

Statistics on drug use in Australia 2002

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DRUG STATISTICS SERIES

Number 12

Statistics on drug use in Australia 2002

February 2003

Australian Institute of Health and Welfare
Canberra

AIHW cat. no. PHE 43

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This publication is part of the Australian Institute of Health and Welfare's Drug Statistics Series. A complete list of the Institute's publications is available from the Publications Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601, or via the Institute's web site (<http://www.aihw.gov.au>).

ISSN 1442-7230
ISBN 1 74024 240 8

Suggested citation

Australian Institute of Health and Welfare (AIHW) 2003. Statistics on drug use in Australia 2002. AIHW cat. no. PHE 43. Canberra: AIHW (Drug Statistics Series no. 12).

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Published by Australian Institute of Health and Welfare

Printed by Elect Printing

Preface

Statistics on Drug Use in Australia 2002 is the tenth in a series originally titled *Statistics on Drug Abuse in Australia*, which was produced by the then Commonwealth Department of Health and Aged Care. This publication is the third produced by the Australian Institute of Health and Welfare (AIHW) and follows a similar format to earlier titles. This edition includes additional material which is intended to broaden the scope of the publication, including information on male detainees held in police watch-houses and male prisoners participating in the Drug Use Careers of Offenders survey. There is also a new section on marijuana/cannabis use in the chapter on illicit drug use. This publication is intended as an accessible summary of major drug-use statistical collections, which leads interested readers to the sources of more detailed information.

This report includes data from the 2001 National Drug Strategy Household Survey, findings of which have been published in the following AIHW publications:

- *2001 National Drug Strategy Household Survey: First Results*
- *2001 National Drug Strategy Household Survey: State and Territory Supplement*
- *2001 National Drug Strategy Household Survey: Detailed Findings.*

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Summary

Tobacco

According to the 2001 National Drug Strategy Household Survey (NDSHS), around 20% of Australians aged 14 years and over were daily smokers, while 23% were current smokers, one in four were ex-smokers and half the population had never smoked. These results are slightly different from those of the 2001 National Health Survey conducted by the Australian Bureau of Statistics. For a comparison of these two surveys, see the Australian Institute of Health and Welfare report, *2001 National Drug Strategy Household Survey: Detailed Findings*. The highest smoking rates were recorded among those aged 20–29 years of age, with approximately one-third of this age group reporting current smoking. Overall, men were more likely than women to be smokers. Smoking rates decreased over the period 1991 to 2001.

Tobacco smoking was responsible for the majority of drug-related deaths in 1998. Approximately 19,000 deaths and 142,500 hospital episodes were attributable to tobacco smoking.

During the 2000–01 financial year, the Commonwealth Government collected over \$5 billion in revenue from the importation and sale of tobacco products in Australia.

Alcohol

Around 57% of males and 39% of females aged 14 years and over drank alcohol at least weekly in 2001, while a further 29% of males and 40% of females drank less than weekly. Those aged 60 years or more recorded the highest prevalence of daily drinking, with 23% of males and 11% of females drinking every day. Between 1991 and 2001, the proportion of persons reporting daily or occasional drinking has remained relatively constant.

One in three persons (39% of males, 30% of females) consumed alcohol in a manner that put themselves at risk of alcohol-related harm in the short term on at least one day in the last 12 months. For those aged 20–29 years, the proportion was 64% of males and 57% of females. Around 10% of males and 9% of females consumed alcohol in a way that put themselves at risk of alcohol-related harm in the long term.

Illicit drugs

In 1998, 1,023 deaths (or approximately 4% of drug-related deaths) were associated with illicit drug use. Of the total number of hospital episodes related to drug use in 1997–98, around 7% were attributable to the use of illicit substances.

Approximately 17% of Australians reported using any illicit drug in the 12 months preceding the 2001 NDSHS. Marijuana/cannabis was the most common illicit drug used, with 12.9% of those aged 14 years and over having used the drug in the last 12 months, 7.8% having used in the last month and 5.6% having used in the last week. Rates of marijuana/cannabis use, as for most illicit drugs, have remained relatively stable over the

past decade, although rates for other drugs are much lower than for marijuana/cannabis. Amphetamines were used in the last 12 months by 3.4% of those aged 14 years and over, while 2.9% had used ecstasy/designer drugs, and less than 1% had used heroin or injected an illegal drug during the previous 12 months.

Pharmaceuticals

Of the 208 million prescription medicines prescribed in 2001, approximately 80% were subsidised by the Commonwealth Government. The top two prescription medicines distributed through community pharmacies, by cost to government and by defined daily dose per 1,000 population per day, were both medications prescribed for lipid reduction (lowering of cholesterol). Of the drugs that affect the central nervous system, anti-depressants were the most widely consumed, with a total of 51.5 defined daily doses per 1,000 population per day.

International comparisons

The decline in smoking rates in Australia over the period 1971 to 2001 leaves Australia ranked third lowest in the world in 2001 behind Sweden and the United States in terms of the prevalence of daily smoking.

In 2000, Australia ranked 19th highest in the world in terms of per capita consumption of alcohol, with approximately 7.8 litres equivalent of pure alcohol consumed per person. This corresponded to an annual per capita consumption of around 95.0 litres of beer, 19.7 litres of wine and 1.3 litres of pure alcohol from spirits.

Drugs and health

In 1998, approximately 19,000 deaths were attributed to tobacco use, while 2,524 were alcohol-related and 1,023 were associated with illicit drugs. In the same year, it has been estimated that overall 2,371 net deaths were averted due to the protective health effect of low-risk levels of alcohol consumption.

The number of new AIDS diagnoses among injecting drug users decreased from 84 in 1993 to 10 in 2001, while the number of deaths due to AIDS similarly decreased from 59 in 1993 to 16 in 2001 in this at-risk group.

The death rate from accidental opioid overdose among people aged 15–44 years increased from 45.3 deaths per million persons in 1988 to peak at 112.5 deaths per million persons in 1999; however, by 2001 the death rate had fallen sharply to 35.9 deaths per million persons.

The proportion of fatally injured drivers and motorcycle riders with blood alcohol concentration of 0.05 g/100 mL or more decreased from 44% in 1981 to 26% in 1998.

Special population groups

In 2001, slightly less than one in three teenagers (31%) aged 14–17 years reported using an illicit drug at least once in their lifetime, while close to one in four (23%) reported using an

illicit drug in the previous 12 months. Most illicit drug use among those aged 14–17 years was marijuana/cannabis use.

In 2001, Aboriginal and Torres Strait Islander people were twice as likely to smoke, drink at levels that significantly increase the risk of harm in the short and long terms, and use illicit drugs than were non-Indigenous Australians. Around half of Aboriginal and Torres Strait Islander people reported smoking while 45% reported daily smoking in 2001. One in five Aboriginal and Torres Strait Islander people reported patterns of alcohol drinking that substantially increased the risk of harm in the long term.

In relation to people seeking supported accommodation, the proportion of all episodes of support that included assistance and support for alcohol, drug and substance abuse increased from 16% in 1998–99 to 25% in 2001–02.

Treatment services

In 2000–01, the principal drug for which clients of treatment service agencies sought treatment was alcohol (34%), followed by heroin (28%), marijuana/cannabis (14%) and amphetamines (9%).

Crime and law enforcement

Marijuana/cannabis accounted for 69% of illicit drug arrests in 2001, compared with 11% related to amphetamine-type substances and 9% to heroin. In 2000–01, 83% of illicit drug arrests were related to drug consumption rather than to the provision or sale of drugs.

In 2001, 1,852 people, or 10.2% of all sentenced prisoners, were imprisoned for drug-related offences. Of these, 81% were imprisoned for dealing or trafficking drugs. Results based on the 2001 Drug Use Careers of Offenders survey show that 70% of male sentenced prisoners used an illicit drug in the 6 months before their arrest, while 20% were dependent on alcohol and 44% on an illicit drug.

Polydrug use

According to the 2001 National Drug Strategy Household Survey, substance users were more likely than non-users to use other drugs. For example, tobacco users were four times as likely to use marijuana/cannabis than non-smokers. Similar results were observed when users of alcohol, marijuana/cannabis and amphetamine-type substances were compared with non-users.

Drug avoidance and moderation

In 2001, 87% of non-smokers avoided environmental tobacco smoke some or all of the time. Around 8% of smokers had participated in quit-smoking programs, while three in 10 smokers unsuccessfully tried to give up smoking, and one in five changed to a cigarette brand with lower tar or nicotine content. Around half of alcohol drinkers reported behaviours resulting in lower alcohol consumption; however, less than 1% reported participation in an alcohol treatment program.

Acknowledgments

Cid Mateo authored and managed this report on behalf of the Population Health Data and Information Services Unit at the Australian Institute of Health and Welfare.

A number of other staff at the AIHW deserve special mention and their time, assistance and support are greatly appreciated. In particular, Mark Cooper-Stanbury and David Batts made important contributions to the report and Jacqueline Grau and Nicola Tatham contributed comments and editorial suggestions. The author also acknowledges the support provided by staff of the AIHW Media and Publishing Unit.

A number of people from other agencies provided assistance during the preparation of this report, and their time and assistance are acknowledged and greatly appreciated. Special thanks go to:

- John Dudley, Amber Summerill and Steve Vaughan from the Commonwealth Department of Health and Ageing
- Robert Rushby and Bradley Grant from the Australian Customs Service
- Andrew Gibbs and Fiona Shalley from the Australian Bureau of Statistics
- Caroline Fritsch and Judy Putt from the Attorney-General's Department
- Toni Makkai and Kiah McGregor from the Australian Institute of Criminology
- Courtney Breen from the National Drug and Alcohol Research Centre
- Michelle Scollo from the VicHealth Centre for Tobacco Control.

Abbreviations

AIHW	Australian Institute of Health and Welfare
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ATS	Amphetamine-type substance(s)
BAC	Blood alcohol concentration
BEACH	Bettering the Evaluation and Care of Health
DDD	Defined daily dose per 1,000 population per day
DUCO	Drug Use Careers of Offenders
DUMA	Drug Use Monitoring in Australia
GP	General practitioner
IDRS	Illicit Drug Reporting System
MDMA	3,4 methylenedioxymethylamphetamine (ecstasy)
NDSHS	National Drug Strategy Household Survey
NHS	National Health Survey
OECD	Organisation for Economic Co-operation and Development
PBS	Pharmaceutical Benefits Scheme
RPBS	Repatriation Pharmaceutical Benefits Scheme
SAAP	Supported Accommodation Assistance Program
UNODCCP	United Nations Office for Drug Control and Crime Prevention
n.a.	Not available
-	Nil, or rounded to zero
..	Not applicable
*	Result unreliable as the relative standard error was greater than 50%
g	Gram(s)
kg	Kilogram(s)
mL	Millilitre(s)
m	Million

1 Introduction

National Drug Strategy

The National Drug Strategy, formerly the National Campaign Against Drug Abuse, was initiated in 1985 following a Special Premiers' Conference. From its inception the Strategy recognised the importance of a comprehensive, integrated approach to the harmful use of licit and illicit drugs, and other substances. The aim is to achieve a balance between demand-reduction and supply-reduction measures to minimise the harmful effects of drugs in Australian society. The tangible social costs of drug use in Australia were estimated to be \$18.3 billion or approximately 5.5% of gross domestic product in 1998–99 (Collins & Lapsley 2002).

The National Drug Strategic Framework 1998–99 to 2003–04

The *National Drug Strategic Framework 1998–99 to 2003–04* presents a framework for cooperation and a basis for coordinated action to reduce the harm caused by drugs in Australia. The Framework maintains the policy principles of the previous phases of the National Drug Strategy and follows the recommendations presented in *The National Drug Strategy: Mapping the Future* (Single & Rohl 1997).

The Framework has been prepared under the direction of the Ministerial Council on Drug Strategy, which brings together Commonwealth, State and Territory Ministers for health and law enforcement to collectively determine national policies and programs designed to reduce the harm caused by drugs to individuals, families and communities in Australia.

The principle of harm minimisation has formed the basis of Australia's National Drug Strategy since 1985. Essentially, harm minimisation refers to policies and programs designed to reduce drug-related harm, and aims to improve health, social and economic outcomes for both the community and the individual through a wide range of integrated approaches including supply-reduction, demand-reduction and harm-reduction strategies.

Background

This report is the tenth in a series that was previously titled *Statistics on Drug Abuse in Australia*, first produced in 1985 under the auspices of the National Campaign Against Drug Abuse. It is the third edition produced by the Australian Institute of Health and Welfare (AIHW) under a Memorandum of Understanding with the Commonwealth Department of Health and Ageing, in which AIHW agreed to produce a biennial report on drug-related data which was consistent with the aims and themes of the National Drug Strategy.

About this report

Statistics on Drug Use in Australia 2002 follows the format of past reports in this series. Chapters are provided for each of the drug types covered by the National Drug Strategy: tobacco, alcohol, pharmaceuticals and illicit drugs. Within each of these chapters, data are provided on consumption and, to a lesser extent, drug-related behaviour. Additional material on male offenders and male detainees that has been added for this edition is presented in Chapter 10 on crime and law enforcement.

Data sources

A large part of the data within this report was sourced from the 2001 National Drug Strategy Household Survey (NDSHS) managed by AIHW on behalf of the Department of Health and Ageing. This was a comprehensive national survey of 26,744 Australians aged 14 years and older. Additional data was obtained from the 1995 and 1998 NDSHS and the 1991 and 1993 National Campaign Against Drug Abuse Surveys.

Other relevant information was obtained from a range of sources. These are listed below.

Australian Bureau of Criminal Intelligence

Australian Bureau of Statistics

Australian Customs Service

Australian Institute of Criminology

Australian Institute of Health and Welfare

Australian Transport Safety Bureau

Commonwealth Department of Health and Ageing

National Centre in HIV Epidemiology and Clinical Research

National Drug and Alcohol Research Centre

Organisation for Economic Co-operation and Development (OECD)

VicHealth Centre for Tobacco Control.

For more information, readers are directed to the references listed at the end of this publication. Background information was also obtained from the following web sites:

- <http://www.abs.gov.au>
- <http://www.aic.gov.au>
- <http://www.aihw.gov.au>
- <http://www.atsb.gov.au>
- <http://www.health.gov.au>
- <http://www.med.unsw.edu.au/nchechr>
- <http://www.med.unsw.edu.au/ndarc>
- <http://www.nhmrc.gov.au>
- <http://www.samhsa.gov/oas>
- <http://www.who.int/dsa>

2 Tobacco

Introduction

This chapter presents information on direct and indirect measures of tobacco consumption in Australia. For a comparison of tobacco use with other countries, refer to Chapter 6. Tobacco consumption in Australia may be measured in two ways:

- official clearances through excise and customs
- estimates derived from population health surveys.

This chapter looks at trends in apparent tobacco consumption and reported consumption from national population surveys. The latter sections present recent measures of tobacco consumption and government revenue derived from the sale of tobacco.

Apparent consumption trends

Apparent tobacco consumption in Australia is measured by the amount of tobacco cleared through excise and customs (Tables 2.1 and 2.2). However, these estimates do not take into account the volume of cigarettes bought duty free by Australian international travellers.

In 1999–00, data on the volume of tobacco cleared through excise and customs began to be collected and reported by number of sticks, rather than by kilogram weight. Therefore, comparisons made here describe the trend before and after the year in which the change occurred, 1999–00.

From 1995–96 to 1998–99, the volume of cigarettes cleared through excise remained stable at around 19 million kilograms (Table 2.1). The volume of other tobacco cleared through excise remained stable at around 700,000 kilograms over the same period. The amount of tobacco cleared through customs decreased from 16.8 million kilograms in 1995–96 to 12.4 million kilograms in 1998–99.

The amount of cigarettes cleared through excise decreased from 23.1 billion sticks in 2000–01 to 22.6 billion sticks in 2001–02 (Table 2.2). In comparison, the 2001 NDSHS provided an estimate of annual tobacco consumption of about 20.9 billion cigarettes. The amount of other tobacco cleared through excise decreased from 293,000 kilograms in 2000–01 to 47,000 kilograms in 2001–02.

The amount of tobacco cleared through customs decreased from 15.1 million kilograms and 872 million sticks in 2000–01 to 11.4 million kilograms and 813 million sticks in 2001–02.

Table 2.1: Volume of tobacco cleared through excise and customs, Australia, 1995–96 to 1998–99

Duty and product	1995–96	1996–97	1997–98	1998–99
	('000 kg)			
Excise				
Cigarettes	19,273	19,435	19,103	18,602
Other tobacco	656	753 ^(d)	714	670 ^(e)
<i>Total excise</i>	<i>19,929</i>	<i>20,188</i> ^(e)	<i>19,816</i>	<i>19,272</i> ^(e)
Customs				
Cigarettes	288	350	266	272
Cigars, etc. ^(a)	70	71	84	97
Other manufactured tobacco ^(b)	975	911	910	788
Unmanufactured tobacco ^(c)	15,432	15,050	14,399	11,290
<i>Total customs</i>	<i>16,765</i>	<i>16,382</i>	<i>15,659</i>	<i>12,447</i>
Total	36,694	36,570 ^(e)	35,475	31,719 ^(e)

(a) Includes cigars, cigarillos and cheroots.

(b) Includes homogenised or reconstituted tobacco and tobacco extracts and essences.

(c) Much of this tobacco would have been used in the manufacture of cigarettes. When estimating the total amount of tobacco consumed in Australia, it should therefore be excluded from the total.

(d) Figure estimated based on data available.

(e) Excludes data not available due to confidentiality restrictions.

Source: Australian Bureau of Statistics, unpublished data.

Table 2.2: Volume of tobacco cleared through excise and customs, Australia, 1999–00 to 2001–02

Duty and product	1999–00		2000–01		2001–02	
	Loose ('000 kg)	By stick (m)	Loose ('000 kg)	By stick (m)	Loose ('000 kg)	By stick (m)
Excise						
Cigarettes	6,523 ^(d)	16,025	—	23,061	—	22,613
Other tobacco	226 ^(e)	—	293 ^(e)	—	47 ^(e)	—
<i>Total excise</i>	<i>6,750</i> ^(e)	<i>16,025</i>	<i>293</i> ^(e)	<i>23,061</i>	<i>47</i> ^(e)	<i>22,613</i>
Customs						
Cigarettes	179	481	19	860	18	801
Cigars, etc. ^(a)	91	6	89	12	89	12
Other manufactured tobacco ^(b)	570	—	828	—	838	—
Unmanufactured tobacco ^(c)	13,153	—	14,213	—	10,479	—
<i>Total customs</i>	<i>13,994</i>	<i>487</i>	<i>15,149</i>	<i>872</i>	<i>11,424</i>	<i>813</i>
Total	20,743 ^(e)	16,512	15,442 ^(e)	23,933	11,471 ^(e)	23,426

(a) Includes cigars, cigarillos and cheroots.

(b) Includes homogenised or reconstituted tobacco and tobacco extracts and essences.

(c) Much of this tobacco would have been used in the manufacture of cigarettes. When estimating the total amount of tobacco consumed in Australia, it should therefore be excluded from the total.

(d) Coding changes from duty paid on weight to duty paid on number of sticks of cigarettes. This value is weight only, but approximately 16.0 billion cigarettes were produced in Australia in addition to that measured in terms of weight.

(e) Excludes data not available due to confidentiality restrictions.

Source: Australian Bureau of Statistics, unpublished data.

Reported consumption trends

Tobacco use in this section was derived from responses to the 1995, 1998, and 2001 NDSHS, the 1991 and 1993 National Campaign Against Drug Abuse Household Surveys, the 2001 National Health Survey (NHS) and the 2001–02 Bettering the Evaluation and Care of Health (BEACH) study of general practitioners (GPs) and their patients.

Males

Based on results of the 2001 NDSHS, one in three Australian males aged 14 years and over smoked in 1991. By 2001, the proportion had fallen to one in four (Table 2.3).

The proportion of Australian males aged 14 years and over that smoked on a daily basis decreased from 26.7% in 1991 to 21.1% in 2001. The proportion of male occasional smokers ranged between 3.6% and 5.7% over the same period. The proportion of males that were ex-smokers, or had smoked 100 cigarettes (or the equivalent amount of tobacco) or more in their life but were no longer smoking, increased from 25.1% in 1991 to 29.6% in 2001. The proportion of males that had never smoked 100 cigarettes in their life fluctuated between 41.8% and 46.8% over the period 1991 to 2001.

Table 2.3: Tobacco smoking status: proportion of the population aged 14 years and over, males, Australia, 1991 to 2001

Tobacco smoking status	1991	1993	1995	1998	2001
			(per cent)		
Daily	26.7	28.7	25.9	24.2	21.1
Occasional ^(a)					
Weekly	3.0	2.1	1.8	2.0	2.0
Less than weekly	2.8	1.7	1.9	1.6	2.6
Total occasional ^(a)	5.7	3.8	3.7	3.6	4.5
All smokers	32.5	32.6	29.6	27.8	25.6
Ex-smokers ^(b)	25.1	25.6	23.6	28.3	29.6
Never smoked ^(c)	42.4	41.8	46.8	43.9	44.7

(a) Occasional smokers are those who smoke less than daily, that is, weekly or less than weekly.

(b) An ex-smoker is a person who has 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.

(c) A person who has never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life is defined as never smoked.

Sources: National Campaign Against Drug Abuse Household Survey 1991, 1993; National Drug Strategy Household Survey 1995, 1998, 2001.

Females

In the 2001 NDSHS, the proportion of females aged 14 years and over that reported smoking decreased from one in four in 1991 to one in five in 2001 (Table 2.4).

In 1991, 22.0% of females smoked on a daily basis compared with 18.0% in 2001. Female occasional smokers ranged between 2.7% and 4.7% over the same period. The proportion of females that were ex-smokers increased from 17.7% in 1991 to 22.9% in 2001. Females who had never smoked (100 cigarettes or more) made up between 54.3% and 58.2% of the population over the same period.

Table 2.4: Tobacco smoking status: proportion of the population aged 14 years and over, females, Australia, 1991 to 2001

Tobacco smoking status	1991	1993	1995	1998	2001
			(per cent)		
Daily	22.0	21.4	21.8	19.6	18.0
Occasional ^(a)					
Weekly	2.7	2.5	1.3	1.6	1.3
Less than weekly	2.0	1.9	1.7	1.1	1.5
<i>Total occasional^(a)</i>	<i>4.7</i>	<i>4.4</i>	<i>3.0</i>	<i>2.7</i>	<i>2.8</i>
All smokers	26.7	25.8	24.8	22.3	20.8
Ex-smokers ^(b)	17.7	17.9	17.0	23.4	22.9
Never smoked ^(c)	55.6	56.3	58.2	54.3	56.4

(a) Occasional smokers are those who smoke less than daily, that is, weekly or less than weekly.

(b) An ex-smoker is a person who has 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.

(c) A person who has never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life is defined as never smoked.

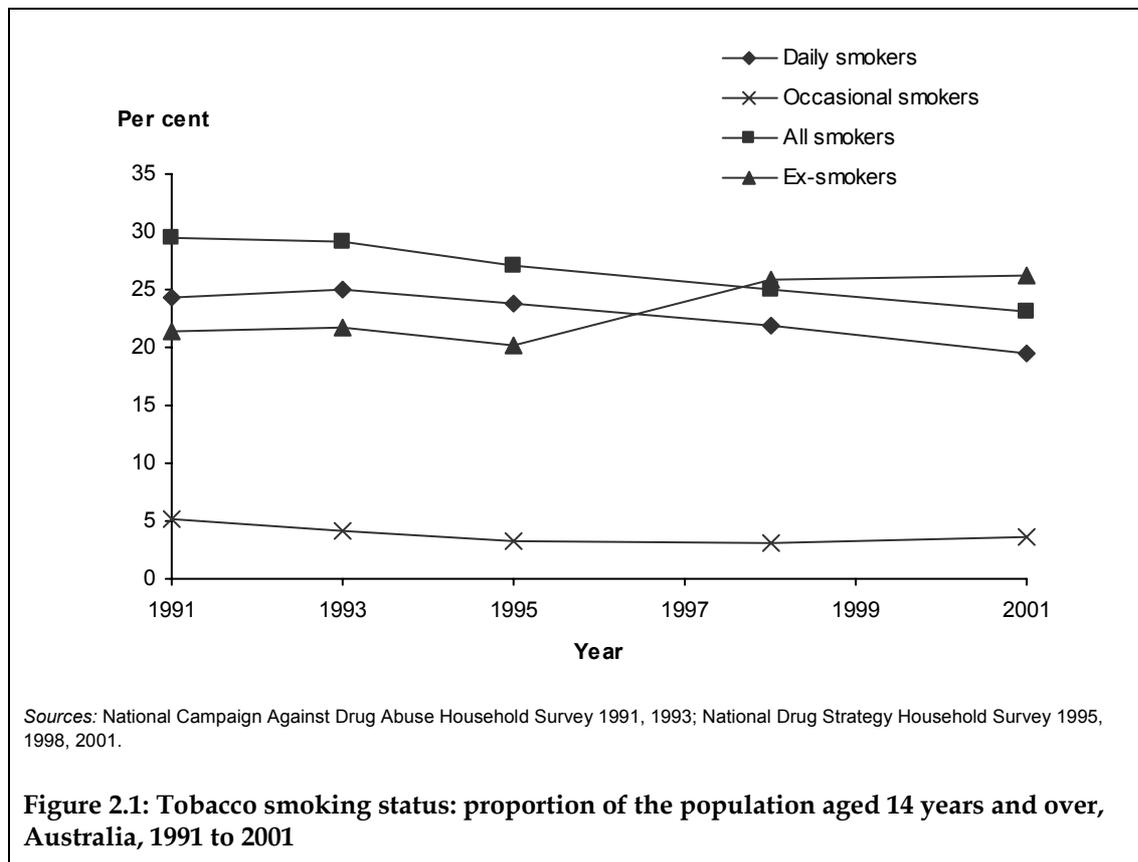
Sources: National Campaign Against Drug Abuse Household Survey 1991, 1993; National Drug Strategy Household Survey 1995, 1998, 2001.

