Perceptions and policy support

Quick facts

More Australians had a negative perception of pain-killers/pain-relievers and opioids in 2019 than in 2016.

Almost 3 in 5 (57%) Australians supported 'allowing potential drug users to test their pills/drugs at designated sites'.

Tobacco has dropped to third most common drug that people thought caused the most deaths (behind alcohol and meth/amphetamine).

The most common action supported for people in possession of selected drugs was for 'referral to treatment or an education program' except for cannabis where a 'caution/warning' was the most common action supported.

For the first time, cannabis had a higher level of personal approval of regular use by an adult than tobacco (19.6% compared with 15.4%).

For the first time, from a theoretical $100 to spend on reducing illicit drug use, people allocated more money to education than law enforcement ($36.00 compared with $34.80).

Community tolerance has increase for cannabis use—more people supported legalisation while possession of cannabis being a criminal offence and penalties for sale and supply received less support. 2019 was the first time more people supported the legalisation of cannabis than opposed it (41% compared with 37%).

Understanding Australians' perceptions of drug use and policy support is an important part of policy planning and development. However, public perception does not always align with the available evidence. For example, a higher proportion of people nominated meth/amphetamine over tobacco as the drug that caused the most deaths. However, in 2015 the number of deaths attributable to tobacco was more than 8 times the number attributable to all illicit drugs (AIHW 2019c). These differences may be due to a variety of factors affecting public perception of drug use and their related harms, including the legal status of the drug, personal experience, media, culture and family attitudes, peer relationships, advertising and public health and safety campaigns.

This section presents findings on the perceptions and attitudes of people in Australia towards drug use and the level of support given to different measures that aim to reduce problems associated with the use of alcohol, tobacco, cannabis and heroin.
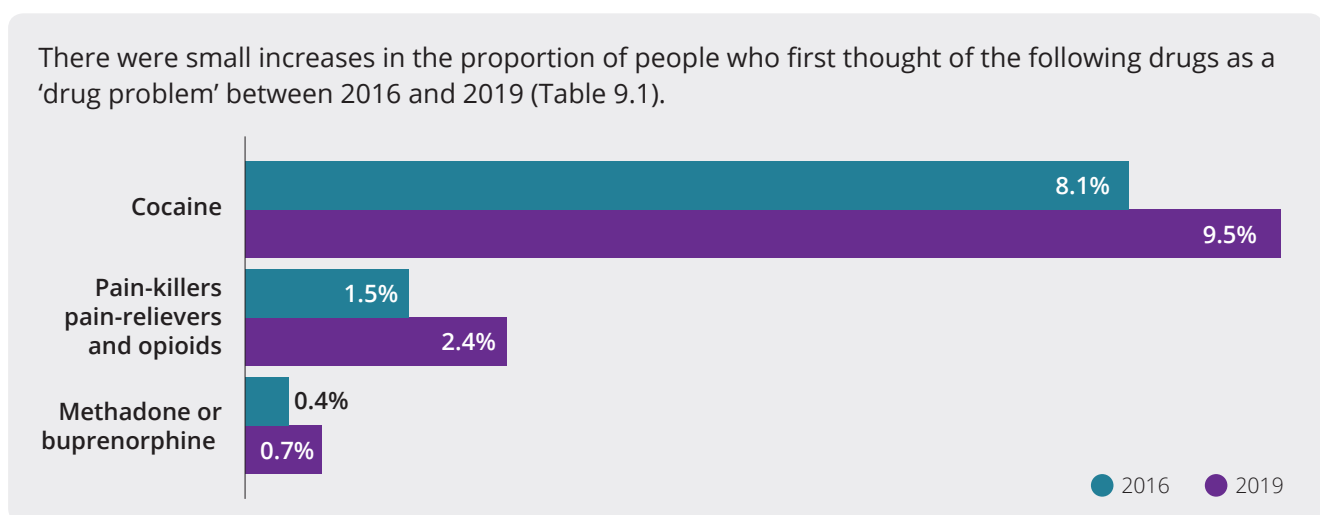
Unless otherwise specified, the results are for those aged 14 and over and all increases or decreases in estimates over time are statistically significant. All data presented in this chapter are available through the online policy and attitudes tables https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/data.

