

1 Introduction

National Drug Strategy

The National Drug Strategy (NDS), formerly the National Campaign Against Drug Abuse, was initiated in 1985 following a Special Premiers' Conference. From its inception the Strategy recognised the importance of a comprehensive, integrated approach to the harmful use of licit and illicit drugs and other substances. The aim is to achieve a balance between demand-reduction and supply-reduction measures to minimise the harmful effects of drugs in Australian society. The tangible social costs of drug use in Australia were estimated to be \$18.3 billion or approximately 5.5% of gross domestic product in 1998–99 (Collins & Lapsley 2002).

The National Drug Strategy 2004–2009

The National Drug Strategy 2004–2009 provides a framework for a coordinated, integrated approach to drug issues in the Australian community. The mission of the NDS is to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society.

The NDS is the responsibility of the Ministerial Council on Drug Strategy (MCDS). The MCDS is a national ministerial-level forum responsible for developing policies and programs to reduce the harm caused by drugs to individuals, families and communities in Australia. The MCDS is the peak policy- and decision-making body on licit and illicit drugs in Australia. It brings together Australian government, state and territory ministers responsible for health and law enforcement, and the Australian government minister responsible for education. The MCDS is responsible for ensuring that Australia has a nationally coordinated and integrated approach to reducing the substantial harm associated with drug use.

About this report

This report is the eleventh in a series that was previously titled *Statistics on Drug Abuse in Australia*, first produced in 1985 under the auspices of the National Campaign Against Drug Abuse. It is the fourth edition produced by the Australian Institute of Health and Welfare (AIHW) under a schedule to the Memorandum of Understanding between AIHW and the Australian Government Department of Health and Ageing.

Statistics on Drug Use in Australia 2004 follows the format of past reports in this series. Chapters are either based on or incorporate all of the drug types covered by the National Drug Strategy 2004–2009: tobacco, alcohol, illicit drugs and pharmaceuticals. Within each of these chapters, data are provided on consumption and, to a lesser extent, drug-related behaviour. Material added to this edition include data presented on:

- use of ecstasy and related drugs;
- alcohol, tobacco and other drug use by young people aged 12–19 years;
- patterns of substance use and psychological wellbeing;

- closed treatment episodes in alcohol and other drug treatment services;
- clients registered for methadone maintenance treatment and buprenorphine maintenance treatment; and
- females incarcerated in Australian prisons.

Data sources

A large part of the data within this report was sourced from the 2004 National Drug Strategy Household Survey (NDSHS) managed by the AIHW. This was a comprehensive national survey of almost 30,000 Australians aged 12 years and over. The 2004 sample included almost 2,000 more respondents than the 2001 sample, was almost three times larger than the 1998 sample, and around eight times larger than the 1995 and 1993 samples. Questions relating to the use of ketamine and GHB (types of anaesthetic drugs used illicitly) were included for the first time as were physical and mental health measures. The estimates for 2004 contained in this publication are based on information obtained from persons aged 12 years and over or 14 years and over (as specified) from the populations of all states and territories. Additional data were obtained from the 1995, 1998 and 2001 NDSHS and the 1991 and 1993 National Campaign Against Drug Abuse Surveys.

Other relevant information was obtained from a range of sources. These are listed below.

- Australian Crime Commission
- Australian Bureau of Statistics
- Australian Customs Service
- Australian Institute of Criminology
- Australian Institute of Health and Welfare
- Australian Government Department of Health and Ageing
- Australian Taxation Office
- National Centre in HIV Epidemiology and Clinical Research
- National Drug and Alcohol Research Centre
- National Drug Research Institute
- Organisation for Economic Co-operation and Development.

For more information, readers are directed to the references listed at the end of this publication. Background information was also obtained from the following web sites:

- <http://www.abs.gov.au>
- <http://www.adf.org.au/index.asp>
- <http://www.aic.gov.au>
- <http://www.aihw.gov.au>
- <http://www.health.gov.au>
- <http://www.med.unsw.edu.au/nchecr>
- <http://ndarc.med.unsw.edu.au/ndarc.nsf>.

2 Tobacco

Introduction

Tobacco is one of the most widely used legal drugs in Australia. This chapter focuses on tobacco consumption, both over time and in the present.

Tobacco consumption in Australia may be measured in two ways:

- directly, using estimates derived from population health surveys; and
- indirectly, looking at official clearances through excise and customs.

The chapter begins with direct estimates of tobacco consumption using the 2004 National Drug Strategy Household Survey (NDSHS). The latter section of the chapter contains indirect estimates of consumption using the volume of tobacco cleared through excise and customs and government revenue derived from the sale of tobacco.

For a comparison of tobacco use with other countries, refer to Chapter 6.

Reported consumption trends

The proportion of the Australian population aged 14 years and over who were daily smokers dropped from 24% in 1991 to 17% in 2004 (Table 2.1). The proportion of the population who were ex-smokers increased during this time, from 21% in 1991 to 26% in 1998, and remained stable in 2001 and 2004. The proportion of the population who had never smoked more than 100 cigarettes in their life also increased, from just under half (49%) in 1991, to just over half (53%) in 2004.

In 1991, over one-quarter (27%) of Australian males aged 14 years and over were daily smokers, but in 2004, less than one-fifth were daily smokers (19%). The proportion of males reporting that they had never smoked more than 100 cigarettes in their life increased from 42% in 1991 to 48% in 2004.

The proportion of females in the population aged 14 years who smoked daily or occasionally remained lower than males. In 1991, 22% of females aged 14 years and over reported smoking daily, compared with 16% in 2004. The proportion of females aged 14 years and over who had never smoked more than 100 cigarettes in their life increased from 56% in 1991 to 58% in 2004.

Table 2.1: Tobacco smoking status: proportion of the population aged 14 years and over, by sex, Australia, 1991 to 2004

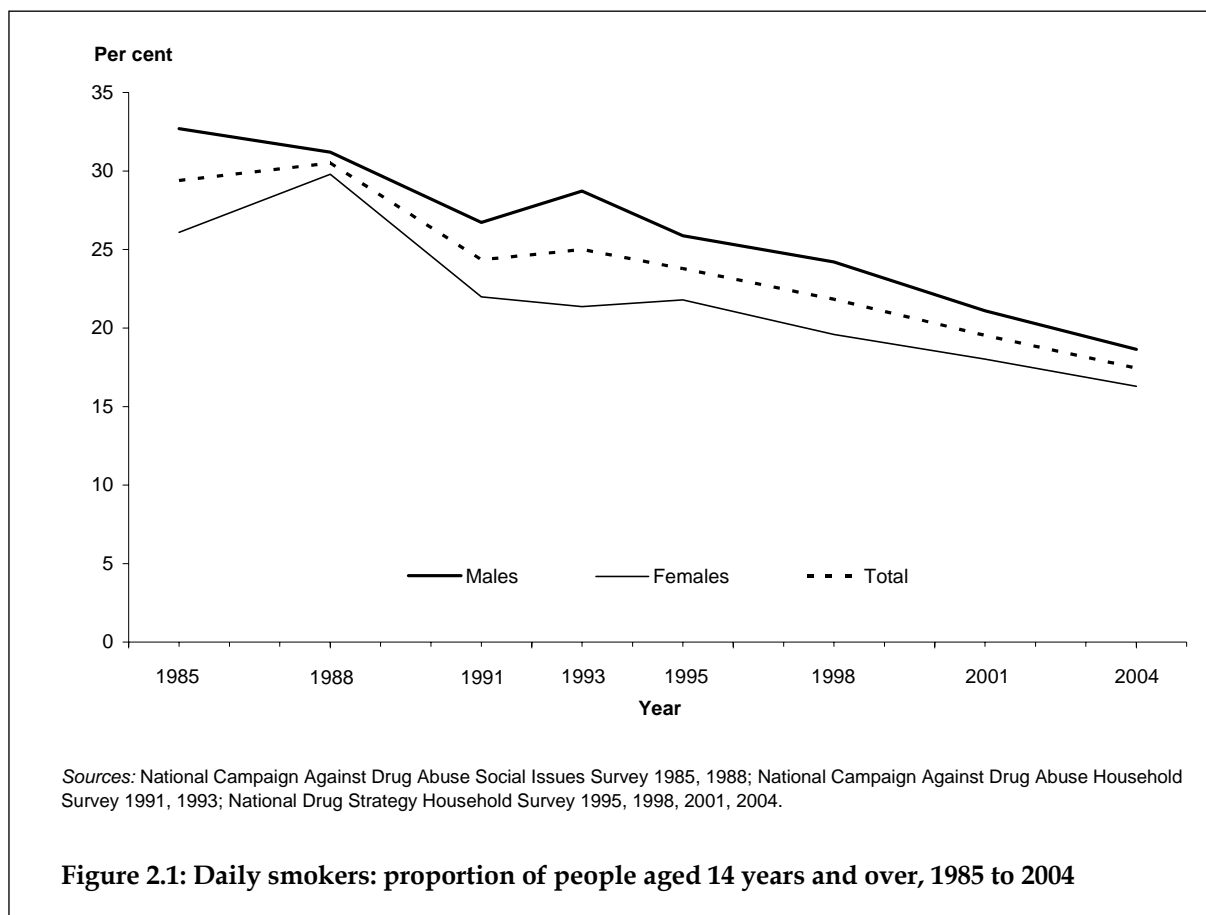
Tobacco smoking status	1991	1993	1995	1998	2001	2004
(per cent)						
Males						
Daily	26.7	28.7	25.9	24.2	21.1	18.6
Weekly	3.0	2.1	1.8	2.0	2.0	2.0
Less than weekly	2.8	1.7	1.9	1.6	2.6	1.9
Ex-smokers ^(a)	25.1	25.6	23.6	28.3	29.6	29.2
Never smoked ^(b)	42.4	41.8	46.8	43.9	44.7	48.2
Females						
Daily	22.0	21.4	21.8	19.6	18.0	16.3
Weekly	2.7	2.5	1.3	1.6	1.3	1.2
Less than weekly	2.0	1.9	1.7	1.1	1.5	1.3
Ex-smokers ^(a)	17.7	17.9	17.0	23.4	22.9	23.6
Never smoked ^(b)	55.6	56.3	58.2	54.3	56.4	57.5
Persons						
Daily	24.3	25.0	23.8	21.8	19.5	17.4
Weekly	2.8	2.3	1.6	1.8	1.6	1.6
Less than weekly	2.4	1.8	1.8	1.3	2.0	1.6
Ex-smokers ^(a)	21.4	21.7	20.2	25.9	26.2	26.4
Never smoked ^(b)	49.0	49.1	52.6	49.2	50.6	52.9

(a) Smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and no longer smoke.

(b) Never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life.

Sources: National Campaign Against Drug Abuse Household Survey 1991, 1993; National Drug Strategy Household Survey, 1995, 1998, 2001, 2004.

Daily smoking rates for Australians aged 14 years and over have declined by 40% between 1985 and 2004 (Figure 2.1). In 1985, 29% of Australians aged 14 years and over smoked daily, while in 2004, this proportion had dropped to 17%. Rates for males have declined a little more sharply than for females, dropping by 43% between 1985 and 2004, compared with a 38% decline for females.



