



Australian Government

Australian Institute of Health and Welfare

Drug use by geographic areas

Quick facts

While most jurisdictions reported a decline in daily smoking between 2016 and 2019, the decline was statistically significant in New South Wales (10.1%, down from 12.0% in 2016) and Victoria (10.6%, down from 12.3% in 2016).



People living in the lowest socioeconomic areas were about 3.7 times as likely as those in the highest socioeconomic areas to smoke daily (19.0% compared with 5.1%).



Recent use of cocaine increased from 2016 to 2019 in New South Wales (from 3.4% in 2016 to 5.0% in 2019), Victoria (from 2.5% to 5.2%) and Queensland (from 2.1% to 3.6%).



Compared with 2016, cocaine use in the past 12 months increased in the lowest (1.2% to 2.5%) and highest socioeconomic areas (3.3% to 6.9%).



People in *Remote and very remote* areas were twice as likely as those in *Major cities* to smoke daily (19.2% compared with 9.8%).



The proportion of people smoking daily in Primary Health Network areas was as low as 3.3% in Northern Sydney and as high as 17.4% in Northern Queensland.



People in *Remote and very remote* areas were about 1.6 times as likely as those in *Major cities* to consume alcohol at levels that exceeded both the lifetime risk guideline and the single occasion risk guideline.





The harm caused by tobacco, alcohol and other drug use does not affect all communities equally. Some areas often experience worse outcomes due to factors such as higher levels of unemployment, lower educational attainment, and poorer access to, and use of, health services. For example, in 2015 the burden of disease and injury attributable to alcohol use was highest in *Remote* and *Very remote* areas compared with *Major cities* (2.1 and 2.7 times as high respectively) (AIHW 2019c). As a result, it is important to understand patterns of tobacco, alcohol and other drug use across different geographical areas to inform effective policy development and provide support and services where they are needed most.

Unless otherwise specified, the results are for those aged 14 and over and all increases or decreases in estimates over time are statistically significant. All data presented in this chapter are available through the online geography tables <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/data>.

How does drug use vary across states and territories?

The consumption of alcohol, tobacco and other drugs is a major cause of preventable disease and illness in Australia and varies by region. Understanding data at the jurisdictional level enables state and territory governments to be aware of where services and support are required.

This section summarises information on tobacco, alcohol and other drug use by jurisdiction, with more detailed information available in their respective fact sheets. Increases and decreases in estimates over time that are statistically significant are difficult to detect in smaller jurisdictions due to a smaller sample size. Sometimes, even large apparent differences may not be statistically significant. This is particularly the case in breakdowns of small populations because the small sample size means that there is not enough power to identify even large differences as statistically significant. Comparisons to state and territories prevalence estimates should be considered only using age-standardised results, available through the supplementary tables.

Were there any changes in drug use by jurisdiction?

Smoking down in New South Wales and Victoria

Most jurisdictions reported declines in the proportion smoking daily between 2016 and 2019, continuing the trend observed since 2001, with the changes for New South Wales and Victoria statistically significant—decreasing from 12.0% in 2016 to 10.1% in 2019 and from 12.3% to 10.6%, respectively. Since 2001, the proportion of adults smoking in each jurisdiction has declined (Table 7.1).

