

8 Special population groups

Introduction

It has been recognised that there are certain groups within our population that experience a greater risk of developing harmful drug use behaviours or experiencing drug-related harm. As such, these groups may require a greater level of attention than that given to the general community in terms of education, treatment and prevention programs.

This chapter presents information on a number of population groups within the general Australian community, including:

- young people aged 14-17 years
- Aboriginal and Torres Strait Islander peoples
- people living in rural and remote areas
- persons from a non-English-speaking background
- older people
- women who were pregnant or breastfeeding
- homeless people
- injecting drug users.

Prisoners and police detainees have also been identified as population groups of special concern and thus requiring special attention. These population groups are examined in Chapter 10.

Young people

Alcohol and tobacco use

According to the 2001 NDSHS, smoking among young people increased rapidly with age (Table 8.1). Among those aged 17 years, almost one in four were smokers with around 16% smoking on a daily basis.

Alcohol use among young people was also prevalent. Around two in three teenagers aged 14–17 years reported that they consumed alcohol during the previous 12 months. The risk of alcohol-related harm increased rapidly with age, with 52% of 17-year-olds putting themselves at risk of acute harm on at least one drinking occasion in the previous 12 months, while 14% consumed alcohol at levels considered 'risky' or 'high risk' of chronic alcohol-related harm.

Table 8.1: Tobacco smoking status and risk of alcohol-related harm: proportion of the population aged 14–17 years, by age, Australia, 2001

Smoking status / Level of risk	Age (years)				
	14	15	16	17	14–17
	(per cent)				
	Tobacco smoking status				
Daily	4	11	13	16	11
Occasional ^(a)	2	2	4	7	4
<i>All smokers</i>	6	12	17	23	15
Ex-smoker ^(b)	2	1	4	4	3
Never smoked ^(c)	92	87	79	72	82
	Risk of alcohol-related harm in the long term^(d)				
Abstainers ^(f)	56	38	27	19	33
Low risk	41	56	68	67	59
Risky and high risk	2	6	5	14	7
	Risk of alcohol-related harm in the short term^(e)				
Abstainers ^(f)	56	38	27	19	33
Low risk	31	35	33	29	32
Risky and high risk					
At least yearly but less than monthly	5	8	17	14	12
At least monthly but less than weekly	7	13	17	25	16
At least weekly	1	5	5	13	7
<i>Total risky and high risk</i>	13	27	40	52	35

(a) An occasional smoker is a person that smokes less than daily.

(b) An ex-smoker is a person who has smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reports no longer smoking.

(c) A person who has never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life is defined as never smoked.

(d) Risk of harm in the long term. For males, the consumption of up to 28 standard drinks per week is considered 'Low risk', 29 to 42 per week 'Risky', and 43 or more per week 'High risk'. For females, the consumption of up to 14 standard drinks per week is considered 'Low risk', 15 to 28 per week 'Risky' and 29 or more per week 'High risk'.

(e) Risk of harm in the short term. For males, the consumption of up to 6 standard drinks on any one day is considered 'Low risk', 7 to 10 on any one day 'Risky', and 11 or more on any one day 'High risk'. For females, the consumption of up to 4 standard drinks on any one day is considered 'Low risk', 5 to 6 on any one day 'Risky' and 7 or more on any one day 'High risk'.

(f) Not consumed alcohol in the last 12 months.

Source: National Drug Strategy Household Survey 2001.

Lifetime illicit drug use

According to the 2001 NDSHS, use of illicit drugs at least once generally increased with age for those aged 14–17 years (Table 8.2).

Marijuana/cannabis was used at least once by 28% of persons aged 14–17 years. Around 5% of 14–17-year-olds had used amphetamines and 4% had used ecstasy/designer drugs at least once in their lifetime. At each age, marijuana/cannabis was the most prevalent illicit drug, used at least once by 12% of 14-year-olds, ranging up to 39% of 17-year-olds.

