

13. Substance use

Youth is the stage in life when many people begin to experiment with and use substances which, if misused, can cause severe immediate and long-term health and wellbeing problems. Tobacco use causes an immediate loss of physical fitness and respiratory problems and, in the long term, increases the chances of developing a number of cancers in adulthood. Nicotine is highly physically addictive and many adult smokers became addicted in their youth. Young people sometimes indulge in binge drinking of alcohol. Binge drinking can cause immediate bowel, central nervous system and psychological problems. Alcohol is also physically addictive and most adult alcoholics became dependent in their youth. Addiction and high long-term alcohol consumption leads to major body organ damage, brain damage, depression, and family and relationship problems. Substances like cannabis, prescription drugs and other drugs, if misused, can cause immediate psychological problems and addiction, and can affect long-term cognitive, social and emotional development.

Patterns of substance misuse developed in youth can continue into adult life. Many young people who experiment with tobacco, alcohol and illicit drugs do not go on to abuse them as adults, but the earlier the age of initiation, the greater the risk of later substance misuse (Guo et al. 2002). Tobacco use usually starts in early adolescence, and almost all first-use of tobacco occurs before young people have completed high school (USDHHS 1994), despite it being illegal for people under the age of 18 to be sold cigarettes. If people do not use tobacco when they are young, it is likely they will never use tobacco. However, many young people will experiment with tobacco because they are influenced by peers, siblings and friends. Actors smoking in films have also been shown to influence some young people (Tickle et al. 2001). Others believe that smoking is a way of signifying membership of a group. Young people who do less well academically and who have a lower self-image are also more likely to smoke than other young people (USDHHS 1994).

It is illegal for young people under the age of 18 years to be sold alcohol, but many find ways to obtain and consume alcohol. For many young people, alcohol consumption is a group behaviour, with peer group norms considerably influencing their alcohol use (Shanahan & Hewitt 1999). Young people who use alcohol can be at risk of a number of poor outcomes – particularly those who engage in binge drinking, which leads to immediate and severe intoxication. Possible outcomes from binge drinking include damage to the small bowel and subsequent diarrhoea, depression of the central nervous system, headaches, and stomach problems resulting in nausea, shakiness and vomiting (NDARC 2003a). Binge drinking can also increase the risk of injury from falls, assault, road accidents, fights and other violence, and can foster coercive sexual activity and unprotected sex. Serious binge drinking can lead to alcohol poisoning, which may result in coma and death. Compared with other age groups, young people are more likely to have had an alcohol-induced memory lapse at least weekly (4%) and monthly (11%) in the previous 12 months (AIHW 2003). Long-term excessive use of alcohol can lead to a number of physical, emotional and social problems, including alcohol addiction, poor diet, stomach problems, liver, heart and brain damage, depression, family and relationship problems, and legal and financial difficulties (NDARC 2003a).

It has been shown, however, that low levels of alcohol consumption can protect against some illnesses in adulthood, including hypertension, ischaemic heart disease, stroke and gallstones (AIHW 2002). If young people learn to drink in a responsible manner and in moderation, their alcohol consumption may actually lead to long-term health benefits.

Illicit drugs include drugs which are generally not legal to obtain (such as cannabis, heroin and cocaine), drugs which can be legally purchased with a prescription (such as pain-killers and tranquillisers) but are used for non-medical purposes, and other

harmful substances used inappropriately (such as inhalants). The use of illicit drugs can interfere with normal cognitive, social and emotional development (Guo et al. 2002), can cause erratic and violent behaviour, and in some cases can lead to a physical addiction. Potential consequences of illicit drug use are shown in Box 13.1. The most common illicit drug in Australia is cannabis. Guo et al. (2002) suggest that initiation to and increased use of illicit drugs is often due both to individual factors, including genetic predisposition and childhood psychopathology, and to environmental factors, such as family and peer influences. They found that having a close and supportive family with strong bonds and low conflict, as well as good parental control and clear family rules, decreased the risk of initiation to illicit drugs. A higher level of peer antisocial behaviour, on the other hand, increased the risk of initiation to illicit drugs. The AIHW National Drug Strategy Household Survey found that curiosity was the reason cited by 82% of people who had used illicit drugs as influencing their first use of an illicit drug (AIHW 2003). Peer pressure was cited by 55%. Of those who had never tried an illicit drug, over half said they were 'just not interested'.

Box 13.1: Potential consequences of the use of illicit drugs

Cannabis: memory impairment, weight gain, increased risk of cancer, paranoid thinking, psychological dependence, impairment of learning of key developmental skills, motor vehicle accidents.

Inhalants (solvents, aerosols, glue, petrol): Brain damage, pains in chest, muscles, joints, heart trouble, severe depression, fatigue, loss of appetite, bronchial spasm, sores on nose or mouth, nosebleeds, diarrhoea, bizarre or reckless behaviour, sudden death, suffocation.

Depressants (sleeping pills, tranquillisers): Anxiety, depression, restlessness, psychotic episodes, insomnia, changes in eyesight, dependence, severe withdrawal symptoms and suicide.

Stimulants (amphetamine, methamphetamine, Ritalin, dexamphetamine, ecstasy): weight loss, chronic sleep problems, high blood pressure, paranoia, anxiety, nervousness, decreased emotional control, severe depression, violent behaviour, death from heart failure or suicide, nerve cell damage.