Consumption by age and sex

In 2004, persons aged 20–29 years were more likely to be daily or occasional smokers than persons in any other age group, with 24% smoking daily, 3% smoking weekly and 3% smoking less than weekly (Table 2.2).

Persons aged 60 years and over were least likely to be daily smokers (9%) and most likely to be ex-smokers (39%). The next least prevalent age group for daily smoking was 14–19-year-olds, at 11%.

Males were more likely to smoke than females in every age group, except at ages 14–19 years. Some 10% of males aged 14–19 years were daily smokers, compared with 12% of females aged 14–19 years.

Table 2.2: Tobacco smoking status: proportion of the population aged 14 years and over, by age group and sex, Australia, 2004

Tobacco smoking status	14–19	20–29	30–39	40–49	50–59	60+	All ages
(per cent)							
Males							
Daily	9.5	24.0	23.8	22.6	18.1	11.0	18.6
Weekly	1.9	3.8	2.5	1.8	1.9	0.5	2.0
Less than weekly	1.3	3.4	2.9	2.0	1.3	0.5	1.9
Ex-smokers ^(a)	3.6	12.7	23.0	30.9	41.0	51.9	29.2
Never smoked ^(b)	83.8	56.2	47.8	42.7	37.7	36.1	48.2
Females							
Daily	11.9	22.9	21.8	20.1	14.4	7.1	16.3
Weekly	1.3	2.5	1.9	1.0	0.6	0.4	1.2
Less than weekly	1.0	2.5	2.0	1.6	0.8	0.2	1.3
Ex-smokers ^(a)	3.0	14.5	26.6	30.8	27.8	28.5	23.6
Never smoked ^(b)	82.7	57.5	47.7	46.4	56.5	63.9	57.5
Persons							
Daily	10.7	23.5	22.8	21.3	16.3	8.9	17.4
Weekly	1.6	3.2	2.2	1.4	1.2	0.4	1.6
Less than weekly	1.2	2.9	2.4	1.8	1.0	0.3	1.6
Ex-smokers ^(a)	3.3	13.6	24.8	30.9	34.4	39.3	26.4
Never smoked ^(b)	83.3	56.9	47.7	44.6	47.1	51.0	52.9

(a) Smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and no longer smoke.

(b) Never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life.

Source: National Drug Strategy Household Survey 2004.

Apparent consumption trends

Apparent tobacco consumption in Australia is measured by the amount of tobacco cleared through excise and customs (Table 2.3). However, these estimates do not take into account the volume of cigarettes bought duty free by Australian international travellers, or any tobacco which is obtained illicitly within Australia.

In 1999–00, data on the volume of tobacco cleared through excise and customs began to be collected and reported by number of sticks (i.e. number of cigarettes), rather than by kilogram weight. Therefore, comparisons made here separately describe the trend before and after that year.

While the volume of cigarettes and loose tobacco cleared through excise on domestically-produced products remained stable from 1995–96 to 1998–99, the amount of tobacco cleared through customs on imported products decreased from 16.8 million kilograms in 1995–96 to 12.4 million kilograms in 1998–99 (Table 2.3).

The number of cigarettes cleared through excise decreased from 25.6 billion sticks in 1999–00 to 22.6 billion sticks in 2001–02, and increased to around 23.5 billion sticks in 2002–03 and 2003–04 (Table 2.3). The stability in the number of cigarettes attracting excise in recent years does not correspond to the decline in smoking rates described earlier in this chapter, nor does it correspond to the decline in the estimated number of Australians who smoke, coupled with a decline in the amount of cigarettes consumed per smoker between 2001 and 2004 (AIHW 2002:13–14; AIHW 2005:15–16).

The volume of tobacco cleared through customs between 1999–00 and 2003–04 displayed fluctuations from year to year, the greatest being in 2002–03, when 29.1 million kilograms of loose tobacco was cleared through customs. This was around double the amount for any other year between 1999–00 and 2003–04. The amount of customs duty collected that year did not reflect this increase (Table 2.4), as unmanufactured tobacco is not subject to customs duty.

Changes in the domestic tobacco industry may have influenced imports of unmanufactured tobacco. Since the mid-1990s, there has been a decline in demand for tobacco sourced from North Queensland by Australia's major cigarette manufacturers (Geis et al. 2003). It is also possible that in 2002–03 Australia was in a similar situation to many other tobacco-importing countries, and needed to rebuild stocks that had been depleted over several years beforehand (USDA 2002). The sharp decrease in the volume of loose tobacco cleared through customs in 2003–04 may then be explained by an existing build-up of stock carried over from the previous year.

Government revenue

There are three areas related to the consumption of tobacco products from which the Australian Government earns revenue: excise on domestic goods, customs duty on imported products, and the goods and services tax. A fourth area of revenue, business franchise fees, used to apply to state and territory governments, but in August 1997 the High Court ruled that the states and territories could no longer collect state business franchise fees. Between August 1997 and June 2000, the Australian Government collected additional tax and refunded this to the states and territories as 'tobacco replacement payments'. Information on the goods and services tax is not available at the commodity level.

In the context of the above, the net government revenue associated with tobacco products increased from \$4.3 billion in 1995–96 to over \$5.6 billion in 2003–04 (Table 2.4). The amount of excise paid increased more than threefold between 1995–96 and 2003–04, from \$1.6 billion to \$5.2 billion. The revenue from tobacco excise was almost all derived from the sale of cigarettes. The amount of customs duty paid on tobacco products increased more than fourfold over this period, from \$108 million in 1995–96 to \$448 million in 2003–04. The increase in excise collected between 2001–02 and 2002–03 can be explained by the Australian Taxation Office's implementation of an active compliance strategy that year in the tobacco growing areas of Victoria and Queensland which reduced the diversion of legally grown tobacco to the illicit market (ATO 2004).

Table 2.3: Volume of tobacco cleared through excise and customs, Australia, 1995–96 to 2003–04

Duty and product	1995–96	1996–97	1997–98	1998–99	1999–00 ^(a)		2000–01		2001–02		2002–03		2003–04	
	Loose ('000 kg)				Loose ('000 kg)	By stick (m)	Loose ('000 kg)	By stick (m)	Loose ('000 kg)	By stick (m)	Loose ('000 kg)	By stick (m)	Loose ('000 kg)	By stick (m)
Excise														
Cigarettes	19,273	19,435	19,103	18,602	—	25,587	—	23,061	—	22,613	—	23,557	—	23,516
Other tobacco	656	753 ^(b)	714	670 ^(c)	640	—	610	—	650	—	800	—	590	—
Total excise	19,929	20,188 ^(c)	19,816	19,272 ^(c)	640	25,587	610	23,061	650	22,613	800	23,557	590	23,516
Customs														
Cigarettes	288	350	266	272	179	481	19	860	18	801	17	946	15	655
Cigars, etc. ^(d)	70	71	84	97	91	6	89	12	89	12	91	15	92	13
Other manufactured tobacco ^(e)	975	911	910	788	570	—	828	—	838	—	1,447	—	1,011	—
Unmanufactured tobacco ^(f)	15,432	15,050	14,399	11,290	13,153	—	14,213	—	10,479	—	27,582	—	9,135	—
Total customs	16,765	16,382	15,659	12,447	13,994	487	15,149	872	11,424	813	29,137	961	10,254	668

(a) Coding changes from duty paid on weight to duty paid on number of sticks of cigarettes.

(b) Figure estimated based on data available.

(c) Excludes data not available due to confidentiality restrictions.

(d) Includes cigars, cigarillos and cheroots.

(e) Includes homogenised or reconstituted tobacco and tobacco extracts and essences.

(f) Much of this tobacco would have been used in the manufacture of cigarettes. When estimating the total amount of tobacco consumed in Australia, it should therefore be excluded from the total.

Note: Excise data for years 1999–00 to 2001–02 have been updated since *Statistics on Drug Use in Australia 2002* was published.

Sources: Australian Bureau of Statistics, unpublished data; Australian Taxation Office, unpublished data.

Table 2.4: Government revenue from excise, customs clearances, and state business franchise fees related to the sale of tobacco, Australia, 1995-96 to 2003-04

Duty	1995-96	1996-97	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04
	(\$m)								
Excise									
Cigarettes	1,563	1,629	3,914	4,555	4,645 ^(a)	4,534	4,672	5,004	5,081
Other tobacco	54	— ^(b)	139	142 ^(c)	48 ^(c)	165	169	208	159
<i>Total excise</i>	<i>1,617</i>	<i>1,629 ^(c)</i>	<i>4,052</i>	<i>4,696 ^(c)</i>	<i>4,693 ^(c)</i>	<i>4,699</i>	<i>4,841</i>	<i>5,212</i>	<i>5,240</i>
Customs									
Cigarettes	24	29	51	63	133	174	170	206	147
Cigars, etc. ^(d)	6	6	18	22	23	24	26	28	28
Other manufactured tobacco ^(e)	79	76	173	169	131	178	203	217	273
Unmanufactured tobacco	—	—	—	—	—	—	—	—	—
<i>Total customs</i>	<i>108</i>	<i>111</i>	<i>242</i>	<i>255</i>	<i>286</i>	<i>376</i>	<i>399</i>	<i>450</i>	<i>448</i>
State franchise taxes ^(f)	2,621	2,855	— ^(f)	— ^(f)	— ^(f)	48	—	—	n.a.
Total	4,346	4,595 ^(c)	4,294 ^(f)	4,951 ^{(c)(f)}	4,979 ^{(c)(f)}	5,040	5,085	5,662	5,688 ^(g)

(a) Coding changes from duty paid on weight to duty paid on number of sticks of cigarettes.

(b) Not available due to confidentiality restrictions.

(c) Excludes data not available due to confidentiality restrictions.

(d) Includes cigars, cigarillos and cheroots.

(e) Includes homogenised or reconstituted tobacco and tobacco extracts and essences.

(f) Between 7 August 1997 and June 2000 the Australian Government collected additional tax and refunded this to the states as 'tobacco replacement payments'.

(g) Excludes state franchise taxes which were not available at the time of publication.

Note: Excise data for years 2000-01 and 2001-02 have been updated since *Statistics on Drug Use in Australia 2002* was published.

Sources: ABS 2004d; Australian Bureau of Statistics, unpublished data; Australian Taxation Office, unpublished data.

3 Alcohol

Introduction

Alcohol is the most widely used psychoactive, or mood-changing, recreational drug in Australia (ADF 2003a). This chapter looks at alcohol consumption patterns by Australians, both over time and in the present.

Alcohol consumption in Australia may be measured in two ways:

- directly, using estimates derived from population health surveys; and
- indirectly, looking at industry data and official clearances through excise and customs.

The chapter begins with direct estimates of alcohol consumption using the 2004 National Drug Strategy Household Survey (NDSHS). The latter section of the chapter contains indirect estimates of consumption using information on alcohol available for consumption and government revenue derived from the sale of alcohol.

Reported consumption trends

The pattern of alcohol consumption by the Australian population has remained relatively unchanged over the period 1991 to 2004 (Table 3.1).