Table 8.2: Summary of lifetime^(a) use of illicit drugs, persons aged 14–17 years, Australia, 2001

Substance	Age (years)				
	14	15	16	17	14–17
	(per cent)				
Marijuana/cannabis	12	21	33	39	28
Pain-killers/analgesics ^(b)	7	6	6	5	6
Tranquillisers ^(b)	*1	3	*1	*2	2
Steroids ^(b)	–	–	–	–	–
Inhalants	–	3	3	3	2
Heroin	–	*1	*1	–	–
Amphetamines ^(b)	–	4	6	8	5
Cocaine	*1	*1	*2	*2	1
Hallucinogens	*1	2	2	4	2
Ecstasy/designer drugs	–	3	5	7	4
Any illicit drug	18	25	37	40	31
Any illicit drug excluding marijuana/cannabis	9	11	13	14	12

(a) Used at least once in life.

(b) For non-medical purposes.

* Relative standard error greater than 50%.

Source: National Drug Strategy Household Survey 2001.

Recent illicit drug use

Illicit drug use in the last 12 months by young people aged 14–17 years also increased with age (Table 8.3). Overall, 21% of persons aged 14–17 years had used marijuana/cannabis in the last 12 months, 4% had used amphetamines and 3% had used ecstasy/designer drugs.

Marijuana/cannabis was used at least once in the last 12 months by 10% of 14-year-olds, ranging up to 29% of 17-year-olds.

Table 8.3: Summary of recent^(a) illicit drug use, persons aged 14–17 years, Australia, 2001

Substance	Age (years)				
	14	15	16	17	14–17
	(per cent)				
Marijuana/cannabis	10	19	22	29	21
Pain-killers/analgesics ^(b)	5	4	3	3	4
Tranquillisers ^(b)	1	2	1	1	1
Steroids ^(b)	–	–	–	–	–
Inhalants	–	2	*1	*1	1
Heroin	–	*1	–	–	–
Amphetamines ^(b)	–	3	5	5	4
Cocaine	–	*1	*1	–	1
Hallucinogens	–	*2	*2	2	2
Ecstasy/designer drugs	–	*2	4	6	3
Any illicit drug	15	21	24	30	23
Any illicit drug excluding marijuana/cannabis	6	8	8	10	8

(a) Used in the last 12 months.

(b) For non-medical purposes.

* Relative standard error greater than 50%.

Source: National Drug Strategy Household Survey 2001.

Aboriginal and Torres Strait Islander peoples

The available evidence suggests that Aboriginal and Torres Strait Islander people continue to suffer a greater burden of ill health than the rest of the population. However, data about Aboriginal and Torres Strait Islander people are limited by the extent to which they are included in national surveys, the accuracy with which they are identified, uncertainties about Aboriginal and Torres Strait Islander population estimates, and concerns about whether the survey methods employed are the most suitable.

The 2001 NDSHS asked respondents whether they were Aboriginal, Torres Strait Islander or both. The number of Aboriginal and Torres Strait Islander people enumerated in the 2001 NDSHS was 415 and therefore the following results should be interpreted with caution.

Summary of drug use

The most prevalent substance used by Aboriginal and Torres Strait Islander people was alcohol, with 91% reporting the consumption of a full serve at least once in their lifetime and 79% using in the last 12 months (Table 8.4). This was comparable to non-Indigenous Australians, 91% of whom reported consuming alcohol at least once in their lifetime and 83% of whom reported using in the last 12 months.

In terms of tobacco use, 62% of Aboriginal and Torres Strait Islander people had smoked 100 cigarettes (or equivalent amount of tobacco) in their lifetime and 50% had smoked in the last 12 months. This contrasted with non-Indigenous Australians, 49% of whom had smoked at least 100 cigarettes (or equivalent amount of tobacco) in their lifetime and 23% of whom had smoked in the last 12 months.

Table 8.4: Summary of drug use by Aboriginal and Torres Strait Islander people and non-Indigenous persons aged 14 years and over, Australia, 2001

Substance	Aboriginal and Torres Strait Islander people	Non-Indigenous Australians	
		(per cent)	
		Ever used	
Alcohol	91	91	
Tobacco/cigarettes	62	49	
Marijuana/cannabis	50	33	
Any illicit drug	57	37	
Any illicit drug other than marijuana/cannabis	25	18	
Used in the last 12 months			
Alcohol	79	83	
Tobacco/cigarettes	50	23	
Marijuana/cannabis	27	13	
Any illicit drug	32	17	
Any illicit drug other than marijuana/cannabis	13	8	

Source: National Drug Strategy Household Survey 2001.