Persons

In the 2001 NDSHS, the proportion of the population aged 14 years and over that reported smoking declined from around three in 10 in 1991 to one in four in 2001, while the proportion that reported smoking daily decreased from one in four in 1991 to one in five in 2001 (Figure 2.1). Daily smokers accounted for around 85% of all smokers. Interestingly, the 2001 NDSHS also found that daily smokers smoked 98.9% of cigarettes smoked. By 2001, ex-smokers (26.2%) made up a greater proportion of the population than all smokers (23.2%).

In comparison, the 2001 NHS found that 24% of persons aged 18 years or more were current smokers, of whom 22% were daily smokers and 2% smoked less often. The 2001 NHS reported that 26% of adults were ex-smokers.

Another source of information on tobacco use in Australia is the BEACH survey of general practitioners and their patients. In 2001–02, the smoking status of 31,966 adult patients aged 18 years and over was ascertained from encounters with 981 GPs. Overall, 18.4% of adult patient encounters were with adults who were daily smokers, 4.1% were with occasional smokers and 27.8% were with ex-smokers. Male patients (21.6%) were more likely to smoke daily than female patients (16.4%).



Consumption by age and sex

In the 2001 NDSHS, persons aged 20–29 years were more likely to smoke than persons in any other age group, with one in four smoking on a daily basis and one in three smoking at all (Table 2.5). Males (36.9%) in this age group were more likely to smoke than females (29.2%).

One in five 14–19-year-olds reported smoking at the time of the 2001 NDSHS, with 16.2% of females and 14.1% of males smoking every day.

After peaking in the 20–29-year age group, tobacco smoking decreased with age. One in five persons aged 50–59 years and one in 10 persons aged 60 years or more reported smoking. Except for those aged 14–19 years, males were more likely than females to smoke at every age.

Table 2.5: Tobacco smoking status: proportion of the population aged 14 years and over, by age and sex, Australia, 2001

Tobacco smoking status	Age group						All ages
	14–19	20–29	30–39	40–49	50–59	60+	
(per cent)							
Males							
Daily	14.1	28.5	27.3	23.6	20.3	10.2	21.1
Occasional ^(a)							
Weekly	2.7	3.3	2.8	1.3	1.2	0.7	2.0
Less than weekly	3.4	5.1	2.8	2.3	1.7	0.6	2.6
<i>Total occasional^(a)</i>	6.1	8.4	5.6	3.6	2.9	1.3	4.6
All smokers	20.2	36.9	32.9	27.2	23.2	11.5	25.7
Ex-smoker ^(b)	4.0	12.4	21.8	33.9	44.2	53.0	29.6
Never smoked ^(c)	75.9	50.7	45.4	38.9	32.5	35.5	44.7
Females							
Daily	16.2	23.7	24.3	20.8	16.1	7.8	18.0
Occasional ^(a)							
Weekly	2.0	2.3	1.7	1.1	0.7	0.2	1.3
Less than weekly	2.4	3.2	1.8	1.2	0.8	0.3	1.5
<i>Total occasional^(a)</i>	4.4	5.5	3.5	2.3	1.5	0.5	2.8
All smokers	20.6	29.2	27.8	23.1	17.6	8.3	20.8
Ex-smoker ^(b)	4.7	17.1	25.6	29.0	26.0	26.6	22.9
Never smoked ^(c)	74.7	53.7	46.7	47.8	56.4	65.2	56.4
Persons							
Daily	15.1	26.1	25.7	22.2	18.2	8.9	19.5
Occasional ^(a)							
Weekly	2.3	2.8	2.2	1.2	1.0	0.4	1.6
Less than weekly	2.9	4.1	2.3	1.8	1.2	0.4	2.0
<i>Total occasional^(a)</i>	5.2	6.9	4.5	3.0	2.2	0.8	3.6
All smokers	20.3	33.0	30.2	25.2	20.4	9.7	23.1
Ex-smoker ^(b)	4.4	14.7	23.7	31.5	35.3	38.7	26.2
Never smoked ^(c)	75.3	52.2	46.1	43.3	44.3	51.6	50.6

(a) Occasional smokers are those who smoke less than daily, that is, weekly or less than weekly.

(b) An ex-smoker is a person who has 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.

(c) A person who has never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life is defined as never smoked.

Source: National Drug Strategy Household Survey 2001.

Government revenue

There are four areas related to the consumption of tobacco products from which State, Territory and Commonwealth governments earn revenue: excise on domestic goods, customs duty on imported products, goods and services tax (from 1 July 2000) and business franchise fees. In August 1997, the High Court ruled that the States and Territories could no longer collect State business franchise fees. Between August 1997 and June 2000, the Commonwealth Government collected additional tax and refunded this to the States and Territories as 'tobacco replacement payments'. Information on goods and services tax is not available at the commodity level.

In the context of the above, the net government revenue associated with tobacco products increased from \$4.3 billion in 1995–96 to \$5.1 billion in 2001–02 (Table 2.6). The amount of excise paid remained between \$4.6 billion and \$4.7 billion over the period 1998–99 to 2001–02, almost all derived from the sale of cigarettes. The amount of customs duty paid on tobacco products has increased from \$242 million in 1997–98 to \$399 million in 2001–02.

Table 2.6: Government revenue from excise, customs clearances, and State business franchise fees related to the sale of tobacco, Australia, 1995–96 to 2001–02

Duty	1995–96	1996–97	1997–98	1998–99	1999–00	2000–01	2001–02
	(\$m)						
Excise							
Cigarettes	1,563	1,629	3,914	4,555	4,645 ^(c)	4,542	4,673
Other tobacco	54	— ^(d)	139	142 ^(e)	48 ^(e)	73 ^(e)	12 ^(e)
<i>Total excise</i>	<i>1,617</i>	<i>1,629 ^(e)</i>	<i>4,052</i>	<i>4,696 ^(e)</i>	<i>4,693 ^(e)</i>	<i>4,616 ^(e)</i>	<i>4,685 ^(e)</i>
Customs							
Cigarettes	24	29	51	63	133	174	170
Cigars, etc. ^(a)	6	6	18	22	23	24	26
Other manufactured tobacco ^(b)	79	76	173	169	131	178	203
Unmanufactured tobacco	—	—	—	—	—	—	—
<i>Total customs</i>	<i>108</i>	<i>111</i>	<i>242</i>	<i>255</i>	<i>286</i>	<i>376</i>	<i>399</i>
State franchise taxes ^(f)	2,621	2,855	— ^(f)	— ^(f)	— ^(f)	48	n.a.
Total	4,346	4,595 ^(e)	4,294 ^(f)	4,951 ^{(e)(f)}	4,979 ^{(e)(f)}	5,040	5,085 ^{(e)(g)}

(a) Includes cigars, cigarillos and cheroots.

(b) Includes homogenised or reconstituted tobacco and tobacco extracts and essences.

(c) Coding changes from duty paid on weight to duty paid on number of sticks of cigarettes.

(d) Not available due to confidentiality restrictions.

(e) Excludes data not available due to confidentiality restrictions.

(f) Between 7 August 1997 and June 2000 the Commonwealth Government collected additional tax and refunded this to the States as 'tobacco replacement payments'.

(g) Excludes State franchise taxes which were not available at the time of publication.

Note: This table revises incorrect figures for 1997–98 and 1998–99 in the *Statistics on Drug Use in Australia 2000* report.

Sources: Australian Bureau of Statistics, unpublished data; Australian Bureau of Statistics 2002a.

3 Alcohol

Introduction

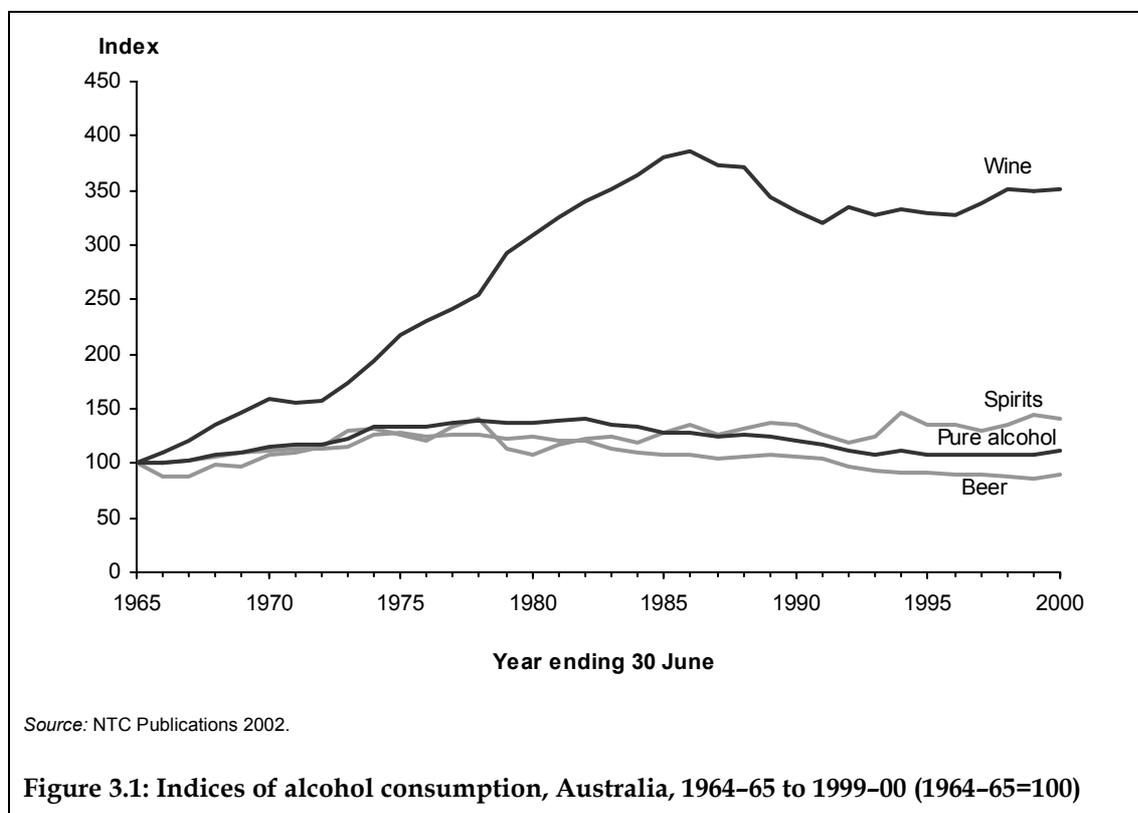
This chapter presents information on direct and indirect measures of alcohol consumption in Australia. For international comparisons of alcohol use, refer to Chapter 6. Alcohol consumption in Australia may be measured in two ways:

- official clearances through excise and customs
- estimates derived from population health surveys.

This chapter also looks at trends in apparent alcohol consumption and reported consumption from national population surveys. The latter sections of the chapter present the age and sex risk profiles associated with alcohol-related harms in the long term and the short term, and government revenue derived from the sale of alcohol.

Apparent consumption trends

There was a steady increase in the apparent consumption of alcohol in Australia for the period 1964–65 to 1981–82 as expressed by litres of pure alcohol per capita (Figure 3.1). This was followed by a decline from 9.8 litres per capita in 1981–82 to 7.8 litres per capita in 1999–00.



Consumption of beer in Australia rose steadily from 1964–65 to peak in the mid-1970s (136.5 litres per person per year in 1974–75). It has been in decline since then, although has remained stable around 95 litres per person per year since the mid-1990s.

Consumption of wine in Australia has increased almost fourfold from 5.6 litres per person in 1964–65 to 19.7 litres per person in 1999–00. This increase occurred in the 1960s, 1970s and early 1980s and peaked at 21.6 litres per person in 1985–86.

Consumption of spirits in Australia rose steadily over the period from 0.9 litres of pure alcohol per person in 1964–65 to 1.3 litres of pure alcohol per person in 1999–00.

Reported consumption trends

Population trends in alcohol consumption have remained relatively unchanged over the period 1991 to 2001 (Table 3.1).

Based on results of the 2001 NDSHS, 82.4% of the population aged 14 years and over consumed alcohol in the previous 12 months, while 8.3% reported drinking every day. Daily drinkers made up between 8.3% and 10.2% of the population over the period 1991 to 2001.

Weekly drinkers – those consuming alcohol at least once per week but not every day – made up 39.5% of the population aged 14 years and over in 2001. This proportion has remained fairly stable over the period 1991 to 2001.

Ex-drinkers – those who had consumed a full serve of alcohol in their life and no alcohol in the previous 12 months – made up 8.0% of the population in 2001. This was a decrease from previous surveys.

About 10% of the population had never consumed a full serve of alcohol in their life. This was a decrease from 1993 and 1995 and about the same as in 1998.

Table 3.1: Alcohol drinking status: proportion of the population aged 14 years and over, Australia, 1991 to 2001

Alcohol drinking status	1991	1993	1995	1998	2001
			(per cent)		
Daily	10.2	8.5	8.8	8.5	8.3
Occasional ^(a)					
Weekly	41.0	39.9	35.2	40.1	39.5
Less than weekly	30.4	29.5	34.3	31.9	34.6
Total occasional ^(a)	71.4	69.4	69.5	72.0	74.1
All drinkers	81.6	77.9	78.3	80.5	82.4
Ex-drinker ^(b)	12.0	9.0	9.5	10.0	8.0
Never a full serve of alcohol	6.5	13.0	12.2	9.4	9.6

(a) An occasional drinker is a person who drinks alcohol less than daily, that is, weekly or less than weekly.

(b) An ex-drinker has consumed at least a full serve of alcohol, but not in the last 12 months.

Sources: National Campaign Against Drug Abuse Household Survey 1991, 1993; National Drug Strategy Household Survey 1995, 1998, 2001.

Consumption by age and sex

In 2001, the proportion of the population aged 14 years and over that consumed alcohol peaked in 20–29-year-olds (90.1%) then decreased with age (Table 3.2).

Conversely, the proportion of the population that consumed alcohol every day increased with age from 0.4% of 14–19-year-olds to 16.1% of those aged 60 years or more.

Overall, males were twice as likely as females to drink alcohol every day, with 22.7% of males aged 60 years or more consuming alcohol compared with 10.6% of females.

Table 3.2: Alcohol drinking status: proportion of the population aged 14 years and over, by age and sex, Australia, 2001

Alcohol drinking status	Age group						All ages
	14–19	20–29	30–39	40–49	50–59	60+	
(per cent)							
Males							
Daily	0.3	4.2	6.6	11.5	17.6	22.7	11.1
Occasional ^(a)							
Weekly	31.2	54.8	53.0	48.2	47.0	36.3	46.0
Less than weekly	41.2	32.5	30.5	28.8	22.9	20.8	28.8
<i>Total occasional^(a)</i>	72.4	87.4	83.5	77.0	69.9	57.1	74.8
All drinkers	72.7	91.6	90.1	88.5	87.5	79.8	85.8
Ex-drinker ^(b)	5.6	3.2	4.6	7.2	7.7	11.9	6.8
Never a full serve of alcohol	21.7	5.2	5.3	4.3	4.8	8.2	7.4
Females							
Daily	0.5	1.8	2.9	6.3	9.1	10.6	5.6
Occasional ^(a)							
Weekly	25.4	39.4	35.2	39.0	33.6	25.2	33.2
Less than weekly	48.7	47.5	45.9	38.2	35.3	30.7	40.3
<i>Total occasional^(a)</i>	74.1	86.8	81.1	77.3	68.9	55.9	73.5
All drinkers	74.6	88.6	84.0	83.6	78.0	66.5	79.1
Ex-drinker ^(b)	3.9	5.8	9.5	8.0	11.5	13.5	9.2
Never a full serve of alcohol	21.5	5.6	6.5	8.4	10.5	20.0	11.7
Persons							
Daily	0.4	3.0	4.7	8.9	13.4	16.1	8.3
Occasional ^(a)							
Weekly	28.3	47.2	43.9	43.7	40.4	30.3	39.5
Less than weekly	44.9	39.9	38.4	33.4	29.0	26.2	34.6
<i>Total occasional^(a)</i>	73.2	87.1	82.3	77.2	69.4	56.5	74.1
All drinkers	73.6	90.1	87.0	86.1	82.8	72.6	82.4
Ex-drinker ^(b)	4.8	4.5	7.1	7.6	9.6	12.8	8.0
Never a full serve of alcohol	21.6	5.4	5.9	6.3	7.6	14.6	9.6

(a) Occasional drinkers are those who drink alcohol less than daily, that is, weekly or less than weekly.

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

Source: National Drug Strategy Household Survey 2001.

Risk of alcohol-related harm in the long term

Around 76% of males and 70% of females aged 14 years and over consumed alcohol at levels at which there is minimal risk of alcohol-related harm (Table 3.3). For males, 'low risk' is defined as the consumption of up to 28 standard drinks per week on average in the 12 months before the 2001 NDSHS. For females, this was the consumption of up to 14 standard drinks per week on average over the same period.

Overall, 9.9% of the population consumed alcohol at levels that are considered 'risky' or 'high risk' for alcohol-related harm in the long term. For males, the peak occurred among 20–29-year-olds, of whom 14.5% consumed an average of 29 or more standard drinks every week in the previous 12 months. For females, the peak also occurred among 20–29-year-olds of whom 14.9% consumed on average 15 or more standard drinks each week in the previous 12 months.

In 2001, 17.5% of the population aged 14 years and over did not drink a full serve of alcohol in the previous 12 months.

Table 3.3: Risk of harm in the long term: proportion of the population aged 14 years and over, by age and sex, Australia, 2001

Age group	Abstainers ^(a)	Level of risk ^(b)		
		Low risk	Risky	High risk
(per cent)				
Males				
14–19	27.2	64.0	6.1	2.7
20–29	8.4	77.1	9.5	5.0
30–39	9.8	81.4	5.8	3.1
40–49	11.4	79.0	6.4	3.2
50–59	12.5	75.8	7.3	4.3
60+	20.1	71.9	5.4	2.6
All ages	14.1	75.6	6.7	3.5
Females				
14–19	25.3	60.1	9.9	4.7
20–29	11.3	73.7	10.9	4.0
30–39	16.0	75.4	6.8	1.9
40–49	16.4	73.9	7.8	1.9
50–59	21.9	70.7	5.9	1.5
60+	33.0	62.6	3.7	0.7
All ages	20.8	69.8	7.2	2.2
Persons				
14–19	26.2	62.1	8.0	3.7
20–29	9.9	75.4	10.2	4.5
30–39	13.0	78.3	6.3	2.5
40–49	13.9	76.5	7.1	2.6
50–59	17.1	73.3	6.6	2.9
60+	27.1	66.8	4.4	1.6
All ages	17.5	72.7	7.0	2.9

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

(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'.

Source: National Drug Strategy Household Survey 2001.

Risk of alcohol-related harm in the short term

One in three persons aged 14 years or more consumed alcohol in a way that put themselves at significantly increased risk of alcohol-related harm in the short term (Table 3.4). Around 39% of males consumed 7 or more standard drinks and 29.6% of females consumed 5 or more standard drinks on at least one day in the previous 12 months.

In 2001, 64.2% of males aged 20–29 years consumed 7 or more standard drinks on at least one day in the last 12 months, which includes 14.6% of 20–29-year-old males that consumed this amount every week during the same period. Around 46% of females aged 14–19 years consumed 5 or more standard drinks on at least one day in the last 12 months, including 11.8% of 14–19-year-old females that consumed this amount every week during the same period.

About half of the population consumed alcohol at levels for which there was minimal risk of harm in the short term, while 17.5% did not consume alcohol at all.

Table 3.4: Risk of harm in the short term: proportion of the population aged 14 years and over, by age and sex, Australia, 2001

Age group	Abstainers ^(a)	Low risk ^(b)	Risky and high risk ^(c)			Total risky and high risk
			At least yearly but less than monthly	At least monthly but less than weekly	At least weekly	
(per cent)						
Males						
14–19	27.2	30.0	13.3	19.8	9.6	42.8
20–29	8.4	27.4	21.7	27.8	14.6	64.2
30–39	9.8	39.7	22.2	20.4	7.8	50.4
40–49	11.4	50.7	17.2	12.9	7.7	37.9
50–59	12.5	59.1	11.7	8.5	8.2	28.4
60+	20.1	66.5	5.8	3.6	4.0	13.4
All ages	14.1	46.5	15.5	15.3	8.5	39.4
Females						
14–19	25.3	28.3	13.4	21.2	11.8	46.4
20–29	11.3	32.1	20.4	26.8	9.3	56.5
30–39	16.0	47.5	18.9	12.8	4.8	36.6
40–49	16.4	55.1	14.7	9.3	4.6	28.6
50–59	21.9	62.0	8.6	4.3	3.3	16.1
60+	33.0	62.3	2.0	1.3	1.3	4.7
All ages	20.8	49.6	12.7	11.6	5.3	29.6
Persons						
14–19	26.2	29.2	13.4	20.5	10.7	44.6
20–29	9.9	29.8	21.1	27.3	12.0	60.4
30–39	13.0	43.7	20.5	16.5	6.3	43.3
40–49	13.9	52.8	16.0	11.1	6.2	33.3
50–59	17.1	60.5	10.2	6.4	5.8	22.3
60+	27.1	64.2	3.7	2.4	2.6	8.7
All ages	17.5	48.1	14.1	13.4	6.9	34.4

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

(b) For males, the consumption of up to 6 standard drinks on any one day. For females, the consumption of up to 4 standard drinks on any one day.

(c) 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.

Source: National Drug Strategy Household Survey 2001.

Government revenue

There are four areas related to alcohol consumption from which State, Territory and Commonwealth governments earn revenue: excise on domestic goods, customs duty on imported products, sales tax (to June 2000) or goods and services tax (from July 2000) and business franchise fees. In August 1997, the High Court ruled that the States and Territories could no longer collect State business franchise fees. Between August 1997 and June 2000 the Commonwealth Government collected additional tax and refunded this to the States and Territories. Information on sales tax and goods and services tax is not available at the commodity level.

In the context of the above, the net government revenue associated with alcohol increased from \$2.4 billion in 1995–96 to \$3.1 billion in 2000–01 (Table 3.5). The amount of revenue raised from excise remained relatively stable over the period 1995–96 to 2001–02, given that from 2000–01, the increase in excise on beer was offset by the decrease in State franchise fees following the August 1997 High Court decision. The revenue raised from customs duty on imported products has increased from \$577 million in 1995–96 to \$1,111 million in 2001–02.

Table 3.5: Government revenue from duty paid and State business franchise fees related to the sale of alcohol, Australia, 1995–96 to 2001–02

Duty	1995–96	1996–97	1997–98	1998–99	1999–00	2000–01	2001–02
	(\$m)						
Excise							
Beer	864	870	882	873	878	1,705	1,654
Spirits ^(a)	201	163	142	144	150	201	101
<i>Total excise</i>	<i>1,065</i>	<i>1,033</i>	<i>1,024</i>	<i>1,017</i>	<i>1,029</i>	<i>1,906</i>	<i>1,756</i>
Customs							
Beer	7	9	12	14	14	36	45
Wine	4	3	4	4	4	3	4
Spirits	565	645	717	720	751	1,074	1,062
<i>Total customs</i>	<i>577</i>	<i>657</i>	<i>732</i>	<i>737</i>	<i>770</i>	<i>1,113</i>	<i>1,111</i>
State franchise taxes ^(b)	735	774	532	921	973	97	n.a.
Total	2,377	2,464	2,288	2,675	2,772	3,116	2,867 ^(c)

(a) There was a decrease in excise duty for spirits in 1996–97 due to a policy change which treated imported spirits for mixed drinks as customable rather than excisable.

(b) On 5 August 1997 the High Court determined that State business franchise taxes are an excise and cannot be imposed by the States and Territories. Effective from 7 August 1997, the Commonwealth is collecting the tax on behalf of the States and Territories as an equivalent amount of additional tax.

(c) Excludes State franchise taxes which were not available at the time of publication.

Sources: Australian Bureau of Statistics, unpublished data; Australian Bureau of Statistics 2002a.

4 Illicit drug use

Introduction

This chapter presents information on illicit drug use in Australia based on results from the 1991 and 1993 National Campaign Against Drug Abuse Household Surveys, and the 1995, 1998 and 2001 NDSHS. For international comparisons of illicit drug use, refer to Chapter 6. This chapter provides a summary of illicit drug use in 2001, and presents trends in illicit drug use over the period 1991 to 2001. It also contains a new feature section on marijuana/cannabis use.

Measures of illicit drug use

Based on responses to the 2001 NDSHS, 37.7% of the Australian population aged 14 years and over had used any illicit drug at least once in their life and 16.9% had used any illicit drug at least once in the previous 12 months (Table 4.1).

Marijuana/cannabis was the most common illicit drug used, with one in three persons reporting that they had used at least once in their life and one in eight reporting they had used in the past 12 months.

In 2001, the five most common illicit drugs ever used in order of descending prevalence were marijuana/cannabis (33.1%), amphetamines (8.9%), hallucinogens (7.6%), ecstasy/designer drugs (6.1%) and pain-killers/analgesics for non-medical purposes (6.0%).

The five most common illicit drugs used in the last 12 months in order of descending prevalence were marijuana/cannabis (12.9%), amphetamines (3.4%), pain-killers/analgesics for non-medical purposes (3.1%), ecstasy/designer drugs (2.9%) and cocaine (1.3%).

The mean age of first using an illicit drug ranged from 17.6 years for those who had used inhalants to 22.8 years for those that had used tranquillisers/sleeping pills for non-medical purposes. The mean age of initiation was 18.5 years for marijuana/cannabis, 20.4 years for amphetamines and 21.9 for ecstasy/designer drugs.

Table 4.1: Summary of illicit drug use in Australia, 2001

Substance/behaviour	Drugs ever used ^(a)	Drugs recently used ^(b)	Mean age of initiation (years)
	(per cent)		
Marijuana/cannabis	33.1	12.9	18.5
Pain-killers/analgesics ^(c)	6.0	3.1	18.9
Tranquillisers/sleeping pills ^(c)	3.2	1.1	22.8
Steroids ^(c)	0.3	0.2	22.5
Barbiturates ^(c)	0.9	0.2	18.7
Inhalants	2.6	0.4	17.6
Heroin	1.6	0.2	20.7
Methadone ^(d)	0.3	0.1	21.8
Other opiates ^(c)	1.2	0.3	n.a.
Amphetamines ^(c)	8.9	3.4	20.4
Cocaine	4.4	1.3	22.6
Hallucinogens	7.6	1.1	19.1
Ecstasy/designer drugs	6.1	2.9	21.9
Injected drugs	1.8	0.6	20.2
Any illicit drug	37.7	16.9	18.6
None of the above	62.3	83.1	..

