Statistics on Drug Use in Australia 1998

The Australian Institute of Health and Welfare is an independent health and welfare statistics and information agency. The Institute's mission is to inform community discussion and decision making though national leadership in the development and provision of authoritative and timely information on the health and welfare of Australians.

DRUG STATISTICS SERIES

Statistics on Drug Use in Australia 1998

Karl Higgins
Mark Cooper-Stanbury
Paul Williams

March 2000

Australian Institute of Health and Welfare
Canberra

AIHW cat. no. PHE 16

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 044 8

Suggested citation

Higgins K, Cooper-Stanbury M & Williams P 2000. Statistics on drug use in Australia 1998. AIHW cat. no. PHE 16. Canberra: AIHW (Drug Statistics Series).

Any enquiries about or comments on this publication should be directed to:

Mark Cooper-Stanbury
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Phone: (02) 6289 7027

Published by Australian Institute of Health and Welfare

Printed by Ausdoc on Demand

PDF conversion by Green Words & Images, Canberra

Contents

List of tables

List of figures

Preface

Statistics on Drug Use in Australia 1998 is the eighth in a series originally titled *Statistics on Drug Abuse in Australia*, which was produced by the Commonwealth Department of Health and Aged Care. This publication by the Australian Institute of Health and Welfare marks changes in authorship and scope, although the format will be familiar to readers of earlier titles. This edition moves away from focusing on drug abuse exclusively, with expanded chapters on tobacco, alcohol, use of pharmaceutical drugs and the health effects of drug use. It is intended as an accessible summary of major drug-use statistical collections which will lead interested readers to sources of more detailed information. The chapter on total pharmaceutical use is provided as context for the information on non-medical use of pharmaceuticals.

This report includes data from the 1998 National Drug Strategy Household Survey, the preliminary findings of which were published by the Institute as *1998 National Drug Strategy Household Survey: First Results* (AIHW 1999).

Acknowledgments

Many people have provided valuable input to this report. Their time and commitment is greatly appreciated.

Special thanks go to: Malcolm Wares, Peter McManus and Denise Chang from the Commonwealth Department of Health and Aged Care; Vicki White from the Centre for Behavioural Research in Cancer; Michael McFadden from the Federal Office of Road Safety; staff from the Tobacco and Alcohol Strategies Section of the Commonwealth Department of Health and Aged Care; and Chris Stevenson and Iain Middlemiss from the Australian Institute of Health and Welfare.

We would also like to thank the staff of the Communication and Public Affairs Unit of the Australian Institute of Health and Welfare for assistance in editing and compiling the report.

The report was funded in part by the Commonwealth Department of Health and Aged Care.

Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
BAC	Blood alcohol concentration
CDUD	Community Drug Use Database
COTSA	Clients of Treatment Service Agencies
DDD	Defined daily dose
HCV	Hepatitis C virus
MCDS	Ministerial Council on Drug Strategy
NCADA	National Campaign Against Drug Abuse
NDS	National Drug Strategy
NDSHS	National Drug Strategy Household Survey
n.a.	Not available
—	Nil, or rounded to zero
. .	Not applicable

1 Introduction

Background

This report is the eighth in a series which was previously titled *Statistics on Drug Abuse in Australia*. The first report was produced in 1985, under the auspices of the National Campaign Against Drug Abuse (NCADA). It was last published in 1994, by the (then) Commonwealth Department of Human Services and Health, under the National Drug Strategy (NDS). In 1997 the Department and the Australian Institute of Health and Welfare (AIHW) entered into a Memorandum of Understanding, under which AIHW agreed to produce a two-yearly report on drug-related data which was consistent with the aims and themes of the NDS. This report is the first of these new reports.

About this report

Statistics on Drug Use in Australia 1998 follows the format of past reports in this series. Chapters are provided for each of the drug types covered by the NDS: tobacco, alcohol, pharmaceuticals and illicit drugs. Within these chapters descriptive data on consumption and, to a lesser extent, drug-related behaviours are presented. New and revised chapters cover evaluations, special population groups, drug-related health, and crime and law enforcement.

Data sources

The principal data source is the 1998 National Drug Strategy Household Survey (NDSHS) conducted by the Institute on behalf of the Commonwealth Department of Health and Aged Care. This was a comprehensive national survey of Australians aged 14 years and older.

Other relevant information was obtained from:

- Australian Bureau of Statistics;
- Commonwealth Department of Health and Aged Care;
- Federal Office of Road Safety; and
- State and Territory health authorities.

Brief summaries of the data sources used for this report can be found in Appendix 2.

Overview of drug use in Australia

Tobacco

Approximately one-fifth of Australians aged 14 years or older were regular smokers (daily or most days) in 1998, with the highest smoking rates among persons aged 20–29 years (1998 NDSHS). The rates of recent smoking (regular and occasional) have declined slowly over the

last decade. Figures from excise and customs records suggest that the overall demand for tobacco products is declining in line with the reported usage.

Australia was ranked 17th in the world in 1996 for per capita consumption of cigarettes: on average each person aged 18 years or over consumed around 2,000 cigarettes in a year.

Alcohol

Around 68% of males and 48% of females aged 14 years or older reported drinking alcoholic beverages at least once a week in 1998. A further 17% and 24% respectively consumed alcohol 1–3 days each month. Of the regular drinkers, at least 8% of males and 4% of females consumed alcohol at levels that are considered hazardous or harmful to health.

Based on apparent consumption data, each Australian is estimated to have consumed 7.6 litres of pure alcohol per year. This corresponds to a per person annual consumption of 95 litres of beer, 19 litres of wine, and 1.3 litres of pure alcohol from spirits.

These levels of consumption ranked Australia 20th in the world for overall per capita consumption of pure alcohol, or 9th for beer consumption and 17th for wine.

Illicit drugs

Marijuana has been used at some time by around two-fifths of Australians aged 14 years or older in 1998, with approximately one-fifth of the adult population using in the previous 12 months. Of the so-called 'hard' illicits, amphetamines were used by approximately 4% of persons aged 14 years or more, with lower proportions using ecstasy or hallucinogens. Approximately 1% used heroin or cocaine, or injected any illicit drug in the previous 12 months.

Rates of marijuana use, as for most illicit drugs, have increased over the decade, although rates for other drugs are lower than for marijuana.

Pharmaceuticals

Drugs that affect the central nervous system are one of the most commonly prescribed substances, making up three out of the top 10 medicines dispensed through community pharmacies in 1997–98. Prescriptions for antidepressants have been rising rapidly since 1991–92, a trend matched only by lipid-lowering drugs.

Perceptions of drug use

In the 1998 NDSHS, respondents were asked to identify the drug they thought was the most serious concern to the general community (Table 1.1). Excessive alcohol consumption was the drug-related behaviour most frequently mentioned by females (25%), with males being more concerned with heroin use (26%). This response differs from the pattern seen in previous household surveys, in which alcohol was of the most concern for both males and females.

The second most frequently mentioned concern of females in 1998 was heroin (22%), and for males, alcohol use (24%). This result represents a major shift in perceptions over past surveys. In 1993 and 1995 just 10% of all respondents identified heroin use as being of concern to the community. The third most frequently mentioned concern was smoking tobacco, by 18% of males and 17% of females. This compares with 21% of all respondents in 1993 and 24% in 1995.

The patterns for the three most frequently mentioned responses in 1998 were generally consistent across age groups. An exception was needle and syringe sharing, where younger females identified this behaviour as a major concern.

Table 1.1: Drug or drug-related behaviour thought to be the most serious concern to the general community, Australia, 1998

	Age group						
Substance/behaviour	**14–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total**
				(per cent)			
				Males			
Marijuana/hash use	12	4	2	3	3	4	4
Tobacco smoking	13	19	17	21	19	19	18
Heroin use	17	27	23	30	28	27	26
Sharing needles or syringes	17	12	10	11	8	12	12
Excessive use of barbiturates	1	—	1	—	3	—	1
Excessive drinking of alcohol	24	24	34	18	22	24	24
Excessive use of tranquillisers	—	—	—	1	—	—	—
Sniffing glue/petrol/solvents/rush	3	1	2	2	2	1	2
Ecstasy/designer drug use	4	4	3	6	3	1	3
Amphetamine/speed use	2	2	1	2	—	2	2
Cocaine/crack use	4	4	4	5	8	7	5
Hallucinogen use	—	1	—	—	—	—	—
Excessive use of painkillers/analgesics	—	1	1	1	1	1	1
Steroid use	3	—	—	—	1	1	1
None of the above	1	1	—	—	1	1	1
				Females			
Marijuana/hash use	13	7	2	2	2	4	4
Tobacco smoking	23	17	17	17	17	13	17
Heroin use	10	18	20	25	26	26	22
Sharing needles or syringes	21	18	14	13	12	21	16
Excessive use of barbiturates	—	—	—	—	—	2	1
Excessive drinking of alcohol	21	24	31	27	27	21	25
Excessive use of tranquillisers	—	—	—	2	1	1	1
Sniffing glue/petrol/solvents/rush	1	1	1	1	2	2	1
Ecstasy/designer drug use	5	6	5	4	4	3	4
Amphetamine/speed use	2	4	2	2	1	1	2
Cocaine/crack use	3	5	6	5	4	4	5
Hallucinogen use	1	—	—	—	1	—	—
Excessive use of painkillers/analgesics	—	1	1	2	2	2	1
Steroid use	—	—	—	—	1	—	—
None of the above	—	1	—	—	—	—	—

Source: National Drug Strategy Household Survey 1998.

Perceptions of drug problems

Respondents were also asked to name the drug they thought of when people talked about a 'drug problem'.

The shift in perceptions towards heroin use as a concern to the community shown in Table 1.1 is also evident from this measure, with 38% of males and 37% of females identifying heroin as the drug first thought of (Table 1.2). In 1993 heroin was mentioned by 30% of all respondents and in 1995 by 28% of respondents. By contrast, marijuana was first mentioned

by 21% of both males and females in 1998, compared to 30% of all respondents in 1993 and 31% of respondents in 1995.

The pattern in 1998 was consistent for all age groups over 20 years. For males and females aged 14–19 years, marijuana was the drug first thought of when they heard the term 'drug problem' mentioned.

Results suggest that, for persons aged 20 years and older, between 1993 and 1998 perceptions about heroin have displaced those previously held about marijuana.

Table 1.2: Drug first mentioned as a drug problem, by age and sex, Australia, 1998

	Age group						
Substance	**14–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total**
				(per cent)			
				Males			
Alcohol	14	16	13	19	14	12	15
Tobacco	5	4	3	5	4	6	4
Tea/coffee/caffeine	—	1	—	—	—	1	—
Barbiturates	—	—	—	—	1	—	—
Tranquillisers/sleeping pills	—	1	1	—	1	—	1
Pain killers/analgesics	—	—	1	—	—	1	—
Steroids	1	—	—	1	—	1	—
Inhalants	—	1	—	—	—	—	—
Marijuana	34	18	17	19	21	21	21
Naturally occuring hallucinogens	—	—	—	—	2	—	—
LSD/synthetic hallucinogens	1	—	1	—	1	—	1
Amphetamines	8	13	10	16	21	13	13
Heroin	29	41	48	38	30	33	38
Cocaine	4	5	3	1	3	7	4
Ecstasy/designer drugs	2	1	1	—	2	1	1
Other drugs	—	—	—	2	1	3	1
None of the above	1	—	—	—	—	2	1
				Females			
Alcohol	10	10	12	15	19	15	13
Tobacco	3	3	3	6	3	6	4
Tea/coffee/caffeine	—	—	—	—	1	1	—
Barbiturates	—	—	—	—	—	—	—
Tranquillisers/sleeping pills	—	1	1	2	1	1	1
Pain killers/analgesics	1	1	—	1	—	—	1
Steroids	—	—	1	—	—	1	—
Inhalants	—	—	—	—	1	—	—
Marijuana	33	23	15	20	23	20	21
Naturally occuring hallucinogens	1	—	—	—	—	—	—
LSD/synthetic hallucinogens	3	2	2	2	—	1	2
Amphetamines	8	12	11	14	13	16	13
Heroin	32	42	49	35	33	29	37
Cocaine	6	4	4	4	4	4	4
Ecstasy/designer drugs	2	2	1	2	1	1	13
Other drugs	—	—	1	—	1	4	1
None of the above	—	—	—	1	1	2	1

Source: National Drug Strategy Household Survey 1998.

2 The National Drug Strategy

Background

The NDS, formerly the NCADA, 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.

Evaluation of the National Drug Strategy 1993–1997

Professors Single and Rohl, authors *of The National Drug Strategy: Mapping the Future*, found that Australia's National Drug Strategy is widely recognised as one of the most progressive and respected drug strategies in the world. They considered that the success of Australia's drug policy was based on four main features:

- the principle of harm minimisation, which recognises the need to take a wide range of approaches in dealing with drug-related harm—for example, supply-reduction, demand-reduction (including abstinence-oriented interventions) and harm-reduction strategies;
- the comprehensiveness of the approach, encompassing the harmful use of licit drugs (such as tobacco, alcohol and pharmaceutical drugs), illicit drugs and other substances (such as inhalants and kava);
- the promotion of partnerships between health, law-enforcement and education agencies, community-based organisations and industry in tackling drug-related harm; and
- a balanced approach—between supply-reduction, demand-reduction and harm-reduction strategies; between preventing use and harm, facilitating access to treatment, and encouraging research; and between the Commonwealth and the States and Territories.