Illicit drug use among Aboriginal and Torres Strait Islander respondents was higher than for non-Indigenous respondents. For example, 27% of Aboriginal and Torres Strait Islander respondents reported using marijuana/cannabis in the last 12 months compared with 13% of non-Indigenous respondents. Similarly, 13% of Aboriginal and Torres Strait Islander people reported using an illicit drug other than marijuana/cannabis in the last 12 months compared to 8% of other Australians.

Tobacco smoking status

According to the 2001 NDSHS, twice the proportion of Aboriginal and Torres Strait Islander people smoked than non-Indigenous Australians (Table 8.5).

Among males, 49% of Aboriginal and Torres Strait Islander respondents reported smoking, compared to 25% of other respondents, and 43% of Aboriginal and Torres Strait Islander males reported smoking daily, compared with 21% of non-Indigenous males.

Among females, 50% of Aboriginal and Torres Strait Islander respondents reported smoking compared with 20% among other respondents. Daily smoking among Aboriginal and Torres Strait Islander women (47%) was almost three times the rate among non-Indigenous women (18%).

After adjusting for age differences, the 2001 NHS reported that Aboriginal and Torres Strait Islander adults aged 18 years and over were twice as likely as non-Indigenous adults to be current smokers (51% and 24% respectively).

Table 8.5: Tobacco smoking status: proportion of Aboriginal and Torres Strait Islander people and non-Indigenous persons aged 14 years and over, by sex, Australia, 2001

Smoking status	Aboriginal and Torres Strait Islander people	Non-Indigenous Australians (per cent)	
		Males	
Daily	43		21
Occasional ^(a)	6		5
All smokers	49		25
Ex-smoker ^(b)	12		30
Never smoked ^(c)	39		45
Females			
Daily	47		18
Occasional ^(a)	3		3
All smokers	50		20
Ex-smoker ^(b)	13		23
Never smoked ^(c)	37		57
Persons			
Daily	45		19
Occasional ^(a)	4		4
All smokers	50		23
Ex-smoker ^(b)	12		26
Never smoked ^(c)	38		51

(a) An occasional smoker is a person who smokes less often than daily, that is, weekly or less than weekly.

(b) An ex-smoker is a person who has smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reports no longer smoking.

(c) A person who has never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life is defined as never smoked.

Source: National Drug Strategy Household Survey 2001.

Risk of alcohol-related harm in the long term

According to the 2001 NDSHS, the risk profile for alcohol-related harm in the long term differed between Aboriginal and Torres Strait Islander people and non-Indigenous Australians (Table 8.6). On the one hand, Aboriginal and Torres Strait Islander people (21%) were more likely than non-Indigenous Australians (17%) to abstain from consuming alcohol in the last 12 months while, on the other hand, they (20%) were twice as likely as non-Indigenous people (10%) to consume alcohol at a level that substantially increases their risk of harm in the long term.

Among males, 25% of Aboriginal and Torres Strait Islander respondents consumed alcohol at 'risky' or 'high risk' levels for alcohol-related harm in the long term, compared with 10% of non-Indigenous males.

Among females, 15% of Aboriginal and Torres Strait Islander respondents consumed alcohol at 'risky' or 'high risk' levels for alcohol-related harm in the long term, compared with 9% of non-Indigenous females.

The 2001 NHS reported that 12% of Aboriginal and Torres Strait Islander adults and 11% of non-Indigenous adults consumed alcohol at levels deemed to be 'risky' or 'high risk' for harm to health in the long term; however, it could not be stated with any confidence that this represented a difference between both populations.

Table 8.6: Risk of harm in the long term: proportion of Aboriginal and Torres Strait Islander people and non-Indigenous persons aged 14 years and over, by sex, Australia, 2001

Level of risk ^(a)	Aboriginal and Torres Strait Islander people	Non-Indigenous Australians (per cent)	
		Males	
Abstainers ^(b)	16	14	
Low risk	59	76	
Risky	13	7	
High risk	12	3	
<i>Total risky and high risk</i>	25	10	
All drinkers	84	86	
		Females	
Abstainers ^(b)	25	21	
Low risk	60	70	
Risky	6	7	
High risk	9	2	
<i>Total risky and high risk</i>	15	9	
All drinkers	75	79	
		Persons	
Abstainers ^(b)	21	17	
Low risk	59	73	
Risky	9	7	
High risk	11	3	
<i>Total risky and high risk</i>	20	10	
All drinkers	79	83	

(a) Risk of harm in the long term. For males, the consumption of up to 28 standard drinks per week is considered 'Low risk', 29 to 42 per week 'Risky', and 43 or more per week 'High risk'. For females, the consumption of up to 14 standard drinks per week is considered 'Low risk', 15 to 28 per week 'Risky' and 29 or more per week 'High risk'.

