

2 Perceptions and acceptability of drug use

Introduction

The 2001 NDSHS explored the opinions and perceptions of Australians aged 14 years and over on a variety of drug-related issues, including personal approval of drug use, the impact of drugs on the general community and on mortality, and their perceptions of health risk from alcohol and tobacco consumption.

Drugs perceived to be associated with a 'drug problem'

In the 2001 survey, respondents were asked to name the first two drugs they thought of when talking of a 'drug problem'. When thinking of the first drug associated with a 'drug problem' heroin was the drug nominated most (Table 2.1) – nominated by one in two Australians aged 14 years and over (50.6% of males and 49.6% of females).

It was also found that when thinking of the first drug associated with a 'drug problem':

- less than 8% of persons aged 14 years and over nominated alcohol as the drug associated with a 'drug problem' and less than 3% nominated tobacco; and
- inhalants, hallucinogens and prescribed drugs were the illicit drugs least likely to be nominated.

Table 2.1: Drugs most likely to be associated with a 'drug problem', persons aged 14 years and over, by age and sex, Australia, 2001

Drug	Age group						All ages
	14-19	20-29	30-39	40-49	50-59	60+	
(per cent)							
Males							
Tobacco	4.5	2.1	1.9	2.4	2.5	4.0	2.8
Alcohol	9.3	7.0	7.0	7.3	8.1	9.3	7.9
Tea/coffee/caffeine	–	0.2 *	–	0.1 *	0.2 *	0.3	0.1
Illicit drugs							
Marijuana/cannabis	40.0	24.2	19.4	21.2	22.7	21.5	23.8
Prescribed drugs ^(a)	0.7	0.9	0.7	0.8	0.6	1.7	0.9
Inhalants	0.6	0.3 *	0.2 *	0.2 *	0.2 *	0.6	0.3
Heroin	32.9	48.7	55.8	54.7	56.1	49.3	50.6
Amphetamines/speed	4.0	6.7	4.8	3.8	2.7	3.2	4.3
Cocaine	4.5	5.3	6.4	5.6	4.2	6.4	5.5
Hallucinogens	0.7	0.7	0.3	0.5	0.3	0.3	0.5
Ecstasy/designer drugs	2.5	3.3	2.5	2.4	1.2	1.2	2.2
Other	–	0.5	0.2 *	0.3	0.3	0.6	0.3
None/can't think of any	0.4	0.3 *	0.7	0.5	0.8	1.5	0.7
Females							
Tobacco	3.5	1.3	1.7	2.8	2.7	3.7	2.6
Alcohol	6.8	5.9	6.3	7.3	9.4	10.4	7.7
Tea/coffee/caffeine	0.1 *	0.1 *	0.2	0.3	0.4	0.6	0.3
Illicit drugs							
Marijuana/cannabis	39.7	23.6	19.6	22.0	21.8	21.3	23.5
Prescribed drugs ^(a)	0.5	0.7	0.7	1.8	1.5	2.3	1.3
Inhalants	0.6	0.3	0.2	0.1 *	0.4	0.6	0.4
Heroin	36.1	48.4	54.5	52.4	51.5	49.3	49.6
Amphetamines/speed	5.1	8.7	6.2	4.1	3.5	2.5	5.0
Cocaine	3.4	7.0	6.3	5.3	6.1	5.2	5.7
Hallucinogens	0.7	0.3	0.8	0.7	0.5	0.8	0.6
Ecstasy/designer drugs	3.1	3.1	2.8	2.4	1.8	1.8	2.5
Other	0.2 *	0.1 *	0.3	0.2	0.3	0.3	0.2
None/can't think of any	0.2 *	0.3	0.4	0.5	0.2 *	1.5	0.6

(a) Includes prescription drugs such as pain-killers/analgesics, tranquillisers/sleeping pills, steroids and barbiturates, used for non-medical purposes.

Form of drug use perceived to be of most serious concern for the general community

Respondents were asked to nominate one form of drug use they considered to be of most serious concern for the general community. In 2001, Australians aged 14 years and over considered heroin use to be of most serious concern (Table 2.2). Other results include:

- One in three males (36.6%) and females (33.0%) nominated heroin use as the form of drug use of most serious concern to the general community.
- Excessive drinking of alcohol was the second most likely form of drug use to be nominated. One-fifth of males (20.0%) and almost one-quarter (24.6%) of females nominated excessive drinking.
- Males (20.3%) were more likely than females (17.6%) to nominate tobacco smoking. Among teenagers (14–19 years), tobacco smoking was the second most nominated drug, behind heroin.

