1 Introduction

The National Drug Strategy

The National Drug Strategy 2004–2009 (NDS), formerly the National Campaign Against Drug Abuse (NCADA), 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 National Drug Strategy 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.

Drug-related costs

Tobacco, alcohol and illicit drug use contributes to significant illness and disease, injury, workplace concerns, violence, crime, and breakdowns in families and relationships in Australia (MCDS 2004). Collins and Lapsley (2002) estimated that the economic costs associated with licit and illicit drug use in 1998–99 amounted to \$34.5 billion, of which tobacco accounted for 60%, alcohol 22%, and illicit drugs 17%.

About the 2004 survey

The 2004 National Drug Strategy Household Survey was built on the design of the 2001 survey, making it the most comprehensive survey concerning licit and illicit drug use ever undertaken in Australia. Almost 30,000 people aged 12 years and over provided information on their drug use patterns, attitudes and behaviours. The sample was based on households, therefore homeless and institutionalised persons were not included in the survey (consistent with the approach in previous years).

The survey was the eighth conducted under the auspices of the NDS. Previous surveys were conducted in 1985, 1988, 1991, 1993, 1995, 1998 and 2001. The data collected from these surveys have contributed to the development of policies for Australia's response to drug-related issues.

Comparison with previous surveys

The methodology of the 2004 survey differed slightly from that of previous surveys: a discussion of the main differences is presented in chapter 6.

The 2004 survey used the drop and collect method and the computer-assisted telephone interview (CATI) method to collect information from respondents. The CATI results were scrutinised by the Technical Advisory Group and it was agreed that these results were sufficiently comparable with the drop and collect method to support inclusion in the survey data set.

The 2004 sample (29,445) included almost 2,000 more respondents that the 2001 sample, was almost three times larger than the 1998 sample (10,030) and around eight times larger than the 1995 and 1993 samples (3,850 and 3,500 respectively). Due to the greater sample size, the 2004 estimates should be the most reliable.

Questions relating to tobacco cessation attitudes and alcohol literacy were included in 2004. Questions relating to use of ketamine and GHB were also included for the first time as were physical and mental health measures. There was a minor change in the wording of questions used to determine use of amphetamine-type stimulants including methamphetamine and ecstasy.

This report applies the *National Health Data Dictionary* (NHDC 2003) definition of tobacco smoking status, notably relating to ex-smokers and never-smokers where a threshold of 100 cigarettes is used. Data are presented for 1998 (revised), 2001 and 2004; however, the definition is not applicable to previous survey data.

About this report

The report presents estimates derived from survey responses weighted to the Australian population aged 12 years and over or 14 years and over as specified. It is important to note that 12 and 13 year olds were surveyed for the first time in 2004. Not all questions were asked of all respondents and the age of the population of interest differs from table to table.

The chapters examine status of drug use in 2004, patterns of consumption, community support for drug-related policy and drug-related activities. A chapter detailing the survey methodology, response rates, reliability and definitions (Chapter 6) is provided. Estimates of sampling errors are presented in Appendix 2 and a copy of the survey instrument is provided in Appendix 5.

Prevalence figures and population estimates are provided for information, regardless of their levels of statistical reliability. For a number of the measures with low prevalence, resultant estimates are more likely to be statistically less reliable than the same measures with high prevalence. Readers are reminded, therefore, that when interpreting results, reference should always be made to the table of standard errors and relative standard errors (Appendix 2). Results subject to relative standard errors of between 25% and 50% should be considered with caution and those with relative standard errors greater than 50% should be considered as unreliable for most practical purposes. For selected 'recent use' tables, the significance of change from 2001 to 2004 is presented. The difference is shown to be statistically significant if the z-statistic of the pooled estimate of the two rates being compared is > 1.96 or < -1.96.

The totals of some percentages and numbers may not add up to the total provided (or 100) due to rounding.

2 Overview—the status of drug use in 2004

The drugs most accepted by, available to and used by Australians aged 14 years and over were the licit drugs: tobacco and alcohol. Overwhelmingly, the use of illicit drugs by adults was not accepted and increased penalties for the sale and supply of these drugs were supported. Most Australians did not want illicit drugs legalised and illicit drugs were more likely than licit drugs to be associated with the concept of a drug 'problem'.

Drugs recently used (in the last 12 months)

Between 1993 and 2004, the proportions of persons aged 14 years and over recently using alcohol increased and the proportions using illicit drugs declined with few exceptions. Comparison of recent use of tobacco is possible only for 1998, 2001 and 2004 due to a change in definition.

Table 2.1: Summary of recent^(a) drug use: proportion of the population aged 14 years and over, Australia, 1993 to 2004

Drug/behaviour	1993	1995	1998	2001	2004
			(per cent)		
Tobacco	n.a.	n.a.	24.9	23.2	20.7 #
Alcohol	73.0	78.3	80.7	82.4	83.6 #
Illicits					
Marijuana/cannabis	12.7	13.1	17.9	12.9	11.3 #
Pain-killers/analgesics ^(b)	1.7	3.5	5.2	3.1	3.1
Tranquillisers/sleeping pills(b)	0.9	0.6	3.0	1.1	1.0
Steroids ^(b)	0.3	0.2	0.2	0.2	— #
Barbiturates ^(b)	0.4	0.2	0.3	0.2	0.2
Inhalants	0.6	0.6	0.9	0.4	0.4
Heroin	0.2	0.4	0.8	0.2	0.2
Methadone ^(c)	n.a.	n.a.	0.2	0.1	0.1
Other opiates/opioids ^(b)	n.a.	n.a.	n.a.	0.3	0.2
Meth/amphetamine (speed) ^(b)	2.0	2.1	3.7	3.4	3.2
Cocaine	0.5	1.0	1.4	1.3	1.0 #
Hallucinogens	1.3	1.8	3.0	1.1	0.7 #
Ecstasy ^(d)	1.2	0.9	2.4	2.9	3.4 #
Ketamine	n.a.	n.a.	n.a.	n.a.	0.3
GHB	n.a.	n.a.	n.a.	n.a.	0.1
Injected drugs	0.5	0.6	0.8	0.6	0.4
Any illicit	14.0	17.0	22.0	16.9	15.3 #
None of the above	21.0	17.8	14.2	14.7	13.7 #

⁽a) Used in the last 12 months. For tobacco and alcohol, 'recent use' means daily, weekly and less-than-weekly smokers and drinkers respectively.

⁽b) For non-medical purposes

⁽c) Non-maintenance.

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

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

- Between 1998 (24.9%) and 2004 (20.7%) there was a decline in the proportion of persons who had recently smoked tobacco.
- The proportion of the population recently using alcohol increased over the 11-year period, from 73.0% in 1993 to 83.6% in 2004.
- Recent use of marijuana/cannabis rose and fell over the period, with the proportion of recent users in 2004 (11.3%) dropping to the lowest proportion seen over the 11-year period.

Drugs ever used

In 2004, alcohol and tobacco were the drugs most commonly ever used by the Australian community (Table 2.2). With the exception of marijuana/cannabis, the proportion of the population who had used illicit drugs at some time in their life was relatively low.

Table 2.2: Summary of drugs ever used/tried: proportion of the population aged 14 years and over, Australia, 1993 to 2004

		Ever tried ^(a)		Ever	used ^(b)
Drug/behaviour	1993	1995	1998	2001	2004
			(per cent)		
Tobacco	n.a.	n.a.	50.8	49.4	47.1 #
Alcohol	88.0	87.8	89.6	90.4	90.7
Illicits					
Marijuana/cannabis	34.7	31.1	39.1	33.1	33.6
Pain-killers/analgesics ^(c)	n.a.	12.3	11.5	6.0	5.5 #
Tranquillisers/sleeping pills ^(c)	n.a.	3.2	6.2	3.2	2.8
Steroids ^(c)	0.3	0.6	0.8	0.3	0.3
Barbiturates ^(c)	1.4	1.2	1.6	0.9	1.1
Inhalants	3.7	2.4	3.9	2.6	2.5
Heroin	1.7	1.4	2.2	1.6	1.4
Methadone ^(d)	n.a.	n.a.	0.5	0.3	0.3
Other opiates/opioids(c)	n.a.	n.a.	n.a.	1.2	1.4
Meth/amphetamine (speed)(c)	5.4	5.7	8.8	8.9	9.1
Cocaine	2.5	3.4	4.3	4.4	4.7
Hallucinogens	7.3	7.0	9.9	7.6	7.5
Ecstasy ^(e)	3.1	2.4	4.8	6.1	7.5 #
Ketamine	n.a.	n.a.	n.a.	n.a.	1.0
GHB	n.a.	n.a.	n.a.	n.a.	0.5
Injected drugs	1.9	1.3	2.1	1.8	1.9
Any illicit	38.9	39.3	46.0	37.7	38.1
None of the above	8.0	8.1	6.7	7.5	7.9

⁽a) Tried at least once in lifetime.

Notes

⁽b) Used at least once in lifetime.

⁽c) For non-medical purposes.

⁽d) Non-maintenance.

⁽e) This category included substances known as 'Designer drugs' prior to 2004.

For tobacco, 1998, 2001 and 2004 figures represent proportions of the population who have smoked more than 100 cigarettes in their lifetime.

^{2.} For alcohol, figures represent proportions of the population who have consumed a full glass of alcohol.

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

- Almost one in two (47.1%) Australians aged 14 years and over in 2004 had smoked at least 100 cigarettes or the equivalent amount of tobacco in their lifetime, declining from the proportion in 2001 (49.4%).
- In 2004, nine out of every ten (90.7%) people had consumed a full glass of alcohol in their lifetime. Over the period from 1993 to 2004, this has not changed substantially.
- Marijuana/cannabis had been used by one-third of Australians aged 14 years and over in 2004 (33.6%).
- Over one-third of the population of Australians aged 14 years and over had ever used any illicit drug (38.1%).

Age of initiation—ever used

The mean ages at which Australians first used licit and illicit drugs remained stable or rose slightly between 1995 and 2004 (Table 2.3).

Table 2.3: Age of initiation(a) of lifetime drug use, Australia, 1995 to 2004

Drug/behaviour	1995	1998	2001	2004
		(year	s)	
Tobacco	15.6	15.7	15.5	15.9
Alcohol	17.3	17.1	17.1	17.2
Illicits				
Marijuana/cannabis	19.1	18.7	18.5	18.7
Pain-killers/analgesics ^(b)	19.0	19.7	18.9	23.4
Tranquillisers/sleeping pills(b)	23.8	23.4	22.8	25.2
Steroids ^(b)	18.7	21.6	22.5	25.2
Barbiturates ^(b)	18.2	19.7	18.7	19.6
Inhalants	16.1	17.5	17.6	18.6
Heroin	20.6	21.5	20.7	21.2
Methadone ^(c)	n.a.	21.6	21.8	24.8
Meth/amphetamine (speed) ^(b)	20.2	19.9	20.4	20.8
Cocaine	21.1	22.3	22.6	23.5
Hallucinogens	19.1	18.8	19.1	19.5
Ecstasy ^(d)	22.7	22.7	21.9	22.8
Ketamine	n.a.	n.a.	n.a.	23.7
GHB	n.a.	n.a.	n.a.	23.7
Injected drugs	n.a.	20.7	20.2	21.7
Any illicit	18.9	18.8	18.6	19.4

⁽a) Age first tried/used drug.

- For tobacco and alcohol, the mean ages of initiation remained relatively stable between 1995 and 2004 at around 16 years of age for tobacco and 17 years of age for alcohol.
- The mean age of initiation for first use of all illicit substances surveyed either remained stable or increased between 2001 and 2004.

⁽b) For non-medical purposes.

⁽c) Non-maintenance.

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

Availability of drugs

Survey respondents were asked whether they had been offered or had the opportunity to use selected drugs in the preceding 12 months (Table 2.4).

Table 2.4: Offered or had the opportunity to use selected drugs: proportion of the population aged 14 years and over, by sex, Australia, 2001, 2004

	Ма	les	Fem	ales	Pers	ons
Drug	2001	2004	2001	2004	2001	2004
			(per	cent)		
Tobacco	62.7	58.0	51.9	47.6	57.2	52.8
Alcohol	93.2	92.9	87.7	87.7	90.4	90.3
Illicits						
Marijuana/cannabis	28.0	24.4	20.4	16.8	24.2	20.6
Pain-killers/analgesics ^(a)	44.4	40.9	44.8	41.6	44.6	41.3
Tranquillisers/sleeping pills (a)	7.6	6.9	8.0	6.7	7.8	6.8
Steroids ^(a)	1.2	1.1	0.4	0.5	0.8	0.8
Barbiturates ^(a)	1.1	1.0	0.7	0.7	0.9	0.8
Inhalants	4.3	4.0	2.2	2.0	3.2	3.0
Heroin	2.0	1.0	1.0	0.9	1.5	0.9
Meth/amphetamine (speed) ^(a)	9.3	8.3	5.8	5.4	7.6	6.8
Cocaine	4.3	3.6	2.6	2.6	3.4	3.1
Naturally occurring hallucinogens	3.0	2.6	1.5	1.5	2.2	2.1
LSD/synthetic hallucinogens	4.5	2.9	2.4	1.6	3.4	2.2
Ecstasy ^(b)	9.7	9.7	6.0	6.0	7.8	7.8
Ketamine	n.a.	1.9	n.a.	1.3	n.a.	1.6
GHB	n.a.	1.5	n.a.	0.9	n.a.	1.2
Kava	2.4	2.5	1.4	1.6	1.9	2.0

⁽a) For non-medical purposes.