Based on results of the 2004 NDSHS, 84% of the population aged 14 years and over had consumed at least one full serve of alcohol in the last 12 months, while 9% of Australians drank alcohol on a daily basis. The proportion of persons drinking daily has shown little variation since the early 1990s. Compared with stable proportions of daily drinkers, proportions of people drinking weekly or less than weekly have fluctuated slightly over the period 1991 to 2004. In 2004, 41% of the population consumed alcohol on a weekly basis and a further one in three people drank less than weekly.

The proportion of ex-drinkers generally declined between 1991 and 2004, reaching 7% in 2004.

The proportion of people who were daily drinkers and the proportion of people who had never consumed a full serve of alcohol were about equal in 2004 (9%). These proportions have remained stable in this manner since 1998.

Table 3.1: Alcohol drinking status: proportion of the population aged 14 years and over, Australia, 1991 to 2004

Alcohol drinking status	1991	1993	1995	1998	2001	2004
	(per cent)					
Daily	10.2	8.5	8.8	8.5	8.3	8.9
Weekly	41.0	39.9	35.2	40.1	39.5	41.2
Less than weekly	30.4	29.5	34.3	31.9	34.6	33.5
Ex-drinker ^(a)	12.0	9.0	9.5	10.0	8.0	7.1
Never a full serve of alcohol	6.5	13.0	12.2	9.4	9.6	9.3

(a) Has consumed at least a full serve of alcohol, but not in the last 12 months.

Sources: National Campaign Against Drug Abuse Household Survey 1991, 1993; National Drug Strategy Household Survey 1995, 1998, 2001, 2004.

Consumption by age and sex

In 2004, the proportion of the population aged 14 years and over that were daily drinkers noticeably increased with age, ranging from 1% of 14–19-year-olds to 17% of persons aged 60 years and over (Table 3.2). The proportion of ex-drinkers in the population also increased with age. The proportion of weekly drinkers peaked at ages 40–49 years. Almost half the population in this age group consumed alcohol on a weekly basis.

In general, males were twice as likely to be daily drinkers (12%) compared with females (6%). Males were also more likely to drink weekly (48%) than females (35%). Conversely, women were more likely than men to drink less than weekly, to be an ex-drinker, or to abstain from drinking alcohol. Females aged 14–19 years appeared less likely than males of the same age to abstain from alcohol, though this was not a statistically significant variation. The alcohol consumption patterns of young people are explored in more detail in Chapter 8.

Table 3.2: Alcohol drinking status: proportion of the population aged 14 years and over, by age group and sex, Australia, 2004

Alcohol drinking status	Age group						All ages
	14–19	20–29	30–39	40–49	50–59	60+	
	(per cent)						
	Males						
Daily	0.7	4.5	8.7	11.9	17.5	23.3	12.0
Weekly	26.6	56.7	55.0	54.2	47.0	38.7	47.6
Less than weekly	42.2	30.9	27.3	25.4	25.0	20.7	27.5
Ex-drinker ^(a)	2.6	3.0	5.1	5.6	6.8	10.7	6.0
Never a full serve of alcohol	27.7	4.9	3.8	3.0	3.7	6.6	6.9
	Females						
Daily	0.4	1.3	3.2	6.3	8.4	11.4	5.8
Weekly	22.2	38.4	38.9	43.0	35.6	28.3	35.0
Less than weekly	49.9	47.0	44.8	36.9	36.5	28.7	39.4
Ex-drinker ^(a)	2.5	6.8	6.4	7.0	9.2	13.4	8.2
Never a full serve of alcohol	25.0	6.6	6.6	6.8	10.3	18.2	11.6
	Persons						
Daily	0.6	2.9	6.0	9.1	12.9	17.0	8.9
Weekly	24.4	47.6	46.9	48.6	41.3	33.1	41.2
Less than weekly	46.0	38.9	36.2	31.2	30.8	25.0	33.5
Ex-drinker ^(a)	2.6	4.9	5.8	6.3	8.0	12.2	7.1
Never a full serve of alcohol	26.4	5.7	5.2	4.9	7.0	12.8	9.3

(a) Has consumed at least a full serve of alcohol, but not in the last 12 months.

Source: National Drug Strategy Household Survey 2004.

Risk of alcohol-related harm in the long term

In 2004, around 77% of males and 71% of females aged 14 years and over consumed alcohol at levels at which there is minimal risk of long-term alcohol-related harm (Table 3.3). For males, 'low risk' is defined as the consumption of up to 28 standard drinks per week on average. For females, it is the consumption of up to 14 standard drinks per week on average.

Overall, one in ten Australians consumed alcohol at levels that are considered risky or high risk for alcohol-related harm in the long term. For males, the peak occurred at ages 20–29, where 6% drank at high-risk levels and 9% drank at risky levels. For females, the peak also occurred at ages 20–29, where 3% drank at high-risk levels and 12% drank at risky levels. Females aged 14–19 years were more likely to drink alcohol at risky and high-risk levels for long-term harm compared with males of the same age.

Table 3.3: Risk of harm in the long term: proportion of the population aged 14 years and over, by age group and sex, Australia, 2004

Age group	Abstainers ^(a)	Level of risk ^(b)		
		Low risk	Risky	High risk
(per cent)				
Males				
14–19	30.4	62.0	4.9	2.8
20–29	7.8	77.7	8.7	5.7
30–39	8.9	80.8	7.5	2.8
40–49	8.6	82.1	5.7	3.6
50–59	10.5	78.8	6.9	3.8
60+	17.3	74.8	5.2	2.7
All ages	12.9	77.0	6.5	3.6
Females				
14–19	27.6	60.1	8.3	4.0
20–29	13.4	71.6	12.2	2.9
30–39	13.0	77.1	7.7	2.1
40–49	13.8	75.9	8.0	2.3
50–59	19.5	73.1	6.0	1.4
60+	31.6	63.3	4.3	0.9
All ages	19.8	70.6	7.5	2.1
Persons				
14–19	29.0	61.1	6.6	3.4
20–29	10.6	74.7	10.4	4.3
30–39	11.0	78.9	7.6	2.4
40–49	11.2	79.0	6.9	3.0
50–59	15.0	76.0	6.4	2.6
60+	25.0	68.6	4.7	1.7
All ages	16.4	73.7	7.0	2.8

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

(b) 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'.

Source: National Drug Strategy Household Survey 2004.

Risk of alcohol-related harm in the short term

In 2004, around one in three people (35%) aged 14 years and over consumed alcohol in a way that put themselves at increased risk of alcohol-related harm in the short term (Table 3.4). For males, 'risky and/or high risk' is defined as the consumption of 7 or more standard drinks on any one day. For females, it is the consumption of 5 or more standard drinks on any one day. While 31% of women drank at risky and/or high-risk levels of harm in the short term, 40% of males had this drinking pattern.

Similar to the patterns for risky and high-risk drinking in the long term, the peak ages where the highest proportion of males drank at risky and high-risk levels in the short term was 20–29 years, where nearly two in three (65%) drank at these levels at least once in the last 12 months. Risky and high-risk drinking also peaked at ages 20–29 years for women; over half (57%) drinking at these levels in 2004. Approximately one in ten males and females aged 14–19 years consumed alcohol at risky and high-risk levels at least weekly. Overall, a higher proportion of females aged 14–19 years drank at risky and high-risk levels at least once in the last 12 months (42%) compared with males of the same age (37%). The proportion of males

aged 60 years and over who drank at risky and high-risk levels in the short term at least once in the last 12 months (15%) was double that of females (7%).

About half the population consumed alcohol at levels for which there was minimal risk of harm in the short term, while 16% did not drink alcohol at all.

Table 3.4: Risk of harm in the short term: proportion of the population aged 14 years and over, by age group and sex, Australia, 2004

Age group	Abstainers ^(a)	Low risk ^(b)	Risky and high risk ^(c)			Total risky and high risk
			At least yearly	At least monthly	At least weekly	
(per cent)						
Males						
14–19	30.4	32.7	10.9	15.1	10.9	36.9
20–29	7.8	27.4	20.8	26.6	17.4	64.7
30–39	8.9	37.5	24.4	18.9	10.3	53.6
40–49	8.6	49.5	19.4	12.8	9.7	41.9
50–59	10.5	58.3	13.4	10.6	7.1	31.2
60+	17.3	68.1	6.5	3.8	4.3	14.6
All ages	12.9	46.8	16.1	14.4	9.8	40.3
Females						
14–19	27.6	30.2	12.9	18.8	10.5	42.3
20–29	13.4	29.4	20.3	26.0	10.9	57.2
30–39	13.0	47.8	19.5	13.8	5.8	39.2
40–49	13.8	53.4	16.8	10.5	5.5	32.8
50–59	19.5	63.4	9.4	4.6	3.2	17.1
60+	31.6	61.3	4.0	1.5	1.6	7.1
All ages	19.8	49.4	13.5	11.5	5.7	30.7
Persons						
14–19	29.0	31.5	11.9	16.9	10.7	39.5
20–29	10.6	28.4	20.5	26.3	14.2	61.0
30–39	11.0	42.7	21.9	16.4	8.0	46.3
40–49	11.2	51.4	18.1	11.6	7.6	37.4
50–59	15.0	60.8	11.4	7.6	5.1	24.2
60+	25.0	64.5	5.2	2.5	2.9	10.5
All ages	16.4	48.2	14.8	12.9	7.7	35.4

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

(b) For males, the consumption of up to 6 standard drinks on any one day. For females, the consumption of up to 4 standard drinks on any one day.

(c) For males, the consumption of 7 or more standard drinks on any one day. For females, the consumption of 5 or more standard drinks on any one day.

Source: National Drug Strategy Household Survey 2004.

Apparent consumption trends

Apparent consumption of alcohol is measured in litres per person, using the amount of alcohol available relative to the population size.

