

Smoking among Queensland school students aged 12 to 17 years, 2005

The Australian School Students Alcohol and Drug (ASSAD) Survey is conducted every three years in each state and territory. The survey covers a range of issues including the use of alcohol, tobacco and other drugs as well as other health behaviours. Queensland has participated in the survey since 1984. This report presents key findings from the tobacco smoking component of the 2005 survey for Queensland.

Smoking in 2005

The survey results show that in 2005, 11% of Queensland school students aged 12 to 17 years smoked in the week prior to the survey. This is equivalent to approximately 32,000 students. The average number of cigarettes smoked by these students in the week was 29.

For the first time in the history of the ASSAD Survey in Queensland, in 2005 more than 60% of school students aged 12 to 17 years had never smoked a cigarette.

Of all students, 85% had smoked fewer than 10 cigarettes in their lifetime. Smoking experience, however, increases with age (Table 1). A slightly larger proportion of females reported smoking in the week prior to the survey than males (Table 2). This gender difference is not statistically significant.

Table 1: Smoking by age, Queensland students aged 12 to 17 years, 2005*

	12 to 15 years	16 to 17 years	Total 12 to 17 years
	%	%	%
Smoked in last week	8	20	11
Smoked in last month	11	27	15
Never smoked	68	43	62

* The category "Smoked in lifetime" is excluded.

Table 2: Smoking by gender, Queensland students aged 12 to 17 years, 2005

	Males	Females	Total 12 to 17 years
	%	%	%
Smoked in last week	11	12	11
Smoked fewer than 10 cigarettes in lifetime*	86	86	85
Never smoked	62	63	62

* The category "Smoked fewer than 10 cigarettes in lifetime" includes those who have "Never smoked".

Recent changes

Since the previous survey in 2002, the proportion of Queensland school students aged 12 to 17 years reporting they had smoked in their lifetime, in the month prior or week prior to the survey, has reduced. For students aged 12 to 17 years, in all but one category (males smoking during the week prior to survey), the reductions in smoking prevalence were statistically significant.

Overall, during the period 2002 to 2005, the proportion of school students reporting that they smoked in the week prior to the survey declined from 14% to 11%. The largest decline was among males 12 to 15 years reporting that they had smoked in their lifetime, falling from 46% to 32%.

Table 3: Proportion of Queensland students aged 12 to 17 years who smoked in lifetime, month prior and week prior to survey by age group and gender, 2002-2005

Recency period	Gender	12 to 15 years		16 to 17 years		12 to 17 years	
		2002	2005	2002	2005	2002	2005
		%	%	%	%	%	%
Lifetime	Male	46**	32	63	59	50**	39
	Female	40**	31	68**	55	47**	37
	Total	43**	32	65**	57	49**	38
Month	Male	13	10	31	26	17*	14
	Female	15	12	31	27	19*	16
	Total	14*	11	31	27	18**	15
Week	Male	9	8	24	19	13	11
	Female	12*	8	26	22	15*	12
	Total	10*	8	25	20	14**	11

** Significantly different from 2005 at $p < .01$. * Significantly different from 2005 at $p < .05$.

Long-term trend

The proportion of Queensland school students aged 12 to 17 years reporting they had smoked in the week prior to the survey was lower in 2005 than in any other year of the ASSAD Survey (Figure 1). During the nine-year period 1996 to 2005, the smoking rate almost halved, falling from 20% to 11%.

In terms of actual numbers of smokers, this reduction means the estimated number of Queensland school students aged 12 to 17 years who smoke declined from approximately 49,800 in 1996, to approximately 32,000 in 2005, a decrease of 17,800 students.

The decreases in smoking since 1996 are similar for each age group and gender (Figures 1 and 2).

