4 Community support for drug-related policy

Introduction

Survey respondents were asked to indicate how strongly they would support or oppose specific policies, using a five-point scale (strongly support, support, neither support nor oppose, oppose, and strongly oppose). For the purposes of this chapter, responses of 'support' or 'strongly support' are taken as support for specific policies.

The survey questions were in the context of reducing problems associated with the use of alcohol, tobacco and heroin.

Tobacco

Between 1998 and 2001, public support for measures to reduce the problems associated with tobacco increased (Table 4.1).

Table 4.1: Support[a] for tobacco measures: proportion of the population aged 14 years and over, by sex, Australia, 1998, 2001

	Males		Females		Persons	
Measure	**1998**	**2001**	**1998**	**2001**	**1998**	**2001**
			(per cent)			
Stricter enforcement of law against supplying minors	88.2	89.6	91.8	92.7	90.0	91.2
Immediate ban of tobacco advertising at sporting events[b]	57.1	61.9	65.6	70.6	61.5	66.3
Banning smoking in the workplace	76.2	77.1	83.6	85.1	80.0	81.1
Banning smoking in shopping centres	80.5	82.7	84.8	87.9	82.7	85.3
Banning smoking in restaurants	77.4	82.1	77.1	85.7	77.2	83.9
Banning smoking in pubs/clubs	47.9	57.7	52.0	64.0	50.0	60.8
Increasing tax on tobacco products to pay for health education	58.2	61.4	65.0	67.1	61.7	64.3
Increasing tax on tobacco products to contribute to treatment costs	64.1	64.7	68.1	69.2	66.1	67.0
Increasing tax on tobacco products to discourage smoking	56.8	58.5	63.7	63.7	60.4	61.1
Making it harder to buy tobacco in shops[c]	n.a.	57.5	n.a.	62.4	n.a.	60.0

(a) Support or strongly support.

(b) In 1998 the wording was 'Banning tobacco advertising at sporting events'.

(c) Not asked in 1998.

- The greatest support for tobacco interventions was for 'stricter enforcement of laws against supplying tobacco products to minors', with over 90% of the population supporting this measure. The level of support in 2001 (91.2%) was similar to that in 1998 (90.0%).
- The greatest relative percentage increase in support was 22%, for 'Banning smoking in pubs/clubs', which increased from 50.0% in 1998 to 60.8% in 2001.

- The lowest level of support was for 'Making it harder to buy tobacco in shops' (60.0%).
- Support for measures to reduce the problems associated with tobacco was higher among females than males.

Alcohol

Support for possible measures to reduce the problems associated with alcohol generally declined between 1998 and 2001 (Table 4.2).

Table 4.2: Support[a] for alcohol measures: proportion of the population aged 14 years and over, by sex, Australia, 1998, 2001

	Males		Females		Persons	
Measure	**1998**	**2001**	**1998**	**2001**	**1998**	**2001**
			(per cent)			
Increasing the price of alcohol	19.4	16.4	33.4	24.6	26.6	20.5
Reducing the number of outlets	27.4	23.9	40.9	33.4	34.3	28.7
Reducing trading hours for pubs and clubs	29.9	27.7	39.8	37.1	35.0	32.4
Raising the legal drinking age	35.6	37.8	46.6	46.0	41.2	42.0
Increasing the number of alcohol-free events	59.9	60.2	73.0	71.7	66.6	66.0
Increasing the number of alcohol-free dry zones	63.9	61.7	73.1	69.7	68.6	65.7
Serving only low-alcohol beverages at sporting events	64.3	58.9	77.7	69.2	71.1	64.0
Limiting TV advertising until after 9.30 p.m.	66.0	64.4	79.1	74.5	72.7	69.5
Banning alcohol sponsorship of sporting events	36.6	36.1	52.7	51.5	44.8	43.9
More severe penalties for drink driving	84.5	81.7	93.1	92.6	88.9	87.2
Stricter laws against serving drunk customers[b]	n.a.	81.2	n.a.	88.7	n.a.	85.0
Restricting late night trading of alcohol[b]	n.a.	45.3	n.a.	56.4	n.a.	50.9
Stricter monitoring of late night licensed premises	n.a.	68.8	n.a.	76.7	n.a.	72.8
Increasing the size of standard drink labels on alcohol containers[b]	n.a.	61.9	n.a.	73.8	n.a.	67.9
Adding national drinking guidelines to alcohol containers[b]	n.a.	65.4	n.a.	76.5	n.a.	71.0

(a) Support or strongly support.