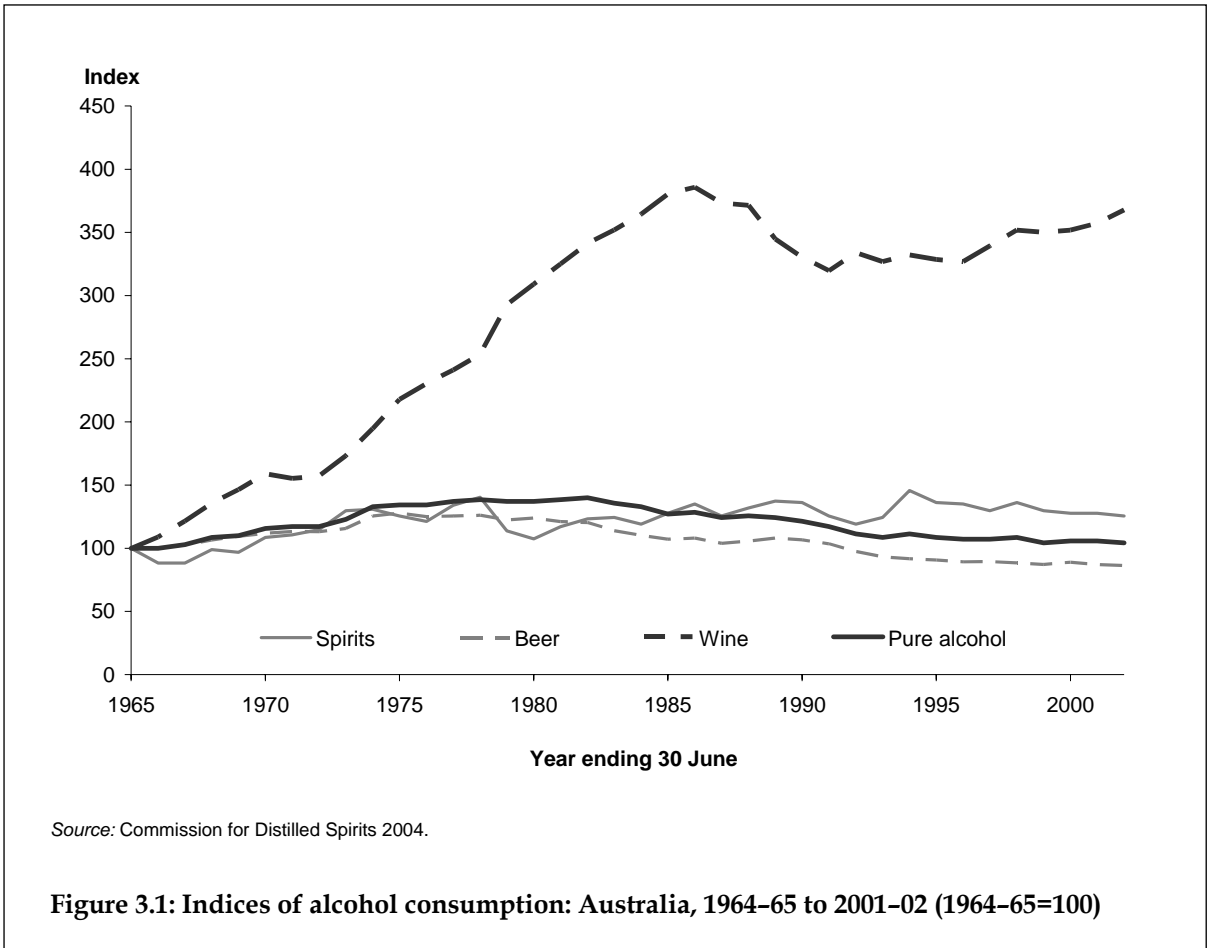
There was a steady increase in the apparent consumption of alcohol in Australia for the period 1964–65 to 1981–82 measured in litres of pure alcohol per capita (Figure 3.1). This was followed by a decline – from 9.8 litres per capita in 1981–82 to 7.3 litres per capita in 2001–02.

Apparent consumption of alcohol per capita in 2001–02 had reached a similar level to that recorded for 1964–65 (7.0 litres per capita).

Out of the three types of alcohol displayed in Figure 3.1, consumption of wine showed the greatest increase in the last 40 years. Between the mid 1960s and the mid 1980s, consumption of wine increased almost fourfold, peaking at 21.6 litres per person in 1985–86. Since the late 1980s the total litres of wine consumed per person per year has ranged between 18 and 21 litres per person.

Relative to wine, consumption of beer and spirits by the Australian population has remained more stable over time. Consumption of beer peaked in the mid-1970s at 136.5 litres of beer per person (1974–75), falling to 92.4 litres of beer per person in 2001–02. Consumption of spirits peaked more recently, at 1.4 litres per person in 1993–94, and in the following 8 years declined, reaching 1.2 litres per person in 2001–02.

Note that the information on litres of alcohol per capita presented in Figure 3.1 is measured using the whole Australian population, while the data contained in Table 3.5 pertain to the Australian population aged 15 years and over.



In the 7 years between 1996–97 and 2002–03, apparent alcohol consumption by Australians aged 15 years and over has remained stable at 10 litres per person per year (Table 3.5). There was little variation during this time period between apparent consumption of beer, wine and spirits, with half that consumption being beer, around one third wine (3 litres per person per year) and the remainder spirits (2 litres per person per year).

It is worthwhile to keep these trends in mind when observing the relatively stable consumption patterns over the past decade discussed previously in this chapter, and when considering the following statistics on government revenue obtained from the sale of alcohol.

Table 3.5: Alcohol available for consumption and apparent per person consumption by persons aged 15 years and over, in litres of alcohol, Australia, 1996–97 to 2002–03

Available for consumption	1996–97	1997–98	1998–99	1999–00	2000–01	2001–02	2002–03
('000 litres of alcohol)							
Beer	77,155	76,963	76,545	76,283	77,521	74,678 ^(a)	78,355
Wine	39,726	41,947	42,739	44,367	45,112	45,270	47,440
Spirit	24,713	26,518	26,298	28,354	31,689	28,204	29,365
Total	141,594	145,428	145,582	149,004	154,322	148,152 ^(a)	155,160
(litres of pure alcohol per person)							
Beer	5.3	5.2	5.2	5.1	5.1	4.8 ^(a)	5.0
Wine	2.7	2.9	2.9	2.9	3.0	2.9	3.0
Spirit	1.7	1.8	1.8	1.9	2.1	1.8	1.9
Total	9.8	9.9	9.8	9.9	10.0	9.5	9.8

(a) Mid-strength and full-strength excise data have been adjusted by the ABS to account for reporting errors in beer strength classification.

Source: ABS 2004a.

Government revenue

Government revenue is an indirect measure used to estimate consumption. The following information demonstrates that revenue is prone to fluctuate from year to year due to changes in government policy and/or regulations. However, these estimates still provide valuable information on trends in locally-produced and imported alcohol.

Like tobacco taxes, there are four areas from which state and territory governments and the Australian Government collect revenue on alcohol: excise on domestic goods, customs duty on imported products, sales tax (to June 2000) or goods and services tax (from July 2000) and business franchise fees, which effectively ceased in 1997. Information on sales tax and goods and services tax, however, is not available at the commodity level.

The net government revenue associated with alcohol increased from \$2.5 billion in 1996–97 to an estimated \$3.3 billion in 2003–04 (Table 3.6). The amount of revenue raised from excise remained relatively stable over the period 1996–97 to 1999–00. Excise duty for both beer and spirits increased noticeably in 2000–01. The excise duty collected on beer almost doubled that year, due to higher excise rates for beer introduced in 2000–01 to offset the abolition of wholesale sales tax on beer (ATO 2005). While the excise duty collected on beer has remained stable since the large increase experienced in 2000–01, excise duty collected for spirits increased fourfold between 1999–00 and 2003–04. Hence, the share of excise collected from spirits as a component of total alcohol excise collection increased, from 17% in 2001–02 to 29% in 2003–04. This increase is largely due to a change in the treatment of imported spirits used to make ready-to-drink beverages by mixing with Australian-manufactured soft drinks and other ingredients. Prior to 1 February 2002, imported spirits used for this purpose were subject to customs duty. From 1 February 2002, these spirits were subject to excise duty rather than customs duty (ATO 2005). This change is reflected in the decrease of customs duty collected from spirits from \$1,074 million in 2000–01 to \$966 million in 2003–04.

The revenue raised from customs duty on imported alcoholic products increased from \$657 million in 1996–97 to \$1,113 million in 2000–01, stabilising around this level in the ensuing 3 years. While revenue resulting from customs duty on imported wine has remained stable during the period from 1996–97 to 2003–04, the revenue from customs duty on imported beer has increased considerably, from \$9 million in 1996–97 to \$72 million in 2003–04.

Table 3.6: Government revenue from duty paid and state business franchise fees related to the sale of alcohol, Australia, 1996–97 to 2003–04

Duty	1996–97	1997–98	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04
	(\$m)							
Excise								
Beer	875	876	874	883	1,697	1,657	1,679	1,638
Spirits	164	142	144	155	238	339	560	662
<i>Total excise</i>	<i>1,040</i>	<i>1,018</i>	<i>1,018</i>	<i>1,039</i>	<i>1,934</i>	<i>1,996</i>	<i>2,239</i>	<i>2,300</i>
Customs								
Beer	9	12	14	14	36	45	56	72
Wine	3	4	4	4	3	4	4	5
Spirits	645	717	720	751	1,074	1,062	950	966
<i>Total customs</i>	<i>657</i>	<i>732</i>	<i>737</i>	<i>770</i>	<i>1,113</i>	<i>1,111</i>	<i>1,010</i>	<i>1,043</i>
State franchise taxes ^(a)	774	532	921	973	97	9	10	n.a.
Total	2,471	2,282	2,677	2,781	3,144	3,116	3,259	3,343 ^(b)

(a) In August 1997 the High Court determined that state business franchise taxes are an excise and cannot be imposed by the states and territories. Since then, the Australian Government has been collecting the tax on behalf of the states and territories as an equivalent amount of additional sales tax.

(b) Excludes state franchise taxes which were not available at the time of publication.

Note: Excise data for years 1996–97 to 2001–02 have been updated since *Statistics on Drug Use in Australia 2002* was published.

Sources: ABS 2004d; ATO 2005; Australian Bureau of Statistics, unpublished data.

4 Illicit drug use

Introduction

An illicit drug is defined as a drug whose production, sale or possession is prohibited (MCDS 2004). Illicit drugs such as marijuana, heroin, ecstasy and cocaine; the use of volatile substances such as glue, solvent and petrol as inhalants; and the non-medical use of prescribed drugs are all considered illicit for the purposes of this report.

The subject of this chapter is patterns of illicit drug use in Australia. The relevance of illicit drugs to areas such as health and crime are the subject of other chapters in this publication.

This chapter provides a summary of illicit drug use in Australia in 2004, and presents trends in illicit drug use over the period 1991 to 2004. It also contains a new feature section on ecstasy and related drugs (ERDs), which includes data sourced from the 2004 NDSHS and the Party Drugs Initiative (PDI) study.

Measures of illicit drug use

Based on responses to the 2004 NDSHS, 38% of the Australian population aged 14 years and over had used any illicit drug at least once in their lifetime and 15% had used any illicit drug at least once in the previous 12 months (Table 4.1).

Marijuana/cannabis was the most common illicit drug used, with one in three persons having used it at least once in their lifetime and 11% of the population having used it in the previous 12 months.

In 2004, the five most common illicit drugs ever used were marijuana/cannabis (34%), meth/amphetamines (9%), hallucinogens, ecstasy (both 8%), and pain-killers/analgesics for non-medical purposes (6%).

The six most common illicit drugs used in the previous 12 months were marijuana/cannabis (11%), ecstasy, meth/amphetamines, and pain-killers/analgesics for non medical purposes (all 3%), tranquillisers/sleeping pills and cocaine (1%).

The average age of first use of illicit drugs ranged from 18.6 years for inhalants, to 25.2 years for tranquillisers/sleeping pills and steroids for non-medical purposes. The average age of initiation was 18.7 years for marijuana/cannabis, 20.8 years for meth/amphetamines and 22.8 years for ecstasy.

