

National Drug Strategy Household Survey (NDSHS) 2016—key findings

Web report | Last updated: 01 Jun 2017 | Topic: [Illicit use of drugs](#) | [Media release](#)

About

This web-based release presents a summary of the national findings from the 2016 National Drug Strategy Household Survey. The 2016 NDSHS show that younger people (aged under 30) were smoking less, drinking less and using fewer illicit drugs in 2016 than in 2001. However, for people in their 40s, 50s and 60s, there was little to no change in drug usage behaviours over this period but their use of some drugs has increased between 2013 and 2016.

Note: [Revisions for physical abuse estimates](#) were updated April 2020.

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Findings from this report:

- Daily smoking nearly halved from 24% in 1991 to 12.8% in 2013, but showed little change from 2013 to 2016 (12.2%)
 - Most commonly used illegal drugs in the past 12 months were cannabis (10%), cocaine (2.5%), and ecstasy (2.2%)
 - About 1 in 20 Australians had misused pharmaceuticals in 2016 (4.8%) and 3.6% had misused painkillers/opiates
 - Most meth/amphetamine users are now using 'ice' as their main from, increasing from 22% in 2010 to 57% in 2016
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Summary

The National Drug Strategy Household Survey (NDSHS) collects information on alcohol and tobacco consumption, and illicit drug use among the general population in Australia. It also surveys people's attitudes and perceptions relating to tobacco, alcohol and other drug use. Survey findings relate mainly to people aged 14 years or older.

The findings showed that:

- The decline in the daily smoking rate slowed in 2016 but there were more Australians never taking up smoking.
- Fewer people exceeded the lifetime risk guidelines for alcohol use.
- Overall illicit drug use remained stable but use of some drugs declined.
- Australians perceived methamphetamines to be the drug of most concern to the community and was the drug most likely to be associated with a 'drug problem'.

All increases or decreases described in these key findings are statistically significant at the 95% level of confidence (unless otherwise specified). Where comparisons in figures are indicated with '≈', the change is not statistically significant.



Highlights from the 2016 survey

The 2016 NDSHS show that younger people (aged under 30) were smoking less, drinking less and using fewer illicit drugs in 2016 than in 2001. However, for people in their 40s, 50s and 60s, there was little to no change in drug usage behaviours over this period but their use of some drugs has increased between 2013 and 2016.

Tobacco smoking

- 12.2% of people aged 14 or over were daily smokers in 2016. While smoking rates have been on a long-term downward trend, for the first time in over two decades, the daily smoking rate did not significantly decline over the most recent 3 year period (2013 to 2016).
- There were fewer teenagers smoking—the proportion who had never smoked more than 100 cigarettes significantly increased between 2013 and 2016, from 95% to 98%.
- Younger people continued to delay the take up of smoking—the average age at which 14-24-year-olds smoked their first full cigarette increased from 14.2 years in 1995 to 16.3 in 2016 (a significant increase from 15.9 years in 2013).
- Smokers smoked fewer cigarettes in 2016 than in 2001—the average number of cigarettes smoked per week declined from 110 to 94 cigarettes. However, there was only a slight reduction between 2013 (96 cigarettes) and 2016 and the decrease was not significant.

Alcohol use

- Compared to 2013, fewer people in Australia drank alcohol in quantities that exceeded the lifetime risk guidelines in 2016 (17.1%, down from 18.2% in 2013). But there was no change in the proportion exceeding the single occasion risk guideline.
- Young adults were drinking less—a significantly lower proportion of 18-24 year olds consumed 5 or more standard drinks on a monthly basis (from 47% in 2013 to 42% in 2016).
- Fewer 12-17 year olds were drinking alcohol and the proportion abstaining from alcohol significantly increased from 2013 to 2016 (from 72% to 82%).
- However, more people in their 50s were consuming 11 or more standard drinks in one drinking occasion in 2016 than in 2013.
- Fewer people reported being a victim of an alcohol-related incident; the proportion declined from 26% in 2013 to 22% in 2016.

Illicit use of drugs

- Declines were seen in recent use of some illegal drugs in 2016 including meth/amphetamines (from 2.1% to 1.4%), hallucinogens (1.3% to 1.0%), and synthetic cannabinoids (1.2% to 0.3%).
- About 1 in 20 Australians had misused pharmaceuticals in 2016 (4.8%).
- Crystal/ice methamphetamines continued to be the main form of methamphetamines used in 2016 (was 57% in 2016; up from 22% in 2010 and 50% in 2013). There was a significant decline in recent meth/amphetamine users who used powder as their main form (from 29% in 2013 to 20% in 2016).
- People's perceptions of meth/amphetamines changed considerably between 2013 and 2016. Australians now consider meth/amphetamines to be more of concern than any other drug (including alcohol) and a greater number thought of it as the drug that caused the most deaths in Australia. For the first time, meth/amphetamines was the drug most likely to be nominated as a drug problem.
- More people reported being a victim of an illicit drug-related incident in 2016, increasing from about 1.6 million in 2013 to 1.8 million in 2016.

Tobacco smoking

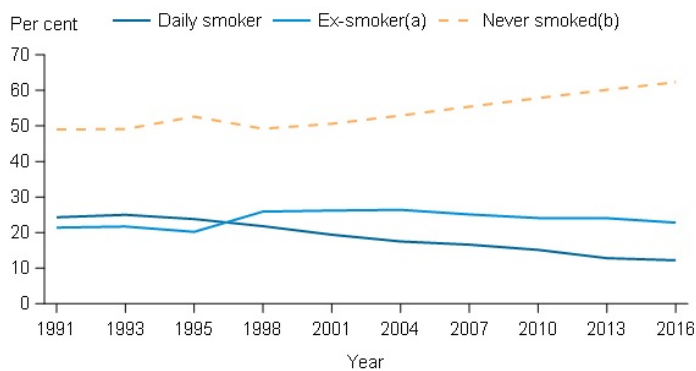
Current use and trends

The long-term decline in the daily smoking rate among people aged 14 or older slowed in 2016, only declining slightly from 12.8% in 2013 to 12.2% (this fall was not statistically significant) (Table 1). The daily smoking rate has nearly halved since 1991 (24.3%).