(b) Not consumed alcohol in the last 12 months.

Source: National Drug Strategy Household Survey 2001.

Risk of alcohol-related harm in the short term

Overall, one in two Aboriginal and Torres Strait Islander people consumed alcohol in a way that put themselves at risk of alcohol-related harm in the short term on at least one occasion in the previous 12 months, compared with one in three non-Indigenous Australians (Table 8.7).

Among Aboriginal and Torres Strait Islander male respondents, 56% consumed 7 or more standard drinks on any one day at least once in the previous 12 months, 43% at least once every month in the previous 12 months, and 21% at least once every week in the previous 12 months. The comparative non-Indigenous male risk profile for alcohol-related harm in the short term was 39%, 23% and 8% respectively.

Among Aboriginal and Torres Strait Islander female respondents, 42% consumed 5 or more standard drinks on any one day at least once in the previous 12 months, 32% at least once every month in the previous 12 months, and 12% at least once every week in the previous 12 months. The comparative non-Indigenous female risk profile for alcohol-related harm in the short term was 30%, 17% and 5% respectively.

Table 8.7: Risk of harm in the short term: proportion of Aboriginal and Torres Strait Islander people and non-Indigenous persons aged 14 years and over, by sex, Australia, 2001

Level of risk ^(a)	Aboriginal and Torres Strait Islander people	Non-Indigenous Australians	
		(per cent)	
		Males	
Abstainers ^(b)	16		14
Low risk	28		47
Risky and high risk			
At least yearly	13		16
At least monthly but less than yearly	22		15
At least weekly but less than monthly	21		8
<i>Total risky and high risk</i>	56		39
		Females	
Abstainers ^(b)	25		21
Low risk	33		50
Risky and high risk			
At least yearly	11		13
At least monthly but less than yearly	20		12
At least weekly but less than monthly	12		5
<i>Total risky and high risk</i>	42		30
		Persons	
Abstainers ^(b)	21		17
Low risk	31		48
Risky and high risk			
At least yearly	12		14
At least monthly but less than yearly	21		13
At least weekly but less than monthly	16		7
<i>Total risky and high risk</i>	49		34

(a) Risk of harm in the short term. For males, the consumption of up to 6 standard drinks on any one day is considered 'Low risk', 7 to 10 on any one day 'Risky', and 11 or more on any one day 'High risk'. For females, the consumption of up to 4 standard drinks on any one day is considered 'Low risk', 5 to 6 on any one day 'Risky' and 7 or more on any one day 'High risk'.

(b) Not consumed alcohol in the last 12 months.

Source: National Drug Strategy Household Survey 2001.

People living in rural and remote areas

The Australian Standard Geographic Classification has been used to classify geographical location into four categories namely, major city, inner regional, outer regional, and remote and very remote. Using the 2001 NDSHS, drug use among people living in major cities was compared with drug use among people living elsewhere.

Overall, people living outside major cities were slightly more likely to use alcohol and tobacco than people living in major cities (Table 8.8). However, people living in major cities were slightly more likely than others to use illicit drugs.

Table 8.8: Summary of drug use by people living inside and outside Australian major cities^(a): population aged 14 years and over, Australia, 2001

Substance	Major city	Non-major city	
		(per cent)	
Ever used			
Alcohol	90		92
Tobacco/cigarettes	48		53
Marijuana/cannabis	33		33
Any illicit drug	38		37
Any illicit drug other than marijuana/cannabis	19		17
Used in the last 12 months			
Alcohol	82		83
Tobacco/cigarettes	22		25
Marijuana/cannabis	13		13
Any illicit drug	17		17
Any illicit drug other than marijuana/cannabis	9		7

(a) As defined by the Australian Standard Geographical Classification.

Source: National Drug Strategy Household Survey 2001.

Persons of a non-English-speaking background

Based on results from the 2001 NDSHS, persons of a non-English-speaking background, that is, persons whose main language spoken at home was not English, were less likely to consume alcohol, smoke tobacco or use illicit drugs than were persons of an English-speaking background (Table 8.9).