Table 4.1: Summary of illicit drug use: proportion of the population aged 14 years and over, Australia, 2004

Substance/behaviour	Drugs ever used ^(a)	Drugs recently used ^(b) (per cent)	Mean age of initiation (years)
Marijuana/cannabis	33.6	11.3	18.7
Pain-killers/analgesics ^(c)	5.5	3.1	23.4
Tranquillisers/sleeping pills ^(c)	2.8	1.0	25.2
Steroids ^(c)	0.3	—	25.2
Barbiturates ^(c)	1.1	0.2	19.6
Inhalants	2.5	0.4	18.6
Heroin	1.4	0.2	21.2
Methadone ^(d)	0.3	0.1	24.8
Other opiates/opioids ^(c)	1.4	0.2	n.a.
Meth/amphetamine (speed) ^(c)	9.1	3.2	20.8
Cocaine	4.7	1.0	23.5
Hallucinogens	7.5	0.7	19.5
Ecstasy	7.5	3.4	22.8
Ketamine	1.0	0.3	23.7
GHB	0.5	0.1	23.7
Injected drugs	1.9	0.4	21.7
Any illicit drug	38.1	15.3	19.4
None of the above	61.9	84.7	..

(a) Used at least once in lifetime.

(b) Used in the last 12 months.

(c) For non-medical purposes.

(d) Non-maintenance.

Source: National Drug Strategy Household Survey 2004.

Recent illicit drug use by age

Recent illicit drug use was most prevalent among persons aged between 18 and 29 years in 2004 (Figure 4.1). Almost one in three people (31%) in this age bracket had used at least one illicit drug and one in four had used marijuana/cannabis in the previous 12 months.

Approximately one in eight people aged 20–29 years recently used ecstasy, and around one in ten used meth/amphetamines in the last 12 months. Similar proportions of persons aged 18–19 years had recently used ecstasy and meth/amphetamines, each at 9%.

Young people aged 12–15 years were significantly less likely to use any illicit drug and/or marijuana/cannabis compared with persons in all other age groups between 16 and 39 years.

Note that for some very low prevalence results for heroin and injecting drugs, the confidence interval includes zero.

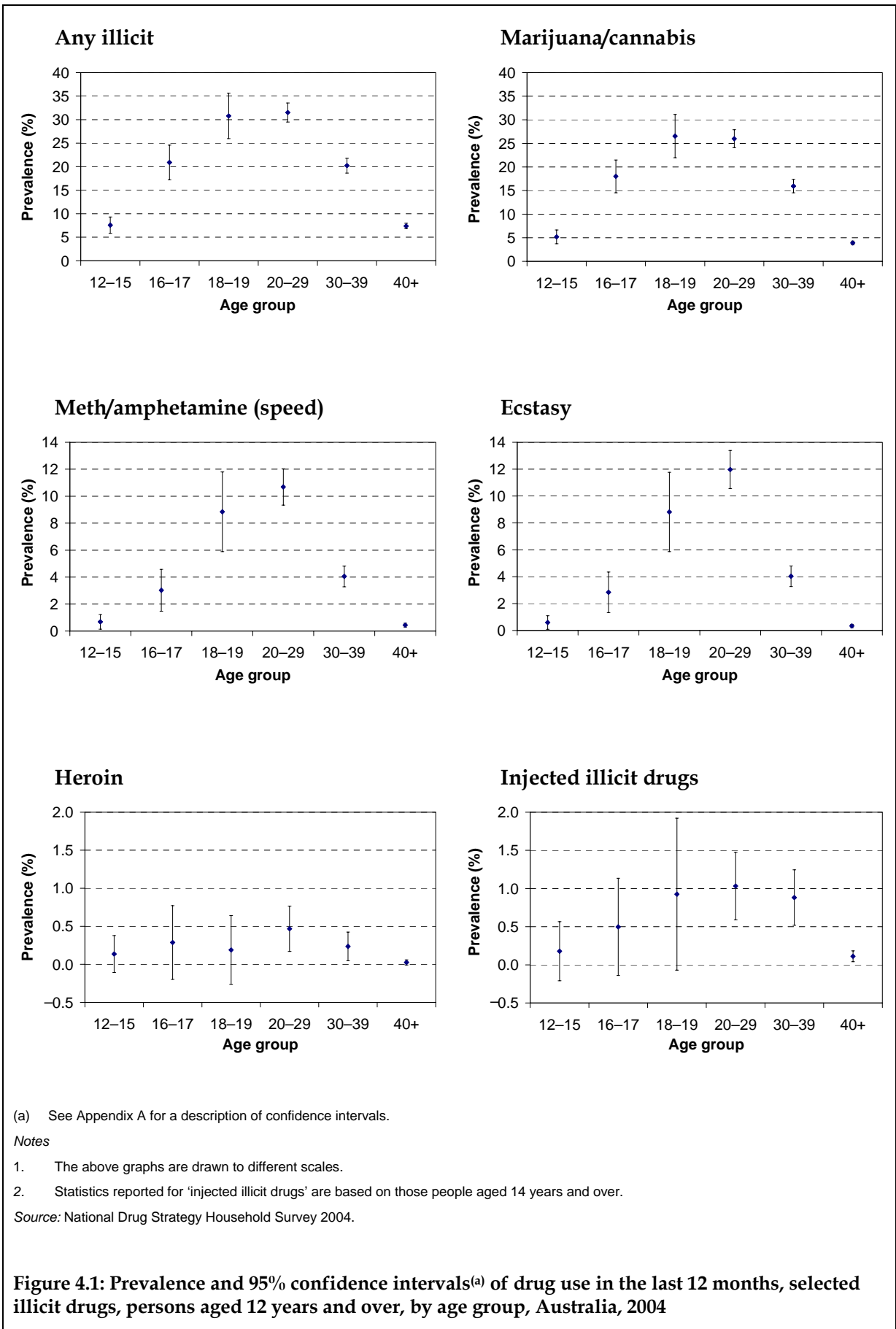


Figure 4.1: Prevalence and 95% confidence intervals^(a) of drug use in the last 12 months, selected illicit drugs, persons aged 12 years and over, by age group, Australia, 2004

National trends

The use of any illicit drug during the previous 12 months rose and fell between 1991 and 2004, reaching a similar level in 2004 (15%) to the prevalence in 1993 (14%) (Table 4.2).

The recent use of marijuana/cannabis also fluctuated, with the proportion of users in 2004 (11%) dropping to the lowest proportion seen in the 13-year period.

The proportions of people using other types of illicit drugs has remained stable or decreased since 1998, with the exception of ecstasy, which reached 3% in 2004, the highest prevalence for this substance in the 13-year period.

Table 4.2: Summary of recent^(a) illicit drug use: proportion of the population aged 14 years and over, by drug type, Australia, 1991 to 2004

Substance/behaviour	1991	1993	1995	1998	2001	2004
	(per cent)					
Marijuana/cannabis	13.7	12.7	13.1	17.9	12.9	11.3
Pain-killers/analgesics ^(b)	n.a.	1.7	3.5	5.2	3.1	3.1
Tranquillisers/sleeping pills ^(b)	n.a.	0.9	0.6	3.0	1.1	1.0
Steroids ^(b)	n.a.	0.3	0.2	0.2	0.2	—
Barbiturates ^(b)	1.5	0.4	0.2	0.3	0.2	0.2
Inhalants	0.8	0.6	0.6	0.9	0.4	0.4
Heroin	0.4	0.2	0.4	0.8	0.2	0.2
Methadone ^(c)	n.a.	n.a.	n.a.	0.2	0.1	0.1
Other opiates/opioids ^(b)	n.a.	n.a.	n.a.	n.a.	0.3	0.2
Meth/amphetamine (speed) ^(b)	2.6	2.0	2.1	3.7	3.4	3.2
Cocaine	0.7	0.5	1.0	1.4	1.3	1.0
Hallucinogens	1.6	1.3	1.8	3.0	1.1	0.7
Ecstasy ^(d)	1.1	1.2	0.9	2.4	2.9	3.4
Ketamine	n.a.	n.a.	n.a.	n.a.	n.a.	0.3
GHB	n.a.	n.a.	n.a.	n.a.	n.a.	0.1
Injected drugs	0.5	0.5	0.6	0.8	0.6	0.4
Any illicit drug	15.3	14.0	17.0	22.0	16.9	15.3
None of the above	84.7	86.0	83.0	78.0	83.1	84.7

(a) Used in the last 12 months.

(b) For non-medical purposes.

(c) Non-maintenance.

(d) This category included substances known as 'designer drugs' prior to 2004.

Sources: National Campaign Against Drug Abuse Household Survey 1991, 1993; National Drug Strategy Household Survey 1995, 1998, 2001, 2004.

Marijuana/cannabis use

Patterns of marijuana/cannabis use by age group and sex in this section are sourced from the 2004 NDSHS. Among persons who used marijuana/cannabis in the previous 12 months, about half (49%) used marijuana/cannabis less often than once a month (Table 4.3). At the other end of the spectrum, 16% of marijuana/cannabis users used the substance every day. Males generally used marijuana/cannabis more frequently compared with females.

Among males and females, those aged 30–39 years in 2004 were most likely to use marijuana/cannabis every day compared with those in other age groups.

Table 4.3: Frequency of marijuana/cannabis use: proportion of recent^(a) users aged 12 years and over, by age group and sex, Australia, 2004

Age group	Frequency of marijuana/cannabis use			
	Every day	Once a week or more	About once a month	Less often
(per cent)				
Males				
12–19	7.5	21.9	17.0	53.6
20–29	17.6	22.1	11.8	48.5
30–39	22.6	25.9	11.4	40.1
40+	20.4	24.7	9.7	45.2
All ages	18.1	23.6	12.0	46.3
Females				
12–19	9.8	19.4	10.5	60.3
20–29	12.6	18.8	11.1	57.6
30–39	18.5	22.1	14.8	44.7
40+	12.5	28.5	12.3	46.7
All ages	13.3	21.3	12.0	53.4
Persons				
12–19	8.6	20.7	14.0	56.8
20–29	15.7	20.9	11.5	51.9
30–39	21.2	24.6	12.6	41.7
40+	17.8	26.0	10.5	45.7
All ages	16.3	22.7	12.0	48.9

(a) Used in the last 12 months.

Source: National Drug Strategy Household Survey 2004.

Ecstasy and related drugs (ERDs) use

The term ‘ecstasy and related drugs’ is used in this report to describe a range of illicit substances including ecstasy, meth/amphetamines, cocaine, ketamine and GHB. ‘Party drugs’ is a common term used to describe these drugs that are used in connection with dance party, rave and nightclub settings. Some feel the term ‘party drugs’ is problematic as it may be seen to glamorise, condone or encourage drug use (Whiteaker 2004).

Chemical analysis has demonstrated that there is sometimes more than one illicit substance present in supposed ERDs tablets (Quinn et al. 2004). Since 1997, the Victoria Police Forensic Services Department Chemical Drugs Intelligence Team has maintained a database on drug seizures, and found that many tablets seized were multi-drug containing tablets, and that the quantity and mix of drugs can vary from week to week and year to year. In 2002, for tablets analysed where ecstasy was identified as the primary substance, 70% of tablets contained ecstasy only, 28% also contained meth/amphetamine, 1% also contained ketamine and 1% also contained ephedrine(s). For tablets analysed where meth/amphetamine was identified as the primary drug, 71% contained meth/amphetamine only, 10% also contained ketamine, 2% also contained caffeine, and 15% also contained other substances (Quinn et al. 2004). This variation should be kept in mind when interpreting tables on ERDs use, as users may not be aware whether or not they used single or multi-drug containing tablets. More information on purity of drug seizures is contained in Chapter 10.