(a) Used at least once in lifetime.

(b) Used in the last 12 months.

(c) For non-medical purposes.

(d) For non-maintenance purposes.

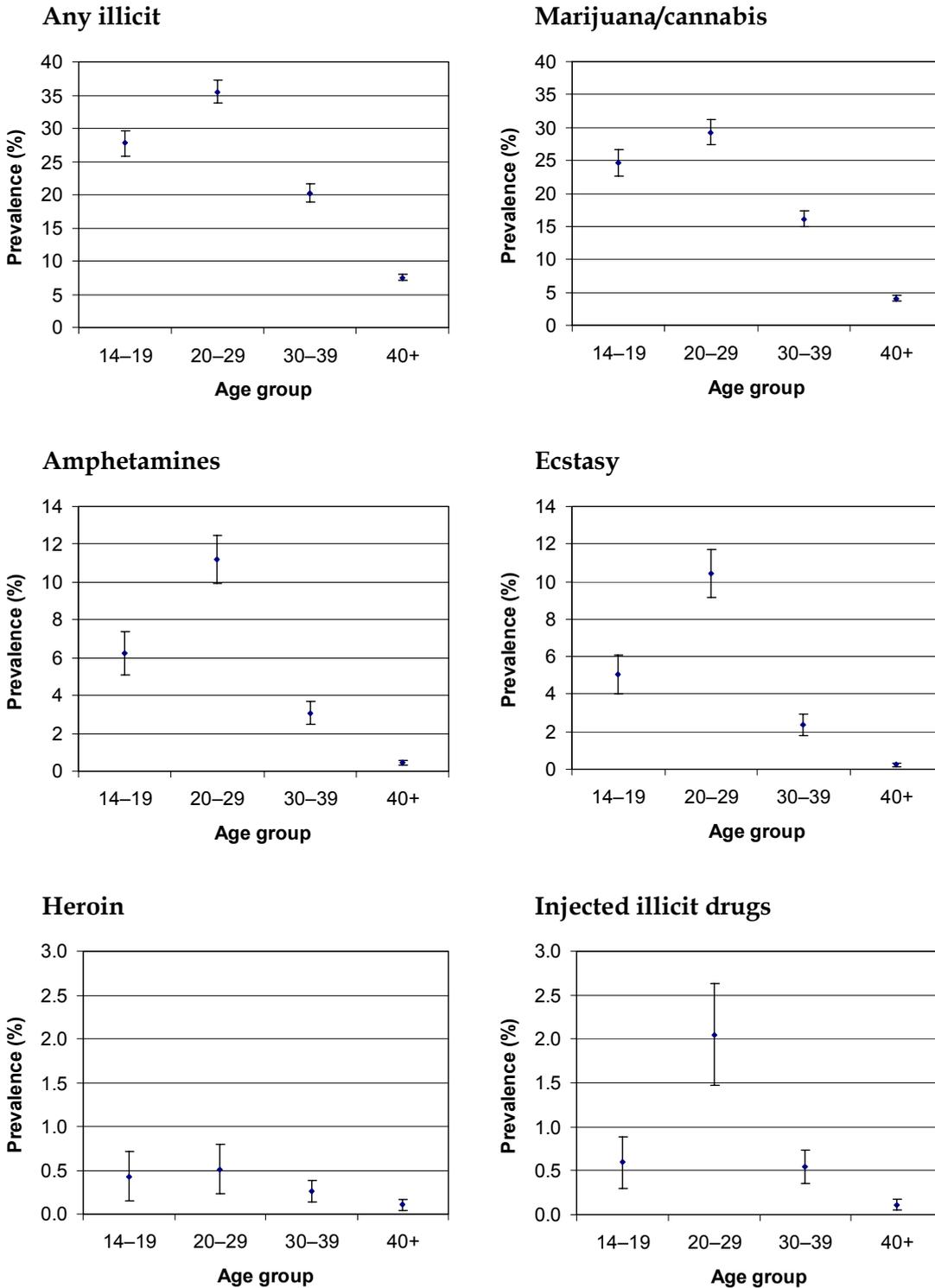
Source: National Drug Strategy Household Survey 2001.

Recent illicit drug use by age

Recent illicit drug use was most prevalent among persons aged 20–29 years (Figure 4.1). Around 35% used at least one illicit drug and 30% used marijuana/cannabis in the previous 12 months. About 10% used amphetamines and ecstasy/designer drugs, around 2% injected illicit drugs and less than 1% used heroin in the previous 12 months.

After 20–29-year-olds, persons aged 14–19 years were the most likely to have used illicit drugs in the last 12 months. More than one in four teenagers used any illicit drug and around one in four teenagers used marijuana/cannabis in the past 12 months.

From the age of 30 years, the prevalence of illicit drug use declined with age.



(a) See Appendix A for a description of confidence intervals.

Note: The above graphs are drawn to different scales.

Source: National Drug Strategy Household Survey 2001.

Figure 4.1: Prevalence and 95% confidence intervals^(a) of drug use in the last 12 months, selected illicit drugs, persons aged 14 years and over, by age, Australia, 2001

National trends

The use of any illicit drug during the previous 12 months fluctuated over the period 1991 to 2001 (Table 4.2). In 2001, 16.9% of the population aged 14 years and over reported the recent use of any illicit drug.

The recent use of marijuana/cannabis remained stable around 13%, with the exception of 1998 where 17.9% of the population reported its recent use.

Heroin use has remained relatively stable since 1991 at around 0.2% to 0.4%, although it decreased from 0.8% in 1998 to 0.2% in 2001.

The use of ecstasy/designer drugs in the last 12 months increased from 1.1% in 1991 to 2.9% in 2001.

Table 4.2: Summary of recent^(a) illicit drug use: proportion of the population aged 14 years and over, by drug type, Australia, 1991 to 2001

Substance/behaviour	1991	1993	1995	1998	2001
	(per cent)				
Marijuana/cannabis	13.7	12.7	13.1	17.9	12.9
Pain-killers/analgesics ^(b)	n.a.	1.7	3.5	5.2	3.1
Tranquillisers/sleeping pills ^(b)	n.a.	0.9	0.6	3.0	1.1
Steroids ^(b)	n.a.	0.3	0.2	0.2	0.2
Barbiturates ^(b)	1.5	0.4	0.2	0.3	0.2
Inhalants	0.8	0.6	0.6	0.9	0.4
Heroin	0.4	0.2	0.4	0.8	0.2
Methadone ^(c)	n.a.	n.a.	n.a.	0.2	0.1
Other opiates ^(b)	n.a.	n.a.	n.a.	n.a.	0.3
Amphetamines ^(b)	2.6	2.0	2.1	3.7	3.4
Cocaine	0.7	0.5	1.0	1.4	1.3
Hallucinogens	1.6	1.3	1.8	3.0	1.1
Ecstasy/designer drugs	1.1	1.2	0.9	2.4	2.9
Injected drugs	0.5	0.5	0.6	0.8	0.6
Any illicit drug	22.8	14.0	17.0	22.0	16.9
None of the above	77.2	86.0	83.0	78.0	83.1

(a) Used in the last 12 months.

(b) For non-medical purposes.

(c) For non-maintenance purposes.

Sources: National Campaign Against Drug Abuse Household Survey 1991, 1993; National Drug Strategy Household Survey 1995, 1998, 2001.

Marijuana/cannabis use

This section provides more detailed analysis of marijuana/cannabis use in Australia from the 2001 NDSHS. It includes a summary of marijuana/cannabis use, and support and opposition for the personal use of marijuana/cannabis being made legal.

Summary of marijuana/cannabis use

At each age marijuana/cannabis use was more common among males than females (Table 4.3). Males were more likely than females to have ever used marijuana/cannabis, used in the last 12 months, used in the last month and used in the last week.

Around 37% of males used marijuana/cannabis at least once in their life, with 15.8% using in the last 12 months, 10.3% using in the last month and 7.6% in the last week.

In comparison, around 29% of females used marijuana/cannabis at least once in their life, with 10.0% using in the last 12 months, 5.3% using in the last month and 3.7% using in the last week.

The prevalence of marijuana/cannabis use peaked in males and females aged 20–29 years. Around 62% of males and 56% of females aged 20–29 years reported using marijuana/cannabis at least once in their life, while 16.0% of males and 8.6% of females in this age group used marijuana/cannabis in the last week.

Table 4.3: Use of marijuana/cannabis: proportion of the population aged 14 years and over, by age and sex, Australia, 2001

Age group	Marijuana/cannabis use			
	Ever used	Used in the last 12 months	Used in the last month	Used in the last week
(per cent)				
Males				
14–19	35.2	26.6	15.6	11.0
20–29	61.6	35.1	23.1	16.0
30–39	54.8	20.8	13.8	11.5
40+	22.7	5.4	3.6	2.7
All ages	36.9	15.8	10.3	7.6
Females				
14–19	33.4	22.6	10.9	7.0
20–29	56.2	23.2	12.5	8.6
30–39	45.0	11.7	6.8	5.1
40+	14.7	2.8	1.5	1.0
All ages	29.4	10.0	5.3	3.7
Persons				
14–19	34.3	24.6	13.3	9.1
20–29	58.9	29.3	17.9	12.4
30–39	49.8	16.1	10.2	8.2
40+	18.6	4.1	2.5	1.8
All ages	33.1	12.9	7.8	5.6

Source: National Drug Strategy Household Survey 2001.

Frequency of marijuana/cannabis use

Among recent users of marijuana/cannabis in 2001, 43.7% of males and 55.8% of females used marijuana/cannabis less frequently than once per month, while 12.9% of males and 12.7% of females used marijuana/cannabis about once a month (Table 4.4). Around one in four males and one in six females used marijuana/cannabis at least once a week but less than every day, and 17.1% of males and 14.3% of females used marijuana/cannabis every day.

Among males, those aged 20–29 years (19.8%) were most likely to use marijuana/cannabis every day compared with those in other age groups, while among females, those aged 30–39 years (19.1%) were most likely to use marijuana/cannabis every day.

More than one in 10 marijuana/cannabis users aged 14–19 years used the drug every day, while about one in five used once a week but less than every day, one in six used about once a month and about half used less often.

Table 4.4: Frequency of marijuana/cannabis use: proportion of recent^(a) users aged 14 years and over, by age and sex, Australia, 2001

Age group	Frequency of marijuana/cannabis use			
	Every day	Once a week or more	About once a month	Less often
(per cent)				
Males				
14–19	12.4	23.0	16.8	47.8
20–29	19.8	24.5	11.4	44.2
30–39	17.8	29.4	13.3	39.6
40+	15.4	28.9	11.6	44.0
All ages	17.1	26.2	12.9	43.7
Females				
14–19	10.6	14.4	16.2	58.8
20–29	14.3	15.7	13.7	56.3
30–39	19.1	23.0	8.9	49.0
40+	12.8	17.4	9.9	60.0
All ages	14.3	17.3	12.7	55.8
Persons				
14–19	11.6	19.1	16.5	52.7
20–29	17.7	21.1	12.3	48.9
30–39	18.3	27.0	11.6	43.1
40+	14.5	24.9	11.0	49.7
All ages	16.0	22.7	12.8	48.5

(a) Used in the last 12 months.

Source: National Drug Strategy Household Survey 2001.

Support for legalisation of marijuana/cannabis for personal use

In the 2001 NDSHS, respondents were asked about their level of support for the personal use of marijuana/cannabis being made legal. In 2001, 47.6% of males and 51.5% of females were opposed or strongly opposed to the personal use of marijuana/cannabis being made legal (Table 4.5). Conversely, 29.7% of males and 25.2% of females supported or strongly supported the personal use of marijuana/cannabis being made legal.

Table 4.5: Support for personal use of marijuana/cannabis being made legal: proportion of the population aged 14 years and over, by age and sex, Australia, 2001

Age group	Level of support for marijuana/cannabis being made legal			
	Support or strongly support	Oppose or strongly oppose	Neither support nor oppose	Don't know enough to say
(per cent)				
Males				
14–19	28.4	43.1	22.9	5.6
20–29	45.0	34.5	17.1	3.4
30–39	38.4	38.3	19.6	3.7
40+	21.9	56.3	16.0	5.8
All ages	29.7	47.6	17.6	5.0
Females				
14–19	26.4	47.7	19.8	6.1
20–29	36.4	40.9	19.7	3.0
30–39	31.6	44.0	19.1	5.3
40+	19.1	58.2	14.2	8.5
All ages	25.2	51.5	16.6	6.7
Persons				
14–19	27.4	45.3	21.4	5.8
20–29	40.7	37.7	18.4	3.2
30–39	34.9	41.2	19.3	4.5
40+	20.5	57.3	15.0	7.2
All ages	27.4	49.6	17.1	5.9

Source: National Drug Strategy Household Survey 2001.

5 Pharmaceutical products

Introduction

Data on the use of pharmaceutical products in Australia are derived from two main sources. The Health Insurance Commission through the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS) provides data on pharmaceutical products that are subsidised by the Commonwealth Government. The Pharmacy Guild Survey is an ongoing survey of community pharmacies conducted by the Pharmacy Guild of Australia. The Pharmacy Guild Survey estimates the number of prescriptions issued from community pharmacies that are not covered by the PBS/RPBS. In 2001, it was estimated that slightly less than 80% of all community prescriptions (that is, non-public hospitals) were dispensed under the PBS/RPBS.

The information in this chapter only describes pharmaceutical products dispensed in community pharmacies and does not include medications issued from public hospitals.

Top 10 prescription medicines

In 2001, approximately 208.1 million prescriptions were dispensed through community pharmacies. This represented an increase of 5.0% over the previous year and 9.8% over the period 1999–2001.

By volume

The top 10 medicines by number of prescriptions issued from community pharmacies summed to 43.2 million or around 20% of all prescriptions in 2001 (Table 5.1). The top two ranked prescription medicines – atorvastatin and simvastatin – were drugs used to lower cholesterol, while three out of the top 10 medicines – paracetamol, codeine with paracetamol and temazepam – affect the central nervous system.

Table 5.1: Top 10 prescription medicines distributed through community pharmacies, Australia, 2001

Drug (action)	PBS/RPBS	Pharmacy Guild Survey	Total community use
		(Prescriptions '000)	
Atorvastatin (cholesterol lowering)	5,189	7	5,196
Simvastatin (cholesterol lowering)	4,984	4	4,987
Paracetamol (analgesic)	4,775	110	4,885
Salbutamol (asthma treatment)	3,585	1,134	4,719
Amoxicillin (antibiotic)	2,393	2,277	4,670
Codeine with paracetamol (strong analgesic)	2,985	1,188	4,174
Ranitidine hydrochloride (peptic ulcer treatment)	3,324	486	3,810
Celecoxib (osteoarthritis and rheumatoid arthritis)	3,770	26	3,796
Atenolol (blood pressure reduction)	2,744	801	3,545
Temazepam (for sleep)	2,787	599	3,385

Source: Commonwealth Department of Health and Ageing, unpublished data.

In 2001, around 85% of the top 10 prescription medicines dispensed at community pharmacies were prescriptions covered by the PBS/RPBS.

By cost to Commonwealth Government

In 2001, the top 10 prescription medicines by cost to the Commonwealth Government accounted for around \$1.4 billion of Commonwealth expenditure (Table 5.2). Again, the top two ranked prescription medicines were drugs used to lower cholesterol. Commonwealth expenditure on atorvastatin and simvastatin totalled \$539 million in 2001, which was 39% of Commonwealth expenditure among the top 10 drugs.

Table 5.2: Top 10 prescription drugs by cost to the Commonwealth Government (PBS and RPBS), Australia, 2001

Drug (action)	Defined daily dose	Number of prescriptions	Cost to Commonwealth
	DDD ^(a)	('000)	(\$m)
Simvastatin (cholesterol lowering)	35.4	4,984	272
Atorvastatin (cholesterol lowering)	49.9	5,189	267
Omeprazole (peptic ulcer treatment)	17.6	3,271	180
Celecoxib (osteoarthritis and rheumatoid arthritis)	23.4	3,770	143
Olanzapine (schizophrenia treatment)	2.4	581	122
Salmeterol and fluticasone (asthma treatment)	. .	1,482	92
Pravastatin (lipid reduction)	9.7	1,612	88
Bupropion (treatment for nicotine dependence)	3.0	357	84
Insulin (blood sugar regulation)	9.8	428	78
Sertraline (antidepressant)	14.7	2,303	67

(a) Defined daily dose per 1,000 population per day.

Source: Commonwealth Department of Health and Ageing, unpublished data.

By defined daily dose

The most accurate way to express the consumption of prescription drugs is through the defined daily dose per thousand population per day (DDD). The defined daily dose is the amount necessary to treat one adult for one day. The Nordic Council on Medicines and the World Health Organization Drug Utilisation Research Group establishes the defined daily dose. The use of DDD allows comparisons to be made irrespective of the price, preparation or the quantity of the prescription.

Among the top 10 prescription drugs by DDD, the cholesterol-lowering drugs atorvastatin (49.9) and simvastatin (35.4) were ranked first and second, and made up 35% of the top 10 prescriptions by DDD (Table 5.3).

Table 5.3: Top 10 prescription medicines issued through community pharmacies by defined daily dose^(a), Australia, 2001

Drug (action)	PBS/RPBS	Pharmacy Guild Survey	Total community use
		(DDD ^(a))	
Atorvastatin (cholesterol lowering)	49.9	0.1	49.9
Simvastatin (cholesterol lowering)	35.4	0.0	35.4
Salbutamol (asthma treatment)	22.2	7.9	30.2
Celecoxib (osteoarthritis and rheumatoid arthritis)	23.4	0.2	23.5
Frusemide (fluid retention)	19.9	1.6	21.5
Omeprazole (peptic ulcer treatment)	17.6	0.1	17.7
Ranitidine hydrochloride (peptic ulcer treatment)	14.6	2.1	16.8
Ramipril (blood pressure)	16.4	0.3	16.6
Amlodipine (blood pressure)	14.9	1.3	16.2
Ipratropium bromide (asthma treatment)	15.1	0.1	15.3

(a) Defined daily dose per 1,000 population per day.

Source: Commonwealth Department of Health and Ageing, unpublished data.

Community prescriptions for major drug groups

Medicines are classified into Anatomical Therapeutic Chemical groups generally according to the target organ of individual drugs. In 2001, the most widely prescribed class of drug was for the cardiovascular system (52.7 million prescriptions), followed by drugs that affect the central nervous system (40.5 million prescriptions) (Table 5.4). As a proportion of all prescriptions, those for the cardiovascular system increased from 23.8% in 1999 to 25.3% in 2001, while prescriptions for the central nervous system decreased from 19.8% in 1999 to 19.5% in 2001.

Table 5.4: Number of community prescriptions issued for selected Anatomical Therapeutic Chemical (ATC) groups, Australia, 1999–2001

ATC group	PBS/RPBS			Pharmacy Guild Survey			Total community		
	1999	2000	2001	1999	2000	2001	1999	2000	2001
		(m)			(m)			(m)	
Alimentary ^(a)	18.2	19.0	19.4	2.3	2.5	3.2	20.5	21.4	22.6
Cardio ^(b)	41.9	45.9	49.3	3.2	3.1	3.4	45.1	49.0	52.7
Anti-infectives ^(c)	13.3	13.2	13.2	11.0	11.0	11.0	24.3	24.2	24.2
Central nervous ^(d)	29.9	31.2	33.2	7.6	7.6	7.3	37.5	38.8	40.5
Respiratory ^(e)	12.4	12.4	11.4	2.7	2.3	2.9	15.1	14.7	14.3
Other ^(f)	30.5	33.7	38.0	16.5	16.4	15.8	47.0	50.1	53.8
Total source	146.3	155.3	164.5	43.2	42.8	43.6	189.5	198.2	208.1

(a) Alimentary includes drugs for peptic ulcers/reflux.

(b) Cardio includes drugs that lower blood pressure and that lower lipids.

(c) Anti-infectives includes antibiotics.

(d) Central nervous includes analgesics, tranquillisers and antidepressants.

(e) Respiratory includes anti-asthmatic drugs.

(f) Other includes all other drugs listed for use in Australia.

Source: Commonwealth Department of Health and Ageing, unpublished data.

Drugs affecting the central nervous system

Over the period 1999 to 2001, the most widely used drugs affecting the central nervous system according to DDD were antidepressants, followed by psycholeptics and analgesics (Table 5.5). Over the same period, around 30 million prescriptions were issued by community pharmacies for antidepressants, 26 million prescriptions for anxiolytics, hypnotics and sedatives, 20 million prescriptions for opioid analgesics and 19 million prescriptions for non-opioid analgesics.

In 2001, the most widely used drugs affecting the central nervous system according to DDD were antidepressants (51.5 DDD) followed by psycholeptics (31.5 DDD) and analgesics (23.2 DDD). Antidepressants accounted for 47% of total central nervous system drugs by DDD, psycholeptics, 29%, and analgesics, 21%.

Table 5.5: Community prescriptions for nervous system drugs, Australia, 1999 to 2001

Type of nervous system drug	Number of prescriptions			Defined daily dose		
	1999	2000	2001	1999	2000	2001
	(m)			(DDD ^(a))		
Analgesics						
Opioid	6.5	6.7	7.5	9.6	9.8	11.2
Non-opioid	6.5	6.4	6.3	12.4	12.3	12.0
<i>Total analgesics</i>	<i>12.9</i>	<i>13.0</i>	<i>13.8</i>	<i>21.9</i>	<i>22.0</i>	<i>23.2</i>
Psycholeptics						
Major tranquillisers ^(b)	2.5	2.6	2.7	6.2	6.7	7.4
Anxiolytics, hypnotics and sedatives ^(c)	8.8	8.7	8.7	25.3	24.3	24.1
<i>Total psycholeptics</i>	<i>11.4</i>	<i>11.4</i>	<i>11.3</i>	<i>31.5</i>	<i>31.0</i>	<i>31.5</i>
Antidepressants	9.1	10.0	10.9	41.0	46.6	51.5
Other nervous system drugs ^(d)	0.8	0.9	0.7	2.4	1.6	4.1
Total nervous system drugs	21.2	22.3	23.0	96.8	101.2	110.3

(a) Defined daily dose per 1,000 population per day.

(b) Major tranquillisers mainly includes anti-psychotic drugs.

(c) Anxiolytics, hypnotics and sedatives includes benzodiazepines and barbiturates.

(d) Other nervous system drugs includes anti-epileptics and anaesthetics.

Source: Commonwealth Department of Health and Ageing, unpublished data.

6 International comparisons

Introduction

International comparisons are useful for allowing informed discussion at many levels, and for assessing the effectiveness of different drugs policies throughout the world. However, comparative analyses of drug use in different countries are difficult due to cultural and political differences, and the legal framework of drug laws can differ greatly. In addition, each country has unique surveys and data collection methodologies, which make comparisons difficult. For example, the United States of America uses large-scale household surveys that specifically address drug use patterns and drug-related issues. In contrast, Great Britain collects drug use data as subsets of the Health Survey of England and the British Crime Survey. This chapter presents data on licit and illicit drug use for selected countries. The presentation is by drug, which differs from the country focus in the 2000 report to enable more countries to be reported and the comparative place of Australia to be acknowledged.

Tobacco

Prevalence of daily smoking varies considerably among OECD countries, ranging from about one in three of the adult population in Japan and Korea, to less than one in five in Canada, Australia, the United States and Sweden (Table 6.1).

All countries reported have seen a decline in prevalence of daily smoking from 1971 to 2001, with major reductions in the early part of this period and a slowing of the decline in the last decade.

Table 6.1: Prevalence of daily smoking, population aged 15 years and over, selected countries, 1971 to 2001

Country	1971	1981	1991	2001
Japan	46.1	43.1	37.7	34.3 ²
Korea	n.a.	n.a.	34.7 ¹	33.5 ³
Netherlands	55.0	42.0	38.0	33.0 ¹
Luxembourg	n.a.	n.a.	33.0 ¹	32.0 ³
Norway	41.0 ²	35.0	34.0	32.0 ¹
Denmark	56.0	49.0	44.0	30.5 ¹
Hungary	n.a.	n.a.	35.5 ³	30.1 ¹
Belgium	n.a.	40.5 ¹	28.5	28.0
Ireland	45.6 ²	n.a.	28.5	27.0 ³
United Kingdom	46.5	39.0 ¹	30.0 ¹	27.0 ¹
France	n.a.	31.4 ¹	28.5 ¹	27.0
Austria	27.7 ¹	28.1 ²	27.5	n.a.
Germany	n.a.	45.4 ³	23.7 ¹	24.7 ²
Italy	n.a.	n.a.	25.7 ²	24.4 ¹
Iceland	n.a.	n.a.	30.5	23.6
Czech Republic	n.a.	n.a.	26.1 ²	23.5 ²
Finland	n.a.	27.2	27.0	23.4 ¹
New Zealand	n.a.	32.0	26.0	22.0
Canada	39.5	32.8	25.9	19.8 ¹
Australia	37.0²	36.0¹	26.7	19.8
United States	37.3 ¹	33.5 ¹	22.0	19.0 ¹
Sweden	n.a.	30.4	25.1	18.9 ¹

¹ ² ³ Data from 1, 2 or 3 previous years.

¹ ² ³ Data from 1, 2 or 3 following years.

Source: OECD Health Data 2002; National Drug Strategy Household Survey 2001.

A similar gradient across countries is observed for per capita consumption of tobacco, ranging from 3,600 grams per capita (aged 15 years and over) in Greece down to less than 1,000 grams in Finland (Table 6.2). Unlike prevalence, not all countries have seen a reduction in consumption, with notable increases in Greece and Turkey.