Figure 1: Proportion of Queensland students aged 12 to 17 years who smoked during the week prior to survey by age group, 1984-2005 (except 1999)

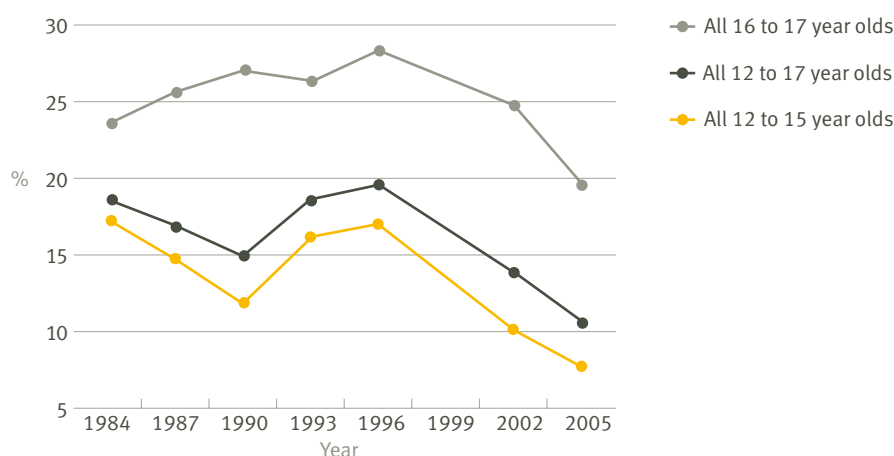
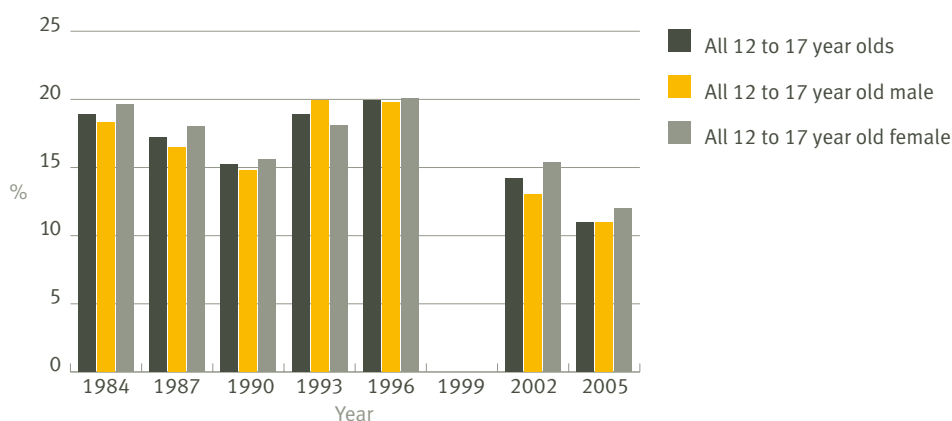


Figure 2: Proportion of Queensland students aged 12 to 17 years who smoked during the week prior to survey by gender, 1984-2005 (except 1999)



■ Methodology

In late 2005, 2,091 students from 39 Queensland schools (Government, Independent and Catholic) in metropolitan and regional areas participated in the ASSAD Survey. Questionnaires were eliminated if school year, age or sex data were missing. Questionnaires were also eliminated if the respondent was younger than 12 or older than 17 years of age. These adjustments resulted in a final sample of 2,028.

During the analysis phase, the data were weighted by age, sex and school type to bring the sample into line with the state distribution of Government, Independent and Catholic school populations.

Only people aged 12 to 17 years who attend school are included in these results. Since smoking prevalence is generally higher among out-of-school youth (Fisher, Stanton et al. 1999), it is likely that these results are an underestimate of the smoking prevalence of all children aged 12 to 17 years in Queensland.

For comparisons over time, data from all the ASSAD surveys since 1984, except 1999, are provided. Analysis of 1999 ASSAD data for Queensland found that the sample sizes for ages 13 to 17 were unacceptably low, raising doubts about the accuracy of the estimates for these ages and hence the 1999 survey overall. Accordingly, 1999 data have not been used in this report.

As this report is based on data from a sample and not a census of the total population, it is necessary to allow for sampling error. Sampling error depends on the size of the sample and the size of the prevalence estimates associated with the sample. The sampling error will be largest when the sample size is small and estimates are around 50%. In 2005, the sampling errors range from a high of $\pm 9\%$ among 17 year old girls to a low of $\pm 6\%$ among 16 year old boys.

Finally, as is usually the case with surveys of alcohol, tobacco and other drug consumption, all data from the ASSAD Surveys is based on students' self-report of their own smoking behaviour. It is difficult to know with any certainty whether students have under or overestimated their actual smoking behaviour, nor whether the accuracy of self-report has changed over time. However, the same questions assessing smoking behaviour have been used for each survey, so that should reduce the propensity of accuracy changing over time.