Across all age groups, males were more likely to smoke daily than females (13.8% of males aged 14 or older smoked daily compared with 10.7% for females) (Table 2).

Between 2013 and 2016, the proportion of people who have never smoked (never smoked 100 cigarettes) increased from 60% to 62% (Figure 1).

Figure 1: Tobacco smoking status, people aged 14 years or older, 1991 to 2016 (per cent)



- Smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reports no longer smoking.
- Never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco.

Source: National Drug Strategy Household Survey (NDSHS) 2016 preliminary findings ([Data tables](#)).

The rate of improvement varies by age group

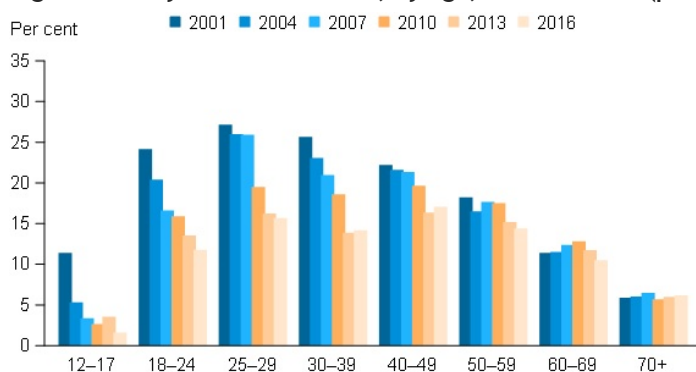
Considerable progress towards reducing the smoking rate in the general population has been made over the last 15 years with the daily smoking rate declining by over 40% for people in their 20s and 30s and by over 20% for people in their 40s and 50s (Table 3). However, little improvement has been made for people aged 60 or older over the same period (Figure 2).

Despite this change over the longer term, little or no improvement was made among people aged 30 or older between 2013 and 2016. People aged 40-49 continued to be the age group most likely to smoke daily (16.9%) and no improvements were seen amongst this group in 2016 (daily smoking was 16.2% among this age group in 2013).

There were more people in their 50s and 60s reporting that they never smoked 100 cigarettes in their lifetime in 2016 than in 2013. There was also a significant increase in the proportion of people in their mid-to late-20s reporting they had never smoked.

Considerable progress towards a reduction in smoking continued to be made among teenagers, with both 12-17 year olds and 18-19 year olds reporting significant declines in daily smoking between 2013 and 2016 (from 3.4% to 1.5% and 10.8% to 4.6% respectively). The daily smoking rate for teenagers has declined by approximately 80% since 2001.

Figure 2: Daily tobacco smokers, by age, 2001 to 2016 (per cent)



Source: NDSHS 2016 preliminary findings ([Data tables](#)).

More smokers are smoking roll-your-own cigarettes

Among adult smokers, smoking manufactured cigarettes has been gradually declining since 2007 and significantly declined between 2013 and 2016 (from 89% to 86%). In contrast, smoking roll-your-own cigarettes has been steadily increasing—from 26% in 2007, to 33% in 2013 and to 36% in 2016 (Table 5).

The increase in roll-your-own cigarettes since 2007 was most noticeable among smokers aged under 40 (increase of 82% for young adults and 70% for smokers in their 30s between 2007 and 2016). There was also a significant increase in the proportion of smokers in their 30s smoking roll-your-own cigarettes between 2013 and 2016 (from 29% to 37%).

Young adult smokers (50%) were the age group most likely to smoke roll-your-own cigarettes in 2016; use of roll-your-own cigarettes then declined as age increased.

Younger people are delaying the take up of smoking

The average age at which 14-24 year-olds smoked their first full cigarette increased from 14.3 in 2001 to 16.3 years in 2016 (significantly increased from 15.9 years in 2013) (Table 6). The age of initiation increased for males from 16 years in 2013 to 16.6 years in 2016.

No change in the average number of cigarettes smoked per week

There was a slight but non-significant decline in the average number of cigarettes smoked per week by smokers in 2016—decreasing from 96 in 2013 to 94 cigarettes in 2016 (Table 7)—but this was considerably fewer than in 2010 (average of 111 cigarettes per week).

The average number of cigarettes smoked per week increased with age until the 60-69 age group and smokers in their 60s continued to smoke the largest number of cigarettes per week on average—118 in 2016. While there was some improvement among people in their 50s between 2013 and 2016 (from 118 to 109 cigarettes per week) the decline was not significant. Smokers aged 18-24 made a significant improvement in 2016 and smoked 16 fewer cigarettes per week (down from 84 in 2013 to 68 in 2016).

Electronic cigarettes

Electronic cigarettes (also known as e-cigarettes, e-cigs or electronic nicotine delivery systems) are devices for creating aerosols, which contain nicotine and/or flavouring agents. The aerosols are then inhaled. The visual, physio-sensory and behavioural aspects of electronic cigarettes simulate the act of tobacco smoking.

The 2013 survey was the first time respondents were asked about their use of electronic cigarettes. In 2016, a number of changes were made to the questionnaire to better capture the use of electronic cigarettes, including adding questions about frequency and duration of use, and modifying the question about lifetime use and current use of electronic cigarettes (see questionnaire changes for more information).

These changes mean that 2016 and 2013 data are not fully comparable. However, data may still be used to give an indication of the change in use of electronic cigarettes between 2013 and 2016.

Lifetime use of e-cigarettes

Lifetime use of electronic cigarettes significantly increased across all age groups between 2013 and 2016 apart from the oldest age group (70 years or older). Electronic cigarettes were most commonly tried by smokers aged under 25 years with 1 in 2 trying e-cigarettes in their lifetime. Lifetime use then generally decreased with age (Table 8).