(b) Not asked in 1998.

- Between 1998 and 2001 the level of support for 'Increasing the price of alcohol' decreased from 26.6% to 20.5%, and attracted the lowest support of all interventions.
- The intervention with the highest level of support in 2001 was 'More severe penalties for drink driving', at 87.2%.
- New alcohol measures were introduced into the 2001 survey. 'Stricter laws against serving drunk customers' attracted the second highest support at 85.0%. Approximately half (50.9%) of respondents supported 'Restricting late night trading of alcohol'.
- Females were more likely than males to support measure for reducing alcohol-related harm.

Illicit drugs

The survey included questions on support for measures to reduce the problems associated with heroin use, and support for legalisation of personal use of selected substances (see chapter 2). Note that these measures were not explained in detail to survey respondents.

Table 4.3: Support for heroin measures: proportion of the population aged 14 years and over, by sex, Australia, 2001

	Males		Females		Persons	
Measure	**1998**	**2001**	**1998**	**2001**	**1998**	**2001**
			(per cent)			
Needle and syringe programs	46.3	57.8	53.6	60.2	50.0	59.0
Methadone maintenance programs	56.9	62.5	58.6	64.9	57.8	63.7
Treatment with drugs other than methadone	54.2	65.0	54.4	66.7	54.3	65.8
Regulated injecting rooms	32.3	44.6	33.9	45.6	33.1	45.1
Trial of prescribed heroin[(b)]	n.a.	35.9	n.a.	33.1	n.a.	34.5
Rapid detoxification therapy	61.3	79.1	59.2	80.7	60.3	79.9
Use of Naltrexone[(b)]	n.a.	75.4	n.a.	75.0	n.a.	75.2

(a) Support or strongly support.

(b) Not asked in 1998.

- Support for measures to reduce the problems associated with heroin use increased between 1998 and 2001.
- In 2001, support was higher among females than males, with the exception of 'Trial of prescribed heroin'.
- 'Rapid detoxification therapy' attracted the greatest level of support (79.9%).
- Over one-third (34.5%) of Australians supported a trial of prescribed heroin, and almost half (45.1%) supported 'Regulated injecting rooms'.

5 Drug-related harm

Perpetrators of drug-related harm

Survey respondents were asked how many times in the past 12 months they undertook specific potentially harmful activities while under the influence of alcohol or other drugs. Between 1998 and 2001, the proportions of the population undertaking these activities generally decreased (Table 5.1).

Table 5.1: Activities undertaken while under the influence of alcohol or other drugs in the past 12 months, by sex, Australia, 1998, 2001

	Males		Females		Persons	
Influence and activity	**1998**	**2001**	**1998**	**2001**	**1998**	**2001**
Alcohol			(per cent)			
Drove a motor vehicle	23.8	18.0	11.4	7.7	17.5	12.8
Operated a boat[(a)]	n.a.	1.9	n.a.	0.2	n.a.	1.0
Operated hazardous machinery	1.6	1.1	0.1	0.1	0.8	0.6
Verbally abused someone	12.8	8.4	6.2	4.3	9.4	6.3
Physically abused someone	3.1	1.8	0.9	0.6	2.0	1.2
Caused damage to property	4.5	2.7	0.9	0.9	2.7	1.8
Stole money, goods or property[(b)]	1.6	0.8	0.3	0.4	1.0	0.6
Created a public disturbance or nuisance	6.6	4.1	2.6	1.8	4.5	2.9
Went swimming	n.a.	7.3	n.a.	3.1	n.a.	5.2
Went to work	n.a.	6.5	n.a.	2.2	n.a.	4.3
Other drugs						
Drove a motor vehicle	8.3	5.7	4.0	2.2	6.1	3.9
Operated a boat[(a)]	n.a.	0.7	n.a.	0.0	n.a.	0.4
Operated hazardous machinery	1.3	0.1	0.1	0.1	0.7	0.5
Verbally abused someone	2.5	1.3	1.2	0.7	1.8	1.0
Physically abused someone	0.8	0.4	0.2	0.1	0.5	0.3
Caused damage to property	1.1	0.5	0.2	0.2	0.6	0.3
Stole money, goods or property[(b)]	0.7	0.4	0.1	0.1	0.4	0.3
Created a public disturbance or nuisance	1.4	0.8	0.6	0.3	1.0	0.5
Went swimming	n.a.	3.6	n.a.	1.3	n.a.	2.4
Went to work	n.a.	3.4	n.a.	1.3	n.a.	2.3

