



4.7 Illicit drug use

Harms from illicit drugs affect all Australian communities, families and individuals, either directly or indirectly. These harms are numerous and include health impacts such as injury, poisoning and mental illness; social impacts such as violence, crime and trauma; and economic impacts such as related costs of health care and law enforcement (Department of Health 2017).

Since 1985, there has been a coordinated approach to dealing with licit and illicit drug use in Australia. Illicit drug policy is the responsibility of all levels of government and various government agencies. The National Drug Strategy 2017–2026 is the latest cooperative strategy to recognise that illicit drug use is a health and social issue, while acknowledging the role of law enforcement to detect and deter drug crime (Department of Health 2017).

The first part of this article profiles illicit drug use (see Box 4.7.1 for a definition) and examines the four most commonly used illicit drugs: cannabis, cocaine, ecstasy and meth/amphetamines. The second part considers the relationship between illicit drug use and mental health across various age groups and by sociodemographic characteristics (see Chapter 3.12 'Mental health' for more information on mental health).

Box 4.7.1: Definition of illicit drug use

'Illicit use of drugs' covers the use of a broad range of substances, including:

- illegal drugs—drugs prohibited from manufacture, sale or possession in Australia, including cannabis (non-medical use, see Box 4.7.2), cocaine, heroin and amphetamine-type stimulants
- pharmaceuticals—drugs available from a pharmacy, over-the-counter or by prescription, which may be subject to misuse (when used for purposes, or in quantities, other than for the medical purposes for which they were prescribed)—for example, opioid-based pain relief medications, opioid substitution therapies, benzodiazepines, steroids, and over-the-counter codeine (not available since 1 February 2018 but it was when data were collected for the National Drug Strategy Household Survey—NDSHS)
- other psychoactive substances—legal or illegal, potentially used in a harmful way—for example, kava; synthetic cannabis and other synthetic drugs; or inhalants such as petrol, paint or glue (MCDS 2011).

Each data collection cited in this article uses a slightly different definition of illicit drug use; see the relevant report for information.



Impact of illicit drug use

According to the AIHW report *Impact of alcohol and illicit drug use on the burden of disease and injury in Australia* (AIHW 2018b), illicit drug use contributed to 2.3% of the total burden of disease and injury in 2011. This included the impact of opioids, amphetamines, cannabis, cocaine and other illicit drugs, as well as injecting drug use. One-third (33%) of the burden was from accidental poisoning. A further 31% was from drug dependence (see Chapter 4.4 'Contribution of selected risk factors to burden of disease').

Drug use disorders accounted for a large proportion of burden for ages 25–44: for men, it was the eighth leading cause of burden, contributing to 3.2% of burden in this age group (AIHW 2018b). Around 89% of the burden due to drug use disorders was non-fatal and a higher amount of burden was experienced by men (72%) than women (28%).

Mental and substance use disorders (bipolar affective disorder, anxiety, substance use, behavioural and developmental disorders, schizophrenia and intellectual disability) includes disorders associated with alcohol and other drug use, as well as mental health issues that occur independently of substance use. In Australia in 2011, mental and substance use disorders:

- were responsible for an estimated 12% of the total disease burden, making it the third most burdensome group of diseases—together with musculoskeletal conditions (also 12%)—behind cancer (19%), and cardiovascular disease (15%)
- were the leading cause of non-fatal burden, accounting for almost one-quarter (24%) of all years spent living with disease
- were the main causes of burden for late childhood, adolescence and adulthood to age 44
- account for more years of life lost due to disability than any other disorders (AIHW 2016).

Harms from illicit drug use

The number of drug-induced deaths and hospitalisations with a drug-related principal diagnosis has increased over recent years in Australia.

Drug-induced deaths

Drug-induced deaths are defined as those that can be directly attributable to drug use from toxicology and pathology reports. This includes overdoses (accident or suicide) or where drugs were found to be a direct contributor to the death, such as where a person was involved in a traffic accident and under the influence of drugs at the time of death (ABS 2017).

In 2016, there were 1,808 drug-induced deaths, equating to 1.1% of all deaths (ABS 2017)—the highest number of drug-induced deaths recorded over the past 20 years. It is similar to the peak in 1999 of 1,740 deaths, which, at that time, was largely due to an increase in heroin-related deaths. However, the death rate per capita of 7.5 per 100,000 population in 2016 is lower than it was in 1999, when it was 9.2 deaths per 100,000.





The most common drug class identified in data for drug-induced deaths over the past decade was opioids (this drug class includes the illegal use of heroin and licit and illicit use of opiate-based analgesics—such as codeine, oxycodone and morphine—and synthetic opioid prescriptions—such as tramadol, fentanyl and methadone).

Between 1999 and 2016, there was a 4-fold increase in the number and rate of meth/amphetamine deaths, from 0.4 to 1.6 deaths per 100,000 population (ABS 2017).