Most e-cigarette users only try them and no longer use them

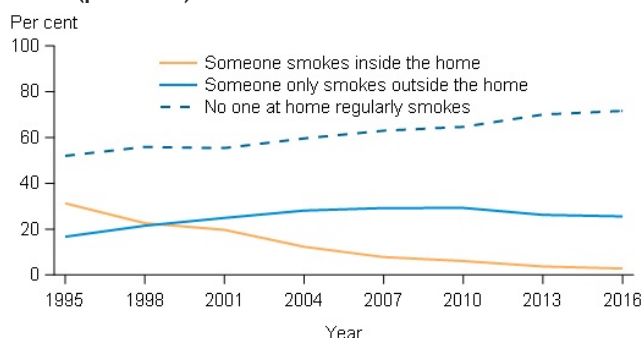
Nearly one third of smokers (31%) had tried e-cigarettes in their lifetime, but the majority had only tried them once or twice (20%) and only 4.4% currently use them (the remaining 6.8% no longer use them) (Table 9).

Exposure to second-hand smoke

Dependent children were less likely to be exposed to tobacco smoke inside the home

Only 2.8% of households with dependent children had a household member that smoked daily inside the home in 2016 (Figure 3), a significant decline from 3.7% in 2013—and a dramatic fall from 31% in 1995.

Figure 3: Exposure to environmental smoke in the home, households with children aged 14 years and under, 1995 to 2016 (per cent)



Source: NDSHS 2016 preliminary findings (Data tables).

Illicit tobacco

No change in the use of illicit unbranded tobacco

About 1 in 6 smokers had smoked unbranded tobacco in their lifetime and 1 in 26 currently smoke it—similar proportions to 2013 (Table 11).

Fewer smokers had seen and purchased tobacco products without plain packaging

The proportion of smokers reporting that they had seen tobacco products without plain packaging in the last 3 months declined in 2016 (from 18.5% in 2013 to 13.0%). There were also fewer smokers purchasing these products in 2016 (from 9.6% in 2013 to 5.5%) (Table 12). Revisions were made in 2016 to add 'in Australia' to the wording of the question which specifically asks about whether people have seen tobacco products which do not have the plain packaging/graphic health warnings (see questionnaire changes for further information). This change may have had an impact on these results but the extent of the impact is unclear as it is not known how many people surveyed in 2013 may have been thinking of cigarette packets they saw or purchased overseas rather than in Australia.

Policy support

Support for policies aimed at reducing harm caused by tobacco remained high, but there were small declines in reported support for the following policies between 2013 and 2016:

- Stricter penalties for sale or supply to minors (from 86% to 84%).
- Banning all additives (e.g. flavouring) in cigarettes and other tobacco products, to make them less attractive to young people (from 79% to 76%).
- Raising the legal age for sale or supply of tobacco, and making it harder to buy tobacco in shops (both declined from 65% to 64%) (Table 13).

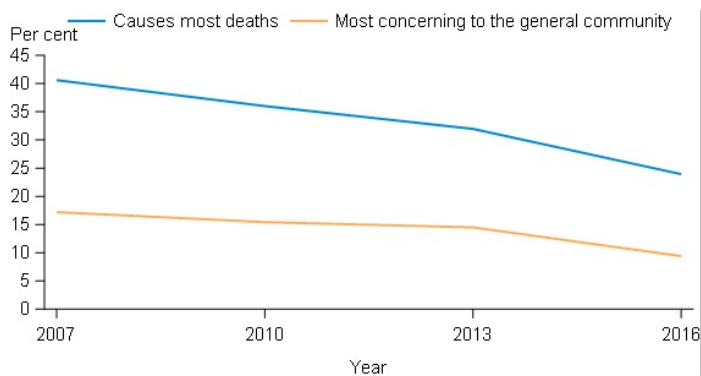
Stricter enforcement of the law and penalties for supplying to minors continued to receive the highest level of support, but has been gradually declining since 2007 (from 90% to 86% in 2016).

Three new policy support measures about electronic cigarettes were added to the questionnaire in 2016. These new measures received relatively high support with about two-thirds supporting restrictions on the use of e-cigarettes in public places and on where and when they can be advertised. More than 3 in 4 supported prohibiting the sale of e-cigarettes to people under the age of 18 (Table 13).

Perceptions

Tobacco contributes to more drug-related hospitalisations and deaths than alcohol and illicit drug use combined. However the proportion of people who perceive tobacco as the drug that causes the most deaths fell from 2013 to 2016 as did the proportion of people who perceive tobacco to be the drug of most concern (Figure 4). This change in perception is most likely driven by the substantial shift in people's attitudes towards meth/amphetamines (see Illicit use of drugs—Attitudes and perceptions).

Figure 4: Perceptions of tobacco, people aged 14 or older, 2007 to 2016 (per cent)



Source: NDSHS 2016 preliminary findings ([Data tables](#)).

Alcohol use

The consumption of alcohol is widespread in Australia and entwined with many social and cultural activities.

Current use and trends

There were some changes in people's drinking patterns in 2016

Compared to 2013, people were drinking less frequently in 2016. A significantly lower proportion drank daily or at least weekly and a significantly higher proportion drank less often than weekly (2 to 3 days a month, once a month, or less often than once a month) (Table 14). These changes were mainly driven by males (fewer drinking daily or weekly and more drinking less often than weekly) (Table 15).

There were no changes in the proportion of people aged 14 years or older never drinking or quitting drinking between 2013 and 2016; although the proportion of never drinkers slightly increased, the increase was not significant (13.8% to 14.5%).

Young people continued to drink less

Fewer people aged 12-17 drank alcohol in 2016—the proportion abstaining from alcohol significantly increased from 2013 to 2016 (from 72% to 82%) (Table 17).

People aged 14-24 continued to delay starting drinking—the age they first tried alcohol has increased since 1998 from 14.4 to 16.1 years in 2016 (significant increase from 15.7 years in 2013) (Table 21).

