

## Who reports greater lifestyle risk behaviours? A closer look at sociodemographic differences among Australian adolescents

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**Introduction:** Recent Australian adolescent data on the prevalence of lifestyle risk behaviours among diverse sociodemographic groups is lacking. This study examined the prevalence of dietary intake (sugar-sweetened beverages (SSBs); discretionary foods; fruit; vegetables), and alcohol (standard drink; binge drinking), tobacco, and vaping, across adolescents of diverse socioeconomic status (SES) and geographical locations.

**Method:** Cross-sectional data were analysed from 4445 adolescents across 71 schools in 2022 ( $M_{age}=15.7$  years,  $SD=0.6$ ). Fourteen percent ( $n=571$ ) were categorised as low SES and 86% ( $n=3518$ ) as mid-to-high SES, relative to the study sample, with nine percent ( $n=399$ ) from regional areas. Binary logistic regressions compared differences for each outcome across SES and geographical locations, controlling for gender, psychological distress, intervention status and school clustering.

**Results:** Low SES adolescents had a lower prevalence of excessive discretionary food intake ( $PR=0.87$ ,  $95\%CI=0.77-0.99$ ), standard drink consumption ( $PR=0.78$ ;  $95\%CI=0.65-0.93$ ) and binge drinking ( $PR=0.68$ ;  $95\%CI=0.50-0.92$ ) compared to mid-to-high SES adolescents. Regional adolescents had a higher prevalence of standard drink consumption ( $PR=1.41$ ;  $95\%CI=1.00-1.97$ ), binge drinking ( $PR=1.77$ ;  $95\%CI=1.07-2.93$ ), and tobacco smoking ( $PR=2.06$ ;  $95\%CI=1.18-3.60$ ) compared to adolescents in major cities. Excessive discretionary food intake was less prevalent among adolescents from disadvantaged backgrounds ( $PR=0.84$ ,  $95\%CI=0.76-0.94$ ) compared to more advantaged adolescents.

**Conclusions:** There are nuanced differences in the prevalence of lifestyle risk behaviours across SES and geographical locations, with regional adolescents fairing considerably worse on alcohol and tobacco use outcomes. Disadvantaged adolescents remain a key priority for prevention efforts, and tailored interventions to SES and geographical location separately may be required for alcohol-, tobacco-, and e-cigarette use.

**Implications for Practice or Policy:** Public health policy and interventions must address the needs of diverse sociodemographic adolescent populations, particularly for low SES and regional adolescents who are vulnerable to experiencing health inequity. This includes adopting holistic approaches that integrate early intervention, health promotion (e.g. accessible health information), and policy change (e.g. stronger partnerships with low SES and regional communities to implement tailored evidence-based prevention programs).

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