Table 6.2: Tobacco consumption, grams per capita, population aged 15 years and over, selected countries, 1971 to 2001

Country	1971	1981	1991	2001
Greece	2,311	2,961	2,936	3,624 ¹
Japan	2,442 ¹	2,576	3,283	n.a.
Netherlands	2,963	3,493	3,040	2,472 ¹
Belgium	3,649	3,036	2,468	n.a.
Austria	2,567	2,688	2,350	n.a.
Turkey	1,236	1,434	2,043	2,380
Germany	2,790	2,843 ²	1,929 ¹	2,262 ²
Hungary	2,885	2,974	2,221	2,055 ²
Italy	2,093	2,643 ²	n.a.	n.a.
France	2,152	2,232	2,270	1,912 ¹
Ireland	3,015	3,381 ²	1,759	1,834 ²
Iceland	2,655	2,932	2,419	1,762
Korea	n.a.	n.a.	2,194	1,725 ²
United States	3,515	2,957	2,191	1,633 ²
Sweden	2,310	1,980	1,860	n.a.
Denmark	2,166	2,046	1,821	1,611 ²
Norway	2,019	2,103	1,956	1,509 ¹
Canada	3,185	2,974	1,667	1,432
Australia	3,294	2,819	1,969	1,349²
New Zealand	3,114 ¹	2,905	1,738	1,339 ¹
United Kingdom	2,540	2,718	2,176	1,239 ¹
Finland	n.a.	1,406	1,355	957 ¹

¹ ² Data from 1 or 2 previous years.

¹ Data from 1 following year.

Source: OECD Health Data 2002.

Alcohol

Alcohol consumption is highly prevalent in many countries of the world, and for those countries where it is not, in most cases consumption is influenced by cultural or religious constraints. Hence international comparisons of population prevalence essentially group countries into two groups: those where it is the norm to consume, and those where it is not. A more useful indicator of consumption is total litres of pure alcohol per capita (or per capita aged 15 years and over), which has been shown to be correlated with other measures of alcohol-related harm.

In the year 2000, the Republic of Ireland reported the highest per capita consumption of pure alcohol, at 12.3 litres per person – largely driven by their high consumption of beer (Table 6.3). Among the top 45 countries listed, there is least variation in the per capita consumption of beer, ranging from 160.0 litres per capita in the Czech Republic to 22.4 litres in Singapore. This compares with a 60-fold variation in wine consumption, ranging from 60.8 litres in Luxembourg to 1.0 litre per capita in Singapore.

Table 6.3: Alcohol consumption, litres per capita, selected countries^(a), 2000^(b)

Rank	Total pure alcohol ^(c)		Beer		Wine		Spirits (pure alcohol)	
	Country	Litres	Country	Litres	Country	Litres	Country	Litres
1	Republic of Ireland	12.3	Czech Republic	160.0	Luxembourg	60.8	Latvia	5.6
2	Luxembourg	12.1	Republic of Ireland	152.9	France	56.0	Russia	5.5
3	Romania	11.7	Germany	125.5	Italy	51.0	Romania	5.4
4	Portugal	10.8	Austria	108.1	Portugal	50.0	Slovak Republic	4.6
5	Czech Republic	10.6	Luxembourg	107.9	Switzerland	43.5	Thailand	3.5
6	France	10.5	Denmark	99.7	Romania	36.7	Czech Republic	3.4
7	Germany	10.5	Belgium	98.2	Argentina	34.9	Poland	3.2
8	Spain	10.0	United Kingdom	95.4	Greece	34.0	China	3.2
9	Denmark	9.5	Australia	95.0	Republic of Ireland	33.2	Hungary	2.8
10	Austria	9.4	Slovak Republic	87.5	Spain	33.0	Cyprus	2.7
11	Hungary	9.2	USA	84.1	Uruguay	32.6	Japan	2.6
12	Switzerland	9.2	Netherlands	82.5	Austria	31.8	France	2.4
13	Slovak Republic	8.5	New Zealand	80.0	Denmark	30.9	Spain	2.4
14	Belgium	8.4	Finland	78.4	Hungary	29.0	Republic of Ireland	2.4
15	United Kingdom	8.4	Venezuela	75.7	Germany	23.6	Bulgaria	2.3
16	Netherlands	8.2	Spain	71.8	Bulgaria	21.4	Finland	2.2
17	Russia	8.1	Canada	69.9	Belgium	20.0	USA	2.0
18	Greece	8.0	Portugal	65.3	Australia	19.7	Canada	2.0
19	Australia	7.8	Hungary	61.6	Malta	19.6	Guyana	1.9
20	Cyprus	7.7	Poland	59.6	Finland	19.2	Greece	1.9
21	Italy	7.5	Cyprus	59.4	Chile	18.8	Germany	1.9
22	Latvia	7.4	South Africa	58.7	Netherlands	18.8	Estonia	1.8
23	New Zealand	7.4	Switzerland	57.8	New Zealand	17.0	Colombia	1.8
24	Finland	7.1	Sweden	56.4	United Kingdom	16.9	Netherlands	1.7
25	Poland	6.9	Colombia	53.3	Cyprus	16.6	Luxembourg	1.6
26	USA	6.7	Brazil	53.0	Czech Republic	16.4	Chile	1.6
27	Canada	6.6	Norway	51.7	Sweden	15.3	Brazil	1.6
28	Japan	6.5	Mexico	49.7	Slovak Republic	11.3	United Kingdom	1.6
29	Argentina	6.3	Iceland	48.9	Canada	9.7	Switzerland	1.5
30	Bulgaria	5.2	Paraguay	46.1	Norway	9.7	Cuba	1.5
31	Uruguay	5.9	Japan	45.8	Iceland	7.9	Portugal	1.4
32	Chile	5.3	Malta	43.2	Russia	7.9	Austria	1.4
33	Malta	5.2	Greece	39.5	USA	7.6	New Zealand	1.4
34	Sweden	4.9	France	38.1	South Africa	6.7	Australia	1.3
35	South Africa	4.7	Romania	37.1	Poland	5.6	Belgium	1.2
36	Venezuela	4.7	Argentina	36.7	Latvia	3.2	Denmark	1.2
37	Brazil	4.5	Russia	36.0	Japan	2.9	Malta	1.1
38	Colombia	4.5	Latvia	34.0	Tunisia	2.8	Iceland	1.1
39	Iceland	4.4	Italy	28.1	Estonia	2.7	Sweden	1.0
40	Thailand	4.4	Chile	28.0	Brazil	2.0	South Africa	1.0
41	Norway	4.3	Bulgaria	27.4	Cuba	1.9	Venezuela	0.9
42	China	4.0	Taiwan	26.3	Paraguay	1.4	Uruguay	0.9
43	Mexico	3.1	Peru	25.7	Morocco	1.1	Norway	0.7
44	Taiwan	3.1	Uruguay	22.7	Peru	1.0	Taiwan	0.6
45	Guyana	2.9	Singapore	22.4	Singapore	1.0	Singapore	0.6

(a) Top 45 ranked countries based on per capita consumption of total pure alcohol.

(b) Calendar year for all countries except Australia, Canada, New Zealand and Taiwan.

(c) As published, conversion factors from wine and beer not known for individual countries.

Source: NTC Publications 2002.

The pattern of change over time in per capita consumption of alcohol varies considerably amongst the OECD countries (Table 6.4). For the majority, there appears to have been a peak of consumption in the 1970s and 1980s with a tapering off towards the end of the century. A few countries, notably Luxembourg and Ireland, have seen an increase in consumption over the past 40 years, while France and Italy have seen considerable decline over this period.

Table 6.4: Alcohol consumption, litres of pure alcohol per capita, population aged 15 years and over, selected countries, 1961 to 2001

Country	1961	1971	1981	1991	2001
Luxembourg	10.4	12.7	12.4	15.2	14.9 ¹
Portugal	17.2	20.0	15.6	15.8	13.0 ¹
France	25.1	22.5	19.7	16.2	12.9 ¹
Ireland	7.8	11.2	13.0	10.6	12.3 ¹
Czech Republic	n.a.	n.a.	12.3	11.5	11.8 ¹
Spain	9.6	16.0	17.6	13.2	11.7 ¹
Denmark	5.8	9.3	12.0	11.6	11.6 ¹
Austria	10.9	15.5	13.7	12.8	11.3 ¹
Switzerland	12.7	14.2	13.7	12.9	11.2 ¹
Hungary	8.1	11.9	14.8	13.3	11.1 ¹
Germany	7.5 ¹	13.4 ¹	12.5	12.4	10.5 ¹
United Kingdom	n.a.	7.4	9.1	9.4	10.2 ¹
Belgium	9.0	12.5	13.5	11.5	10.2 ¹
Netherlands	3.7 ¹	8.5	11.3	10.0	10.0 ¹
Australia	9.3	11.6	13.0	10.0	9.8²
Greece	7.2	7.0	12.7	10.6	9.4 ¹
Slovak Republic	7.1	13.6	14.5	13.7	9.2 ¹
Finland	2.9	6.4	8.0	9.2	8.9
New Zealand	5.3 ¹	10.4	11.7	10.3	8.9
Italy	16.6 ¹	18.2 ¹	13.0	10.7	8.7 ¹
Poland	6.3	8.0	8.7	8.8	8.5 ¹
United States	7.8	9.8	10.5	9.7	8.3 ³
Japan	n.a.	6.9 ¹	8.1 ¹	8.9	8.3 ²
Canada	7.2	9.0	10.8	8.8	7.6 ²
Iceland	2.5	4.1	4.4	5.1	6.3
Sweden	5.1	7.0	6.3	6.3	6.2 ¹
Norway	3.5	4.9	5.3	4.9	5.6 ¹
Turkey	0.9	1.2	1.6	1.4	1.4

¹ ² Data from 1 or 2 previous years.

Source: OECD Health Data 2002.

Illicit drugs

The data presented here relate to the use of marijuana/cannabis, amphetamines, ecstasy and opiates, and summarise and update collated data by the United Nations Office for Drug Control and Crime Prevention (UNODCCP). Only data relating to English-speaking countries are presented here. The countries use various types of population surveys and other data collection methods, and therefore comparisons should be treated with caution. For more detail on the methods and sources, readers are referred to the UNODCCP publication.

The levels and patterns of illicit drug use in the selected English-speaking countries vary considerably (Table 6.5). Marijuana/cannabis use in the previous 12 months is most prevalent in New Zealand (20.0%) and least prevalent in Canada (8.9%). Amphetamines use ranges from 1.1% in the United States to 5.0% in New Zealand, while ecstasy use is most prevalent in Australia (3.4%) and New Zealand (3.4%). The use of opiates is very low in all selected countries, with 1.0% of the population or less using in the previous 12 months.

Table 6.5: Summary of drug use in the past 12 months: proportion of the population aged 15 years and over, selected countries, 2000–2001^(a)

Substance	Australia	Canada	New Zealand	United Kingdom ^(b)	United States
			(per cent)		
Marijuana/cannabis	15.0	8.9	20.0	9.4	9.3
Amphetamines	4.0	n.a.	5.0	1.9	1.1
Ecstasy	3.4	1.5	3.4	1.6	1.4
Opiates ^(c)	0.6	0.3	1.0	0.6	0.5

(a) Australia, New Zealand and United States 2001; Canada and United Kingdom 2000.

(b) United Kingdom figures for marijuana/cannabis, amphetamines and ecstasy relate to persons aged 16–59 years.

(c) Includes heroin, opium, morphine and synthetic opiates.

Source: Alcohol and Public Health Research Unit 2002; National Drug Strategy Household Survey 2001; Substance Abuse and Mental Health Services Administration 2002; United Nations Office for Drug Control and Crime Prevention 2002.

7 Drugs and health

Introduction

This chapter presents information linking drug use to health. The first section looks at drug-related deaths and hospital episodes. The following sections present information relating to injecting drug users and drug overdose statistics, and the final section presents information relating to alcohol use and road fatalities.

Mortality and morbidity

Attributable cause

Most ill health, disease and death result from a cluster of causes, so it is difficult to identify the burden of any one single risk factor (such as tobacco smoking or obesity), particularly in an individual person. However, epidemiological techniques enable the estimation of the population burden of a specific risk factor within a particular disease or condition. One such technique applied in the area of drug use is the aetiological (causal) fraction, which is based on analyses of the rates of disease or death related to various levels of drug use (exposure) and produces a 'fraction' indicating the degree to which drug use is considered a contributory cause of the condition in question.

Aetiological fractions can be determined directly or indirectly. For some conditions, the aetiological fraction is 1.00, that is, the cause of death (or disease) is aetiologicaly defined. An example is death due to opiate poisoning, for which the aetiological fraction due to illicit drug use is 1.00. Compare this with stomach cancer: the aetiological fraction for this condition due to cigarette smoking is 0.091 for males and 0.061 for females (Ridolfo & Stevenson 2001).

Holman and Armstrong published detailed estimates of the attributable population burden of drug use in Australia in 1990, and English and Holman updated the methodology in 1995. The aetiological fractions developed by English and Holman were applied to the mortality and morbidity data presented in *Statistics on Drug Use in Australia 1998*. AIHW (Ridolfo & Stevenson 2001) has since revised the aetiological fractions used when determining mortality and morbidity estimates, and these fractions have been used in this report.

It should be noted that the aetiological fractions used in this report include the protective effects provided by some drugs (such as alcohol). This means that in some cases a certain level of consumption of a particular substance may actually reduce the probability of an individual contracting a particular illness, thus providing a net benefit for the population as a whole.

For example, it is now widely accepted that low-level alcohol consumption (1-2 standard drinks per day for men and less than 1 standard drink per day for women) may provide protection from a number of illnesses (NHMRC 2001). Recent evidence suggests that low to moderate regular drinking patterns may have a protective effect against heart disease and

heart attack among middle-aged and older people. Furthermore, low levels of alcohol consumption may protect some people from hypertension and cardiovascular disorders. It should be noted that populations at risk of these disorders, such as men over the age of 40 years and women aged 45 years and over, are the primary recipients of these benefits.

Deaths attributable to drug use

Drug use was a causal factor in the deaths of a large number of Australians in 1998 (Table 7.1). Approximately 19,000 deaths were attributable to tobacco use and 1,023 deaths were related to the use of illicit drugs. However, it was estimated that deaths related to alcohol use were more than offset by the deaths averted due to alcohol's protective health effect, so that overall, 2,371 net deaths were averted in 1998.

Among persons aged 0–34 years in 1998, alcohol contributed to 835 net deaths, compared with 659 deaths for illicit drugs and 179 deaths for tobacco.

Among persons aged 35 years and over, tobacco accounted for 18,840 deaths in 1998 and illicit drugs 364 deaths.

The beneficial health effect of alcohol was largest in persons aged 65 years and over where 4,436 net deaths were averted.

The main causes of tobacco-related deaths were cancer (39.7%), ischaemic heart disease (21.2%) and chronic obstructive pulmonary disease (20.2%).

The major causes of alcohol-related deaths where there was no protective effect were cancer (1,157 deaths), alcoholism and alcoholic cirrhosis of the liver (927 deaths) and road fatalities (440 deaths). In 1998, 4,066 net deaths due to cardiovascular disease were averted from beneficial alcohol consumption.

The main causes of illicit drug-related deaths were drug dependence (56.2%), poisoning (21.7%) and suicide (13.2%).

Table 7.1: Deaths attributable to drug use, by drug involved and cause of death, Australia, 1998

Substance and cause of death	Age group				Total
	0–14	15–34	35–64	65+	
	(number)				
Tobacco					
Direct smoking					
Cancer	–	–	1,829	5,713	7,542
Ischaemic heart disease	–	34	1,339	2,661	4,034
Chronic obstructive pulmonary disease	–	–	359	3,480	3,839
Other	76	46	505	2,849	3,476
Environmental smoking	23	–	10	95	128
<i>Total tobacco</i>	99	80	4,042	14,798	19,019
Alcohol					
Cancer	–	11	422	724	1,157
Alcoholism and alcoholic liver cirrhosis	–	44	583	300	927
Cardiovascular disease	–	–6	–486	–3,574	–4,066
Road injuries	15	273	130	22	440
Other	6	492	581	–1,908	–829
<i>Total alcohol</i>	21	814	1,230	–4,436	–2,371
Illicits					
Drug dependence	–	389	184	2	575
Poisoning	–	140	78	4	222
Suicide	–	103	32	–	135
Other	9	18	38	26	91
<i>Total illicit drugs</i>	9	650	332	32	1,023
Total drugs	129	1,544	5,604	10,394	17,671

Source: Ridolfo & Stevenson 2001.

Hospital episodes attributed to drug use

In 1997–98, 200,028 hospital episodes were attributed to drug use (Table 7.2). Tobacco smoking accounted for 142,525 hospital episodes, compared to alcohol with a net of 43,032 hospital episodes and illicit drugs with 14,471 hospital episodes. The health protective effect of low levels of alcohol consumption for some people averted 20,447 net hospital episodes, primarily for cardiovascular disease (17,955 net hospital episodes).

The main tobacco-related illnesses requiring hospitalisation were ischaemic heart disease, accounting for 37,120 hospital episodes (26.0%), chronic obstructive pulmonary disorder, which accounted for 28,269 hospital episodes (19.8%), and cancer, which accounted for 26,972 hospital episodes (18.9%).

Of the alcohol-related illnesses, alcoholism and alcoholic liver cirrhosis was the main reason for admission to hospital, accounting for 25,758 hospital episodes.

Of hospitalisations related to illicit drug use in 1997–98, drug dependence accounted for 6,336 hospital episodes (43.8%) and poisoning accounted for 2,439 hospital episodes (16.9%).

Table 7.2: Hospital episodes attributable to drug use, by drug involved and principal diagnosis, Australia, 1997–98

Substance and principal diagnosis	Age group				Total
	0–14	15–34	35–64	65+	
	(number)				
Tobacco					
Direct smoking					
Cancer	–	–	8,926	18,046	26,972
Ischaemic heart disease	–	398	25,762	10,960	37,120
Chronic obstructive pulmonary disease	–	–	5,899	22,370	28,269
Other	142	6,787	18,630	22,638	48,197
Environmental smoking	1,428	2	172	365	1,967
Total tobacco	1,570	7,187	59,389	74,379	142,525
Alcohol					
Cancer	–	113	3,078	2,849	6,040
Alcoholism and alcoholic liver cirrhosis	278	5,864	16,726	2,890	25,758
Cardiovascular disease	–	208	–7,622	–10,541	–17,955
Road injuries	410	3,711	1,442	283	5,846
Other	346	15,311	9,970	–2,284	23,343
Total alcohol	1,034	25,207	23,594	–6,803	43,032
Illicits					
Drug dependence	–	4,879	1,434	23	6,336
Poisoning	–	1,815	579	45	2,439
Other	44	4,182	1,044	426	5,696
Total illicit drugs	44	10,876	3,057	494	14,471
Total drugs	2,648	43,270	86,040	68,070	200,028

Source: Ridolfo & Stevenson 2001.

Injecting drug use and communicable disease

Data presented in this section on injecting drug use, HIV/AIDS, hepatitis C and risky behaviour is sourced from *2002 HIV/AIDS, Viral Hepatitis and Sexually Transmissible Infections in Australia: Annual Surveillance Report* (NCHECR 2002).

Injecting drug use and HIV/AIDS

The number of new AIDS diagnoses in Australia among people who had a history of injecting drug use decreased from 84 in 1993 to 10 in 2001 (Table 7.3). In 2001, 5.7% of new AIDS diagnoses were among injecting drug users, with 4.0% among injecting drug users with no male homosexual contact. Before 2001, the proportion of people who contracted AIDS and were injecting drug users remained stable at around 10% of new AIDS diagnoses.

Table 7.3: Number of AIDS diagnoses, by HIV exposure category, Australia, 1993 to 2001

Exposure category	Year of AIDS diagnosis								
	1993	1994	1995	1996	1997	1998	1999 ^(a)	2000 ^(a)	2001 ^(a)
	(number)								
Male homosexual contact	659	769	627	509	272	198	111	161	116
Male homosexual and injecting drug use	57	46	44	37	14	9	10	12	3
Injecting drug use ^(b)	27	29	28	24	18	24	10	15	7
Heterosexual contact	51	53	50	52	51	55	37	43	36
Haemophilia/coagulation disorder	11	10	15	7	4	1	1	3	–
Receipt of blood/tissue	8	8	6	6	1	4	1	1	–
Health care setting	1	1	1	–	–	–	–	–	–
Other/undetermined	26	27	31	34	20	21	18	17	13
Total^(c)	845	947	805	669	380	313	189	252	176
	(per cent)								
Male homosexual contact	78.0	81.2	77.9	76.1	71.6	63.3	58.7	63.9	65.9
Male homosexual and injecting drug use	6.7	4.9	5.5	5.5	3.7	2.9	5.3	4.8	1.7
Injecting drug use ^(b)	3.2	3.1	3.5	3.6	4.7	7.7	5.3	6.0	4.0
Heterosexual contact	6.0	5.6	6.2	7.8	13.4	17.6	19.6	17.1	20.5
Haemophilia/coagulation disorder	1.3	1.1	1.9	1.0	1.1	0.3	0.5	1.2	–
Receipt of blood/tissue	0.9	0.8	0.7	0.9	0.3	1.3	0.5	0.4	–
Health care setting	0.1	0.1	0.1	–	–	–	–	–	–
Other/undetermined	3.1	2.9	3.9	5.1	5.3	6.7	9.5	6.7	7.4

(a) Adjusted for reporting delay; AIDS cases in previous years were assumed to be completely reported.

(b) Excludes males who also reported a history of homosexual contact.

(c) Includes persons whose sex was reported as transgender.

Source: National Centre in HIV Epidemiology and Clinical Research 2002.

The number of deaths from AIDS among injecting drug users decreased from 59 in 1993 to 16 in 2001 (Table 7.4). However, the proportion of AIDS deaths among people who had a history of injecting drug use increased from around 8.5% in 1993 to 16.8% in 2001.

Table 7.4: Number of deaths following AIDS, by HIV exposure category, Australia, 1993 to 2001

Exposure category	Year of death following AIDS								
	1993	1994	1995	1996	1997	1998	1999 ^(a)	2000 ^(a)	2001 ^(a)
	(number)								
Male homosexual contact	577	591	510	399	183	115	89	94	61
Male homosexual and injecting drug use	37	42	32	28	17	9	7	6	10
Injecting drug use ^(b)	22	13	25	19	12	5	7	9	6
Heterosexual contact	32	48	43	36	14	12	11	14	11
Haemophilia/coagulation disorder	5	15	9	10	4	—	4	3	1
Receipt of blood/tissue	9	9	8	3	2	1	1	—	2
Health care setting	—	1	2	—	—	—	—	—	—
Other/undetermined	11	23	21	20	10	13	7	10	4
Total^(c)	696	748	651	515	244	155	127	136	95
	(per cent)								
Male homosexual contact	82.9	79.0	78.3	77.5	75.0	74.2	70.1	69.1	64.2
Male homosexual and injecting drug use	5.3	5.6	4.9	5.4	7.0	5.8	5.5	4.4	10.5
Injecting drug use ^(b)	3.2	1.7	3.8	3.7	4.9	3.2	5.5	6.6	6.3
Heterosexual contact	4.6	6.4	6.6	7.0	5.7	7.7	8.7	10.3	11.6
Haemophilia/coagulation disorder	0.7	2.0	1.4	1.9	1.6	—	3.1	2.2	1.1
Receipt of blood/tissue	1.3	1.2	1.2	0.6	0.8	0.6	0.8	—	2.1
Health care setting	—	0.1	0.3	—	—	—	—	—	—
Other/undetermined	1.6	3.1	3.2	3.9	4.1	8.4	5.5	7.4	4.2

(a) Adjusted for reporting delay; AIDS cases in previous years were assumed to be completely reported.

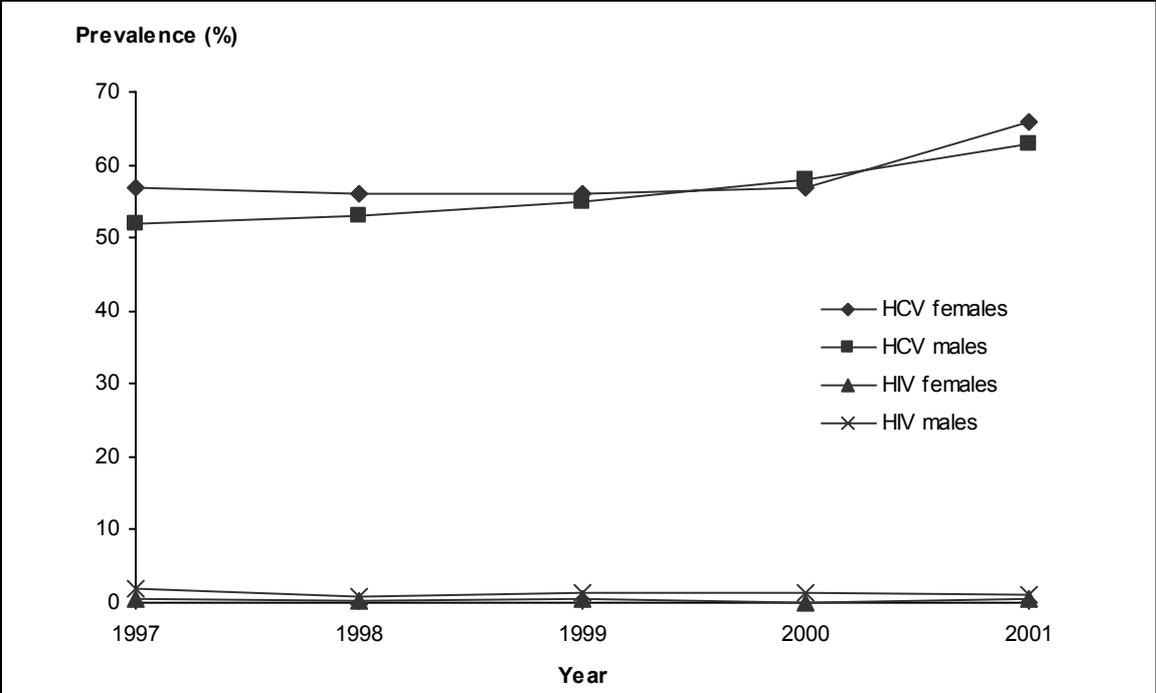
(b) Excludes males who also reported a history of homosexual contact.

(c) Includes persons whose sex was reported as transgender.

Source: National Centre in HIV Epidemiology and Clinical Research 2002.