Risky drinking

Lifetime risky drinkers are defined as people who consume more than 2 standard drinks per day (on average over a 12 month period). Single occasion risky drinkers are defined as people consuming 5 or more standard drinks on a single drinking occasion.

Box 1: The Australian guidelines to reduce health risks from drinking alcohol

The alcohol risk data presented here are reported against guideline 1 and guideline 2 of The Australian guidelines to reduce health risks from drinking alcohol released in March 2009 by the National Health and Medical Research Council.

Guideline 1: Reducing the risk of alcohol-related harm over a lifetime

The lifetime risk of harm from drinking alcohol increases with the amount consumed.

For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

Guideline 2: Reducing the risk of injury on a single occasion of drinking

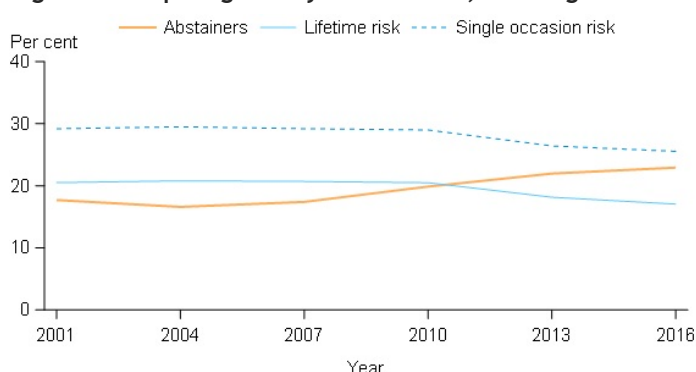
On a single occasion of drinking, the risk of alcohol-related injury increases with the amount consumed.

For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

Fewer people exceeded the lifetime risk guideline but there was no change in the proportion exceeding the single occasion risk guideline

- Drinking in excess of the recommended lifetime risk guideline continued to decline in 2016—from 18.2% in 2013 to 17.1% in 2016, continuing a downward trend since 2004 (21%) (Figure 5).
- The proportion exceeding the single occasion risk guideline at least once a month remained unchanged in 2016 at around 1 in 4.

Figure 5: People aged 14 years or older, drinking alcohol at risky levels or abstaining, 2001 to 2016 (per cent)



Source: National Drug Strategy Household Survey (NDSHS) 2016 preliminary findings ([Data tables](#)).

Lifetime risk

Males were more than twice as likely as females to exceed the lifetime risk guidelines in 2016 (24% compared with 9.8%). However, the difference is narrowing as fewer males drank at risky levels in 2016 (significantly declined from 26% in 2013 to 24%) while female risky drinking remained unchanged (10.0% to 9.8%) (Table 17).

Most age groups show a declining longer-term trend in the proportion exceeding the lifetime risk guidelines except for people aged 50 or older.

There were some noticeable changes in drinking patterns by age and sex

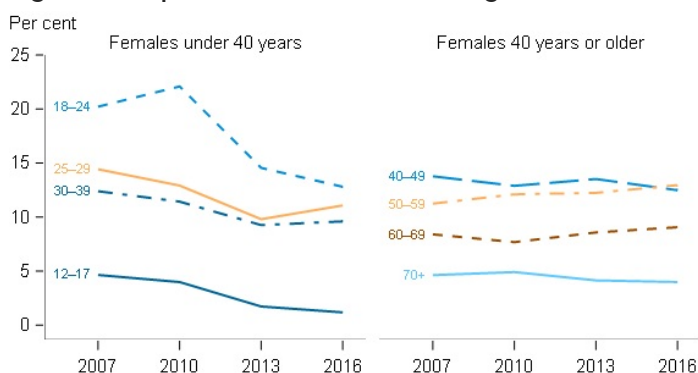
Considerable improvement was made among teenagers (12-17 year olds) with the proportion abstaining significantly increasing between 2013 (72%) and 2016 (82%), (up from 56% in 2007).

Since 2010, young adults (18-24 year olds) have reduced their consumption of alcohol with fewer young adults exceeding the lifetime risk guidelines (from 31% to 18.5% in 2016). This has been driven by both an increase in those abstaining and an increase in those drinking at levels considered to be at low risk to health over the lifetime (on average, had no more than 2 drinks per day).

The female age group most likely to exceed the lifetime risk guidelines has changed

The 18-24 year old cohort has historically (since 2007) been the female age group most likely to drink more than 2 standard drinks per day average. But average daily consumption of alcohol in this age group has considerably reduced over time, from 20% in 2007 to 12.8% in 2016 (Figure 5). Over the same period, drinking in excess of the lifetime risk guideline has been gradually increasing among the 50-59 year old age group (from 11.2% in 2007 to 13.0% in 2016) and in 2016, was slightly higher than the proportion of 18-24 year olds exceeding the lifetime risk guideline.

Figure 6: Proportion of females exceeding the lifetime risk guidelines^(a), by age, 2007 to 2016 (per cent)



a. on average consumed more than 2 standard drinks per day

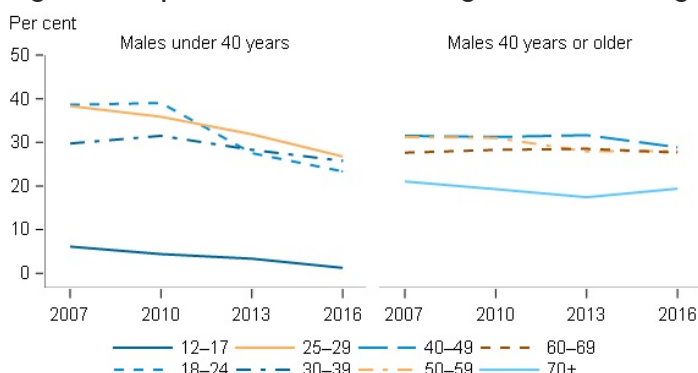
Source: NDSHS 2016 preliminary findings (Data tables).

