

12 Drug avoidance and moderation

Introduction

This chapter discusses some of the ways people lessen the impact of tobacco, alcohol and illicit drugs on themselves. The 2001 NDSHS is a useful source of this sort of behavioural information – it asked a number of questions about drug avoidance and moderation and some results from the Survey are presented here.

Avoidance of cigarette smoke

People who do not smoke generally avoid exposure to tobacco smoke. Nevertheless, not all non-smokers responded in the same way. The 2001 NDSHS asked people who had never smoked or had given up (for at least a month) whether they avoided places where they might be exposed to tobacco smoke.

Higher proportions of females than males avoided places where they may be exposed to other people's cigarette smoke sometimes or always, with the exception of those aged 14–19 years (Table 12.1). Generally, avoidance increased with age, until 40–49 years for females and males when it started to decrease.

Table 12.1: Non-smokers^(a) avoidance of places where they might be exposed to other people's cigarette smoke: proportion of non-smokers^(a) aged 14 years and over, by age and sex, Australia, 2001

Avoidance	Age group						All ages
	14–19	20–29	30–39	40–49	50–59	60+	
	(per cent)						
	Males						
Yes, always	22.9	23.8	31.9	39.4	36.4	43.5	34.2
Yes, sometimes	57.1	58.9	56.1	49.8	47.2	40.0	50.5
No, never	20.0	17.3	12.0	10.8	16.4	16.5	15.2
	Females						
Yes, always	20.4	25.8	39.7	45.4	48.6	51.3	40.8
Yes, sometimes	58.8	60.0	52.5	46.2	41.7	37.6	47.9
No, never	20.7	14.2	7.8	8.3	9.7	11.2	11.3
	Persons						
Yes, always	21.7	24.8	36.0	42.4	42.6	47.8	37.6
Yes, sometimes	58.0	59.5	54.2	48.0	44.4	38.6	49.2
No, never	20.4	15.7	9.8	9.6	13.0	13.6	13.2

(a) Non-smokers are people who have never smoked and former smokers who have not smoked in the preceding 12 months.

Source: National Drug Strategy Household Survey 2001.

Smoking moderation behaviours

The 2001 NDSHS asked persons who had smoked in the last 12 months whether they had attempted to change their smoking behaviour in that period (Table 12.2). A higher proportion of females than males had either succeeded or tried and failed at each of the three types of behavioural change: giving up, changing brands and smoking less tobacco. Overall, the most successful strategy, that is, having the highest proportion of successes from attempts, was to change to a cigarette brand with lower tar or nicotine content. The most popular but least successful strategy was to try to give up all together, with around one in four recent smokers giving up for more than one month, while three in 10 unsuccessfully tried to give up smoking.

Table 12.2: Attempted change in smoking behaviour: proportion of recent^(a) smokers aged 14 years and over, by sex, Australia, 2001

Moderation behaviours	Males	Females	Persons
	(per cent)		
Successfully gave up smoking (for more than a month)	24.0	24.7	24.3
Unsuccessfully tried to give up smoking	29.4	31.0	30.1
Changed to a cigarette brand with lower tar or nicotine content	16.9	21.1	18.8
Unsuccessfully tried to change to a brand with lower tar or nicotine content	3.8	4.0	3.9
Reduced the amount of tobacco smoked in a day	32.2	35.0	33.5
Unsuccessfully tried to reduced the amount of tobacco smoked in a day	13.7	14.9	14.2

(a) Used in the last 12 months.

Source: National Drug Strategy Household Survey 2001.

Alcohol reduction behaviours

The 2001 NDSHS asked recent drinkers whether they had reduced their consumption of alcohol in the last 12 months. Interestingly, short- and long-term risky or high-risk drinkers reported reducing the amount of alcohol they consumed more than low-risk drinkers (Table 12.3). For example, 33.0% of those drinking at levels considered 'risky' or 'high risk' for short-term alcohol-related harm reduced the amount of alcohol they consumed at any one time, compared with 23.8% of low-risk drinkers.

Table 12.3: Alcohol reduction behaviours: proportion of recent^(a) drinkers aged 14 years and over, by risk classification and sex, Australia, 2001

Behaviour	Males	Females	Persons
	(per cent)		
Low risk in the short term			
Reduced the amount of alcohol consumed at any one time	26.3	21.5	23.8
Reduced the number of drinking occasions	22.9	20.6	21.7
Consumed more low-alcohol drinks than before	12.5	6.0	9.1
Stopped drinking alcohol	3.2	5.2	4.2
None of the above	54.1	61.9	58.1
Risky or high risk in the short term			
Reduced the amount of alcohol consumed at any one time	31.0	35.5	33.0
Reduced the number of drinking occasions	31.5	34.1	32.6
Consumed more low-alcohol drinks than before	12.8	6.7	10.1
Stopped drinking alcohol	2.4	4.1	3.1
None of the above	49.7	48.4	49.1
Low risk in the long term			
Reduced the amount of alcohol consumed at any one time	28.2	25.4	26.9
Reduced the number of drinking occasions	27.5	25.0	26.3
Consumed more low-alcohol drinks than before	12.8	6.0	9.5
Stopped drinking alcohol	2.9	5.0	3.9
None of the above	51.7	58.0	54.8
Risky or high risk in the long term			
Reduced the amount of alcohol consumed at any one time	29.8	36.0	32.8
Reduced the number of drinking occasions	21.7	29.9	25.7
Consumed more low-alcohol drinks than before	11.2	8.0	9.6
Stopped drinking alcohol	2.5	3.2	2.8
None of the above	54.8	48.6	51.8

(a) Used in the last 12 months.