- Six in ten Australians (52.8%) aged 14 years and over had been offered or had tobacco available for use, whereas nine in ten (90.3%) had been offered or had alcohol available for use.
- Availability of alcohol remained stable between 2001 and 2004 but declined for tobacco to 52.8% in 2004 from 57.2% in 2001.
- Approximately one-fifth (20.6%) of the population were offered or had the opportunity to use marijuana/cannabis. The proportion with access to marijuana/cannabis was slightly lower than in 2001 (24.2%).
- The availability of all other illicit drugs surveyed remained stable or declined slightly over the period.

⁽b) This category included substances known as 'Designer drugs' prior to 2004.

Drugs thought to be associated with a drug 'problem'

Respondents were asked to name the drug they thought of when people talked about a drug 'problem'. Although the public perceived the same three drugs to be primarily associated with a drug problem in 2001 and 2004, there were differences in degree (Table 2.5).

Table 2.5: Drug first nominated^(a) when asked about a specific 'drug problem': proportion of the population aged 14 years and over, by sex, Australia, 2001, 2004

	Ma	les	Fem	ales	Pers	ons
Drug first nominated	2001	2004	2001	2004	2001	2004
			(per d	ent)		
Tobacco	2.8	4.1	2.6	2.5	2.7	3.3
Alcohol	7.9	10.2	7.7	9.8	7.8	10.0
Marijuana/cannabis	23.8	29.3	23.5	29.1	23.7	29.2
Pain-killers/analgesics ^(b)	0.5	0.4	0.5	0.5	0.5	0.5
Tranquillisers/sleeping pills(b)	0.3	0.3	0.6	0.6	0.4	0.5
Steroids ^(b)	_	0.2	0.1	0.2	_	0.2
Barbiturates ^(b)	0.1	0.2	0.2	0.3	0.1	0.2
Inhalants	0.3	0.4	0.4	0.4	0.3	0.4
Heroin	50.6	39.7	49.6	39.1	50.1	39.4
Meth/amphetamines (speed) ^(b)	4.3	5.2	5.0	5.8	4.6	5.5
Cocaine	5.5	6.3	5.7	7.2	5.6	6.7
Naturally occurring hallucinogens	0.1	_	0.1	0.1	0.1	0.1
LSD/synthetic hallucinogens	0.4	0.5	0.5	0.5	0.4	0.5
Ecstasy ^(c)	2.2	2.2	2.5	2.9	2.3	2.6
GHB	n.a.	_	n.a.	_	n.a.	_
Ketamine	n.a.	_	n.a.	_	n.a.	_
Kava	_	_	_	_	_	_
Tea/coffee/caffeine	0.1	0.3	0.3	0.2	0.2	0.3
Drugs other than listed	0.3	_	0.2	0.1	0.3	_
None/can't think of any	0.7	0.5	0.6	0.7	0.7	0.6

⁽a) Respondents were allowed to nominate up to two drugs.

Note: Statistical significance testing was not undertaken for this table.

Of the drugs 'first thought of' as associated with a drug 'problem':

- The proportion of persons nominating heroin decreased sharply from 50.1% in 2001 to 39.4% in 2004. This degree of change was observed for both males and females.
- Marijuana/cannabis was nominated by 29.2% of respondents in 2004, an increase over the proportion in 2001 (23.7%).
- The proportion of respondents nominating alcohol increased from 7.8% in 2001 to 10.0% in 2004. The increase was similar for both males and females.
- The proportion of persons nominating tobacco also increased slightly between 2001 (2.7%) and 2004 (3.3%).
- Other notable increases were seen for meth/amphetamines, cocaine and ecstasy.

⁽b) For non-medical purposes.

⁽c) This category included substances known as 'Designer drugs' prior to 2004.

Acceptability of drug use

In 2004 the licit drugs – tobacco and alcohol – were considered the most acceptable for regular use by adults by two out of five and three out of four Australians, respectively (Table 2.6). For the majority of the illicit drugs, less than 5% of Australians aged 14 years and over in 2004 thought that regular use by adults was acceptable.

Table 2.6: Regular drug use by adults acceptable: proportion of the population aged 14 years and over, by sex, Australia, 2001, 2004

	Ма	les	Fem	ales	Pers	ons
Drug	2001	2004	2001	2004	2001	2004
			(per	cent)		
Tobacco	42.5	42.1	36.8	36.5	39.7	39.3
Alcohol	81.4	82.7	68.0	71.4	74.7	77.0
Marijuana/cannabis	27.4	27.4	20.1	19.0	23.8	23.2
Pain-killers/analgesics ^(a)	6.7	9.0	5.8	7.0	6.3	8.0
Tranquillisers/sleeping pills (a)	4.5	5.9	3.2	4.2	3.8	5.0
Steroids ^(a)	2.8	3.2	0.9	1.2	1.8	2.2
Barbiturates ^(a)	1.6	1.6	0.7	0.8	1.1	1.2
Inhalants	1.1	1.1	0.5	0.5	0.8	0.8
Heroin	1.5	1.2	0.6	0.5	1.1	0.9
Methadone ^(b)	1.7	1.5	0.9	0.7	1.3	1.1
Meth/amphetamines (speed) ^(a)	4.1	4.1	2.3	2.1	3.2	3.1
Cocaine/crack	2.9	2.7	1.5	1.4	2.2	2.0
Hallucinogens	n.a.	3.8	n.a.	1.6	n.a.	2.7
Naturally occurring hallucinogens	5.3	n.a.	2.4	n.a.	3.8	n.a.
LSD/synthetic hallucinogens	3.4	n.a.	1.6	n.a.	2.5	n.a.
Ecstasy ^(c)	5.3	5.9	2.6	2.5	4.0	4.2
GHB	n.a.	1.3	n.a.	0.5	n.a.	0.9
Ketamine	n.a.	1.3	n.a.	0.6	n.a.	1.0

⁽a) For non-medical purposes.

- Regular use of alcohol by adults was considered acceptable by more than three-quarters (77.0%) of Australians aged 14 years and over in 2004, remaining relatively stable since 2001 (74.7%). Females were less likely than males in both 2001 and 2004 to consider the regular use of alcohol acceptable.
- Regular use of tobacco by adults was considered acceptable by similar proportions of persons in 2004 (39.3%) as in 2001 (39.7%). Males (42.1%) considered such use more acceptable than females (36.5%).
- Almost one-quarter (23.2%) of Australians aged 14 years and over considered the regular use of marijuana/cannabis acceptable in 2004, remaining stable from 2001 (23.8%). Males were more likely than females, in both 2001 and 2004, to consider the regular use of marijuana/cannabis by adults acceptable.

⁽b) Non-maintenance.

⁽c) This category included substances known as 'Designer drugs' prior to 2004.

Support for the legalisation of illicit drugs

Support for the legalisation of illicit drugs declined slightly between 2001 and 2004 (Table 2.7).

Table 2.7: Support^(a) for the personal use of selected drugs being made legal: proportion of the population aged 14 years and over, by sex, Australia, 2001, 2004

	Mal	Males		Females		Persons	
Drug	2001	2004	2001	2004	2001	2004	
Marijuana/cannabis	31.3	29.6	27.0	24.4	29.1	27.0	
Heroin	7.9	5.5	7.2	4.4	7.6	5.0	
Meth/amphetamines (speed)	7.3	5.5	6.3	3.9	6.8	4.7	
Cocaine	7.3	5.4	6.3	3.9	6.6	4.7	

⁽a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support)

Note: Statistical significance testing was not undertaken for this table.

- Support for the legalisation of personal use of marijuana/cannabis in 2004 (27.0%) declined from 2001 (29.1%). Males (29.6%) were more likely than females (24.4%) to support legalisation.
- Levels of support for the legalisation of heroin, cocaine and amphetamines also declined between 2001 and 2004. Overall, the proportions supporting legalisation for personal use declined to fewer than one in 20 Australians aged 14 years and over. Males were slightly more likely to support legalisation than females.

Nominal distribution of a drugs budget

Respondents were asked how they would distribute \$100 to be spent on education, law enforcement and treatment for each of a selected list of drugs (Table 2.8).

Table 2.8: Preferred distribution of a hypothetical \$100 for reducing the use of selected drugs, Australia, 2001, 2004

					Mariji	uana/			Her	oin/
	Alco	hol	Toba	ссо	cann	abis	Amphet	amines	coca	aine
Reduction measure	2001	2004	2001	2004	2001	2004	2001	2004	2001	2004
	(\$)									
Education	40.30	40.80	46.10	45.60	41.80	41.70	33.80	34.10	30.40	31.40
Treatment	29.90	30.50	30.20	30.40	25.20	26.70	23.40	24.50	23.70	24.70
Law enforcement	29.80	28.70	24.70	24.00	33.00	31.50	42.80	41.40	45.90	43.90

Note: Statistical significance testing was not undertaken for this table.

In 2004:

- For tobacco (\$45.60), marijuana/cannabis (\$41.70) and alcohol (\$40.80), the amount nominated to be spent on education exceeded amounts for both treatment and law enforcement.
- For heroin/cocaine (\$43.90) and amphetamines (\$41.40), law enforcement attracted the largest component of the \$100 budget.

Between 2001 and 2004:

- The proportion of \$100 preferred to be spent on education remained relatively stable for all of the selected drugs.
- The proportion of \$100 preferred to be spent on treatment rose slightly for all of the selected drugs between 2001 and 2004.
- The proportion of \$100 preferred to be spent on law enforcement declined slightly for all of the selected drugs. The greatest decline was for heroin/cocaine, declining from \$45.90 in 2001 to \$43.90 in 2004.

Support for increased penalties for the sale or supply of illicit drugs

Respondents were asked to consider to what extent they would support or oppose increased penalties for the sale or supply of a selected group of illicit drugs.

Between 2001 and 2004, there was a decline in the level of support for increased penalties for the sale or supply of selected illicit drugs (Table 2.9).

Table 2.9: Support^(a) for increased penalties for the sale or supply of selected illicit drugs, proportion of the population aged 14 years and over, by sex, Australia, 2001, 2004

	Males		Females		Persons	
Drug	2001	2004	2001	2004	2001	2004
	(per cent)					
Marijuana/cannabis	57.9	54.2	64.4	62.0	61.1	58.2
Heroin	87.8	85.0	88.8	87.1	88.3	86.0
Meth/amphetamines (speed)	84.7	82.0	86.7	85.3	85.7	83.7
Cocaine	86.0	83.0	87.7	86.1	86.9	84.6

⁽a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

- In 2004, there were lower levels of support for increased penalties for the sale or supply of illicit drugs, compared with 2001.
- As seen in 2001, females were more likely than their male counterparts to support increased penalties for sale or supply. For example in 2004, 62.0% of females support increased penalties for the sale or supply of marijuana/cannabis compared with 54.2% of males.

3 Consumption patterns

Tobacco

Between 1991 and 2004, daily tobacco smoking rates declined by almost 30% to the lowest levels seen over the 13-year period (Table 3.1).

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

Tobacco smoking status	1991	1993	1995	1998	2001	2004
			(per	r cent)		
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.

- In 2004, 17.4% of the population aged 14 years and over reported smoking daily, declining from 19.5% in 2001. The proportion of the population smoking less than weekly also declined over the 3-year period, from 2.0% in 2001 to 1.6% in 2004.
- More than one-quarter of Australians aged 14 years and over had ceased smoking. The proportion of ex-smokers was similar in 2001 (26.2%) and 2004 (26.4%).

Tobacco use by sex

• Fewer than one in five Australians aged 14 years and over smoked daily in 2004. Males were more likely to smoke daily than females in 2004 (Table 3.2).

Table 3.2: Tobacco smoking status: proportion of the population aged 14 years and over, by sex, Australia, 2001, 2004

	Males		Males Females		Females		Males Female		Persons	
Smoking status	2001	2004	2001	2004	2001	2004				
			(pe	r cent)						
Daily	21.1	18.6 #	18.0	16.3 #	19.5	17.4 #				
Weekly	2.0	2.0	1.3	1.2	1.6	1.6				
Less than weekly	2.6	1.9 #	1.5	1.3	2.0	1.6 #				
Ex-smokers ^(a)	29.6	29.2	22.9	23.6	26.2	26.4				
Never smoked ^(b)	44.7	48.2 #	56.4	57.5	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.

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

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

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

- The proportion of males who smoke less than weekly declined between 2001 (2.6%) and 2004 (1.9%).
- In 2004, females (57.5%) were more likely than males (48.2%) to have never smoked a cigarette.

Tobacco use by age

In 2004, age-specific smoking prevalence peaked for daily, weekly and less-than-weekly smokers in the 20–29 years age group. The age group with the lowest proportion of daily smokers was the 60 years and over age group (Table 3.3).

Table 3.3: Tobacco smoking status: proportion of the population aged 14 years and over, by age and sex, Australia, 2004

_	•	•	•	Age group			
Smoking status	14–19	20–29	30–39	40–49	50–59	60+	Aged 14+
				(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.