National Drug Strategic Framework 1998–99 to 2002–03

The National Drug Strategic Framework 1998–99 to 2002–03 presents a shared vision, 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 NDS and adopts the major recommendations of *The National Drug Strategy: Mapping the Future.*

The Framework has been prepared under the direction of the Ministerial Council on Drug Strategy (MCDS) which brings together the Commonwealth, State and Territory Ministers responsible 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 document reflects the decision of MCDS following the evaluation of the NDS 1993–97 that a nationally coordinated and integrated approach to reducing the harm arising from the use of licit and illicit drugs should continue for a further five years. This includes a commitment to reduce the supply of and demand for illicit drugs.

Performance indicators

As part of the Single and Rohl (1997) evaluation, Williams (1997) measured progress against 52 key national indicators for the full NCADA / NDS period. The indicators had been adopted by the MCDS in 1993 as part of the National Drug Strategic Plan 1993–1997 (CDHHLGCS 1993). He concluded that 'greater success was achieved in the areas of tobacco and alcohol, less for pharmaceuticals, and results were poor, relative to the success in other areas, for illicit drugs'.

The National Drug Strategic Framework 1998–99 to 2002–03 will be accompanied by a series of National Drug Action Plans to be developed during 1999 and 2000. These Plans will specify priorities for reducing the harm arising from the use of licit and illicit drugs, strategies for taking action on these priorities and performance indicators.

Evaluation, monitoring and reporting

Monitoring and evaluation strategies are required to determine whether the objectives and priorities of the National Drug Strategic Framework are being met and whether specific strategies identified in National Drug Action Plans are effective.

The framework includes provision for evaluation and monitoring to:

- measure the National Drug Strategic Framework's performance against its objectives and priorities, using the best available medical, social and epidemiological data;
- provide timely and accurate information on the NDS program performance for program management and Commonwealth, State and Territory annual reporting purposes;
- identify emerging challenges and changing trends in harmful drug use, including the emergence of new drug-related harms; and
- communicate to all levels of government and the wider community the success, problems and challenges of the NDS.

It is anticipated this will be achieved through:

- review and refinement of performance indicators for regular monitoring of the effectiveness (including cost-effectiveness) of the National Drug Strategic Framework and the National Drug Action Plans in meeting its objectives;
- coordination of existing data sources and early development of appropriate databases and information systems to allow for monitoring against agreed performance indicators;
- a requirement that Commonwealth, State and Territory governments agree on a reporting framework for implementation of the NDS within their jurisdictions; and
- an annual monitoring report to the MCDS dealing with implementation of the National Drug Strategic Framework (MCDS 1998).

3 Tobacco

Overview

Tobacco use is the major cause of drug-related deaths in Australia. In 1997, around 18,200 deaths were attributable to the use of tobacco (see Chapter 8), accounting for 80% all drug-related deaths.

In the Australian Burden of Disease Study, Mathers et al. (1999) estimated that almost 10% of the total burden of disease in Australia in 1996 was attributable to tobacco smoking. The burden of disease methodology combines years of life lost due to premature death with years living with a disability.

Indications from customs and excise information are that tobacco demand has been falling slightly over the past few years (Table 3.1). Indeed, Australia is now ranked 17th in the world for per capita consumption of cigarettes, down from 8th position in 1991 (Table 3.2).

This is further reflected in estimates of the prevalence of tobacco use. Data from the 1998 NDSHS suggest a slight reduction in the national prevalence of regular smoking, at around 22% of the adult population (Table 3.3). The prevalence of regular smoking was highest in the 20–29 years age groups for both males and females (Table 3.4).

On average each Australian spent $337 on tobacco in 1996–97 (Table 3.5). Total government revenue related to the use of tobacco was in excess of $4.2 billion in 1997–98 (Table 3.6).

Of the policy measures available to reduce smoking, the one with the greatest community support is stricter enforcement of the law against supplying cigarettes to persons under age (Table 3.7).

Consumption

Indicative consumption trends

Unlike alcohol, apparent consumption of tobacco is not estimated from production and trade volumes. The information that is available to indicate trends in consumption is the volumes of tobacco and tobacco products cleared through excise and customs.

Table 3.1 presents these data from 1991–92 to 1997–98. Due to confidentiality restrictions, the total volume of tobacco commodities attracting excise is not available for the last two financial years in this period. Based on the figures for cigarettes (which in previous years accounted for over 95% of the volume of all tobacco products for which excise was payable), and the customs volumes for all tobacco and related products, there appears to be a reduction in the overall demand for tobacco over the past two to three years. This follows a peak in cleared volumes in 1994–95.

Table 3.1: Volume of tobacco cleared through excise and customs, Australia, 1991–92 to 1997–98

Duty and product	1991–92	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98
				('000 kg)			
Excise							
Cigarettes	24,956.4	22,606.6	21,602.9	21,462.7	19,273.0	19,435.0	19,103.0
Other tobacco	653.0	655.1	642.5	604.9	656.1	(a)	(a)
Total excise	*25,609.4*	*23,261.7*	*22,245.3*	*22,067.6*	*19,929.1*	. .	. .
Customs(b)							
Cigarettes	255.2	241.6	255.9	420.0	288.2	349.8	266.3
Other tobacco							
Cigars	85.6	71.6	80.8	69.2	67.9	70.5	82.6
Snuff	0.6	0.4	0.3	0.3	0.2	0.4	0.1
Loose tobacco	805.7	720.5	1,113.2	923.0	973.0	909.9	908.3
Unmanufactured tobacco/other	10,079.1	11,709.2	13,082.9	23,573.3	15,433.0	15,050.7	14,400.9
Total other tobacco	*10,970.9*	*12,501.7*	*14,277.2*	*24,565.8*	*16,474.1*	*16,031.4*	*15,391.9*
Total customs	*11,226.1*	*12,743.3*	*14,533.0*	*24,985.8*	*16,762.3*	*16,381.1*	*15,658.2*
Total	**36,835.5**	**36,005.0**	**36,778.4**	**47,053.4**	**36,691.4**	**. .**	**. .**

(a) Not available due to confidentiality restrictions.

(b) Figures differ marginally from those previously published due to the inclusion in this table of additional subcategories within 'Unmanufactured tobacco/other'. Excludes customs clearances of chewing tobacco and products containing tobacco substitutes. From 1997–98, chewing tobacco cannot be separately identified, and is included in 'Unmanufactured tobacco/other'.

Source: Australian Bureau of Statistics, unpublished.

International comparisons

Based on per capita consumption of cigarettes by adults (aged 15 years or more), Australia was ranked 17th on the international league table in 1996, with each adult Australian smoking 2,017 cigarettes on average (Table 3.2). This compares with top-ranked Greece on 3,474 cigarettes and 40th-ranked Egypt on 1,212. The majority of countries in this list experienced a decline in the per capita consumption over the ten-year period since 1986; Australia moved from 10th place in 1986 to 17th place in 1996. The change over this period equates to Australians smoking on average 700 fewer cigarettes per year.

Table 3.2: Adult (15 years and over) per capita cigarette consumption, selected countries, 1986 to 1996

Country	Calendar year					
	1986		1991		1996	
	(number)	(rank)	(number)	(rank)	(number)	(rank)
Greece	3,757	1	3,560	2	3,474	1
Japan	3,213	4	3,226	3	3,193	2
Poland	3,553	2	3,690	1	3,180	3
South Korea	2,671	11	3,021	5	2,993	4
Switzerland	2,918	8	2,902	6	2,658	5
Hungary	3,253	3	3,153	4	2,645	6
Cyprus	3,197	5	2,346	12	2,531	7
Bulgaria	2,429	15	2,312	14	2,509	8
Turkey	2,069	26	2,119	20	2,362	9
Ireland	2,367	17	2,403	10	2,333	10
Spain	2,595	13	2,710	7	2,324	11
Taiwan	2,314	19	2,252	16	2,284	12
Israel	2,406	16	2,267	15	2,261	13
USA	3,092	7	2,571	9	2,258	14
Germany	1,977	29	2,186	17	2,087	15
Canada	2,783	9	1,878	28	2,053	16
Australia	**2,710**	**10**	**2,585**	**8**	**2,017**	**17**
Portugal	1,816	36	1,996	23	1,996	18
Austria	2,506	14	2,322	13	1,973	19
China	1,710	40	1,958	26	1,904	20
Tunisia	1,837	34	1,791	30	1,878	21
Romania	2,073	25	1,381	42	1,874	22
France	2,152	22	2,136	18	1,848	23
Belgium/Luxembourg	2,115	23	2,091	21	1,848	24
Denmark	1,865	33	1,637	34	1,840	25
Saudi Arabia	1,882	31	2,122	19	1,812	26
Italy	2,247	20	1,880	27	1,810	27
United Kingdom	2,080	24	2,056	23	1,797	28
Iceland	2,667	12	2,388	11	1,789	29
Netherlands	1,351	50	1,619	35	1,658	30
Czech Republic	2,355	18	2,070	22	1,646	31
Argentina	1,876	32	1,537	38	1,616	32
Singapore	1,988	28	1,678	33	1,468	33
Indonesia	1,093	54	1,186	49	1,464	34
Jordan	1,769	38	1,439	41	1,419	35
Syria	2,037	27	935	58	1,380	36
Malaysia	1,797	37	1,609	36	1,349	37
South Africa	1,411	47	1,706	32	1,335	38
Albania	1,157	53	1,243	45	1,314	39
Egypt	1,587	43	1,221	46	1,212	40

Source: NTC Publications 1998.

Patterns of use

National trends

Using data from the NDSHS series, the proportion of adults (aged 14 years or more) that regularly smoked remained fairly stable between 1991 and 1998 at around 23%, with a small decline in 1998 (Table 3.3). Similarly, the rate of occasional smoking (less frequently than daily) has been about 4% of the adult population, with around 42% of the adult population being ex-smokers.

Table 3.3: Tobacco patterns of use, Australia, 1991 to 1998

Frequency of use	1991	1993	1995	1998
		(per cent)		
Current regular smoker				
More than 20 per day	10	8	7	8
11–20 per day	8	9	9	9
Up to 10 per day	5	6	7	6
Total regular smoker	*23*	*24*	*24*	*22*
Current occasional smoker	5	4	3	4
Ex-smoker				
Less than 100 in life	26	23	18	16
100 or more in life	20	22	20	24
Total ex-smoker	*46*	*45*	*38*	*40*
Never smoked a full cigarette	23	26	36	34

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

Summary of recent use

Focussing on 1998 results, 25% of males aged 14 years and over and 20% of females reported being current regular smokers (that is, daily or most days, Table 3.4). Around 28% of males and 40% of females had never smoked a full cigarette. The prevalence of regular smoking was highest in the 20–29 years age group for males (33%) and for females (30%). The 60 years and over group had the lowest prevalence of regular smoking for both males and females (15% and 10% respectively). The age group that had the highest proportion of non-smokers (that is, those who had never had a full cigarette) was 14–19 years for males (49%) and 60 years or more for females (54%).

Table 3.4: Tobacco use summary, Australia, 1998

Tobacco use	Age group						
	14–19	20–29	30–39	40–49	50–59	60+	Total
	(per cent)						
	Males						
Current regular smoker (daily or most days)	16	33	28	29	22	15	25
Current occasional smoker (less often)	8	8	4	2	3	2	4
Ex-smoker	28	29	41	44	54	61	43
Never smoked a full cigarette	49	30	27	26	21	22	28
	Females						
Current regular smoker (daily or most days)	16	30	25	22	15	10	20
Current occasional smoker (less often)	9	7	4	3	2	0	4
Ex-smoker	29	31	40	36	43	36	36
Never smoked a full cigarette	45	32	31	39	40	54	40

Source: National Drug Strategy Household Survey 1998.

Economics

Per capita expenditure

Expenditure on tobacco products amounted to $337 for each Australian in 1996–97 (Table 3.5). In constant price terms, personal expenditure on tobacco has gone down at an average rate of 6.7% per year between 1989–90 and 1996–97 (based on 1989–90 prices). In 1996–97, expenditure on tobacco represented 2.0% of total private expenditure.

Table 3.5: Per capita private final consumption expenditure on tobacco, Australia, 1989–90 to 1996–97

Measure	Year ending 30 June							
	1990	1991	1992	1993	1994	1995	1996	1997
Constant 1989-90 prices								
$ per capita	235	226	209	192	177	165	154	146
% total expenditure	1.8	1.8	1.6	1.4	1.3	1.2	1.1	1.0
Current prices								
$ per capita	235	253	257	286	301	306	340	337
% total expenditure	1.8	1.9	1.8	2.0	2.0	1.9	2.0	2.0

Source: Australian Bureau of Statistics Cat. No. 5206.0.

Government revenue

There are four main sources of government revenue related to the use of tobacco products: excise on domestic goods, customs duty on imported commodities, sales tax, and State Business Franchise fees. On 5 August 1997 the High Court determined that State Business Franchise fees are an excise and cannot be imposed by the States and Territories. From 7 August 1997, the Federal Government is collecting an equivalent amount as excise, on behalf of the States and Territories. Information on sales tax is not available at the commodity level.

In the context of these qualifications, net government revenue associated with tobacco was $4.2 billion in 1997–98, the majority coming from excise ($4.0 billion). This, however, is an 8% reduction in the total revenue from these sources compared with the previous year, reversing a trend of gradually increasing revenue over the past five periods. The most

significant change in revenue over this period was the more than doubling of excise due to the changes described above. Recently there were also substantial changes in customs duty rates, which resulted in more than doubling of customs revenue in the last financial year compared to previous years (Table 3.6).