Younger males continue to improve their drinking habits but no changes for middle aged men

A similar pattern is seen among males. Younger age groups up to about the age of 40 have improved, and older groups aged 40 and over have not changed (Figure 7).

- Males aged 18-24 in 2016 were far less likely to exceed the lifetime risk guidelines as 18-24 year olds in 2007 (23% in 2016 compared with 39% in 2007).
- About 3 in 10 males in their 40s, 50s and 60s exceeded the lifetime risk guidelines in 2016, and similar proportions were reported in 2007, 2010 and 2013.
- The age group most likely to exceed the guidelines in 2016 was males aged 40-49. However, the proportions were fairly similar across males aged 25 to 69, ranging from 25% for males in their 30s to 29% for males in their 40s.

Figure 7: Proportion of males exceeding the lifetime risk guidelines^(a), by age, 2007 to 2016 (per cent)



a. on average consumed more than 2 standard drinks per day.

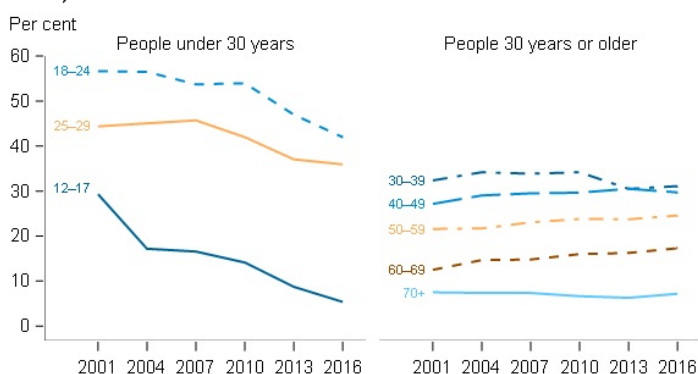
Source: NDSHS 2016 preliminary findings (Data tables).

Single occasion risk

There were similar changes by age and sex in the proportion of people consuming 5 or more standard drinks on a single drinking occasion on a monthly basis:

- Young people continued to make significant improvements with both 12-17 year olds and 18-24 year olds reporting significant declines from 2013 to 2016. However, no improvements were made among the older age groups (people aged 30 or older) (Figure 8).
- Teenage males (12-17 years) and young adult males (18-24 years) reported declines between 2013 and 2016 (from 10.8% to 5.9% and 53% to 46% respectively) (Table 18).
- There were no significant declines seen among females exceeding the single occasion risk guidelines and a significant increase was reported among females in their 30s (from 17.2% to 21%).

Figure 8: Proportion exceeding the single occasion risk^(a) guideline (at least monthly), by age, 2001 to 2016 (per cent)



a. Had more than 4 standard drinks at least once a month.

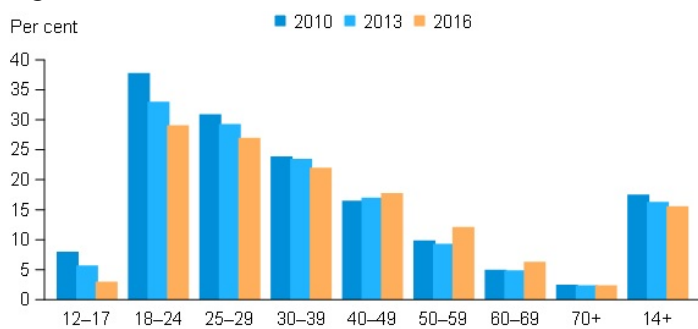
Source: NDSHS 2016 preliminary findings (Data tables).

Very high risk drinking increasing among older people

The consumption of 11 or more standard drinks (very high risk) on one drinking occasion in the last year has declined among young people since 2010 (12-17 year olds and 18-24 year olds) but increased among the older age groups (Figure 9).

Between 2013 and 2016, people in their 50s and 60s both reported a significant increase in the proportion consuming 11 or more standard drinks on a single drinking occasion in the last year (from 9.1% to 11.9% and from 4.7% to 6.1% respectively). However, people in their late teens and 20s were still far more likely to have consumed 11 or more drinks in one sitting than people in their 50s and 60s.

Figure 9: Consumed 11 or more drinks at least once in the last year, by age, 2010 to 2016 (per cent)



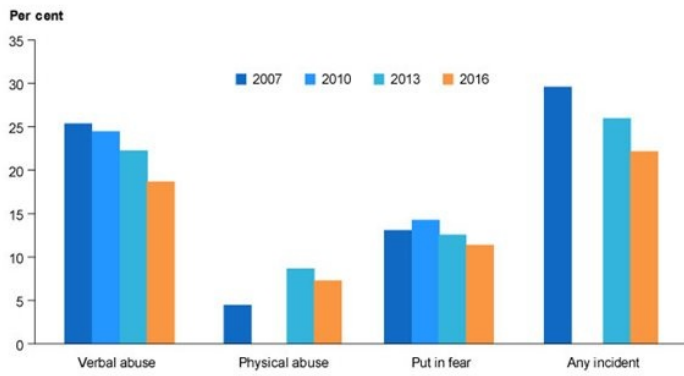
Source: NDSHS 2016 preliminary findings (Data tables).

Harm

Experience of any alcohol-related incidents decreased

- About 4.4 million people in Australia (22%) reported being a victim of an alcohol-related incident in 2016, declining from 4.9 million (26%) in 2013.
- There were fewer people being verbally abused, physically abused or put in fear by someone under the influence of alcohol in 2016—all incidents significantly declined between 2013 and 2016 (Figure 10).

Figure 10: People aged 14 or older experiencing alcohol-related incidents, 2007 to 2016



Source: NDSHS 2016 preliminary findings ([Data tables](#)).