Perceptions of drugs

A range of factors, including media coverage and personal experience, are likely to influence people's perceptions of drug use. Three questions in the NDSHS are designed to monitor people's perceptions of drugs—which drugs they perceive to be a problem, associated with mortality and of greatest concern to the community.

Meth/amphetamine continues to be the drug people associate with a 'drug problem'

In 2019, almost half of people (49%) nominated meth/amphetamine to be the drug most likely to be associated with a 'drug problem', up from 46% in 2016 (Table 9.1).

There were small increases in the proportion of people who first thought of the following drugs as a 'drug problem' between 2016 and 2019 (Table 9.1).

These shifts mean that there were some declines in the proportion nominating the following drugs as a 'drug problem':

- marijuana/cannabis (from 14.6% in 2016 to 12.4% in 2019)
- heroin (from 14.0% to 12.1%)
- ecstasy (from 3.1% to 2.1%) (Table 9.1).

Tobacco continues to decline as a drug thought to cause the most deaths

Tobacco contributes to more deaths in Australia than alcohol and illicit drug use combined. In 2015, it was estimated 20,933 deaths were attributable to tobacco; 6,355 to alcohol use; and 2,486 to illicit drug use (AIHW 2019c).

The proportion of people who nominated tobacco as the drug they thought caused the most deaths declined from 2016 to 2019, continuing a steady decline since 2007 (Table 9.3).

40%
2007

24%
2016

18.7%
2019
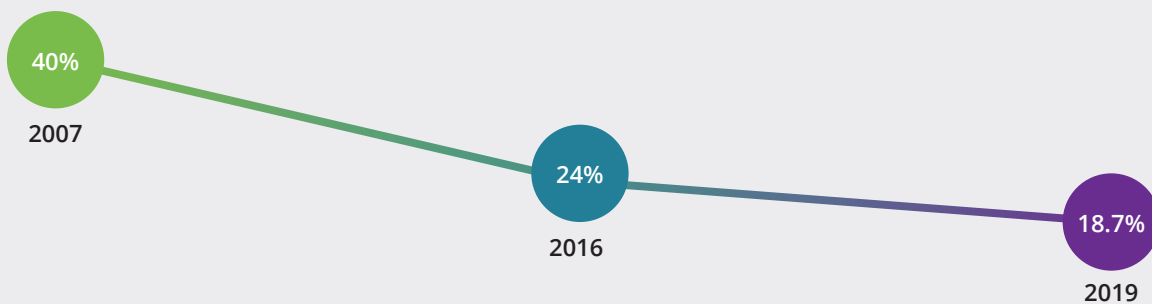
Young people aged 14–17, who had the lowest levels of daily smoking by age group, were less likely to nominate tobacco as the drug most likely to cause deaths than people in their 60s (60–69) (12.9% compared with 24%) (Table 9.4).

Alcohol remained the drug most commonly identified as causing deaths (34%) (Figure 9.1). Meth/amphetamine overtook smoking as the second most commonly identified drug (20%, up from 19.2% in 2016) (Table 9.4).