Summary of ERDs use

The prevalence of ERDs use among young Australians, sourced from the 2004 NDSHS, is presented in Table 4.4. Due to small sample sizes related to low prevalence in some age groups, the data are subject to relatively high standard errors (see Appendix A).

The prevalence of ERDs use increased with age for persons aged between 12 and 24 years. While no more than 1% of 12–15-year-olds had ever used each of the substances listed in Table 4.4, approximately one in five 20–24-year-olds had ever used each of meth/amphetamines and ecstasy, 7% had ever used cocaine, and 3% had ever used ketamine. The patterns of use of ecstasy and meth/amphetamines by young people aged between 12 and 24 years were relatively similar in 2004, with 11% having used each substance in their lifetime, and 7% having used each substance in the last 12 months.

Table 4.4: ERDs use, by age group and selected drug type, persons aged 12–24 years, Australia, 2004

Drug type/usage	Age group				Total aged 12–24
	12–15	16–17	18–19	20–24	
	(per cent)				
Meth/amphetamine (speed) ^(a)					
Ever used ^(b)	0.9	4.5	13.5	20.0	11.0
Recent use ^(c)	0.7	3.0	8.8	11.4	6.6
Use in last month ^(d)	0.6 *	1.0	3.8	4.5	3.1
Cocaine					
Ever used ^(b)	0.6	1.1	3.8	6.8	3.6
Recent use ^(c)	0.2 *	0.8	1.8	2.8	1.6
Use in last month ^(d)	0.4 *	0.4 *	0.7 *	0.8	0.6
Ecstasy					
Ever used ^(b)	0.9	4.0	12.7	21.0	11.3
Recent use ^(c)	0.6	2.8	8.8	13.0	7.2
Use in last month ^(d)	0.2 *	1.3	3.8	6.1	3.3
Ketamine					
Ever used ^(b)	0.1 *	0.4 *	1.7	3.4	2.0
Recent use ^(c)	—	—	1.0	0.9	0.6
Use in last month ^(d)	—	—	—	0.1 *	0.1 *
GHB					
Ever used ^(b)	0.2 *	0.5 *	1.0	1.4	1.0
Recent use ^(c)	0.1 *	0.2 *	0.6 *	0.4	0.4
Use in last month ^(d)	0.1 *	0.2 *	0.1 *	0.1 *	0.1 *
Any ERDs ^(e)					
Ever used ^(b)	1.6	6.7	16.5	25.6	14.3
Recent use ^(c)	1.1	4.5	12.9	16.2	9.5
Use in last month ^(d)	0.6	2.3	6.0	8.0	4.6

* Relative Standard Error > 50%.

(a) For non-medical purposes.

(b) Used at least once in lifetime.

(c) Use of the substance at least once in the previous 12 months.

(d) Use of the substance at least once in the previous month. Questions on use in the last month of meth/amphetamines, cocaine, ketamine and GHB were not asked of persons aged 12–13 years.

(e) Includes any of meth/amphetamines, cocaine, ecstasy, ketamine and GHB, except 'Use in the last month' for persons aged 12–13 years, which only includes ecstasy.

Notes: Statistics reported for ketamine and GHB are based on those people aged 14 years and over.

Source: National Drug Strategy Household Survey 2004.

Recent and lifetime use of ketamine and GHB were generally much lower compared with other ERDs.

Reflecting the patterns described above, 20–24-year-olds were more than ten times more likely to have used one or more ERDs either in their lifetime or in the last 12 months compared with 12–15-year-olds. Approximately one in eight 20–24-year-olds had recently used ecstasy in 2004 and approximately one in ten had recently used meth/amphetamines. In 2004 there was evidence of polydrug use among young people who used ERDs, with 10% of 12–24-year-olds having used any ERDs in the last 12 months – in the same time period, 7% had used each of ecstasy and meth/amphetamines, 2% had used cocaine and 1% had used ketamine.

Patterns of ERDs use

Information in this section is sourced from the Party Drugs Initiative (PDI). The PDI is coordinated by the National Drug and Alcohol Research Centre (NDARC) to monitor ERDs markets in Australia.

For the purposes of the study, ERDs include drugs that are routinely used in the context of entertainment venues including nightclubs, dance parties, pubs and music festivals. This group of drugs includes ecstasy (MDMA), meth/amphetamines, cocaine, LSD, ketamine, MDA and GHB.

It is important to note that the results from the PDI surveys are not representative of ERDs use in the general population, as this is not the aim of the project. The data are intended to provide evidence that is indicative of emerging issues that warrant further monitoring (Breen et al. 2004b).

In 2004 more than 850 ecstasy users across Australian capital cities were surveyed for the PDI. Their patterns of ecstasy use by age group and sex are presented in Table 4.5. Overall, the median age of first use of ecstasy was 18 years. The majority of respondents reported that they use other drugs with ecstasy, with 99% of males aged 25–29 years stating this. Older ecstasy users were more likely to have ever injected ecstasy compared with younger ecstasy users. The tendency to use ecstasy weekly or more often generally increased with age, with over half of respondents aged 40 years and over reporting weekly or more use. Patterns of ecstasy use did not vary a lot by sex, though males aged 16–17 years appeared more likely to use ecstasy weekly or more compared with females of the same age.

Table 4.5: Regular ecstasy users^(a): patterns of ecstasy use, by age group and sex, persons aged 16 years and over, Australia, 2004

Pattern of use	Age group						Total
	16–17	18–19	20–24	25–29	30–39	40+	
	(per cent)						
	Males						
Median age first use	15	17	18	19	24	34	18
Use ecstasy weekly or more	23	40	39	36	41	50	37
Ever injected ecstasy	—	7	7	19	28	23	13
Use other drugs with ecstasy	85	88	91	99	92	86	92
	Females						
Median age first use	15	16	18	19	25	37	18
Use ecstasy weekly or more	10	44	38	30	20	63	35
Ever injected ecstasy	—	6	8	29	23	25	14
Use other drugs with ecstasy	90	91	94	96	97	75	94
	Persons						
Median age first use	15	17	18	19	24	35	18
Use ecstasy weekly or more	17	42	39	34	33	53	37
Ever injected ecstasy	—	7	8	23	26	23	13
Use other drugs with ecstasy	87	89	93	98	94	83	93

(a) Used ecstasy at least six times in the last 6 months.

Source: National Drug and Alcohol Research Centre, unpublished data.

Patterns of ecstasy use by use location showed little difference in 2004, except for the likelihood of 'ever injecting ecstasy', which was 8% among users in public places, compared with 21% among users in private places (Table 4.6). According to the PDI investigators, there is an increasing trend within the user population to use ERDs in private settings, which may place users at even greater risk of harm (Pollard 2004).

Table 4.6: Regular ecstasy users^(a): patterns of ecstasy use, by use location, 2004

Pattern of use	Use location		Total
	Public ^(b)	Private ^(c)	
	(per cent)		
Median age first use	18	18	18
Use ecstasy weekly or more	36	39	37
Ever injected ecstasy	8	21	13
Use other drugs with ecstasy	93	92	93

(a) Used ecstasy at least six times in the last 6 months.

(b) Includes saunas, nightclubs, pubs, restaurants/cafés, public place (street/park), raves/doofs/dance parties, car/vehicle (passenger), car/vehicle (driver), outdoors (e.g. beach, bushwalking, camping), live music event, work, sports event, football club, university and gay beats.

(c) Includes own home, dealers', acquaintance and friends' home, private party, hotel and wedding.

Source: National Drug and Alcohol Research Centre, unpublished data.

5 Pharmaceutical products

Introduction

This chapter presents information on patterns of pharmaceutical drug prescription and use in Australia.

Australian data on the use of pharmaceutical products are derived from two main sources:

- Health Insurance Commission records of prescriptions submitted for payment of a subsidy under the Pharmaceutical Benefits and Repatriation Pharmaceutical Benefits Schemes (PBS/RPBS); and
- the Pharmacy Guild Survey, an ongoing survey of community pharmacies conducted by the Pharmacy Guild of Australia.

The Pharmacy Guild Survey estimates the number of prescriptions issued from community pharmacies that are not covered by the PBS/RPBS. An estimated 81% of all community prescriptions (that is, non-public hospitals) were dispensed under the PBS/RPBS in 2003.

The information in this chapter sourced from the PBS/RPBS and the Pharmacy Guild Survey only describes pharmaceutical products dispensed in community pharmacies and does not include medications issued from public hospitals.

The chapter also contains information on people's use of another person's medication when feeling unwell, sourced from the 2004 NDSHS.

Top 10 prescription medicines

In 2003, approximately 220.1 million prescriptions were dispensed through community pharmacies. This represented an increase of 2% over the previous year and 5% over the period 2001–03. Results from the AIHW Bettering the Evaluation and Care of Health (BEACH) survey indicate that Australian general practitioners (GPs) prescribed over 77 million medications (not including repeats) in 2003–04 (Britt et al. 2004:52).

By volume

The top 10 medicines by number of prescriptions issued from community pharmacies accounted for 44.7 million prescriptions in 2003, which represented 20% of all community prescriptions issued that year (Table 5.1). The majority (88%) of the volume associated with the top 10 prescription medicines dispensed at community pharmacies were prescriptions covered by the PBS/RPBS.

In 2003, the top two ranked prescription medicines distributed through community pharmacies were the cholesterol-lowering drugs Atorvastatin and Simvastatin. These drugs were the two most frequently distributed through the PBS/RPBS. Two analgesics (Paracetamol and Codeine with Paracetamol) and two drugs to reduce blood pressure (Atenolol and Irbesartan) also appeared in the top 10 prescription medicines distributed through community pharmacies.

Table 5.1: Top 10 prescription medicines distributed through community pharmacies, Australia, 2003

Drug (action)	PBS/RPBS	Pharmacy Guild Survey	Total community use
	(Prescriptions '000)		
Atorvastatin (blood lipid-reducing)	6,600	12	6,613
Simvastatin (blood lipid-reducing)	5,709	6	5,714
Paracetamol (analgesic)	4,633	91	4,724
Omeprazole (anti-ulcer)	4,546	12	4,558
Amoxicillin (antibiotic)	2,333	2,061	4,394
Salbutamol (bronchodilator)	3,267	1,095	4,362
Atenolol (anti-hypertensive)	3,054	793	3,846
Codeine with paracetamol (strong analgesic)	2,700	1,090	3,790
Celecoxib (anti-inflammatory)	3,373	32	3,405
Irbesartan (anti-hypertensive)	3,212	73	3,285

Source: Drug Utilization Subcommittee of the Pharmaceutical Benefits Advisory Committee—Drug Utilization Database, unpublished data.

By cost to the Australian Government

The top two drugs ranked by cost to the Australian Government in 2003 were also the two drugs with the highest volume of prescriptions: the cholesterol-lowering drugs Atorvastatin and Simvastatin. In 2003, Atorvastatin and Simvastatin cost the Australian Government \$364 million and \$342 million respectively (Table 5.2). The sum of the 10 drugs ranked in Table 5.2 cost the Australian Government \$1.7 billion in 2003. The schizophrenia treatment drug Olanzapine was ranked fifth in cost to the government yet had a relatively small number of prescriptions compared with other drugs in the top ten.