Community concern and support

- Most alcohol policy measures received lower levels of support in 2016 than in 2013 (13 out of 18 measures) and none received higher levels of support (Table 23).
- The largest proportional decrease was for 'reducing the trading hours for pubs and clubs' (from 47% to 39%). This measure received the third lowest level of support after 'increasing the price of alcohol' (28%).
- Alcohol was the drug most commonly mentioned as causing the most drug-related deaths in 2016 (35%), higher than tobacco (24%) (Table 41).
- There was a considerable decrease in the proportion of people nominating excessive drinking of alcohol as the drug of most concern for the general community (from 43% in 2013 to 28% in 2016) (Table 42). This was the first time alcohol was not the most commonly mentioned drug (the proportion nominating meth/amphetamines substantially increased over this period).

Illicit use of drugs

Illicit use of drugs, also referred to here as 'illicit drug use', includes use of illegal drugs, non-medical use of pharmaceutical drugs (an illicit behaviour), and inappropriate use of other substances (such as inhalants).

Current use and trends

The number of people aged 14 or older illicitly using drugs in Australia is increasing

In 2016, about 8.5 million (or 43%) people in Australia aged 14 or older had used an illicit drug in their lifetime (including misuse of pharmaceuticals) (Table 24). Around 3.1 million (or 15.6%) had illicitly used in the last 12 months and 2.5 million (12.6%) had used an illegal drug not including pharmaceuticals (Table 25).

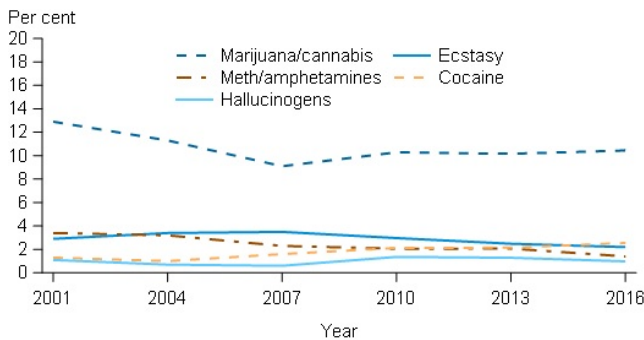
Although the proportion using any illicit drug did not significantly increase from 2013 to 2016, there has been a gradual increase in use since 2007 (from 13.4% to 15.6%) and the number of people illicitly using drugs has increased from about 2.3 million to 3.1 million.

Use of most illegal drugs remained stable and some drugs decreased over the last 3 years

Significant declines were seen in the recent use of meth/amphetamines (from 2.1% to 1.4%), hallucinogens (1.3% to 1.0%), and synthetic cannabinoids (1.2% to 0.3%) from 2013 to 2016 (Figure 11 and Table 24). Use of other drugs surveyed remained relatively stable between 2013 and 2016 but use of some drugs has been gradually increasing over the longer term.

Recent cocaine use has been increasing since 2004 (Table 25). Although the increase between 2013 and 2016 was not significant (from 2.1% to 2.5%); it was however significantly higher than the proportion reported in 2004 (1.0%). Cocaine is now the second most commonly used illegal drug in the last 12 months after cannabis.

Figure 11: Recent use^(a) of selected illicit drugs by people aged 14 and over, 2001 to 2016 (per cent)



a. Used in the last 12 months.

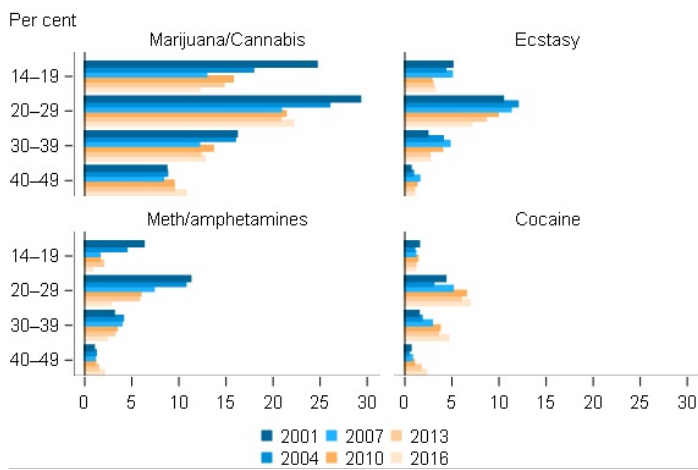
Source: National Drug Strategy Household Survey (NDSHS) 2016 preliminary findings ([Data tables](#)).

Some age groups reported increases in recent use of an illicit drug

Overall, there was no significant change in use of any illicit drug but changes were evident among certain age groups.

- More people in their 40s used illicit drugs in 2016 than in 2013 (increased significantly from 13.6% to 16.2%), particularly among males in their 40s (increased from 15.4% to 20%) (Table 26).
- Females aged 18 or older reported a significant increase in recent use of any illicit drug between 2013 and 2016 (from 12.1% to 13.2%), mainly driven by an increase among females in their 30s (from 12.1% to 16.1%). Females in their 30s were significantly more likely to have recently used cannabis, ecstasy and cocaine in 2016 than in 2013 (Tables 28, 29 and 31).
- Generally, people under 40 have reported a decrease in recent illicit drug usage since 2001, while people 40 or older have reported an increase, particularly in recent years. The largest per cent change was among people aged 60 or older (recent use of any illicit drug increased from 3.9% in 2001 to 6.9% in 2016) followed by people in their 50s (from 6.7% to 11.7%). People aged 60 or older were mainly misusing pharmaceuticals (4.5% in 2016) and people in their 50s were mainly using cannabis (7.2% in 2016).
- People in their 40s in 2016 were more likely to have recently used cannabis, meth/amphetamines and cocaine than people in their 40s in 2001. While people aged 14-19 in 2016 were less likely to have used cannabis, ecstasy and meth/amphetamines than 14-19 year olds in 2001 (Figure 12).

Figure 12: Recent use^(a) of selected illicit drugs, by age, 2001 to 2016 (per cent)



a. Used in the last 12 months.

Note: Apart from cannabis, recent use of illegal drugs was low among people aged 50 or older (<0.4% had used ecstasy, meth/amphetamines or cocaine in the previous 12 months).