Table 2.2: Form of drug use thought to be of most serious concern for the general community, persons aged 14 years and over, by age and sex, Australia, 2001

Form of drug use	Age group						All ages
	14–19	20–29	30–39	40–49	50–59	60+	
(per cent)							
Males							
Tobacco smoking	22.5	18.2	19.1	20.8	20.9	21.4	20.3
Excessive drinking of alcohol	15.1	19.1	20.8	22.2	21.3	19.5	20.0
Illicit drugs							
Marijuana/cannabis use	11.9	5.5	3.7	3.7	4.2	4.3	5.1
Prescribed drugs	1.0	0.6	1.3	1.3	1.5	1.1	1.1
Sniffing	2.6	2.2	1.2	1.4	0.9	1.1	1.5
Heroin use	33.2	40.1	36.1	35.4	37.2	36.4	36.6
Amphetamine/speed use	1.9	3.1	2.6	2.2	1.6	1.6	2.2
Cocaine use	5.3	5.7	7.5	5.8	7.7	10.0	7.1
Hallucinogen use	0.4 *	0.4	0.4	0.1 *	0.2 *	0.4	0.3
Ecstasy/designer drug use	5.9	4.9	7.1	6.8	4.3	4.0	5.5
None of these	0.3 *	0.3 *	0.2 *	0.3	0.1 *	0.4	0.3
Females							
Tobacco smoking	24.0	16.2	15.1	16.8	17.9	18.4	17.6
Excessive drinking of alcohol	16.7	20.6	24.8	27.5	27.3	27.0	24.6
Illicit drugs							
Marijuana/cannabis use	14.0	6.0	4.8	4.9	4.3	3.4	5.6
Prescribed drugs	0.5	1.1	1.6	1.6	1.7	1.5	1.4
Sniffing	1.7	2.0	1.4	1.7	1.3	1.9	1.7
Heroin use	28.7	34.7	33.4	32.3	33.8	33.6	33.0
Amphetamine/speed use	2.3	3.8	2.9	1.7	1.9	1.5	2.3
Cocaine use	3.6	6.5	6.8	5.9	5.6	6.8	6.1
Hallucinogen use	0.7	0.3	0.4	–	0.2 *	0.5	0.3
Ecstasy/designer drug use	7.2	8.5	8.7	7.5	5.8	4.9	7.1
None of these	0.6	0.3	0.1 *	0.2	0.1 *	0.4	0.3

There were differences in the drug nominated depending on the respondent's own drug use patterns:

- One-third (32.3%) of recent users of heroin considered heroin to be the drug of most serious concern to the general community.
- Around one in seven (13.9%) recent users of tobacco nominated tobacco as the drug of most serious concern.
- Across socioeconomic quintiles there were differences in the perception of which drug is of most serious concern for the general community. The proportion of respondents who thought of either tobacco smoking or excessive drinking of alcohol as the form of drug use of most serious concern for the general community increased with socioeconomic advantage.

Drugs perceived to be associated with mortality

Drug use, both licit (tobacco and alcohol) and illicit, is a large contributor to both mortality and morbidity in Australia. It is estimated that in 1998 almost 15% of all deaths (14,415 males and 3,256 females) were related to drug use (AIHW: Ridolfo & Stevenson 2001). Tobacco and alcohol were responsible for over 93% of the drug-related mortality and morbidity.

Respondents were asked which single drug they thought directly or indirectly caused the most deaths in Australia. It was found that:

- across all age groups, the drug perceived to directly or indirectly cause the most deaths was tobacco (Table 2.3). Over 40% of persons aged 14 years and over thought of tobacco as the drug that contributes greatest to mortality in Australia;
- tobacco and alcohol were considered to contribute to more than half of all drug-related deaths. Males were more likely than females to select both tobacco and alcohol as the drugs causing the most deaths in Australia; and
- those aged 14–19 years were the age group most likely to select marijuana/ cannabis and amphetamines as the drugs causing the most deaths in Australia.

Table 2.3: Drugs thought to either directly or indirectly cause the most deaths in Australia, persons aged 14 years and over, by age and sex, Australia, 2001