In 2001, 58% of persons of a non-English-speaking background had consumed alcohol in the last 12 months compared with 84% of persons of an English-speaking background, while 18% of persons of a non-English-speaking background had used tobacco in the last 12 months compared with 24% of persons of an English-speaking background.

In 2001, 5% of persons of a non-English-speaking background had used marijuana/cannabis in the last 12 months compared with 13% of persons of an English-speaking background, while 7% of persons of a non-English-speaking background had used an illicit drug other than marijuana/cannabis in the last 12 months compared with 8% of persons of an English-speaking background.

Table 8.9: Summary of drug use in people from an English- and a non-English-speaking background, Australia, 2001

Substance	English speaking	Non-English speaking (per cent) Ever used
Alcohol	92	68
Tobacco/cigarettes	51	32
Marijuana/cannabis	35	12
Any illicit drug	39	20
Any illicit drug other than marijuana/cannabis	19	14
		Used in last 12 months
Alcohol	84	58
Tobacco/cigarettes	24	18
Marijuana/cannabis	13	5
Any illicit drug	17	11
Any illicit drug other than marijuana/cannabis	8	7

Source: National Drug Strategy Household Survey 2001.

Older people

Licit and illicit drug use tends to decline with age (Table 8.10). In 2001, alcohol had been used at some time in their lives by 94% of people aged 40–49 years, compared with 77% of those aged 80 years or more. Similarly, use of alcohol in the past 12 months declined from 86% of people aged 40–49 years, compared with 65% of people aged 80 years and over. By comparison, as seen in Chapter 3, the prevalence of daily drinking increased with age to peak at 16% of people aged 60 years or more.

Tobacco use and the use of illicit drugs declined more markedly with age. For example, 25% of people aged 40–49 years had used tobacco in the last 12 months, compared with 4% of people aged 80 years or more.

The proportion of people aged 14–39 years who used alcohol tended to be similar to older people. However, the use of tobacco and illicit drugs in particular was higher among persons aged 14–39 years than older people.

Table 8.10: Summary of drug use in younger and older persons aged 14 years and over, Australia, 2001

Substance	Age group					
	14–39	40–49	50–59	60–69	70–79	80+
	(per cent)					
	Ever used					
Alcohol	91	94	92	88	83	77
Tobacco/cigarettes	45	57	56	50	47	44
Marijuana/cannabis	49	37	17	4	1	–
Any illicit drug	53	42	22	9	8	7
Any illicit drug other than marijuana/cannabis	27	17	10	6	7	7
	Used in the last 12 months					
Alcohol	85	86	83	77	68	65
Tobacco/cigarettes	29	25	20	13	7	4
Marijuana/cannabis	23	9	3	1	–	–
Any illicit drug	28	12	7	4	4	4
Any illicit drug other than marijuana/cannabis	13	5	4	3	4	4

Source: National Drug Strategy Household Survey 2001.

Pregnant or breastfeeding women

The 2001 NDSHS asked women whether they had used licit and/or illicit drugs when they were pregnant, breastfeeding, or pregnant and breastfeeding, at some time during the previous 12 months.

The 2001 NDSHS found that women who were pregnant and/or breastfeeding in the previous 12 months were less likely to consume alcohol (53%), tobacco (23%) and any illicit drug (8%) while they were pregnant and/or breastfeeding compared with when they weren't (83%, 24% and 17% respectively) (Table 8.11).

The 2001 NDSHS also found that women who were pregnant, breastfeeding, or both pregnant and breastfeeding in the past 12 months were generally less likely to smoke, drink alcohol and use illicit drugs than women who were not pregnant and/or breastfeeding.

Table 8.11: Drug use in the past 12 months by pregnant and/or breastfeeding women and all other women, women aged 14–49 years, Australia, 2001

Substance	Pregnant and/or breastfeeding in the past 12 months ^(a)		Not pregnant and/or breastfeeding in the past 12 months ^(d)
	Whilst pregnant and/or breastfeeding ^(b)	Generally ^(c) (per cent)	
Tobacco	23	24	26
Alcohol	53	83	84
Marijuana/cannabis	7	13	15
Any illicit drug	8	17	20
Any illicit drug other than marijuana/cannabis	4	9	10

(a) Women reporting that they were pregnant and/or breastfeeding in the past 12 months.