- One in seven teenagers (aged 14–19 years) smoked tobacco in 2004, with 10.7% smoking daily. A further 1.6% smoked weekly and 1.2% smoked less than weekly. More than four in five (83.3%) teenagers had never smoked.
- Female teenagers (11.9%) were more likely than male teenagers (9.5%) to be daily smokers. For all other ages, males had higher smoking rates than females.
- Smoking rates peaked in the 20–29 years age group: 23.5% smoked daily, 3.2% smoked weekly and 2.9% smoked less than weekly.

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

Tobacco use of younger people

Estimates of tobacco use by younger people should be interpreted with caution due to the low prevalence and smaller sample sizes for these age groups (Table 3.4).

Table 3.4: Tobacco smoking status: proportion of the population aged 12–19 years and all ages, by age and sex, Australia, 2004

			Age group		
Smoking status	12–15	16–17	18–19	Aged 12-19	Aged 12+
			(per cent)		
			Males		
Daily	2.0	7.5	17.5	7.3	18.0
Weekly	0.6	2.1	2.6	1.4	2.0
Less than weekly	0.4	2.0	1.2	1.0	1.9
Ex-smokers ^(a)	1.5	2.9	5.4	2.9	28.3
Never smoked ^(b)	95.5	85.5	73.3	87.4	49.9
			Females		
Daily	2.6	14.5	16.3	9.1	15.8
Weekly	0.1	1.3	2.3	1.0	1.2
Less than weekly	0.4	0.7	1.7	0.8	1.3
Ex-smokers ^(a)	0.9	2.1	5.6	2.4	22.9
Never smoked ^(b)	95.9	81.4	74.0	86.7	58.8
			Persons		
Daily	2.3	10.9	16.9	8.1	16.9
Weekly	0.4	1.7	2.5	1.2	1.6
Less than weekly	0.4	1.4	1.4	0.9	1.6
Ex-smokers ^(a)	1.2	2.6	5.5	2.6	25.5
Never smoked ^(b)	95.7	83.5	73.7	87.1	54.4

⁽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.

- Fewer than one in twelve persons aged 12–19 years reported smoking daily in 2004.
- In 2004, approximately 96% of 12–15-year-olds reported having never smoked a cigarette; this result was consistent for both males and females.
- In 2004, 16–17-year-old females were almost twice as likely as their male counterparts to smoke daily.

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

Population estimates of the number of smokers

It is estimated that in 2004 approximately 2.9 million Australians aged 14 years and over were daily smokers (Table 3.5).

Table 3.5: Tobacco: number of tobacco smokers, by tobacco smoking status, by age and sex, Australia, 2004

	_			Age group			
Smoking status	14–19	20–29	30-39	40–49	50-59	60+	Aged 14+
				(number)			
				Males			
Daily	80,600	336,500	352,600	333,700	229,200	178,400	1,509,300
Weekly	15,700	52,700	37,300	26,300	24,300	7,900	164,100
Less than weekly	11,100	47,200	42,800	29,700	16,000	8,600	155,100
Ex-smokers ^(a)	30,700	177,500	340,100	456,700	517,600	841,800	2,366,500
Never smoked ^(b)	711,700	788,600	706,600	631,900	475,900	585,300	3,899,900
				Females			
Daily	96,900	312,100	327,100	300,100	181,500	134,200	1,353,800
Weekly	10,500	34,700	28,300	15,300	7,200	7,100	103,300
Less than weekly	8,400	34,100	29,600	24,500	10,100	3,300	110,400
Ex-smokers ^(a)	24,100	197,000	399,200	460,700	349,900	537,300	1,965,200
Never smoked ^(b)	671,000	783,400	715,400	693,400	711,200	1,205,200	4,780,200
				Persons			
Daily	177,500	648,500	679,600	633,700	410,600	312,800	2,862,600
Weekly	26,200	87,200	65,500	41,500	31,500	15,000	267,200
Less than weekly	19,600	81,200	72,400	54,100	26,100	11,900	265,300
Ex-smokers ^(a)	54,700	374,700	739,500	917,400	867,400	1,380,300	4,330,500
Never smoked ^(b)	1,382,600	1,572,100	1,422,000	1,325,500	1,187,200	1,789,100	8,682,000

⁽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.

- Almost 3 million Australians smoked daily, with a further 530,000 weekly or less-than-weekly smokers. There were more male daily smokers (1.5m) than female daily smokers (1.4m).
- There were approximately 200,000 fewer daily smokers in 2004 compared with 2001.
- Approximately 180,000 teenagers smoked daily. There were fewer male teenage daily smokers (80,600) than female teenage daily smokers (96,900).
- The number of ex-smokers (4.3m) and persons who had never smoked (8.7m) far exceeded the number of smokers in 2004.

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

Number of cigarettes smoked

The mean number of cigarettes smoked per week was highest in the 50–59 years age group, and lowest among teenagers (Table 3.6). The number of cigarettes smoked among recent tobacco smokers includes both manufactured and 'roll-your-own' cigarettes.

Table 3.6: Recent^(a) tobacco smokers: mean number of cigarettes smoked per week, by age and sex, Australia, 2004

Age group	Males	Females	Persons
		(number)	
14–19	67.7	70.3	69.1
20–29	83.1	77.5	80.5
30–39	101.6	94.2	98.1
40–49	114.7	108.1	111.6
50-59	129.2	106.3	119.5
60+	109.4	99.7	105.3
Aged 14+	102.9	93.4	98.5

⁽a) Used in the last 12 months.

- The mean number of cigarettes smoked per week increased with age until the 50–59 years age group (120 cigarettes). This trend applied to males but not to females, whose average consumption peaked at 40–49 years of age.
- Male and female teenage smokers on average smoked 68 and 70 cigarettes per week respectively.
- The mean number of cigarettes smoked per week by males (103) was higher than that for females (93).

Alcohol

Between 1991 and 2004, alcohol consumption patterns have remained relatively stable for those aged 14 years and over (Table 3.7).

Table 3.7: Alcohol drinking status: proportion of the population aged 14 years and over, Australia, 1991 to 2004

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.

- The proportion of the population drinking daily remained stable since the early 1990s at less than 9%.
- Between 1993 and 2004, the proportion of persons drinking weekly has fluctuated slightly around 40%.
- The proportion of ex-drinkers has generally declined since 1991 to a relatively low 7.1% in 2004.

Alcohol use by sex

The alcohol drinking status of Australians aged 14 years and over varies considerably between males and females (Table 3.8).

Table 3.8: Alcohol drinking status: proportion of the population aged 14 years and over, by sex, Australia, 2001, 2004

	Males		Females		Persons		
Drinking status	2001	2004	2001	2004	2001	2004	
	(per cent)						
Daily	11.1	12.0 #	5.6	5.8	8.3	8.9	
Weekly	46.0	47.6	33.2	35.0 #	39.5	41.2 #	
Less than weekly	28.8	27.5	40.3	39.4	34.6	33.5	
Ex-drinker ^(a)	6.8	6.0	9.2	8.2 #	8.0	7.1 #	
Never a full glass of alcohol	7.4	6.9	11.7	11.6	9.6	9.3	

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

- Males (12.0%) were more likely than females (5.8%) to drink daily.
- The proportion of the population who consumed alcohol on a weekly basis increased between 2001 (39.5%) and 2004 (41.2%). Males (47.6%) were more likely than females (35.0%) to drink weekly.
- The proportions of ex-drinkers decreased slightly between 2001 (8.0%) and 2004 (7.1%), with a greater change seen among females.

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

Alcohol use by age

The proportion of daily drinkers increased with age; the peak for weekly drinkers was in the 40–49 years age group, and the peak for less-than-weekly drinkers was among teenagers (Table 3.9).

Table 3.9: Alcohol drinking status: proportion of the population who are recent^(a) alcohol drinkers aged 14 years and over, by drinking status, by age and sex, Australia, 2004

				Age group			
Drinking status	14–19	20–29	30-39	40–49	50–59	60+	Aged 14+
				(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 ^(b)	2.6	3.0	5.1	5.6	6.8	10.7	6.0
Never a full glass 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 ^(b)	2.5	6.8	6.4	7.0	9.2	13.4	8.2
Never a full glass 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 ^(b)	2.6	4.9	5.8	6.3	8.0	12.2	7.1
Never a full glass of alcohol	26.4	5.7	5.2	4.9	7.0	12.8	9.3

⁽a) Used in the last 12 months.

- Almost half (46.0%) of teenagers consumed alcohol less than weekly. A further one in four (24.4%) consumed alcohol weekly and fewer than one in 100 (0.6%) drank alcohol daily.
- One in four (26.6%) male teenagers consumed alcohol weekly, compared with one in five (22.2%) females. Half of female teenagers (49.9%) consumed alcohol on a less-than-weekly basis, compared with 42.2% of males.
- Across all age groups, most drinkers in 2004 were weekly drinkers. For males, the proportion of weekly drinkers outweighed daily and less-than-weekly drinkers at all ages except for 14–19-year-olds. Females, however, were more likely to consume alcohol on a less-than-weekly basis with the exception of 40–49-year-olds.

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

Alcohol use of younger people

Estimates of alcohol use by younger people should be interpreted with caution due to the low prevalence and smaller sample sizes for these age groups (Table 3.10).

Table 3.10: Alcohol drinking status: proportion of the population aged 12–19 years of age and all ages, by age and sex, Australia, 2004

			Age group	l	
Drinking status	12–15	16–17	18–19	Aged 12-19	Aged 12+
			(per cent)		
			Males		
Daily	0.1	1.0	1.3	0.6	11.6
Weekly	3.3	21.9	51.5	20.1	46.0
Less than weekly	28.3	53.2	32.8	35.6	27.1
Ex-drinker ^(a)	3.3	2.9	1.4	2.7	5.9
Never a full glass of alcohol	64.9	21.0	13.0	41.0	9.4
			Females		
Daily	_	0.3	0.9	0.3	5.6
Weekly	3.2	21.3	39.1	16.8	33.9
Less than weekly	29.8	57.2	48.8	41.4	38.6
Ex-drinker ^(a)	2.2	3.5	1.2	2.3	8.0
Never a full glass of alcohol	64.8	17.7	10.0	39.2	13.8
			Persons		
Daily	0.1	0.6	1.1	0.5	8.6
Weekly	3.3	21.6	45.4	18.5	39.9
Less than weekly	29.1	55.2	40.6	38.5	32.9
Ex-drinker ^(a)	2.8	3.2	1.3	2.5	6.9
Never a full glass of alcohol	64.8	19.4	11.6	40.1	11.6

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

- Fewer than one in 1000 persons (0.1%) aged 12–15 years of age reported drinking daily and approximately one in 200 (0.6%) 16–17-year-olds reported drinking daily in 2004.
- In 2004, approximately 30% of 12–15-year-olds reported drinking less than weekly; this result was consistent for both males and females.
- In 2004, 87.1% of 18–19-year-olds reported drinking daily, weekly or less-than-weekly, compared with 77.4% of 16–17-year-olds and 32.4% of 12–15-year-olds.

Population estimates of the number of alcohol drinkers

It is estimated that in 2004 over 13.7 million Australians aged 14 years or over consumed alcohol in the last 12 months (Table 3.11).

Table 3.11: Alcohol consumption: number of recent^(a) alcohol drinkers, by drinking status, by age and sex, Australia, 2004

				Age group			
Drinking status	14–19	20-29	30-39	40–49	50-59	60+	Aged 14+
				(number)			_
				Males			
Daily	6,400	62,600	129,200	175,200	221,200	378,600	974,200
Weekly	226,300	795,800	813,900	801,100	594,200	627,000	3,855,900
Less than weekly	358,900	434,000	404,300	374,800	315,600	335,400	2,223,100
Ex-drinker ^(b)	22,400	41,400	75,300	83,300	85,800	174,300	482,800
Never a full glass of alcohol	235,700	68,500	56,700	43,900	46,200	106,800	558,800
				Females			
Daily	3,300	17,500	48,400	94,600	105,300	216,000	483,900
Weekly	179,600	522,100	583,300	643,000	448,500	533,800	2,910,900
Less than weekly	404,400	639,400	672,400	550,900	460,400	541,400	3,271,100
Ex-drinker ^(b)	20,500	92,600	96,400	103,900	116,400	253,200	682,300
Never a full glass of alcohol	203,000	89,700	99,100	101,700	129,300	342,700	964,600
				Persons			
Daily	9,700	79,700	177,300	269,600	326,400	594,900	1,456,700
Weekly	405,900	1,315,600	1,396,100	1,443,600	1,042,600	1,161,000	6,763,900
Less than weekly	763,500	1,075,500	1,078,000	926,100	776,100	876,600	5,497,000
Ex-drinker ^(b)	42,900	134,500	171,700	187,200	202,200	427,400	1,165,500
Never a full glass of alcohol	438,700	158,400	156,000	145,800	175,500	449,200	1,524,500

⁽a) Used in the last 12 months

- In 2004, almost 1.5 million Australians consumed alcohol daily, 6.8 million on a weekly basis and a further 5.5 million on a less-than-weekly basis.
- There were approximately 150,000 more daily alcohol drinkers in 2004 compared with 2001.
- It is estimated that 1.2 million teenagers consumed alcohol in 2004. Approximately 10,000 teenagers were daily drinkers, 406,000 were weekly drinkers and a further 764,000 drank less than weekly.
- Slightly more male (592,000) than female (587,000) teenagers consumed alcohol in 2004; there were more male teenagers (6,400) than female teenagers (3,300) who consumed alcohol on a daily basis. This result was the opposite of that observed in 2001.