Table 3.6: Government revenue from excise, customs clearances, and State Business Franchise fees related to the sale of tobacco, Australia, 1991–92 to 1997–98

Duty and product	1991–92	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98
				($m)			
Excise							
Cigarettes	1,296.6	1,278.8	1,308.5	1,467.2	1,563.1	1,629.0	3,913.5[a]
Other tobacco	34.0	37.2	39.1	41.8	53.6	[b]	[b]
Total excise[c]	*1,330.6*	*1,316.0*	*1,347.6*	*1,509.1*	*1,616.7*	*1,642.0*	*3,990.0*[a]
Customs[d]							
Cigarettes	13.9	14.2	16.1	29.6	23.5	29.3	50.5
Other tobacco							
Cigars	4.7	4.3	5.1	4.9	5.5	5.9	18.0
Snuff	—	—	—	—	—	—	—
Loose tobacco	37.0	42.0	64.9	63.7	79.2	76.1	172.8
Unmanufactured tobacco/other	2.7	2.3	2.4	1.4	0.1	0.1	0.3
Total other tobacco	*44.5*	*48.6*	*72.4*	*70.0*	*84.9*	*82.1*	*191.1*
Total customs	*58.3*	*62.9*	*88.5*	*99.6*	*108.4*	*111.4*	*241.6*
State/Territory franchise taxes	1,085.0	1,575.0	1,975.0	2,067.0	2,621.0	2,855.0	[a]
Total	**2,473.9**	**2,953.9**	**3,411.1**	**3,675.6**	**4,346.1**	**4,608.4**	**4,231.6**

(a) On 5 August 1997 the High Court determined that State Business Franchise fees 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 excise, customs and sales tax.

(b) These figures are unavailable due to confidentiality restrictions.

(c) The figures for total excise for 1991–92 to 1995–96 are sourced from international trade data from the Australian Customs Service. Due to confidentiality restrictions, the total excise from this source is not available for 1996–97 and 1997–98. For these years, the total is taken from public finance data from the Department of Treasury. There is a small discrepancy in these values for the years where totals from both sources are available.

(d) Figures differ marginally from those previously published due to the inclusion in this table of additional subcategories within 'unmanufactured and other' tobacco. Excludes customs revenue from chewing tobacco and products containing tobacco substitutes. In 1995–96 customs revenue from chewing tobacco was $3,476.

Note: The Commonwealth Government also accrues revenue from company tax on companies manufacturing and/or selling tobacco products. These data are not readily obtainable and have been excluded from the table.

Source: Australian Bureau of Statistics, unpublished.

Direct health care costs

Use of tobacco is estimated to have cost Australian society $833 million in direct health care costs in 1992 (Collins & Lapsley 1996).

Support for measures to reduce smoking

The NDSHS asked respondents to indicate their support for a range of policy measures to reduce smoking. Using 1998 results, nearly all policy options presented were supported by a majority of Australians (Table 3.7).

Table 3.7: Support for measures to reduce smoking, Australia, 1998

Measure	Age group						
	14–19	20–29	30–39	40–49	50–59	60+	Total
	(per cent)						
Males							
Stricter enforcement of the law against supplying cigarettes to customers who are under age	69	84	91	95	92	92	88
Banning tobacco advertising at sporting events	44	44	58	62	62	69	57
Banning smoking in the workplace	63	71	78	81	84	78	76
Banning smoking in shopping centres	75	77	83	82	81	83	81
Banning smoking in restaurants	71	65	77	83	83	86	77
Banning smoking in pubs/clubs	33	37	48	53	54	58	48
Increasing the tax on tobacco products to pay for health education programs	54	55	60	57	58	63	58
Increasing the tax on tobacco products to contribute to the cost of treating smoking-related diseases	60	59	65	65	67	67	64
Increasing the tax on tobacco products to discourage people from smoking	55	56	57	53	58	63	57
Females							
Stricter enforcement of the law against supplying cigarettes to customers who are under age	76	90	94	94	96	94	92
Banning tobacco advertising at sporting events	48	59	69	74	68	68	66
Banning smoking in the workplace	72	80	85	88	90	84	85
Banning smoking in shopping centres	77	82	86	89	88	83	85
Banning smoking in restaurants	69	70	79	75	82	85	77
Banning smoking in pubs/clubs	34	39	54	61	57	59	52
Increasing the tax on tobacco products to pay for health education programs	58	60	66	68	69	67	65
Increasing the tax on tobacco products to contribute to the cost of treating smoking-related diseases	64	62	69	71	72	69	68
Increasing the tax on tobacco products to discourage people from smoking	60	58	63	67	70	66	64

Source: National Drug Strategy Household Survey 1998.

The measure with the greatest support was stricter enforcement of the law against supplying cigarettes to persons under age (supported by 88% of males and 92% of females). This measure was supported least by the 14–19 years age group for both males (69%) and females (76%). The measure with the least support was banning smoking in pubs/clubs (48% for males and 52% for females). This was particularly poorly supported by persons aged 14–29 years. Across all policy measures, support was greatest from the 50–59 years age group for both males and females.

4 Alcohol

Overview

Alcohol is second only to tobacco as the major cause of drug-related mortality in Australia. In 1997 approximately 3,700 deaths (or 16% of all drug-related deaths) were attributable to excessive use of alcohol (see Chapter 8).

In terms of overall burden of disease, Mathers et al. (1999) estimated that the harm associated with alcohol consumption accounted for 4.9% of the total burden of disease in Australia in 1996. However, low to moderate consumption can protect against certain diseases, resulting in approximately 2.8% of the total burden being averted. Hence the net harm associated with alcohol use is estimated at around 2.2% of the total burden of disease.

On average in 1996–97, each Australian consumed 7.6 litres of pure alcohol, comprising 95 litres of beer, 19 litres of wine and 1.3 litres of pure alcohol from spirits (Table 4.1). This placed Australia 20th in world ranking of pure alcohol consumption per capita (Table 4.3).

Results from the 1998 NDSHS indicate that 59% of males and 39% of females drink alcoholic beverages at least once a week (Table 4.5). Of the persons that had consumed alcohol in the past year, 14% of males and 6% of females drink every day (Table 4.6). Further, at least 8% of male current drinkers and 4% of female drinkers usually drink at levels considered hazardous or harmful to health (Table 4.8).

On average each Australian spent $717 on alcohol in 1996–97 (Table 4.10). Total government revenue from the consumption of alcoholic beverages is estimated at $1.8 billion dollars for 1997–98 (Table 4.11).

Apparent consumption

Per capita consumption trends

Alcohol consumption per capita has been relatively stable over the past five years at around 7.6 litres of pure alcohol per person. This followed a peak in the 1980s, largely due to a peak in beer consumption during this period (Table 4.1). In 1997, every Australian on average consumed 95 litres of beer, 19 litres of wine and 1.3 litres of pure alcohol from spirits.

Table 4.1: Apparent per capita[a] consumption of alcoholic beverages, Australia, 1910–11 to 1996–97

	Type of beverage				
Year ended 30 June	Beer	Table, sparkling & carbonated wines	Fortified, flavoured wines & vermouth	Spirits	Total
			(litres[b])		
1911	56.4	n.a.	n.a.	2.2	. .
1921	55.8	n.a.	n.a.	0.9	. .
1931	36.8	n.a.	n.a.	0.5	. .
1941	61.8	n.a.	n.a.	0.6	. .
1951	89.8	6.9 [c]	(d)	0.8	5.8
1961	102.6	1.4	3.7	0.8	6.6
1971	126.5	4.5	4.2	1.0	8.4
1981	129.3	14.5	3.7	1.1	9.7
1990[e]	113.9	16.2	2.2	1.3	8.5
1991[e]	110.6	15.8	2.1	1.2	8.2
1992[e]	104.0	16.7	2.0	1.1	7.8
1993[e]	99.5	16.4	1.9	1.2	7.6
1994	98.0	16.8	1.8	1.4	7.8
1995	96.8	16.4	2.1	1.3	7.7
1996	95.3	16.2	2.1	1.4	7.6
1997	94.7	17.3	1.7	1.3	7.6

(a) Total Australian population.

(b) Beer and wine shown as litres of beverage, spirits and total as litres of pure alcohol.

(c) Includes 'Fortified, flavoured wines & vermouth'.

(d) Included in 'Table, sparkling and carbonated wines'.

(e) Data have been revised since previous publication.

Source: Australian Bureau of Statistics Cat. No. 4306.0.

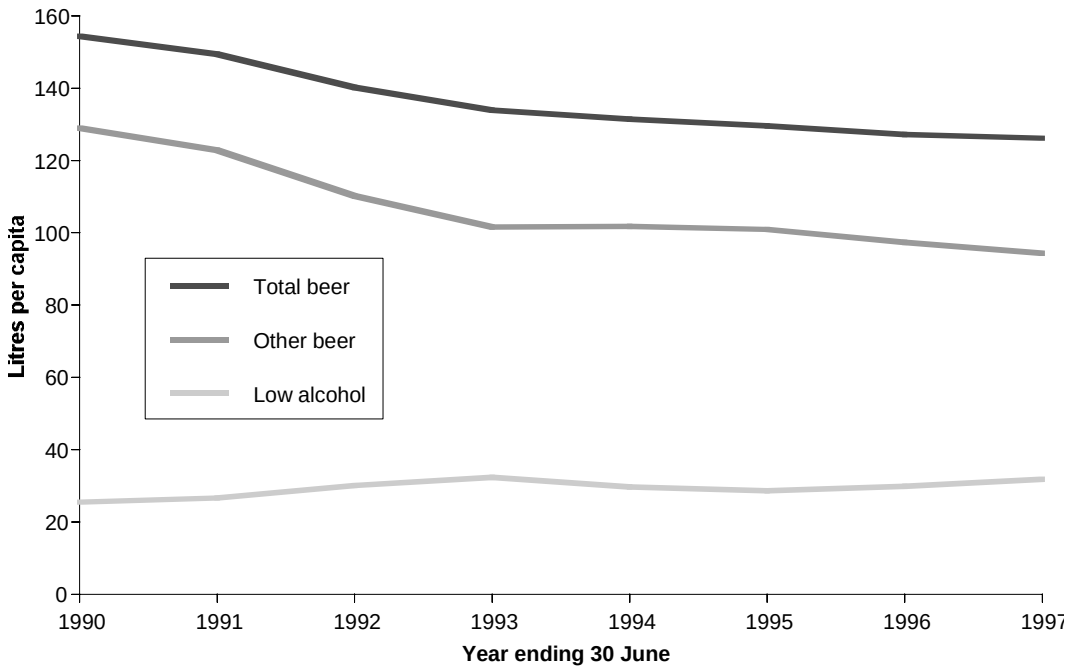
Using persons aged 18 and over as the base, there has been a general decline in the per capita consumption of alcohol over the last eight years, from 11.5 litres of pure alcohol per person to 10.1 litres (Table 4.2). A large part of this decline is attributable to the reduction in beer consumption—particularly regular strength beer—which has changed from 129 litres per person aged 18 years or more to 94 litres per person (Figure 4.1). Consumption of wine, on a per capita basis, has been virtually unchanged in the period 1989–90 to 1996–97.

Table 4.2: Apparent per capita consumption of alcoholic beverages, persons aged 18 years and over, Australia, 1989–90 to 1996–97

	Year ended 30 June							
Alcoholic beverage	**1990[a]**	**1991[a]**	**1992[a]**	**1993[a]**	**1994**	**1995**	**1996**	**1997**
				(litres[b])				
Beer								
Low alcohol	25.4	26.6	30.1	32.4	29.7	28.6	29.9	31.8
Other beer	128.9	122.8	110.1	101.5	101.7	100.9	97.3	94.3
Total beer	*154.3*	*149.4*	*140.2*	*133.9*	*131.4*	*129.5*	*127.2*	*126.1*
Wine								
Table, sparkling & carbonated	22.0	21.3	22.5	22.1	22.5	21.9	21.5	23.0
Fortified, flavoured wines & vermouth	3.1	2.8	2.7	2.5	2.4	2.6	2.8	2.3
Total wine	*25.1*	*24.2*	*25.3*	*24.6*	*25.0*	*24.6*	*24.4*	*25.3*
Spirits	1.7	1.6	1.5	1.6	1.8	1.7	1.8	1.7
Total alcohol	11.5	11.0	10.5	10.2	10.5	10.2	10.2	10.1

(a) Data have been revised since previous publication.
(b) Beer and wine shown as litres of beverage, spirits and total as litres of pure alcohol.

Source: Australian Bureau of Statistics Cat. No. 4306.0.



Source: Australian Bureau of Statistics Cat. No. 4306.0.

Figure 4.1: Apparent per capita consumption of beer, persons aged 18 years and over, Australia, 1990 to 1997

International comparisons

On the 1996 international league table of per capita consumption of pure alcohol, Australia ranked 20th with 7.5 litres of pure alcohol per person. This compared with the top-ranked Luxembourg at 11.8 litres per person and 50th-ranked Thailand on 0.7 litres per person (Table 4.3).