Hallucinogens (LSD, MDA, PCP): risk of injury, self-inflicted injury, violent behaviour, paranoia, depression, anxiety, unpredictable flashbacks.

Opioids (heroin, morphine, codeine, methadone, pethidine): dependence, overdose, mood swings, chronic constipation, high potential for addiction, death from overdose, HIV and hepatitis infections through sharing of needles.

Cocaine and crack cocaine: high risk of addiction, violent or erratic behaviour, hallucinations, cocaine psychosis, eating or sleeping disorders, impaired sexual performance, ongoing respiratory problems, ulceration of the mucous membrane of the nose, collapse of the nasal septum, cardiac arrest or respiratory arrest, convulsions.

Source: DHAC 2001.

Collins and Lapsley (2002) have estimated the social cost of substance misuse in Australia. Social costs include lost production in the workplace and home, road accidents, fires, crimes and the costs to the health system of caring for people made sick by substance misuse. They found that tobacco and alcohol were responsible for most of the social costs of drug use in Australia in 1998–99 (61% and 22%, respectively). Illicit drugs were responsible for 18% of the total social cost of drug use.

In 1998, it was estimated that almost 15% of all deaths were related to drug use. Tobacco and alcohol were responsible for over 90% of the drug use-related mortality and morbidity (AIHW: Ridolfo & Stevenson 2001).

Data for this chapter come from the Australian Secondary Schools Drug and Alcohol Survey (ASSAD) for young people aged 12–17 years and from the AIHW National Drug Strategy Household Survey (NDSHS) for those aged 18–24 years, though data on people aged 14 years and over are also available.

Tobacco smoking

In 2001, the NDSHS found that the mean age of initiation into tobacco smoking among young people aged 14–24 years was 14.5 years for males and 14.2 for females. These ages were about the same as in 1998, when mean age of initiation was 14.2 years for males and 14.3 for females. In 2001, the mean age of first smoking daily was 16.0 years for males and 15.5 years for females.

Data from the 1999 ASSAD show that, although there are many more students aged 12–17 years who do not smoke than students who do, around 16% identified themselves as smokers (Table 13.1).

Table 13.1: Self-reported smoking status of young people aged 12–17 years, 1999 (per cent)

Smoking status	12–14 years			15–17 years		
	Males	Females	Persons	Males	Females	Persons
Chain smoker	1.2	1.0	1.1	1.1	1.3	1.2
Heavy smoker	2.3	1.9	2.1	5.1	5.4	5.3
Light smoker	3.9	4.6	4.3	9.7	10.1	9.9
Occasional smoker	7.0	9.6	8.3	12.3	16.5	14.5
Ex-smoker	6.5	6.5	6.5	6.1	7.5	6.8
Non-smoker	79.0	76.4	77.7	65.7	59.0	62.3
Total number	393,997	378,432	772,429	309,579	313,611	623,190

Source: 1999 ASSAD, unpublished data.

- In 1999, 78% of young people aged 12–14 years and 62% of those aged 15–17 years were non-smokers. In both age groups, a higher proportion of males did not smoke.
- A considerable proportion in each age group identified themselves as ‘occasional’ smokers (8% and 15%, for younger and older age groups, respectively).
- Around 8% of those aged 12–14 years and 16% of those aged 15–17 years reported being light, heavy or chain smokers.
- Around 7% in both age groups reported being ex-smokers.
- Among those who smoked, regardless of smoking status, there was generally a higher proportion of females than males.

The NDSHS also collected information on smoking status. The NDSHS defined an individual who has 'never smoked' as a person who does not smoke now and has smoked fewer than 100 cigarettes or the equivalent tobacco in their lifetime.

'Recent smokers' were defined as people who have smoked 100 cigarettes in their lifetime and who have not permanently stopped smoking. An ex-smoker was a person who has smoked at least 100 cigarettes or the equivalent tobacco in their life, but reported no longer smoking.

The NDSHS showed that, among those aged 14–17 years in 2001, 3% were ex-smokers, 15% recent smokers, and 82% had never smoked. Using the NDSHS definition of a 'recent smoker', ASSAD shows that, among those aged 12–14 years in 1999, 5% of males and 4% of females were recent smokers. Among those aged 15–17 years, 16% of both males and females were recent smokers. Proportions vary between the two surveys because they used different methods and different age groups. Data from the NDSHS for young people aged 18–24 years are presented in Table 13.2.