Injecting drug use, HIV and hepatitis C

In contrast to the low prevalence of HIV, hepatitis C prevalence among people attending needle and syringe programs remained high over the period 1997 to 2001, with 63% of males and 66% of females testing positive to the hepatitis C virus antibody in 2001 (Figure 7.1). Hepatitis C prevalence among males and females reporting less than 3 years of drug injection steadily increased from 13% in 1997 to 28% in 2001 (NCHECR 2002).



(a) HIV and hepatitis C prevalence adjusted by estimated prevalence of injecting drug use in each State/Territory.
 Source: National Centre in HIV Epidemiology and Clinical Research 2002.

Figure 7.1: HIV and hepatitis C prevalence^(a) among people attending needle and syringe programs, by sex, Australia, 1997 to 2001

Injecting drug use and risky behaviour

The proportion of injecting drug users who reported using a needle and syringe after someone else in the previous month tended to decline over the period 1997 to 2001 (Table 7.5). The decrease was greater among females than males.

Over the period 1997 to 2001 there was no apparent correlation between the likelihood of using a needle and syringe after someone else and the length of injecting drug use.

Table 7.5: Reported use of a needle and syringe after someone else in the last month: proportion of injecting drug users^(a), by sex and history of injecting drug use, Australia, 1997 to 2001

History of injecting drug use	1997	1998	1999	2000	2001
(per cent)					
Males					
Less than 3 years	11	13	20	12	12
3–5 years	16	18	18	14	8
6–10 years	17	19	26	16	19
11 or more years	15	15	20	15	15
Not reported	12	20	24	11	7
Females					
Less than 3 years	24	25	25	23	18
3–5 years	20	32	27	22	18
6–10 years	20	18	22	29	13
11 or more years	16	14	21	15	11
Not reported	14	14	36	23	10
Persons^(b)					
Less than 3 years	16	18	22	16	14
3–5 years	18	23	21	17	12
6–10 years	18	19	25	21	17
11 or more years	15	15	20	15	13
Not reported	12	19	28	15	8

(a) Injecting drug users participating in surveys carried out at needle and syringe programs.

(b) Includes people whose sex was reported as transgender and people whose sex was not reported.

Source: National Centre in HIV Epidemiology and Clinical Research 2002.

Overdoses

The data presented in this section on non-fatal and fatal opioid overdoses was sourced from the 2001 Illicit Drug Reporting System (IDRS) and other published information from the National Drug and Alcohol Research Centre. For more information, readers are referred to these sources.

Non-fatal heroin overdoses

Since 2000, the IDRS has surveyed a sample of injecting drug users in all Australian State and Territory capital cities. As the sample size is small in each jurisdiction, readers are advised to take caution when interpreting the results presented here.

In 2001, 43% of injecting drug users surveyed for the IDRS had overdosed on heroin at some time in their lifetime (Table 7.6), while 16% of injecting drug users reported non-fatal heroin overdose on at least one occasion in the last 12 months. One in three injecting drug users was currently in treatment and 19% injected in a public place on the last occasion.

Table 7.6: Proportion of injecting drug users^(a) reporting non-fatal heroin overdose, selected risk behaviours and protective factors for overdose, Australia, 2001

Measure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
	n=163	n=151	n=102	n=100	n=100	n=100	n=100	n=135	n=951
	(per cent)								
Ever overdosed	51	58	45	32	40	24	55	32	43
Overdosed last 12 months	23	27	16	15	16	8	13	5	16
Last injection in public place	42	21	14	7	9	18	22	10	19
Currently in treatment	29	44	37	24	34	52	49	25	36
Consumed alcohol and heroin on day prior to interview	7	10	2	2	3	–	6	3	5

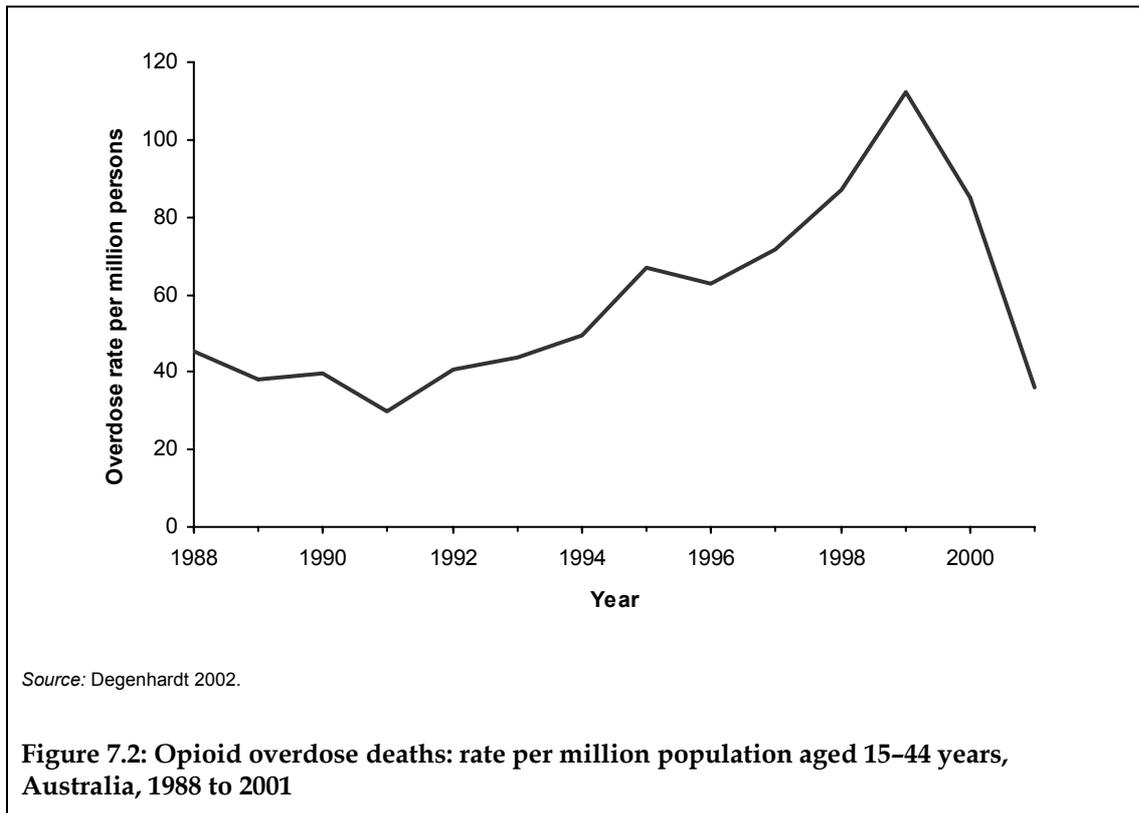
(a) Injecting drugs users surveyed for the Illicit Drug Reporting System.

Source: National Drug and Alcohol Research Centre, unpublished data.

Deaths caused by opioid overdose

The opioid class of substances includes heroin, morphine, codeine and synthetics such as pethidine and methadone.

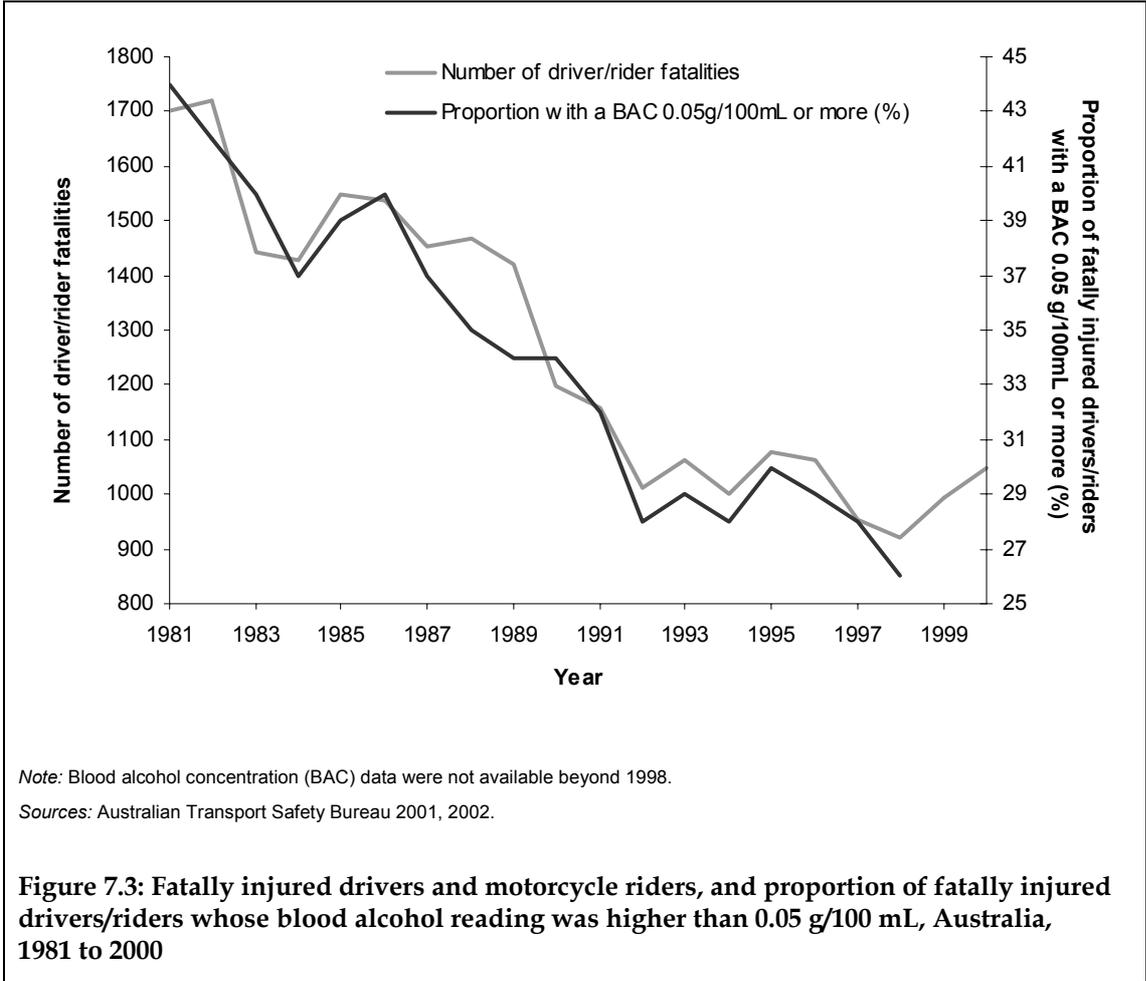
The death rate from accidental opioid overdose among people aged 15–44 years increased from 45.3 deaths per million persons in 1988 to peak at 112.5 deaths per million persons in 1999, before declining sharply to 35.9 deaths per million persons in 2001 (Figure 7.2). This represented 347 deaths in 1988, 958 deaths in 1999, 725 deaths in 2000 and 306 deaths in 2001.



Fatal road accidents related to alcohol use

The total number of alcohol-related driver and motorcycle rider fatalities decreased from 1,703 in 1981 to 1,047 in 2000. Most of this decline occurred between 1981 and 1992, after which total fatalities have remained around 1,000 per year (Figure 7.3).

The proportion of fatally injured drivers and motorcycle riders with blood alcohol concentration of 0.05 g/100 mL or more decreased from 44% in 1981 to 26% in 1998. Most of this decrease occurred between 1981 and 1992, after which the proportion remained around 26–30%.



8 Special population groups

Introduction

It has been recognised that there are certain groups within our population that experience a greater risk of developing harmful drug use behaviours or experiencing drug-related harm. As such, these groups may require a greater level of attention than that given to the general community in terms of education, treatment and prevention programs.

This chapter presents information on a number of population groups within the general Australian community, including:

- young people aged 14-17 years
- Aboriginal and Torres Strait Islander peoples
- people living in rural and remote areas
- persons from a non-English-speaking background
- older people
- women who were pregnant or breastfeeding
- homeless people
- injecting drug users.

Prisoners and police detainees have also been identified as population groups of special concern and thus requiring special attention. These population groups are examined in Chapter 10.

Young people

Alcohol and tobacco use

According to the 2001 NDSHS, smoking among young people increased rapidly with age (Table 8.1). Among those aged 17 years, almost one in four were smokers with around 16% smoking on a daily basis.

Alcohol use among young people was also prevalent. Around two in three teenagers aged 14–17 years reported that they consumed alcohol during the previous 12 months. The risk of alcohol-related harm increased rapidly with age, with 52% of 17-year-olds putting themselves at risk of acute harm on at least one drinking occasion in the previous 12 months, while 14% consumed alcohol at levels considered 'risky' or 'high risk' of chronic alcohol-related harm.

Table 8.1: Tobacco smoking status and risk of alcohol-related harm: proportion of the population aged 14–17 years, by age, Australia, 2001

Smoking status / Level of risk	Age (years)				
	14	15	16	17	14–17
	(per cent)				
	Tobacco smoking status				
Daily	4	11	13	16	11
Occasional ^(a)	2	2	4	7	4
<i>All smokers</i>	6	12	17	23	15
Ex-smoker ^(b)	2	1	4	4	3
Never smoked ^(c)	92	87	79	72	82
	Risk of alcohol-related harm in the long term^(d)				
Abstainers ^(f)	56	38	27	19	33
Low risk	41	56	68	67	59
Risky and high risk	2	6	5	14	7
	Risk of alcohol-related harm in the short term^(e)				
Abstainers ^(f)	56	38	27	19	33
Low risk	31	35	33	29	32
Risky and high risk					
At least yearly but less than monthly	5	8	17	14	12
At least monthly but less than weekly	7	13	17	25	16
At least weekly	1	5	5	13	7
<i>Total risky and high risk</i>	13	27	40	52	35

(a) An occasional smoker is a person that smokes less than daily.

(b) An ex-smoker is a person who has 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.

(c) A person who has never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life is defined as never smoked.

(d) Risk of harm in the long term. 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'.

(e) Risk of harm in the short term. For males, the consumption of up to 6 standard drinks on any one day is considered 'Low risk', 7 to 10 on any one day 'Risky', and 11 or more on any one day 'High risk'. For females, the consumption of up to 4 standard drinks on any one day is considered 'Low risk', 5 to 6 on any one day 'Risky' and 7 or more on any one day 'High risk'.

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

Source: National Drug Strategy Household Survey 2001.

Lifetime illicit drug use

According to the 2001 NDSHS, use of illicit drugs at least once generally increased with age for those aged 14–17 years (Table 8.2).

Marijuana/cannabis was used at least once by 28% of persons aged 14–17 years. Around 5% of 14–17-year-olds had used amphetamines and 4% had used ecstasy/designer drugs at least once in their lifetime. At each age, marijuana/cannabis was the most prevalent illicit drug, used at least once by 12% of 14-year-olds, ranging up to 39% of 17-year-olds.

Table 8.2: Summary of lifetime^(a) use of illicit drugs, persons aged 14–17 years, Australia, 2001

Substance	Age (years)				
	14	15	16	17	14–17
	(per cent)				
Marijuana/cannabis	12	21	33	39	28
Pain-killers/analgesics ^(b)	7	6	6	5	6
Tranquillisers ^(b)	*1	3	*1	*2	2
Steroids ^(b)	–	–	–	–	–
Inhalants	–	3	3	3	2
Heroin	–	*1	*1	–	–
Amphetamines ^(b)	–	4	6	8	5
Cocaine	*1	*1	*2	*2	1
Hallucinogens	*1	2	2	4	2
Ecstasy/designer drugs	–	3	5	7	4
Any illicit drug	18	25	37	40	31
Any illicit drug excluding marijuana/cannabis	9	11	13	14	12

(a) Used at least once in life.

(b) For non-medical purposes.

* Relative standard error greater than 50%.

Source: National Drug Strategy Household Survey 2001.

Recent illicit drug use

Illicit drug use in the last 12 months by young people aged 14–17 years also increased with age (Table 8.3). Overall, 21% of persons aged 14–17 years had used marijuana/cannabis in the last 12 months, 4% had used amphetamines and 3% had used ecstasy/designer drugs.

Marijuana/cannabis was used at least once in the last 12 months by 10% of 14-year-olds, ranging up to 29% of 17-year-olds.

Table 8.3: Summary of recent^(a) illicit drug use, persons aged 14–17 years, Australia, 2001

Substance	Age (years)				
	14	15	16	17	14–17
	(per cent)				
Marijuana/cannabis	10	19	22	29	21
Pain-killers/analgesics ^(b)	5	4	3	3	4
Tranquillisers ^(b)	1	2	1	1	1
Steroids ^(b)	–	–	–	–	–
Inhalants	–	2	*1	*1	1
Heroin	–	*1	–	–	–
Amphetamines ^(b)	–	3	5	5	4
Cocaine	–	*1	*1	–	1
Hallucinogens	–	*2	*2	2	2
Ecstasy/designer drugs	–	*2	4	6	3
Any illicit drug	15	21	24	30	23
Any illicit drug excluding marijuana/cannabis	6	8	8	10	8

(a) Used in the last 12 months.

(b) For non-medical purposes.

* Relative standard error greater than 50%.

Source: National Drug Strategy Household Survey 2001.

Aboriginal and Torres Strait Islander peoples

The available evidence suggests that Aboriginal and Torres Strait Islander people continue to suffer a greater burden of ill health than the rest of the population. However, data about Aboriginal and Torres Strait Islander people are limited by the extent to which they are included in national surveys, the accuracy with which they are identified, uncertainties about Aboriginal and Torres Strait Islander population estimates, and concerns about whether the survey methods employed are the most suitable.

The 2001 NDSHS asked respondents whether they were Aboriginal, Torres Strait Islander or both. The number of Aboriginal and Torres Strait Islander people enumerated in the 2001 NDSHS was 415 and therefore the following results should be interpreted with caution.

Summary of drug use

The most prevalent substance used by Aboriginal and Torres Strait Islander people was alcohol, with 91% reporting the consumption of a full serve at least once in their lifetime and 79% using in the last 12 months (Table 8.4). This was comparable to non-Indigenous Australians, 91% of whom reported consuming alcohol at least once in their lifetime and 83% of whom reported using in the last 12 months.

In terms of tobacco use, 62% of Aboriginal and Torres Strait Islander people had smoked 100 cigarettes (or equivalent amount of tobacco) in their lifetime and 50% had smoked in the last 12 months. This contrasted with non-Indigenous Australians, 49% of whom had smoked at least 100 cigarettes (or equivalent amount of tobacco) in their lifetime and 23% of whom had smoked in the last 12 months.

Table 8.4: Summary of drug use by Aboriginal and Torres Strait Islander people and non-Indigenous persons aged 14 years and over, Australia, 2001

Substance	Aboriginal and Torres Strait Islander people	Non-Indigenous Australians	
		(per cent)	
		Ever used	
Alcohol	91		91
Tobacco/cigarettes	62		49
Marijuana/cannabis	50		33
Any illicit drug	57		37
Any illicit drug other than marijuana/cannabis	25		18
		Used in the last 12 months	
Alcohol	79		83
Tobacco/cigarettes	50		23
Marijuana/cannabis	27		13
Any illicit drug	32		17
Any illicit drug other than marijuana/cannabis	13		8

Source: National Drug Strategy Household Survey 2001.

Illicit drug use among Aboriginal and Torres Strait Islander respondents was higher than for non-Indigenous respondents. For example, 27% of Aboriginal and Torres Strait Islander respondents reported using marijuana/cannabis in the last 12 months compared with 13% of non-Indigenous respondents. Similarly, 13% of Aboriginal and Torres Strait Islander people reported using an illicit drug other than marijuana/cannabis in the last 12 months compared to 8% of other Australians.

Tobacco smoking status

According to the 2001 NDSHS, twice the proportion of Aboriginal and Torres Strait Islander people smoked than non-Indigenous Australians (Table 8.5).

Among males, 49% of Aboriginal and Torres Strait Islander respondents reported smoking, compared to 25% of other respondents, and 43% of Aboriginal and Torres Strait Islander males reported smoking daily, compared with 21% of non-Indigenous males.

Among females, 50% of Aboriginal and Torres Strait Islander respondents reported smoking compared with 20% among other respondents. Daily smoking among Aboriginal and Torres Strait Islander women (47%) was almost three times the rate among non-Indigenous women (18%).

After adjusting for age differences, the 2001 NHS reported that Aboriginal and Torres Strait Islander adults aged 18 years and over were twice as likely as non-Indigenous adults to be current smokers (51% and 24% respectively).

Table 8.5: Tobacco smoking status: proportion of Aboriginal and Torres Strait Islander people and non-Indigenous persons aged 14 years and over, by sex, Australia, 2001

Smoking status	Aboriginal and Torres Strait Islander people	Non-Indigenous Australians (per cent)	
		Males	
Daily	43		21
Occasional ^(a)	6		5
All smokers	49		25
Ex-smoker ^(b)	12		30
Never smoked ^(c)	39		45
Females			
Daily	47		18
Occasional ^(a)	3		3
All smokers	50		20
Ex-smoker ^(b)	13		23
Never smoked ^(c)	37		57
Persons			
Daily	45		19
Occasional ^(a)	4		4
All smokers	50		23
Ex-smoker ^(b)	12		26
Never smoked ^(c)	38		51

(a) An occasional smoker is a person who smokes less often than daily, that is, weekly or less than weekly.

(b) An ex-smoker is a person who has 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.

(c) A person who has never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life is defined as never smoked.

Source: National Drug Strategy Household Survey 2001.

Risk of alcohol-related harm in the long term

According to the 2001 NDSHS, the risk profile for alcohol-related harm in the long term differed between Aboriginal and Torres Strait Islander people and non-Indigenous Australians (Table 8.6). On the one hand, Aboriginal and Torres Strait Islander people (21%) were more likely than non-Indigenous Australians (17%) to abstain from consuming alcohol in the last 12 months while, on the other hand, they (20%) were twice as likely as non-Indigenous people (10%) to consume alcohol at a level that substantially increases their risk of harm in the long term.

Among males, 25% of Aboriginal and Torres Strait Islander respondents consumed alcohol at 'risky' or 'high risk' levels for alcohol-related harm in the long term, compared with 10% of non-Indigenous males.

Among females, 15% of Aboriginal and Torres Strait Islander respondents consumed alcohol at 'risky' or 'high risk' levels for alcohol-related harm in the long term, compared with 9% of non-Indigenous females.

The 2001 NHS reported that 12% of Aboriginal and Torres Strait Islander adults and 11% of non-Indigenous adults consumed alcohol at levels deemed to be 'risky' or 'high risk' for harm to health in the long term; however, it could not be stated with any confidence that this represented a difference between both populations.

Table 8.6: Risk of harm in the long term: proportion of Aboriginal and Torres Strait Islander people and non-Indigenous persons aged 14 years and over, by sex, Australia, 2001

Level of risk ^(a)	Aboriginal and Torres Strait Islander people	Non-Indigenous Australians (per cent)
Males		
Abstainers ^(b)	16	14
Low risk	59	76
Risky	13	7
High risk	12	3
<i>Total risky and high risk</i>	25	10
All drinkers	84	86
Females		
Abstainers ^(b)	25	21
Low risk	60	70
Risky	6	7
High risk	9	2
<i>Total risky and high risk</i>	15	9
All drinkers	75	79
Persons		
Abstainers ^(b)	21	17
Low risk	59	73
Risky	9	7
High risk	11	3
<i>Total risky and high risk</i>	20	10
All drinkers	79	83

(a) Risk of harm in the long term. 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'.

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

Source: National Drug Strategy Household Survey 2001.

Risk of alcohol-related harm in the short term

Overall, one in two Aboriginal and Torres Strait Islander people consumed alcohol in a way that put themselves at risk of alcohol-related harm in the short term on at least one occasion in the previous 12 months, compared with one in three non-Indigenous Australians (Table 8.7).

Among Aboriginal and Torres Strait Islander male respondents, 56% consumed 7 or more standard drinks on any one day at least once in the previous 12 months, 43% at least once every month in the previous 12 months, and 21% at least once every week in the previous 12 months. The comparative non-Indigenous male risk profile for alcohol-related harm in the short term was 39%, 23% and 8% respectively.

Among Aboriginal and Torres Strait Islander female respondents, 42% consumed 5 or more standard drinks on any one day at least once in the previous 12 months, 32% at least once every month in the previous 12 months, and 12% at least once every week in the previous 12 months. The comparative non-Indigenous female risk profile for alcohol-related harm in the short term was 30%, 17% and 5% respectively.

Table 8.7: Risk of harm in the short term: proportion of Aboriginal and Torres Strait Islander people and non-Indigenous persons aged 14 years and over, by sex, Australia, 2001

Level of risk ^(a)	Aboriginal and Torres Strait Islander people	Non-Indigenous Australians	
		(per cent)	
		Males	
Abstainers ^(b)	16		14
Low risk	28		47
Risky and high risk			
At least yearly	13		16
At least monthly but less than yearly	22		15
At least weekly but less than monthly	21		8
<i>Total risky and high risk</i>	56		39
		Females	
Abstainers ^(b)	25		21
Low risk	33		50
Risky and high risk			
At least yearly	11		13
At least monthly but less than yearly	20		12
At least weekly but less than monthly	12		5
<i>Total risky and high risk</i>	42		30
		Persons	
Abstainers ^(b)	21		17
Low risk	31		48
Risky and high risk			
At least yearly	12		14
At least monthly but less than yearly	21		13
At least weekly but less than monthly	16		7
<i>Total risky and high risk</i>	49		34

(a) Risk of harm in the short term. For males, the consumption of up to 6 standard drinks on any one day is considered 'Low risk', 7 to 10 on any one day 'Risky', and 11 or more on any one day 'High risk'. For females, the consumption of up to 4 standard drinks on any one day is considered 'Low risk', 5 to 6 on any one day 'Risky' and 7 or more on any one day 'High risk'.

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

Source: National Drug Strategy Household Survey 2001.

People living in rural and remote areas

The Australian Standard Geographic Classification has been used to classify geographical location into four categories namely, major city, inner regional, outer regional, and remote and very remote. Using the 2001 NDSHS, drug use among people living in major cities was compared with drug use among people living elsewhere.

Overall, people living outside major cities were slightly more likely to use alcohol and tobacco than people living in major cities (Table 8.8). However, people living in major cities were slightly more likely than others to use illicit drugs.