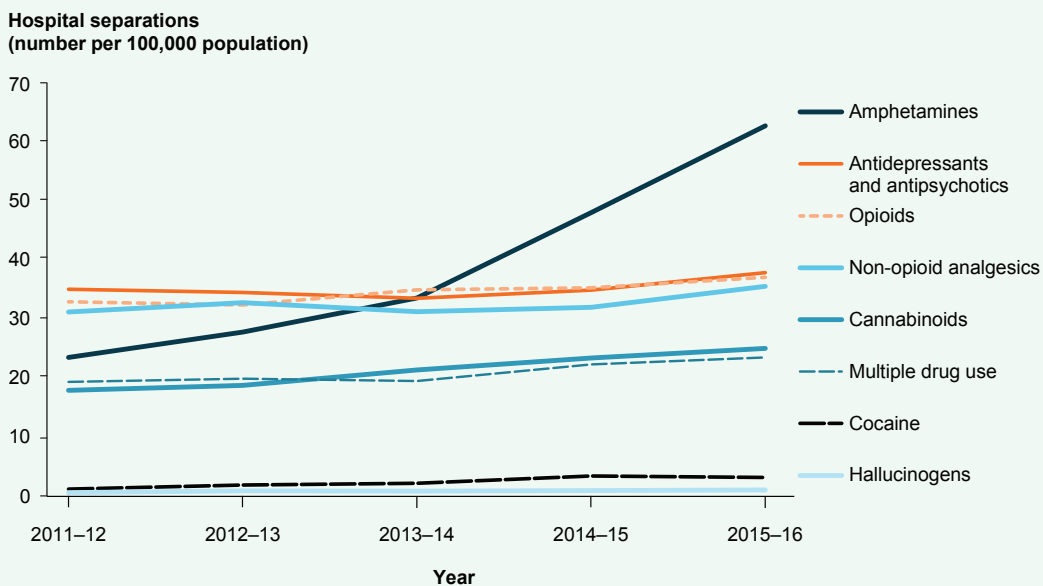
Drug-related hospitalisations

The National Hospital Morbidity Database contains information on drug-related hospitalisations. (This database includes all separations of admitted patients from public and private hospitals in Australia.) Drug-related separations refer to hospital care with selected principal diagnoses of a substance misuse disorder or harm.

In 2015–16, 0.5% of the 10.6 million separations in Australia's public and private hospitals had a drug-related (excluding alcohol) principal diagnosis.

The total number and rate of drug-related (excluding alcohol) hospitalisations has gradually risen over the last 5 years from around 38,300 in 2011–12 to 57,900 in 2015–16 (or from 170 to 237 per 100,000 population) (Supplementary Table 4.7.2). The rise in drug-related (excluding alcohol) hospitalisations has been largely driven by increases associated with amphetamines and cannabinoids. This is particularly the case for amphetamine-related separations, which increased from 24 separations per 100,000 population in 2011–12 to 63 separations per 100,000 in 2015–16 (Figure 4.7.1).

Figure 4.7.1: Hospital separations with a drug-related principal diagnosis (selected drugs), 2011–12 to 2015–16



Note: All rates are based on the latest version of the Australian estimated resident population as at 31 December of the reference year.

Source: National Hospital Morbidity Database; Table S4.7.1.



Treatment

The Alcohol and Other Drug Treatment Services National Minimum Data Set reported a total of 128,000 treatment episodes in 2016–17 (66%) where the principal drug of concern was an illicit drug excluding alcohol (this includes prescription drugs and volatile solvents) (see Chapter 7.19 'Specialised alcohol and other drug treatment services').

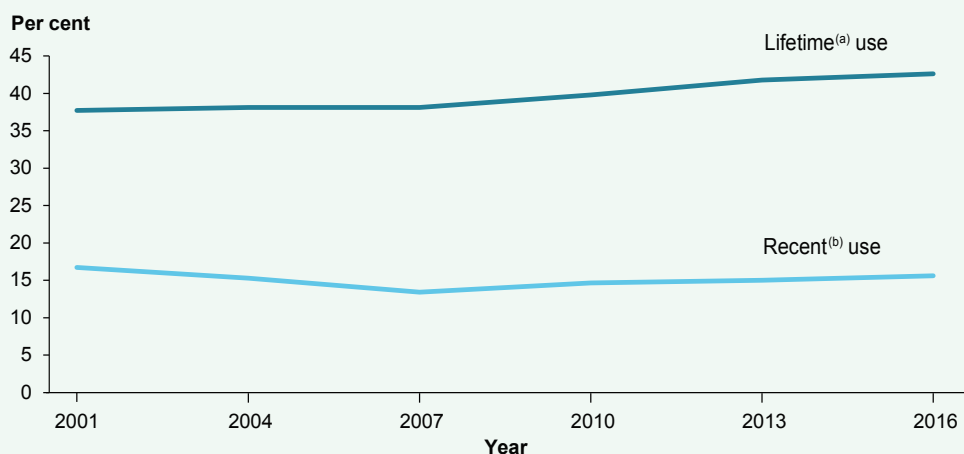
Similar to drug-related hospitalisations (which had an increase in cannabinoids and amphetamine-related separations), treatment episodes for amphetamines and cannabis also increased over this period. Between 2011–12 and 2016–17, treatment for amphetamines almost tripled, from 16,900 to 49,700 episodes, and treatment for cannabis rose from 32,300 to 41,900 treatment episodes (AIHW 2018a).

Current use and trends in illicit drugs

According to the NDSHS 2016, 8.5 million (or 43%) people aged 14 and over in Australia had illicitly used a drug at some point in their lifetime (Figure 4.7.2). This includes cannabis, ecstasy, meth/amphetamine, cocaine, hallucinogens, inhalants, heroin, ketamine, gammahydroxybutyrate (commonly known as GHB), synthetic cannabinoids, new and emerging psychoactive substances, and the misuse of pharmaceuticals (namely, painkillers/analgesics and opioids, tranquilisers/sleeping pills, steroids and methadone or buprenorphine).