Drug	Age group						All ages
	14–19	20–29	30–39	40–49	50–59	60+	
(per cent)							
Males							
Tobacco	36.9	43.2	46.2	48.8	47.7	41.1	44.5
Alcohol	24.0	24.5	23.6	22.1	21.8	19.2	22.4
Illicit drugs							
Marijuana/cannabis	3.1	1.2	0.8	1.1	1.2	2.3	1.5
Prescribed drugs	0.3 *	1.1	1.4	1.3	1.3	1.3	1.2
Opiates (e.g. heroin)	24.0	19.6	18.2	19.3	20.8	25.5	21.0
Amphetamines/speed	3.9	3.6	2.5	1.4	1.5	1.6	2.3
Cocaine	6.8	6.2	6.5	5.1	5.3	8.3	6.4
Hallucinogens	0.9	0.6	0.6	0.8	0.4	0.7	0.7
Females							
Tobacco	33.4	37.4	37.6	42.7	41.6	34.3	37.9
Alcohol	23.7	21.5	22.5	22.6	22.9	20.8	22.2
Illicit drugs							
Marijuana/cannabis	4.4	0.9	0.8	0.8	1.2	2.2	1.5
Prescribed drugs	1.5	2.4	1.8	1.7	2.9	2.0	2.0
Opiates (e.g. heroin)	22.2	23.7	24.1	23.0	22.1	28.7	24.3
Amphetamines/speed	5.9	4.6	3.4	1.7	2.2	2.4	3.2
Cocaine	6.9	8.9	8.6	6.8	6.5	8.7	7.9
Hallucinogens	2.0	0.6	1.1	0.8	0.6	1.0	1.0
Persons							
Tobacco	35.1	40.3	41.7	45.8	44.7	37.3	41.1
Alcohol	23.9	23.0	23.0	22.3	22.4	20.1	22.3
Illicit drugs							
Marijuana/cannabis	3.8	1.0	0.8	1.0	1.2	2.3	1.5
Prescribed drugs	0.9	1.8	1.6	1.5	2.1	1.6	1.6
Opiates (e.g. heroin)	23.2	21.6	21.3	21.2	21.4	27.3	22.7
Amphetamines/speed	4.9	4.1	3.0	1.6	1.9	2.0	2.8
Cocaine	6.9	7.6	7.6	5.9	5.9	8.5	7.1
Hallucinogens	1.4	0.6	0.9	0.8	0.5	0.9	0.8

Approval of drug use

Respondents were asked if they personally approve or disapprove of the regular use by an adult of a selected list of drugs. Besides tobacco, alcohol and marijuana/ cannabis, all other drugs received less than 8.0% support. Other results include:

- Alcohol was the drug most likely to be approved of by Australians aged 14 years and over for the regular use by an adult, approved by 81.4% and 68.0% of males and females respectively (Table 2.4).
- A greater proportion of males than females supported the use of tobacco and marijuana/cannabis. Among males, 42.5% and 27.4% supported the regular use by an adult of tobacco and marijuana/cannabis respectively. For females, 36.8% supported the use of tobacco and 20.1% supported the use of marijuana/cannabis.
- Inhalants were the drug least likely to be approved of – supported by 1.1% of males and 0.5% of females.

Table 2.4: Personal approval of the regular use by an adult of selected drugs, persons aged 14 years and over, by age and sex, Australia, 2001