Alcohol consumption declining in most jurisdictions

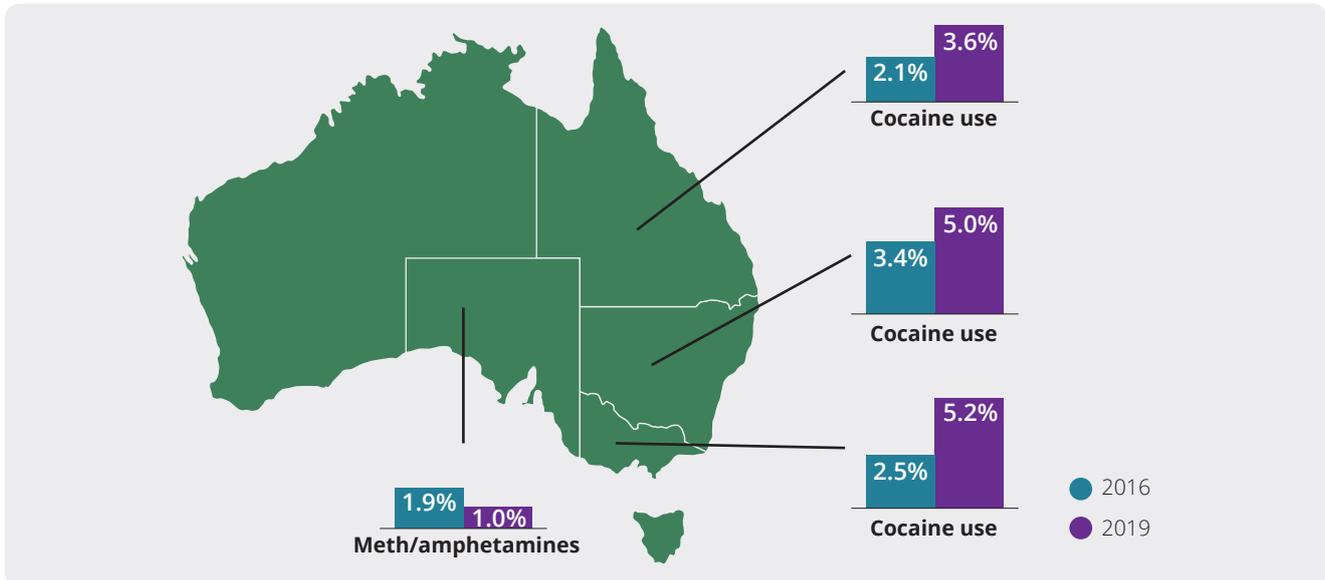
Consistent with the national trend, between 2016 and 2019 the proportion drinking in excess of the lifetime risk and single occasion guidelines remained fairly stable across most jurisdictions (tables 7.7 and 7.9). However since 2007, there has generally been a decline in the proportion of people who drank in excess of the alcohol risk guidelines (tables 7.7 and 7.9), with the exception of the proportion exceeding the lifetime risk guideline in Queensland and South Australia.

Cocaine use up in 3 jurisdictions

In 2019, Victoria reported an increase in recent use of any illicit drug (from 15.0% in 2016 to 17.1%), a change evident for Victorian males only (Table 7.13). For most jurisdictions, the proportion using illicit drugs in the last 12 months has generally increased since 2010 (Table 7.11). But declines were reported in the recent use of an illicit drug between 2001 and 2019 for the Northern Territory (from 29% in 2001 to 19.6% in 2019) and Western Australia (from 22% to 15.6%).



By drug type there were clear changes in drug use in New South Wales, Victoria, Queensland and South Australia from 2016 to 2019 (Table 7.14). Most notably, these include increases in the recent use of cocaine in New South Wales, Victoria and Queensland, while there was a decline in meth/amphetamine use in South Australia.



How did drug use vary between jurisdictions?

There were clear differences in drug use between jurisdictions, with the greatest variation occurring in smaller jurisdictions (tables 7.2, 7.8, 7.10 and 7.12). After adjusting for differences in age, across all jurisdictions:

- the Australian Capital Territory had the lowest proportions of adult daily smokers (8.6%), lifetime risky drinking (13.8%), single occasion risky drinking at least monthly (21%) and recent illicit drug use (14.3%)
- the Northern Territory had the highest proportion of adult daily smoking (15.4%), lifetime risky drinking (24%), single occasion risky drinking at least monthly (34%) and recent illicit drug use (19.0%).

How does drug use vary by remoteness area?

Tobacco, alcohol and other drug use are major health issues in Australia and are associated with a number of harms, both physical and social. Australians living in remote areas often have worse health outcomes than people living in metropolitan areas (AIHW 2019b).

Were there any changes in drug use by remoteness area?

Daily smoking remains stable but has declined since 2010

There were small but non-significant declines in daily smoking across all remoteness areas between 2016 and 2019 (Table 7.15). However, since 2010 there was a decline in the proportion who smoked daily in *Major cities* (from 13.7% in 2010 to 9.7% in 2019), *Inner regional* areas (from 17.4% to 13.4%) and *Remote and very remote* areas (from 26% to 19.6%).

Similar proportions continue to drink at levels above the recommended guidelines

There were no statistically significant changes in the proportion exceeding the lifetime risk guideline and the single occasion risk guideline (at least monthly) between 2016 and 2019 in any remoteness area. Since 2010, the proportion of people who drank in excess of alcohol risk guidelines in *Major cities* and *Inner regional* areas has declined. While there were no statistically significant declines in risky alcohol consumption in *Outer regional* and *Remote and very remote* areas, levels of risky drinking have generally trended downward since 2010 (Table 7.15).