Around 3.1 million (or 16%) people had illicitly used a drug in the last 12 months. This includes the non-medical use of pharmaceuticals. While the proportion of Australians using illicit drugs is higher than in 2007, there has been no clear trend since 2001. The number of people illicitly using drugs increased from about 2.6 million in 2001 to 3.1 million in 2016 (Supplementary Table S4.7.3).

Figure 4.7.2: Recent and lifetime use of any illicit drug, people aged 14 and over, 2001 to 2016



- (a) Used at least 1 of 16 illicit drugs in 2016 in their lifetime—the number and type of drug used varied between 2001 and 2016.
- (b) Used at least 1 of 16 illicit drugs in 2016 in the previous 12 months—the number and type of drug used varied between 2001 and 2016.

Source: National Drug Strategy Household Survey; Table S4.7.3.



Among the 16% of people aged 14 and over in Australia who used illicit drugs recently in 2016, 4 in 5 reported using illegal drugs such as cannabis and cocaine, or other substances such as inhalants. The remaining 1 in 5 reported misuse of a pharmaceutical drug (without use of any illicit drug).

Overall, an estimated 1 million people (or 4.8%) aged 14 and over had used a pharmaceutical drug for non-medical purposes in the past 12 months. The pharmaceuticals most commonly used in Australia for non-medical purposes were pain-killers/opioids (3.6%) and tranquillisers/sleeping pills (1.6%) (Supplementary Table S4.7.4). The majority of people who used a pain-killer/opioid for non-medical purposes reported misusing an over-the-counter codeine product (75%), followed by prescription codeine products (40%) (AIHW 2017).

Over one-quarter (28%) of people who misuse pharmaceuticals did so daily or weekly, making pharmaceutical misuse one of the most commonly used drugs; it was second only to cannabis (36% of users did so daily or weekly), and use was more frequent than for meth/amphetamines (20%).

The 4 most commonly used illegal drugs in the previous 12 months among people aged 14 and over were cannabis (10%), cocaine (2.5%), ecstasy (2.2%) and meth/amphetamine (1.4%).

Cannabis

Cannabis is the most commonly used illicit drug in Australia—35% of people have used it in their lifetime and 1 in 10 (10%) reported using it in the last 12 months. Lifetime and recent use of cannabis have remained relatively unchanged since 2004 (Supplementary Table S4.7.4). Cannabis is used frequently among recent users, with more than 1 in 3 (36%) using it as often as daily or weekly (Table 4.7.1). Cannabis users were older in 2016—both the age of first use and the average age of recent users have increased since 2013 (Supplementary Table S4.7.5).

Box 4.7.2: Medicinal cannabis in Australia

In 2016, the Federal Parliament of Australia passed the *Narcotic Drugs Amendment Act 2016* to allow the controlled cultivation of cannabis in Australia for medicinal and related scientific purposes, via a national licensing scheme (Hughes 2016). Both Australian and state and territory governments have implemented legislative and policy change to allow the cultivation, manufacture, prescribing and dispensing of medicinal cannabis products for patients in Australia (Department of Health Therapeutic Goods Administration 2017).

At the time of collecting the 2016 NDSHS data, however, no state or territory had legalised cannabis for medicinal use. Recreational use of cannabis remains illegal across all federal, state and territory laws in Australia.





Table 4.7.1: Snapshot of drug use for the top 4 most commonly used illegal drugs, 2016

	Cannabis	Cocaine	Ecstasy	Meth/ amphetamines
Among people aged 14 and over:				
Lifetime use	34.8% (6.9 million)	9.0% (1.8 million)	11.2% (2.2 million)	6.3% (1.3 million)
Recent use (last 12 months)	10.4% (2.4 million)	2.5% (500,000)	2.2% (400,000)	1.4% (280,000)
Change in recent use since 2013	Stable (10.2%)	Stable (2.1%)	Stable (2.5%)	↓ 2.1%
Long-term trend in recent use since 2001	↓ (12.9% in 2001)	↑ (1.3% in 2001)	↓ (2.9% in 2001)	↓ (3.4% in 2001)
Average age of first use (14 years and over)	19	24	22	22
Average age of first use (14–29 years)	17	21	19	19
Among recent users:				
Age group most likely to use	20–29 (22.1%)	20–29 (6.9%)	20–29 (7.0%)	20–29 (2.8%)
Used weekly or more often	36.4%	3.2%	1.9%	20.4%
Main form used	Flowers/Head (68.2%)	Powder (97.8%)	Pills (51.2%)	Crystal/ ice (57.3%)
Average age of user	34	31	28	34
Diagnosed or treated for a mental illness	28.2%	24.6%	26.5%	42.3%
High or very high psychological distress levels	23.8%	21.9%	26.6%	37.2%

↑ Statistically significant increase.

↓ Statistically significant decrease.

Source: National Drug Strategy Household Survey.

Cocaine

In 2016, cocaine was the second most commonly used illicit drug in the previous 12 months, with 2.5% of the population aged 14 and over reporting its use. The proportion of people using cocaine rose from 1.0% in 2004, and cocaine use in Australia is currently at the highest levels seen since 2001 (Supplementary Table S4.7.4). The proportion of people using cocaine in their lifetime has also increased, from 8.1% in 2013 to 9.0% in 2016, and has doubled since 2001 (from 4.4%).