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

Risk of alcohol-related harm in the long term

In the 12 months prior to the survey, 74% of Australians aged 14 years and over consumed alcohol in quantities that were considered a low risk to health in the long term by the National Health and Medical Research Council (NHMRC 2001). A further 16% of the population aged 14 years and over did not consume alcohol in the previous 12 months. The remaining 10% of the population consumed alcohol in a way considered risky or a high risk to health in the long term (Table 3.12).

Table 3.12: Alcohol consumption: proportion of the population aged 14 years and over at risk of harm in the long term, by age and sex, Australia, 2004

			Level of risk ^(b)	
Age group	Abstainers ^(a)	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
Aged 14+	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
Aged 14+	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
Aged 14+	16.4	73.7	7.0	2.8

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

- Persons in the 20–29 years age group were most likely to consume alcohol in a way that
 put them at risk for long-term (chronic) alcohol-related harm. This age group was also
 the least likely to abstain from consuming alcohol.
- Female teenagers (12.3%) were more likely than male teenagers (7.7%) to consume at risky or high-risk levels for long-term harm.

⁽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'.

Risk of alcohol-related harm in the short term

There are also risks to health in the short term from alcohol consumption. In 2004, 48% of Australians aged 14 years and over drank in a pattern that is considered low risk for alcohol-related harm in the short term, and 16% were abstainers (Table 3.13).

Table 3.13: Alcohol consumption: proportion of the population aged 14 years and over at risk of harm in the short term, by age and sex, Australia, 2004

				Risky and high risk ^(b)			
Age group	Abstainers ^(a)	Low 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		
20–29	7.8	27.4	20.8	26.6	17.4		
30–39	8.9	37.5	24.4	18.9	10.3		
40-49	8.6	49.5	19.4	12.8	9.7		
50-59	10.5	58.3	13.4	10.6	7.1		
60+	17.3	68.1	6.5	3.8	4.3		
Aged 14+	12.9	46.8	16.1	14.4	9.8		
			Females				
14–19	27.6	30.2	12.9	18.8	10.5		
20–29	13.4	29.4	20.3	26.0	10.9		
30–39	13.0	47.8	19.5	13.8	5.8		
40-49	13.8	53.4	16.8	10.5	5.5		
50-59	19.5	63.4	9.4	4.6	3.2		
60+	31.6	61.3	4.0	1.5	1.6		
Aged 14+	19.8	49.4	13.5	11.5	5.7		
			Persons				
14–19	29.0	31.5	11.9	16.9	10.7		
20–29	10.6	28.4	20.5	26.3	14.2		
30–39	11.0	42.7	21.9	16.4	8.0		
40–49	11.2	51.4	18.1	11.6	7.6		
50–59	15.0	60.8	11.4	7.6	5.1		
60+	25.0	64.5	5.2	2.5	2.9		
Aged 14+	16.4	48.2	14.8	12.9	7.7		

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

Notes

- At all ages, greater proportions of the population drink at risky or high-risk levels for short-term harm compared with risk for long-term harm.
- Overall, about one-third (35.4%) of persons aged 14 years and over put themselves at risk of alcohol-related harm in the short term on at least one drinking occasion during the last 12 months.

⁽b) 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.

Respondents that have been coded 'Can't say/No answer' to all GQF matrix F13a to F13f are assumed to be low-risk drinkers for this
alcohol risk analysis.

^{2.} Statistical significance testing was not undertaken for this table.

- Males aged 20–29 years (17.4%) were the most likely group to consume alcohol at risky or high-risk levels for short-term harm at least once in the last week.
- More than one in ten persons aged 14–19 years put themselves at risk of alcohol-related harm in the short term on at least a weekly basis during the last 12 months.

Illicit drugs

In 2004, over one-third (38%) of the population aged 14 years and over had ever used an illicit drug (Table 3.14). Illicit drugs can include illegal drugs (such as marijuana/cannabis), prescription drugs (such as tranquillisers/sleeping pills) when used for illicit purposes and other substances used inappropriately (such as naturally occurring hallucinogens and inhalants).

Table 3.14: Use of any illicit drug: proportion of the population aged 14 years and over and numbers, by age and sex, Australia, 2004

		Ever used ^(a)	_		Recent use ^(b)	
Age group	Males	Females	Persons	Males	Females	Persons
			(per	cent)		
14–19	28.2	30.4	29.3	20.9	21.8	21.3
20–29	61.1	55.1	58.1	37.5	25.6	31.5
30–39	62.6	53.6	58.0	25.5	15.1	20.2
40-49	51.0	40.4	45.6	15.0	9.5	12.2
50-59	31.6	20.9	26.3	7.6	4.8	6.2
60+	12.2	8.9	10.4	4.1	4.0	4.0
Aged 14+	41.8	34.4	38.1	18.2	12.5	15.3
			(nun	nber)		
14–19	239,400	246,300	485,800	177,500	176,900	354,400
20–29	856,300	749,600	1,604,800	525,300	347,900	870,800
30–39	926,300	803,700	1,728,800	377,400	226,200	602,200
40-49	753,400	603,800	1,356,600	221,800	141,400	362,700
50–59	399,600	263,900	663,200	96,000	59,900	155,800
60+	197,200	167,300	364,500	66,500	75,100	141,600
Aged 14+	3,386,800	2,861,700	6,245,700	1,473,000	1,039,600	2,510,100

⁽a) Used at least once in lifetime.

Note: Statistical significance testing was not undertaken for this table.

Ever used illicit drugs

- Almost three in five (58%) persons aged 20–39 years had used an illicit drug in their lifetime. Compared with other age groups, this age group had the greatest proportion of persons who had ever used an illicit drug.
- One-third (29.3%) of teenagers had ever used an illicit drug.
- Female teenagers were slightly more likely than male teenagers to have ever used an
 illicit drug. However, for all other age groups, males were more likely than females to
 have ever used an illicit drug.

⁽b) Used in the last 12 months.

Recent use of illicit drugs

- Across all age groups, males were more likely than females to have recently used an illicit drug with the exception of those aged 14–19 years, where females (21.8%) were more likely to have used an illicit drug in the preceding 12 months than their male (20.9%) counterparts.
- In 2004, there were 1.5 million male recent illicit drug users compared with 1.0 million female users.
- There were approximately 150,000 fewer recent illicit drug users in 2004 when compared with 2001.
- The age group with the highest proportion of recent illicit drug users was 20–29 years (31.5%, 870,800 users).
- More than one in five (21.3% or over 350,000) teenagers had used illicit drugs in the past 12 months.

When comparing ever and recent illicit usage, approximately 55% of males and 63% of females who had used illicit drugs at some time in their life no longer consumed illicit drugs.

Recent use of any illicit drug 1995 to 2004

The proportion of the population who had used any illicit drug in the last 12 months generally declined or remained stable over the period 1995 to 2004 (Table 3.15).

Table 3.15: Recent^(a) use of any illicit drug: proportion of the population aged 14 years and over, by age and sex, Australia, 1995 to 2004

		Ма	les			Fema	les			
Age group	1995	1998	2001	2004	1995	1998	2001	2004		
		(per cent)								
14–19	37.9	38.3	28.8	20.9 #	25.0	37.1	26.6	21.8 #		
20–29	46.1	47.1	40.4	37.5 #	27.4	33.5	30.5	25.6 #		
30–39	24.7	27.5	25.2	25.5	13.6	20.4	15.6	15.1		
40-49	12.0	22.1	14.4	15.0	7.9	10.1	9.5	9.5		
50-59	3.5	7.2	8.2	7.6	3.9	13.4	5.2	4.8		
60+	1.8	5.2	4.0	4.1	3.7	6.3	3.8	4.0		
Aged 14+	21.1	25.0	19.8	18.2 #	12.9	19.1	14.2	12.5 #		

⁽a) Used in the last 12 months.

• Between 2001 and 2004, the decreases in the proportions of total males and females who had used illicit drugs in the last 12 months were statistically significant, as were the decreases for the 14–19 and 20–29 years age groups.

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

Recent illicit drug use of younger people

Estimates of tobacco, alcohol and illicit drug use by younger people should be interpreted with caution due to the low prevalence and smaller sample sizes for these age groups (Table 3.16).

Table 3.16: Recent use of illicit drugs: proportion of the population aged 12 years and over, by selected age, Australia, 2004

			Age group		
Drug type	12–15	16–17	18–19	Aged 12-19	Aged 12+
			(per cent)		
Marijuana/cannabis	5.2	18.0	26.5	13.8	10.9
Pain-killers/analgesics ^(a)	2.0	3.2	3.2	2.6	3.0
Tranquillisers/sleeping pills (a)	0.2	1.2	1.6	0.8	1.0
Steroids ^(a)	_	_	0.1	0.1	_
Barbiturates ^(a)	0.1	0.3	0.8	0.3	0.2
Inhalants	1.1	0.5	0.9	0.9	0.4
Heroin	0.1	0.3	0.2	0.2	0.2
Methadone ^(b)	0.1	0.2	0.2	0.2	0.1
Other opiates/opioids ^(b)	0.1	0.4	0.6	0.4	0.2
Meth/amphetamine (speed) ^(a)	0.7	3.0	8.8	3.3	3.1
Cocaine	0.2	0.8	1.8	0.8	1.0
Hallucinogens	0.4	1.0	2.6	1.1	0.7
Ecstasy	0.6	2.8	8.8	3.2	3.3
Ketamine	_	_	1.0	0.3	0.3
GHB	0.1	0.2	0.6	0.3	0.1
Injected drugs	0.2	0.5	0.9	0.5	0.4
Any illicit	7.6	20.9	30.8	16.8	14.9
None of the above	92.4	79.1	69.2	83.2	85.1

⁽a) For non-medical purposes.

Notes

- In 2004, approximately one in twenty (5.2%) 12–15-year-olds used marijuana/cannabis in the previous 12 months compared with one in five (18.0%) 16–17-year-olds and one-quarter of 18–19-year-olds.
- Approximately 3% of 12–19-year-olds used painkillers/analgesics for non-medical purposes, meth/amphetamines (speed) and ecstasy in 2004.
- For all other substances, less than 1% of 12–19-year-olds used the substance in the preceding 12 months.

⁽b) Non-maintenance.

 ^{&#}x27;Any illicit' does not include 'other opiates', ketamine, GHB or injecting drug use for those aged 12–13 years. Statistics reported for these substances are based on those people aged 14 years and over only.

^{2.} Statistical significance testing was not undertaken for this table.

Marijuana/cannabis use

In 2004, one in every three Australians aged 14 years and over had used marijuana/cannabis at some time in their lives (Table 3.17).

Table 3.17: Use of marijuana/cannabis: proportion of the population aged 14 years and over and numbers, by age and sex, Australia, 2004

		Ever used ^(a)			Recent use ^(b)	se ^(b)	
Age group	Males	Females	Persons	Males	Females	Persons	
			((per cent)			
14–19	24.9	26.2	25.5	18.4	17.4	17.9	
20–29	57.4	51.6	54.5	32.4	19.5	26.0	
30–39	59.1	50.0	54.5	21.4	10.6	15.9	
40-49	47.0	36.2	41.6	11.9	5.7	8.7	
50-59	27.6	16.5	22.1	4.3	2.1	3.2	
60+	5.7	3.3	4.4	0.4	0.2	0.3	
Aged 14+	37.4	29.9	33.6	14.4	8.3	11.3	
				(number)			
14–19	211,300	212,800	424,200	156,000	141,200	297,100	
20–29	805,000	702,400	1,506,600	454,000	265,900	718,000	
30–39	874,600	749,300	1,623,000	316,700	159,400	475,000	
40-49	695,400	540,700	1,235,200	175,500	84,800	259,800	
50–59	349,100	207,400	556,400	54,500	25,900	80,400	
60+	93,000	62,100	155,200	6,400	3,800	10,200	
Aged 14+	3,028,200	2,487,800	5,513,800	1,163,700	686,400	1,848,200	

⁽a) Used at least once in lifetime.

Note: Statistical significance testing was not undertaken for this table.

Ever used marijuana/cannabis

- More than one-quarter (25.5%) of teenagers (aged 14–19 years) had used marijuana/cannabis in their lifetime.
- Australians aged 20–39 years were more likely than those in the other age groups to have used marijuana/cannabis at some time in their lives. Almost three in five (54.5%) persons aged 20–39 years had used marijuana/cannabis in their lifetime.
- Across all age groups, males were more likely than females to have ever used marijuana/cannabis, with the exception of 14–19-year-old females who were slightly more likely to have used marijuana/cannabis than their male counterparts.

⁽b) Used in the last 12 months.

Recent use of marijuana/cannabis

- In 2004, there were almost 2 million Australians aged 14 years and over who had recently used marijuana/cannabis.
- There were approximately 180,000 fewer recent marijuana/cannabis users in 2004 when compared with 2001.
- Almost one in five teenagers had used marijuana/cannabis in the last 12 months. More male teenagers (156,000) than female teenagers (141,200) were recent marijuana/cannabis users.
- Persons aged 20–29 years were most likely to be recent marijuana/cannabis users.