(b) Responses to specific questions about drug use during pregnancy/breastfeeding.

(c) Responses to general questions about drug use during the past 12 months.

(d) Women reporting that they were not pregnant and/or breastfeeding in the past 12 months.

Source: National Drug Strategy Household Survey 2001.

Almost all women who were pregnant in the past 12 months either abstained from consuming alcohol (36%) or reduced their consumption while pregnant (59%) (Table 8.12). A similar pattern applied to women who were breastfeeding, 66% of whom drank less alcohol and 28% of whom did not drink at all.

Table 8.12: Change in alcohol consumption among women who were pregnant or who were breastfeeding in the last 12 months, aged 14 years and over, Australia, 2001

Change in consumption	Pregnant women	Breastfeeding women (per cent)
Drank the same or more	4	6
Drank less	59	66
Did not drink alcohol	36	28

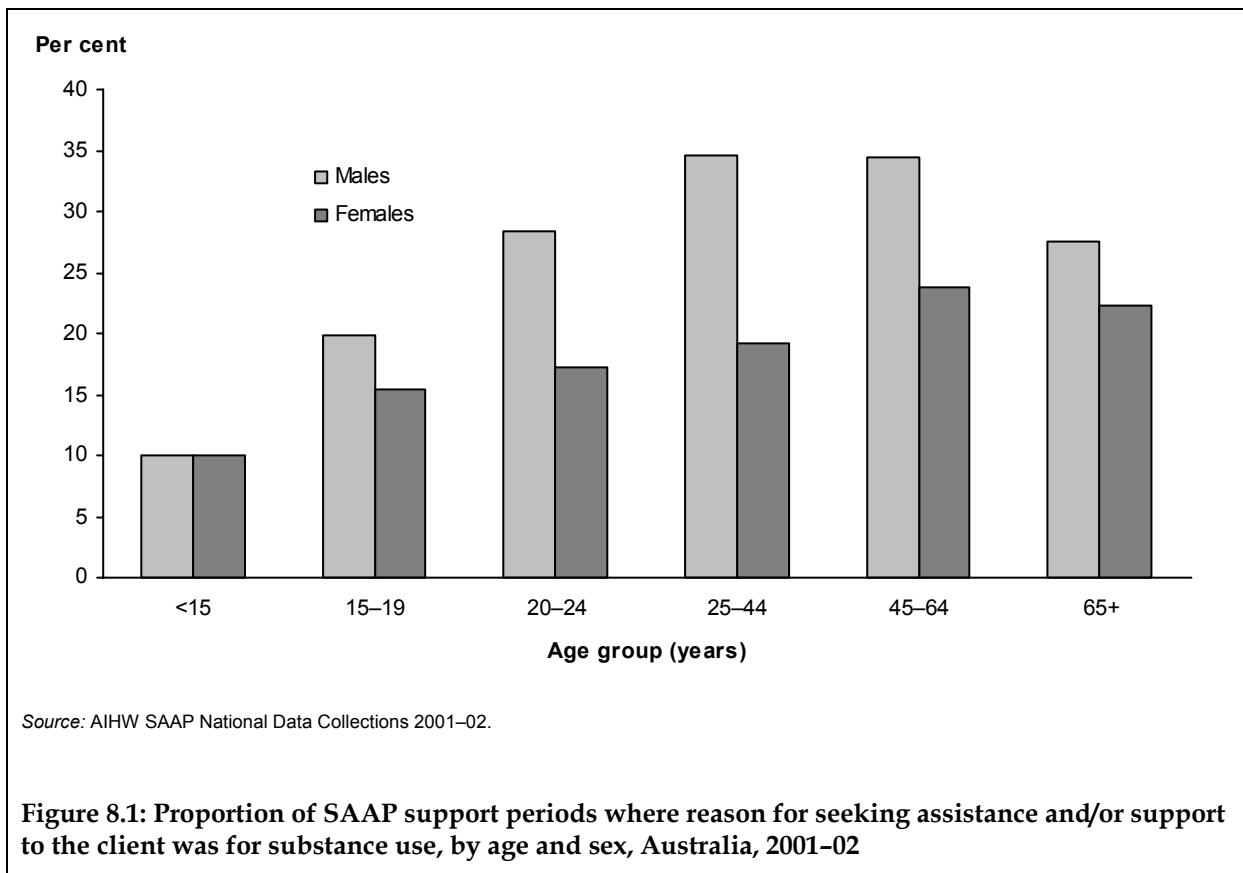
Source: National Drug Strategy Household Survey 2001.