(a) Not asked in 1998.

(b) In 1998 wording was 'Stole property'.

Perpetrators of drug-related harm—alcohol

- Males were more likely than females to undertake the specified potentially harmful activities while under the influence of alcohol.
- Between 1998 and 2001, the proportion of the population aged 14 years or older who drove a motor vehicle while under the influence of alcohol decreased from 17.5% to 12.8%. Males (18.0%) were more than twice as likely as females (7.7%) to drive while under the influence.
- The proportion of persons who verbally abused someone while under the influence of alcohol decreased between 1998 (9.4%) and 2001 (6.3%). Males (8.4%) were almost twice as likely as females (4.3%) to verbally abuse someone while under the influence of alcohol.
- The proportions of the population who physically abused someone, or stole money, goods or property while under the influence of alcohol declined by 40%, between 1998 and 2001.
- Several new activities were added into the 2001 survey, including going swimming (5.2%) and going to work (4.3%) while under the influence of alcohol.

Perpetrators of drug-related harm—drugs other than alcohol

The prevalence of activities undertaken while under the influence of drugs other than alcohol was much lower than for alcohol.

- Similar to the findings above, males were more likely than females to undertake the specified activities while under the influence of drugs other than alcohol.
- The activity most likely to be undertaken while under the influence of drugs other than alcohol in 2001 was driving a motor vehicle (3.9%). Males (5.7%) were twice as likely as females (2.2%) to drive while under the influence.
- Two newly added activities of going swimming (2.4%) and going to work (2.3%) were the next most likely to be undertaken while under the influence of drugs other than alcohol.
- Less than 1% of persons undertook the remaining activity categories while under the influence of drugs other than alcohol.

Victims of drug-related harm

Australians aged 14 years and over were more than twice as likely to be victims of alcohol-related incidents of incidents related to other drugs (Table 5.2).

Table 5.2: Proportion of the population aged 14 years and over who have been victims of alcohol or other drug-related incidents, by sex, Australia, 1998, 2001

	Males		Females		Persons	
Influence and activity	**1998**	**2001**	**1998**	**2001**	**1998**	**2001**
Alcohol			(per cent)			
Verbal abuse	32.1	29.2	26.0	23.8	29.0	26.5
Physical abuse	7.5	5.8	4.9	3.9	6.2	4.9
Put in fear	14.0	11.8	17.6	15.6	15.8	13.7
Other drugs						
Verbal abuse	11.9	12.8	8.6	9.9	10.2	11.3
Physical abuse	2.9	2.6	1.9	1.8	2.4	2.2
Put in fear	6.3	7.8	8.4	9.6	7.4	8.7

Victims of drug-related harm—alcohol

- The proportion of victims of alcohol-related incidents decreased slightly between 1998 and 2001.
- The proportion of persons aged 14 years or older who were victims of alcohol-related verbal abuse decreased between 1998 (29.0%) and 2001 (26.5%). Males (29.2%) were more likely than females (23.8%) to be victims of alcohol-related verbal abuse in 2001.
- The proportion subjected to alcohol-related physical abuse dropped between 1998 and 2001, from 6.2% to 4.9%. Males were more likely than females to be victims of alcohol-related physical abuse.
- The likelihood of being 'put in fear' by a person under the influence of alcohol decreased from 15.8% in 1998 to 13.7% in 2001. Females (15.6%) were more likely than males (11.8%) to be 'put in fear' by a person under the influence of alcohol.