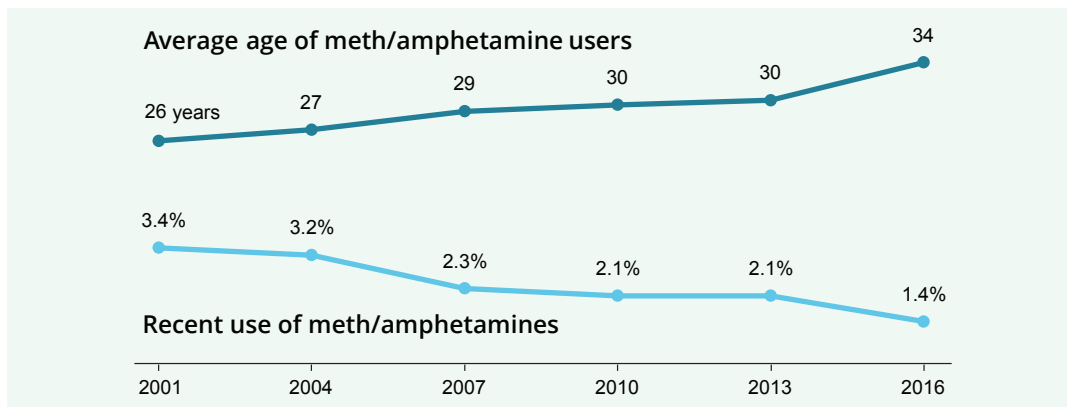
Most people who use cocaine do so relatively infrequently, with about 2 in 3 (64%) using it only once or twice a year (Supplementary Table S4.7.6). Among people aged 14–29 in 2016, the average age of first use was 21; this has been consistent over the last decade. This is older than the average age of first use for other illicit drugs, such as cannabis (17) and ecstasy (19). Across all age groups, the average age of recent users increased by about 2 years between 2004 and 2016 (from age 29 to 31) (Supplementary Table S4.7.5).

Ecstasy

The recent use of ecstasy among people aged 14 and over peaked in 2007, at 3.5%, and has since declined—to 2.2% in 2016. The average age of first use for people aged 14–29 has remained stable, at about age 19 since 2007 (though slightly older in 2001 and 2004). The average age of recent ecstasy users was 28, which is younger than users of cannabis, cocaine and meth/amphetamines (Table 4.7.1). The majority of recent ecstasy users used it once or twice a year (51%) (Supplementary Table S4.7.6).

Meth/amphetamines

Meth/amphetamine use has been declining since 2001, when 3.4% of people aged 14 and over had used it recently. Recent use declined significantly between 2013 and 2016 (from 2.1% to 1.4%). This decline was mainly driven by a substantial decrease among people in their 20s; among whom recent use of meth/amphetamines halved between 2013 and 2016 (from 5.7% to 2.8%) and has declined by 75% since 2001 (from 11% to 2.8%) (Supplementary Table S4.7.7). The average age of recent users rose between 2013 and 2016 from 30 to 34 (Supplementary Table S4.7.5).



In 2013, the main form of meth/amphetamines used changed: ice replaced powder as the preferred form. This trend continued in 2016, with 57% of meth/amphetamine users reporting that crystal/ice was the main form of meth/amphetamines used in the previous 12 months (a significant increase from 22% in 2010). Over the same period, the use of powder decreased, from 51% in 2010 to 20% in 2016. While overall recent meth/amphetamine use declined between 2013 and 2016, the proportion using crystal/ice remained relatively stable between 2013 and 2016 (1.0% and 0.8%, respectively) and has increased since 2010 (0.4%). Use of forms other than crystal/ice has fallen since 2007 and significantly declined between 2013 and 2016 (from 1.0% to 0.6%) (AIHW 2017).



Frequency of drug use

Some drugs are used much more often than others. Very few cocaine and ecstasy users used the drug as often as weekly (only about 2–3%) but 1 in 5 meth/amphetamine users used the drug weekly or more often (AIHW 2017). Therefore, when examining the share of people in Australia using an illegal drug weekly or more often in 2016, meth/amphetamines was the second most commonly used illegal drug after cannabis (Supplementary Table S4.7.6). This is clear when comparing survey data with data from the Australian Criminal Intelligence Commission's National Wastewater Drug Monitoring Program (NWDMP) (Box 4.7.3). The NWDMP found that meth/amphetamine was the most highly consumed illicit drug tested across all regions of Australia (ACIC 2017), noting that the program does not test for cannabis or heroin.

Box 4.7.3: National Wastewater Drug Monitoring Program

The NWDMP analyses wastewater samples from 54 treatment plants across Australia (excluding the Northern Territory and Tasmania). The third report in the series was based on data from sewage analysis of 14.2 million people, or 61% of the population.

The wastewater was tested for 13 illicit and licit (legal) substances, including cocaine, ecstasy (3, 4-methylenedioxymethamphetamine, abbreviated to MDMA), alcohol, tobacco and several prescription medications. Estimates are produced on the amount of each drug consumed by the community over a specified period (ACIC 2017).