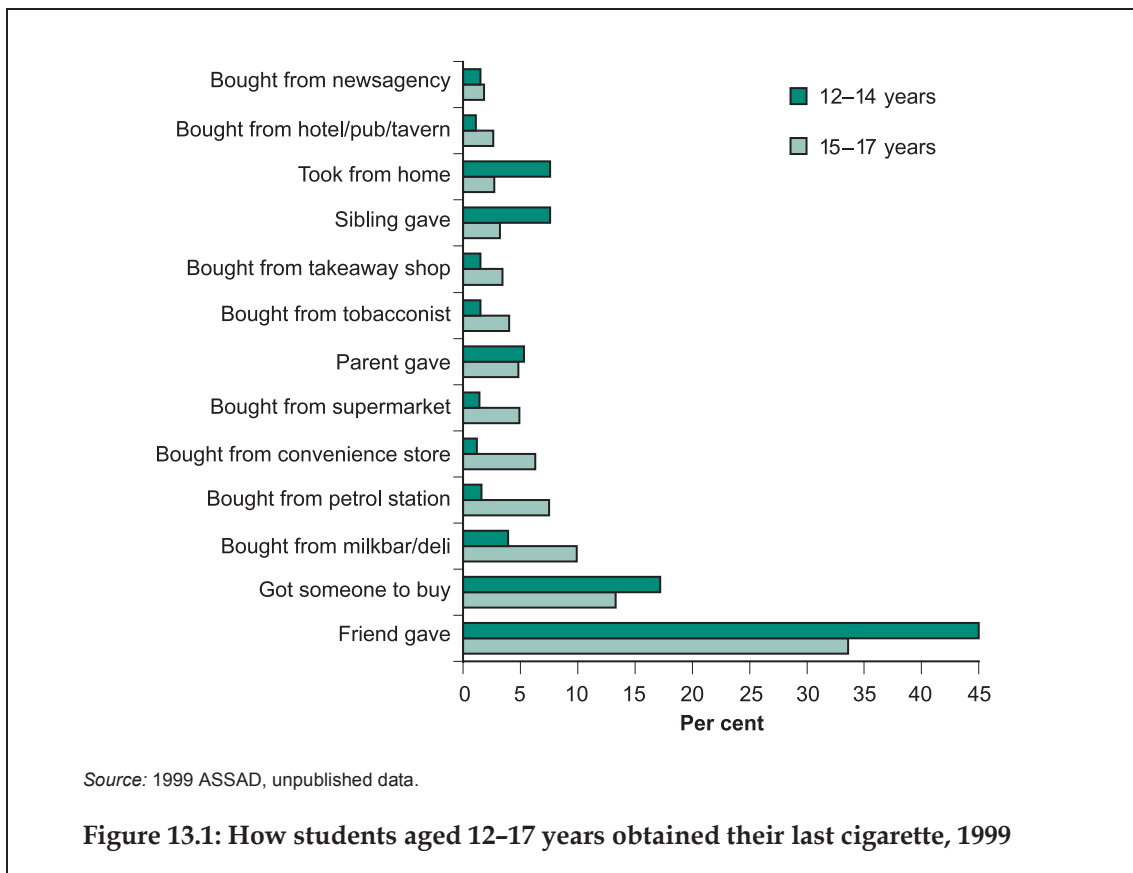
Table 13.2: Smoking status, young people aged 18–24 years, 1998 and 2001 (per cent)

Smoking status	Males		Females		Persons	
	1998	2001	1998	2001	1998	2001
Daily	30.4	24.5	28.6	23.7	29.5	24.1
Less than daily	5.8	9.9	4.7	5.8	5.2	7.9
Total recent	36.1	34.4	33.3	29.6	34.8	32.0
Ex-smoker	11.7	9.5	15.4	11.0	13.5	10.3
Never smoked	52.1	56.0	51.4	59.4	51.8	57.7

Source: AIHW NDSHS 1998 and 2001, unpublished data.

- In 2001, among those aged 18–24 years, 56% of males and 59% of females had never smoked; the 2001 ABS National Health Survey reported similar figures (ABS 2002). This was an increase from 1998, when 52% of males and 51% of females had never smoked.
- In 2001, 34% of males and 30% of females were recent smokers. These proportions decreased between 1998 and 2001. The ABS NHS reported that 36% of males and 27% of females were 'smokers' (daily or current).

It is illegal for retailers to sell tobacco to young people aged less than 18 years. Despite this, the ASSAD survey showed that, in 1999, 15% of those aged 12–14 years and 41% of those aged 15–17 years who smoked bought their own cigarettes. How students obtained their last cigarette is shown in Figure 13.1.



- Of students aged 12-14 years, 45% had got their last cigarette from a friend, and 17% had got someone else to buy it for them. Around 8% had been given it by a sibling, and another 8% had taken it from the home.
- Of those aged 15-17 years, 34% had got their last cigarette from a friend, 13% had got someone else to buy it for them, and 10% had bought it from a milk bar or deli. Around 8% had bought it from a petrol station, 6% from a convenience store, and 5% from a supermarket.
- Among both age groups, about 5% had been given their last cigarette by a parent.

The NDSHS found that, in 2001, around 17% of young people aged 14-17 years and 20% of those aged 18-24 years had successfully given up smoking for more than one month in the last 12 months. Over one-third of young people aged 14-24 years had tried to give up unsuccessfully in the last 12 months. Around one-fifth of recent smokers aged 14-24 years had made no attempts in the last 12 months to reduce tobacco consumption. Among all people aged 14 years and over, the main motivator for changing smoking behaviour was that smoking was considered to be costing too much. The next most common reason was that smoking was affecting health or fitness.

Alcohol use

The 2001 NDSHS showed that the mean age of initiation into drinking alcohol (drinking a full glass) among young people aged 14–24 years was 14.6 years for males and 14.8 years for females. These ages were similar to those in 1998: 14.2 for males and 14.8 for females.

The alcohol drinking status of young people aged 14–24 years is shown in Table 13.3.

Table 13.3: Alcohol drinking status, young people aged 14–24 years, 2001 (per cent)

Drinking status	14–17 years		18–24 years	
	Males	Females	Males	Females
Regular	19.8	17.1	57.4	41.5
Occasional	44.3	51.6	32.5	46.9
Ex-drinker	6.6	4.3	2.9	3.8
Never a full glass of alcohol	29.2	27.0	7.2	7.9

Source: AIHW NDSHS 2001, unpublished data.