Victims of drug-related harm—drugs other than alcohol

- In 2001, more than one in 10 (11.3%) Australians aged 14 years or over was a victim of verbal abuse from a person under the influence of drugs other than alcohol. This was similar to the proportion verbally abused in 1998 (10.2%).
- The proportion of persons 'put in fear' by a person under the influence of drugs other than alcohol in 2001 (8.7%) was similar to the proportion in 1998 (7.4%).
- The proportion of the population physically abused by persons under the influence of drugs other than alcohol was also similar in 1998 (2.4%) and 2001 (2.2%).

Estimates of the number of victims of alcohol-related incidents

It is estimated that in the 12 months preceding the survey there were over four million victims of alcohol-related verbal abuse and a further two million Australians aged 14 years and over who were 'put in fear' by persons under the influence of alcohol (Table 5.3). More than half a million Australians were physically abused by persons under the influence of alcohol.

Table 5.3: Number of victims of alcohol-related incidents, by age and sex, Australia, 2001

	Age group						
Incident	**14–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**All ages**
				Males			
Verbal abuse	279,600	649,000	546,600	376,100	276,200	138,400	2,272,300
Physical abuse	102,000	161,100	92,900	52,800	26,600	11,800	452,200
Put in fear	129,000	260,600	224,000	154,700	101,500	43,000	918,100
				Females			
Verbal abuse	246,100	539,800	390,500	355,100	207,000	145,800	1,894,000
Physical abuse	67,700	108,700	63,800	44,700	14,800	7,400	313,000
Put in fear	183,900	363,600	257,000	225,400	119,200	79,700	1,242,100
				Persons			
Verbal abuse	525,800	1,189,100	932,600	732,000	484,900	284,100	4,169,000
Physical abuse	169,700	270,100	155,700	97,900	41,700	19,200	766,300
Put in fear	313,600	624,700	482,400	377,700	220,300	122,900	2,160,700

Note: 'All ages' and 'Persons' may not add up to sum of components due to rounding.

- For all ages, there were more male than female victims of alcohol-related verbal or physical abuse, with the exception of verbal abuse for the age group 60 years and over.
- Conversely, for all ages, more females were 'put in fear' by persons under the influence of alcohol.
- The group with the most victims was the 20–29 age group.

Injuries resulting from drug-related physical abuse

Approximately 6% of all Australians suffered an injury (non-self-inflicted) as a result of an alcohol or other drug-related incident in the 12 months preceding the survey (Table 5.4).

Table 5.4: Most serious injury sustained as a result of alcohol or other drug-related incidents, by sex, Australia, 2001

Injury	Males	Females	Persons
		(per cent)	
Total physically abused	**6.6**	**4.7**	**5.7**
Most serious injury			
Bruising, abrasions	36.1	47.0	40.7
Burns, not involving hospital admission	0.5	0.5	0.5
Minor lacerations	10.2	8.8	9.6
Lacerations requiring suturing, but not hospital admission	4.0	3.2	3.7
Fractures not requiring hospital admission	5.5	3.4	4.6
Sufficiently serious to require hospital admission	2.9	2.6	2.8
No physical injury sustained	40.7	34.4	38.1

Note: Base of 'Total physically injured' equals all respondents. Base of 'Injury type' equals total physically abused.

- The most frequent serious injury sustained as a result of alcohol or other drug-related physical abuse was bruising or minor abrasions (40.7%). Males (36.1%) were less likely than females (47.0%) to sustain bruising or abrasions.
- Interestingly, two in five (38.1%) respondents who reported being physically abused in the past 12 months sustained no physical injury.
- Minor lacerations accounted for 9.6% of injuries among persons reporting physical abuse as a result of alcohol or other drug-related incidents.

Risk of serious injury varied by age group and type of injury (Table 5.5). Those aged 60 years and over reporting physical abuse were most likely to report no physical injury sustained.