Level of recent drug use steady but changes in type of drug used

The proportion of people using at least 1 illicit drug in the last 12 months did not change significantly for any remoteness area from 2016 to 2019 (Table 7.15). In *Outer regional* and *Remote and very remote* areas there appeared to be substantial (but not significant) change in recent drug use; however this was a return to levels similar to 2013. In *Major cities*, recent illicit drug use has increased since 2010 (from 14.8% in 2010 to 16.7% in 2019).

Between 2016 and 2019, there were a number of changes by drug type (Table 7.15):

- In *Major cities* there were increases in the level of recent use of cannabis (from 10.4% in 2016 to 11.7% in 2019), ecstasy (from 2.5% to 3.3%) and cocaine (from 3.2% to 5.0%), while the use of pain-killers and opioids decreased (from 3.3% in 2016 to 2.6% in 2019).
- In *Inner regional* areas there was a rise in the use of cocaine (from 1.3% in 2016 to 2.6% in 2019) and a decline in pain-killers and opioids (from 3.6% to 2.5%).
- Changes in the use of low-prevalent drugs are difficult to detect for smaller areas.

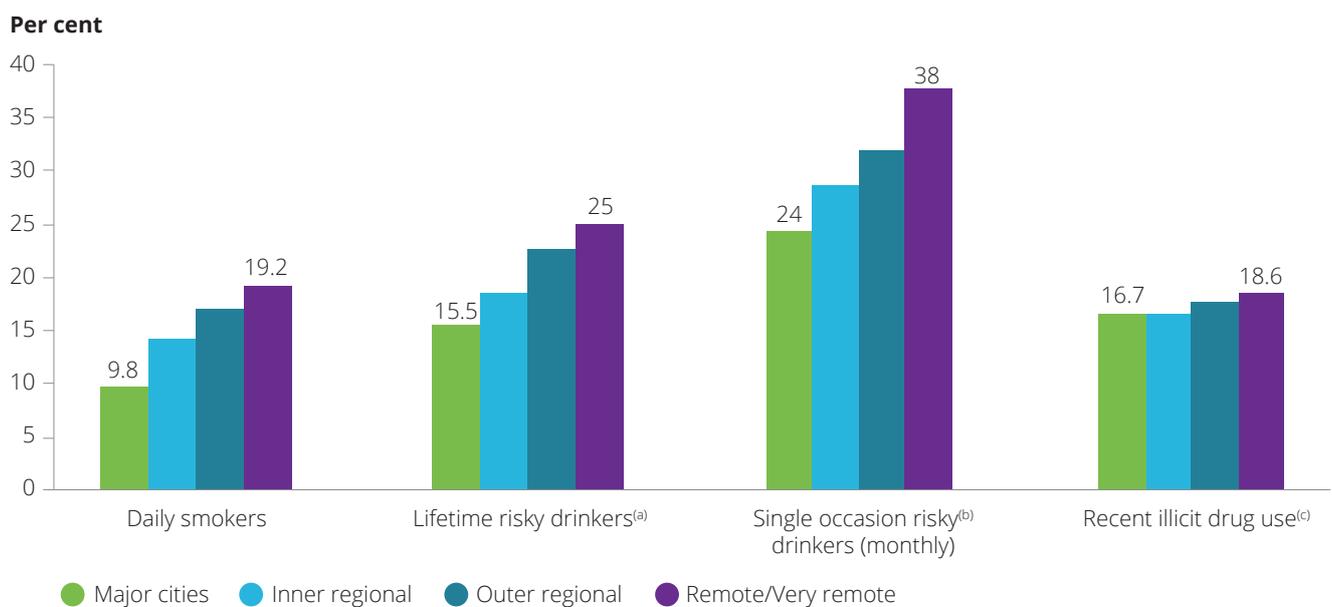
Daily smoking and risky drinking increase with remoteness

After adjusting for age, the proportion of people who smoked daily and drank at risky levels increased with remoteness (Figure 7.1). In 2019, people in *Remote and very remote* areas were:

- 2 times as likely as those in *Major cities* to smoke daily
- 1.6 times as likely as those in *Major cities* to consume alcohol at levels that exceeded both the lifetime risk guideline (25% compared with 15.5%) and the single occasion risk guideline (38% compared with 24%).

People in *Remote and very remote* areas had a slightly higher level of illicit drug use in the past 12 months compared with people in *Major cities* (18.6% compared with 16.7%) (Figure 7.1).