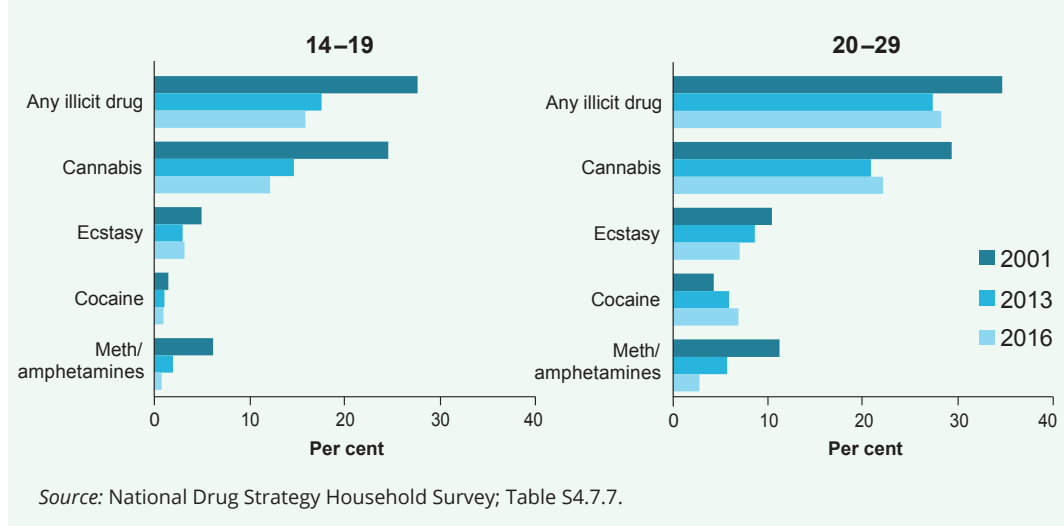
Age and sex comparisons for the top 4 most commonly used illegal drugs

People aged 14–29

Young people aged 14–19 were far less likely to use illicit drugs in 2016 than in 2001. Use of cannabis halved over this period while use of ecstasy and cocaine declined by one-third, and use of meth/amphetamines dropped considerably, from 6.2% to 0.8% (Figure 4.7.3). The Australian Secondary Students' Alcohol and Drug Survey identified similar trends. Among secondary students aged 12–17, the use of an illicit drug declined from 20% in 2005 to 15% in 2014 (White & Williams 2016).

A smaller proportion of people in their 20s were using illicit drugs in 2016 than in 2001. Recent use of cannabis, meth/amphetamines and ecstasy were lower in 2016 than in 2001. However, people in their 20s continue to be more likely to use cannabis, ecstasy or cocaine in the previous 12 months than any other age group (Figure 4.7.3).

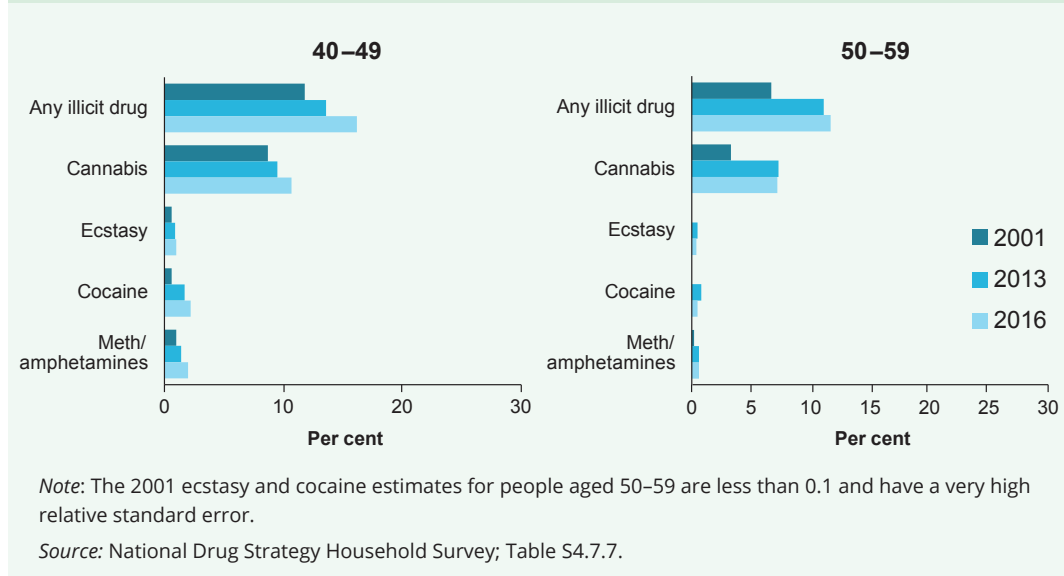
Figure 4.7.3: Proportion of people aged 14–29 who used illicit drugs in the previous 12 months, by age group, 2001, 2013 and 2016



People aged 40 and over

In 2001, about 12% of people in their 40s had used an illicit drug in the previous 12 months. This had increased to 14% by 2013, and to 16% in 2016. People in their 40s were the only age group to show a significant increase in use between 2013 and 2016. People in their 50s generally have some of the lowest rates of illicit drug use, but have also shown increases in recent use since 2001, from 6.7% to 12% in 2016. The rise in the use of any illicit drug was largely driven by an increase in both the recent use of cannabis and the non-medical use of pharmaceuticals (for both age groups) (Figure 4.7.4).

