

1 Introduction

The National Drug Strategy

The National Drug Strategy (NDS), formerly the National Campaign Against Drug Abuse (NCADA), was created in 1985 with strong bi-partisan political support to address the impact licit and illicit drugs have on Australian society. The aims of the NDS are to prevent and reduce the uptake of harmful drug use and minimise the harmful effects of licit and illicit drugs in Australia.

The NDS is managed under the direction of the Ministerial Council on Drug Strategy (MCDS), which comprises ministers for health and law enforcement from the Commonwealth Government and State and Territory Governments. The ministers are responsible for collectively determining national policies and programs designed to reduce the harm caused by drugs to individuals, families and communities in Australia (MCDS 1998).

About the 2001 survey

The 2001 National Drug Strategy Household Survey was built on the design of the previous survey (1998), making it the most comprehensive survey concerning licit and illicit drug use ever undertaken in Australia. Almost 27,000 people aged 14 years and over provided information on their drug use patterns, attitudes and behaviours. The sample was based on households, therefore homeless and institutionalised persons were not included in the survey (consistent with the approach in previous years).

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

Further information on the 2001 survey can be found in *2001 National Drug Strategy Household Survey: First Results* (AIHW 2002).

Comparison with previous surveys

The methodology of the 2001 survey differed slightly from that of previous surveys.

The 2001 survey introduced the computer assisted telephone interview (CATI) method to supplement the drop and collect method and the face-to-face method. The CATI results were scrutinised by the Technical Advisory Committee and it was agreed that these results were sufficiently comparable with the drop and collect and face-to-face methods to support inclusion in the survey data set.

The 2001 sample (26,744) was two-and-a-half times larger than the 1998 sample (10,030) and around seven times larger than the 1995 and 1993 samples (3,850 and 3,500 respectively). Due to the greater sample size, the 2001 estimates should be the most reliable.

There was a minor change in the wording of questions used to determine 'ever use' of illicit drugs. In 1993, 1995 and 1998, the questions were in the form 'ever tried' whereas in 2001 the questions were in the form 'ever used'. In addition, the 1998 and 2001 surveys used comprehensive logic and edit checks to increase the reliability of estimates of ever use of drugs. This may have produced marginally higher prevalence estimates when compared with the 1995 and 1993 estimates.

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

Comparison with the 2001 National Health Survey

Summary results from the 2001 NHS conducted by the Australian Bureau of Statistics were released in October 2002 (ABS 2002). Both the NDSHS and the NHS collected data on tobacco and alcohol consumption in Australia in 2001. Some results differed slightly between the two surveys, with many possible methodological reasons for these differences. Comparable results and key methods for the two surveys are summarised in Appendix 4.