as a respondent who has smoked a cigarette either in the last 7 days or in the last month. [b] Adequate fruit consumption was defined as 2 or more serves of fruit per day. 1 serving = 1 medium piece, 2 small pieces of fruit or 1 cup of diced pieces of fruit. [c] Adequate vegetable consumption was defined as 5 or more serves of vegetables per day. 1 serving = 1/2 cup of cooked vegetables or 1 cup of salad vegetables. [d] Students were classified as overweight or obese using age- and sex-specific BMI cut-offs.¹¹ [e] Adequate physical activity was defined as vigorous or moderate physical for at least 60 minutes, every day.

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