When comparing lifetime and recent rates of usage, approximately 60% of males and 70% of females who had used marijuana/cannabis at some time in their life were no longer using in 2004.

Recent use of marijuana/cannabis 1995 to 2004

The proportion of the population aged 14 years and over who had used marijuana/cannabis in the last 12 months fluctuated over the period 1995 to 2004 (Table 3.18).

Table 3.18: Recent^(a) use of marijuana/cannabis: proportion of the population aged 14 years and over, by age and sex, Australia, 1995 to 2004

		Ma	les		Females			
Age group	1995	1998	2001	2004	1995	1998	2001	2004
				(per c	ent)			
14–19	35.9	35.0	26.6	18.4 #	20.1	34.2	22.6	17.4 #
20–29	43.7	43.7	35.1	32.4 #	23.4	29.3	23.2	19.5 #
30–39	19.0	24.1	20.8	21.4	8.2	16.3	11.7	10.6 #
40–49	8.0	16.6	10.7	11.9 #	2.2	6.3	6.6	5.7 #
50-59	1.9	5.6	4.5	4.3	1.2	7.6	2.0	2.1
60+	_	1.1	0.7	0.4 #	0.5	1.2	0.3	0.2
Aged 14+	18.0	21.3	15.8	14.4 #	8.6	14.7	10.0	8.3 #

⁽a) Used in the last 12 months.

• Between 2001 and 2004, decreases in proportions of the population who had used marijuana/cannabis in the last 12 months were statistically significant for most age groups.

^{# 2004} result significantly different from 2001 result (2-tailed α = 0.05).

Heroin

In 2004, the proportions of Australians aged 14 years and over who had recently used heroin or used heroin in their lifetime were low (Table 3.19).

Table 3.19: Use of heroin: proportion of the population aged 14 years and over and numbers, by age and sex, Australia, 2004

		Ever used ^(a)	_		Recent use ^(b)	use ^(b)	
Age group	Males	Females	Persons	Males	Females	Persons	
			(per ce	ent)			
14–19	0.5	0.9	0.7	0.1	0.4	0.2	
20–29	2.9	1.7	2.3	0.8	0.2	0.5	
30–39	2.7	1.2	2.0	0.1	0.4	0.2	
40+	1.3	0.8	1.0	_	_	_	
Aged 14+	1.8	1.0	1.4	0.2	0.1	0.2	
			(numb	oer)			
14–19	4,300	7,100	11,400	700	2,900	3,600	
20–29	41,200	23,100	64,200	10,700	2,300	12,900	
30–39	40,300	18,600	58,700	1,700	5,300	7,000	
40+	56,100	36,800	92,900	1,700	500	2,200	
Aged 14+	141,800	85,900	227,400	14,800	11,100	25,900	

⁽a) Used at least once in lifetime.

Note: Statistical significance testing was not undertaken for this table.

Ever used heroin

- Heroin had been used by 1.4% of the population aged 14 years and over.
- With the exception of teenagers, males were more likely than females to have ever used heroin.
- The 20–29 years age group had the highest proportion of persons who had ever used heroin. Within this age group, males were almost twice as likely as females to have ever used heroin.

⁽b) Used in the last 12 months.

Recent use of heroin

- The 20–29 years age group had the highest proportion and number of recent heroin users (0.5%, 12,900).
- There were similar proportions of males and females who had recently used heroin; however, in terms of numbers, there were more male (14,800) than female (11,100) recent heroin users.
- There were approximately 12,000 fewer recent heroin users in 2004 when compared with 2001.

When comparing ever and recent use of heroin, 90% of persons who had used heroin at some time in their life were no longer using in 2004.

Recent use of heroin 1995 to 2004

The proportion of the population who had used heroin in the last 12 months fluctuated over the period 1995 to 2004, but was generally lower in 2004 (Table 3.20).

Table 3.20: Recent^(a) use of heroin: proportion of the population aged 14 years and over, by age and sex, Australia, 1995 to 2004

		Ма	les			Fem	ales	
Age group	1995	1998	2001	2004	1995	1998	2001	2004
				(per c	ent)			
14–19	0.4	0.5	0.4	0.1	0.9	1.4	0.4	0.4
20–29	2.2	2.9	0.6	0.8	0.5	1.3	0.5	0.2
30–39	0.4	0.7	0.2	0.1	0.2	0.3	0.3	0.4
40+	_	0.4	0.2	— #	_	0.1	0.1	—#
Aged 14+	0.5	1.0	0.3	0.2	0.2	0.5	0.2	0.1

⁽a) Used in the last 12 months.

Between 2001 and 2004, recent use of heroin by total males and females remained stable.
 Changes for all age groups, with the exception of both males and females aged 40+ years, were not statistically significant.

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

Meth/amphetamines

In 2004, approximately one in ten persons aged 14 years and over had ever used meth/amphetamines and 3% had recently used (Table 3.21).

Table 3.21: Use of meth/amphetamines: proportion of the population aged 14 years and over and numbers, by age and sex, Australia, 2004

		Ever used ^(a)			Recent use ^(b)	
Age group	Males	Females	Persons	Males	Females	Persons
			(per	cent)		
14–19	6.6	6.5	6.6	4.0	4.9	4.4
20–29	24.3	17.9	21.1	12.4	9.0	10.7
30–39	19.8	12.3	16.0	5.7	2.5	4.1
40+	4.6	2.6	3.6	0.7	0.2	0.4
Aged 14+	11.0	7.3	9.1	4.0	2.5	3.2
			(nun	nber)		
14–19	56,400	53,000	109,300	33,700	39,800	73,600
20–29	340,200	243,100	582,400	173,900	121,900	295,300
30–39	293,600	185,000	477,800	83,700	37,300	120,700
40+	200,100	122,700	322,700	29,600	9,800	39,400
Aged 14+	890,500	607,600	1,497,000	321,600	210,900	532,100

⁽a) Used at least once in lifetime.

Note: Statistical significance testing was not undertaken for this table.

Ever used meth/amphetamines

- The age group with the highest proportion of persons who had ever used meth/amphetamines is the 20–29 years age group (21.1%).
- Similar proportions of male and female teenagers had ever used meth/amphetamines.
 For the other age groups, males were more likely than females to have ever used meth/amphetamines.

⁽b) Used in the last 12 months.

Recent use of meth/amphetamines

- Overall, males (4.0%) were more likely than females (2.5%) to have used meth/amphetamines in the last 12 months; however, female teenagers (4.9%) were slightly more likely to be recent users than male teenagers (4.0%).
- One in ten persons (10.7%) aged 20–29 years had used meth/amphetamines in the last 12 months, the highest proportion of all age groups.

Recent use of meth/amphetamines 1995 to 2004

The proportion of the population who had used meth/amphetamines in the last 12 months fluctuated over the period 1995 to 2004 (Table 3.22).

Table 3.22: Recent^(a) use of meth/amphetamines: proportion of the population aged 14 years and over, by age and sex, Australia, 1995 to 2004

		Males			Females			
Age group	1995	1998	2001	2004	1995	1998	2001	2004
				(per c	ent)			
14–19	2.9	5.5	5.7	4.0 #	1.9	6.3	6.8	4.9 #
20–29	10.5	16.4	14.1	12.4 #	6.3	7.6	8.2	9.0
30-39	2.1	4.1	4.0	5.7 #	0.5	1.2	2.2	2.5
40+	0.3	0.7	0.6	0.7	0.2	0.3	0.3	0.2
Aged 14+	2.8	5.0	4.2	4.0	1.5	2.5	2.7	2.5

⁽a) Used in the last 12 months.

• Between 2001 and 2004, the proportion of males in the 14–39 years age groups who had used amphetamines in the last 12 months declined significantly, as did the proportion of 14–19 year old females. However, this decline was not seen for all ages combined.

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

Ecstasy

In 2004, similar proportions of the population aged 14 years and over reported having ever used or recently used ecstasy (Table 3.23) as had used meth/amphetamines. Caution should be used when interpreting these findings, as results are based on self-reported data and not empirical testing of the substance used.

Table 3.23: Use of ecstasy: proportion of the population aged 14 years and over and numbers, by age and sex, Australia, 2004

		Ever used ^(a)			Recent use ^(b)	
Age group	Males	Females	Persons	Males	Females	Persons
			(pe	er cent)		
14–19	5.7	6.8	6.2	3.9	4.7	4.3
20–29	25.8	18.2	22.0	15.1	8.8	12.0
30–39	15.2	9.9	12.5	5.8	2.3	4.0
40+	2.3	0.8	1.5	0.6	0.1	0.3
Aged 14+	9.1	6.0	7.5	4.4	2.4	3.4
			(nı	ımber)		
14–19	48,100	55,400	103,500	33,300	38,100	71,500
20–29	361,900	247,300	608,100	211,300	120,400	330,900
30–39	225,100	148,600	373,100	85,800	34,500	120,000
40+	99,300	39,200	138,500	24,100	6,000	30,000
Aged 14+	735,500	495,500	1,230,000	355,600	201,700	556,600

⁽a) Used at least once in lifetime.

Notes

Ever used ecstasy

- In 2004, approximately 1.2 million persons had ever used ecstasy.
- In general, males were more likely than females to have ever used ecstasy, with the exception of those aged 14–19 years.
- The 20–29 years age group had the highest proportion and number of persons ever using ecstasy compared with all other age groups.

⁽b) Used in the last 12 months.

^{1.} Caution should be used when interpreting these findings as results are based on self-reported data and not empirical testing of the

Statistical significance testing was not undertaken for this table.

Recent use of ecstasy

- One in eight (12.0%) persons aged 20–29 years and approximately one in 20 (4.3%) teenagers had used ecstasy in the last 12 months.
- There were approximately 100,000 more recent ecstasy users in 2004 when compared with 2001.
- In general, males were more likely than females to have used ecstasy in the last 12 months, with the exception of 14–19-year-old females who were more likely to have used than their male counterparts.
- In 2004, almost 560,000 persons reported using ecstasy at least once in the previous 12 months.

Recent use of ecstasy 1995 to 2004

The proportion of the population who had used ecstasy in the last 12 months fluctuated over the period 1995 to 2004 (Table 3.24).

Table 3.24: Recent^(a) use of ecstasy: proportion of the population aged 14 years and over, by age and sex, Australia, 1995 to 2004

	<u> </u>	Ма	les			Females			
Age group	1995	1998	2001	2004	1995	1998	2001	2004	
				(per c	ent)				
14–19	0.9	3.3	5.7	3.9 #	0.1	4.3	6.8	4.7 #	
20–29	5.1	11.9	12.5	15.1 #	2.9	8.3	8.2	8.8	
30–39	0.6	1.9	3.1	5.8 #	0.4	1.7	2.2	2.3	
40+	_	0.4	0.3	0.6	_	0.2	0.3	0.1	
Aged 14+	1.1	3.3	3.6	4.4 #	0.6	2.3	2.7	2.4	

⁽a) Used in the last 12 months.

Note: Caution should be used when interpreting these findings as results are based on self-reported data and not empirical testing of the substance used.

• Between 2001 and 2004, the proportion of 14–19-year-olds using ecstasy declined for both males and females; however, proportions using recently significantly increased for males in the 20–39 years age groups and for males overall.

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

Inhalants

In 2004, one in 40 persons reported ever having used inhalants and one in 250 persons reported using in the previous 12 months. Males were twice as likely to have used inhalants in the preceding 12 months compared with females (Table 3.25).

Table 3.25: Use of inhalants: proportion of the population aged 14 years and over and numbers, by age and sex, Australia, 2004

, , ,		Ever used ^(a)			Recent use ^{(b})
Age group	Males	Females	Persons	Males	Females	Persons
			(r	per cent)		
14–19	1.8	3.0	2.4	0.7	1.3	1.0
20–29	6.6	4.1	5.4	1.6	0.6	1.1
30–39	5.6	3.5	4.6	0.6	0.1	0.4
40+	1.1	0.6	0.9	0.2	_	0.1
Aged 14+	3.0	2.0	2.5	0.6	0.3	0.4
			(1	number)		
14–19	15,500	24,200	39,800	6,300	10,300	16,600
20–29	92,800	55,500	147,900	22,400	8,400	30,700
30–39	83,300	53,000	136,100	9,500	1,900	11,300
40+	49,600	28,700	78,300	9,400	1,500	10,900
Aged 14+	241,300	162,400	403,400	47,800	22,300	70,000

⁽a) Used at least once in lifetime.

Note: Statistical significance testing was not undertaken for this table.

Ever used inhalants

- In 2004, approximately 400,000 had ever used inhalants.
- In general, males were more likely than females to have ever used inhalants, with the exception of those aged 14–19 years.
- The 20–29 years age group had the highest proportion and number of persons ever using inhalants compared with all other age groups.

⁽b) Used in the last 12 months.

Recent use of inhalants

- In 2004, 70,000 persons reported using inhalants at least once in the previous 12 months.
- Approximately one in 100 persons aged 20–29 years had used inhalants in the preceding 12 months.
- In general, males were more likely than females to have used inhalants in the last 12 months, with the exception of 14–19-year-old females who were more likely to have used than their male counterparts.

Recent use of inhalants 1995 to 2004

The proportion of the population who had used inhalants in the last 12 months fluctuated over the period 1995 to 2004 (Table 3.26).