In 2019, respondents expressed more concern about opioids, with increases in the proportion nominating heroin (from 10.6% in 2016 to 11.9% in 2019) and pain killers/pain-relievers and opioids (from 1.9% to 5.9%) as the drug they thought caused the most deaths in Australia (Table 9.3).
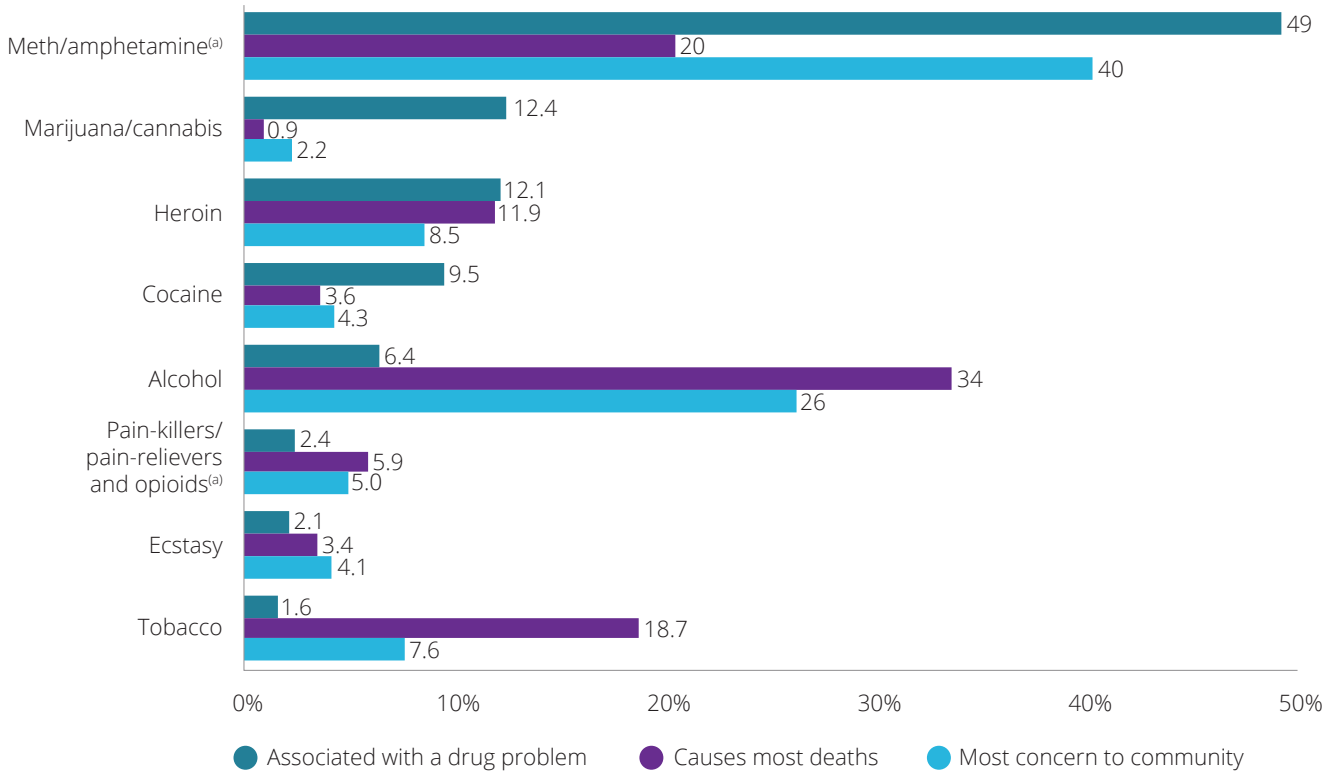
More people thought opioids were the drug of most concern for the general community

In 2019, heroin (8.5%; up from 7.5% in 2016) and pain killers/pain-relievers and opioids (5.0%; up from 2.0% in 2016) increased as drugs of most concern for the general community. There was also increased concern about cocaine (from 3.3% in 2016 up to 4.3% in 2019). In addition:

- meth/amphetamine continues to be the drug thought to be of most concern for the general community (40%) (Table 9.5)
- excessive drinking continues to decline as a drug of most concern (from 28% in 2016 to 26% in 2019), as does tobacco smoking (from 9.4% to 7.6%)
- there was a decline in the proportion who nominated ecstasy as the drug of most concern (from 5.0% to 4.1%) (Table 9.5).

Figure 9.1: Perceptions of selected drugs, people aged 14 and over, 2019 (per cent)

Meth/amphetamine[a]: 49, 20, 40
Marijuana/cannabis: 12.4, 0.9, 2.2
Heroin: 12.1, 11.9, 8.5
Cocaine: 9.5, 3.6, 4.3
Alcohol: 6.4, 34, 26
Pain-killers/pain-relievers and opioids[a]: 2.4, 5.9, 5.0
Ecstasy: 2.1, 3.4, 4.1
Tobacco: 1.6, 18.7, 7.6