Table 5.5: Most serious injury sustained as a result of alcohol or other drug-related physical abuse, by age, Australia, 2001

	Age group						
Injury	**14–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**All ages**
				(per cent)			
Bruising, abrasions	39.2	44.6	43.5	37.7	29.1	30.9	40.7
Burns, not involving hospital admission	1.2	0.2	0.7				0.5
Minor lacerations	11.5	9.4	10.2	7.4	10.1	1.8	9.6
Lacerations requiring suturing, but not hospital admission	3.9	5.4	1.6	3.1	3.1		3.7
Fractures not requiring hospital admission	2.8	5.8	5.0	5.2	5.0		4.6
Sufficiently serious to require hospital admission	2.8	2.1	2.8	3.5	2.8	6.1	2.8
No physical injury sustained	38.6	32.6	36.2	43.0	49.8	61.2	38.1

Note: Base equals total physically abused.

- Bruising or abrasions were the most serious type of injury resulting from alcohol or other drug-related incidents for the youngest age groups, namely 14–19, 20–29 and 30–39 years. The likelihood of sustaining bruising or abrasions as the most serious injury resulting from alcohol or other drug-related incidents was greatest for persons aged 20–29 years (44.6%).
- For the older age groups, namely 40–49, 50–59 and 60 years and over, no physical injury sustained as a result of alcohol or other drug-related incidents was most commonly reported.
- Conversely, those aged 60 years and over were the most likely to sustain an injury, as a result of alcohol or other drug-related incidents, sufficiently serious to require hospital admission (6.1%). For all ages, the proportion requiring hospital admission was 2.8%.

6 Explanatory notes

Introduction

The 2001 National Drug Strategy Household Survey is the seventh in a series which commenced in 1985. The Australian Institute of Health and Welfare (AIHW) was commissioned by the Commonwealth Department of Health and Ageing to manage the 2001 survey. The AIHW was supported in this task by a Departmental Policy Reference Group and a Technical Advisory Committee. The Roy Morgan Research Centre was selected by competitive tender in March 2001 to conduct the survey.

The CATI component of the survey was conducted between July and August 2001, and the other methodologies were conducted between August and November 2001.

Scope

The estimates for 2001 contained in this publication are based on information obtained from persons aged 14 years and over from the populations of all States and Territories.

Methodology

Households were selected by a multi-stage, stratified area sample design. Minimum sample sizes sufficient to return reliable strata estimates were allocated to States and Territories, and the remainder distributed in proportion to population size. The Health Department of Western Australia funded additional interviews for Western Australia.

Survey design

The survey employed three collection modes: drop and collect, face-to-face and the computer assisted telephone interview (CATI). The sample was designed so that each method was implemented in separate census collection districts. For the drop and collect sample in country areas, the Statistical Local Area was selected for the first stage, rather than collection districts, as this had considerable efficiency benefits. More details of the sampling methods are available in the technical report accompanying the CURF. Census collection districts could be selected only for one of the three survey components outlined below.

Drop and collect	Data were collected from a national random selection of households which returned self-completion booklets. One attempt was made by the interviewer to personally collect the completed questionnaire; if collection was not possible at this time, a reply-paid pre-addressed envelope was provided. The respondent was the household member aged 14 years or over next to have a birthday. The number of respondents who completed the survey from this sample was 22,649.
Face-to-face	Data from interviews were collected from a random selection of households in capital cities. As in sample 1, the respondent was the household member aged 14 years or over next to have a birthday. The respondent was asked questions on perceptions of and attitudes to drug use, support for drug-related policy, personal health and demographics. The respondents were given a self-complete booklet on drug use to return to the interviewer at the time of the interview. The number of respondents who completed the survey from this sample was 2,055.
CATI	Data from computer assisted telephone interviews were collected from a national random selection of households. As in sample 1, the respondent was the household member aged 14 years or over next to have a birthday. The number of respondents who completed the survey from this sample was 2,040. Due to the practical limitations of the CATI method, some questions were omitted in this mode.

Persons aged 14 and 15 years completed the survey with the consent of a parent or guardian.