Figure 7.1: Daily smoking, lifetime risky drinkers, single occasion risky drinkers (monthly), and recent illicit drug use in Australia, people aged 14 and over, by remoteness area, 2019 (age-standardised per cent)



Notes

- (a) According to NHMRC guideline 1: On average, had more than 2 standard drinks per day.
- (b) Derived from 2009 NHMRC guideline 2: Had more than 4 standard drinks on 1 occasion at least once a month.
- (c) Used at least 1 of 16 classes of illicit drugs in 2019. The number and type of illicit drug used varied over time.

Source: Table 7.16.



How does drug use vary by socioeconomic area?

Although the average overall level of health and wellbeing of the Australian population is high when compared with the populations of other countries, there are substantial differences in the health of specific groups within the population.

Social and economic factors shape risk behaviour and the health of people who used drugs. They affect health indirectly by shaping individual drug-use behaviour, and directly by affecting the availability of resources, access to social welfare systems, marginalisation and compliance with medication. In this report, the Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) is used to classify individuals according to the socioeconomic characteristic of the area in which they live. It scores each area by summarising attributes of the population, such as income, educational attainment, unemployment rate and jobs in skilled or unskilled occupations.

The areas are grouped into quintiles, and the 20% of the areas with the greatest overall level of disadvantage is described as the 'lowest socioeconomic area'. The 20% of the areas with the greatest overall level of advantage—the top fifth—is described as the 'highest socioeconomic area'.

Note that the IRSAD reflects the overall or average level of advantage and disadvantage of the population of an area; it does not show how individuals living in the same area differ from each other in their socioeconomic position.

Declines in daily smoking in highest socioeconomic areas

Compared with 2016, there were declines in the proportion of people who smoked daily who lived in the second highest (10.1% compared with 7.9% in 2019) and highest socioeconomic areas (6.5% compared with 5.0%). Since 2010, there were declines in daily smoking across all socioeconomic areas (Table 7.18).

Levels of risky drinking steady across socioeconomic areas

Between 2016 and 2019, there were no statistically significant changes in the proportion of people who consumed alcohol in excess of the lifetime risk guideline and single occasion risk guideline, at least monthly, across socioeconomic areas (Table 7.18). However, since 2010 there were decreases in the proportion of people drinking in excess of alcohol risk guidelines, except among people living in the highest socioeconomic areas where there was little change in those exceeding the single occasion risk guideline.

Illicit drug use increases in highest socioeconomic areas

Levels of recent illicit drug use increased in areas of highest socioeconomic advantage (from 14.1% in 2016 to 18.1% in 2019). This change has been driven by a rise in the use of cannabis (from 9.4% to 12.4%), ecstasy (from 2.7% to 4.8%) and cocaine (from 3.3% to 6.9%). Conversely there was a decline in the use of painkillers/pain-relievers and opioids (2.6% in 2016 compared with 1.8% in 2019) (Table 7.18).

In the lowest socioeconomic areas there were a number of changes in the type of drug recently used, including:

- an increase in ecstasy (from 1.2% in 2016 to 2.0% in 2019) and cocaine (1.2% to 2.5%)
- a decrease in painkillers/pain-relievers and opioids (from 4.8% in 2016 to 3.0% in 2019) (Table 7.18).

How did drug use vary between socioeconomic areas?

Daily smoking highest in lowest socioeconomic areas

After adjusting for age, daily smoking was about 3.7 times higher among people living in the lowest socioeconomic areas than people living in the highest socioeconomic areas (19.0% compared with 5.1%; Figure 7.2).