● Associated with a drug problem   ● Causes most deaths   ● Most concern to community
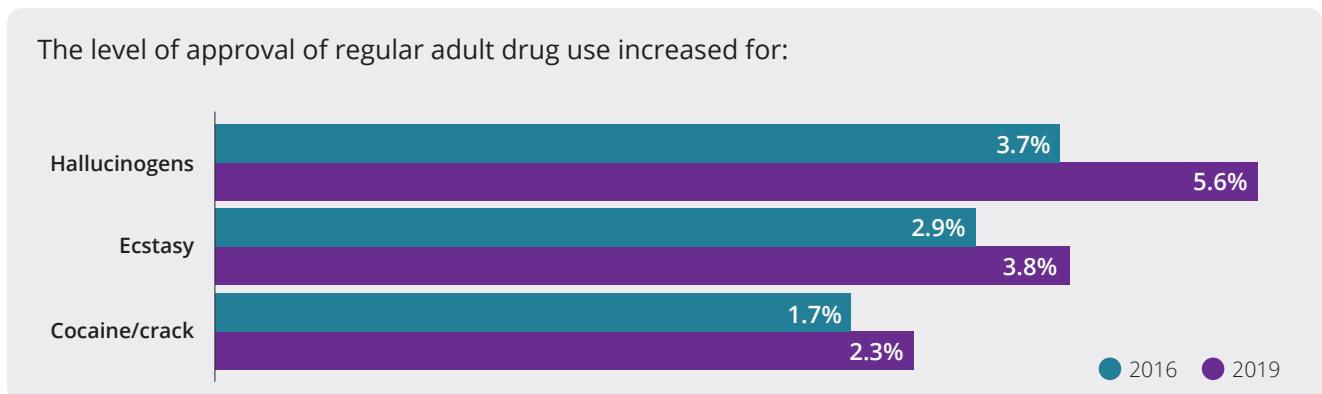
(a) For non-medical purposes.
Source: tables 9.1, 9.3, 9.5.

How many people approve of regular adult drug use?

Respondents were asked about what they thought of regular adult use of drugs. Results are presented for those respondents who 'approve' (said 'strongly approve' or 'approve'), 'neither' (neither approve nor disapprove) and 'disapprove (said 'strongly disapprove' or 'disapprove'). Responses from those who indicated they did not know enough to give or withhold approval were excluded from the analysis.

In 2019, alcohol (45%) continued to have the highest level of personal approval of regular adult use than any other drug. For the first time, cannabis had a higher level of approval than tobacco (19.6% compared with 15.4%). The level of approval for cannabis has continued to increase since 2007 (6.6%) (Table 9.7).

The level of approval of regular adult drug use increased for:

Hallucinogens: 3.7%, 5.6%
Ecstasy: 2.9%, 3.8%
Cocaine/crack: 1.7%, 2.3%

● 2016   ● 2019

Alcohol was the only drug for which the level of approval of regular use by an adult was higher than disapproval (45% compared with 21%). Alcohol, cannabis (54%) and tobacco (61%) had the lowest levels of disapproval, while heroin (96%), inhalants (95%) and meth/amphetamine (95%) had the highest levels of disapproval (Table 9.10).

Personal approval of regular drug use was consistently higher among individuals who had used that particular drug recently than among those who had not used the drug in the preceding year or their lifetime. Levels of personal approval varied by drug type, with people who recently used marijuana/cannabis (68%), hallucinogens (65%), GHB (55%) and alcohol (52%) reporting higher levels of approval. On the other hand, people who used methadone or buprenorphine, meth/amphetamine, heroin and inhalants had lower levels of approval (less than 20%) (Table 9.9).

Policy support

Australia has had a coordinated national policy for dealing with tobacco, alcohol and other drugs since 1985 when the National Campaign Against Drug Abuse (later renamed the National Drug Strategy) was developed. This section presents findings on the level of support given to different measures that aim to reduce drug use or drug-related harm.

Respondents were asked to indicate how strongly they would support or oppose specific policies, using a 5-point scale. Only responses of 'support' or 'strongly support' are taken as support for specific policies. Responses from those who indicated they did not know enough about the policy to give or withhold support were excluded from the analysis.

Support for measures to reduce problems associated with tobacco and alcohol

In 2019, support for measures aimed at reducing tobacco-related harm generally remained high. Support for measures related to the use of e-cigarettes has grown, while there were declines in support for measures related to increasing tax on tobacco (see Chapter 2 for more detail).

Support for measures aimed at reducing alcohol-related harm continued to decline in 2019, with support for 12 out of 18 measures falling since 2016 (see Chapter 3 for more detail).

People's attitudes towards cannabis continue to change

Respondents were asked about their support for legalisation, penalties and actions taken against people involved with cannabis.