Table 3.26: Recent^(a) use of inhalants: proportion of the population aged 14 years and over, by age and sex, Australia, 1995 to 2004

		Ma	les			Fem	ales	
Age group	1995	1998	2001	2004	1995	1998	2001	2004
				(per	cent)			
14–19	0.8	1.9	8.0	0.7	0.9	3.0	1.2	1.3
20–29	2.1	2.4	1.4	1.6	1.0	1.9	0.5	0.6
30–39	0.6	0.7	8.0	0.6	_	0.4	0.2	0.1
40+	_	0.2	0.1	0.2	_	0.1	0.1	_
Aged 14+	0.6	0.9	0.6	0.6	0.3	0.8	0.3	0.3

⁽a) Used in the last 12 months.

• Between 2001 and 2004, the proportion of persons using inhalants remained stable across all age groups.

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

Cocaine

In 2004, fewer than one in 20 persons had ever used cocaine and one in 100 persons had used in the previous 12 months. Males were one-and-a-half times more likely to have used cocaine in the preceding 12 months than females (Table 3.27).

Table 3.27: Use of cocaine: proportion of the population aged 14 years and over and numbers, by age and sex, Australia, 2004

		Ever used ^(a)		_		Recent use ^(b)	
Age group	Males	Females	Persons		Males	Females	Persons
				(per cent)			
14–19	1.3	2.6	1.9		0.6	1.4	1.0
20–29	10.6	7.1	8.9		3.7	2.3	3.0
30–39	10.6	7.1	8.8		2.4	1.1	1.8
40+	3.5	1.7	2.6		0.2	0.1	0.2
Aged 14+	5.8	3.7	4.7		1.3	0.8	1.0
				(number)			
14–19	10,800	21,000	31,900		5,100	11,300	16,500
20–29	149,100	96,300	245,000		52,300	31,100	83,200
30–39	156,700	106,400	262,700		35,800	17,000	52,700
40+	153,700	79,800	233,400		10,000	6,200	16,200
Aged 14+	470,100	305,000	774,500		103,300	66,200	169,400

⁽a) Used at least once in lifetime.

Note: Statistical significance testing was not undertaken for this table.

Ever used cocaine

- In 2004, approximately 775,000 persons reported ever using cocaine.
- In general, males were more likely than females to have ever used cocaine, with the exception of those aged 14–19 years.
- The 20–29 years age group had the highest proportion (8.9%, 245,000) of persons ever using cocaine compared with all other age groups.

⁽b) Used in the last 12 months.

Recent use of cocaine

- In 2004, almost 170,000 persons reported using cocaine at least once in the previous 12 months.
- Approximately one in 33 persons aged 20–29 years had used cocaine in the preceding 12 months.
- In general, males were more likely than females to have used cocaine in the last 12 months, with the exception of 14–19-year-old females who were more likely to have used than their male counterparts.

Recent use of cocaine 1995 to 2004

The proportion of the population who had used cocaine in the last 12 months fluctuated over the period 1995 to 2004 (Table 3.28).

Table 3.28: Recent^(a) use of cocaine: proportion of the population aged 14 years and over, by age and sex, Australia, 1995 to 2004

		Ма	les			Females				
Age group	1995	1998	2001	2004	1995	1998	2001	2004		
				(per c	ent)					
14–19	_	0.6	1.7	0.6 #	2.0	1.0	1.3	1.4		
20–29	5.6	5.0	5.2	3.7 #	2.4	2.9	3.4	2.3 #		
30–39	0.7	2.7	1.8	2.4 #	0.8	1.0	1.1	1.1		
40+	_	0.6	0.3	0.2	_	0.1	0.2	0.1		
Aged 14+	1.1	1.9	1.6	1.3	0.8	0.9	1.0	0.8		

⁽a) Used in the last 12 months.

- Between 2001 and 2004, the proportion of both males and females recently using cocaine remained stable.
- Declines in recent use were seen for males in the 14–29 age groups and females aged 20–29 years.

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

Injecting drug use

In 2004, it is estimated that a very low proportion of the population aged 14 years and over had ever injected or recently injected drugs (Table 3.29).

Table 3.29: Use of injecting drugs(a): proportion of the population aged 14 years and over and numbers, by age and sex, Australia, 2004

		Ever used ^(b)			Recent use ^(c)	
Age group	Males	Females	Persons	Males	Females	Persons
			(per	cent)		
14–19	0.6	1.4	1.0	0.1	1.0	0.5
20–29	4.6	2.7	3.7	1.5	0.6	1.0
30–39	4.8	2.4	3.6	1.1	0.7	0.9
40+	1.3	0.7	1.0	0.2	0.1	0.1
Aged 14+	2.4	1.4	1.9	0.6	0.3	0.4
			(num	nber)		
14–19	5,200	11,200	16,400	900	8,000	8,900
20–29	64,400	36,900	101,100	21,000	7,600	28,500
30–39	70,900	36,600	107,300	16,400	9,800	26,200
40+	56,300	32,300	88,500	6,600	3,400	10,000
Aged 14+	196,300	117,400	313,500	44,900	28,900	73,800

⁽a) Any illicit drug injected.

Note: Statistical significance testing was not undertaken for this table.

Ever used injecting drugs

- Males (2.4%) were more likely than females (1.4%) to have ever injected drugs.
- Persons aged 20–29 years were the most likely compared with those in the other age groups to have ever injected drugs.

⁽b) Used at least once in lifetime.

⁽c) Used in the last 12 months.

Recent use of injecting drugs

- Males (0.6%) were more likely than females (0.3%) to have injected drugs in the last 12 months.
- There were approximately 17,000 fewer recent injecting drug users in 2004 when compared with 2001.
- Almost 9,000 teenagers were injecting drug users.
- The age group with the highest proportion and number of injecting drug users was the 20–29 years age group, with 1.0% or almost 30,000 injecting drug users.

When comparing ever injecting drug use with recent injecting drug use, approximately 75% of persons who had injected at some time in their life were no longer injecting in 2004.

Recent use of injecting drugs 1995 to 2004

The proportion of the population who had injected drugs in the last 12 months fluctuated over the period 1995 to 2004 (Table 3.30).

Table 3.30: Recent^(a) use of injecting drugs^(b): proportion of the population aged 14 years and over, by age and sex, Australia, 1995 to 2004

		Ма	les		Females				
Age group	1995	1998	2001	2004	1995	1998	2001	2004	
				(per c	ent)				
14–19	1.1	0.3	0.6	0.1 #	0.9	1.2	0.6	1.0 #	
20–29	2.8	3.0	2.8	1.5 #	0.7	1.1	1.3	0.6 #	
30–39	0.6	0.9	0.6	1.1 #	_	0.3	0.5	0.7	
40+	_	0.4	0.2	0.2	0.3	_	0.1	0.1	
Aged 14+	0.7	1.0	0.8	0.6	0.4	0.4	0.4	0.3	

⁽a) Used in the last 12 months.

• Between 2001 and 2004, there was a significant decline in the proportion of persons in the 14–29 years age groups who had injected drugs in the last 12 months. However, the proportion of 30–39-year-old males who had injected in the previous 12 months increased over this period.

⁽b) Any illicit drug injected.

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

Illicit drugs injected

In 2004, overwhelmingly the first drug injected was meth/amphetamines, followed by heroin and then benzodiazepines (Table 3.31).

Table 3.31: Injecting drug use: first and recent^(a) illicit drugs injected, proportion of ever/recent injecting drug users aged 14 years and over, by sex, Australia, 2004

		First injected ^{(t})	Re	Recently injected ^(c)			
Drug	Males	Females	Persons	Males	Females	Persons		
			(per d	cent)				
Heroin	21.5	28.8	24.5	21.2	26.0	23.1		
Methadone	1.6	_	1.0	6.8	7.8	7.2		
Other opiates	4.2	2.6	3.5	5.3	5.0	5.2		
Meth/amphetamines	58.5	60.0	59.1	84.2	82.6	83.6		
Cocaine	0.7	2.2	1.3	4.9	10.5	7.1		
Hallucinogens	1.3	0.3	0.9	2.8	5.3	3.8		
Ecstasy	1.2	0.5	0.9	7.0	9.5	7.9		
Benzodiazepines	0.2	0.2	0.2	1.1	0.4	0.9		
Steroids	8.9	0.2	5.4	2.4	_	1.5		
Other drugs	1.9	5.2	3.2	6.9	7.0	7.0		

⁽a) Used in the last 12 months.

Note: Statistical significance testing was not undertaken for this table.

First drug injected

- Meth/amphetamines was the most common (59.1%) first drug injected by injecting drug users. Similar proportions of males (58.5%) and females (60.0%) injected meth/amphetamines as their first injected drug.
- Heroin (24.5%) was the next most frequent first illicit drug injected by injecting drug users. Females (28.8%) were more likely than males (21.5%) to have first injected heroin.

Drugs injected recently

- The most common drug among recent injecting drug users was meth/amphetamines (83.6%). Similar proportions of male (84.2%) and female (82.6%) injecting drug users recently injected amphetamines.
- The second most common drug among injecting drug users was heroin, with 23.1% of injecting drug users reporting recently injecting this drug.

⁽b) Answered by respondents who have ever injected.

⁽c) Answered by respondents who have injected in the last 12 months.

Source of supply

In 2004, illicit drugs were almost always sourced from friends or acquaintances, with the exception of heroin which was mostly sourced from dealers and analgesics and inhalants which were mostly bought at shops (Table 3.32).

Table 3.32: Source of supply of illicit drugs, by type of drug, Australia, 2004

				Doctor						
	shopping Friend or / forged									
Drug	acquaintance	Relative	_		Buy at shop	Other				
		(per cent)								
Marijuana/cannabis	69.4	6.1	16.9			7.6				
Analgesics ^(a)	10.6	10.2	2.2	4.1	68.8	4.2				
Tranquillisers ^(a)	41.8	14.8	2.2	15.3		25.8				
Steroids ^(a)	58.1	_	_	6.0		35.9				
Inhalants	36.7	_	_	_	46.7	16.5				
Heroin	21.0	11.9	63.5	_		3.5				
Methadone ^(b)	43.1	11.5	28.8	_		16.6				
Meth/amphetamines ^(a)	69.9	3.1	22.7	_		4.3				
Cocaine	71.5	7.0	18.0	_		3.4				
Hallucinogens	57.9	3.1	20.9	_		18.1				
Ecstasy	72.1	2.4	22.6	_		2.8				

⁽a) Non-medical use.

- Seven out of every ten marijuana/cannabis users (69.4%) obtained this drug from friends and acquaintances. The proportion was similar for meth/amphetamines (69.9%), cocaine (71.5%), and ecstasy users (72.1%).
- The majority of heroin users (63.5%) obtained the drug from dealers.
- Purchasing at shops was the most common source of supply for analysesic users (68.8%) and inhalant users (46.7%).
- One-third of steroid users obtained this drug from gyms/sporting clubs/fitness centres (shown as 'Other' in the table).

⁽b) Non-maintenance.

^{1.} Base for each substance equals respondents using in the last 12 months.

^{2.} Statistical significance testing was not undertaken for this table.

4 Community support for drugrelated policy

Survey respondents were asked to indicate how strongly they would support or oppose specific policies, using a 5-point scale (strongly support, support, neither support nor oppose, oppose, and strongly oppose). Respondents also had the option of indicating that they did not know enough about the policy to give or withhold support. For the purposes of this chapter, responses of 'support' or 'strongly support' are taken as support for specific policies, and 'Don't know enough to say' are excluded from analyses. The survey questions were in the context of reducing problems associated with the use of alcohol, tobacco, marijuana and heroin.

Tobacco

Between 2001 and 2004, public support increased for the majority of measures to reduce the problems associated with tobacco (Table 4.1).

Table 4.1: Support^(a) for tobacco measures: proportion of the population aged 14 years and over, by sex, Australia, 2001, 2004

	Ма	les	Fem	ales	Persons	
Measure	2001	2004	2001	2004	2001	2004
			(per	cent)		
Banning smoking in the workplace	77.1	79.6 #	85.1	85.0	81.1	82.3 #
Banning smoking in pubs/clubs	57.7	65.6 #	64.0	70.4 #	60.8	68.1 #
Increasing tax on tobacco products to pay for health education	61.4	61.8	67.1	67.0	64.3	64.5
Increasing tax on tobacco products to contribute to treatment costs	64.7	64.9	69.2	69.2	67.0	67.1 #
Increasing tax on tobacco products to discourage smoking	58.5	60.3 #	63.7	66.1 #	61.1	63.3 #
Making it harder to buy tobacco in shops	57.5	60.9 #	62.4	66.2 #	60.0	63.6 #
Stricter enforcement of law against supplying to minors	89.6	87.9 #	92.7	91.1 #	91.2	89.6
Stricter penalties for sale or supply of tobacco products to minors	n.a.	85.4	n.a.	88.9	n.a.	87.2
Bans on point of sale advertising and display of tobacco products	n.a.	66.8	n.a.	73.0	n.a.	70.0
Implementing a licensing scheme for tobacco retailers	n.a.	68.5	n.a.	72.0	n.a.	70.3

⁽a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

- The greatest level of support for tobacco interventions was for 'Stricter enforcement of laws against supplying tobacco products to minors', with nine in ten persons surveyed supporting this measure. The level of support in 2004 (89.6%) remained stable from that in 2001 (91.2%).
- The lowest level of support was for 'Increasing tax on tobacco products to discourage smoking' (63.3%).