Table 5.2: Top 10 prescription drugs by cost to the Australian Government (PBS and RPBS), Australia, 2003

Drug (action)	Number of prescriptions	Cost to Australian Government
	('000)	(\$m)
Atorvastatin (blood lipid-reducing)	6,600	364
Simvastatin (blood lipid-reducing)	5,709	342
Omeprazole (anti-ulcer)	4,546	200
Salmeterol and fluticasone (bronchodilator)	2,583	159
Olanzapine (antipsychotic)	707	148
Pravastatin (lipid reduction)	2,047	120
Clopidogrel (anti-coagulant)	1,431	114
Rofecoxib (anti-inflammatory)	3,032	95
Alendronic acid (osteoporosis prevention and treatment)	1,801	93
Esomeprazole (anti-ulcer)	1,833	92

Source: Drug Utilization Subcommittee of the Pharmaceutical Benefits Advisory Committee—Drug Utilization Database, unpublished data.

By defined daily dose

The most accurate way to express the consumption of prescription drugs is through the defined daily dose per thousand population per day (DDD). The DDD is the amount necessary to treat one adult for one day. The Nordic Council on Medicines and the World Health Organization Drug Utilisation Research Group established and update the DDD. The

use of DDD allows comparisons to be made irrespective of the price, preparation or the quantity of the prescription.

Corresponding with their ranking in terms of cost to the Australian Government and frequency of issue, Atorvastatin and Simvastatin also had the two highest DDD rates of all prescription medicines in 2003 (Table 5.3). Many of the top 10 medicines ranked by DDD did not appear in the top 10 medicines ranked by number of prescriptions (Table 5.1) or the top 10 ranked by cost to government (Table 5.2). These included three drugs normally prescribed for blood pressure reduction: Diltiazem hydrochloride, Ramipril, and Irbesartan with hydrochlorothiazide.

Table 5.3: Top 10 prescription medicines issued through community pharmacies by defined daily dose^(a), Australia, 2003

Drug (action)	PBS/RPBS	Pharmacy Guild Survey (DDD) ^(a)	Total community use
Atorvastatin (blood lipid-reducing)	72.1	0.1	72.2
Simvastatin (blood lipid-reducing)	46.9	—	47.0
Diltiazem hydrochloride (anti-angina and anti-hypertensive)	38.2	0.2	38.4
Ramipril (anti-hypertensive)	29.0	0.6	29.6
Salbutamol (bronchodilator)	20.0	7.6	27.6
Omeprazole (anti-ulcer)	21.7	0.1	21.7
Frusemide (diuretic)	19.2	1.2	20.4
Irbesartan with hydrochlorothiazide (anti-hypertensive)	19.2	—	19.3
Irbesartan (anti-hypertensive)	18.8	0.2	19.0
Aspirin (analgesic, anti-coagulant)	16.7	1.1	17.7

(a) Defined daily dose per 1,000 population per day.

Source: Drug Utilization Subcommittee of the Pharmaceutical Benefits Advisory Committee—Drug Utilization Database, unpublished data.

Community prescriptions for other major drug groups

Medicines are classified into Anatomical Therapeutic Chemical (ATC) groups generally according to the target organ of individual drugs. In 2003, the most widely prescribed class of drug was for the cardiovascular system (59 million prescriptions), followed by drugs that affect the central nervous system (42 million prescriptions) (Table 5.4). As a proportion of all prescriptions, those for the cardiovascular system increased from 25% in 2001 to 27% in 2003. There was very little proportional change among the other ATC groups in this time period.

Table 5.4: Number of community prescriptions issued for selected ATC groups, Australia, 2001 to 2003

ATC group	PBS/RPBS			Pharmacy Guild Survey			Total community		
	2001	2002	2003	2001	2002	2003	2001	2002	2003
		(m)			(m)			(m)	
Alimentary ^(a)	19.4	21.5	22.7	3.2	3.1	2.9	22.6	24.6	25.6
Cardio ^(b)	49.3	52.8	55.6	3.4	3.4	3.6	52.7	56.1	59.2
Anti-infectives ^(c)	13.2	12.8	12.6	11.0	10.0	9.2	24.2	22.8	21.8
Central nervous ^(d)	33.3	34.2	35.2	7.6	7.5	7.2	40.9	41.7	42.4
Respiratory ^(e)	11.4	11.2	10.8	3.2	3.5	3.3	14.6	14.6	14.2
Other ^(f)	38.0	40.5	41.1	17.5	16.3	15.9	55.5	56.7	56.9
Total source	164.5	173.0	178.1	46.0	43.6	42.0	210.5	216.6	220.1

(a) Alimentary includes drugs for peptic ulcers/reflux.

(b) Cardio includes drugs that lower blood pressure and that lower lipids.

(c) Anti-infectives includes antibiotics.

(d) Central nervous includes analgesics, tranquillisers and anti-depressants.

(e) Respiratory includes anti-asthmatic drugs.

(f) Other includes all other drugs listed for use in Australia.

Note: Data for 2001 have been updated since *Statistics on Drug Use in Australia 2002* was published.

Source: Drug Utilization Subcommittee of the Pharmaceutical Benefits Advisory Committee—Drug Utilization Database, unpublished data.

Use of someone else's prescribed medication

The 2004 NDSHS asked respondents whether or not they had ever used medication prescribed or recommended for another person when they were feeling unwell. Around 2.2 million Australians (about 13% of the population) aged 14 and over had ever done so.

Of those people that had used someone else's prescribed or recommended medication, half had used someone else's painkillers at least once in the previous 12 months (Table 5.5). The second most commonly used medication was antibiotics (18%). There were no large differences between the sexes in the proportions of people using various medications.

The majority of people (86%) who had ever used another person's prescribed/recommended medication had done so in the last 12 months.

Table 5.5: Use of someone else's prescribed medication^(a), by sex, persons aged 14 years and over, 2004

Type of drug	Males	Females (per cent)	Persons
Painkillers/analgesics	53.1	47.8	50.4
Antibiotics	17.8	17.9	17.8
Anti-depressants	2.2	2.3	2.3
Tranquillisers/sleeping pills	10.6	8.5	9.5
Asthma medication	14.2	15.9	15.1
Herbal and alternative medicines	14.0	15.8	14.9
Others	9.5	10.7	10.1
None in the last 12 months	13.4	14.6	14.0

(a) Used in the last 12 months.

Notes

1. Base equals those who had used medication prescribed or recommended for another person.
2. Respondents could select more than one response.

Source: National Drug Strategy Household Survey 2004.

6 International comparisons

Introduction

International comparisons are useful for allowing informed discussion to occur at many levels, and for assessing the effectiveness of different drugs policies throughout the world. However, comparative analyses of drug use in different countries are difficult due to cultural and political differences, and the legal framework of drug laws can differ greatly. In addition, each country has unique surveys and data collection methodologies, which make comparisons difficult. For example, the United States of America uses large-scale household surveys that specifically address drug-use patterns and drug-related issues. In contrast, Great Britain collects drug-use data as subsets from the Health Survey of England and the British Crime Survey. This chapter presents data on licit and illicit drug use for selected countries.

Tobacco

Prevalence of daily smoking varies considerably among OECD countries, ranging from about one in three of the adult population in the Netherlands and Hungary, to less than one in five in the United States of America, Canada, Sweden and Australia (Table 6.1).

All countries included in Table 6.1 have seen a decline in the prevalence of daily smoking from 1973 to 2003, with major reductions in the early part of this period and a slowing of the decline in the last decade.

The decline in smoking rates in Australia over the past three decades has resulted in Australia being ranked lowest of all countries in the OECD in terms of the prevalence of daily smoking.

Table 6.1: Prevalence of daily smoking, population aged 15 years and over, selected countries, 1973 to 2003

Country	1973	1983	1993	2003
Netherlands	55.0 ²	42.0	36.0	34.0 ²
Hungary	n.a.	34.5 ³	35.5 ¹	33.0 ³
Korea	n.a.	n.a.	34.7 ¹	30.4 ²
Japan	46.7	39.8	36.8	30.3
Belgium	n.a.	37.3	25.0	29.0 ¹
France	n.a.	30.0 ³	29.0	28.6 ¹
Ireland	45.6	34.5 ²	28.5	n.a.
Denmark	54.5	48.5	42.0	28.0
Austria	27.7 ¹	30.1 ³	27.5 ²	n.a.
United Kingdom	46.0	35.0 ¹	28.0 ¹	27.0 ²
Luxembourg	n.a.	n.a.	33.0 ¹	26.0 ¹
Norway	41.0	37.0	37.0	26.0
New Zealand	36.0 ³	33.0	27.0	25.0 ¹
Italy	n.a.	31.7	25.7	24.1 ²
Czech Republic	n.a.	n.a.	26.1	24.1 ¹
Germany	n.a.	n.a.	23.7 ¹	n.a.
Iceland	n.a.	n.a.	26.6	22.4
Finland	n.a.	24.9	23.9	22.2
United States	37.6 ¹	32.3	20.4	18.4 ¹
Canada	39.0 ¹	31.2	25.5 ¹	18.0 ¹
Sweden	n.a.	29.0	23.3	17.8 ¹
Australia	37.8¹	35.4	26.0¹	17.7¹

Notes

1. '1 '2 '3 data from 1, 2, or 3 previous years.

2. 1 2 3 data from 1, 2, or 3 following years.

Sources: OECD Health Data 2004; National Drug Strategy Household Survey 2004.

A similar pattern across countries was observed for per capita consumption of tobacco, ranging from 3,600 grams per capita (aged 15 years and over) in Greece down to 1,000 grams in Finland (Table 6.2). Unlike prevalence, not all countries have seen a reduction in consumption, with notable increases in Greece and Germany since the early 1990s.

Worldwide, tobacco consumption seems to have been in decline since around 1996. Per capita demand for cigarettes in the industrialised countries started to decline in the early 1980s, and while per capita demand has not declined overall in countries outside the OECD, demand growth has slowed down since about 1995, and no longer compensates for declining demand in the industrialised countries (van Liemt 2002:5). World unmanufactured tobacco supply was projected to decline nearly 14% in 2002 in an effort to bring supplies more in line with consumption (USDA 2002).

Table 6.2: Tobacco consumption, grams per capita, population aged 15 years and over, selected countries, 1973 to 2003

Country	1973	1983	1993	2003
Greece	n.a.	n.a.	3,406 ¹	3,624 ³
Japan	2,696 ²	2,519 ¹	3,326	n.a.
Netherlands	3,280	3,823	2,589	2,319 ²
Italy	2,349	n.a.	n.a.	n.a.
Korea	n.a.	n.a.	2,284	n.a.
Belgium	3,787	3,288	2,253	n.a.
Austria	2,671	2,682	2,157	n.a.
Turkey	1,368	1,353	2,169	2,074
Germany	2,395	2,044	1,892	2,041 ³
France	n.a.	2,303 ¹	2,191	1,852 ¹
Hungary	2,750	2,777	1,971	1,795 ²
Ireland	n.a.	1,801 ²	1,735	n.a.
Sweden	1,920	2,040	1,627	n.a.
Iceland	2,832	2,979	2,186	1,618
United States	3,593	2,808	2,132	1,588 ¹
Denmark	2,249	1,960	1,756	1,522 ¹
Canada	3,225	2,781	1,185	1,432 ²
Norway	2,110	1,945	1,768	1,313
Australia	3,322	2,540	1,703	1,269²
United Kingdom	2,810	2,521	1,747	1,225 ¹
New Zealand	3,113	2,769	1,527	1,187 ¹
Finland	n.a.	1,457	1,241	1,012 ¹

Notes

1. '1 '2 '3 data from 1, 2, or 3 previous years.