Table 4.3: Per capita consumption of alcoholic beverages, selected countries,[a] 1996[b]

	Total pure alcohol[c]		Beer		Wine		Spirits (pure alcohol)	
Rank	**Country**	**Litres**	**Country**	**Litres**	**Country**	**Litres**	**Country**	**Litres**
1	Luxembourg	11.8	Czech Republic	160.0	Portugal	60.6	Russia	5.3
2	Portugal	11.2	Republic of Ireland	142.5	France	60.0	Romania	4.0
3	France	11.1	Germany	134.5	Luxembourg	58.0	Slovak Republic	4.0
4	Czech Republic	10.1	Denmark	117.6	Italy	55.0	Cyprus	3.4
5	Denmark	10.0	Austria	116.0	Switzerland	43.3	Poland	3.3
6	Germany	9.8	Luxembourg	109.0	Argentina	42.3	China	3.0
7	Austria	9.8	United Kingdom	102.3	Greece	34.0	Hungary	3.0
8	Hungary	9.5	Belgium	102.0	Uruguay	32.0	Greece	2.7
9	Switzerland	9.3	**Australia**	**95.4**	Austria	31.5	Bulgaria	2.5
10	Spain	9.3	New Zealand	93.9	Spain	30.3	France	2.4
11	Slovak Republic	9.2	Slovak Republic	90.2	Hungary	30.0	Spain	2.4
12	Republic of Ireland	9.1	Netherlands	83.7	Denmark	28.3	Japan	2.2
13	Belgium	9.0	USA	83.5	Belgium	25.0	Germany	2.1
14	Greece	8.7	Finland	82.1	Romania	23.3	Finland	2.0
15	Romania	8.7	Hungary	79.4	Germany	22.8	USA	1.9
16	Italy	8.2	Venezuela	75.0	Bulgaria	21.7	Cuba	1.8
17	Netherlands	8.0	Canada	67.5	**Australia**	**18.2**	Netherlands	1.8
18	Bulgaria	7.8	Spain	64.7	Netherlands	17.1	Canada	1.7
19	United Kingdom	7.6	Portugal	61.9	Czech Republic	16.9	Estonia	1.7
20	**Australia**	**7.5**	Switzerland	60.2	New Zealand	16.6	Republic of Ireland	1.7
21	Cyprus	7.5	Sweden	59.1	Chile	15.8	Venezuela	1.7
22	New Zealand	6.8	Colombia	56.4	Republic of Ireland	15.0	Czech Republic	1.7
23	Argentina	6.8	South Africa	55.6	Slovak Republic	13.4	Colombia	1.6
24	Finland	6.7	Japan	54.0	Sweden	13.3	Luxembourg	1.6
25	USA	6.6	Mexico	53.4	United Kingdom	13.1	Austria	1.5
26	Japan	6.6	Bulgaria	53.3	Cyprus	12.8	Iceland	1.5
27	Russia	6.2	Norway	52.6	South Africa	9.0	Switzerland	1.5
28	Uruguay	6.2	Cyprus	50.9	Canada	7.9	Chile	1.4
29	Poland	6.2	Brazil	40.8	Finland	7.6	United Kingdom	1.4
30	Canada	6.0	Poland	40.7	Norway	7.6	**Australia**	**1.4**
31	Venezuela	5.5	France	39.6	USA	7.3	Brazil	1.2
32	Chile	5.0	Greece	39.0	Poland	6.9	Sweden	1.2
33	Sweden	4.9	Romania	38.0	Iceland	5.1	New Zealand	1.2
34	South Africa	4.9	Paraguay	37.5	Israel	3.1	Denmark	1.1
35	Colombia	4.5	Chile	33.9	Tunisia	2.5	Belgium	1.1
36	Norway	4.0	Iceland	32.5	Brazil	1.9	South Africa	1.0
37	Iceland	3.7	Argentina	29.3	Paraguay	1.8	Uruguay	1.0
38	China	3.7	Uruguay	27.0	Morocco	1.5	Italy	0.9
39	Brazil	3.5	Taiwan	24.1	Russia	1.5	Norway	0.8
40	Mexico	3.4	Italy	24.0	Cuba	1.4	Portugal	0.8
41	Cuba	2.7	Peru	21.0	Estonia	1.3	Mexico	0.7
42	Taiwan	2.7	Singapore	20.6	Ukraine	1.3	Ukraine	0.7
43	Estonia	2.3	Cuba	15.5	Japan	1.0	Singapore	0.5
44	Paraguay	2.1	Russia	15.2	Peru	0.9	Argentina	0.3
45	Singapore	1.6	China	13.1	Singapore	0.8	Taiwan	0.3
46	Peru	1.2	Israel	11.5	Turkey	0.6	Turkey	0.3
47	Ukraine	1.0	Turkey	11.4	Algeria	0.5	India	0.2
48	Israel	0.9	Thailand	11.0	Taiwan	0.5	Malaysia	0.1
49	Turkey	0.9	Malaysia	9.5	Colombia	0.4	Thailand	0.1
50	Thailand	0.7	Estonia	5.4	Venezuela	0.3	Vietnam	0.0

(a) Top 50 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, 1997.

Australia was ranked 9th on per capita consumption of beer (95 litres per person), compared with the Czech Republic on top at 160 litres per person. On wine and spirits consumption, Australia was ranked 17th and 30th respectively.

Patterns of use

National trends

Using data from the NDSHS series, the proportion of adult current drinkers (aged 14 years or more) that regularly drink alcoholic beverages has remained fairly stable between 1991 and 1998 at around 59% (Table 4.4). Similarly, the rate of occasional drinking (one to three times a month) has fluctuated around 21% of the adult population, with 18% drinking less often.

Table 4.4: Alcohol patterns of use, Australia, 1991 to 1998

Frequency of drinking	1991	1993	1995	1998
		(per cent)		
Regularly drink				
Every day	11	10	11	10
4–6 days a week	11	11	10	13
2–3 days a week	22	22	16	19
One day a week	17	17	17	17
Total regular	*61*	*60*	*54*	*59*
Occasionally drink				
2–3 days a month	11	13	13	12
One day a month	8	8	10	8
Total occasional	*19*	*21*	*23*	*20*
Less often	17	16	20	19
No longer drink	3	2	3	3

Note: Base is respondents who had tried alcohol in past year.

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

In 1998, 10% of current drinkers had alcoholic beverages every day—virtually unchanged across the period—while 13% drank four to six days a week, up slightly from an average of 11% over the previous three survey periods.

Summary of recent use

Focussing on 1998 results, 59% of males aged 14 years and over and 39% of females reported being current regular drinkers (that is, at least weekly, Table 4.5). Only 7% of males and 12% of females had never consumed a full glass of alcohol. The prevalence of regular drinking was highest in the 30–39 years age group for males (65%) and females (44%). The 14–19 years group had the lowest prevalence of regular drinking for both males and females (33% and 27% respectively). Understandably, this age group had the highest proportion of non-drinkers, 22% for males and 25% for females.

Table 4.5: Alcohol use summary, Australia, 1998

Alcohol use	Age group						
	14–19	20–29	30–39	40–49	50–59	60+	Total
	(per cent)						
	Males						
Current regular drinker (at least weekly)	33	63	65	63	62	59	59
Current occasional drinker (<weekly)	37	26	24	23	25	20	25
Ex-drinker	8	6	8	8	10	13	9
Never consumed a full glass of alcohol	22	5	3	6	4	8	7
	Females						
Current regular drinker (at least weekly)	27	40	44	43	37	34	39
Current occasional drinker (<weekly)	44	44	41	39	42	26	39
Ex-drinker	5	9	9	10	14	16	11
Never consumed a full glass of alcohol	25	6	6	8	7	24	12

Source: National Drug Strategy Household Survey 1998.

Frequency of drinking

Again using 1998 results, with the base being only those who had tried alcohol in the past year, 68% of males and 48% of females reported being regular drinkers, with 14% of males and 6% of females drinking every day (Table 4.6). A further 17% of males and 24% of females drank 1–3 days a month.

Persons aged 60 years or more were more likely than any other age group to drink every day (31% of males and 18% of females).

Table 4.6: Frequency of alcohol consumption, Australia, 1998

Frequency of drinking	Age group						
	14–19	20–29	30–39	40–49	50–59	60+	Total
	(per cent)						
	Males						
Regularly drink							
Every day	1	6	9	13	23	31	14
4–6 days a week	5	13	18	21	17	15	16
2–3 days a week	15	29	26	19	20	20	22
One day a week	24	22	19	18	9	7	17
Total regular	*44*	*70*	*72*	*71*	*70*	*73*	*68*
Occasionally drink							
2–3 days a month	14	15	11	9	10	6	11
One day a month	10	4	5	8	7	7	6
Total occasional	*24*	*19*	*16*	*16*	*16*	*13*	*17*
Less often	27	10	11	10	12	13	12
No longer drink	5	2	1	3	2	2	2
	Females						
Regularly drink							
Every day	—	2	4	7	8	18	6
4–6 days a week	2	6	9	14	15	10	10
2–3 days a week	10	19	19	15	12	13	15
One day a week	25	19	19	16	12	14	17
Total regular	*37*	*46*	*50*	*52*	*46*	*55*	*48*
Occasionally drink							
2–3 days a month	20	18	14	9	13	10	14
One day a month	13	10	10	9	11	9	10
Total occasional	*33*	*28*	*24*	*17*	*24*	*19*	*24*
Less often	26	22	23	30	28	25	25
No longer drink	4	4	3	1	2	2	3

Note: Base is respondents who had tried alcohol in past year.

Source: National Drug Strategy Household Survey 1998.

Perceived risk

The National Health and Medical Research Council recommends low-risk drinking to be not more than four standard drinks per day for males and not more than two standard drinks for females, complemented by two alcohol-free days each week and abstinence during pregnancy (NHMRC 1992).

Respondents in the 1998 NDSHS were asked to identify the number of standard drinks that can be consumed each day before a person's health is affected. Around 56% of respondents correctly identified recommended low-risk drinking for males and 47% correctly identified low-risk for females (Table 4.7).

Table 4.7: Perceived risk[a] to male and female health from alcohol, Australia, 1998

Number of standard drinks	Male health		Female health	
	Proportion responding[b]	NHMRC risk level	Proportion responding[b]	NHMRC risk level
	(per cent)		(per cent)	
None	2	low risk	2	low risk
1–2 drinks	21	low risk	45	low risk
3–4 drinks	33	low risk	25	hazardous
5–6 drinks	16	hazardous	7	harmful
7–8 drinks	4	harmful	2	harmful
9–12 drinks	6	harmful	2	harmful
13 or more drinks	2	harmful	1	harmful
Don't know/not stated	16		16	
	(drinks)		(drinks)	
Mean	4		3	
Median	3		2	

(a) Based on NHMRC guidelines for responsible drinking.

(b) Response to question 'How many standard drinks to you think an adult male (female) could drink every day before their health would be affected?'.

Sources: National Drug Strategy Household Survey 1998; NHMRC 1992.

Using the survey data it is difficult to relate reported drinking patterns with the guidelines, mainly because the combination of quantity and frequency can only be inferred, and the guidelines themselves are unclear as to whether, say, 28 drinks one day per week represents the same risk as 4 drinks every day of each week.

In the table opposite, consumption patterns are shown in terms of frequency by quantity (Table 4.8). Despite the qualification above, we can be confident that based on the survey results at least 8% of males and 4% of females (aged 14 years or more) are drinking at hazardous or harmful levels.

Table 4.8: Quantity of alcohol consumed by frequency of consumption, proportion of recent drinkers aged 14 years and over, by sex, Australia, 1998

	Quantity (standard drinks)				
Frequency	**1–2**	**3–4**	**5–6**	**7 or more**	**Total**
			(per cent)		
			Males		
Every day	4.4	5.3	2.7	2.0	14.5
4–6 days/week	4.8	5.8	3.1	3.0	16.7
2–3 days/week	6.3	7.1	3.7	5.8	22.9
1 day/week	3.3	5.9	3.0	4.0	16.3
Less often	17.4	6.4	2.5	3.3	29.6
Total	**36.3**	**30.5**	**15.1**	**18.2**	**100.0**
			Females		
Every day	3.7	1.8	0.8	0.2	6.5
4–6 days/week	6.2	3.3	0.5	0.3	10.3
2–3 days/week	8.6	4.4	1.3	2.0	16.3
1 day/week	8.3	4.3	2.5	2.4	17.4
Less often	35.5	8.5	3.4	2.2	49.6
Total	**62.4**	**22.2**	**8.4**	**7.0**	**100.0**
			Persons		
Every day	4.1	3.6	1.8	1.1	10.7
4–6 days/week	5.5	4.6	1.9	1.7	13.6
2–3 days/week	7.4	5.8	2.5	4.0	19.8
1 day/week	5.7	5.1	2.8	3.2	16.8
Less often	26.0	7.4	2.9	2.8	39.1
Total	**48.7**	**26.6**	**11.9**	**12.8**	**100.0**

Note: Base equals recent alcohol drinkers.

Source: National Drug Strategy Household Survey 1998.

Actions taken to reduce alcohol intake

Based on 1998 survey respondents who were current drinkers, 52% of males and 59% of females did not take any actions to reduce alcohol intake in the previous 12 months (Table 4.9). The most common action taken was to reduce the amount of alcohol drunk at any one time (30% for males and 28% females). Another common action was reducing the number of times that alcohol was drunk (28% for males and 27% for females), followed by switching to lower-alcohol drinks.

The age group most likely to not take any action to reduce alcohol intake was 14–19 years for both males and females, while the age group most likely to take action was 40–49 years for males and 20–29 years for females.