Support for the legalisation of cannabis continued to grow in 2019 (41%; up from 35% in 2016), reaching almost double the level of support in 2007 (21%) (Table 9.23). For the first time in 2019, more people supported the legalisation of cannabis than opposed it (41% compared with 37%), with opposition declining since 2007 (59%) (Figure 9.2). There was also an increase in the recent use of cannabis from 2016 to 2019 (see Chapter 4 for more detail).

Fewer people thought that possession of cannabis should be a criminal offence (down from 26% in 2016 to 22% in 2019) or that penalties should be increased for the sale or supply of cannabis (down from 50% to 44%) (tables 9.15 and 9.29).

If cannabis were to be legalised, nearly 4 in 5 (78%) people claimed they would still not use it. However, there was an increase from 2016 to 2019 in the proportion of people who said they would 'try it' (7.4% to 9.5%) and 'use it more often than you do now' (1.8% to 2.9%) (Table 9.17).

Figure 9.2: Levels of support and opposition for the legalisation of cannabis, people aged 14 and over, 2004–2019 (per cent)

Per cent
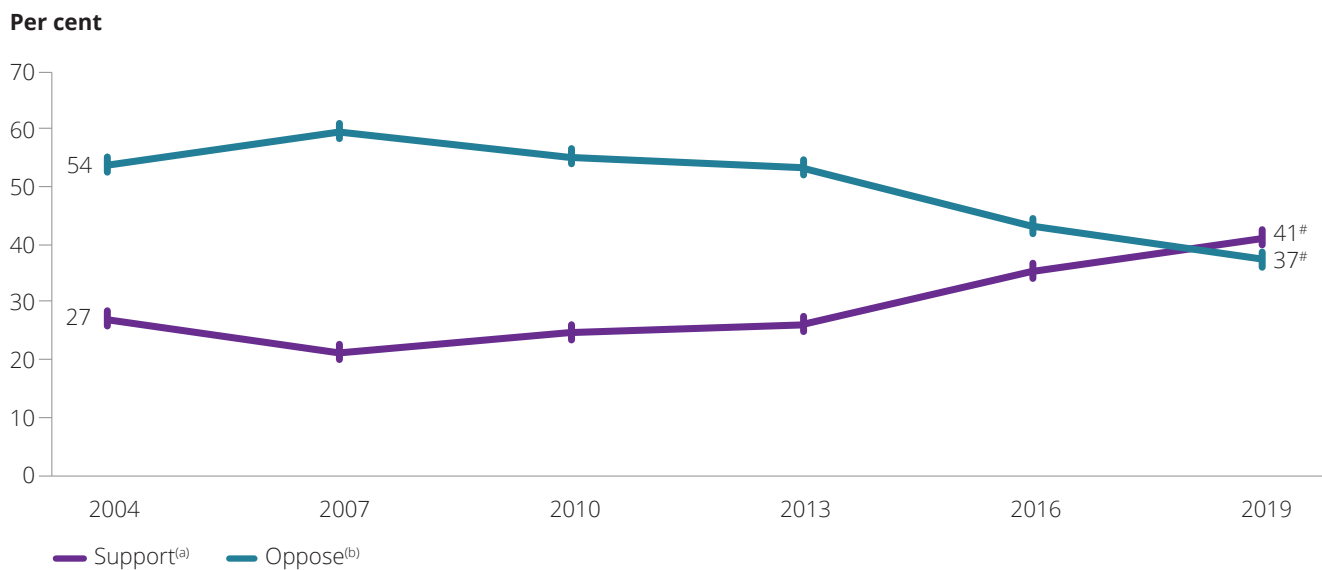
Statistically significant change between 2016 and 2019.

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

(b) Oppose or strongly oppose (calculations based on those respondents who were informed enough to indicate their level of support).

Note: The proportion of those who neither support nor oppose is not included in this figure.

Source: Table 9.26.

Support for measures to reduce problems associated with injecting

In 2019, most people supported measures to reduce problems associated with injecting drugs. The most commonly supported measures were:

- rapid detoxification therapy (69%)
- methadone/buprenorphine maintenance programs (67%)
- treatment with drugs other than methadone (66%) (Table 9.19).