Homeless people

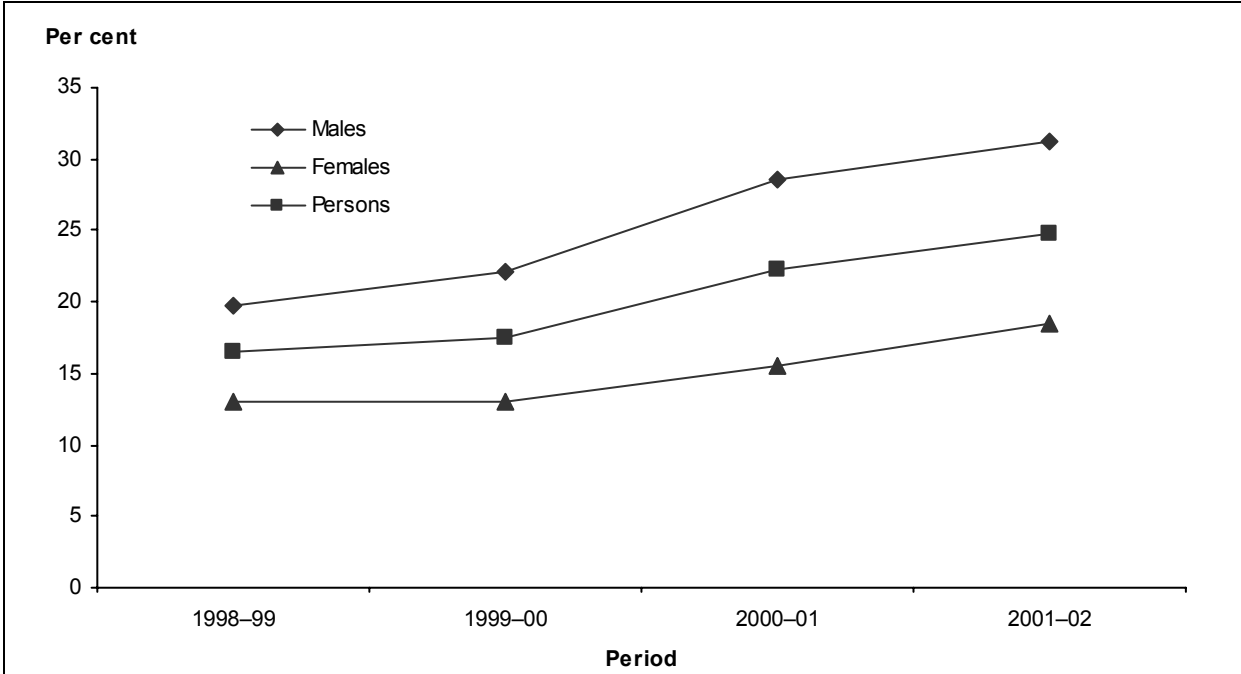
People who are homeless or are at risk of becoming homeless may seek or receive assistance and support for a variety of reasons. Sometimes these reasons may be related to drug and/or alcohol use. The data presented in this section were sourced from the Supported Accommodation Assistance Program (SAAP) National Data Collection, which consolidates a number of Commonwealth, State and Territory government programs designed to assist people who are homeless or at risk of becoming homeless. The unit of assistance is the support period, which is defined as an occasion of support provided to a SAAP client. Each client may access multiple periods of support during any annual period. The number of support periods related to drug and alcohol use were derived from cases where clients sought assistance because of drug, alcohol, and/or substance abuse (as a reason or main reason for seeking assistance) or where clients expressed a need for or received assistance with drug/alcohol support or intervention.

In the 2001-02 SAAP collection, there were 87,100 support periods for males (49%) compared with 89,100 support periods for females (51%). However, of the 43,600 drug and/or alcohol-related support periods, 27,160 were for males (62%) and 16,440 were for females (38%).