Table 8.8: Summary of drug use by people living inside and outside Australian major cities^(a): population aged 14 years and over, Australia, 2001

Substance	Major city	Non-major city	
		(per cent)	
Ever used			
Alcohol	90		92
Tobacco/cigarettes	48		53
Marijuana/cannabis	33		33
Any illicit drug	38		37
Any illicit drug other than marijuana/cannabis	19		17
Used in the last 12 months			
Alcohol	82		83
Tobacco/cigarettes	22		25
Marijuana/cannabis	13		13
Any illicit drug	17		17
Any illicit drug other than marijuana/cannabis	9		7

(a) As defined by the Australian Standard Geographical Classification.

Source: National Drug Strategy Household Survey 2001.

Persons of a non-English-speaking background

Based on results from the 2001 NDSHS, persons of a non-English-speaking background, that is, persons whose main language spoken at home was not English, were less likely to consume alcohol, smoke tobacco or use illicit drugs than were persons of an English-speaking background (Table 8.9).

In 2001, 58% of persons of a non-English-speaking background had consumed alcohol in the last 12 months compared with 84% of persons of an English-speaking background, while 18% of persons of a non-English-speaking background had used tobacco in the last 12 months compared with 24% of persons of an English-speaking background.

In 2001, 5% of persons of a non-English-speaking background had used marijuana/cannabis in the last 12 months compared with 13% of persons of an English-speaking background, while 7% of persons of a non-English-speaking background had used an illicit drug other than marijuana/cannabis in the last 12 months compared with 8% of persons of an English-speaking background.

Table 8.9: Summary of drug use in people from an English- and a non-English-speaking background, Australia, 2001

Substance	English speaking	Non-English speaking (per cent) Ever used
Alcohol	92	68
Tobacco/cigarettes	51	32
Marijuana/cannabis	35	12
Any illicit drug	39	20
Any illicit drug other than marijuana/cannabis	19	14
		Used in last 12 months
Alcohol	84	58
Tobacco/cigarettes	24	18
Marijuana/cannabis	13	5
Any illicit drug	17	11
Any illicit drug other than marijuana/cannabis	8	7

Source: National Drug Strategy Household Survey 2001.

Older people

Licit and illicit drug use tends to decline with age (Table 8.10). In 2001, alcohol had been used at some time in their lives by 94% of people aged 40–49 years, compared with 77% of those aged 80 years or more. Similarly, use of alcohol in the past 12 months declined from 86% of people aged 40–49 years, compared with 65% of people aged 80 years and over. By comparison, as seen in Chapter 3, the prevalence of daily drinking increased with age to peak at 16% of people aged 60 years or more.

Tobacco use and the use of illicit drugs declined more markedly with age. For example, 25% of people aged 40–49 years had used tobacco in the last 12 months, compared with 4% of people aged 80 years or more.

The proportion of people aged 14–39 years who used alcohol tended to be similar to older people. However, the use of tobacco and illicit drugs in particular was higher among persons aged 14–39 years than older people.

Table 8.10: Summary of drug use in younger and older persons aged 14 years and over, Australia, 2001

Substance	Age group					
	14–39	40–49	50–59	60–69	70–79	80+
	(per cent)					
	Ever used					
Alcohol	91	94	92	88	83	77
Tobacco/cigarettes	45	57	56	50	47	44
Marijuana/cannabis	49	37	17	4	1	–
Any illicit drug	53	42	22	9	8	7
Any illicit drug other than marijuana/cannabis	27	17	10	6	7	7
	Used in the last 12 months					
Alcohol	85	86	83	77	68	65
Tobacco/cigarettes	29	25	20	13	7	4
Marijuana/cannabis	23	9	3	1	–	–
Any illicit drug	28	12	7	4	4	4
Any illicit drug other than marijuana/cannabis	13	5	4	3	4	4

Source: National Drug Strategy Household Survey 2001.

Pregnant or breastfeeding women

The 2001 NDSHS asked women whether they had used licit and/or illicit drugs when they were pregnant, breastfeeding, or pregnant and breastfeeding, at some time during the previous 12 months.

The 2001 NDSHS found that women who were pregnant and/or breastfeeding in the previous 12 months were less likely to consume alcohol (53%), tobacco (23%) and any illicit drug (8%) while they were pregnant and/or breastfeeding compared with when they weren't (83%, 24% and 17% respectively) (Table 8.11).

The 2001 NDSHS also found that women who were pregnant, breastfeeding, or both pregnant and breastfeeding in the past 12 months were generally less likely to smoke, drink alcohol and use illicit drugs than women who were not pregnant and/or breastfeeding.

Table 8.11: Drug use in the past 12 months by pregnant and/or breastfeeding women and all other women, women aged 14–49 years, Australia, 2001

Substance	Pregnant and/or breastfeeding in the past 12 months ^(a)		Not pregnant and/or breastfeeding in the past 12 months ^(d)
	Whilst pregnant and/or breastfeeding ^(b)	Generally ^(c) (per cent)	
Tobacco	23	24	26
Alcohol	53	83	84
Marijuana/cannabis	7	13	15
Any illicit drug	8	17	20
Any illicit drug other than marijuana/cannabis	4	9	10

(a) Women reporting that they were pregnant and/or breastfeeding in the past 12 months.

(b) Responses to specific questions about drug use during pregnancy/breastfeeding.

(c) Responses to general questions about drug use during the past 12 months.

(d) Women reporting that they were not pregnant and/or breastfeeding in the past 12 months.

Source: National Drug Strategy Household Survey 2001.

Almost all women who were pregnant in the past 12 months either abstained from consuming alcohol (36%) or reduced their consumption while pregnant (59%) (Table 8.12). A similar pattern applied to women who were breastfeeding, 66% of whom drank less alcohol and 28% of whom did not drink at all.

Table 8.12: Change in alcohol consumption among women who were pregnant or who were breastfeeding in the last 12 months, aged 14 years and over, Australia, 2001

Change in consumption	Pregnant women	Breastfeeding women (per cent)
Drank the same or more	4	6
Drank less	59	66
Did not drink alcohol	36	28

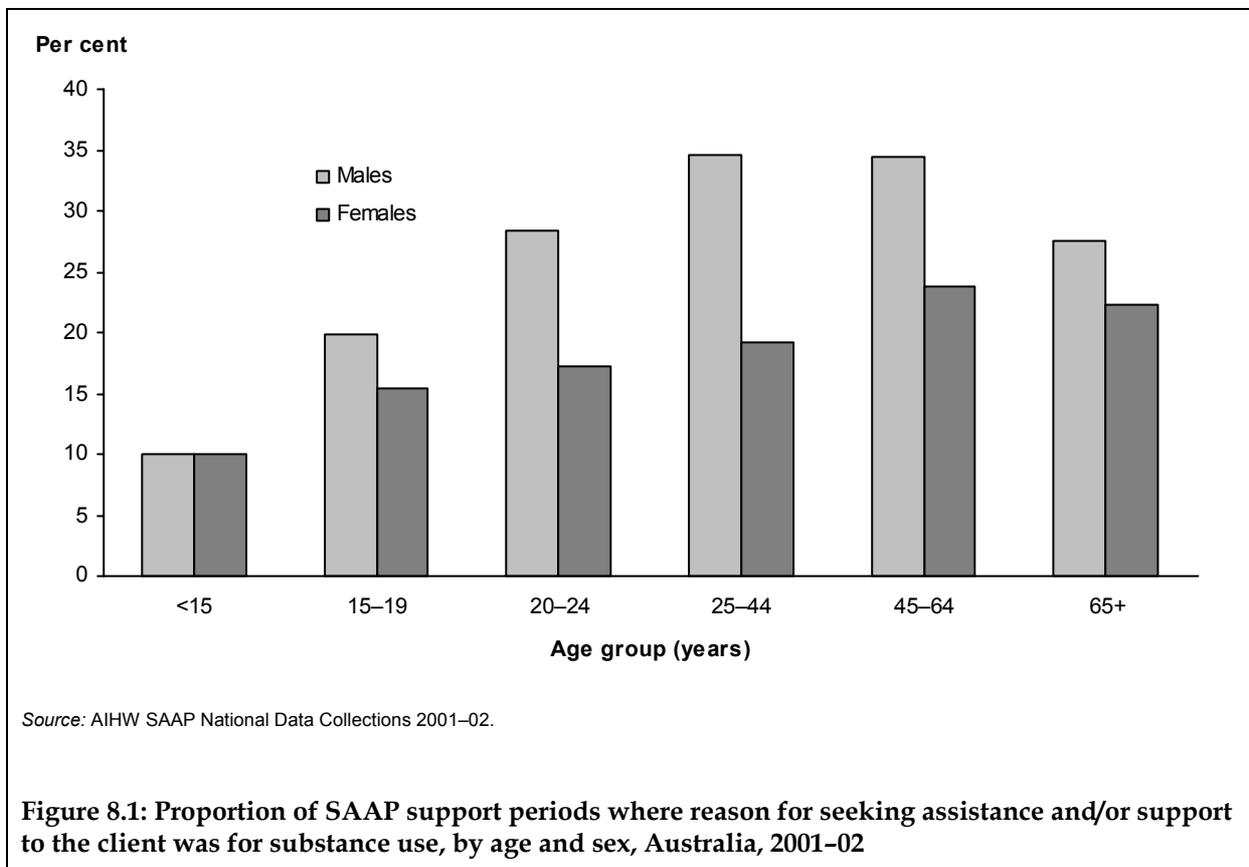
Source: National Drug Strategy Household Survey 2001.

Homeless people

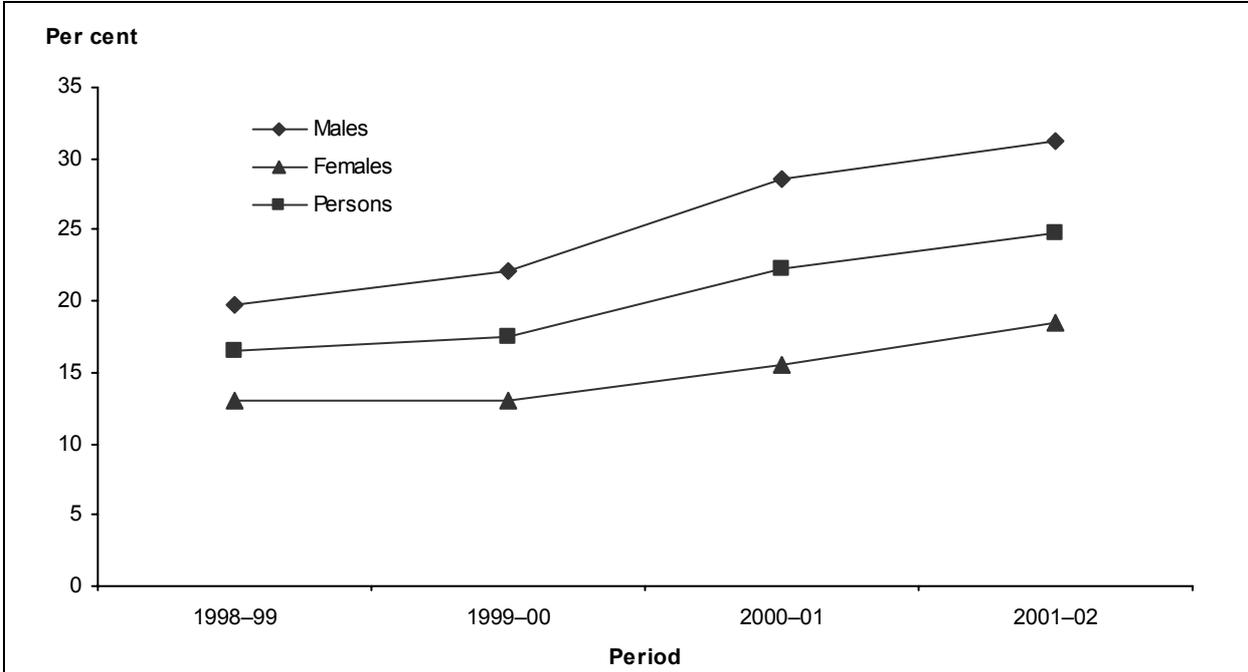
People who are homeless or are at risk of becoming homeless may seek or receive assistance and support for a variety of reasons. Sometimes these reasons may be related to drug and/or alcohol use. The data presented in this section were sourced from the Supported Accommodation Assistance Program (SAAP) National Data Collection, which consolidates a number of Commonwealth, State and Territory government programs designed to assist people who are homeless or at risk of becoming homeless. The unit of assistance is the support period, which is defined as an occasion of support provided to a SAAP client. Each client may access multiple periods of support during any annual period. The number of support periods related to drug and alcohol use were derived from cases where clients sought assistance because of drug, alcohol, and/or substance abuse (as a reason or main reason for seeking assistance) or where clients expressed a need for or received assistance with drug/alcohol support or intervention.

In the 2001-02 SAAP collection, there were 87,100 support periods for males (49%) compared with 89,100 support periods for females (51%). However, of the 43,600 drug and/or alcohol-related support periods, 27,160 were for males (62%) and 16,440 were for females (38%).

Overall, almost one in three support periods for males were those for which male clients sought or received assistance for substance abuse, compared with around one in five for females. However, the differences between males and females were more pronounced when compared by age group (Figure 8.1). For males, the number of support periods where substance use was a factor for seeking or receiving assistance peaked at 35% of all support periods among males aged 25-44 years. For females, there was less variation across age groups, with the peak being observed among females aged 45-64 years (24%).



The proportion of support periods that included assistance and support for alcohol, drug and substance abuse increased from 16% in 1998-99 to 25% in 2001-02 (Figure 8.2). Over the same period, males observed an increase of 20% to 31%, while females observed an increase of 13% to 18%.



Source: AIHW SAAP National Data Collection 1998-99, 1999-00, 2000-01, 2001-02.

Figure 8.2: Proportion of SAAP support periods where reason for seeking assistance and/or support to the client was for substance use, by sex, Australia, 1998-99 to 2001-02

Injecting drug users

The following data concerning injecting drug users were sourced from the IDRS managed by the National Drug and Alcohol Research Centre. The IDRS monitors information concerning the price, availability, purity and use of the four main drug types: heroin, cocaine, marijuana/cannabis and amphetamines. Primary data sources include a survey of injecting drug users, a survey of professionals in the field of illicit drugs who act as key informants, and an analysis of existing indicator data on drug-related issues. For more information, readers are referred to the IDRS report.

Since 2000, the IDRS has surveyed a sample of injecting drug users in the capital cities of all jurisdictions. As the sample size is small in each jurisdiction, readers are advised to take caution when interpreting the results presented here.

Demographics

The mean age of injecting drug users surveyed for the IDRS ranged from 26.0 years in Tasmania to 34.3 years in Northern Territory (Table 8.13). In all jurisdictions the mean length of school education of injecting drug users was around 10 years.

The proportion of injecting drug users that were male ranged between 57% in Victoria and 77% in the Northern Territory. Across the jurisdictions, between 61% and 80% of injecting drug users were unemployed.

The proportion of injecting drug users that were of Aboriginal or Torres Strait Islander origin varied from 6% in Western Australia to 29% in New South Wales.

The proportion of injecting drug users that had a prison history ranged from 32% in Tasmania to 55% in New South Wales.

The proportion of injecting drug users that were currently in drug treatment varied from 24% in Western Australia and the Northern Territory to 52% in Tasmania.

Table 8.13: Demographic characteristics of injecting drug users, by jurisdiction, Australia, 2001

Demographic characteristic	NSW n=163	Vic n=151	Qld n=102	WA n=100	SA n=100	Tas n=100	ACT n=100	NT n=135
	(mean years)							
Age	32.3	28.5	27.7	28.1	31.9	26.0	30.0	34.3
School education	9.5	10.7	10.5	11.5	10.2	10.0	10.6	10.0
	(per cent)							
Male	72	57	61	63	61	75	68	77
Unemployed	80	79	65	61	77	68	75	71
Aboriginal or Torres Strait Islander	29	9	12	6	20	10	8	10
Trade/technical qualification	39	34	44	35	49	22	28	40
Prison history	55	46	38	34	50	32	34	51
Currently in drug treatment	29	44	36	24	34	52	49	24

Source: Topp et al. 2002.

Sharing of injecting equipment

Nationally, approximately half of injecting drug users borrowed any injecting equipment in 2000 and 2001 (Table 8.14). Across jurisdictions, the proportion of injecting drug users that lent their needle to someone else was around 12–35% in 2000 and 6–25% in 2001.

Table 8.14: Proportion of injecting drug users who had shared needles or other injecting equipment, by jurisdiction, Australia, 2000 and 2001

Year and activity	NSW n=163	Vic n=151	Qld n=102	WA n=100	SA n=100	Tas n=100	ACT n=100	NT n=135	Aust n=951
	(per cent)								
2000									
Lent needle	17	35	23	28	21	12	14	13	11
Borrowed needle	10	19	19	22	24	10	9	11	16
Borrowed any equipment ^(a)	52	53	50	56	60	62	63	28	51
2001									
Lent needle	17	25	24	25	14	6	17	11	17
Borrowed needle	11	15	12	23	10	10	15	10	13
Borrowed any equipment ^(a)	52	45	40	59	41	13	48	63	45

(a) Includes spoons, mixing containers, filters, tourniquets and water.

Source: National Drug and Alcohol Research Centre 2002.

9 Treatment services

Introduction

The availability of treatment services for users of both licit and illicit drugs is an important component of the National Drug Strategic Framework. It has been demonstrated that drug treatment services are effective in reducing harmful drug use, hospital costs, drug-related crime, violence and welfare costs (DHAC 1998).

This chapter presents information on alcohol and drug treatment services, the characteristics of the clients that access them and the drug problems that clients present with. Information has been sourced from the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS), the census of clients of treatment service agencies, and the first annual collection of service data from Commonwealth-funded Aboriginal and Torres Strait Islander substance-use services.

Alcohol and other drug treatment services

National Minimum Data Set

The information contained in the AODTS-NMDS plays a role in monitoring patterns of drug problems in Australia and aims to provide a measure of service utilisation of alcohol and other drug treatment agencies. The AODTS-NMDS covers a wide variety of treatment interventions and, among others, includes detoxification and rehabilitation programs and pharmacological and psychological treatments. The 2000–01 collection was based on client registration data; however, future collections will use treatment episodes as the unit of measurement and therefore enhance the quality of data.

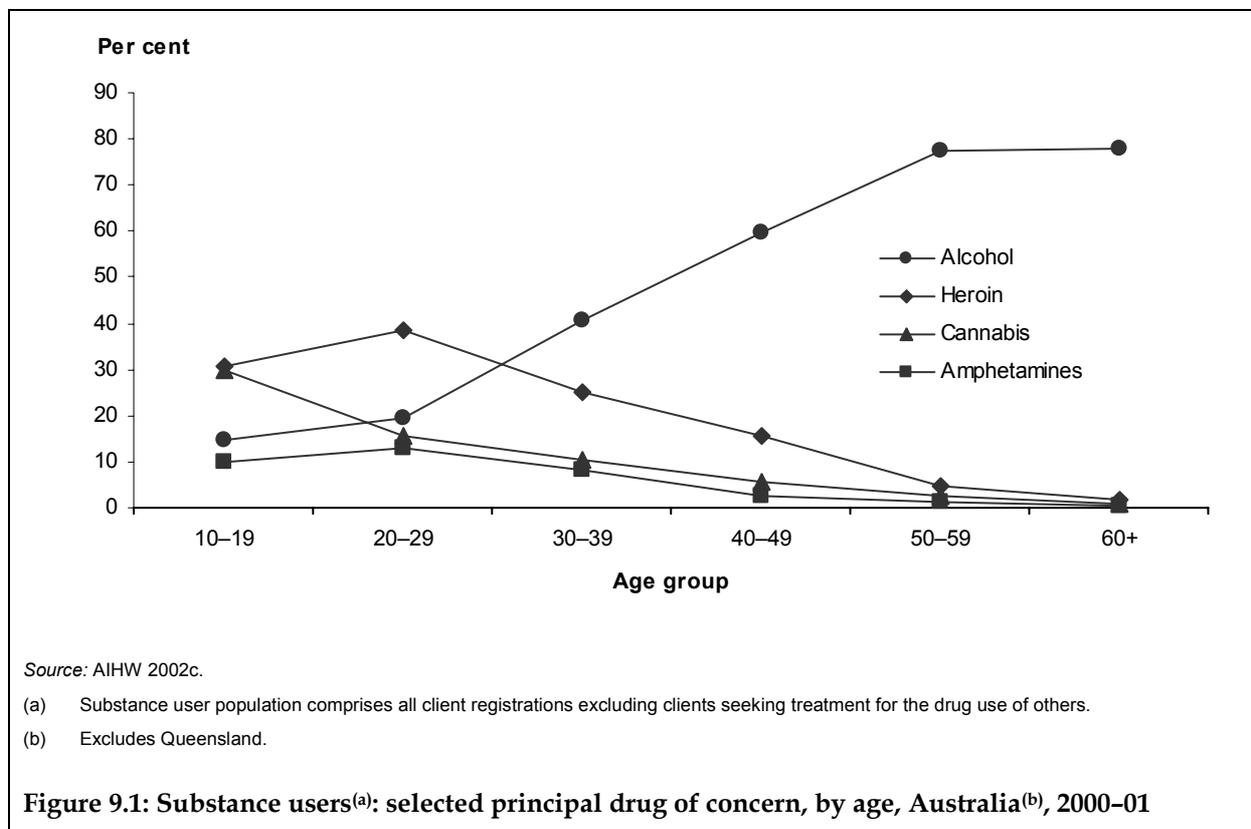
All publicly (at State and/or Commonwealth level) funded government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services are in scope for the AODTS-NMDS. It does not include all treatment services, such as those based in correctional institutions or those in acute or psychiatric hospitals that only provide treatment to admitted patients. Nor does it include private treatment agencies that do not receive public funding or agencies whose sole activity is to prescribe and/or dose for methadone maintenance treatment.

Principal drug of concern

The principal drug of concern refers to the main substance that the client stated led him or her to seek treatment from the alcohol and other drug treatment agency. The information in this section relates only to clients who were seeking treatment for their own substance use.

In 2000–01, alcohol was the most common principal drug of concern (34%) for which clients sought treatment, followed by heroin (28%), marijuana/cannabis (14%) and amphetamines (9%) (AIHW 2002c).

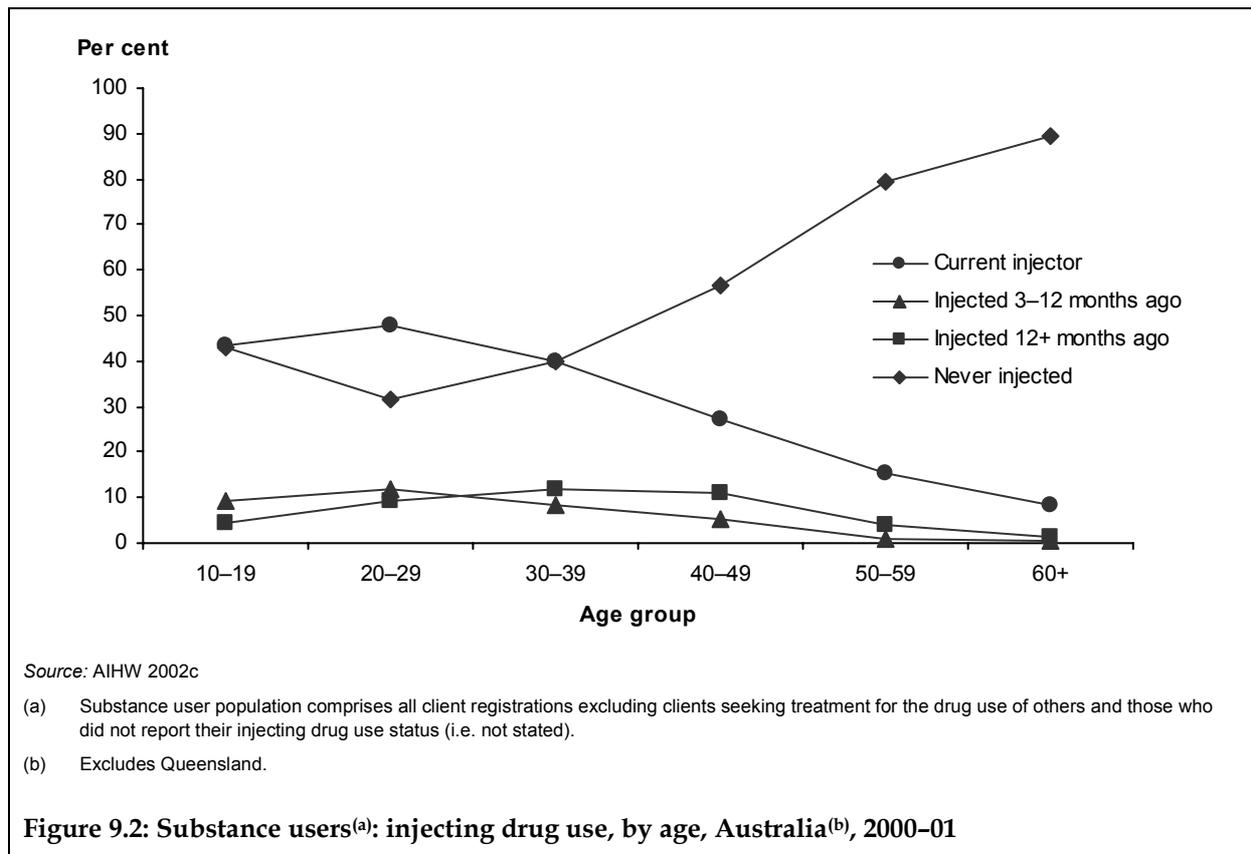
The proportion of clients seeking treatment for alcohol increased with age, whereas the proportion seeking treatment for heroin decreased with age (Figure 9.1). For example, 15% of all clients aged 10–19 years, 98% of whom were aged 15–19 years, were seeking treatment for alcohol and 31% for heroin, whereas 78% of all clients aged 60 years or more were seeking treatment for alcohol and only 2% for heroin. Heroin (31%) and marijuana/cannabis (30%) were the most common principal drugs of concern reported for clients aged 10–19 years.