- Although the sale of alcohol to young people aged less than 18 years is illegal, in 2001, 20% of males and 17% of females aged 14–17 years were regular alcohol consumers and nearly half of all young people aged 14–17 years were occasional drinkers.
- Among young people aged 18–24 years, 57% of males and 42% of females were regular drinkers, and 33% of males and 47% of females were occasional alcohol drinkers.
- Nearly three-quarters of a million young people aged 14–17 years and over 1.6 million aged 18–24 years were regular or occasional alcohol drinkers.

Young males commonly consume regular strength beer, and young females consume pre-mixed bottles or bottled spirits and liqueurs (AIHW 2003). Among under-age drinkers, the most commonly nominated way of obtaining alcohol was from a friend or relative (69%). Nearly half of all under-age drinkers purchased alcohol from a shop or retail outlet (47%).

The National Health and Medical Research Council (NHMRC) Australian alcohol guidelines (NHMRC 2001) suggest that:

- men should drink an average of no more than 4 standard drinks a day and no more than 6 standard drinks on any one day
- women should drink an average of no more than 2 standard drinks a day and no more than 4 standard drinks on any one day
- both men and women should spread their drinks over several hours and have one or two alcohol-free days per week
- young people aged 18–25 years should not drink at all for at least several hours before undertaking potentially risky activities (e.g. driving, swimming and boating) and should not mix alcohol with mood-altering drugs
- young people aged up to 18 years, if they choose to drink, should be under adult supervision, keep drinking to a minimum, and not drink to become intoxicated.

Examples of standard drinks are shown in Box 13.2.

Box 13.2: What is a standard drink?

Different types of alcoholic drinks contain different amounts of pure alcohol. A standard drink is defined as one that contains 10 grams of pure alcohol. The following are all equal to approximately one standard drink:

- one 425 ml glass of light beer (2.7% alcohol)
- one 285 ml glass of regular beer (4.9% alcohol)
- one 100 ml glass of wine (12% alcohol)
- one 30 ml nip of spirits (40% alcohol)
- one 60 ml glass of port or sherry (20% alcohol).

Source: NDARC 2003b.

Young people are considered to be drinking at risky or high risk levels when they consume more than is recommended by NHMRC guidelines. The threshold numbers of drinks for each alcohol risk level are shown in Table 13.4.

Table 13.4: NHMRC Australian alcohol guidelines (number of standard drinks), 2001

Risk term	Low risk	Risky	High risk
Risk of harm in the short term			
Males	Up to 6 (on any one day, no more than 3 days per week)	7 to 10 (on any one day)	11 or more (on any one day)
Females	Up to 4 (on any one day, no more than 3 days per week)	5 to 6 (on any one day)	7 or more (on any one day)
Risk of harm in the long term			
Males			
On an average day	Up to 4 (per day)	5 to 6 (per day)	7 or more (per day)
Overall weekly level	Up to 28 (per week)	29 to 42 (per week)	43 or more (per week)
Females			
On an average day	Up to 2 (per day)	3 to 4 (per day)	5 or more (per day)
Overall weekly level	Up to 14 (per week)	15 to 28 (per week)	29 or more (per week)

Source: NHMRC 2001.

- Low risk defines a level and pattern of drinking at which there is only a minimal risk of harm.
- Risky or high risk defines a level and pattern of drinking at which risk of harm is significantly increased beyond any possible benefits.
- Short-term risk is the risk of harm (particularly injury or death) in the short term that is associated with given levels of drinking on a single day, assuming that overall drinking patterns remain within the levels set for long-term risk, and that heavy drinking takes place 3 times a week or less.
- Long-term risk is the level of risk associated with regular daily patterns of drinking, defined by the total amount of alcohol typically consumed per week.

The proportion of young people aged 14–24 years who drink at levels and patterns risking short-term harm is shown in Table 13.5. Table 13.6 shows the risk of harm in the long term.

Table 13.5: Risk of harm in the short term, proportion of young people aged 14–24 years, 2001 (per cent)

	14–17 years			18–24 years		
	Males	Females	Persons	Males	Females	Persons
Abstainers	35.7	31.1	33.5	10.1	11.6	10.9
Low risk	32.7	31.2	32.0	25.1	25.4	25.3
Risky or high risk						
At least yearly	10.8	12.5	11.6	19.4	17.6	18.6
At least monthly	15.9	16.7	16.3	28.4	31.0	29.7
At least weekly	4.9	8.5	6.6	16.9	14.3	15.6
Total risky or high risk	31.6	37.7	34.6	64.7	63.0	63.9

Source: AIHW NDSHS 2001, unpublished data.

- In 2001, around one-third of young people aged 14–17 years (an estimated 375,100) and one in ten aged 18–24 years (204,100) said they did not drink alcohol.
- Just under a third of young people aged 14–17 years (358,400) and one-quarter aged 18–24 years (475,100) had low risk of harm in the short term.
- Of young people aged 14–17 years, 35% (387,400) drank at risky or high-risk levels in the short term. A greater proportion of females drank at risky or high-risk levels than males (38%, compared with 32%).
- Among those aged 18–24 years, 64%, or over 1.2 million, drank at levels that were risky or high risk for short-term harm.