There were small declines in the level of support for 'needle and syringe programs' (from 67% in 2016 to 64% in 2019) and a 'trial of prescribed heroin' (from 35% to 33%) (Table 9.19). A 'trial of prescribed heroin' was the only measure where opposition was higher than support (45% compared with 33%) (Table 9.22).

People who had recently injected drugs expressed higher levels of support than people who had never injected drugs for all measures, including (Table 9.21):
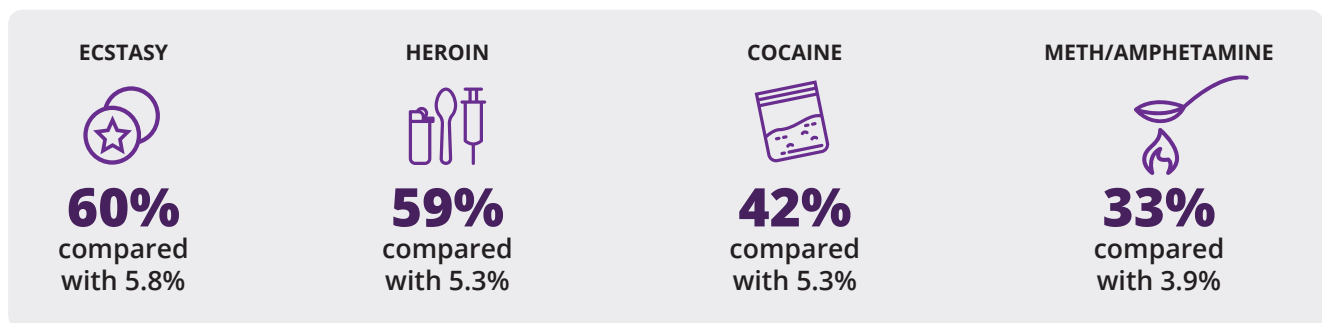

90%
needle and
syringe programs
(compared with 64%)

83%
the availability of
take-home Naloxone
(compared with 56%)

79%
regulated
injecting rooms
(compared with 54%)

60%
trial of
prescribed heroin
(compared with 32%)

Support for other illicit drug measures

Support for the legalisation of drugs remained low in 2019. However, there were increases in support for legalisation of cocaine (from 7.0% in 2016 to 8.0% in 2019) and ecstasy (from 8.2% to 9.5%); recent use of cocaine and ecstasy also increased from 2016 to 2019 (see Chapter 4 for more detail). Support for the legalisation of heroin (5.6%) and meth/amphetamines (4.6%) was stable in 2019. Males were more likely to support the legalisation of these drugs than females (Table 9.23).

People who recently used each drug type had substantially higher levels of support for legalisation than those who had never used the drug (Table 9.25):

ECSTASY	HEROIN	COCAINE	METH/AMPHETAMINE
60% compared with 5.8%	**59%** compared with 5.3%	**42%** compared with 5.3%	**33%** compared with 3.9%

In 2019, there was increased support of legalisation by people who had recently used cocaine (from 30% in 2016 to 42% in 2019) (Table 9.25).

There were slight declines in the support for increased penalties for the sale or supply of cocaine (from 80% in 2016 to 77% in 2019) and ecstasy (from 79% to 76%). The support for increased penalties for meth/amphetamine (84%) and heroin (83%) remained stable in 2019 (Table 9.27).

Box 9.1: Majority of people support pill testing but fewer supported supervised drug consumption rooms

For the first time in 2019, respondents were asked about the following measures:

- Allowing potential drug users to test their pills/drugs at designated sites. The test will inform them of the purity and the substances the drug contains.
- Supervised drug consumption facilities/rooms.

These measures were generally well supported in comparison to the legalisation of drugs and a 'trial of prescribed heroin' but remained slightly below support for other measures associated with injecting drugs.

Overall, almost 3 in 5 (57%) Australians supported 'allowing potential drug users to test their pills/drugs at designated sites'; only 1 in 4 opposed this measure (27%) (Table 9.13). Support was higher among people aged 14–39 (61%) than those aged 40 and over (53%) (Table 9.14). People who recently used drugs were substantially more likely to support this measure compared with those who had never used drugs (78% compared with 47%) (Table 9.12).