Table 4.9: Actions taken to reduce alcohol intake, Australia, 1998

Action taken	Age group 14–19	20–29	30–39	40–49	50–59	60+	Total
				(per cent)			
				Males			
Reduced the amount of alcohol drunk at any one time	17	33	28	35	32	30	30
Reduced the number of times alcohol was drunk	22	38	32	27	23	22	28
Switched to more low-alcohol drinks	6	9	14	19	17	19	14
None of the above	68	49	53	48	51	52	52
				Females			
Reduced the amount of alcohol drunk at any one time	21	36	27	26	29	26	28
Reduced the number of times alcohol was drunk	26	39	25	20	22	26	27
Switched to more low-alcohol drinks	6	7	9	5	11	8	7
None of the above	65	50	63	63	61	55	59

Note: Base is respondents who had tried alcohol in past year and who still drink.

Source: National Drug Strategy Household Survey 1998.

Economics

Per capita expenditure

Alcohol consumption directly cost each Australian $717 on average in 1996–97 (Table 4.10). This level of personal expenditure has remained fairly static—in constant price terms—over the period since 1989–90. In 1996–97, the per capita expenditure on alcohol represented 3.7% of total per capita expenditure.

Table 4.10: Per capita private final consumption on alcohol, Australia, 1989–90 to 1996–97

Measure	Year ending 30 June 1990	1991	1992	1993	1994	1995	1996	1997
Constant 1989–90 prices								
$ per capita	551	546	535	526	547	570	570	548
% total expenditure	4.3	4.3	4.1	4.0	4.0	4.0	3.9	3.7
Current prices								
$ per capita	551	585	594	598	644	695	728	717
% total expenditure	4.3	4.3	4.2	4.1	4.2	4.4	4.3	4.1

Source: Australian Bureau of Statistics Cat. No. 5206.0.

Government revenue

There are four main sources of government revenue related to the consumption of alcohol: excise on domestic goods, customs duty on imported commodities, sales tax, and State Business Franchise fees. On 5 August 1997 the High Court determined that State Business Franchise fees are an excise and cannot be imposed by the States and Territories. From 7 August 1997, the Federal Government collected an equivalent amount as excise, on behalf of the States and Territories. Information on sales tax is not available at the commodity level.

In the context of these qualifications, net government revenue associated with alcohol was almost $1.8 billion in 1997–98, comprising $1.0 billion dollars from excise duties and $0.7 billion from customs duty, most of which was paid on spirits (Table 4.11). The largest gain in government revenue over the period 1991–92 to 1997–98 was in customs duty on beer (94%),

followed by customs duty on spirits (61%). Due to changes in the structure and rates of customs duty on wine, there has been an overall decline in revenue from this source (–29% over the period).

Table 4.11: Government revenue from excise, customs clearances, and State Business Franchise fees related to the sale of alcohol, Australia, 1991–92 to 1997–98

Duty and commodity	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98
				($m)			
Excise							
Beer	803.8	770.2	814.2	804.8	864.4	869.7	882.1
Spirits[a]	166.8	164.2	177.7	191.0	200.9	162.8	141.9
Total excise	*970.6*	*934.4*	*992.0*	*995.8*	*1,065.3*	*1,032.5*	*1,024.0*
Customs							
Beer	5.9	6.6	5.4	7.3	7.1	9.3	11.5
Wine[b]	5.4	5.4	4.5	5.3	4.1	2.9	3.9
Spirits	445.9	479.6	525.6	528.8	565.3	645.1	716.8
Total customs	*457.2*	*491.6*	*535.5*	*541.3*	*576.5*	*657.3*	*732.1*
State Business Franchise fees	615.0	630.0	661.0	685.0	735.0	774.0	[c]
Total	**2,042.8**	**2,056.0**	**2,188.5**	**2,222.1**	**2,376.9**	**2,463.9**	**1,756.2** [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) There has been a gradual reduction in, and changes to the structure of, the customs duty on wine across the period 1994–95 to 1997–98.

(c) On 5 August 1997 the High Court determined that State Business Franchise fees 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 sales tax.

Sources: Australian Bureau of Statistics/Customs, unpublished data; Australian Bureau of Statistics Cat. No. 5506.0.

Costs of alcohol abuse

Alcohol abuse is estimated to have cost Australian society $145 million in direct health care costs in 1992, and $767 million in road accident costs (Collins & Lapsley 1996).

Support for measures to reduce alcohol consumption

The NDSHS asked respondents to indicate their support for a range of policy measures to reduce alcohol consumption. Using 1998 results, only those policy options which did not directly affect the availability of alcohol were supported by a majority of Australians (Table 4.12).

Table 4.12: Support for measures to reduce alcohol consumption, Australia, 1998

Measure	Age group						
	14–19	20–29	30–39	40–49	50–59	60+	Total
	(per cent)						
	Males						
Increasing the price of alcohol	20	13	17	20	19	27	19
Reducing the number of outlets that sell alcohol	19	16	23	29	37	40	27
Reducing the trading hours, for all pubs and clubs	19	17	27	34	36	44	30
Raising the legal drinking age	18	25	36	41	46	43	36
Increasing the number of alcohol-free public events	43	46	62	65	71	70	60
Increasing the number of alcohol-free zones or dry areas	44	52	66	71	75	72	64
Stricter enforcement of the law against serving customers who are drunk	65	71	83	90	93	89	82
Serving only low-alcohol drinks, such as low-alcohol beer at sporting events or venues	45	47	62	73	75	79	64
Limiting advertising for alcohol on TV until after 9.30 p.m.	43	55	69	68	75	79	66
Banning alcohol sponsorship of sporting events	23	25	34	37	44	54	37
More severe legal penalties for drivers who are drunk	84	85	80	86	81	89	85
	Females						
Increasing the price of alcohol	25	23	29	39	41	42	33
Reducing the number of outlets that sell alcohol	24	27	36	46	50	56	41
Reducing the trading hours, for all pubs and clubs	21	22	37	47	43	60	40
Raising the legal drinking age	18	37	50	48	53	61	47
Increasing the number of alcohol-free public events	51	60	75	82	83	79	73
Increasing the number of alcohol-free zones or dry areas	55	64	77	82	78	76	73
Stricter enforcement of the law against serving customers who are drunk	78	86	91	91	95	94	90
Serving only low-alcohol drinks, such as low-alcohol beer at sporting events or venues	60	65	77	88	85	85	78
Limiting advertising for alcohol on TV until after 9.30 p.m.	55	72	84	87	85	82	79
Banning alcohol sponsorship of sporting events	35	38	53	60	64	61	53
More severe legal penalties for drivers who are drunk	87	91	94	95	96	94	93

Source: National Drug Strategy Household Survey 1998.

The measure with the greatest support was more severe legal penalties for drivers who are drunk (supported by 85% of males and 93% of females). The measure with the least support was increasing the price of alcohol (19% for males and 33% for females). This was particularly poorly supported by persons aged 20–29 years. Across all policy measures, support generally increased with age, with females being more supportive than males.

5 Illicit drug use

Overview

Illicit drug use is associated with around 1,000 deaths per year in Australia; however, these deaths are typically among young persons, resulting in a large number of years of life lost due to premature mortality. When combined with years lived with a disability, illicit drug use is estimated to have accounted for almost 2% of the total burden of disease in Australia in 1996 (Mathers et al. 1999).

Marijuana remains the most widely used illicit drug in Australia, with 44% of males and 35% of females reporting having used it at some time. One-quarter of males and one-fifth of females used at least one illicit drug in the 12 months before the 1998 NDSHS. Use of other illicit substances is low relative to marijuana and less than 1% of Australians injected an illicit drug in the prior 12 months.

Australians continue to disapprove of both the regular use and legalisation of illicit drugs. With the exception of marijuana use, where approximately one-quarter think regular use is acceptable, less than one in ten considers regular use of illicits acceptable. Also with the exception of marijuana where approximately three in every ten persons support legalisation, less than one in ten supports the legalisation of other illicits. Over 80% of Australians support increased penalties for the supply of hard illicits, and almost 60% support increased penalties for the supply of marijuana.

Opportunity to use drugs

In 1998 respondents to the NDSHS were asked if they had been offered or had the opportunity to use a range of illicit drugs (Table 5.1).

Table 5.1: Opportunity to use illicit drugs, by sex, 1995 and 1998

	1995		1998	
Substance	**Males**	**Females**	**Males**	**Females**
		(per cent)		
Painkillers/analgesics[(a)]	39	40	46	49
Tranquillisers/sleeping pills[(a)]	7	7	7	8
Steroids[(a)]	1	1	2	1
Barbiturates[(a)]	2	1	1	1
Amphetamines[(a)]	6	4	7	5
Marijuana	25	16	28	19
Heroin	2	1	3	1
Cocaine	4	2	3	2
Synthetic hallucinogens/LSD	6	4	7	4
Ecstasy/designer drugs	4	2	6	3
Inhalants	4	3	4	3

(a) For non-medical purposes only.

Source: National Drug Strategy Household Survey 1998.

Almost half of all males (46%) and females (49%) had the opportunity to use or were offered painkillers or analgesics for non-medical use. These rates are higher than in 1995. Their legitimate availability through pharmacies and over the counter at other outlets is largely responsible for respondents' (correct) interpretation of 'opportunity to use for illicit purposes' being relatively high. By contrast, the opportunity to use tranquillisers and sleeping pills, which require prescriptions, is much lower. Less than one in ten Australians reported the opportunity to use or being offered these drugs for non-medical purposes, and these results were consistent with those in 1995.

Over one-quarter of males (28%) and almost one-fifth of females (19%) had been offered or had the opportunity to use marijuana. This was slightly higher than in 1995.

Proportions of people having been offered or who had the opportunity to use most other illicits were very low relative to painkillers, analgesics and marijuana, with amphetamines and hallucinogens slightly more available in 1998 than in 1995.

Use of illicit drugs

Almost half of all Australians aged 14 years and older have used at least one illicit substance at some time, with 48% of males and 41% of females reporting ever using illicit drugs (Table 5.2). Almost a quarter of males (24%) and almost one-fifth of females (19%) reported using at least one illicit drug in the 12 months before the 1998 NDSHS.

Marijuana has been used at some time by 44% of males and 35% of females. In the previous 12 months, 21% of males and 15% of females used marijuana.

Hallucinogens have been used at some time by 13% of males and 7% of females. In the previous 12 months 4% of males and 2% of females used hallucinogens.

Painkillers or analgesics have been used for non-medical purposes at some time by 11% of males and 12% of females, and within the past 12 months by 5% of both males and females.

Amphetamines have been used at some time by 11% of males and 7% of females. Of the other 'hard' drugs, less than one in ten Australians has ever used them. Amphetamines also rank highest in use of hard illicits within the past 12 months (5% males, 3% females). Heroin was used in the past 12 months by 1% of both males and females, whilst cocaine was used by 2% of males and 1% of females. Only 1% of males reported injecting any illicit drug, and less than 0.5% of females reported doing so.

Table 5.2: Summary of illicit drug use, Australia, 1998

Substance	Never used	Ever used	Used in past 12 months
		(per cent)	
		Males	
Marijuana	56	44	21
Painkillers/analgesics[(a)]	89	11	5
Amphetamines[(a)]	89	11	5
Synthetic hallucinogens/LSD	87	13	4
Cocaine	95	5	2
Ecstasy/designer drugs	94	6	3
Tranquillisers/sleeping pills[(a)]	94	6	3
Injecting drugs	97	3	1
Inhalants	95	5	1
Heroin	97	3	1
Barbiturates[(a)]	98	2	—
Steroids[(a)]	99	1	—
Methadone[(a)]	99	1	—
Any illicit drug	52	48	24
		Females	
Marijuana	65	35	15
Painkillers/analgesics[(a)]	88	12	5
Amphetamines[(a)]	93	7	3
Synthetic hallucinogens/LSD	93	7	2
Cocaine	97	3	1
Ecstasy/designer drugs	96	4	2
Tranquillisers/sleeping pills[(a)]	94	7	3
Injecting drugs	99	1	—
Inhalants	97	3	1
Heroin	99	2	1
Barbiturates[(a)]	99	1	—
Steroids[(a)]	100	—	—
Methadone[(a)]	100	—	—
Any illicit drug	59	41	19

(a) For non-medical purposes only.

Source: National Drug Strategy Household Survey 1998.

Trends in illicit drug use

In 1998 marijuana was the illicit drug that the highest proportion of Australians had ever tried and had tried in the past 12 months (Table 5.3). Between 1993 and 1995 use of marijuana in the previous 12 months was constant at 13% of Australians aged 14 years and over. Results from the 1998 survey show a marked increase to 18%. Proportions of persons using other substances in the past 12 months remained relatively stable across this period, with the exception of amphetamines which doubled from 1995 to 1998.

Table 5.3: Summary of illicit drug use, Australia, 1991 to 1998

	Lifetime use				Use within past 12 months			
Substance	**1991**	**1993**	**1995**	**1998**	**1991**	**1993**	**1995**	**1998**
				(per cent)				
Amphetamines	8	8	6	9	3	2	2	4
Barbiturates	5	4	1	2	2	—	—	—
Cocaine	3	2	3	4	1	1	1	1
Ecstasy/designer drugs	2	3	2	5	1	1	1	2
Synthetic hallucinogens/LSD	7	7	7	10	2	1	2	3
Heroin	2	2	1	2	1	—	—	1
Inhalants	3	4	2	4	1	1	—	1
Marijuana	32	34	31	39	13	13	13	18
Steroids	n.a.	3	1	1	n.a.	—	—	—
Injecting drugs	2	2	1	2	1	1	1	1

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

Attitudes to drug use

Regular use of illicit drugs is considered acceptable by very few Australians (Table 5.4). Regular use of marijuana was the only illicit drug-taking behaviour that attracted support of any magnitude and this was concentrated in persons aged under 50 years. Thirty per cent of males and 21% of females supported regular use. Support by all persons in 1993 and 1995 was measured at 26% and 23% respectively. In 1998 all other illicit substance-taking was considered acceptable by less than 10%, and at levels much lower for most substances. This result was consistent with those in previous years of the survey.