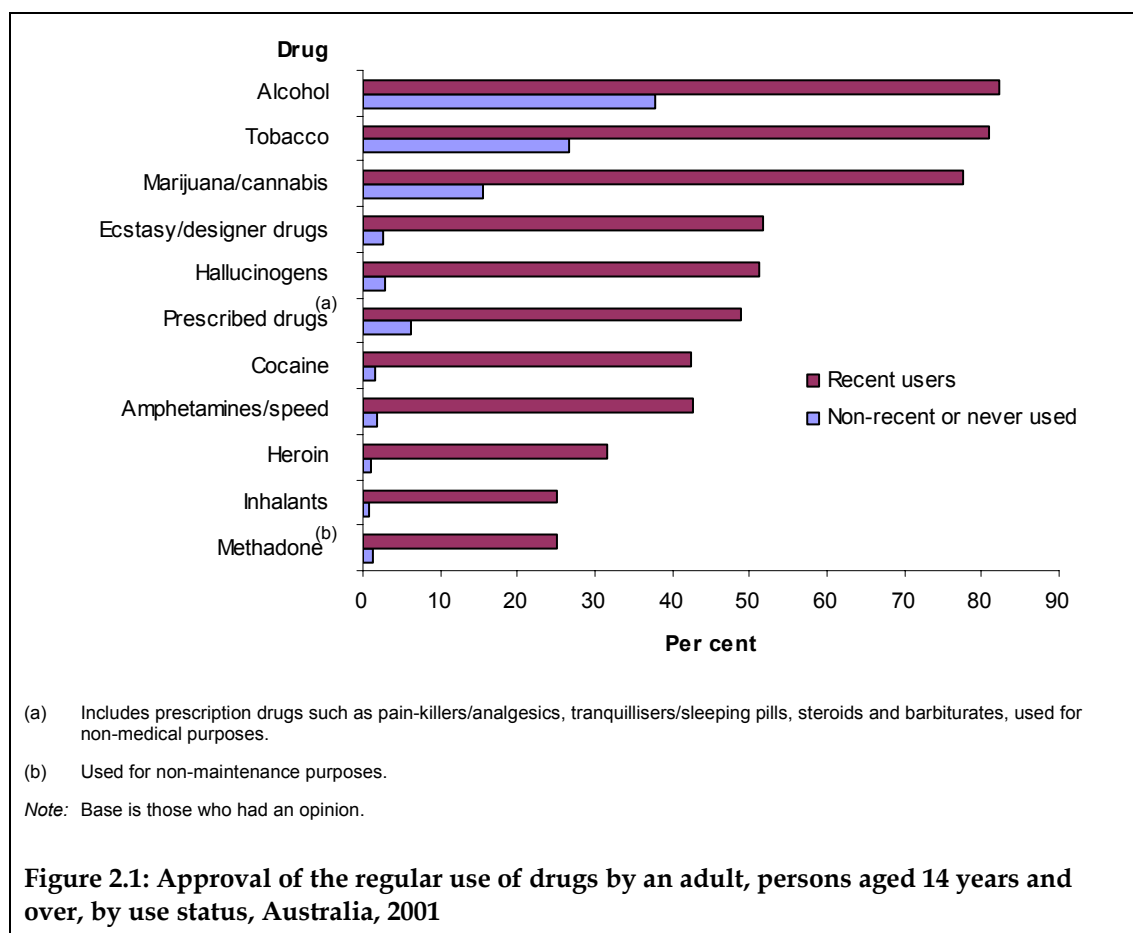
Drug	Age group						All ages
	14–19	20–29	30–39	40–49	50–59	60+	
	(per cent)						
	Males						
Tobacco	44.8	53.6	50.6	42.9	37.5	25.0	42.5
Alcohol	79.7	85.6	84.2	82.7	83.0	72.3	81.4
Illicit drugs							
Marijuana/cannabis	31.6	44.8	37.1	28.0	16.9	4.5	27.4
Prescribed drugs ^(a)	9.8	13.2	10.0	8.4	6.3	5.4	8.9
Inhalants	0.9	2.5	1.2	0.7	1.0	0.1 *	1.1
Heroin	1.3	2.1	2.5	1.7	1.2	0.2	1.5
Amphetamines/speed	5.1	9.4	5.9	2.9	1.1	0.2	4.1
Cocaine	3.0	6.0	4.7	2.0	1.2	0.2	2.9
Hallucinogens	6.7	12.5	7.0	5.0	2.3	0.3	5.7
Ecstasy/designer drugs	6.9	13.7	6.4	3.2	1.5	0.2	5.3
Methadone ^(b)	1.6	2.7	2.1	1.4	1.8	0.4	1.7
	Females						
Tobacco	47.8	50.3	45.2	35.1	27.4	19.3	36.8
Alcohol	76.3	78.3	72.9	67.8	64.4	52.6	68.0
Illicit drugs							
Marijuana/cannabis	27.3	35.6	26.6	20.7	9.4	3.5	20.1
Prescribed drugs ^(a)	9.7	9.3	6.7	6.9	4.4	4.7	6.8
Inhalants	1.0	0.6	0.6	0.6	0.1 *	0.1 *	0.5
Heroin	1.1	1.0	0.8	0.7	0.1 *	0.3	0.6
Amphetamines/speed	5.3	5.7	2.5	0.9	0.1 *	0.3	2.3
Cocaine	2.1	3.7	1.8	0.9	0.1 *	0.3	1.5
Hallucinogens	4.5	6.0	2.8	1.7	0.6	0.3	2.5
Ecstasy/designer drugs	4.8	7.3	2.6	1.5	0.1 *	0.3	2.6
Methadone ^(b)	1.1	1.5	1.2	1.1	0.3	0.5	0.9

(a) Includes prescription drugs such as pain-killers/analgesics, tranquillisers/sleeping pills, steroids and barbiturates, used for non-medical purposes.

(b) Used for non-maintenance purposes.

Levels of approval for the personal use by an adult of selected drugs differed between recent users and those who had either never used or had not used in the past 12 months (Figure 2.1). In 2001, respondents indicated that:

- alcohol, tobacco and marijuana/cannabis were the drugs most likely to be approved of for personal use, by both recent users and non-recent/never users; and
- for all of the selected drugs, recent users were more likely than non-recent/never users to approve of the regular use by an adult.