Figure 4.7.4: Proportion of people aged 40–59 who used illicit drugs in the previous 12 months, by age group, 2001, 2013 and 2016





People who were using illicit drugs in their late 20s in 2001 would be in their early 40s in 2016. In 2001, people in their 20s had a high prevalence of illicit drug use compared with people in their 20s in 2016. The increase in illicit drug use seen among people in their 40s may be due to their continued use of illicit drugs as they age.

Illicit drug use among specific population groups

Illicit drug use varies across different population groups in Australia. Table 4.7.2 focuses on those groups that have some of the largest disparities in illicit drug use compared with the general population—people living in more remote areas, people who were unemployed, people identifying as homosexual or bisexual, and people with a mental illness or high levels of psychological distress.

Table 4.7.2: Proportion of people aged 14 and over who used illicit drugs in the previous 12 months (per cent), by selected population groups, 2016

	Any illicit drug	Cannabis	Ecstasy	Cocaine	Meth/amphetamines
Remote/ Very remote	24.8	17.0	1.9	*0.7	*3.5
Unemployed people	23.6	18.7	2.9	*2.4	4.6
Homosexual/ bisexual people ^(a)	41.7	31.4	11.0	8.9	6.9
People with a mental illness	26.6	19.4	3.9	4.1	4.1
People with high/ very high levels of psychological distress ^(b)	30.2	21.8	5.2	5.1	4.7
Total (aged 14 and over)	15.6	10.4	2.2	2.5	1.4

* Estimate has a relative standard error between 25% and 50% and should be interpreted with caution.

(a) Findings for people who identify as gay, lesbian or bisexual (reported as homosexual/bisexual in the National Drug Strategy Household Survey) were grouped together for data quality purposes but it is important to note that there are differences in substance use between these groups.

(b) Aged 18 and over.

Illicit drug use and mental health

There is a strong association between illicit drug use and mental illness. However, it is often difficult to determine to what extent drug use causes mental health problems, and to what degree mental health problems give rise to drug use (Loxley et al. 2004). A mental illness may make a person more likely to use drugs—for example, for short-term relief from their symptoms—while other people may have drug problems that trigger the first symptoms of mental illness. Some drugs cause drug-induced psychosis, which usually passes after a few days. However, if someone has a predisposition to a psychotic illness such as schizophrenia, the use of illicit drugs may trigger the first episode in what can be



a lifelong mental illness (Sane Australia 2017). The use of drugs can interact with mental illness in ways that create serious adverse effects on many areas of functioning, including work, relationships, health and safety.

Comorbidity or the co-occurrence of a drug use disorder with one or more mental health issues complicates treatment and services for both conditions. Using drugs can worsen the symptoms of mental illness and may mean that treatment is less effective (Department of Health 2017). Data from multiple sources indicate the prevalence of comorbidity in Australia:

- 26% of recent illicit drug users had been diagnosed or treated for a mental illness in the previous 12 months (AIHW 2017)
- 22% of recent illicit drug users reported high or very high levels of psychological distress in the previous 4 weeks (AIHW 2017)
- 26% of prison entrants reported illicit drug use in the previous 12 months and had 'ever been told' they had a mental health condition, including drug and alcohol abuse (AIHW 2015)
- 15% of prison entrants reported illicit drug use in the previous 12 months and were currently on medication(s) for a mental health condition (AIHW 2015)
- 29% of young people (aged 13–17) with a major depressive disorder had used cannabis in their lifetime (Lawrence et al. 2015)
- 66% of people with a psychotic illness had used cannabis in their lifetime and 33% had used it in the past year (Department of Health and Ageing 2011)
- 8.7% of people with a mental disorder in the previous 12 months had a comorbid diagnosis of substance use and at least one other mental disorder (either anxiety disorder, affective disorder or both) (ABS 2007).

Mental illness among people who use illicit drugs

According to the 2016 NDSHS estimates, 16% of the general population aged 14 and over had been diagnosed or treated for a mental illness in the previous 12 months, a significant increase from 14% in 2013. The proportion of adults experiencing high or very high levels of psychological distress also increased, from 10% in 2013 to 12% in 2016 (AIHW 2017).

Increasing literacy and awareness about mental illness in Australia may partially explain these reported increases among the general population (National Mental Health Commission of NSW 2015); however, there are likely to be other factors involved, including changing trends and patterns in the use of alcohol and other drugs. In fact, the 2016 NDSHS showed that self-reported rates of mental illness were higher among people who reported the use of illicit drugs in the previous 12 months than among people who had not used over this period. Specifically, mental illness was reported by:

- 26% of people who had used any illicit drug in the previous 12 months, compared with 14% of people who had not used an illicit drug in the previous 12 months
- 28% of recent cannabis users
- 26% of recent ecstasy users
- 42% of recent meth/amphetamine users
- 25% of recent cocaine users (Supplementary Table S4.7.8).