Source: NDSHS 2016 preliminary findings ([Data tables](#)).

People are trying illicit drugs at an older age

The average age at which people first tried any illicit drug increased, from 19.3 years in 2013 to 19.7 years in 2016 (Table 27). Between 2013 and 2016, older average ages of first use were reported for cannabis (from 18.5 to 18.7 years), meth/amphetamines (from 21.6 to 22.1 years) and hallucinogens (from 20.0 to 20.4 years).

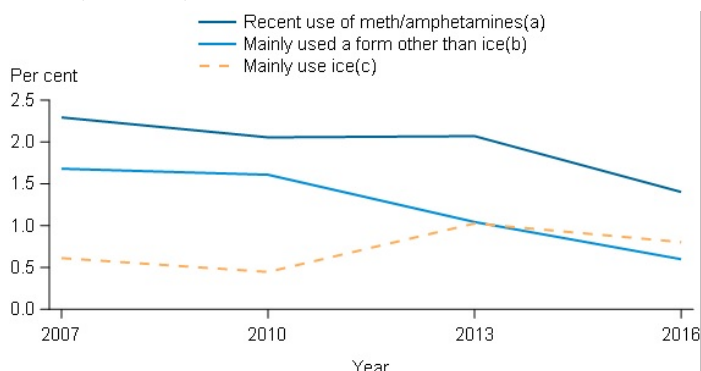
Meth/amphetamine trends

Crystal (or ice) meth/amphetamines continued to be the preferred form of meth/amphetamines used in 2016. Just over 6 in 10 (62%) recent users had used crystal/ice in the previous 12 months and 57% of recent users said that this was their main form of meth/amphetamines used in the previous 12 months (slight but non-significant increase from 50% in 2013) (Table 32). Powder as the main form of meth/amphetamines used continued to decline (significant decrease from 29% in 2013 to 20% in 2016).

It is possible to estimate the proportion of the total population using crystal/ice between 2007 and 2016 by examining the proportion of recent meth/amphetamines users by the main form used in the last 12 months (Figure 13). However, this is likely to be an underestimate as it only accounts for those people who reported that they used crystal/ice as their main form in the previous 12 months. Figure 13 shows that while overall recent meth/amphetamine use declined between 2013 and 2016, the proportion using crystal/ice remained relatively stable between 2013 and 2016 (1% and 0.8% respectively) but has increased since 2010 (0.4%). Use of forms other than crystal/ice has fallen since 2007 and significantly declined between 2013 and 2016 (from 1% to 0.6%).

There were more meth/amphetamines users reporting that they used prescription amphetamines for non-medical purposes in 2016 than in 2013 (Table 32)—the proportion using prescription amphetamines for non-medical purposes in their lifetime and as the main form used in the last 12 months both significantly increased between 2013 and 2016 (from 14.1% to 28% and from 3% to 11.1% respectively).

Figure 13: Recent meth/amphetamine user by main form used in last 12 months, people aged 14 and over, 2007 to 2016 (per cent)



a. Used meth/amphetamines in the last 12 months.

b. Recent meth/amphetamine users reporting that the main form used in last 12 months was crystal.

c. Recent meth/amphetamine users reporting that the main form used in last 12 months was a form other than crystal.

Note: Proportion mainly use ice or a form other than ice was calculated by distributing those meth/amphetamine users who did not answer the 'main form' question proportionally between the responses.

Source: NDSHS 2016 preliminary findings ([Data tables](#)).

Use of meth/amphetamines is more frequent among those who mainly use ice

Meth/amphetamine users who mainly used crystal/ice were far more likely to use this drug on a regular basis (32% using it at least weekly) than those who mainly used power (only 5.6% of this group use powder each week; this estimate has a high relative standard error and should be interpreted with caution) (Table 34). There was also a non-significant increase in recent meth/amphetamine users using crystal weekly or more often between 2013 and 2016 (from 25% to 32%).

Frequency of use

While cocaine and ecstasy were used by more people than methamphetamines in the previous 12 months, they were used much less frequently. For example, in 2016:

- The majority of people using cocaine and ecstasy only used it once or twice a year (64% and 51% respectively) and only 2-3% use it at least once a week (Table 35).
- Cannabis and meth/amphetamine users were much more likely to use the drug on a regular basis with 36% and 20% (respectively) using it as often as weekly.

Pharmaceutical misuse

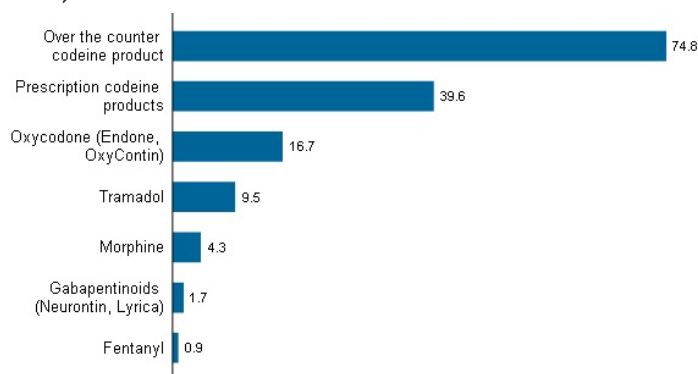
In the context of illicit drug use, a pharmaceutical is ‘a drug that is available from a pharmacy, over-the-counter or by prescription, which may be subject to misuse’ (MCDS 2011). Misuse includes use for non-medical purposes or in doses or frequencies other than those prescribed.

Prior to the 2016 survey (2013 and earlier), the survey captured the use of 'Pain-killers/analgesics' and 'Other opiates' separately. In 2016, pain-killers and opioids were combined into one section (now called 'Pain-killers/Pain-relievers and Opioids') and the use of non-opioid over-the-counter (OTC) drugs such as paracetamol and aspirin were removed. This has resulted in a break in the time-series for pain-killers and opiates and also for the overall misuse of pharmaceuticals. While trend data have been reported for these drugs, they are not comparable.