Overall, almost one in three support periods for males were those for which male clients sought or received assistance for substance abuse, compared with around one in five for females. However, the differences between males and females were more pronounced when compared by age group (Figure 8.1). For males, the number of support periods where substance use was a factor for seeking or receiving assistance peaked at 35% of all support periods among males aged 25-44 years. For females, there was less variation across age groups, with the peak being observed among females aged 45-64 years (24%).



The proportion of support periods that included assistance and support for alcohol, drug and substance abuse increased from 16% in 1998-99 to 25% in 2001-02 (Figure 8.2). Over the same period, males observed an increase of 20% to 31%, while females observed an increase of 13% to 18%.



Source: AIHW SAAP National Data Collection 1998-99, 1999-00, 2000-01, 2001-02.

Figure 8.2: Proportion of SAAP support periods where reason for seeking assistance and/or support to the client was for substance use, by sex, Australia, 1998-99 to 2001-02

Injecting drug users

The following data concerning injecting drug users were sourced from the IDRS managed by the National Drug and Alcohol Research Centre. The IDRS monitors information concerning the price, availability, purity and use of the four main drug types: heroin, cocaine, marijuana/cannabis and amphetamines. Primary data sources include a survey of injecting drug users, a survey of professionals in the field of illicit drugs who act as key informants, and an analysis of existing indicator data on drug-related issues. For more information, readers are referred to the IDRS report.

Since 2000, the IDRS has surveyed a sample of injecting drug users in the capital cities of all jurisdictions. As the sample size is small in each jurisdiction, readers are advised to take caution when interpreting the results presented here.

Demographics

The mean age of injecting drug users surveyed for the IDRS ranged from 26.0 years in Tasmania to 34.3 years in Northern Territory (Table 8.13). In all jurisdictions the mean length of school education of injecting drug users was around 10 years.

The proportion of injecting drug users that were male ranged between 57% in Victoria and 77% in the Northern Territory. Across the jurisdictions, between 61% and 80% of injecting drug users were unemployed.

The proportion of injecting drug users that were of Aboriginal or Torres Strait Islander origin varied from 6% in Western Australia to 29% in New South Wales.

The proportion of injecting drug users that had a prison history ranged from 32% in Tasmania to 55% in New South Wales.

The proportion of injecting drug users that were currently in drug treatment varied from 24% in Western Australia and the Northern Territory to 52% in Tasmania.

Table 8.13: Demographic characteristics of injecting drug users, by jurisdiction, Australia, 2001

Demographic characteristic	NSW n=163	Vic n=151	Qld n=102	WA n=100	SA n=100	Tas n=100	ACT n=100	NT n=135
	(mean years)							
Age	32.3	28.5	27.7	28.1	31.9	26.0	30.0	34.3
School education	9.5	10.7	10.5	11.5	10.2	10.0	10.6	10.0
	(per cent)							
Male	72	57	61	63	61	75	68	77
Unemployed	80	79	65	61	77	68	75	71
Aboriginal or Torres Strait Islander	29	9	12	6	20	10	8	10
Trade/technical qualification	39	34	44	35	49	22	28	40
Prison history	55	46	38	34	50	32	34	51
Currently in drug treatment	29	44	36	24	34	52	49	24

Source: Topp et al. 2002.

Sharing of injecting equipment

Nationally, approximately half of injecting drug users borrowed any injecting equipment in 2000 and 2001 (Table 8.14). Across jurisdictions, the proportion of injecting drug users that lent their needle to someone else was around 12–35% in 2000 and 6–25% in 2001.

Table 8.14: Proportion of injecting drug users who had shared needles or other injecting equipment, by jurisdiction, Australia, 2000 and 2001

Year and activity	NSW n=163	Vic n=151	Qld n=102	WA n=100	SA n=100	Tas n=100	ACT n=100	NT n=135	Aust n=951
	(per cent)								
2000									
Lent needle	17	35	23	28	21	12	14	13	11
Borrowed needle	10	19	19	22	24	10	9	11	16
Borrowed any equipment ^(a)	52	53	50	56	60	62	63	28	51
2001									
Lent needle	17	25	24	25	14	6	17	11	17
Borrowed needle	11	15	12	23	10	10	15	10	13
Borrowed any equipment ^(a)	52	45	40	59	41	13	48	63	45

(a) Includes spoons, mixing containers, filters, tourniquets and water.

Source: National Drug and Alcohol Research Centre 2002.