Perceptions of health effects of alcohol use

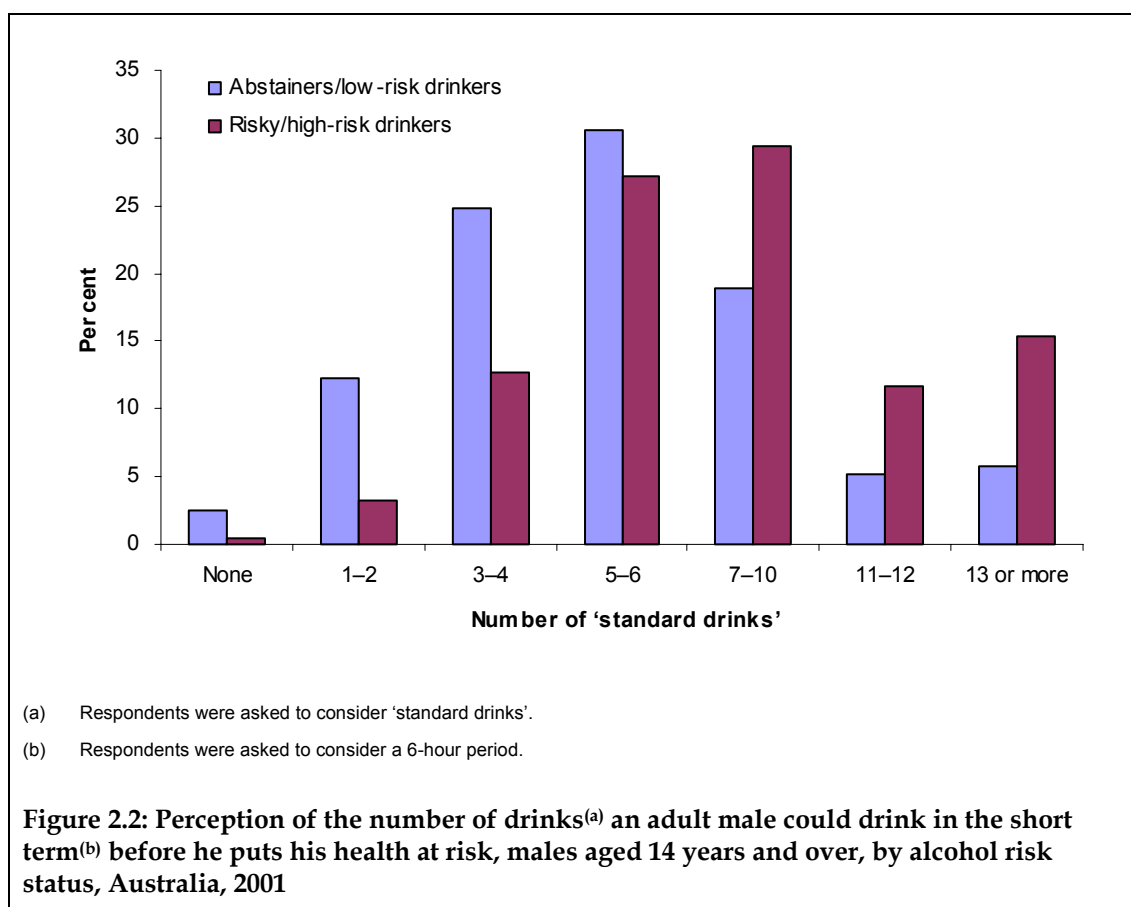
In 2001, the National Health & Medical Research Council (NHMRC) released evidence-based guidelines on alcohol drinking for Australians: *Australian Alcohol Guidelines* (NHMRC 2001). Included are recommendations on the risk of harm in the short term (that is, related to a single drinking occasion) and long term (that is, accruing over many years). The NHMRC guidelines advise that 7 or more standard drinks on any single day would be risky for males in the short term; 5 or more would place females at risk of harm in the short term. For long-term risk, the advice is that regularly drinking 5 or more standard drinks on an average day would be risky or high risk for males. For females, regularly drinking 3 or more drinks a day would be risky or high risk.

The 2001 survey explored respondents' awareness of both the short- and long-term health risks for males and females, related to the consumption of alcohol. Data are presented here on perceptions of (a) the health risk to males in the short and long term from alcohol consumption, and (b) the health risk to females in the short and long term from alcohol consumption.