Injecting drug use

Of the 64,212 clients that reported their injecting drug use status in 2000–01, 42% reported that they had never injected drugs, 40% reported that they had injected within the previous 3 months and 18% reported that they had last injected more than 3 months ago (AIHW 2002c).

The proportion of clients that reported that they currently injected drugs generally decreased with age; however, those aged 20–29 years (48%) were more likely to inject than those aged 10–19 years (44%) (Figure 9.2). The proportion of clients that reported that they had ever injected drugs also decreased with age; however, those aged 20–29 years (69%) were more likely to have ever injected than those aged 10–19 years (57%).



Clients of treatment service agencies

The periodical census of drug and alcohol treatment service agencies is a useful tool to monitor demographic characteristics of clients using these services as well as trends in substance use problems presenting to treatment.

The fourth national census of clients of treatment service agencies was conducted on Wednesday 2 May 2001 in all Australian jurisdictions, with 458 of the 507 agencies surveyed responding. These agencies reported a total of 5,304 clients, of which 93.8% were in treatment for their own substance use and 6.2% were relatives or friends of substance users.

The range of alcohol and drug treatment interventions covered by the census included outpatient treatment services, inpatient rehabilitation programs, detoxification, therapeutic communities, methadone maintenance plus an additional service, and smoking cessation programs.

Self-help groups, sobering-up centres and services that only provide information, education, accommodation, brief counselling and crisis interventions were not classified as specialist treatment agencies and therefore were not included in the census. Note that clients in methadone maintenance programs were excluded from the survey.

The census data presented here should be treated with caution. For example, while all clients being treated at residential services are likely to have been counted in a one-day census, a large number of clients using non-residential treatment services who were not seen on census day were not counted.

Services provided

Agencies were asked to nominate the main service provided to each client on census day. Across all jurisdictions, outpatient or non-residential services (59%) were more prevalent than residential services (41%) (Table 9.1). The non-residential service more frequently offered was counselling (32%), while inpatient rehabilitation or therapeutic community (34%) was the residential service most frequently provided.

Table 9.1: Services provided by alcohol and drug treatment service agencies: proportion of clients by service type^(a), by State and Territory, Australia, 2001

Service type ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
	(per cent)								
Non-residential									
Assessment and referral	7	11	14	13	16	12	13	10	10
Outpatient counselling	25	46	30	44	28	34	28	26	32
Methadone & counselling	11	4	4	3	10	10	7	—	7
Outpatient detoxification	3	4	2	2	1	—	2	—	2
Other non-residential services	8	8	6	8	15	1	—	6	8
Residential									
Rapid detoxification	—	—	—	—	—	—	—	—	—
Inpatient detoxification	7	9	3	2	7	5	9	4	6
Inpatient rehabilitation or therapeutic community	39	17	41	28	23	38	42	54	34
Other residential services	1	3	1	2	1	4	4	2	1

(a) Figures reflect more than one service reported for some clients.

Source: Shand & Mattick 2001.

Methadone maintenance program

Only clients who received a service like urinalysis or counselling in addition to methadone syrup were included in the clients of treatment service agencies May 2001 census, adding 405 clients. However, the number of clients receiving methadone in Australia in 2001 was estimated at 31,995, up from 16,906 in 1995 (Table 9.2). The classification of methadone clients into public and private should be interpreted with caution as the criteria used vary between States and Territories.

Table 9.2: Methadone clients by State and Territory, Australia, 2001

State/Territory^(a)	Public sector	Private sector	Prison program	Total
	(number)			
New South Wales ^(b)	2,978	10,473	1,514	14,965
Victoria	117	7,694	215	8,026
Queensland	3,302	564	–	3,866
Western Australia	683	1,512	–	2,195
South Australia	838	1,418	178	2,434
Tasmania	66	375	4	445
Australian Capital Territory	265	383	–	648
Australia	8,249	22,419	1,911	31,995

(a) Methadone maintenance treatment for opioid dependence is currently unavailable in the Northern Territory.

(b) The figures for NSW are estimated to be up to 3% higher than actual number of persons on the methadone program.

Source: Shand & Mattick 2001.

Main drug problem

In 2001, alcohol was the drug most frequently reported by clients as being the main drug problem, with one in three (35%) substance users receiving treatment for an alcohol problem on census day (Table 9.3). It was closely followed in frequency by opiates (32%), then marijuana/cannabis (9%), amphetamines (8%), and polydrug use including opiates (7%). If the 7% who presented with polydrug including opiates problems are included, opiates (at 39%) were the main drug problem being treated on census day. This number is further increased if people being treated for opiate addiction and participating in methadone maintenance programs are included.

Table 9.3: Principal drug problems^(a) of clients of treatment service agencies, by type of client, Australia, 2001

Drug problem	Substance users	Relatives/friends (per cent)	All clients ^(b)
Alcohol	35	31	35
Opiates	32	14	31
Opiates/polydrug	7	5	7
Tobacco	2	3	2
Benzodiazepines	2	1	2
Marijuana/cannabis	9	19	10
Amphetamines	8	13	9
Amphetamine-related substances	1	1	1
Polydrug ^(c)	6	10	6
Other drugs ^(d)	1	1	1

(a) Figures reflect more than one drug problem nominated for some clients.

(b) Excludes clients whose status was not recorded.

(c) Excludes opiates.

(d) Includes barbiturates, cocaine, hallucinogens, volatile substances, over-the-counter medications and steroids.

Source: Shand & Mattick 2001.

Sex differences

In 2001, males were slightly more likely than females to attend a drug and alcohol treatment service agency for alcohol-related problems (36% versus 33%), polydrug use (13% versus 11%) and marijuana/cannabis use (10% versus 9%) (Table 9.4). Females were slightly more likely than males to attend treatment for opiates (41% versus 38%), benzodiazepines (4% versus 1%) and tobacco (3% versus 2%).

Table 9.4: Principal drug problems^(a) of clients of treatment service agencies, by sex, Australia, 2001

Drug problem	Males	Females (per cent)	Persons
Alcohol	36	33	35
Opiates ^(b)	38	41	39
Tobacco	2	3	2
Benzodiazepines	1	4	2
Marijuana/cannabis	10	9	9
Amphetamines ^(c)	9	9	9
Polydrug	13	11	13
Other drugs ^(d)	2	1	1
Injected drugs in past 12 months	48	46	47

(a) Figures reflect more than one drug problem nominated for some clients.

(b) Includes polydrug including opiates.

(c) Includes amphetamine-related substances (e.g. ecstasy).

(d) Includes barbiturates, cocaine, hallucinogens, volatile substances, over-the-counter medications and steroids.

Source: Shand & Mattick 2001.

Age differences

In 2001, older clients (aged 25 years or more) were three times more likely to seek treatment for alcohol-related problems than younger clients (aged less than 25 years), with 42% of older clients seeking treatment compared with 14% of younger clients (Table 9.5). Younger clients were more likely than older clients to seek treatment for problems related to marijuana/cannabis use, amphetamines use, opiates use and polydrug use. Around six in 10 clients aged 25 years or less had injected drugs in the last 12 months, compared with four in 10 clients aged 25 years or more.

Table 9.5: Principal drug problems^(a) of clients of treatment service agencies, by age group, Australia, 2001

Drug problem	Age group		Total
	Age less than 25	Age 25 and older (per cent)	
Alcohol	14	42	35
Opiates ^(b)	43	38	39
Tobacco	2	2	2
Benzodiazepines	2	3	2
Marijuana/cannabis	19	6	9
Amphetamines ^(c)	14	7	9
Polydrug	18	11	13
Other drugs ^(d)	3	1	1
Injected drugs in past 12 months	59	43	47

(a) Figures reflect more than one drug problem nominated for some clients.

(b) Includes polydrug including opiates.

(c) Includes amphetamine-related substances (e.g. ecstasy).

(d) Includes barbiturates, cocaine, hallucinogens, volatile substances, over-the-counter medications, and steroids.

Source: Shand & Mattick 2001.

National trends

There has been a decline in the proportion of clients attending alcohol and drug treatment service agencies for alcohol-related problems from over one in two in 1990 (55%) to one in three in 2001 (35%). Over the same period, there has been an increase in the proportion of clients whose principal drug problem was marijuana/cannabis and amphetamines. The proportion of clients that had injected drugs in the last 12 months rose from 34% in 1990 to 47% in 2001.

Table 9.6: Principal drug problems^(a) of clients of treatment service agencies, Australia, 1990 to 2001

Drug problem	1990	1992	1995	2001
		(per cent)		
Alcohol	55	52	49	35
Opiates ^(b)	34	33	34	39
Tobacco	8	9	5	2
Benzodiazepines	4	4	4	2
Marijuana/cannabis	4	6	7	9
Amphetamines ^(c)	4	4	7	9
Polydrug ^(d)	11	11	12	13
Injected drugs in past 12 months	34	32	38	47

(a) Figures reflect more than one drug problem nominated for some clients.

(b) Includes polydrug including opiates.

(c) Includes amphetamine-related substances (e.g. ecstasy).

(d) These figures reflect clients reported by agencies as polydrug (including opiates) users, polydrug (excluding opiates) users, plus those clients for whom more than three drugs (excluding tobacco) had been nominated.

Source: Shand & Mattick 2001.

Substance use services for Aboriginal and Torres Strait Islander peoples

The information in this section was sourced from the first report on stand-alone Commonwealth-funded Aboriginal and Torres Strait Islander substance use services. Information was also provided from the Service Activity Report (SAR), a separate process undertaken to gather information from Commonwealth-funded Aboriginal primary health care services.

In 1999-00, stand-alone Aboriginal and Torres Strait Islander substance use services were asked to rank the main multiple combination of drugs that they dealt with. The most common form of multiple drug use by far was 'alcohol and cannabis', ranked first by 86% of substance use services. This was followed by the combinations of 'alcohol, amphetamines and cannabis' and 'alcohol, cannabis and petrol and other solvents' which were ranked first by 5% of substance use services respectively.

About 72% of stand-alone Aboriginal and Torres Strait Islander substance use services reported changes in the patterns of drug use in their service area. Of the services that identified a change in substance use, 36% reported an increase in cannabis use, while 29% reported an increase in heroin use. An increase in substance use by young people was noted by 14% of services.

The 1999-2000 Service Activity Reporting process found that 89% of Commonwealth-funded Aboriginal primary health care services provided substance use services to clients, with 86% providing services to clients for tobacco, 81% for cannabis, 62% for petrol/other inhalants, 56% for heroin and amphetamines, and 48% for benzodiazepines.

10 Crime and law enforcement

Introduction

This chapter focuses on the link between drugs, crime and law enforcement. The chapter begins with a look at illicit drug offences and arrests in Australia. The following section looks at the relationship between drug use and criminal offending among injecting drug users, police detainees and incarcerated offenders. Information obtained from the Drug Use Careers of Offenders (DUCO) survey and the Drug Use Monitoring in Australia (DUMA) project is presented for the first time in the *Statistics on Drug Use in Australia* series. The latter section of the chapter presents data on illicit drug detections, such as average heroin purity, border detections of heroin and ecstasy (MDMA), and clandestine laboratories.

Illicit drug offences

Illicit drug arrests

Marijuana/cannabis is the most common illicit drug for which people are arrested in Australia (Table 10.1). In 2001, marijuana/cannabis accounted for 69% of all illicit drug arrests, with amphetamine-type stimulants (e.g. speed, ecstasy) accounting for 11%, and heroin and other opioids making up 9% of illicit drug arrests.

Overall, the number of illicit drug arrests fell from 98,794 in 1995–96 to 78,006 in 2000–01. Marijuana/cannabis arrests fell from 78,948 in 1995–96 to 54,017 in 2000–01; however, amphetamine-type stimulant arrests increased from 4,214 in 1995–96 to 8,851 in 2000–01.

The majority of illicit drug arrests are related to their consumption rather than their provision or sale (Table 10.1). For example, in 2000–01, 83% of illicit drug arrests and 87% of marijuana/cannabis arrests were related to their consumption.

Overall, consumption-related illicit drug arrests declined from 73,800 in 1995–96 to 63,766 in 2000–01, while provision-related arrests also decreased from 24,994 in 1995–96 to 12,697 in 2000–01 (ABCI 2002).

Table 10.1: Illicit drug arrests, by type of drug and proportion that are related to the consumption of drugs, Australia, 1995–96 to 2000–01

Substance	Period					
	1995–96	1996–97	1997–98	1998–99	1999–00	2000–01
	(number)					
Marijuana/cannabis	78,948	69,136	64,659	58,131	55,641	54,017
Heroin and other opioids	7,105	7,140	10,366	14,341	11,223	7,396
Amphetamine-type stimulants	4,214	3,907	4,766	6,584	8,083	8,851
Cocaine	398	609	524	571	433	652
Hallucinogens	330	460	460	618	290	199
Steroids	70	71	71	87	74	90
Other and unknown	7,729	3,723	3,276	3,201	6,812	6,801
Total	98,794	85,046	84,122	83,533	82,556	78,006
	(per cent)					
Marijuana/cannabis	80	81	77	70	67	69
Heroin	7	8	12	17	14	9
Amphetamine-type stimulants	4	5	6	8	10	11
Cocaine	–	1	1	1	1	1
Hallucinogens	–	1	1	1	–	–
Steroids	–	–	–	–	–	–
Other	8	4	4	4	8	9
Total	99	100	100	100	100	100
	Consumer arrests					
	(per cent)					
Marijuana/cannabis	74	71	73	81	85	87
Heroin	72	70	70	74	74	70
Amphetamine-type stimulants	74	69	70	76	77	77
Hallucinogens	69	67	72	81	58	62
Cocaine	60	43	61	58	76	70
Steroids	87	90	86	97	92	90
Other	86	82	77	76	80	82
Total	75	71	72	79	82	83

Notes

1. These figures cannot be taken directly as a measure of the number of illegal drug users or of the extent of illegal drug use for a variety of reasons. For instance, the number of arrests may depend upon the level of effectiveness of law enforcement activities and not an increase/decrease in the actual number of users.
2. 1999–00 data excludes 493 arrests in the Australian Capital Territory for which drug type was not available.
3. Consumers are defined as those arrested for use/possession type of offences, while providers are defined as those arrested for dealing/trafficking type of offences. Caution should be exercised when making comparisons between years due to variations in consumer/provider counting methodologies used.

Sources: Australian Bureau of Criminal Intelligence 2001, 2002.

Prison census statistics

The information presented in this section was sourced from the Australian Bureau of Statistics' census of prisoners and relates to imprisonment where the most serious offence was drug-related. It is accepted that the true level of imprisonment for offences relating to illicit drugs would be higher if statistics reflected all offences for which a person was imprisoned (Stevenson and Forsythe 1998).

Given that prison census data highlight the most serious offence committed, the most common drug-related offence for which people were imprisoned was dealing/trafficking drugs (Table 10.2). Of the 1,852 people imprisoned for drug-related offences in 2001, 1,508 (81.4%) were imprisoned for dealing/trafficking drugs, 217 (11.7%) for manufacturing/growing drugs and 127 (6.9%) for possessing/using drugs.

The proportion of people imprisoned for drug-related offences ranged between 9.1% and 11.1% of total sentenced prisoners over the period 1995 to 2001. In 2001, 10.2% of sentenced prisoners were imprisoned for drug-related offences.

Table 10.2: Sentenced prisoners where the most serious offence was drug-related, by type of offence, by State and Territory, Australia, 1995 to 2001

Year	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT ^(a)	NT	Aust ^(b)	Aust ^(c)
Possession/use of drugs										
(number)										(per cent)
1995	60	15	41	15	12	–	6	6	149	1.0
1996	56	13	77	–	11	–	2	3	160	1.0
1997	67	12	74	1	8	–	10	8	170	1.0
1998	46	27	86	1	3	1	9	7	173	1.0
1999	35	19	115	6	7	2	6	3	187	1.0
2000	41	19	75	5	2	1	13	3	146	0.8
2001	33	24	60	2	1	2	3	5	127	0.7
Deal/traffic drugs										
(number)										(per cent)
1995	901	187	93	115	51	3	5	1	1,351	8.8
1996	804	185	112	116	49	6	6	5	1,277	8.0
1997	753	176	139	116	58	6	5	8	1,256	7.6
1998	603	254	152	121	54	5	8	4	1,194	7.0
1999	618	262	170	166	65	2	12	12	1,297	7.1
2000	670	259	193	210	58	5	12	13	1,409	7.9
2001	759	274	180	213	63	3	8	16	1,508	8.3
Manufacture/grow drugs										
(number)										(per cent)
1995	139	2	25	7	14	–	1	7	194	1.3
1996	121	4	34	9	31	–	–	2	201	1.3
1997	114	10	35	13	24	–	1	2	198	1.2
1998	110	12	34	10	31	–	2	2	201	1.2
1999	114	11	25	10	18	1	–	–	179	1.0
2000	115	17	68	11	10	–	–	1	222	1.2
2001	96	28	64	8	20	–	–	1	217	1.2
Total										
(number)										(per cent)
1995	1,100	204	159	137	77	3	12	14	1,694	11.1
1996	981	202	223	125	91	6	8	10	1,638	10.3
1997	934	198	248	130	90	6	16	18	1,624	9.8
1998	759	293	272	132	88	6	19	13	1,568	9.2
1999	767	292	310	182	90	5	18	15	1,663	9.1
2000	826	295	336	226	70	6	25	17	1,777	9.9
2001	888	326	304	223	84	5	11	22	1,852	10.2

(a) The majority of full-time prisoners sentenced in the ACT are held in NSW prisons.

(b) Prisoners sentenced in the ACT and held in NSW prisons are a subset of the NSW figures and are not separately counted in the Australian totals.

(c) As a proportion of total sentenced prisoners.

Sources: Australian Bureau of Statistics 2002b.

Marijuana/cannabis offences

The number of marijuana/cannabis offences per 100,000 population recorded throughout Australia decreased from 434 in 1995–96 to 279 in 2000–01 (Table 10.3). Over the same period, rates were more than halved in Victoria, Western Australia and Tasmania. The other States recorded moderate decreases except for Queensland and Northern Territory, where the rate of marijuana/cannabis offences per 100,000 population increased from 286 to 366 and 209 to 428 respectively.

Table 10.3: Marijuana/cannabis arrests and offence notices issued per 100,000 population, by State and Territory, 1995–96 to 2001–02

State/Territory	1995–96	1996–97	1997–98	1998–99	1999–00	2000–01
New South Wales	238	227	245	247	219	209
Victoria	421	199	195	198	157	136
Queensland	286	440	380	385	386	366
Western Australia	795	713	634	330	363	389
South Australia	1,256	1,089	907	803	788	726
Tasmania	531	228	253	156	170	222
Australian Capital Territory	144	157	122	77	n.a.	105
Northern Territory	209	368	337	362	464	428
Australia	434	375	347	309	291	279

Source: Australian Bureau of Criminal Intelligence 2002.

Drug use and criminal offending

Self-reported crime by injecting drug users

In 2001, the IDRS recruited injecting drug users in all jurisdictions, mainly but not always in capital cities. To ensure comparability within jurisdictions over time, the IDRS uses consistent methods of recruitment within jurisdictions. Using data from the IDRS, more than half (52%) of illicit drug users surveyed reported that they had been involved in some type of criminal activity during the previous month, while 44% had been arrested at least once during the past year (Table 10.4). The most common criminal activity reported was drug dealing (39%), followed by property crime (20%). The most common reason for arrest was property crime (17%) followed by drug use/possession (7%) and violent crime (6%).

Table 10.4: Self-reported crime among injecting drug users and proportion arrested in the last year, by type of crime, Australia, 2001

Type of crime	Self-reported crime in the last month	Arrested in the last year (per cent)
Use/possession	—	7
Dealing	39	4
Property crime	20	17
Fraud	9	2
Violent crime	9	6
Any crime	52	44

Source: National Drug and Alcohol Research Centre, unpublished data.

Drug use among police detainees

This section presents information from the 2001 DUMA project. The DUMA project measures drug use among males and females who have been recently apprehended by police, through interviews and analysis of urine samples taken within 48 hours of arrest. Only data related to males is presented here to facilitate a comparison with information on male prisoners obtained from the DUCO survey.

In 2001, 56.6% of male detainees tested positive to marijuana/cannabis, while 30.0% tested positive to amphetamines, 16.8% to opiates and 5.6% to cocaine (Table 10.5). Male detainees aged 18–24 years and 25–39 years were more likely than detainees aged 40 years or more to test positive to all illicit drugs.

Table 10.5: Proportion of male detainees testing positive to illicit drugs^(a) in the last 12 months, by age and type of illicit drug, Australia, 2001

Drug type	Age group			Total
	18–24	25–39	40+	
	(per cent)			
Marijuana/cannabis	63.1	60.5	24.0	56.6
Opiates ^(b)	14.6	19.9	11.6	16.8
Amphetamines	31.8	33.2	13.0	30.0
Cocaine	4.9	6.6	4.1	5.6
Any illicit drug ^(c)	74.8	74.8	34.9	69.5

(a) These data are based on quarterly monitoring conducted in four sites around Australia (Parramatta, Bankstown, Southport and East Perth).

(b) Includes heroin; however, detainee may not have taken heroin.

(c) Any illicit drug includes marijuana/cannabis, cocaine, heroin and amphetamines.

Source: Australian Institute of Criminology, unpublished data.

Across DUMA sites, 40.7% of male detainees defined themselves as dependent on an illicit drug, with 20.5% defining themselves as marijuana/cannabis dependent, 14.6% heroin dependent, 13.9% amphetamine dependent and 11.1% alcohol dependent (Table 10.6).

Table 10.6: Proportion of male detainees defining themselves as drug dependent^(a), by age and type of illicit drug, Australia, 2001

Drug type	Age group			Total
	18–24	25–39	40+	
	(per cent)			
Alcohol	7.2	13.3	14.4	11.1
Marijuana/cannabis	25.8	20.2	6.2	20.5
Heroin	14.8	16.2	8.2	14.6
Amphetamines	14.4	16.2	4.1	13.9
Cocaine	3.0	3.6	2.1	3.2
Hallucinogens / ecstasy	1.6	0.4	0.0	0.8
Any illicit drug ^(b)	44.3	44.3	17.2	40.7

(a) Respondents that defined themselves as dependent on the drug in the previous 12 months.

(b) Any illicit drug includes cannabis, cocaine, heroin, street methadone, amphetamines, street benzodiazepines, ecstasy and hallucinogens.

Source: Australian Institute of Criminology, unpublished data.

Drug use and offending among prisoners

This section reports on the preliminary findings of the 2001 DUCO survey of male prisoners. The survey collects information about the drug use and criminal histories of incarcerated offenders.

In 2001, 70.4% of male prisoners reported using any illicit drug in the 6 months before their arrest (Table 10.7), with 61.2% using marijuana/cannabis, 41.9% amphetamines and 26.8% heroin.

In 2001, illicit drug use was most prevalent among inmates aged 18–24 years, with around 90% using any illicit drug, 81.9% marijuana/cannabis and 63.7% amphetamines.

Table 10.7: Proportion of male prisoners^(a) who used illicit drugs in the 6 months before arrest^(b), by age and type of illicit drug, Australia, 2001

Drug type	Age group			Total
	18–24	25–39	40+	
	(per cent)			
Marijuana/cannabis	81.9	64.8	29.4	61.2
Heroin	36.1	28.4	12.4	26.8
Amphetamines	63.7	42.5	15.5	41.9
Cocaine	23.3	17.1	5.4	16.0
Hallucinogens/ecstasy	36.2	23.7	4.8	22.7
Any illicit drug ^(c)	89.9	75.1	37.3	70.4

(a) Sample of adult male sentenced inmates in correctional facilities in the Northern Territory, Queensland, Tasmania and Western Australia.

(b) Self-reported use.

(c) Any illicit drug includes marijuana/cannabis, heroin, amphetamines, cocaine, hallucinogens / ecstasy, inhalants, street methadone, benzodiazepines, morphine and steroids.

Source: Australian Institute of Criminology, unpublished data.

In the 2001 DUCO survey, male prisoners were asked whether they were addicted to any drug in the 6 months before their arrest (Table 10.8). Overall, 20.2% defined themselves as dependent on alcohol, 21.5% on marijuana/cannabis, 17.5% on heroin and 17.3% on amphetamines.

With the exception of alcohol, male offenders aged 18–24 years were more likely to define themselves as addicted to a substance than those aged 25–39 years or 40 years or more.

Table 10.8: Proportion of male prisoners^(a) who self-reported drug dependency^(b), by age and type of illicit drug, Australia, 2001

Drug type	Age group			Total
	18–24	25–39	40+	
	(per cent)			
Alcohol	19.3	23.9	12.8	20.2
Marijuana/cannabis	37.3	20.5	5.8	21.5
Heroin	22.1	19.0	8.7	17.5
Amphetamines	29.5	17.3	3.3	17.3
Cocaine	4.5	3.3	0.2	2.9
Hallucinogens / ecstasy	2.7	1.6	0.2	1.6
Any illicit drug ^(c)	61.2	46.7	15.9	43.5

(a) Sample of adult male sentenced inmates in correctional facilities in the Northern Territory, Queensland, Tasmania and Western Australia.

(b) Respondents that defined themselves as addicted to the drug in the 6 months prior to their arrest.

(c) Any illicit drug includes marijuana/cannabis, heroin, amphetamines, cocaine, hallucinogens / ecstasy, inhalants, street methadone, benzodiazepines, morphine and steroids.

Source: Australian Institute of Criminology, unpublished data.

Male offenders who were imprisoned for property offences were more likely than other inmates to define themselves as addicted to alcohol or an illicit drug (Table 10.9). In 2001, around 60% of male offenders that were imprisoned for property offences defined themselves as drug dependent. This compared to around 40% of inmates imprisoned for other offences.

Comparing the DUMA project results with the DUCO survey findings, male prisoners (20.2%) were twice as likely to define themselves as alcohol dependent as males arrested and held in police watch-houses (11.1%); however, the rates of dependency were similar for the illicit drugs (Table 10.6).

Table 10.9: Proportion of male prisoners^(a) who self-reported drug dependency^(b), by age and type of offence, Australia, 2001

Type of offence	Age group			Total
	18–24	25–39	40+	
	(per cent)			
Violent offences	56.5	43.9	11.5	38.4
Property offences	66.2	60.6	25.6	59.0
Other offences	64.8	44.1	23.8	44.3
All offences	61.2	46.7	15.9	43.5

(a) Sample of adult male sentenced inmates in correctional facilities in the Northern Territory, Queensland, Tasmania and Western Australia.