In contrast, the regular use of tobacco and alcohol was considered acceptable by higher proportions of Australians. The regular use of tobacco was considered acceptable by 42% of males and 39% of females, with more than 50% support from both males and females aged under 30 years. Support by all persons in 1993 and 1995 was measured at 36% and 39% respectively.

In 1998 the regular use of alcohol was considered acceptable by 68% of males and 55% of females, with greatest support again in the younger age groups. Support by all persons in 1993 and 1995 was measured at 64% and 54% respectively.

Table 5.4: Acceptability of regular use of illicit and licit substances, Australia, 1998

Substance/behaviour	Age group						
	14–19	20–29	30–39	40–49	50–59	60+	Total
	(per cent)						
Males							
Painkillers/analgesics[(a)]	12	16	10	11	9	3	10
Tranquillisers/sleeping pills[(a)]	9	11	7	6	6	5	7
Steroids[(a)]	7	9	4	2	2	—	4
Barbiturates[(a)]	2	6	3	2	2	1	3
Marijuana	39	52	39	31	14	4	30
Heroin	4	5	5	2	1	—	3
Amphetamines[(a)]	8	11	5	2	1	—	5
Cocaine	6	7	5	3	1	—	4
Natural hallucinogens	9	13	9	5	1	—	6
LSD/synthetic hallucinogens	6	9	5	5	1	—	4
Ecstasy/designer drugs	6	12	6	3	2	—	5
Inhalants	3	4	2	1	1	—	2
Methadone[(a)]	4	5	4	3	1	—	3
Tobacco/cigarettes	58	51	46	38	34	26	42
Alcohol	73	71	69	71	61	61	68
Females							
Painkillers/analgesics[(a)]	9	11	10	9	9	5	9
Tranquillisers/sleeping pills[(a)]	5	6	4	4	2	3	4
Steroids[(a)]	2	1	1	—	1	—	1
Barbiturates[(a)]	1	1	1	—	1	—	1
Marijuana	35	35	26	15	12	4	21
Heroin	1	2	1	1	—	—	1
Amphetamines[(a)]	3	4	2	1	—	—	2
Cocaine	2	2	2	—	—	—	1
Natural hallucinogens	5	4	3	1	—	1	2
LSD/synthetic hallucinogens	3	3	2	1	—	—	2
Ecstasy/designer drugs	3	4	2	1	—	—	2
Inhalants	1	—	1	—	—	—	—
Methadone[(a)]	1	1	1	1	—	—	1
Tobacco/cigarettes	52	52	42	34	27	27	39
Alcohol	64	62	57	53	51	47	55

(a) For non-medical purposes only.

Source: National Drug Strategy Household Survey 1998.

Support for legalisation of illicit drugs

Support for the legalisation of illicit substances mirrors results on the acceptability of regular use and actual use shown in earlier sections. The legalisation of marijuana was supported by 34% of males and 26% of females, with higher support by persons aged under 50 years (Table 5.5). In 1993 legalisation was supported by 25% of all persons and in 1995 by 29%. Less than one in 10 Australians aged 14 years or older supported the legalisation of heroin, amphetamines or cocaine, consistent with results in earlier surveys.

Table 5.5: Support for legalisation of selected drugs, Australia, 1998

Substance	Age group						
	14–19	20–29	30–39	40–49	50–59	60+	Total
	(per cent)						
	Males						
Marijuana	38	49	41	37	22	13	34
Heroin	5	10	11	11	5	7	8
Amphetamines	6	11	7	8	4	3	7
Cocaine	4	10	9	8	5	4	7
	Females						
Marijuana	35	38	31	24	18	11	26
Heroin	5	6	8	6	7	5	6
Amphetamines	4	5	7	4	4	4	5
Cocaine	5	5	7	5	5	5	5

Source: National Drug Strategy Household Survey 1998.

Support for harm reduction measures

For the first time in the 1998 NDSHS, respondents were asked whether they supported a range of measures designed to reduce the potential for harm to heroin users. Note that these measures were not explained in detail to survey respondents. Support for such measures was slightly more likely from females than from males and from younger than from older persons (Table 5.6).

Table 5.6: Support for harm reduction measures for heroin users, Australia, 1998

Substance	Age group						
	14–19	20–29	30–39	40–49	50–59	60+	Total
	(per cent)						
	Males						
Free needle/syringe exchanges	35	58	57	50	40	31	46
Methadone maintenance programs	51	58	61	62	60	46	57
Treatment with drugs other than methadone	53	55	60	54	59	44	54
Regulated injecting rooms	29	39	36	34	30	23	32
Rapid detoxification therapy	56	66	62	58	68	57	61
	Females						
Free needle/syringe exchanges	47	63	60	57	54	40	54
Methadone maintenance programs	59	63	61	63	58	49	59
Treatment with drugs other than methadone	53	58	54	59	54	46	54
Regulated injecting rooms	31	36	36	39	34	27	34
Rapid detoxification therapy	53	63	60	62	60	54	59

Source: National Drug Strategy Household Survey 1998.

Rapid detoxification therapy received the most support, with 61% of males and 59% of females supporting the measure. Similar proportions supported methadone maintenance programs. Regulated injecting rooms received the least support, with approximately a third of all Australians aged 14 or over indicating support.

Support for increased penalties for supplying illicit drugs

In 1998, the overwhelming majority of respondents to the NDSHS supported increased penalties for the supply of illicit drugs (Table 5.7). Four in every five supported increased penalties for the supply of hard drugs (heroin, amphetamines, cocaine). Support was strongest in the older age groups. Similar proportions in 1993 and 1995 also supported increased penalties.

Table 5.7: Support for increased penalties for the supply of selected drugs, Australia, 1998

	Age group						
Substance	**14–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total**
				(per cent)			
				Males			
Marijuana	45	37	46	53	73	79	55
Heroin	79	79	82	85	93	90	85
Amphetamines	75	71	79	84	92	89	82
Cocaine	78	75	80	84	92	90	83
				Females			
Marijuana	44	49	57	65	74	82	63
Heroin	77	83	86	85	89	89	85
Amphetamines	74	79	84	85	88	88	84
Cocaine	76	82	85	84	88	89	85

Source: National Drug Strategy Household Survey 1998.

Over half (55% males, 63% females) supported increased penalties for the supply of marijuana and support was stronger in older age groups. This result confirms the trend established in earlier years for decreasing support: in 1993 and 1995 support by all persons for increased penalties was 64% and 63% respectively.

6 Pharmaceutical products

Background

The Commonwealth Department of Health and Aged Care has maintained the Community Drug Use Database (CDUD) since 1989 under the auspices of the Drug Utilisation Sub-Committee. The CDUD combines information on the dispensing of prescriptions for which the government pays a subsidy (i.e. under the Pharmaceutical Benefits Scheme), with an estimate of non-subsidised drug use from an ongoing survey of community pharmacies (conducted by the Pharmacy Guild of Australia) to estimate the number of prescriptions dispensed through community pharmacies. The CDUD does not contain information on pharmaceuticals dispensed through public hospitals.

This chapter focuses on pharmaceuticals that affect the nervous system, placing them in context with other drug groups. Drugs that affect the nervous system include analgesics, benzodiazepines, antidepressants and major tranquillisers. The use of such substances for non-medical purposes was discussed in Chapter 5.

Top ten prescription medicines

Three out of the top 10 prescription medicines distributed through community pharmacies are for substances that affect the nervous system (paracetamol, codeine and temazepam, Table 6.1).

Table 6.1: Top ten prescription medicines distributed through community pharmacies, Australia, 1997–98

Substance	Number of prescriptions
	('000)
Amoxycillin (antibiotic)	4,876
Paracetamol (analgesic)	4,756
Salbutamol (to treat asthma)	4,624
Simvastatin (to lower cholesterol)	4,299
Codeine 30 mg with paracetamol (strong analgesic)	4,084
Ranitidine (to treat peptic ulcer)	3,536
Temazepam (for sleep)	3,333
Atenolol (to lower blood pressure)	3,057
Cefaclor (antibiotic)	3,045
Enalapril (for heart failure or high blood pressure)	3,021

Source: Commonwealth Department of Health and Aged Care, unpublished data.

Community prescriptions for major drug groups

Of the approximately 183 million prescriptions dispensed through community pharmacies in 1997–98 almost 36 million were for drugs that affect the nervous system (Table 6.2). This accounts for approximately 19% of the total number of prescriptions between 1991–92 and 1997–98, making this the drug group with the largest volume.

Table 6.2: Community prescriptions for major therapeutic drug groups, Australia, 1991–92 to 1997–98

	Year ending 30 June						
Drug group/subgroup	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**
				('000)			
For hypertension	20,229	21,993	23,525	24,536	26,225	27,611	28,854
Non-steroidal anti-inflammatory drugs	9,333	8,920	8,319	8,089	8,161	7,806	7,806
For peptic ulcers/reflux	4,081	5,288	6,377	7,183	7,908	8,501	8,861
Lipid-lowering drugs	2,261	2,372	2,679	3,201	4,265	5,449	6,789
For asthma	11,392	11,609	11,186	10,522	11,211	11,294	11,471
Nervous system							
Analgesics	9,830	10,649	11,832	12,687	13,281	13,416	13,865
Opioids	4,525	4,869	5,473	5,974	6,324	6,435	6,734
Non-opioids	4,857	5,268	5,850	6,220	6,475	6,511	6,548
Psycholeptics	11,401	11,077	11,076	10,999	11,217	11,065	11,181
Major tranquillisers[a]	2,262	2,318	2,353	2,325	2,432	2,344	2,402
Anxiolytics & hypno-sedatives[b]	9,139	8,760	8,724	8,674	8,785	8,721	8,779
Antidepressants	4,874	5,205	5,622	5,978	6,587	7,141	7,833
Other nervous system	2,173	2,335	2,786	2,943	3,066	3,079	2,995
Total nervous system	*28,277*	*29,266*	*31,315*	*32,607*	*34,151*	*34,702*	*35,873*
Other drug groups	74,430	77,416	80,883	82,479	84,657	81,733	83,116
Total	**150,004**	**156,865**	**164,283**	**168,616**	**176,577**	**177,095**	**182,770**

(a) The major component of this category is antipsychotics.

(b) The major component of this category is benzodiazepines.

Source: Commonwealth Department of Health and Aged Care, unpublished data.

The number of prescriptions for drugs that affect the nervous system has been steadily rising from 1991–92. This increase is due to a large increase in the number of prescriptions for analgesics and antidepressants. Of the other major drug groups, prescriptions for hypertension and asthma drugs accounted for approximately 15% and 7% (respectively) of the total number of prescriptions between 1991–92 and 1997–98.

DDDs for drugs affecting the nervous system

The most accurate way to illustrate the use of prescription drugs is by the number of full adult doses available for consumption by a given number of people (usually 1,000) per day. The defined daily dose (DDD) of any particular drug is defined as the amount necessary to treat one adult for one day. The DDD is usually determined by an expert working group. It is a more accurate technique for monitoring changes in prescription drug use as it accounts for changes in dosage, which is not accounted for by looking at the number of prescriptions alone. The DDDs for all drugs affecting the nervous system have not been agreed and as such a total DDD measure is not available for drugs which affect the nervous system. Table 6.3 presents information on drugs affecting the nervous system for which a DDD has been defined.

Table 6.3: Defined daily doses (DDDs) for selected drugs affecting the nervous system, Australia, 1991–92 to 1997–98

Substance	Year ending 30 June						
	1992	1993	1994	1995	1996	1997	1998
	(DDDs per 1,000 population per day)						
Analgesics							
Opioids	6	6	7	8	9	9	10
Non-opioids	10	11	12	12	13	13	13
Psycholeptics							
Major tranquillisers[(a)]	5	5	5	5	5	5	6
Anxiolytics & hypno-sedatives[(b)]	29	27	27	26	27	26	26
Antidepressants	12	13	15	19	24	28	33

(a) The major component of this category is antipsychotics.

(b) The major component of this category is benzodiazepines.

Source: Commonwealth Department of Health and Aged Care, unpublished data.

There has been a steady increase in the number of DDDs for both opioid and non-opioid analgesics from 1991–92 to 1997–98, whilst the number of DDDs for psycholeptics (major and minor tranquillisers) has remained relatively stable. Over this period the DDDs for antidepressants have almost tripled.

Top five analgesics

Analgesics are one of the most commonly used drugs in Australia. For example, the 1996 secondary students survey showed that 98% of people aged between 12–17 years had used analgesics at some point (Chapter 7). The most commonly distributed analgesics through community pharmacies are paracetamol and codeine 30 mg with paracetamol, accounting for almost 9 million prescriptions or almost 70% of the total number of prescriptions for analgesics in 1997–98 (Tables 6.1 and 6.4).