Sample distribution

The over-sampling of lesser populated States and Territories, to return reliable estimates, produced a sample which was not proportional to the State/Territory distribution of the Australian population aged 14 years and over (Table 6.1). Western Australia was also over-sampled, as requested and funded by the Western Australian Drug and Alcohol Office. The drop and collect methodology was used for this additional targeted sample of 14–34 year olds in metropolitan Perth.

Table 6.1 Comparison of sample and State/Territory population distributions

Distribution	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Sample size	7,273	5,632	4,050	3,366	2,246	1,349	1,519	1,309
% of total sample	27.2	21.1	15.1	12.6	8.4	5.0	5.7	4.9
% of 2001 population aged 14 years and over	33.7	25.1	18.6	9.8	7.8	2.4	1.6	1.0

Source: AIHW National Population Database.

The sample distribution for total males and females and the estimated distribution of males and females aged 14 years and over in Australia are presented below (Table 6.2). Females were slightly over-represented in the sample. The 2001 sample distribution was similar to that for the 1998 survey.

Table 6.2: Comparison of the sample and estimated population distributions

	Sample distribution			2001 population estimates		
Age	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
			(% of total aged 14 years and over)			
14–19	3.9	4.5	8.4	5.3	5.0	10.3
20–29	6.4	9.3	15.7	9.2	8.9	18.0
30–39	8.4	12.6	20.9	9.3	9.4	18.7
40–49	8.1	9.7	17.8	9.0	9.0	18.0
50–59	7.1	8.4	15.4	7.4	7.2	14.5
60+	10.6	11.1	21.7	9.3	11.1	20.4
Total	**44.4**	**55.6**	**100.0**	**49.5**	**50.5**	**100.0**

Source: AIHW National Population Database.

Response rates

When compared with 1998, the 2001 survey achieved a slightly lower but comparable response rate (50%).

Table 6.3: Response characteristics, 2001 (by sample) and 1998

	2001 survey samples					
Response	**Drop and collect**	**Face to face**	**CATI**	**Total sample**	**Total**	**1998**
Interviewed/self-completed	22,649	2,055	2,040	26,744	50%	56%
Refused, did not return q'naire	15,993	2,465	2,094	20,552	38%	33%
Unavailable, sent back q'naire unusable	4,503	351	-	4,854	9%	6%
No English, incapable	1,288	372	38	1,698	3%	1%
Other	71	25	1	97	0%	4%
Total attempts	44,504	5,268	4,173	53,945	100%	100%
Response rate	**51%**	**39%**	**49%**	**50%**		**56%**

Several strategies were used in order to minimise cases of non-contact and non-response by the originally selected respondent, including those below:

- fieldworkers conducted call backs at different times on different days;
- strict protocols to ensure that selected dwellings were fully attempted;
- respondents were given a letter of introduction and support from the Minister for Health and Aged Care;
- calling cards were left where appropriate; and
- a '1800' number was set up to answer queries.

Nevertheless, response rates in 2001 were lower than those in 1998. Possible factors for the decrease in response rates include:

- the sensitive nature of questions on drug use;
- the length of the questionnaire; and
- a general decline in response rates for market research.

Estimation procedures

Multi-stage editing and weighting procedures were applied to derive the estimates.

Editing

All open-ended questions were coded manually prior to scanning. The only fully open-ended questions related to occupation and industry. The Australian Standard Classification of Occupations and the Australian and New Zealand Standard Industry Classification were used for coding. Various scan and logic edits were applied to maximise data quality.

Weighting

The sample was designed to provide a random sample of households within each geographic stratum. Respondents within each stratum were assigned weights designed to overcome imbalances arising in the design and execution of the sampling. Estimates in this publication are based on the weighted combined samples.

For questions that were not included in the CATI component, weights based on the other two samples combined were used to calculate estimates. Further details on the derivation of weights and the nature and extent of non-responses can be found in the Technical Appendix to the Survey CURF.