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

Alcohol

Support for possible measures to reduce the problems associated with alcohol fluctuated between 2001 and 2004 (Table 4.2).

Table 4.2: Support^(a) for alcohol measures: proportion of the population aged 14 years and over, by sex, Australia, 2001, 2004

	Mal	es	Fema	ales	Pers	ons
Measure	2001	2004	2001	2004	2001	2004
			(per d	cent)		
Increasing the price of alcohol	16.4	16.1	24.6	25.5	20.5	20.9
Reducing the number of outlets that sell alcohol	23.9	22.7	33.4	34.2	28.7	28.5
Reducing trading hours for pubs and clubs	27.7	27.3	37.1	36.6	32.4	32.0
Raising the legal drinking age	37.8	35.4 #	46.0	45.9	42.0	40.7 #
Increasing the number of alcohol-free public events	60.2	56.9 #	71.7	69.5 #	66.0	63.3 #
Increasing the number of alcohol-free dry zones	61.7	59.1 #	69.7	67.4 #	65.7	63.3 #
Serving only low-alcohol beverages at sporting events	58.9	53.8 #	69.2	67.2 #	64.0	60.6 #
Limiting TV advertising until after 9.30 p.m.	64.4	66.3 #	74.5	76.3 #	69.5	71.4 #
Banning alcohol sponsorship of sporting events	36.1	37.8	51.5	54.1 #	43.9	46.1 #
More severe penalties for drink driving	81.7	80.4	92.6	91.1 #	87.2	85.9 #
Stricter laws against serving drunk customers	81.2	79.9	88.7	87.7 #	85.0	83.8 #
Restricting late night trading of alcohol	45.3	45.5	56.4	58.1 #	50.9	51.9
Strict monitoring of late night licensed premises	68.8	68.4	76.7	75.7	72.8	72.1
Increasing the size of standard drink labels on alcohol containers	61.9	60.3	73.8	72.4 #	67.9	66.4 #
Adding national drinking guidelines to alcohol containers	64.4	63.9	76.5	75.7	71.0	69.9
Increasing tax on alcohol to pay for health, education and treatment of alcohol-related problems	n.a.	31.5	n.a.	45.5	n.a.	38.6

⁽a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support)

- As seen for tobacco, in general there was greater support for enforcement measures than for bans and taxation increases.
- There were slight declines in support for increasing the number of alcohol-free public events (66.0% in 2001 to 63.3% in 2004) and dry zones (65.7% in 2001 to 63.3% in 2004).
- There was an increase in 'Banning alcohol sponsorship at sporting events' from 43.9% in 2001 to 46.0% in 2004.
- Without exception, females were more likely to support these measures than their male counterparts.

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

Marijuana

For the first time in 2004, the survey included measures relating to the use of marijuana in medical settings (Table 4.3).

Table 4.3: Support^(a) for marijuana measures: proportion of the population aged 14 years and over, by sex, Australia, 2004

Measure	Males	Females	Persons
		(per cent)	
A change in legislation permitting the use of marijuana for medical purposes	66.6	68.5	67.5
A clinical trial for people to use marijuana to treat medical conditions	72.6	74.5	73.5

⁽a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support)

Note: Statistical significance testing was not undertaken for this table.

- Two-thirds of respondents supported 'A change in legislation permitting the use of marijuana for medical purposes' and almost three in four supported 'A clinical trial for people to use marijuana to treat medical conditions'.
- Females were more likely than males to support either of these measures.

Heroin

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).

Table 4.4: Support^(a) for heroin measures: proportion of the population aged 14 years and over, by sex, Australia, 2001, 2004

	Ма	les	Females		Persons	
Measure	2001	2004	2001	2004	2001	2004
	(per cent)					
Needle and syringe programs	57.8	52.9 #	60.2	56.2 #	59.0	54.6 #
Methadone maintenance programs	62.5	55.9 #	64.9	60.1 #	63.7	58.0 #
Treatment with drugs other than methadone	65.0	58.4 #	66.7	59.9 #	65.8	59.1 #
Regulated injecting rooms	44.6	39.4 #	45.6	40.3 #	45.1	39.8 #
Trial of prescribed heroin	35.9	27.6 #	33.1	24.0 #	34.5	25.8 #
Rapid detoxification therapy	79.1	72.7 #	80.7	74.1 #	79.9	73.4 #
Use of Naltrexone	75.4	69.2 #	75.0	66.8 #	75.2	68.0 #

⁽a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support)

- Support for measures to reduce the problems associated with heroin use declined between 2001 and 2004.
- In 2004, support was higher among females than males, with the exception of 'Trial of prescribed heroin' and 'Use of Naltrexone'.

^{# 2001} result significantly different from 2004 result (2-tailed α = 0.05).

5 Harm and psychological distress associated with drug use

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 (Table 5.1).

Table 5.1: Activities undertaken while under the influence of alcohol or other drugs in the past 12 months: proportion of the population aged 14 years and over, by sex, Australia, 2001, 2004

					· ·		
	Ma	ales	Fen	nales	Persons		
Influence and activity	2001	2004	2001	2004	2001	2004	
Alcohol			(per	cent)			
Drove a motor vehicle	18.0	18.6	7.7	8.3	12.8	13.4	
Operated a boat	1.9	2.1	0.2	0.2	1.0	1.1	
Operated hazardous machinery	1.1	1.3	0.1	_	0.6	0.7	
Verbally abused someone	8.4	7.8	4.3	4.3	6.3	6.0	
Physically abused someone	1.8	1.5	0.6	0.6	1.2	1.1	
Caused damage to property	2.7	2.5	0.9	0.7	1.8	1.6	
Stole money, goods or property	8.0	0.7	0.4	0.2	0.6	0.4	
Created a public disturbance or nuisance	4.1	4.0	1.8	1.7	2.9	2.8	
Went swimming	7.3	7.3	3.1	3.2	5.2	5.2	
Went to work	6.5	6.7	2.2	2.1	4.3	4.4	
Other drugs							
Drove a motor vehicle	5.7	4.8	2.2	2.0	3.9	3.3	
Operated a boat	0.7	0.7	_	_	0.4	0.3	
Operated hazardous machinery	0.1	0.8	0.1	0.1	0.5	0.4	
Verbally abused someone	1.3	1.1	0.7	0.6	1.0	0.8	
Physically abused someone	0.4	0.3	0.1	0.1	0.3	0.2	
Caused damage to property	0.5	0.6	0.2	0.2	0.3	0.4	
Stole money, goods or property	0.4	0.3	0.1	0.1	0.3	0.2	
Created a public disturbance or nuisance	8.0	0.8	0.3	0.4	0.5	0.6	
Went swimming	3.6	2.8	1.3	0.8	2.4	1.8	
Went to work	3.4	2.8	1.3	1.0	2.3	1.9	

Note: Statistical significance testing was not undertaken for this table.

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 2001 and 2004, the proportion of the population aged 14 years and over who drove a motor vehicle while under the influence of alcohol increased from 12.8% to 13.4%. Males (18.6%) were more than twice as likely as females (8.3%) to drive while under the influence.

- The proportion of persons who verbally abused someone while under the influence of alcohol remained stable between 2001 and 2004 at approximately 6%. Males (7.8%) 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 between 2001 and 2004.

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 other drugs.
- The activity most likely to be undertaken while under the influence of other drugs in 2004 was driving a motor vehicle (3.3%), a decline from the proportion seen in 2001 (3.9%). Males (4.8%) were more than twice as likely as females (2.0%) to drive while under the influence.
- Approximately 2% of persons reported swimming or going to work while under the influence of other drugs in 2004.
- Less than 1% of persons undertook any of the remaining activity categories while under the influence of other drugs.

Victims of drug-related harm

Australians aged 14 years and over were more than twice as likely to be victims of alcohol-related incidents than 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, 2001, 2004

	Ma	Males		ales	Persons					
Influence and activity	2001	2004	2001	2004	2001	2004				
Alcohol		(per cent)								
Verbal abuse	29.2	27.5	23.8	22.5	26.5	24.9				
Physical abuse	5.8	5.4	3.9	3.5	4.9	4.4				
Put in fear	11.8	10.6	15.6	15.3	13.7	13.0				
Other drugs										
Verbal abuse	12.8	10.8	9.9	8.8	11.3	9.8				
Physical abuse	2.6	1.8	1.8	1.4	2.2	1.6				
Put in fear	7.8	6.0	9.6	8.5	8.7	7.3				

Note: Statistical significance testing was not undertaken for this table.

Victims of drug-related harm—alcohol

- The proportion of victims of alcohol-related incidents decreased slightly between 2001 and 2004.
- Males (27.5%) were more likely than females (22.5%) to be victims of alcohol-related verbal abuse in 2004.
- The proportion subjected to alcohol-related physical abuse dropped between 2001 and 2004, from 4.9% to 4.4%. Males were more likely than females to be victims of alcoholrelated physical abuse.
- The likelihood of being 'put in fear' by a person under the influence of alcohol remained stable between 2001 and 2004, with approximately one in eight persons victimised. Females (15.3%) were more likely than males (10.6%) to be 'put in fear' by a person under the influence of alcohol.

Victims of drug-related harm—drugs other than alcohol

- In 2004, one in 10 (9.8%) Australians aged 14 years or over was a victim of verbal abuse from a person under the influence of other drugs. This was a decline from the proportion verbally abused in 2001 (11.3%).
- The proportion 'put in fear' by a person under the influence of other drugs in 2004 (7.3%) also declined compared with the proportion in 2001 (8.7%).
- The proportion physically abused by a person under the influence of other drugs also declined between 2001 (2.2%) and 2004 (1.6%).

Estimates of the number of victims of alcohol-related incidents

It is estimated that in the 12 months preceding the survey there were over 4 million victims of alcohol-related verbal abuse and a further 2 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: proportion of the population aged 14 years and over, by age and sex, Australia, 2004

·		Age group								
Incident	14–19	20-29	30-39	40–49	50-59	60+	Aged 14+			
				(number)						
				Males						
Verbal abuse	240,700	638,200	487,900	406,400	274,300	163,000	2,224,300			
Physical abuse	89,700	159,100	84,600	57,800	24,300	11,300	434,600			
Put in fear	88,600	238,500	201,700	145,300	106,300	69,900	856,700			
				Females						
Verbal abuse	239,400	482,200	369,100	371,700	230,000	158,100	1,867,800			
Physical abuse	62,200	91,400	48,700	49,800	21,400	8,500	287,800			
Put in fear	217,100	330,300	242,300	261,000	128,700	81,800	1,275,500			
				Persons						
Verbal abuse	480,100	1,119,600	856,500	778,000	504,500	321,200	4,092,000			
Physical abuse	151,900	250,300	133,200	107,600	45,600	19,800	722,400			
Put in fear	307,600	569,300	444,300	408,000	235,100	151,600	2,134,900			

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

- 1. 'All ages' and 'Persons' may not add up to sum of components due to rounding.
- 2. Statistical significance testing was not undertaken for this table.
- For all ages, there were more male than female victims of alcohol-related verbal or physical abuse.
- 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 years age group.

Injuries resulting from drug-related physical abuse

Approximately 5% 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: proportion of the population aged 14 years and over, by sex, Australia, 2004

		les	Females		Persons	
Injury	2001	2004	2001	2004	2001	2004
			(per d	cent)		
Total physically abused	6.6	6.0	4.7	4.0	5.7	5.0
Most serious injury						
Bruising, abrasions	36.1	35.1	47	47.2	40.7	40.0
Burns, not involving hospital admission	0.5	0.5	0.5	0.2	0.5	0.4
Minor lacerations	10.2	12.7	8.8	12.0	9.6	12.4
Lacerations requiring suturing, but not hospital admission	4.0	4.3	3.2	2.1	3.7	3.4
Fractures not requiring hospital admission	5.5	4.9	3.4	5.7	4.6	5.2
Sufficiently serious to require hospital admission	2.9	3.1	2.6	1.9	2.8	2.6
No physical injury sustained	40.7	39.3	34.4	31.0	38.1	35.9

- The most frequent serious injury sustained as a result of alcohol or other drug-related physical abuse was bruising or minor abrasions (40.0%). Males (35.1%) were less likely than females (47.2%) to sustain bruising or abrasions.
- One in three (35.9%) of those physically abused in the past 12 months sustained no physical injury.
- In 2004, minor lacerations accounted for 12.4% of injuries among victims of physical abuse as a result of alcohol or other drug-related incidents, an increase from 9.6% in 2001.

^{1.} Base of 'Total physically abused' equals all respondents. Base of 'Most serious injury' equals total physically abused.

^{2.} Statistical significance testing was not undertaken for this table.