Table 6.4: Top five analgesics distributed through community pharmacies, Australia, 1997–98

Substance	Number of prescriptions
	('000)
Paracetamol	4,760
Codeine 30 mg with paracetamol	4,080
Dextropropoxyphene with paracetamol	750
Aspirin	740
Codeine (<20 mg) with paracetamol	280

Source: Commonwealth Department of Health and Aged Care, unpublished data.

7 Special population groups

Overview

Since 1985, the NDS has recognised that certain groups within our population are at greater risk of developing harmful drug use behaviours and require special attention in terms of education, treatment and prevention programs.

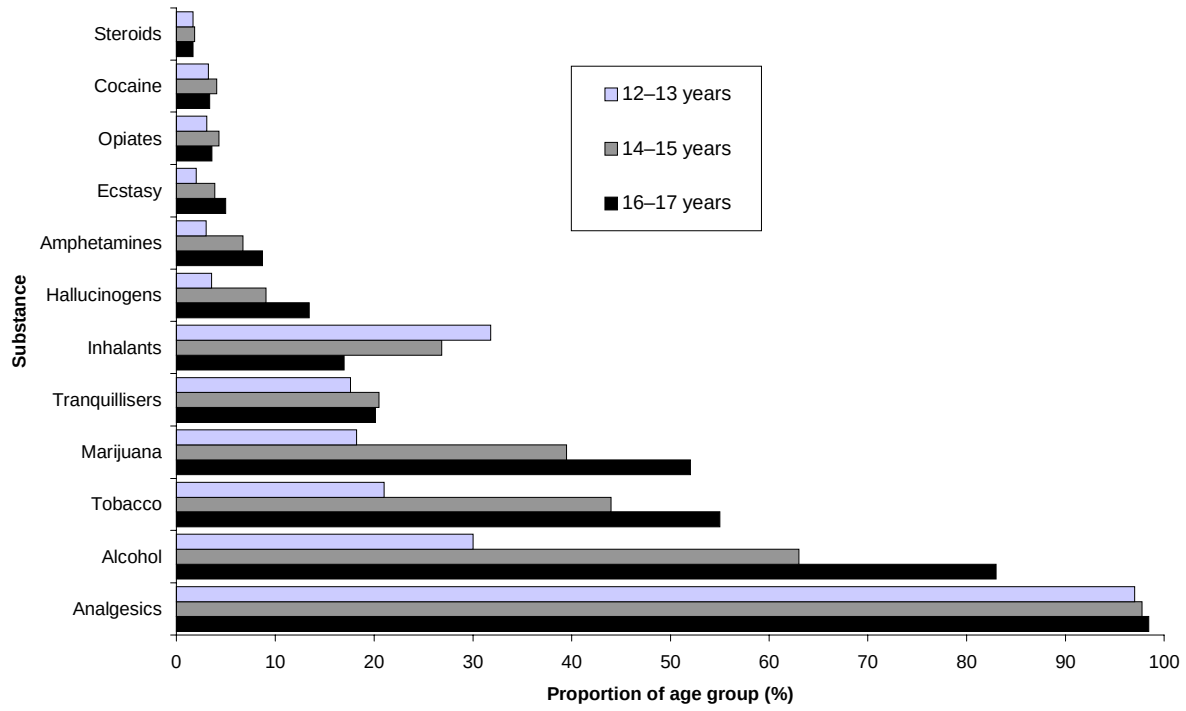
This chapter presents information on Indigenous people, women of child-bearing age, people of culturally and linguistically diverse backgrounds, and young people. Injecting drug users and prisoners are also identified as being of specific concern: these are examined in Chapters 5 and 10 respectively.

The NDS seeks to develop responses that:

- recognise the unique settings of local communities;
- are culturally responsive;
- meet the needs of special population groups; and
- improve access to services.

Young people

The national secondary school students drug use survey was last conducted in 1996 and collected information about alcohol, tobacco and (for the first time in 1996) illicit drug use amongst students aged 12 to 17 years. The survey, coordinated by the Centre for Behavioural Research in Cancer, shows that both licit and illicit drug use amongst those aged 12–17 years increases with age and is on par with the level of use seen in the general population (see Chapter 5). Use of some substances amongst 16–17-year-old students exceeds that of the general population.



Source: Letcher & White 1998.

Figure 7.1: Lifetime use of licit and illicit substances, secondary school students aged 12–17 years, Australia, 1996

With the exception of inhalants and steroids, the number of young people who had ever used a substance increased with age (Figure 7.1). The substances most commonly used are painkillers / analgesics, followed by alcohol and tobacco. Marijuana use is particularly high amongst 16–17 year olds, being 33% higher than for the general population (52% versus 39%).

For marijuana, males consistently show higher consumption rates than females (Tables 7.1 and 7.2), both in terms of lifetime use and use in the past 12 months.

Excluding marijuana, there is little difference between the proportions of males and females that have ever used, or used in the past twelve months, any other illicit drug. Males consumed hard illicit drugs (such as heroin or cocaine) at a slightly higher rate than females, while females consumed substances such as painkillers / analgesics, tranquillisers and inhalants at slightly higher rates.

Table 7.1: Summary of lifetime use of illicit drugs, secondary school students aged 12–17 years, Australia, 1996

Substance	Age 12	13	14	15	16	17	12–17
				(per cent)			
				Males			
	(n=1,886)	(n=2,740)	(n=2,736)	(n=2,741)	(n=2,498)	(n=1,843)	(n=14,444)
Marijuana	17	25	38	48	53	57	40
Painkillers/analgesics[a]	96	97	97	98	98	97	97
Amphetamines	3	4	7	9	10	9	7
Hallucinogens	4	5	9	12	14	15	10
Cocaine	4	5	6	5	5	3	5
Ecstasy/designer drugs	2	3	4	5	6	6	4
Tranquillisers	19	18	19	20	19	19	19
Inhalants	34	31	27	22	19	17	25
Heroin[b]	3	4	6	5	5	4	5
Steroids	2	3	3	2	3	2	3
				Females			
	(n=2,065)	(n=2,851)	(n=2,932)	(n=2,921)	(n=2,629)	(n=1,858)	(n=15,256)
Marijuana	10	18	31	41	46	54	33
Painkillers/analgesics[a]	97	98	99	98	99	99	98
Amphetamines	1	3	5	7	7	10	5
Hallucinogens	1	4	6	10	12	14	8
Cocaine	2	3	3	3	2	3	3
Ecstasy/designer drugs	1	2	3	4	4	5	3
Tranquillisers	16	18	20	23	21	22	20
Inhalants	31	32	30	27	18	13	26
Heroin[b]	2	4	3	4	3	3	3
Steroids	1	1	1	1	1	1	1

(a) Figures reflect both legal and illegal use.

(b) Figures reflect all illegal opiate use, including methadone use for non-medical purposes.

Source: Letcher & White 1998.

Table 7.2: Summary of illicit drug use in the past 12 months, secondary school students aged 12–17 years, Australia, 1996

	Age						
Substance	**12**	**13**	**14**	**15**	**16**	**17**	**12–17**
				(per cent)			
				Males			
	(n=1,886)	(n=2,740)	(n=2,736)	(n=2,741)	(n=2,498)	(n=1,843)	(n=14,444)
Marijuana	13	21	34	44	48	49	35
Painkillers/analgesics[(a)]	93	94	94	95	94	94	94
Amphetamines	3	3	6	7	8	7	6
Hallucinogens	3	4	7	10	12	12	8
Cocaine	3	3	4	4	3	3	3
Ecstasy/designer drugs	2	2	3	4	5	4	4
Tranquillisers	11	11	11	12	12	12	11
Inhalants	27	24	21	16	12	9	18
Heroin[(b)]	2	2	4	3	4	3	3
Steroids	2	2	2	2	3	2	2
				Females			
	(n=2,065)	(n=2,851)	(n=2,932)	(n=2,921)	(n=2,629)	(n=1,858)	(n=15,256)
Marijuana	8	16	28	39	42	48	30
Painkillers/analgesics[(a)]	95	95	97	97	98	98	97
Amphetamines	1	2	4	5	5	8	4
Hallucinogens	1	3	5	8	10	10	6
Cocaine	1	2	2	2	1	2	2
Ecstasy/designer drugs	0.4	1	2	3	3	4	2
Tranquillisers	9	11	13	17	14	15	13
Inhalants	25	26	23	19	11	6	19
Heroin[(b)]	1	2	2	3	2	2	2
Steroids	1	1	1	1	1	1	1

(a) Figures reflect both legal and illegal use.

(b) Figures reflect all illegal opiate use, including methadone use for non-medical purposes.

Source: Letcher & White 1998.

Indigenous people

The number of Indigenous persons surveyed in the 1998 NDSHS was small (just over 200 people), therefore these estimates are indicative only and should be treated with caution. National estimates of Indigenous drug use are also available from the 1994 NDSHS Urban Aboriginal and Torres Strait Islander Peoples Supplement (CDHSH 1996), and for tobacco and alcohol from the 1994 National Aboriginal and Torres Strait Islander Survey (ABS 1996a). Care must be taken in making comparisons between 1994 and 1998 due to the low numbers of Indigenous people surveyed in 1998, and the fact that the 1994 survey was specifically designed for the urban Indigenous population.

Despite these qualifications, there is substantial agreement among the three sources, at least for tobacco smoking among Indigenous persons: each of the three surveys provides an estimate of current tobacco smoking among Indigenous persons of between 50% and 54%.

Table 7.3: Summary of drug use, Indigenous persons, Australia, 1998

Substance	Never used	Ever used	Used in past 12 months
		(per cent)	
Alcohol	6	94	81
Tobacco/cigarettes	24	77	50
Marijuana	45	55	22
Any illicit drug	42	59	23
Any illicit drug other than marijuana	74	26	10

Source: National Drug Strategy Household Survey 1998.

Looking at data from the 1998 NDSHS, the most commonly used substances among Indigenous people were alcohol (81% in past 12 months) and tobacco (50% in the past 12 months) (Table 7.3). Over half of Indigenous people aged 14 years and over had tried marijuana at some point, compared with 41% of Australian-born non-Indigenous people (Table 7.6). Around 59% of Indigenous people had tried at least one illicit drug, with almost a quarter having used at least one illicit substance during the past twelve months. In comparison with Australian-born non-Indigenous people, Indigenous people are slightly less likely to drink than non-Indigenous people do.

Table 7.4: Summary of drug use, Indigenous persons, Australia, 1994

Substance	Never used	Ever used	Used in past 12 months
		(per cent)	
Alcohol	16	84	62
Tobacco/cigarettes	23	77	54
Marijuana	52	48	22
Any illicit drug	46	54	29
Any illicit drug other than marijuana	81	19	6

Source: Commonwealth Department of Human Services and Health 1996.

Compared with 1994, Indigenous persons' use of all substances, except alcohol, appears to have declined in 1998 (Table 7.4).

Persons born overseas

Variables such as first language spoken other than English and main language spoken at home are better indicators of non-English speaking background than persons born overseas. However, data were not available on drug use by these groups from 1998 NDSHS results at the time of publication. Accordingly, data are presented on the drug-use patterns of persons born overseas.

Table 7.5: Summary of drug use, persons born overseas, Australia, 1998

Substance	Never used	Ever used	Used in past 12 months
		(per cent)	
Alcohol	15	85	75
Tobacco/cigarettes	35	65	24
Marijuana	68	32	13
Any illicit drug	62	38	16
Any illicit drug other than marijuana	81	19	8

Source: National Drug Strategy Household Survey 1998.

Based on 1998 NDSHS data, persons born overseas are less likely to consume alcohol, smoke, or use any illicit substance compared with Australian-born non-Indigenous people. Only 38% of people born overseas had ever used any illicit substance compared with 46% of Australian-born non-Indigenous people. Similarly, only 16% of persons born overseas had consumed any illicit substance during the past twelve months, compared to 23% of Australian-born non-Indigenous people. Around 32% of people born overseas had ever tried marijuana, compared to 41% of Australian-born non-Indigenous people, and 48% of Indigenous people.

Australian-born non-Indigenous people

Statistics on the Australian-born non-Indigenous population have been presented for comparison with the selected population groups above, and are calculated by excluding from the total number surveyed in the 1998 NDSHS persons born overseas and Indigenous people.

Table 7.6: Summary of drug use, Australian-born non-Indigenous people, Australia, 1998

Substance	Never used	Ever used	Used in past 12 months
		(per cent)	
Alcohol	4	96	84
Tobacco/cigarettes	23	77	25
Marijuana	59	41	19
Any illicit drug	54	46	23
Any illicit drug other than marijuana	75	25	11

Source: National Drug Strategy Household Survey 1998.

Data from the 1998 NDSHS show that almost half of Australian-born non-Indigenous people aged 14 years and over have ever used at least one illicit drug (Table 7.6). However, the most commonly used illicit drug is marijuana, with 41% of Australian born non-Indigenous people having tried marijuana.

Pregnancy, breastfeeding and drug use

A major health concern is the use of both illicit and licit drugs by women who are either pregnant or breastfeeding, as this may cause health problems in both the mother and child. In this section, drug use in women of child-bearing age (ages 14–49 years) who were pregnant or breastfeeding is compared with women of child-bearing age who were neither pregnant nor breastfeeding.

Respondents in the 1998 NDSHS were asked to indicate if they were currently pregnant or breastfeeding, but not whether they were pregnant or breastfeeding at the time they reported using drugs. However, given that a typical period of pregnancy plus breastfeeding is 14 months, it is reasonable to assume that, for the majority of women indicating that they were currently pregnant or breastfeeding, drug use in the past 12 months included use while pregnant and / or breastfeeding.