In 2016:

- Just under 1 in 20 (4.8%) Australians had misused a pharmaceutical in the last 12 months (pain-killers/opiates, tranquillisers, steroids, or methadone/buprenorphine) (Table 36).
- The most commonly misused pharmaceuticals were pain-killers/opiates—1 in 10 (9.7%) had misused these drugs in their lifetime making pain-killers/opiates the third most commonly misused illicit drug after cannabis and ecstasy (Table 24).
- In terms of recent use (last 12 months), pain-killers/opiates were the second most commonly used drug after cannabis at 3.6% or approximately 700,000 people.
- About 3 in 4 recent users of pain-killer/opiates reported misusing over-the-counter codeine products such as Nurofen Plus and 4 in 10 reported misusing prescription codeine products such as Panadeine Forte (Figure 14).

Figure 14: Types of pain-killers/opiates misused, recent users of pain-killers/opiates aged 14 and over, 2016 (per cent)



Note: Base is recent users of pain-killers and opiates.

Source: NDSHS 2016 preliminary findings (Data tables).

Emerging psychoactive substances

The 2013 NDSHS was the first to collect data on use of emerging psychoactive substances (EPS). EPS is a term used to describe drugs that are relatively new to the recreational drug market and have mind-altering effects similar to conventional illicit drugs (including those known as meow meow, DMT, Kronic and BZP) (NDARC 2013).

Most people are no longer using synthetic cannabinoids

- Although lifetime use of synthetic cannabinoids doubled from 2013 to 2016 (from 1.3% to 2.8%), recent use dropped by three quarters (declined from 1.2% in 2013 to 0.3%), and all age groups reported significant declines in recent use (Table 38). This indicates that while people may have experimented with this drug since 2013, most choose to no longer to use them in 2016.
- Other psychoactive substances such as Mephedrone and DMT were used by 0.3% of the population in 2016 (about 60,000 people) a slight but not significant decline from 0.4% in 2013 (Table 38).

Harms

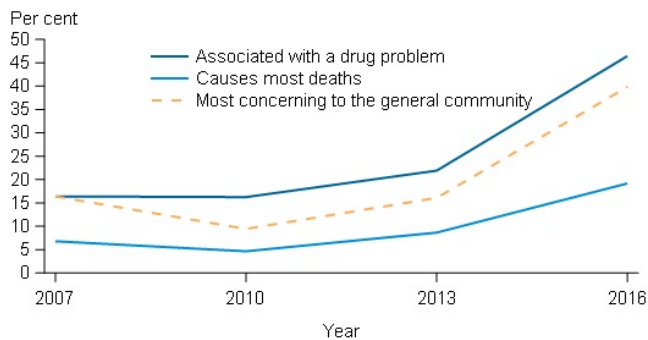
In 2016, 9.2% of the population (about 1.8 million) had been a victim of an illicit-drug related incident in the previous 12 months, a significant increase from 8.2% in 2013 (Table 39). There was a slight but non-significant decline in the proportion of people reporting that they were physically abused, from 2.1% in 2013 to 1.8% in 2016, but the proportion being put in fear significantly increased (from 5.0% to 6.0%)

Attitudes and perceptions

There was a clear change in people's attitudes towards specific drugs, particularly meth/amphetamines (Figure 15), in 2016.

- Meth/amphetamine was the drug most likely to be associated with a 'drug problem' and perceived to be of most concern for the general community. The proportion nominating meth/amphetamines more than doubled for both these perceptions from 2013 to 2016 (Tables 40 and 42). It was also the first time that more people thought that meth/amphetamines was of more of a concern to the general community than alcohol.
- The proportion nominating meth/amphetamine as the drug that caused the most deaths also doubled and it was the third highest drug mentioned, after alcohol and tobacco (Table 41).
- A range of factors such as media coverage and personal experience are likely to influence opinions on this issue.
- Due to the large increase in the proportion nominating meth/amphetamines, a number of drugs were significantly less likely to be thought of when thinking about a drug problem, including cannabis (decreasing from 23% in 2007 to 14.6% in 2016), heroin (26% to 14.0%) and cocaine (11.0% to 8.1%).

Figure 15: Perceptions of meth/amphetamines, people aged 14 years of older, 2007 to 2016 (per cent)



Source: NDSHS 2016 preliminary findings (Data tables).



Notes

Amendments

30 Apr 2020 - Estimates of physical abuse by someone under the influence of illicit drugs have been revised following a review of the methodology for their calculation in 2019.

The following text and figure were updated:

- text on the [Illicit use of drugs](#) page under Harms Section
- on [Alcohol-use](#) page Figure 10: People aged 14 or older experiencing alcohol-related incidents, 2007 to 2016.

The following [data tables](#) were updated:

- Data tables: NDSHS 2016—key findings (Tables 22 and 39)
 - Data tables: NDSHS 2016—key findings (with relative standard errors (RSEs) and margins on error (MOEs) (Tables 22 and 39).
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Data





Report editions

Newer releases

- National Drug Strategy Household Survey 2019 |
Publication | 16 Jul 2020
- National Drug Strategy Household Survey 2016: detailed findings |
Publication | 28 Sep 2017

This release

National Drug Strategy Household Survey (NDSHS) 2016—key findings | 01 Jun 2017

Previous releases

- National Drug Strategy Household Survey detailed report: 2013 |
Publication | 25 Nov 2014
- 2010 National Drug Strategy Household Survey report |
Publication | 27 Jul 2011
- 2007 National Drug Strategy Household Survey: detailed findings |
Publication | 18 Dec 2008
- 2004 National Drug Strategy Household Survey: detailed findings |
Publication | 22 Nov 2005
- 2001 National Drug Strategy Household Survey: detailed findings |
Publication | 19 Dec 2002
- 1998 National Drug Strategy Household Survey: detailed findings |
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