Health risk for males

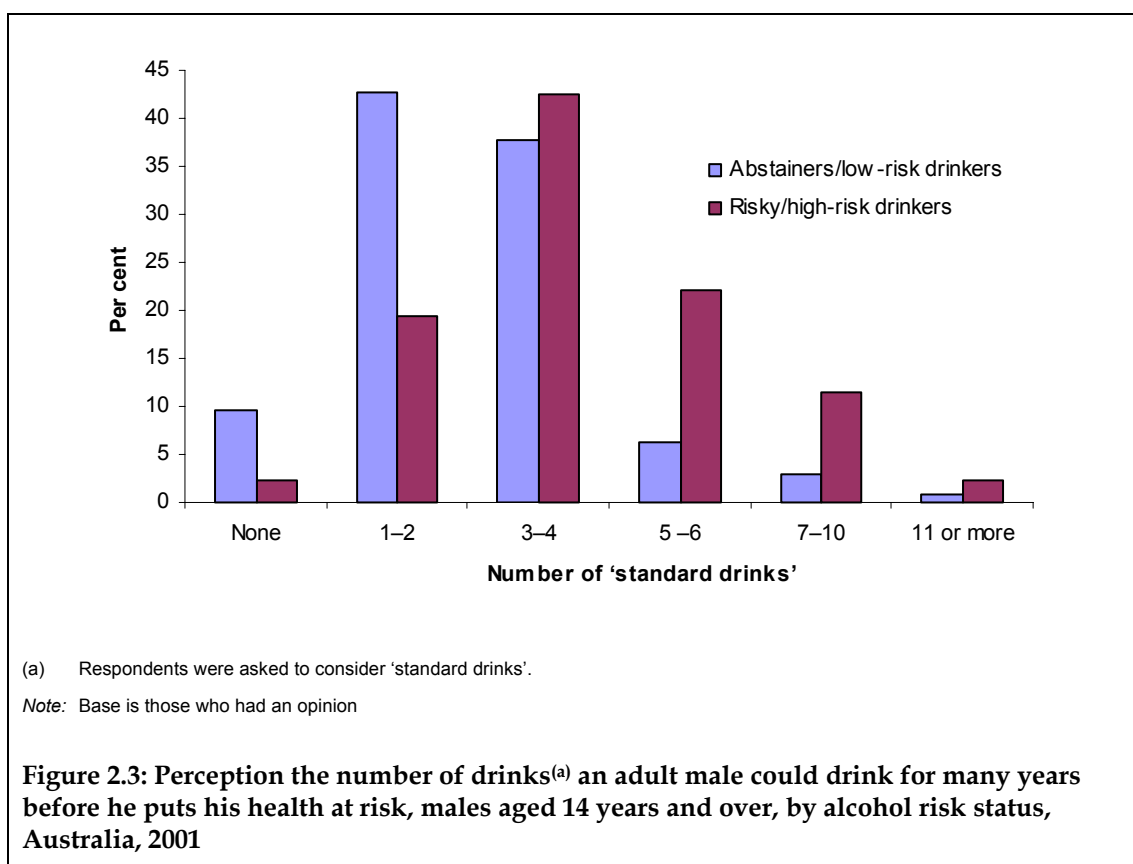
This section presents data on male perceptions of how many standard drinks they thought an adult male could drink in a 6-hour period before he puts his health at risk. Of male respondents, 2.5% of abstainers/low-risk drinkers and 0.5% of risky/high-risk drinkers thought that any alcohol consumption was risky for males in the short term (Figure 2.2). For males, other results include:

- A greater proportion of Australian males aged 14 years and over who were abstainers/low-risk drinkers compared to those who had drunk at risky/high-risk levels in the past 12 months correctly indicated less than seven drinks.
- More than half (56.4%) of males who had drunk at risky/high-risk levels in the past 12 months thought that drinking greater than the advised number of drinks (seven 'standard drinks') would not put a male's health at risk in the short term. Less than three in 10 (29.8%) abstainers/low-risk drinkers nominated seven or more drinks.



The NHMRC guidelines advise that for males five or more standard drinks on an average day would be risky or high risk in the long term. Male respondents were asked to nominate the number of drinks they thought males could drink over a long time without having any adverse affect on their health. It was found that:

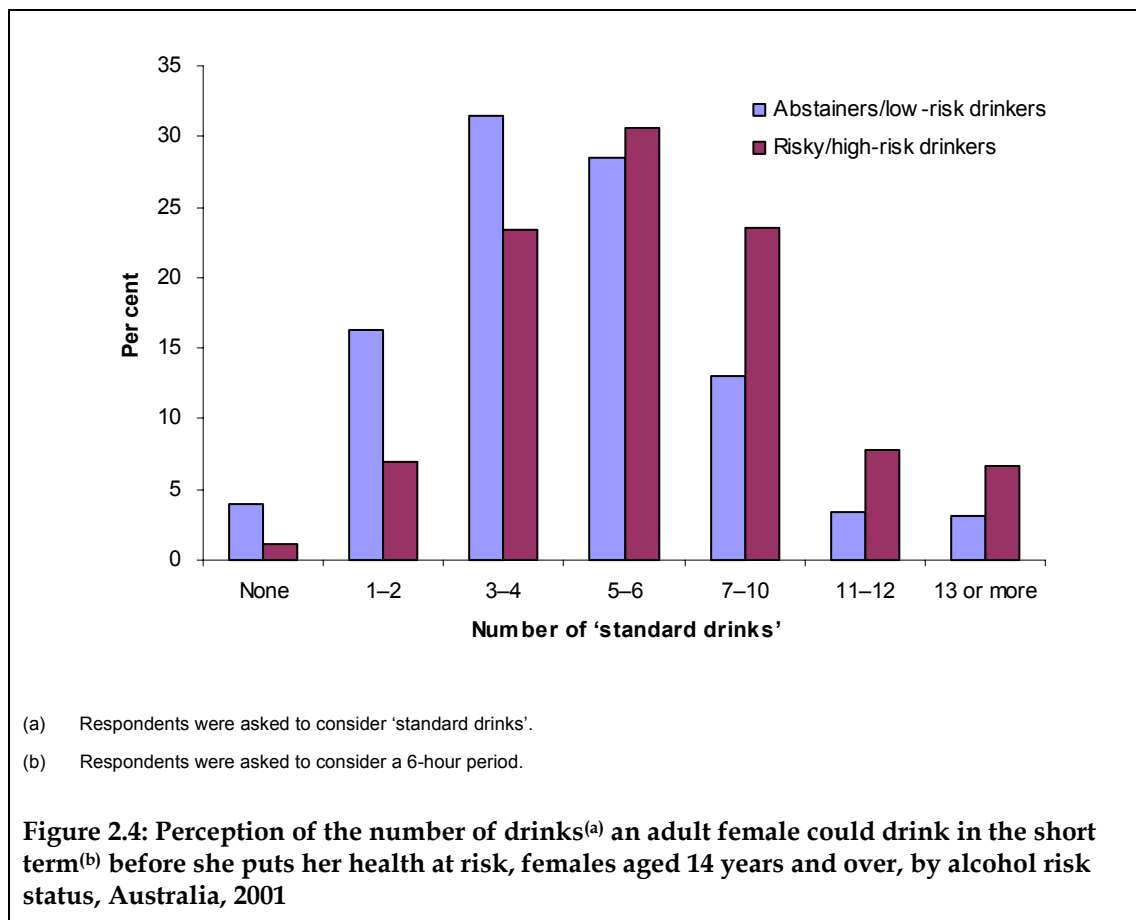
- almost 10% of males who were abstainers/low-risk drinkers in the past 12 months thought that any alcohol consumption would adversely affect a male’s long-term health. Those who had drunk at risky/high-risk levels in the past 12 months were less likely to nominate ‘none’ –selected by 2.2% of this group (Figure 2.3); and
- one in 10 (10.0%) abstainers thought that drinking alcohol at levels above those advised by the NHMRC would not adversely affect a male’s health. This contrasts with 36.0% of risky/high-risk drinkers who thought that five or more drinks a day on a regular basis would not affect a male’s health.