Table 13.6: Risk of harm in the long term, proportion of young people aged 14–24 years, 2001 (per cent)

	14–17 years			18–24 years		
	Males	Females	Persons	Males	Females	Persons
Abstainers	35.7	31.1	33.5	10.1	11.6	10.9
Low risk	60.4	58.0	59.3	72.5	68.7	70.6
Risky or high risk						
Risky	2.6	7.6	5.0	11.3	13.9	12.6
High risk	1.3	3.3	2.3	6.0	5.7	5.9
Total risky or high risk	3.9	10.9	7.3	17.3	19.7	18.5

Source: AIHW NDSHS 2001, unpublished data.

- Approximately 350,000 young people aged 14–24 years reported drinking in a way that was risky or high risk for long term harm.
- Of those aged 14–17 years, 7% (or 81,500) were risky or high risk in the long-term (3% of males, 11% of females). Nearly 60% drank at low risk levels.
- Among those aged 18–24 years, nearly one in five drank at risky or high-risk levels in the long term (17% of males, 20% of females), and 71% were low-risk.

Use of illicit substances

A number of substances are proscribed by law as generally being illegal to have in one's possession. The mean ages of initiation of young people aged 14–24 years into illicit drug use are shown in Table 13.7.

Table 13.7: Mean age of initiation into illicit drug use of young people aged 14–24 years, 1998 and 2001

Substance	Males		Females	
	1998	2001	1998	2001
Cannabis	15.6	15.5	15.8	15.4
Inhalants	16.3	15.6	14.6	15.3
Amphetamines/speed	18.1	17.8	17.3	17.4
Ecstasy/designer drugs	18.8	18.4	18.4	18.0
Injecting drugs	17.9	16.8	17.1	17.1
Any other illicit	17.3 ^(a)	16.4 ^(b)	16.7 ^(a)	15.6 ^(b)
Total any illicit	15.4	15.3	15.6	15.1

(a) Includes pain-killers, tranquillisers, steroids, methadone and barbiturates used for non-medical purposes, heroin, cocaine and hallucinogens.

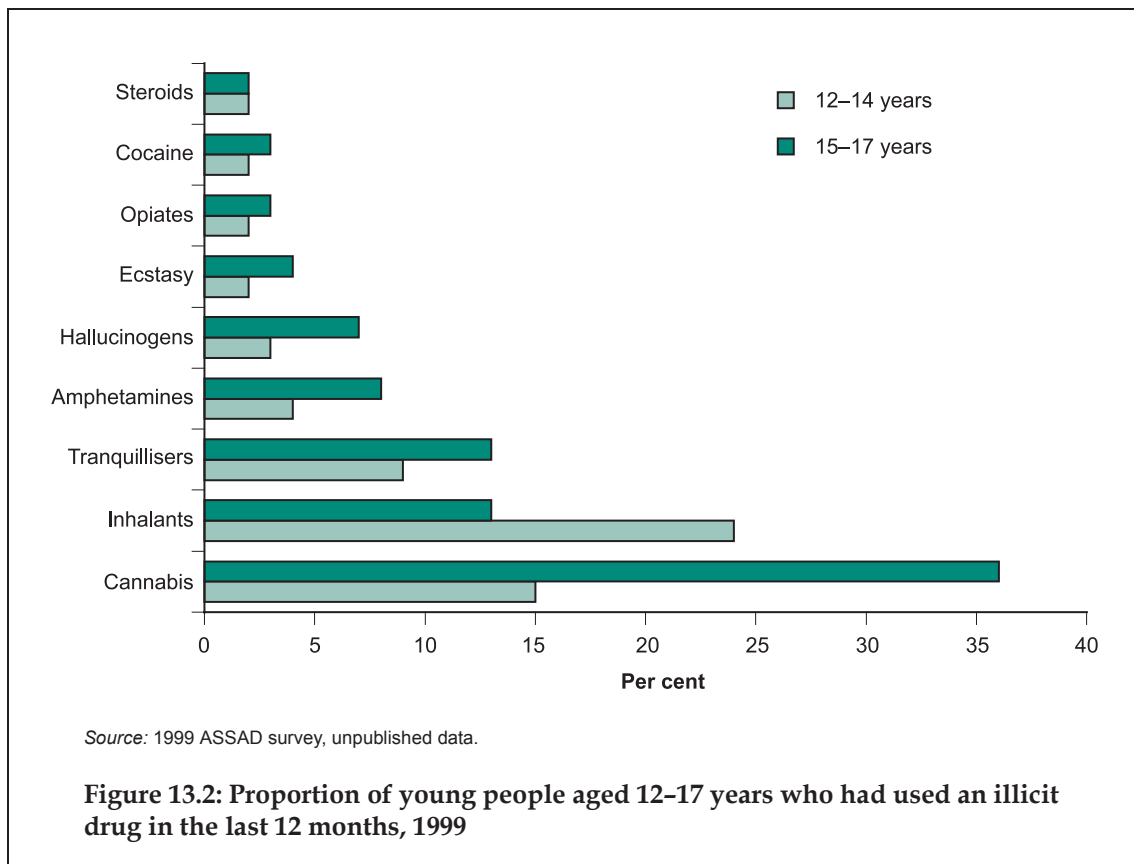
(b) Includes pain-killers, tranquillisers, steroids, methadone and barbiturates used for non-medical purposes, heroin, cocaine, hallucinogens and opiates.

Source: AIHW NDSHS 2001, unpublished data.

- Among illicit drugs, cannabis and inhalants had the earliest ages of initiation in 2001: for both drugs and for males and females, the mean age of initiation was aged less than 16 years.
- In 1998 and 2001, the mean age of initiation into the use of amphetamines and speed was 18 years for males and 17 years for females.
- The mean age of initiation into injecting drug use was 17 for males and 18 for females in 2001.