(b) Respondents that defined themselves as addicted to any illicit drug in the 6 months before their arrest.

Source: Australian Institute of Criminology, unpublished data.

One in three male offenders reported being under the influence of alcohol at the time of their offence, while one in four reported being under the influence of marijuana/cannabis, one in five under the influence of amphetamines/cocaine, one in seven under the influence of heroin and one in fifteen under the influence of hallucinogens/ecstasy (Table 10.10). This compares with DUMA project data, which found that over half of male detainees tested positive to marijuana/cannabis within 48 hours of arrest, three in 10 tested positive to amphetamines, one in six to opiates and around one in twenty to cocaine.

Table 10.10: Proportion of male prisoners^(a) who self-reported being under the influence^(b) of alcohol or illicit drugs at the time of offence, by age, type of offence and type of drug used at the time of offence, Australia, 2001

Type of offence	Age group			Total
	18–24	25–39	40+	
	(per cent)			
	Alcohol			
Violent offences	43.4	39.8	24.0	36.6
Property offences	33.8	30.1	18.6	30.3
Other offences	39.4	39.6	26.2	36.3
All offences	39.7	38.0	24.1	35.3
	Marijuana/cannabis			
Violent offences	40.1	24.7	8.0	23.8
Property offences	44.6	26.3	9.3	31.9
Other offences	49.6	22.3	11.1	26.3
All offences	43.6	24.4	8.9	25.9
	Amphetamines/cocaine			
Violent offences	30.0	18.5	3.5	17.2
Property offences	42.7	29.6	14.0	33.2
Other offences	36.2	20.4	11.9	22.2
All offences	35.0	20.7	6.6	21.3
	Hallucinogens/ecstasy			
Violent offences	9.4	6.1	2.6	5.9
Property offences	14.6	5.9	0.0	8.8
Other offences	12.6	6.5	0.0	6.4
All offences	11.6	6.1	1.7	6.5
	Heroin			
Violent offences	18.0	13.7	3.5	12.0
Property offences	21.7	21.5	18.6	21.2
Other offences	20.5	11.2	11.1	13.5
All offences	19.6	14.4	6.8	14.0

(a) Sample of adult male sentenced inmates in correctional facilities in the Northern Territory, Queensland, Tasmania and Western Australia.

(b) Self-reported use of one or more drugs.

Source: Australian Institute of Criminology, unpublished data.

In the 2001 DUCO survey, 22.3% of adult male offenders reported that illicit drugs only were used at the time of offence, while 19.4% reported that alcohol only was used and 15.9% reported that both alcohol and illicit drugs were used (Table 10.11). Forty-two per cent of male offenders reported that neither alcohol nor illicit drugs were used at the time of offence. Alcohol was least prevalent among offenders who committed property offences, whereas illicit drugs were more prevalent among this group.

Table 10.11: Proportion of male prisoners^(a) who used alcohol and/or illicit drugs^(b) at the time of offence, by age and type of offence, Australia, 2001

Type of offence	Age group			Total
	18–24	25–39	40+	
	(per cent)			
	Alcohol only			
Violent offences	16.4	22.8	17.9	20.1
Property offences	14.6	14.4	7.0	13.7
Other offences	16.4	25.3	21.4	22.1
All offences	15.9	21.9	17.8	19.4
	Illicit drugs^(c) only			
Violent offences	24.2	17.9	4.5	15.8
Property offences	40.8	34.0	25.6	35.8
Other offences	36.7	26.1	22.2	27.8
All offences	31.8	22.5	11.0	22.3
	Alcohol and illicit drugs^(c)			
Violent offences	27.1	17.9	7.3	17.2
Property offences	21.0	14.4	7.0	16.2
Other offences	21.9	12.6	3.2	12.6
All offences	24.2	16.0	6.2	15.9
	Neither alcohol nor illicit drugs^(c)			
Violent offences	32.3	41.5	70.3	46.8
Property offences	23.6	37.2	60.5	34.3
Other offences	25.0	36.0	53.2	37.5
All offences	28.2	39.6	65.0	42.4

(a) Sample of adult male sentenced inmates in correctional facilities in the Northern Territory, Queensland, Tasmania and Western Australia.

(b) Self-reported use.

(c) Any illicit drug includes marijuana/cannabis, heroin, amphetamines, cocaine, hallucinogens / ecstasy, inhalants, street methadone, benzodiazepines, morphine and steroids.

Source: Australian Institute of Criminology, unpublished data.

Illicit drug detections

Heroin purity

Apart from the risk of overdose, the majority of complications associated with the use of heroin are related to the injection of contaminated material, or the use of non-sterilised injecting equipment. Except for scientific and research purposes, heroin is not legally available in Australia. Consequently, the heroin obtained by users may fluctuate in purity and may be contaminated by a variety of materials of varying quality and safety (DHS 1994). The purity of heroin available in Australia fluctuated considerably across jurisdictions over the period 1996–97 to 2000–01 (Table 10.12). For example, in New South Wales the average purity of heroin seizures ranged from a high of 71% in 1997–98 to a low of 51% in 2000–01. In 2000–01, the average purity of heroin varied from 39% in Queensland to 51% in New South Wales.

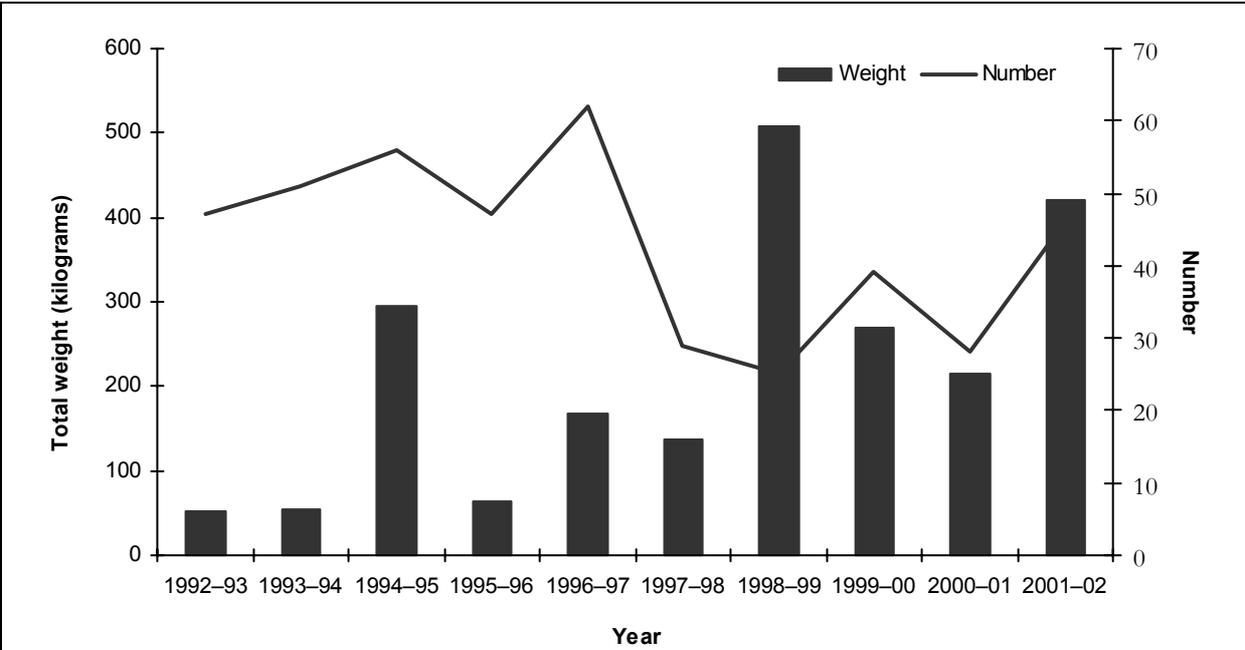
Table 10.12: Average purity of heroin seizures analysed in Australia, selected jurisdictions, 1996–97 to 2000–01

State/Territory	1996–97	1997–98	1998–99	1999–00	2000–01
			(per cent)		
New South Wales	64	71	67	62	51
Australian Capital Territory	56	68	71	54	40
Victoria	35	62	69	54	46
South Australia	37	59	61	48	45
Queensland	48	49	59	51	39
Western Australia	48	58	57	53	49

Source: Topp et al. 2002.

Customs border detections of heroin

There is not always a positive correlation between number of heroin detections and the total weight of heroin detections. Over the period 1992-93 to 2001-02, the number of heroin border detections per year by the Australian Customs Service ranged between 25 and 62 detections (Figure 10.1). The total weight of heroin border detections fluctuated between a low of 53 kilograms in 1992-93 and a high of 508 kilograms in 1998-99. Interestingly, 1998-99 was the year in which least detections and most weight of detections occurred.

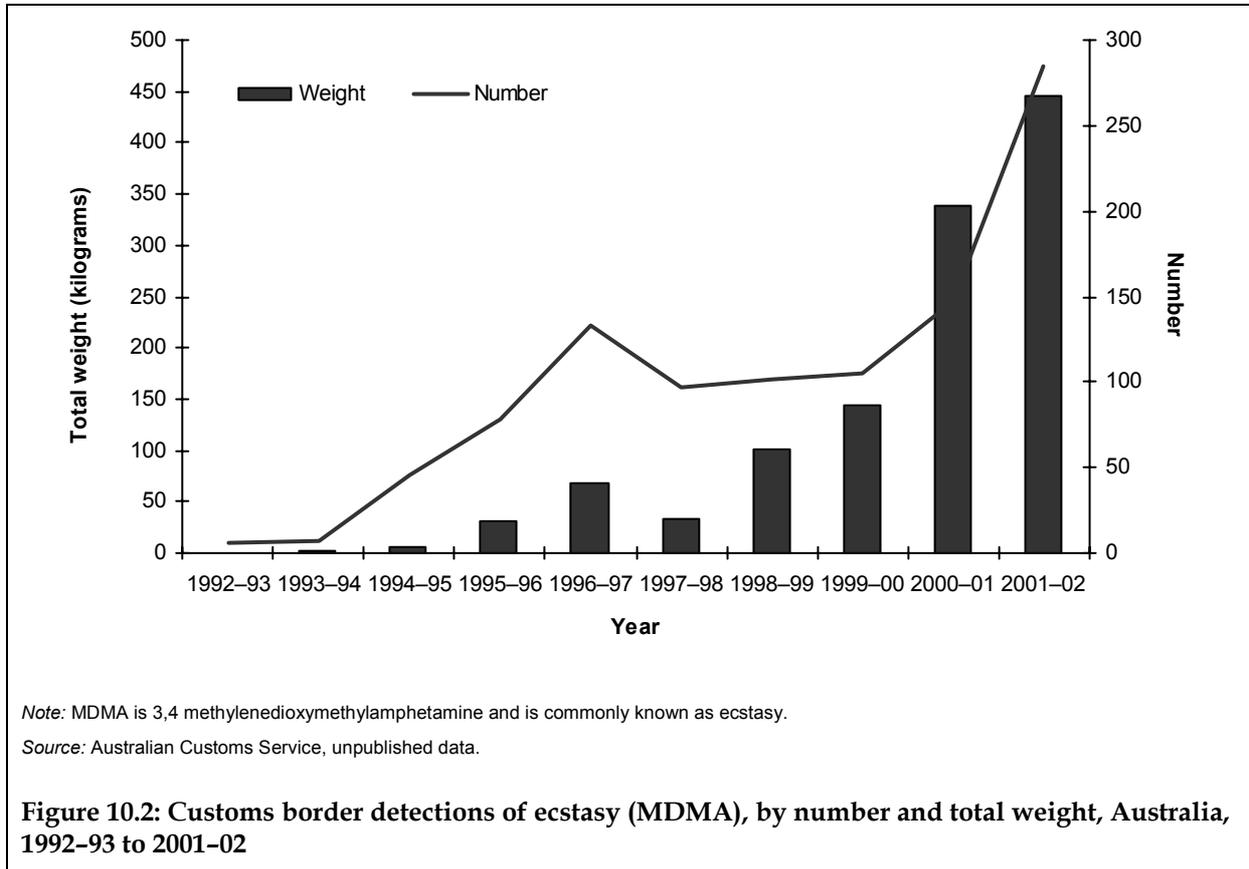


Source: Australian Customs Service, unpublished data.

Figure 10.1: Customs border detections of heroin, by number and total weight, Australia, 1992-93 to 2001-02

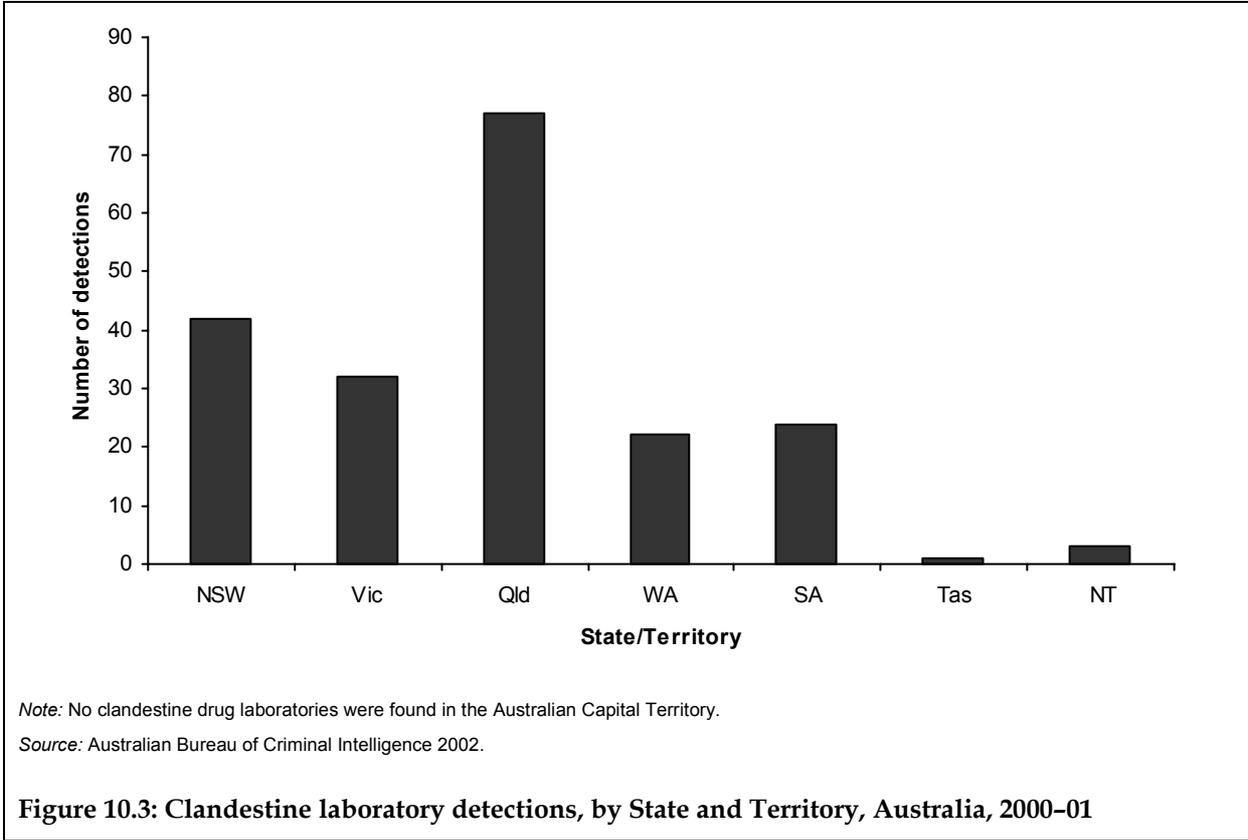
Customs border detections of ecstasy (MDMA)

There appears to be a positive correlation between the number of customs border detections of ecstasy (MDMA) and the total weight of these detections (Figure 10.2). Over the period 1992–93 to 2001–02, the number of border detections increased from 6 in 1992–93 to 285 in 2001–02 and the total weight of these detections ranged from almost zero kilograms in 1992–93 to 445 kilograms in 2001–02.



Detection of drugs laboratories

In 2000-01, a total of 201 clandestine drug laboratories were detected in Australia, with 77 (38%) detected in Queensland, 42 (21%) detected in New South Wales and 32 (16%) detected in Victoria (Figure 10.3).



11 Polydrug use

Introduction

Drugs researchers and policy-makers are interested in two types of multiple drug use: the suite of drugs an individual user consumes over a specified time period, but not necessarily concurrently, often termed polydrug use, and the particular combination of drugs used in any one drug-taking session. This chapter reports on the former, that is data collected in the 2001 NDSHS on the consumption of multiple drugs by each respondent in the past 12 months, without specifying concurrency.

Polydrug use and tobacco

Across the drugs reported in 2001, the prevalence of use of other drugs in the past 12 months was higher for tobacco smokers than non-smokers (Table 11.1). There was about a fourfold greater use of marijuana/cannabis and any illicit drug among smokers compared with non-smokers. There was only a moderate difference observed in the use of alcohol among the two groups.

Table 11.1: Recent^(a) use of other drugs by smokers and non-smokers: proportion of the population aged 14 years and over, by sex, Australia, 2001

Other substances recently used	Males		Females		Persons	
	Smokers ^(b)	Non-smokers	Smokers ^(b)	Non-smokers	Smokers ^(b)	Non-smokers
	(per cent)					
Alcohol	92.5	83.6	88.2	76.8	90.5	80.0
Marijuana/cannabis	35.2	9.2	27.6	5.4	31.7	7.2
Any illicit drug	41.4	12.3	33.5	9.1	37.8	10.7
Any illicit drug other than marijuana/cannabis	20.7	5.4	17.1	4.9	19.1	5.2

(a) Used in the past 12 months.

(b) Consumed tobacco in the past 12 months.

Source: National Drug Strategy Household Survey 2001.

Polydrug use and alcohol

The differences in recent use of other drugs by drinkers and non-drinkers broadly follow the pattern for tobacco, with drinkers having higher prevalence of other recent drug use than non-drinkers (Table 11.2). A sixfold difference in marijuana/cannabis use is observed between drinkers and non-drinkers, while drinkers have a smoking prevalence about twice that of non-drinkers.

Table 11.2: Recent^(a) use of other drugs by drinkers and non-drinkers: proportion of the population aged 14 years and over, by sex, Australia, 2001

Other substances recently used	Males		Females		Persons	
	Drinkers ^(b)	Non-drinkers	Drinkers ^(b)	Non-drinkers	Drinkers ^(b)	Non-drinkers
	(per cent)					
Tobacco	27.6	13.6	23.2	11.8	25.5	12.5
Marijuana/cannabis	17.9	3.3	12.2	1.9	15.1	2.4
Any illicit drug	22.0	5.8	16.5	5.2	19.3	5.5
Any illicit drug other than marijuana/cannabis	10.3	3.2	8.3	3.9	9.3	3.6

(a) Used in the past 12 months.

(b) Consumed alcohol in the past 12 months.

Source: National Drug Strategy Household Survey 2001.

Polydrug use and marijuana/cannabis

Users of marijuana/cannabis appeared to have much higher prevalence of other recent drug use compared with non-users of marijuana/cannabis (Table 11.3). While there was only a moderate difference observed in alcohol prevalence among the user and non-user groups, tobacco prevalence was three times higher in marijuana/cannabis users compared with non-users (57.0% and 18.2% respectively). This was consistent with smoking behaviour, as 'joints' were the most common form of marijuana/cannabis consumption. There were up to 100-fold differences in prevalence for drugs such as hallucinogens. The gradients were generally larger for females than males.

The relatively high use of amphetamines and ecstasy among marijuana/cannabis users (compared with non-users, or the general population) suggests a user group for which all three substances are available and used.

Table 11.3: Recent^(a) use of other drugs by users and non-users of marijuana/cannabis: proportion of the population aged 14 years and over, by sex, Australia, 2001

Other substances recently used	Males		Females		Persons	
	Users ^(b)	Non-users	Users ^(b)	Non-users	Users ^(b)	Non-users
	(per cent)					
Alcohol	97.1	83.9	96.1	77.4	96.7	80.5
Tobacco	56.9	19.8	57.2	16.7	57.0	18.2
Pain-killers/analgesics ^(c)	5.8	2.4	8.2	2.5	6.7	2.5
Tranquillisers/sleeping pills ^(c)	5.1	0.5	5.7	0.5	5.3	0.5
Steroids ^(c)	*0.4	0.1	0.6	0.1	0.4	0.1
Barbiturates ^(c)	0.8	0.1	0.6	0.1	0.7	0.1
Inhalants	2.3	0.2	1.9	0.1	2.2	0.2
Heroin	0.9	0.1	1.4	0.1	1.1	0.1
Methadone ^(d)	*0.4	–	0.7	–	0.6	–
Other opiates ^(c)	1.5	0.1	1.9	0.1	1.7	0.1
Amphetamines ^(c)	23.1	0.6	20.1	0.7	21.9	0.6
Cocaine/crack	8.4	0.3	7.4	0.3	8.0	0.3
LSD/synthetic hallucinogens	10.2	0.1	7.1	0.1	9.0	0.1
Ecstasy/designer drugs	20.0	0.5	18.5	0.4	19.4	0.5
Injected drugs	3.9	0.2	3.3	0.1	3.7	0.1

(a) Used in the past 12 months.

(b) Used cannabis in the past 12 months.

(c) For non-medical purposes.

(d) Non-maintenance.

* Relative standard error greater than 50%.

Source: National Drug Strategy Household Survey 2001.

Polydrug use and amphetamine-type substances

In this section, recent users of any one or more of amphetamines, ecstasy or cocaine have been grouped into users of amphetamine-type substances (ATS). Across all reported drugs, recent users of ATS had substantially higher prevalence than non-users, including three times the rate of smoking and around eight times the use of marijuana/cannabis (Table 11.4). There were only moderate differences in alcohol prevalence among users and non-users of ATS.

Recent ATS users accounted for the entire population prevalence of non-maintenance use of methadone for both sexes, and all of the heroin and steroids use among females. By definition, there was no use of amphetamines, ecstasy or cocaine for non-users of ATS.

The most common ATS used was amphetamines (72.8%), followed by ecstasy (62.1%) and cocaine (28.2%). The prevalence and distribution of ATS was similar among males and females.

These results corroborate the previous statement that ATS with marijuana/cannabis appear to be readily available to and used by a particular user group.

Table 11.4: Recent^(a) use of other drugs by users and non-users of amphetamine-type substances^(b): proportion of the population aged 14 years and over, by sex, Australia, 2001

Other substances recently used	Males		Females		Persons	
	Users ^(c)	Non-users	Users ^(c)	Non-users	Users ^(c)	Non-users
	(per cent)					
Alcohol	97.6	85.1	95.5	78.4	96.8	81.7
Tobacco	62.3	23.5	61.5	19.2	62.0	21.3
Marijuana	86.1	11.7	74.6	7.5	81.4	9.5
Pain-killers/analgesics ^(d)	10.6	2.5	13.2	2.8	11.6	2.6
Tranquillisers/sleeping pills ^(d)	12.3	0.6	11.2	0.6	11.9	0.6
Steroids ^(d)	1.6	0.1	2.0	–	1.8	0.1
Barbiturates ^(d)	2.8	0.1	2.0	0.1	2.4	0.1
Inhalants	6.8	0.2	4.0	0.2	5.7	0.2
Heroin	3.1	0.1	4.6	–	3.7	0.1
Methadone ^(e)	1.9	–	1.9	–	1.9	–
Other opiates ^(d)	4.4	0.1	4.8	0.1	4.5	0.1
Amphetamines ^(d)	74.0	..	71.1	..	72.8	..
Cocaine/crack	28.7	..	27.5	..	28.2	..
LSD/synthetic hallucinogens	26.7	0.3	20.0	0.1	23.9	0.2
Ecstasy/designer drugs	63.2	..	60.5	..	62.1	..
Injected drugs	12.5	0.1	9.6	0.1	11.4	0.1

(a) Used in the past 12 months.

(b) One or more of amphetamines, ecstasy or cocaine.

(c) Used amphetamine-type substances in the past 12 months.

(d) For non-medical purposes.

(e) Non-maintenance.

Source: National Drug Strategy Household Survey 2001.

12 Drug avoidance and moderation

Introduction

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

Avoidance of cigarette smoke

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

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

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

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

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

Source: National Drug Strategy Household Survey 2001.

Smoking moderation behaviours

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

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

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

(a) Used in the last 12 months.

Source: National Drug Strategy Household Survey 2001.

Alcohol reduction behaviours

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

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

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

(a) Used in the last 12 months.

Source: National Drug Strategy Household Survey 2001.

Alcohol moderation behaviours

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

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

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

(a) Used in the last 12 months.

Source: National Drug Strategy Household Survey 2001.

Participation in drug treatment programs

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

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

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

(a) Used in the last 12 months.

Source: National Drug Strategy Household Survey 2001.

Appendix A: Confidence intervals

As survey estimates presented in this publication are based on a sample, they are subject to sampling error. Sampling error is the difference between the published estimates, derived from a sample of persons, and the value that would have been produced if the entire population had been surveyed.

One measure of the likely difference is given by the standard error, which indicates the extent to which an estimate might have varied by chance because a sample of the population was taken.

Figure 4.1 presents the sample prevalence estimates and 95% confidence intervals for selected drugs from the 2001 NDSHS. In these cases, we can be 95% confident that the prevalence estimates will differ by less than 1.96 multiplied by the standard error from the prevalence that would have been obtained if the entire population had been included.

A relatively simple approximation of the confidence interval that readers might use when interpreting Figure 4.1 is:

$$\text{95\% confidence interval} = p \pm 1.96 \times \sqrt{\frac{p(1-p) \times DE}{n}}$$

where:

p is the sample prevalence estimate expressed as a proportion

DE is the design effect

n is the sample size.

The design effect is the net result of a number of factors affecting the sample population. The design effect is the ratio of the variance of an estimate derived from the survey to the variance of an estimate of the same thing based on a true simple random sample of the same size. Departure from simple random sampling may sometimes be due to the nature of the population being measured, as well as to the practical limitations of field sampling operations.

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