People in highest socioeconomic areas less likely to abstain from alcohol

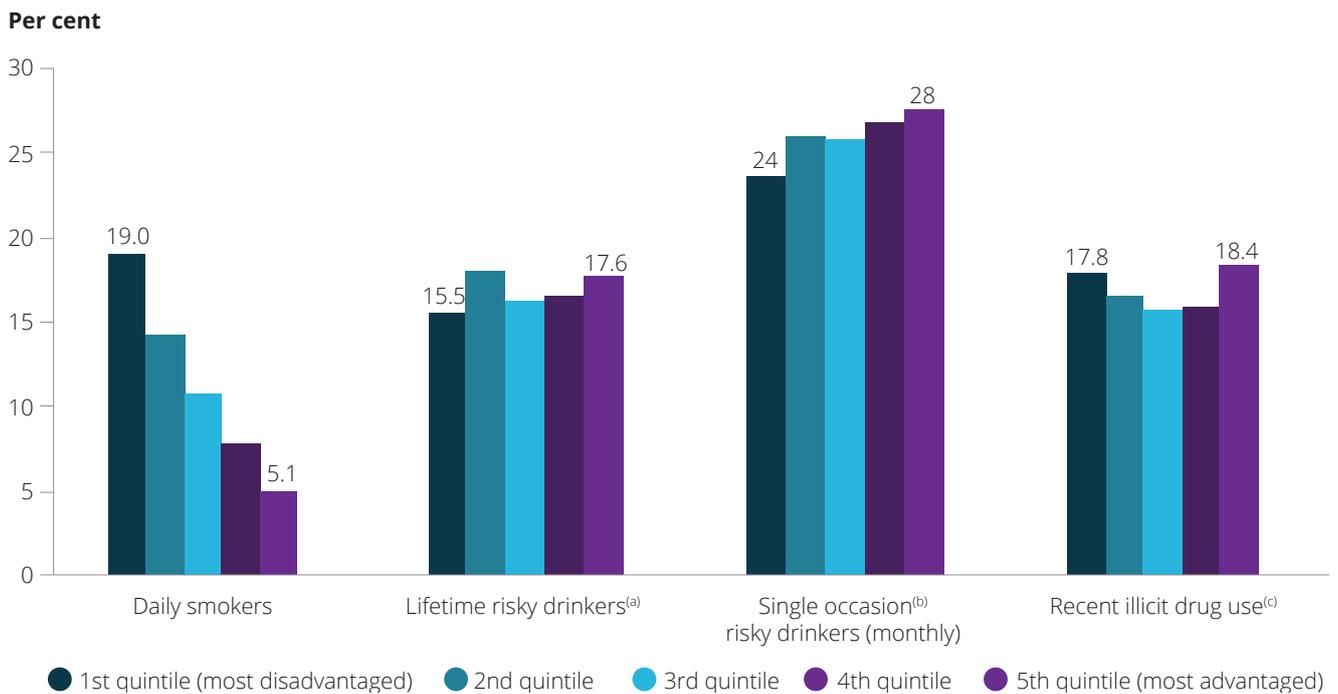
People living in the highest socioeconomic areas were more likely to drink alcohol than those living in the lowest socioeconomic areas and were more likely to exceed the single occasion risk guidelines, monthly or more often (28% compared with 24%). After adjusting for age, people living in the lowest socioeconomic areas were about 1.5 times as likely as those in the highest socioeconomic areas to abstain from alcohol in 2019 (31% compared with 21%) (Table 7.19).

Greater cocaine and ecstasy use in highest socioeconomic areas

After adjusting for age, levels of use of any illicit drug in the last 12 months were similar in the lowest socioeconomic areas and the highest (17.8% compared with 18.4%), but the type of drug used varied. People living in the highest socioeconomic areas were:

- more likely to have recently used ecstasy (4.8% compared with 2.1%) and cocaine (7.1% compared with 2.6%)
- less likely to have used pain-killers and opioids in the last 12 months (1.8% compared with 3.0%), than people living in the lowest socioeconomic areas.

Figure 7.2: Daily smoking, lifetime risky drinkers, single occasion risky drinkers (monthly), and recent illicit drug use, people aged 14 and over, by socioeconomic area, 2019 (age-standardised per cent)



Notes

- (a) According to NHMRC guideline 1: On average, had more than 2 standard drinks per day.
- (b) Derived from 2009 NHMRC guideline 2: Had more than 4 standard drinks on 1 occasion at least once a month.
- (c) Used at least 1 of 16 classes of illicit drugs in 2019. The number and type of illicit drug used varied over time.

Source: Table 7.19.



How does drug use vary across Primary Health Network areas?

Primary Health Networks (PHNs) are organisations that connect health services over local geographic areas according to boundaries defined by the Department of Health. There are 31 PHNs in Australia.