According to the ASSAD survey in 1999, 38% of young people aged 12–17 years had used an illicit drug (excluding analgesics and tranquillisers) within the previous 12 months. This was a decrease from 42% in 1996.

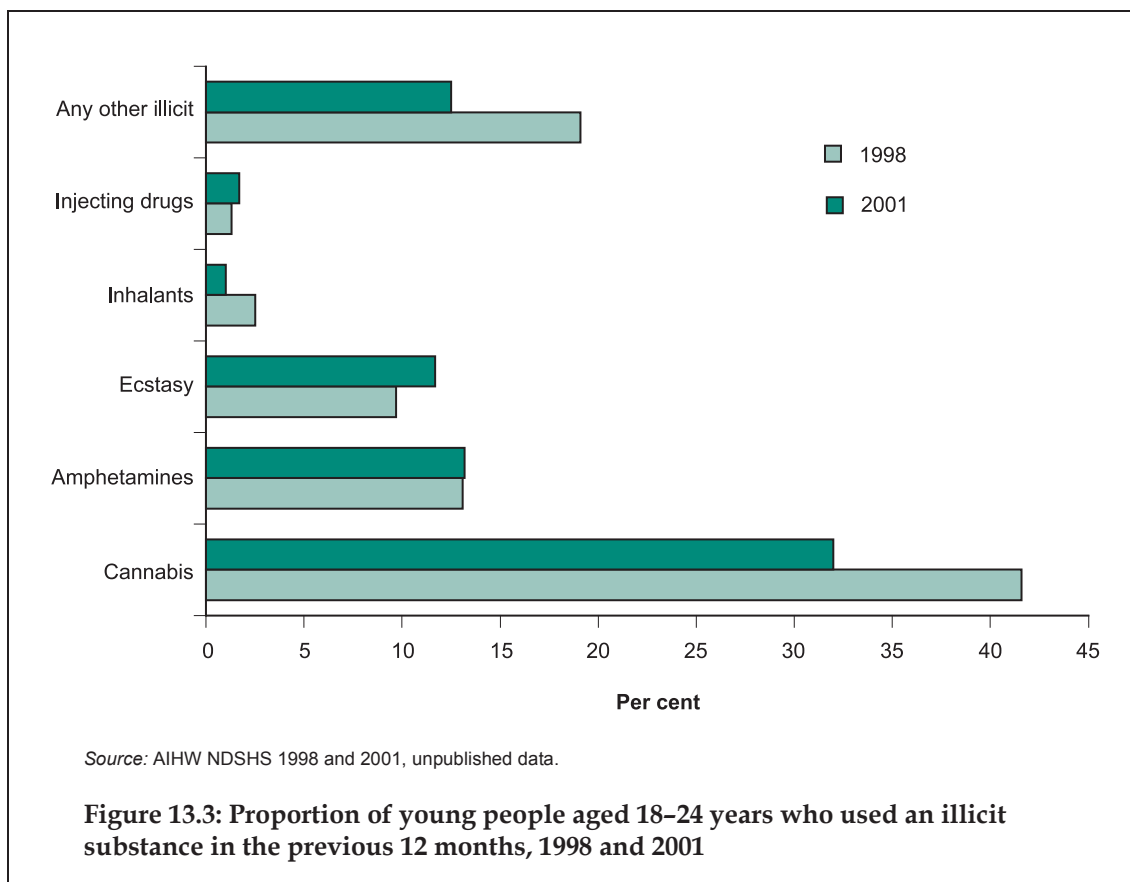
The proportion of young people in 1999 aged 12–17 years who used specific illicit substances is shown in Figure 13.2.



- The illicit drug most frequently used by young people was cannabis. One-quarter of all young people aged 12-17 years (around 337,000 users) reported that they had used cannabis. The proportion of users increased with age. The proportion of males using cannabis (27%) was higher than the proportion of females (23%). The reported use of cannabis by this age group decreased from 31% in 1996 to 25% in 1999.
- The next most frequently used illicit substances were inhalants, used by 19% of young people aged 12-17 years (around 264,000 users). A greater proportion of those aged 15-17 years used inhalants than those aged 12-14 years (24% compared with 13%). Use was equally spread between males and females.
- Tranquillisers were the third most frequently used illicit substances, used by 11% of young people aged 12-17 years in the previous 12 months (just over 148,000 users). A higher proportion of those aged 15-17 years had used tranquillisers than those aged 12-14 years (13% compared with 9%).
- Amphetamines were used by 6% of young people aged 12-17 years (10% of those aged 15-17 years, and just less than 5% of those aged 12-14 years).

Another perspective on illegal substance use is offered by the NDSHS. The 2001 data from this survey show that in the previous 12 months 20.7% of young people aged 14-17 years had used cannabis, 1.1% inhalants, 3.6% amphetamines, 3.2% ecstasy, 0.5% injecting drugs, and 6.1% some other illicit drug. In comparison, in 1998 the proportion who had used cannabis was 31.4%, and the proportion who had used ecstasy was 0.8%.

The proportion of young people aged 18-24 years who had used illicit drugs in the last 12 months is shown in Figure 13.3.