Table 6.4: Comparison of weighted sample to population estimates distributions, and mean sample weights, by age and sex, Australia, 2001

	Weighted sample			2001 population estimates			Mean weights		
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total
			(per cent)						
14–19	5.6	5.4	11.0	5.3	5.0	10.3	831	709	766
20–29	8.5	8.3	16.8	9.2	8.9	18.0	784	523	629
30–39	9.3	9.8	19.1	9.3	9.4	18.7	654	455	534
40–49	9.2	8.9	18.1	9.0	9.0	18.0	672	537	598
50–59	7.7	7.5	15.2	7.4	7.2	14.5	642	525	578
60+	9.0	10.8	19.9	9.3	11.1	20.4	500	572	537
Total	**49.3**	**50.7**	**100.0**	**49.5**	**50.5**	**100.0**	**653**	**535**	**587**

Source: AIHW National Population Database.

Reliability of estimates

Sampling error

As the estimates are based on a sample, they are subject to sampling variability (that is, the extent to which the sample varies from all persons, had a complete census been conducted). Estimates in this publication are assumed to be reliable if the relative standard error (the ratio of the sampling error to the population estimate) is less than 25%. Estimates between 25% and 50% should be interpreted with caution. Estimates with relative standard errors over 50% should be considered unreliable for most practical purposes. A table of standard errors and relative standard errors can be found in Appendix 2, and further details on their calculation will be available in a Technical Appendix to the Survey CURF.

Non-sampling error

In addition to sampling errors, the estimates are subject to non-sampling errors. These can arise from errors in transcription of responses, errors in reporting of responses (e.g. failure of respondents' memories), and the unwillingness of respondents to reveal their 'true' responses.

Counter-balancing

The order in which multiple possible answers are presented can sometimes affect the likelihood of responses (the earlier a possible response in a list, the higher the likelihood that it will be selected). To overcome this tendency, possible responses were rotated within questions. There were three rotations each for the face-to-face and drop and collect components; the CATI questionnaire was comprehensively auto-rotated during execution. Thus, there were more than seven different questionnaires with identical sequencing of questions, but different orders of possible responses within. The copy at Appendix 5 is a rotation 1 version of the drop and collect questionnaire.

Limitations of the data

Excluded from sampling were non-private dwellings (hotels, motels, boarding houses, etc.) and institutional settings (hospitals, nursing homes, other clinical settings such as drug and alcohol rehabilitation centres, prisons, military establishments and university halls of residence). Accordingly, homeless persons were also excluded. The Territories of Jervis Bay, Christmas Island and Cocos Island were excluded as well.

Illicit drug users, by definition, are committing illegal acts. They are, in part, marginalised and difficult to reach. Accordingly, estimates of illicit drug use and related behaviours are likely to be underestimates of actual prevalences.

Definitions

Definitions used in previous NDSHS surveys were retained for 2001. However, in the 1998 and 2001 surveys, greater assistance was provided to respondents on what was meant by 'non-medical use'.

Recent smoker

A recent smoker was a person who had smoked 100 cigarettes (manufactured and/or roll your own) or the equivalent tobacco, and had not since permanently ceased smoking.

Ex-smoker

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

Never smoked

A person who had not smoked 100 cigarettes (manufactured and/or roll your own) or the equivalent tobacco in their life, was deemed to have never smoked.

Recent drinker

A recent drinker was a person who consumed a full serve of alcohol in the last 12 months.

Ex-drinker

An ex-drinker was a person who had consumed a full serve of alcohol, but not in the past 12 months.

Never drinker

A never drinker was a person who had never had a full serve of alcohol.

Non-medical drug use

The definition used in the survey questionnaire and for this publication is:

1. either alone or with other drugs in order to induce or enhance a drug experience;
2. for performance (e.g. athletic) enhancement; or
3. for cosmetic (e.g. body shaping) purposes.

This definition was also used in 1998; however, in 1995, 'non-medical use' was undefined in the questionnaire.

Illicit drugs

Illegal drugs, drugs and volatile substances used illicitly, and pharmaceuticals used for non-medical purposes.

The survey asked questions on the following illicit drugs:

- painkillers/analgesics*
- tranquillisers/sleeping pills*
- steroids*
- barbiturates*
- amphetamines*
- marijuana/cannabis
- heroin
- methadone**
- other opiates*
- cocaine
- LSD/synthetic hallucinogens
- ecstasy and other designer drugs
- (any) injected*
- * for non-medical purposes

** non-maintenance program

Recent illicit drug use

Use within the previous 12 months.