Risk of serious injury varied by age group and type of injury (Table 5.5). Victims of physical abuse aged 50–59 years 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, 2004

	Age group						
Injury	14–19	20–29	30–39	40–49	50-59	60+	Aged 14+
				(per cent)		
Bruising, abrasions	44.4	44.4	35.1	35.5	34.6	28.7	40.0
Burns, not involving hospital admission	1.1	0.2	0.5	_	_	_	0.4
Minor lacerations	13.5	13.2	11.8	12.1	8.2	12.1	12.4
Lacerations requiring suturing, but not hospital admission	0.3	4.6	5.9	2.1	3.8	1.5	3.4
Fractures not requiring hospital admission	8.0	3.8	5.3	5.6	3.0	5.6	5.2
Sufficiently serious to require hospital admission	1.6	2.2	2.9	3.2	1.6	11.2	2.6
No physical injury sustained	31.1	31.6	38.5	41.4	48.9	40.9	35.9

- 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 and 20–29 years. The
 likelihood of sustaining bruising or abrasions as the most serious injury was greatest for
 persons aged 14–29 years (44.4%).
- For the older age groups, namely 40–49, 50–59 and 60 years and over, no physical injury sustained as a result of these incidents was most common.
- Conversely, those aged 60 years and over were the most likely to sustain an injury sufficiently serious to require hospital admission (11.2%). For all ages, the proportion requiring hospital admission was 2.6%.

^{1.} Base equals total physically abused.

^{2.} Statistical significance testing was not undertaken for this table.

Psychological distress and patterns of drug use

The Kessler 10 scale of psychological distress (K10) was developed for screening populations on psychological distress. The scale consists of ten questions on non-specific psychological distress and relates to the level of anxiety and depressive symptoms a person may have experienced in the preceding 4-week period.

Table 5.6: Psychological distress^(a) by selected drug-use patterns; proportion of the population aged 18 years and over, Australia, 2004

	Level of psychological distress ^(b)						
Substance/behaviour	Low	Moderate	High	Very High			
		(per cent)					
All persons (18+)	68.4	21.8	7.6	2.3			
Tobacco smoking status							
Daily	58.4	24.7	12.0	5.0			
Other recent smokers ^(c)	60.5	27.3	10.5	1.7			
Non-smokers ^(d)	71.0	20.9	6.4	1.7			
Risk of alcohol-related harm in the short term ^(e)							
High risk	54.3	30.1	11.8	3.8			
Risky	64.5	24.2	9.0	2.4			
Low risk	71.0	20.4	6.7	1.9			
Abstainer	69.8	20.3	7.4	2.5			
Any illicit ^(f)							
Use in the last month ^(g)	50.0	30.4	14.0	5.6			
Not used in the last month	70.4	20.9	6.9	1.9			
Marijuana/cannabis							
Use in the last month ^(g)	49.8	31.0	13.4	5.8			
Not used in the last month	69.8	21.1	7.1	2.0			
Heroin							
Use in the last month ^(g)	9.9	25.2	32.2	32.7			
Not used in the last month	68.5	21.7	7.5	2.2			
Meth/amphetamines							
Use in the last month ^(g)	36.1	32.8	21.0	10.1			
Not used in the last month	68.8	21.6	7.4	2.2			
Ecstasy							
Use in the last month ^(g)	44.5	33.9	15.8	5.8			
Not used in the last month	68.8	21.6	7.4	2.2			
Inhalants							
Use in the last month ^(g)	45.9	31.7	12.5	9.8			
Not used in the last month	68.5	21.7	7.5	2.2			
Cocaine							
Use in the last month ^(g)	45.2	31.0	17.2	6.7			
Not used in the last month	68.5	21.8	7.5	2.2			

⁽a) Using the Kessler 10 scale of psychological distress.

Note: Statistical significance testing was not undertaken for this table.

⁽b) Low: K10 score 10–15; Moderate: 16–21; High: 22–29; Very high: 30–50.

⁽c) 'Other recent smokers' are persons who smoke 'Weekly' or 'Less than weekly'.

⁽d) 'Non-smokers' are 'Ex-smokers' or persons who have 'Never smoked'.

⁽e) At least monthly.

⁽f) 'Any illicit' does not include 'other opiates' or 'injecting drug use'.

⁽g) 'Use in the last month' refers to use of the substance at least once in the previous month.

- In 2004, approximately two in three people aged 18 years and over reported low levels of psychological distress (68.4%). Almost one in ten reported high or very high levels of psychological distress.
- Daily smokers were more likely than other recent smokers or non-smokers to report high or very high levels of psychological distress.
- High-risk and risky drinkers were more likely than low-risk drinkers or abstainers to experience high or very high levels of psychological distress.
- Almost two in five persons who used an illicit drug in the past month reported high or very high levels of psychological distress.
- Approximately two in three persons (64.9%) who used heroin in the past month reported high or very high levels of psychological distress.

6 Explanatory notes

The 2004 National Drug Strategy Household Survey is the eighth in a series which commenced in 1985. The Australian Institute of Health and Welfare (AIHW) was commissioned by the Australian Government Department of Health and Ageing to manage the 2004 survey. The AIHW was supported in this task by a Technical Advisory Committee. Roy Morgan Research Pty Ltd was selected by competitive tender to conduct the survey.

The CATI component of the survey was conducted between June and November 2004, and the drop and collect component was conducted between July and November 2004.

Scope

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.

Methodology

Households were selected by a multi stage, stratified area random 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 Queensland Health Department funded additional drop and collect interviews for Queensland in the 12–29 years age groups.

Survey design

The survey employed two collection modes: drop and collect 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 Confidentialised unit record file (CURF). Census collection districts could be selected only for one of the two 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 12 years or over next to have a birthday. The number of respondents who completed the survey from this sample was 24,109.

CATI

Data from computer-assisted telephone interviews were collected from a national random selection of households.

As in the drop and collect sample, the respondent was the household member aged 12 years or over next to have a birthday. The number of respondents who completed the survey from this sample was 5,336. Due to the practical limitations of the CATI method, some questions

Not all respondents were asked all questions; please see the questionnaire at Appendix 5 for a full description. Persons aged 12–15 years of age completed the survey with the consent of a parent or guardian. A separate, shorter questionnaire was administered to 12–13-year-olds in order to minimise respondent burden.

were omitted in this mode.

Sample distribution

The over sampling of lesser populated states and territories, in order to return reliable estimates, produced a sample which was not proportional to the state/territory distribution of the Australian population aged 12 years and over (Table 6.1). Queensland was also over sampled, as requested and funded by the Queensland Health Department. The drop and collect methodology was used for this additional targeted sample of 12–29-year-olds in Queensland.

Table 6.1: Comparison of sample and state/territory population distributions, by sex, 2004

	State/territory								
Incident	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	(number)								
Males	3,594	2,755	2,547	1,256	1,116	523	565	484	12,840
Females	4,678	3,558	3,374	1,727	1,309	715	622	622	16,605
Persons	8,272	6,313	5,921	2,983	2,425	1,238	1,187	1,106	29,445
Distribution					(per ce	ent)			
% of total sample	28.1	21.4	20.1	10.1	8.2	4.2	4.0	3.8	100.0
% of 2004 population ago	ed 33.5	24.8	19.2	9.8	7.7	2.4	1.6	0.9	100.0

Source: AIHW National Population Database.

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 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 drop and collect sample 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 report accompanying the survey CURF.

Table 6.2: Comparison of the sample and estimated population distributions

	Sample distribution			2004 population estimates			
Age group	Male	Female	Total	Male	Female	Total	
		('	% of total aged 14 ye	ears and over)			
14–19	4.0	5.0	9.0	5.2	4.9	10.1	
20–29	5.8	8.4	14.2	8.5	8.3	16.8	
30–39	7.2	10.6	17.8	9.0	9.1	18.2	
40–49	7.6	9.8	17.4	9.0	9.1	18.1	
50-59	7.3	9.4	16.7	7.7	7.7	15.4	
60+	11.7	13.3	24.9	9.9	11.5	21.4	
Aged 14+	43.5	56.5	100.0	49.3	50.7	100.0	
		('	% of total aged 12 ye	ears and over)			
12–15	1.5	1.7	3.2	3.4	3.2	6.5	
16–17	1.4	1.8	3.3	1.6	1.6	3.2	
18–19	1.0	1.4	2.5	1.7	1.6	3.3	
12–19	5.2	5.0	5.2	6.7	6.4	13.1	
20+	39.5	51.5	91.0	42.7	44.2	86.9	
Aged 12+	43.5	56.5	100.0	49.4	50.6	100.0	

Source: AIHW National Population Database.

Sample disposition

When compared with 2001, the 2004 survey achieved a slightly lower but comparable response rate (46%).

Table 6.3: Sample disposition, by sample, 2004

Disposition	Drop & collect	CATI	Total
		(Number)	
Original sample	79,789	36,312	116,101
Minus out-of-scope households			
Non-connected	n.a.	6,692	6,692
Non-residential	1,787	780	2,567
Fax/modem	n.a.	459	459
Failed quota	4,173	10,961	15,134
Other ineligible	2,506	_	2,506
Eligible sample	71,323	17,420	88,743
Minus			
Refusals	12,082	6,339	18,421
Foreign	1,018	130	1,148
Incapacitated	327	1	328
Terminated	(a)	2,171	2,171
Respondent unavailable	268	114	382
Non-contact after 3/6 attempts ^(a)	20,897	3,318	24,215
Questionnaire not returned/unusable	12,622	11	12,633
Completed	24,109	5,336	29,445
		(Per cent)	
Participation rate	47.8	37.8	45.6

⁽a) Three attempts at drop and collect and six attempts at CATI.

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 were applied to ensure that selected dwellings were fully attempted
- respondents were given a letter of introduction and support from the Director of the Australian Institute of Health and Welfare
- calling cards were left where appropriate
- a '1800' number was set up to answer queries.

Nevertheless, response rates in 2004 were lower than those in 2001. Possible factors for the decrease in response rates include:

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

Users of the data should take the response rate into consideration when making assumptions about the data contained in this report.

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 the technical report accompanying 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 for the drop and collect component; the CATI questionnaire was comprehensively auto-rotated during execution. Thus, there were more than four different questionnaires with identical sequencing of questions, but different orders of possible responses within. The copy in Appendix 5 is a rotation 1 version of the drop and collect questionnaire. The symbols in the questionnaire, the telephone and two people talking, reflect those questions asked via CATI and of 12–13-year-olds respectively.

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 2004. However, in the 1998, 2001 and 2004 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
- 3. for cosmetic (e.g. body shaping) purposes.

This definition was also used in 1998 and 2001; however, in 1995, 'non-medical use' was undefined in the questionnaire.

Illicit drugs

Illegal drugs, drugs and volatile substances used illicitly or inappropriately, 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
- ketamine
- GHB
- (any) injected*
- * for non-medical purposes
- ** non-maintenance program

Recent illicit drug use

Use within the previous 12 months.

Ever used illicit drugs

Used at least once during a person's lifetime.

Ever tried illicit drugs

Tried at least once during a person's lifetime.

Comparability with previous surveys

The 2004 survey differs somewhat from the 1993, 1995, 1998 and 2001 surveys in several respects.

Methodology:

• 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. Personal interviews were not included at all in 2004.

• The 2004 survey was the second of the series to include a CATI component. The CATI questionnaire was a version of the drop and collect questionnaire, shortened to suit telephone methodology. CATI was conducted nationally, proportional to the population.

Sample:

- 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. In 2004, the 12–17 years age group was boosted via CATI in all jurisdictions; and as requested and funded by the Queensland Health Department, additional respondents aged 12–29 years were selected via the drop and collect method from Queensland.
- In 1998, samples 1 and 2 were drawn from the same household, whereas for the 1993, 1995, 2001 and 2004 surveys only one respondent per household was selected.

Questionnaire:

- 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'. This question format was maintained in 2004.
- In 2004, new questions relating to attitudes to tobacco cessation were included for the first time.
- A new section on opiates other than heroin and methadone (e.g. morphine and pethidine) was included in 2001 and retained in 2004. 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 2004 survey included the Kessler 10 Scale of Psychological Distress and questions about diagnosis and treatment of selected health conditions.
- The 2004 survey included new sections on use of GHB and ketamine; thus, data about these substances are not available for the 1993, 1998 and 2001 surveys.
- In 2004, the section on barbiturates was reduced to seven questions and the hallucinogens section was clarified.
- In 2004, questions relating to meth/amphetamine use were refined to more accurately reflect substances used in Australia.
- In 2001, new questions related to drugs consumed during pregnancy and breastfeeding in the past 12 months were included. These were refined in 2004.
- 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. This format was maintained in 2004. In 2004, respondents were also able to indicate consumption of less than one standard drink or no standard drinks on given days.

- The 2001 survey included new alcohol consumption questions which enabled estimations
 of the population at risk of harm in the long and short term using the NHMRC (2001)
 Australian alcohol guidelines. These data were not collected in previous surveys but
 were maintained in the 2004 survey.
- In 2004, the question relating to quantity and types of alcohol consumed yesterday was expanded to include a wider variety of types and sizes of alcohol containers and a new question relating to awareness of the Australian alcohol guidelines was introduced.
- In 2004, 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 and in 2004 they were reintroduced for most substances.
- 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.
- In 2004, minor changes were made to some questions in the demographics section of the questionnaire.
- The mix of open-ended and forced-choice questions varied between surveys.

Fieldwork:

• In 2004 and 2001, the survey was conducted between June/July and November, compared with between June and September in 1998 and 1995, and between March and April in 1993.

This list comprises several of the major changes between versions of the surveys. Please see the relevant questionnaires to determine the full extent of changes made.

Interpretation of results

The exclusion of persons from dwellings and institutional settings described in 'Limitations of the data' on page 55, 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.