- In 2001, although cannabis was used by the greatest proportion of young people aged 18–24 years in the last 12 months (40% of males, 26% of females), use declined significantly between 1998 and 2001 (32% in 2001 compared with 42% in 1998).
- Amphetamines were used by 13% of young people in 2001 (247,800 users). The proportion of males using amphetamines decreased slightly between 1998 and 2001 (18% to 15%), and the proportion of females using increased (8% to 11%). There was little change in the overall proportion that reported using between 1998 and 2001.
- In 2001, ecstasy was used by 12% of young people (220,400 users). This was an increase from 10% in 1998. Use among females increased from 7% in 1998 to 10% in 2001.
- In 2001, injecting drugs were used by slightly less than 2% of young people (32,000 users). This was a small increase from 1998 (1.3%).

Drug-related harm

Victims of harm

Teece and Williams (2000) found that, among people of all ages, being young and male were the biggest risk factors for experiencing alcohol-related violence. The younger people started drinking alcohol, the more likely they were to experience alcohol-related violence.

Table 13.8: Proportion of young people aged 14–24 years experiencing alcohol- or illicit drug-related incidents in the last 12 months, by sex and age, 1998 and 2001

Incident	14–17 years		18–24 years	
	1998	2001	1998	2001
Males				
Verbal abuse	32.5	27.1	57.9	48.7
Physical abuse	8.4	10.7	20.6	15.0
Put in fear	19.1	15.5	27.6	23.2
Any abuse ^(a)	37.9	32.3	62.8	54.1
Females				
Verbal abuse	28.0	26.0	50.5	45.7
Physical abuse	6.4	8.2	11.0	11.6
Put in fear	26.3	23.6	36.3	33.3
Any abuse ^(a)	37.2	36.2	56.8	54.8
Persons				
Verbal abuse	30.2	26.6	54.3	47.3
Physical abuse	7.3	9.5	15.9	13.4
Put in fear	22.8	19.5	31.9	28.2
Any abuse ^(a)	37.5	34.2	59.9	54.5

(a) Respondents could report more than one type of alcohol- or drug-related harm so 'any abuse' is not equal to the sum of the proportions listed for 'verbal abuse', 'physical abuse' and 'put in fear'.

Source: AIHW NDSHS 2001, unpublished data.

- Over one-third of young people aged 14–17 years and over half of young people aged 18–24 years had experienced verbal or physical abuse, and/or had been 'put in fear' by another drug- or alcohol-affected person.
- The most common form of incident was verbal abuse – 27% of those aged 14–17 years and 47% of those 18–24 years in 2001. These proportions were smaller than those in 1998.
- The greatest difference between males and females was the proportions who were 'put in fear'. Among those aged 14–17 years, 24% of females, compared with 16% of males, were put in fear. Of those aged 18–24 years, 33% of females, compared with 23% of males, were put in fear.

Perpetrators of alcohol- and drug-related harm

Respondents were asked whether they undertook particular activities while under the influence of alcohol or illegal drugs (Table 13.9).

Table 13.9: Activities undertaken by young people aged 14–24 years while under the influence of alcohol or other drugs, 2001

Activity	14–17 years		18–24 years	
	Males	Females	Males	Females
Under the influence of alcohol				
Drove a motor vehicle	7.3	3.6	27.4	15.8
Operated a boat or hazardous machinery	3.8	0.4 ^(a)	6.8	1.1
Verbally or physically abused someone	21.3	18.8	27.9	14.0
Created a disturbance; damaged or stole goods	21.7	14.8	24.8	10.8
Went swimming	11.5	10.6	20.7	10.1
Went to work	5.3	5.6	17.3	8.3
Under the influence of other drugs				
Drove a motor vehicle	9.5	8.5	39.4	21.8
Operated a boat or hazardous machinery	4.8	0.6 ^(a)	10.0	0.6
Verbally or physically abused someone	20.0	16.5	11.4	6.4
Created a disturbance; damaged or stole goods	17.6	13.8	10.9	4.3
Went swimming	15.0	15.3	28.8	10.9
Went to work	13.1	16.7	25.0	15.8

(a) Relative standard error is greater than 50%.

Source: AIHW NDSHS 2001, unpublished data.

- Around 20% of young people aged 14–17 years reported they had verbally or physically abused someone while under the influence of alcohol (21% of males, 19% of females) or other drugs (20% of males, 17% of females).
- Among those aged 18–24 years, 28% of males and 14% of females reported verbally or physically abusing someone while under the influence of alcohol. A smaller proportion (11% of males, 6% of females) had verbally or physical abused someone while under the influence of other drugs.
- Among those aged 18–24 years, 27% of males and 16% of females reported that they drove a motor vehicle while under the influence of alcohol. An even higher proportion (39% of males, 22% of females) reported they had driven a motor vehicle while under the influence of other drugs.
- Among young people aged 14–17 years, around 10% reported swimming under the influence of alcohol, and 15% under the influence of other drugs. Among those aged 18–24 years, 21% of males and 10% of females reported swimming under the influence of alcohol, and 29% of males and 11% of females did so under the influence of other drugs.

Attitudes towards and perceptions of substances and substance use

A Commonwealth Department of Health and Aged Care study commissioned in 2000 to help develop strategies to reduce young people's substance use (Clark, Scott & Cook 2003) found that young people's attitudes to and perceptions of the positives and negatives of substance use varied depending on the drug and the level of use. Young people regarded addiction negatively.

A key finding was that most young people thought that cannabis was an acceptable social drug that was less harmful than tobacco and, at least by those who used it, less harmful than alcohol. However, young people distinguished between occasional and heavy marijuana use. Heavy use was viewed negatively.