Ever use of illicit drugs

Used at least once during a person's lifetime.

Comparability with previous surveys

The 2001 survey differs somewhat from the 1993, 1995 and 1998 NDS Household Surveys in several respects.

- For the 1993 and 1995 surveys, a combination of personal interview with self-completion for the more sensitive issues, was collected nationally. Sample 1 of the 1998 survey was also collected nationally, via this method. However, the similar component of the 2001 survey was collected only in capital cities.
- In 1998, sample 2 targeted young people from capital cities in order to obtain more reliable estimates, in particular for illicit drugs. In 2001, the overall sample size was more than double that of 1998, eliminating the need for a targeted sample. However, as requested and funded by the Western Australian

Department of Health, additional respondents aged 14–34 years were selected from metropolitan Perth.

- Although sample 3 of the 1998 survey was similar to the drop and collect component of the 2001 survey, the former was collected only in capital cities, while the latter was a national sample.
- In 1998, samples 1 and 2 were drawn from the same household, whereas for the 1993, 1995 and 2001 surveys only one respondent per household was selected.
- The 2001 survey was the first of the series to include a CATI component. The CATI questionnaire was a version of the face-to-face and drop and collect questionnaires, shortened to suit telephone methodology. CATI was conducted nationally, proportional to the population.
- The 2001 survey included an expanded section on tobacco. Type of cigarette smoked was asked: manufactured or 'roll your own'. Importantly, there was no upper limit on the reporting of the number of cigarettes smoked. There were also questions on unbranded loose tobacco, otherwise known as 'chop-chop'.
- A new section on opiates other than heroin and methadone (e.g. morphine and pethidine) was included in 2001. Methadone was introduced as a separate category in 1998; thus, data on methadone use are not available for the 1993 and 1995 surveys.
- Questions relating to heroin overdoses were included only in the 1998 survey.
- The 1995 survey included three questions on personal health, whereas the 1998 survey used the SF-36 instrument to assess personal health. Based on an analysis of the 1998 data, the SF-36 was not included in the 2001 survey. This latter survey included five questions on personal health. A question on self-assessed health was consistent for the three most recent surveys.
- The 2001 survey included a new section with questions on amount spent per week on each drug used in the past 12 months, the means by which drugs are usually obtained and reasons why respondents have or have never tried illicit drugs.
- Other new questions related to drugs consumed during pregnancy and breastfeeding in the past 12 months.
- The alcohol section was restructured and expanded in the 2001 survey. In previous surveys there were gender-specific questions on alcohol consumption. In 2001, however, both genders answered the same questions and gave a detailed report of the previous day's alcohol consumption.
- The 2001 survey included new alcohol consumption questions which enabled estimations of the population at risk of harm in the long and short term (Tables 3.8 and 3.9 respectively) using the NHMRC (2001) Australian alcohol guidelines. These data were not collected in previous surveys.
- In 2001 and 1998, the term 'non-medical purposes' was explained to respondents.
- In 1998, questions on drug use were in grid layout formats; however, in 2001 they were returned to the 1995 and 1993 format of questions (separated into sections for each drug type). In 2001, questions relating to where drugs were first obtained and age last used were omitted.
- The section relating to alcohol- and drug-related incidents varied in size between surveys.

- The 1998 and 1995 surveys included sections on regulations relating to cannabis use. This section in the 2001 survey was expanded to include heroin, ecstasy and amphetamines; however, the number of questions was reduced.
- The mix of open-ended and forced-choice questions varied between surveys.
- In 2001, the survey was conducted between July and November, compared with between June and September in 1998 and 1995, and March and April in 1993.

Interpretation of results

The exclusion of persons from dwellings and institutional settings described in 'Limitations of the data' on page 47, and the difficulty in reaching marginalised persons are likely to have affected estimates.

It is known from past studies of alcohol and tobacco consumption that respondents tend to underestimate actual consumption levels. There are no equivalent data on the tendencies for under- or over-reporting of actual illicit drug use. Anecdotal data, however, suggest that younger persons may overestimate actual consumption of these drugs.