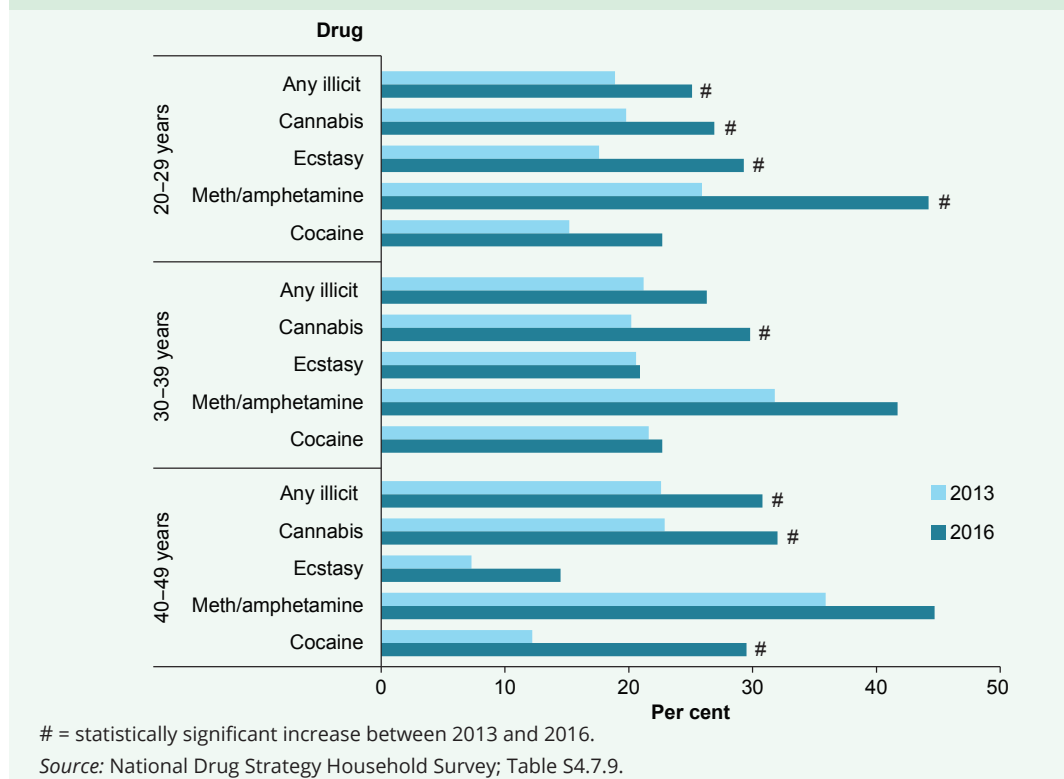
Between 2013 and 2016, the proportion of people who self-identified as being diagnosed with, or treated for, a mental illness significantly increased among recent users of cannabis, ecstasy, meth/amphetamines and cocaine (Supplementary Table S4.7.8). The most noticeable increase was among recent users of ecstasy (from 18% to 26%), followed by recent users of meth/amphetamines (from 29% to 42%).

Figure 4.7.5 shows that these increases were consistent for people in their 20s, 30s and 40s but only statistically significant for some age groups. More specifically:

- ecstasy and meth/amphetamine users in their 20s reported the largest increases in diagnosis or treatment for mental illness between 2013 and 2016 (from 18% to 29% for ecstasy users and from 26% to 44% for meth/amphetamine users)
- cannabis users in their 20s, 30s and 40s all reported significant increases in mental illness over the 3-year period
- illicit drug users in their 40s were most likely to report a mental illness (31%) and, in this age group, the proportion of cocaine users with a mental illness more than doubled between 2013 and 2016 (from 12% to 30%)
- among people in their 30s who used illicit drugs, the increase in mental illness was only significant for cannabis users (from 20% to 30%).

The Ecstasy and Related Drugs Reporting System, which surveys regular psychostimulant users, also reported a significant increase in self-reported mental health problems between 2013 and 2017 (from 30% to 46%) (Sutherland et al. 2017).

Figure 4.7.5: Proportion of illicit drug users with a mental illness, by age group, 2013 and 2016





Psychological distress among people who use illicit drugs

Psychological distress is higher among people who use illicit drugs than among people who do not. Specifically, high or very high levels of psychological stress were reported by:

- 22% of people who reported using illicit drugs in the previous 12 months, compared with 9.7% of people who did not report illicit drug use
- 24% of recent cannabis users
- 27% of recent ecstasy users
- 37% of recent meth/amphetamine users
- 22% of recent cocaine users (Supplementary Table S4.7.10).