Health risk for females

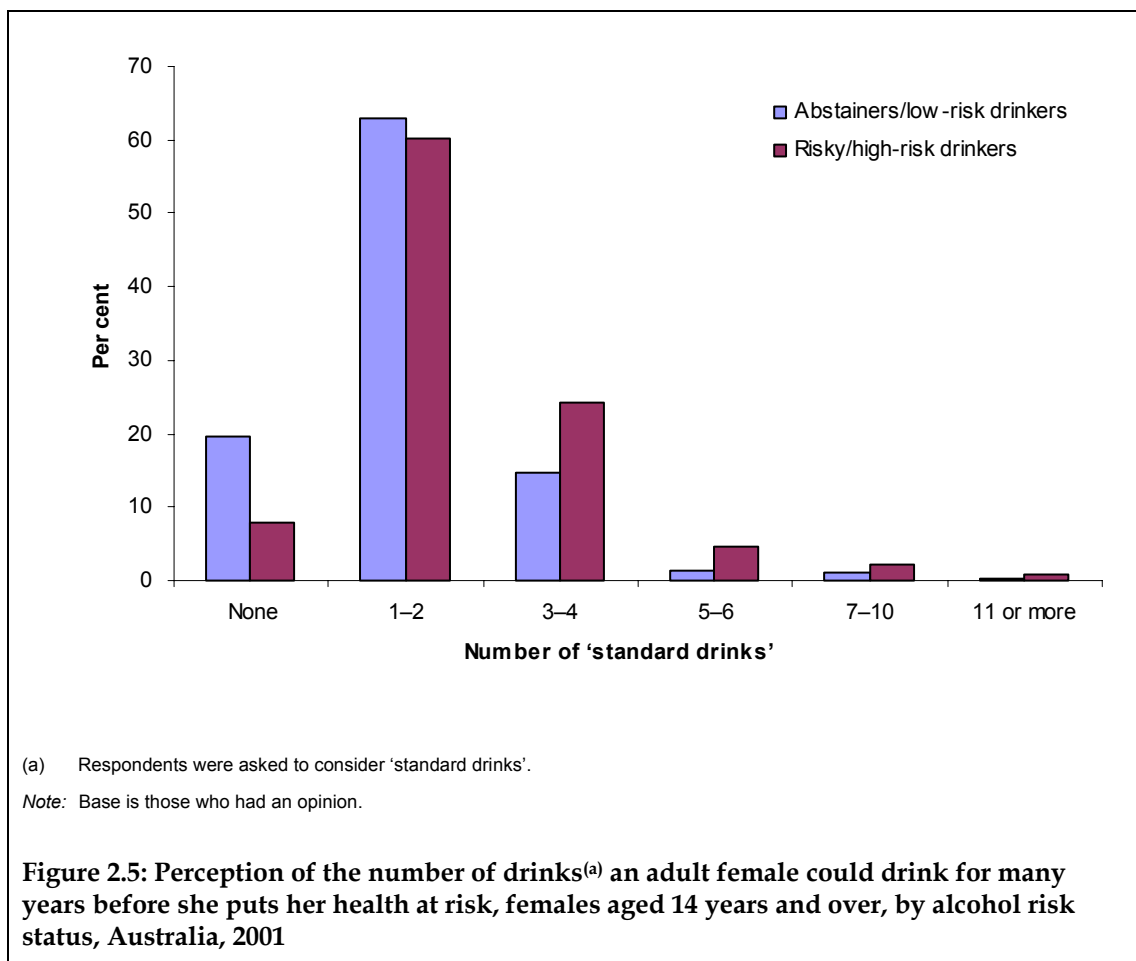
This section presents data on females' perceptions of the number of standard drinks an adult female could drink in a 6-hour period before putting her health at risk:

- Around 4% of abstainers/low-risk drinkers nominated any amount of alcohol to affect a females' health in the short term (Figure 2.4). This was greater than the proportion of females who had drunk at risky/high-risk levels in the past 12 months and nominated zero alcohol (1.1%).
- Less than five was the number of standard drinks selected by more than half (51.8%) of abstainers/low-risk drinkers and one-third (31.4%) of risky/high-risk drinkers.



Female respondents were also asked to nominate the number of drinks they thought females could drink over a long time without having any adverse effect on a female's health. Fifteen or more standard drinks per week or more than two per day is the level considered by the NHMRC to be risky or high risk for a female's health in the long term. The survey found that:

- irrespective of alcohol risk status, the most common level of drinking considered by females to not adversely affect long-term health was 1-2 drinks a day (Figure 2.5). Two-thirds (63.0%) of female abstainers/low-risk drinkers and 60.1% of risky/high-risk drinkers nominated 1-2 drinks every day; and
- of those who reported no alcohol consumption or consumption at low-risk levels in the last 12 months, 19.7% considered that any alcohol consumption by a female could adversely affect her health in the long term. This contrasts with 8.0% for females who had consumed at risky or high-risk levels in the last 12 months.



Perceptions of health effects of tobacco use

Tobacco is the risk factor associated with the greatest burden of disease in Australia. It contributes to an increased risk for heart and vascular diseases, a number of cancers, and respiratory diseases such as chronic obstructive pulmonary disease and asthma. Ridolfo & Stevenson (2001) attributed 12,943 and 6,076 deaths for males and females, respectively, to tobacco smoke in 1998.

Respondents to the 2001 survey were asked for their thoughts on the health affects on non-smokers of tobacco smoke:

- Nine in 10 (91.9%) never/ex-smokers thought that non-smokers who live with a smoker might one day develop smoke-related health problems. Seven in 10 (73.5%) smokers thought this.
- A greater proportion of smokers (14.6%) than never/ex-smokers (3.9%) thought that living with a smoker would not affect a non-smoker's health.
- When asked of the effect on non-smokers' health due to working with smokers, 89.7% of never/ex-smokers thought there might be an effect compared with 67.0% of smokers.

Table 2.5: Perception of whether the health of non-smokers living or working with smokers might be affected due to passive smoking, persons aged 14 years and over, by smoking status, Australia, 2001

Situation and perception	Smokers ^(a)	Never/ex-smokers
	(per cent)	
Live with a smoker		
Yes, might be affected	73.5	91.9
No, won't be affected	14.6	3.9
Don't know	11.9	4.1
Work with a smoker		
Yes, might be affected	67.0	89.7
No, won't be affected	19.4	5.2
Don't know	13.6	5.1

(a) Daily, weekly and less than weekly smoker.