2. 1 2 3 data from 1, 2, or 3 following years.

Source: OECD Health Data 2004.

Alcohol

Alcohol consumption is highly prevalent in many countries of the world, and for those countries where it is not, in most cases consumption is influenced by cultural or religious constraints. Hence international comparisons of population prevalence essentially place countries into two groups: those where it is the norm to consume, and those where it is not. A more useful indicator of consumption is total litres of pure alcohol per capita (or per capita aged 15 years and over), which has been shown to be correlated with other measures of alcohol-related harm.

In 2002, Luxembourg reported the highest per capita consumption of pure alcohol, at 11.9 litres per person – largely driven by their high consumption of wine and beer (Table 6.3). Among the top 45 countries listed, there is least variation in the per capita consumption of beer, ranging from 155.0 litres per capita in the Czech Republic to 20.0 litres in Guyana. This compares with a more than 50-fold variation in wine consumption, ranging from 59.1 litres per capita in Luxembourg to 1.1 litres per capita in Singapore.

Australia ranked 23rd highest in the world in terms of per capita consumption of alcohol, with approximately 7 litres equivalent of pure alcohol consumed per person. This corresponded to an annual per capita consumption of around 92 litres of beer, 21 litres of wine and 1 litre of pure alcohol from spirits.

Table 6.3: Per capita consumption of alcoholic beverages, selected countries^(a), 2002^(b)

Rank	Total pure alcohol ^(c)		Beer		Wine		Spirits (pure alcohol)	
	Country	Litres	Country	Litres	Country	Litres	Country	Litres
1	Luxembourg	11.9	Czech Republic	155.0	Luxembourg	59.1	Russia	6.2
2	Hungary	11.1	Republic of Ireland	147.1	France	56.0	Latvia	5.7
3	Republic of Ireland	10.8	Germany	121.5	Italy	51.0	Cyprus	4.3
4	Czech Republic	10.8	Austria	109.3	Portugal	43.0	Czech Republic	3.7
5	Germany	10.4	Luxembourg	108.2	Switzerland	41.8	Slovak Republic	3.5
6	France	10.3	United Kingdom	100.6	Argentina	36.1	Hungary	3.4
7	Portugal	9.7	Denmark	96.7	Hungary	36.0	Japan	3.3
8	Spain	9.6	Belgium	96.0	Greece	33.9	Thailand	3.2
9	United Kingdom	9.6	Australia	92.4	Uruguay	32.8	China	3.0
10	Denmark	9.5	Slovak Republic	92.3	Denmark	32.0	Republic of Ireland	2.5
11	Austria	9.2	USA	82.0	Austria	29.8	Romania	2.5
12	Cyprus	9.1	Finland	81.2	Spain	29.6	France	2.4
13	Switzerland	9.0	Venezuela	81.2	Romania	25.3	Spain	2.4
14	Slovak Republic	8.8	Netherlands	79.2	Germany	24.2	Bulgaria	2.1
15	Russia	8.6	New Zealand	77.8	Finland	23.5	Canada	2.1
16	Romania	8.5	Spain	73.4	Bulgaria	21.3	Finland	2.1
17	Netherlands	8.0	Estonia	71.0	Australia	20.6	Germany	2.0
18	Belgium	7.9	Hungary	70.9	Malta	20.5	USA	1.9
19	Greece	7.8	Poland	70.7	United Kingdom	19.6	Greece	1.8
20	Latvia	7.7	Canada	69.9	Netherlands	19.0	Guyana	1.8
21	Finland	7.7	Romania	59.0	New Zealand	18.9	Chile	1.7
22	Italy	7.4	Portugal	58.6	Belgium	17.0	Colombia	1.7
23	Australia	7.3	Sweden	55.9	Cyprus	16.9	Poland	1.7
24	New Zealand	6.9	Switzerland	55.5	Czech Republic	16.5	United Kingdom	1.7
25	Canada	6.9	South Africa	55.0	Sweden	16.0	Netherlands	1.7
26	USA	6.7	Cyprus	55.0	Chile	15.7	Luxembourg	1.6
27	Poland	6.6	Norway	51.6	Slovak Republic	13.9	Switzerland	1.6
28	Japan	6.5	Iceland	50.7	Republic of Ireland	12.6	Brazil	1.5
29	Argentina	6.3	Brazil	49.1	Poland	11.2	Cuba	1.5
30	Estonia	6.2	Mexico	47.6	Norway	11.0	New Zealand	1.4
31	Uruguay	5.9	Colombia	42.8	Iceland	11.0	Austria	1.4
32	Bulgaria	5.4	Paraguay	42.5	Canada	10.5	Estonia	1.4
33	Iceland	5.0	Malta	40.3	South Africa	9.0	Portugal	1.4
34	Sweden	4.9	Greece	39.0	USA	8.8	Belgium	1.2
35	Chile	4.9	Latvia	36.0	Russia	8.0	Iceland	1.2
36	Malta	4.9	France	34.8	Latvia	4.0	Australia	1.2
37	Venezuela	4.8	Argentina	34.0	Tunisia	2.8	Denmark	1.1
38	South Africa	4.7	Japan	32.6	Japan	2.8	Uruguay	1.0
39	Norway	4.4	Russia	31.1	Estonia	2.7	Sweden	1.0
40	Thailand	4.3	Italy	28.2	Brazil	1.9	South Africa	0.9
41	Brazil	4.2	Taiwan	26.3	Cuba	1.8	Malta	0.8
42	Colombia	3.9	Chile	26.0	Morocco	1.4	Norway	0.8
43	China	3.8	Thailand	22.4	Paraguay	1.4	Mexico	0.7
44	Taiwan	3.1	Singapore	22.4	Peru	1.1	Venezuela	0.7
45	Mexico	3.1	Guyana	20.0	Singapore	1.1	Taiwan	0.6

(a) Top 45 ranked countries based on per capita consumption of total pure alcohol.

(b) Calendar year for all countries except Australia, Canada, New Zealand and Taiwan.

(c) As published: conversion factors from wine and beer not known for individual countries.

Source: Commission for Distilled Spirits 2004.

The pattern of change over time in per capita alcohol consumption varies amongst the OECD countries (Table 6.4). For the majority, including Australia, there appears to have been a peak of consumption in the 1970s and 1980s with a tapering off in the 1990s and early 21st century. A few countries, notably Ireland and the United Kingdom, have seen an increase in consumption over the past 40 years, while Portugal, France and Italy have experienced a considerable decline over this period.

Table 6.4: Alcohol consumption, litres of pure alcohol per capita, population aged 15 years and over, selected countries, 1963 to 2003

Country	1963	1973	1983	1993	2003
Luxembourg	10.4 ²	12.7 ²	12.4 ²	15.3	14.9 ³
Ireland	5.2	8.2	8.0	11.2	14.3 ¹
Hungary	8.6	11.9	14.5	13.1	13.4 ²
Portugal	19.6	16.8	17.8	15.0	13.0 ³
Czech Republic	n.a.	n.a.	12.2	11.5	11.9 ¹
Spain	14.5	19.0	17.0	12.0	11.7 ³
Austria	12.0	16.1	12.6	12.3	11.3 ³
Denmark	5.9	10.9	12.8	11.7	11.2 ¹
United Kingdom	6.1 ²	8.7	9.1	9.3	11.1 ¹
Switzerland	13.1	15.0	13.6	12.1	10.8 ¹
France	n.a.	17.2	15.1	11.5	10.5 ³
Germany	10.2 ²	14.8	14.3	11.2	10.4 ¹
Belgium	9.6	13.3	13.8	11.7	10.2 ³
Australia	9.8	13.0	12.3	10.0	9.8
Greece	n.a.	10.9 ³	12.3	11.1	9.4 ³
Finland	3.1	7.4	7.9	8.4	9.2 ¹
New Zealand	5.8 ²	11.3	10.6	9.6	9.2 ¹
Slovak republic	8.1	13.7	14.2	12.1	8.8 ¹
Italy	16.6 ³	15.3 ²	12.6	10.2	8.7 ³
Poland	6.3 ²	8.0 ²	8.6	8.4	8.5 ³
United States	8.1	9.9	10.2	8.4	8.3 ³
Japan	5.9 ²	7.6 ²	8.6 ²	8.8	8.2 ³
Canada	7.4	10.3	10.9	7.5	7.8 ²
Sweden	5.1	7.0	6.1	6.2	7.0
Iceland	3.0	4.1	4.4	4.5	6.5 ¹
Norway	3.6	5.1	4.9	4.6	5.9 ¹
Mexico	n.a.	n.a.	4.1	5.2	4.6 ³
Turkey	0.8	1.6	1.6	1.6	1.5

Notes

1. ¹ ² ³ Data from 1, 2, or 3 previous years.

2. ¹ ² ³ Data from 1, 2, or 3 following years.

Sources: OECD Health Data 2004; ABS 2004a.

Illicit drugs

The data presented in the following table relate to the use of marijuana/cannabis, amphetamines, ecstasy, cocaine and opiates, and summarise and update collated data by the United Nations Office on Drugs and Crime (UNODC). Only data relating to English-speaking countries are presented here. The countries use various types of population surveys and other data collection methods. Although these methods are broadly consistent,

comparisons should be treated with caution. For more details on the methods and sources, readers are referred to the UNODC publication (UNODC 2004).

The levels and patterns of illicit drug use in the selected English-speaking countries vary considerably (Table 6.5). Marijuana/cannabis use in the last 12 months was most prevalent in Australia and New Zealand (15% and 13% respectively), and least prevalent in Ireland (9%). Ecstasy use was most prevalent in Australia and Ireland (each 3%), and cocaine use was most common in the USA (3%).

Table 6.5: Annual prevalence of substance use as a percentage of the population aged 15–64 years, selected countries, selected years from 1996 to 2003^(a)

Country	Marijuana/ cannabis	Ecstasy	Amphetamines (per cent)	Cocaine	Opiates
Australia	15.0	3.4	4.0	1.5	0.6
New Zealand	13.4	2.2	3.4	0.5	0.7
Republic of Ireland	9.0	3.4	1.6	2.4	0.6
United Kingdom	10.6	2.0	1.6	2.1	0.7
USA	11.0	1.3	1.4	2.5	0.6

(a) Australia 2001; New Zealand 2001; Ireland 1996 and 2000; United Kingdom 2000 and 2003; United States of America 2000 and 2002.

Note: Population aged 15–64 years except: Ireland 18+ for marijuana/cannabis, ecstasy and cocaine; United Kingdom 16–59 for cocaine, amphetamines, ecstasy and marijuana/cannabis; United States of America 12+.

Source: UNODC 2004.