Slightly less than half (47%) supported 'supervised drug consumption facilities/rooms', while about 1 in 3 (32%) opposed this measure (Table 9.13). Support was higher among people aged 14–39 (50%) than those aged 40 and over (44%) (Table 9.14). People who had recently used drugs were substantially more likely to support this measure than those who had never used drugs (65% compared with 39%) (Table 9.12).

Support for measures relating to the use of illicit drugs and harm minimisation, people aged 14 and over, by age groups, 2019 (per cent)
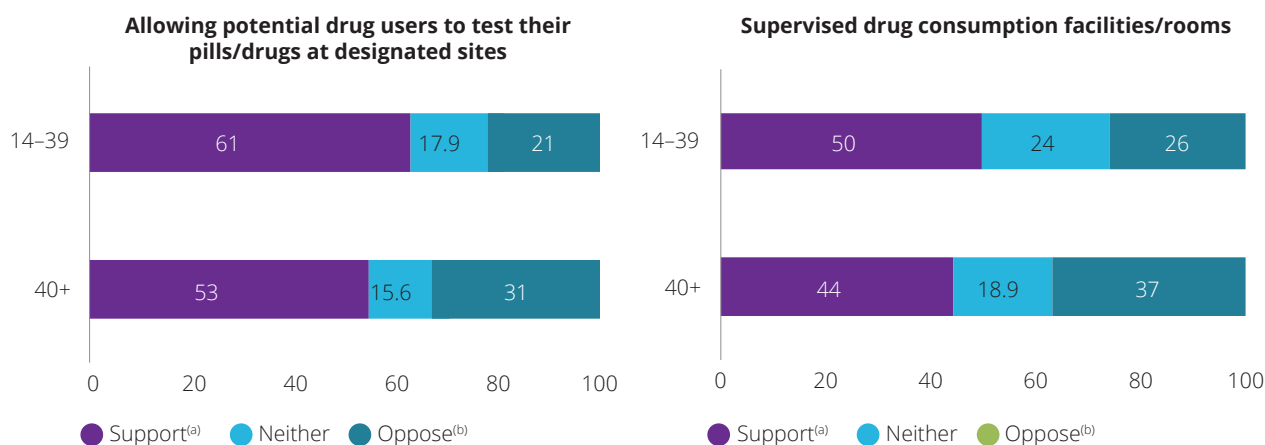
(a) Support or strongly support.

(b) Oppose or strongly oppose.

Note: Base is people who were informed enough to indicate their level of approval.

Source: Table 9.14.

What actions against people in possession of drugs are supported?

Across each drug type the action people most supported was for 'referral to treatment or an education program': heroin (51%), meth/amphetamines (49%), hallucinogens (46%) and ecstasy (40%). Cannabis was the only exception to this, where 'a caution/warning or no action' was the main action supported (54% compared with 24% for 'referral to treatment or an education program'). In addition, between 2016 and 2019:

- for all drugs there was a decline in the proportion who supported a 'prison sentence'
- a higher proportion supported 'a caution/warning or no action' for cannabis, ecstasy and hallucinogens (Table 9.32).

Spending on education preferred to spending on law enforcement

People's priorities (aligning conceptually with the 3 pillars of the NDS) were explored by looking at how a hypothetical $100 should be split between education, treatment or law enforcement to reduce the harm of alcohol, tobacco and illicit drugs.

Overall, education continued to receive the greatest proportion of the allotted $100 for tobacco ($45.00), alcohol ($41.20) and illicit drugs ($36.00). There was a decrease in the allotted dollars for law enforcement for alcohol (from $27.60 in 2016 to $26.70 in 2019) and illicit drugs (from $36.00 to $34.80); this resulted in the allotted dollars for illicit drugs being higher for education than for law enforcement for the first time since the question was introduced in 2004 (Table 9.33).

Where can I get more information?

For more information on support for alcohol and tobacco policy measures please see the respective chapters. To explore the data and view additional analyses on the information presented in this chapter, refer to the supplementary policy and attitudes data tables. These include data on:

- social characteristics, perceptions and attitudes towards drugs
- sex and age breakdowns for perceptions and policy support measures.

For references and terminology used in this chapter please see the main report or refer to the technical information for more information on the sample, the methodology, response rate and limitations of the survey results.