Ecstasy was also viewed by young people as a 'scene' drug, often linked with dance parties. This finding was confirmed by the NDSHS which found that among users of all ages, 70% of recent users of ecstasy and other so-called 'designer' drugs used these drugs only at raves or dance parties. A considerable proportion of young people saw ecstasy as a fun drug, associated with a happy atmosphere, and a good drug to share with friends, even though it was seen as a risky drug. Heroin, on the other hand, was seen in a negative way, with young people describing heroin users as 'junkies' (addicts), and stating that it causes loss of control, brain damage and destroys friendships. Young people viewed heroin as the most dangerous drug, followed by cocaine, speed, LSD, ecstasy, tobacco, cannabis and alcohol.

A question in the NDSHS in 2001 asked respondents to name the drug they thought of when people talked about a drug 'problem' (Figure 13.10).

Table 13.10: Drugs associated with a drug 'problem' by young people aged 14–24 years, 2001

Drug first nominated	Males	Females
Heroin	38.0	39.7
Cannabis	34.7	33.4
Alcohol	8.6	6.2
Amphetamines/speed	4.9	6.9
Cocaine	4.4	5.2
Tobacco	3.6	2.7
Ecstasy/designer drugs	3.0	3.6
Other	2.7	2.4
Total	100.0	100.0

Source: AIHW 2001 NDSHS, unpublished data.

- Among young people aged 14–24 years, 38% of males and 40% of females nominated heroin as the drug they first thought of as being associated with a drug problem.
- Cannabis was nominated by 35% of males and 33% of females in this age group as the drug they first thought of as being associated with a drug problem.
- Alcohol was nominated by only 9% of males and 6% of females despite being the substance most commonly associated with actual drug dependence disorders.

Acceptability of drugs

Not surprisingly, in 2001, the legal drugs – tobacco and alcohol – were considered by young people to be the most acceptable for regular use by adults (Table 13.11). However, some young people also found regular use of illicit drugs by adults to be acceptable.

Table 13.11: Proportion of young people aged 14–24 years who find regular drug use by adults acceptable, 2001

Drug	Males	Females
Alcohol	81.9	77.1
Tobacco	48.2	49.2
Cannabis	38.6	31.8
Ecstasy/designer drugs	11.1	6.9
Natural hallucinogens	9.2	5.0
Pain-killers/analgesics	7.7	8.0
Amphetamines/speed	7.7	6.5
LSD/synthetic hallucinogens	6.6	4.0
Tranquillisers/sleeping pills	6.1	4.9
Steroids	4.6	1.5
Cocaine	4.4	3.2
Methadone	2.4	1.3
Barbiturates	2.4	1.2
Inhalants	1.8	0.7
Heroin	1.8	1.0

Source: AIHW NDSHS 2001, unpublished data.

- In 2001, over three-quarters of young people aged 14–24 years thought alcohol use by adults was acceptable and nearly half thought tobacco use acceptable.
- Around one-third of young people found cannabis use by adults acceptable and more than 10% thought ecstasy use was acceptable.
- More than 90% of young people thought amphetamine and LSD use was not acceptable and more than 95% thought the use of steroids, cocaine, methadone, barbiturate, inhalants and heroin was not acceptable.

Availability and source of drugs

In order to estimate the availability of drugs, young people were asked to report on the substances they had been offered or had had the opportunity to use (Table 13.12).

Table 13.12: Proportion of young people aged 14–24 years who were offered or had the opportunity to use selected drugs, 2001

Drug	Males	Females
Alcohol	91.9	92.0
Tobacco	74.8	73.9
Cannabis	54.8	48.4
Pain-killers/analgesics	40.7	41.9
Ecstasy/designer drugs	24.5	20.0
Amphetamines/speed	22.5	19.1
LSD	12.9	9.1
Tranquillisers/sleeping pills	9.2	9.2
Cocaine	8.9	7.3
Natural hallucinogens	8.2	5.1
Inhalants	8.0	5.8
Heroin	4.3	3.0
Kava	3.1	1.8
Steroids	3.1	1.0
Barbiturates	1.9	1.4

Source: AIHW NDSHS 2001, unpublished data.

- Alcohol was available to over 90% of young people, and nearly three-quarters had been offered or had had the opportunity to use tobacco.
- Cannabis was available to over 50%.
- Around 20% of young people had been offered the use of ecstasy/designer drugs or amphetamines/speed.

Source of supply

Young people who use illicit drugs often source them from friends or acquaintances (Table 13.13).

Table 13.13: Source of supply of selected illicit drugs, young people aged 14–24 years, 2001 (per cent)

Drug	Friend or acquaintance	Relative	Dealer	Bought at shop	Other	Total
Cannabis	69.3	6.1	19.3	..	5.4	100.0
Inhalants	58.3	5.1 ^(a)	1.0 ^(a)	23.6	11.9	100.0
Amphetamines/speed	68.8	2.3	25.3	..	3.6	100.0
Ecstasy/designer drugs	66.4	2.3	29.4	..	1.9	100.0

.. Not applicable.

(a) Estimates have an associated relative standard error of 25% or more and should be interpreted with caution.

Source: AIHW NDSHS 2001, unpublished data.

- Most users of substances obtained them from a friend or acquaintance.
- Around one-fifth of young people who used cannabis, 25% of young people who used amphetamines or speed and 30% who used ecstasy or designer drugs bought them from a dealer.