Source: National Drug Strategy Household Survey 2001.

Alcohol moderation behaviours

The 2001 NDSHS asked recent drinkers how often, when drinking, did they attempt to moderate the effect of alcohol. For each behaviour, the proportion of low-risk, and risky and high-risk drinkers who moderated the effects of alcohol always or most of the time was calculated. For every behaviour except 'drinking only low-alcohol drinks', a greater proportion of females than males reported moderating behaviours always or most of the time (Table 12.4). In both the short- and long-term risk groups, low-risk drinkers were more likely to have moderated their alcohol consumption. In every risk group, the most common behavioural change was to 'limit the number of drinks in an evening'.

Table 12.4: Alcohol moderation behaviours: proportion of recent^(a) drinkers aged 14 years and over, by risk classification and sex, Australia, 2001

Behaviour	Males	Females	Persons
	(per cent)		
Low risk in the short term			
Count drinks had	61.5	68.3	65.0
Deliberately alternate between alcohol and non-alcohol drinks	23.6	40.5	32.3
Eat while drinking alcohol	61.7	73.5	67.8
Quench thirst with a non-alcohol drink	29.6	45.1	37.6
Only drink low-alcohol drinks	32.8	25.0	28.9
Limit number of drinks in an evening	88.2	90.9	89.6
Refuse an offered alcoholic drink that you really don't want	67.6	80.3	74.2
Risky in the short term			
Count drinks had	41.6	50.9	45.7
Deliberately alternate between alcohol and non-alcohol drinks	8.2	21.3	13.9
Eat while drinking alcohol	44.2	56.7	49.7
Quench thirst with a non-alcohol drink	23.1	34.9	28.2
Only drink low-alcohol drinks	11.8	7.3	9.8
Limit number of drinks in an evening	69.8	76.4	72.7
Refuse an offered alcoholic drink that you really don't want	43.9	61.9	51.7
Low risk in the long term			
Count drinks had	55.3	64.8	59.8
Deliberately alternate between alcohol and non-alcohol drinks	17.8	35.9	26.4
Eat while drinking alcohol	55.7	69.1	62.1
Quench thirst with a non-alcohol drink	27.7	42.9	34.9
Only drink low-alcohol drinks	24.0	19.5	21.9
Limit number of drinks in an evening	81.9	87.5	84.6
Refuse an offered alcoholic drink that you really don't want	59.7	76.5	67.8
Risky in the long term			
Count drinks had	30.4	39.1	34.7
Deliberately alternate between alcohol and non-alcohol drinks	4.7	11.7	8.2
Eat while drinking alcohol	37.2	52.6	44.9
Quench thirst with a non-alcohol drink	18.1	28.5	23.2
Only drink low-alcohol drinks	13.0	6.1	9.6
Limit number of drinks in an evening	62.4	70.2	66.2
Refuse an offered alcoholic drink that you really don't want	32.7	50.5	41.5

(a) Used in the last 12 months.

Source: National Drug Strategy Household Survey 2001.

Participation in drug treatment programs

Respondents to the 2001 NDSHS were asked in what alcohol and drug treatment programs they had participated. Anti-smoking programs (e.g. Quit) were the most common drug treatment among all respondents and groups of substance users (Table 12.5). Prescription drugs and counselling were the next most common strategies. Around 8% of recent smokers reported their participation in anti-smoking programs.

Table 12.5: Participation in alcohol and other drug treatment programs: proportion of the population aged 14 years and over, by sex, Australia, 2001

Program	All respondents	Recent ^(a) smokers	Recent ^(a) drinkers	Recent ^(a) illicit drug users
(per cent)				
Males				
Smoking (e.g. Quit)	2.8	7.9	2.9	4.7
Alcohol (e.g. Alcoholics Anonymous)	0.4	0.8	0.3	0.5
Detoxification centre	0.2	0.8	0.2	0.8
Methadone maintenance	0.1	0.3	0.1	0.4
Prescription drugs (e.g. GP-supervised)	0.6	1.1	0.6	1.2
Counselling	0.6	1.8	0.6	2.3
Therapeutic community	0.1	0.3	0.1	0.5
Naltrexone	0.1	0.1	–	0.1
Other program	0.2	0.4	0.1	0.5
Females				
Smoking (e.g. Quit)	2.4	8.4	2.6	4.4
Alcohol (e.g. Alcoholics Anonymous)	0.3	0.9	0.2	0.8
Detoxification centre	0.1	0.5	0.1	0.7
Methadone maintenance	0.1	0.3	0.1	0.4
Prescription drugs (e.g. GP-supervised)	0.7	1.6	0.7	1.9
Counselling	0.5	1.8	0.6	2.4
Therapeutic community	0.1	0.4	0.1	0.8
Naltrexone	–	0.2	0.1	0.2
Other program	0.2	0.7	0.3	1.0
Persons				
Smoking (e.g. Quit)	2.6	8.1	2.8	4.6
Alcohol (e.g. Alcoholics Anonymous)	0.3	0.8	0.2	0.6
Detoxification centre	0.2	0.7	0.2	0.7
Methadone maintenance	0.1	0.3	0.1	0.4
Prescription drugs (e.g. GP-supervised)	0.7	1.4	0.7	1.5
Counselling	0.6	1.8	0.6	2.3
Therapeutic community	0.1	0.3	0.1	0.6
Naltrexone	–	0.2	–	0.1
Other program	0.2	0.6	0.2	0.7

(a) Used in the last 12 months.

Source: National Drug Strategy Household Survey 2001.