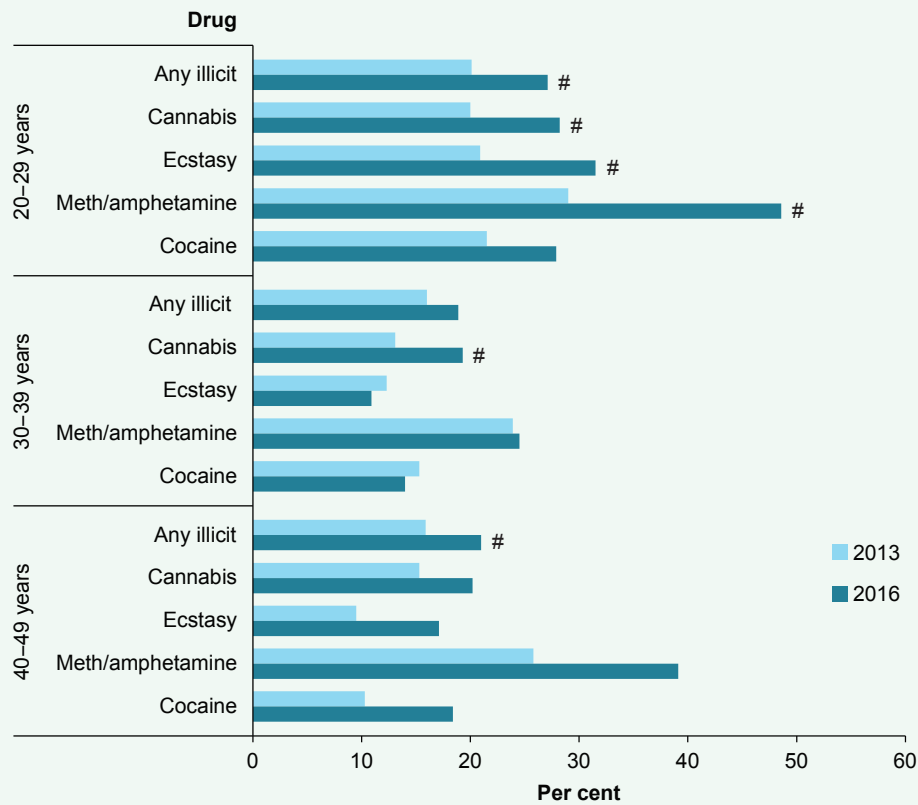
The proportion of recent users of illicit drugs with high or very high levels of psychological distress increased between 2013 and 2016. The increase in high or very high levels of psychological distress was most noticeable among people who had used ecstasy in the last 12 months—it increased from 18% in 2013 to 27% in 2016 (Supplementary Table S4.7.10). High or very high distress levels also significantly increased among people who had used meth/amphetamines in the previous 12 months. This increase was mainly driven by the increase in psychological distress levels in users in their 20s and 40s (Figure 4.7.6).

People in their 20s who used illicit drugs reported the largest increase in psychological distress between 2013 and 2016. The increases in high or very high psychological distress levels between 2013 and 2016 were consistent across recent users of cannabis (from 20% to 28%), ecstasy (from 21% to 32%) and meth/amphetamines (from 29% to 49%). People in their 30s who used illicit drugs were less likely to experience psychological distress than users in their 20s and 40s and the increase between 2013 and 2016 was not significant.





Figure 4.7.6: Illicit drug users with high or very high levels of psychological distress, by age group, 2013 and 2016



= statistically significant increase between 2013 and 2016.

Source: National Drug Strategy Household Survey; Table S4.7.11.

Variations among population groups

Sociodemographic characteristics such as sexual orientation, socioeconomic area, remoteness area, employment status, education and household type may be associated with illicit drug use and mental health (Table 4.7.3).

Use of an illicit drug in the previous 12 months, and being diagnosed or treated for a mental health condition, was particularly high among:

- single people with dependent children (43%)
- people who were unemployed (40%)
- people identifying as homosexual or bisexual (37%)
- people living in the lowest socioeconomic area (35%)
- people living in *Inner regional areas* (32%)
- people who had completed a certificate or diploma (31%).



Table 4.7.3: Proportion of Illicit drug users aged 18 and over diagnosed or treated for a mental illness in the previous 12 months, by sociodemographic characteristics, 2013 and 2016

Sociodemographic characteristic	2013	2016
Remoteness area		
Major cities	19.6	24.6 #
Inner regional	25.1	32.2 #
Outer regional	22.0	30.9 #
Remote/Very remote	21.1	26.3
Socioeconomic area		
1 (Lowest)	25.9	35.0 #
2	22.9	27.9
3	21.8	26.8
4	19.2	24.0
5 (Highest)	15.0	18.0
Education		
Post-school education	19.0	26.5 #
Certificate or diploma	20.5	30.7 #
Bachelor degree or higher	15.6	23.2 #
No post-school education	23.6	26.8
Employment status		
Employed	15.3	20.9 #
Student	16.4	25.7
Unemployed	36.9	40.1
Home duties	23.6	36.8
Unable to work	57.4	62.0
Sexual orientation		
Homosexual/bisexual	32.8	36.8
Heterosexual	19.3	25.2 #
Household		
Single with dependant children	34.7	42.9
Couple with dependant children	13.5	21.9 #
Parents with non-dependant children	24.8	21.1
Single no children	27.6	31.3
Couple no children	16.1	21.3 #
Total population	20.7	26.5 #

= statistically significant increase between 2013 and 2016.





What is missing from the picture?

The Alcohol and Other Drug Treatment Services National Minimum Data Set does not capture the mental health status of a person seeking treatment.

Identifying mental health issues in people who access treatment will have greater relevance to policy makers, program designers and service planners.

Data linkage between people accessing AOD treatment services and mental health-related services would provide a better understanding of the overlap and interaction between these services.

Where do I go for more information?

More information on illicit drug use is available at <www.aihw.gov.au/reports-statistics/behaviours-risk-factors/illicit-use-of-drugs/overview> and <www.aihw.gov.au/reports-statistics/health-conditions-disability-deaths/burden-of-disease/overview>. The report *National Drug Strategy Household Survey 2016: detailed findings* and *Impact of alcohol and illicit drug use on the burden of disease and injury in Australia: Australian Burden of Disease Study 2011* and other recent releases are available for free download.

For more information on mental health services see <www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary>.

Additional research and statistics on illicit drug use are available from the websites of the [National Drug and Alcohol Research Centre](#), [National Drug Research Institute](#), and the [National Centre for Education and Training on Addiction](#).

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