Across PHNs there was wide variation in the use of tobacco, alcohol and illicit drugs in 2019 (tables 7.20 and 7.21), including:

- Daily smoking proportions were as low as 3.3% in Northern Sydney and as high as 17.4% in Northern Queensland.
 - After adjusting for differences in age, Northern Sydney continued to have the lowest daily smoking rate at 3.3% and Gippsland had the highest at 20%.
- South Western Sydney (8.5% and 14.3%) and Western Sydney (7.6% and 15.4%) had the lowest proportions of both lifetime risk and single occasion risk (at least monthly) drinkers; Murrumbidgee had the highest lifetime risky drinkers (25%); and the Northern Territory had the highest proportion of single occasion risky drinkers (35%).
 - After adjusting for differences in age, North Coast and Country Western Australia had the highest proportion of lifetime risky drinkers (24%) and Western Victoria had the highest proportion of single occasion risky drinkers (38%).
- Northern Sydney (11.0%) had the lowest proportion of people who used illicit drugs in previous 12 months while North Coast (NSW) had the highest (23%) (Table Geography1).
 - After adjusting for differences in age, North Coast continued to have the highest proportion of people who used illicit drugs (26%) and Western Sydney had the lowest (9.5%).

Table Geography1 provides the highest 5 and lowest 5 Primary Health Networks for daily smoking, lifetime risky drinkers, single occasion risky drinkers (monthly) and recent illicit drug use in 2019.



Table Geography1: Primary Health Networks with highest and lowest daily smoking, lifetime risky drinkers, single occasion risky drinkers (monthly), and recent illicit drug use, people aged 14 and over, 2019

Daily smoking			
Highest 5		Lowest 5	
Northern Queensland	17.4	Western Sydney	8.7
Country WA	17.3	ACT	8.2
Gippsland	17.1	Eastern Melbourne	8.0
Darling Downs and West Moreton	15.6	Central and Eastern Sydney	6.6
Central Queensland, Wide Bay, Sunshine Coast	15.3	Northern Sydney	3.3
<i>Australia</i>	<i>11.0</i>		
Exceeded lifetime risk guideline			
Highest 5		Lowest 5	
Murrumbidgee	25.0	ACT	14.1
Northern Territory	23.9	Eastern Melbourne	12.6
Gold Coast	23.5	North Western Melbourne	12.4
Country WA	22.9	South Western Sydney	8.5
Central Queensland, Wide Bay, Sunshine Coast	22.6	Western Sydney	7.6
<i>Australia</i>	<i>16.8</i>		
Exceeded single occasion risk guideline (at least monthly)			
Highest 5		Lowest 5	
Northern Territory	35.4	Nepean Blue Mountains	22.1
Gold Coast	34.8	Eastern Melbourne	22.1
Western Victoria	33.7	ACT	20.7
Brisbane North	31.8	Western Sydney	15.4
Northern Queensland	30.0	South Western Sydney	14.3
<i>Australia</i>	<i>24.8</i>		
Recent illicit drug use			
Highest 5		Lowest 5	
North Coast	23.0	Gippsland	12.9
Gold Coast	22.7	Darling Downs and West Moreton	12.5
Western Victoria	21.6	South Western Sydney	12.2
Northern Territory	19.6	Western Sydney	11.7
Central and Eastern Sydney	19.4	Northern Sydney	11.0
<i>Australia</i>	<i>16.4</i>		



The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed to identify people whose substance use may be causing them harm (Ali et al. 2013). ASSIST-Lite scores are categorised as 'low risk', 'moderate risk' or 'high risk'. High risk scores are likely to indicate a substance dependence issue, while moderate risk scores indicate substance use that may be hazardous or harmful to the person's health (see Box 3.2 in the alcohol chapter for more details).

These results may have implications for alcohol and other drug treatment services in Australia as people who receive a high risk score are likely to require specialist assessment and treatment for their substance use, while people who receive a moderate risk score are likely to benefit from a brief intervention or education of some kind.

In a number of PHNs, over 10% of people were estimated to have a high risk score and may require referral to specialist treatment services for assessment of their alcohol use (Table 7.22):

- Country WA (12.5%)
- Gippsland (*10.7%; this estimate has a relative standard error (RSE) between 25 and 50 and should be used with caution)
- South Eastern NSW (10.3%)
- Brisbane North (10.1%).

The ASSIST scores for cannabis, meth/amphetamines and opioids by PHN are unreliable and therefore not reported.

Where can I get more information?

For information on each state and territory please see the online data visualisations and respective factsheets <https://www.aihw.gov.au/reports/illegal-use-of-drugs/national-drug-strategy-household-survey-2019/contents/fact-sheets>. To explore the data and view additional analyses on tobacco, alcohol and other drug use by geographical area, refer to the supplementary data tables. These include data on:

- sex and age breakdowns for each jurisdiction
- age-standardised analysis
- SA4 analysis.

For references and terminology used in this chapter please see the [main report](#) or refer to the [technical information](#) for more information on the sample, the methodology, response rate and limitations of the survey results.