Seventy-five per cent of women who were pregnant or breastfeeding at the time of the 1998 NDSHS reported consuming alcohol, tobacco or at least one illicit drug in the previous twelve months (Table 7.7). A fifth of these women had tried at least one illicit drug during the previous twelve months, with 18% having tried marijuana.

Women who were currently pregnant and/or breastfeeding were more likely to have ever used illicit or licit substances than women who were neither pregnant nor breastfeeding. However, they are also less likely to have used during the past 12 months. Sixty-two per cent of women identified as pregnant and/or breastfeeding had ever used marijuana, but only 47% of women of child-bearing age who were neither pregnant nor breastfeeding had ever tried marijuana.

Table 7.7: Summary of drug use, women pregnant or breastfeeding, women neither pregnant or breastfeeding, aged 14–49 years, Australia, 1998

	Either pregnant or breastfeeding		
Substance	**Never used**	**Ever used**	**Used in past 12 months**
		(per cent)	
Alcohol	7	93	75
Tobacco/cigarettes	30	70	24
Marijuana	38	62	18
Any illicit drug	35	65	21
Any illicit drug other than marijuana	75	25	8
	Neither pregnant nor breastfeeding		
Alcohol	9	91	83
Tobacco/cigarettes	36	64	30
Marijuana	53	47	21
Any illicit drug	48	52	24
Any illicit drug other than marijuana	74	26	11

Source: National Drug Strategy Household Survey 1998.

The proportions who had used drugs during the past 12 months were reversed between the groups (18% and 21% respectively). Similarly, the proportion who had ever used any illicit substance was higher in the pregnant/breastfeeding group (65%), compared with women aged 14–49 years neither pregnant nor breastfeeding (52%), but the proportion who had used during the previous 12 months was higher among women who were neither pregnant nor breastfeeding.

8 Drugs and health

Mortality and morbidity

Attributable cause

Most ill-health, disease and death results 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 the 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, that is, the cause of death (or disease) is aetiologically 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 0.14 for males and 0.11 for females.

Detailed estimates of the population attributable burden of drug use in Australia were published by Holman & Armstrong in 1990, and the methodology was updated by English & Holman in 1995. These aetiological fractions can be applied to more recent morbidity and mortality data to provide up-to-date estimates of the impact of drug use on the health of Australians. The data presented in this section are derived in this way.

Deaths attributed to drug use

Almost 23,000 Australian deaths in 1997 were attributable to drug use (Table 8.1), comprising 18,224 deaths that were tobacco-related, 3,668 deaths that were alcohol-related and 832 deaths related to illicit drug use. Across all age groups except 15–34 years, the majority of deaths were attributable to tobacco, whereas for this age group only 9% were due to tobacco, with 50% due to alcohol misuse and 42% due to illicit drug use.

The main causes of death for which alcohol is implicated were alcoholism (27% of alcohol-related deaths) and road injuries (12%). Within tobacco-related deaths, the main causes were cancers (38%), respiratory disease (23%) and ischaemic heart disease (21%). The main causes of death for which illicit drug use was a factor were opiate dependence (66%), followed by suicide (16%).

Table 8.1: Deaths attributable to drug use, by drug involved and cause of death, Australia, 1997

	Age group				
Drug and cause of death	**0–14**	**15–34**	**35–64**	**65+**	**Total**
Tobacco					
Cancer	—	18	2,020	4,821	6,860
Ischaemic heart disease	—	29	1,534	2,343	3,907
Chronic obstructive pulmonary disease	—	2	431	3,697	4,130
Other	118	61	591	2,558	3,328
Total tobacco	*118*	*110*	*4,577*	*13,419*	*18,224*
Alcohol					
Cancer	—	7	146	139	292
Alcoholism and alcoholic liver cirrhosis	—	40	652	312	1,004
Road injuries	29	295	95	30	450
Other	9	289	539	1,085	1,922
Total alcohol	*38*	*631*	*1,432*	*1,567*	*3,668*
Illicits					
Drug dependence					
Cannabis	—	1	—	—	1
Opiates	—	367	182	1	550
Cocaine	—	—	—	—	—
Amphetamine	—	1	—	—	1
Hallucinogens	—	—	—	—	—
Drug abuse					
Cannabis	—	1	—	—	1
Opiates	—	—	1	—	1
Cocaine	—	—	—	—	—
Amphetamine	—	—	—	—	—
Hallucinogens	—	—	—	—	—
Poisoning					
Opiates	—	45	38	2	85
Psychostimulants	—	3	—	—	3
Hallucinogens	—	1	—	—	1
Suicide	—	105	25	—	130
Ante-partum haemorrhage	—	—	—	—	—
Low birthweight	3	—	—	—	3
Hepatitis B	—	1	8	3	12
Hepatitis non-A, non-B	—	—	13	21	34
AIDS	—	2	3	—	5
Infective endocarditis	—	—	—	—	1
Drug psychoses	—	—	—	—	—
Maternal drug dependence	—	—	—	—	—
Newborn toxicity	4	—	—	—	4
Total illicit drugs	*7*	*528*	*269*	*27*	*832*
Total drugs	**164**	**1,269**	**6,278**	**15,013**	**22,724**

Source: Australian Institute of Health and Welfare, unpublished data.

Hospital episodes attributed to drug use

In 1996–97, almost 257,000 hospital episodes were attributable to drug use (Table 8.2). Of these, 58% were due to tobacco smoking, 37% for alcohol-related illnesses, and 4% due to illicit drug use. Like mortality, the greatest morbidity burden was caused by tobacco in all age groups except the 15–34 years group, where 62% of the hospital episodes were attributable to alcohol use.

Table 8.2: Hospital episodes attributable to drug use, by drug involved and principal diagnosis, Australia, 1996–97

	Age group				
Drug and principal diagnosis	**0–14**	**15–34**	**35–64**	**65+**	**Total**
Tobacco					
Cancer	—	1,187	9,685	14,800	25,673
Ischaemic heart disease	—	393	26,931	10,532	37,856
Chronic obstructive pulmonary disease	—	376	6,252	21,067	27,694
Other	4,719	8,745	22,011	23,136	58,611
Total tobacco	*4,719*	*10,702*	*64,879*	*69,535*	*149,834*
Alcohol					
Cancer	—	41	952	527	1,520
Alcoholism and alcoholic liver cirrhosis	250	5,452	14,704	2,850	23,256
Road injuries	815	5,609	1,734	341	8,499
Other	322	17,335	19,077	25,908	62,642
Total alcohol	*1,386*	*28,437*	*36,468*	*29,626*	*95,917*
Illicits					
Drug dependence					
Cannabis	—	316	29	—	345
Opiates	—	1,887	936	12	2,835
Cocaine	—	23	6	–	29
Amphetamine	—	127	17	1	145
Hallucinogens	—	7	—	—	7
Drug abuse					
Cannabis	—	121	17	1	139
Opiates	—	175	58	—	233
Cocaine	—	8	—	—	8
Amphetamine	—	85	11	—	96
Hallucinogens	—	33	5	—	38
Poisoning					
Opiates	—	825	254	7	1,086
Psychostimulants	—	266	57	—	323
Hallucinogens	—	140	34	2	176
Other psychotropic drug	—	86	104	31	221
Anabolic steroid	—	—	—	—	—
Ante-partum haemorrhage	—	294	18	—	312
Low birthweight	386	59	4	—	448
Hepatitis B	—	68	68	7	143
Hepatitis non-A, non-B	—	243	515	39	797
AIDS	—	7	3	2	11
Infective endocarditis	—	20	7	—	27
Drug psychoses	—	1,845	577	388	2,810
Maternal drug dependence	—	405	33	–	438
Newborn toxicity	573	—	—	—	573
Total illicit drugs	*959*	*7,038*	*2,752*	*491*	*11,240*
Total drugs	**7,064**	**46,177**	**104,099**	**99,651**	**256,991**

Source: Australian Institute of Health and Welfare, unpublished data.

The main alcohol-related illness group requiring hospitalisation was alcoholism and alcoholic liver cirrhosis (24%). Of tobacco-related illnesses, hospitalisation occurred mainly for ischaemic heart disease (25%), respiratory disease (18%) and cancer (17%). The most common reason for hospital care attributable to illicit drug use was opiate dependence and drug psychoses (both 25%).

Trends in attributable mortality

Total drug-related deaths have declined modestly over recent years (Table 8.3), at an average rate of 3% per year from 1990 to 1997. An exception to this overall trend is an 8% per year increase in the death rate for illicit drug-caused deaths, going from 54 deaths per million population in 1990 to 92 deaths per million in 1997. Substantial declines are noted for deaths from ischaemic heart disease related to tobacco use (average 5% per year), and for alcohol-related road injuries (reducing at 6% per year).

Table 8.3: Deaths attributable to drug use, by drug involved and cause of death, Australia, 1990 to 1997

	Calendar year							
Drug and cause of death	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**
	(deaths per million population)							
Tobacco								
Cancer	816	819	811	792	803	785	777	723
Ischaemic heart disease	596	554	549	505	486	462	442	405
Chronic obstructive pulmonary	544	518	571	509	517	478	506	433
Other	444	409	407	367	370	344	333	341
Total tobacco	*2,399*	*2,300*	*2,338*	*2,172*	*2,177*	*2,067*	*2,058*	*1,903*
Alcohol								
Cancer	31	31	31	31	30	30	30	30
Alcoholism & alcoholic liver cirrhosis	116	109	112	98	107	108	103	102
Road injuries	75	67	60	58	56	58	55	50
Other	238	225	216	197	206	196	196	187
Total alcohol	*460*	*431*	*419*	*384*	*399*	*391*	*385*	*369*
Illicit drugs								
Directly attributable to opiates	38	29	39	43	49	67	63	70
Directly attributable to other specific illicit drugs	1	—	—	1	—	1	1	1
Attributable to unclassifiable injecting	2	3	3	6	5	6	5	5
Other related causes	13	14	13	12	13	14	14	16
Total illicit drugs	*54*	*46*	*56*	*62*	*66*	*87*	*83*	*92*
Total drugs	**2,913**	**2,778**	**2,813**	**2,619**	**2,643**	**2,546**	**2,525**	**2,364**

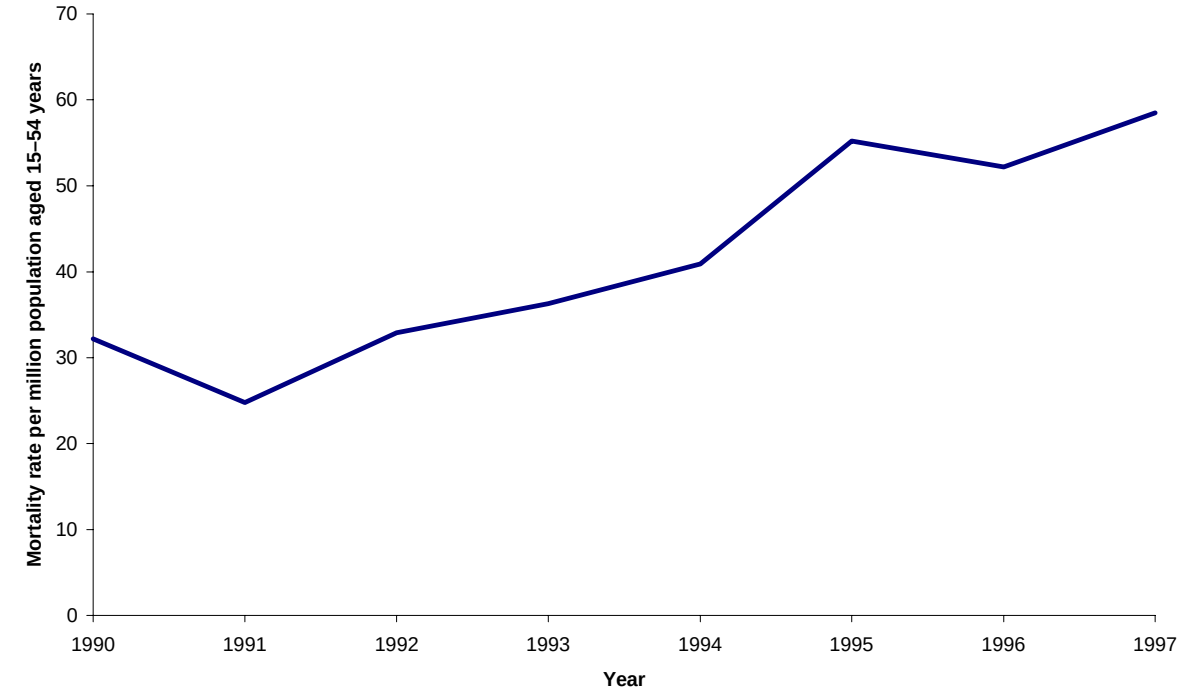
Note: Data age and sex adjusted to the 1991 total Australian population.

Source: Australian Institute of Health and Welfare, unpublished data.

Deaths caused by opioid overdose

As noted above, some causes of death can be directly attributed to drug use and have an aetiological fraction of 1.0. One such cause is 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 15–54-year-olds has increased considerably over the past two decades, with recent figures showing a 71% increase from 1990 to 1995 and then a small reduction in 1996 to 52.2 deaths per million population. This reduction has been reversed in 1997 with the death rate rising to 58.5 deaths per million population aged 15–54 years (Figure 8.1).

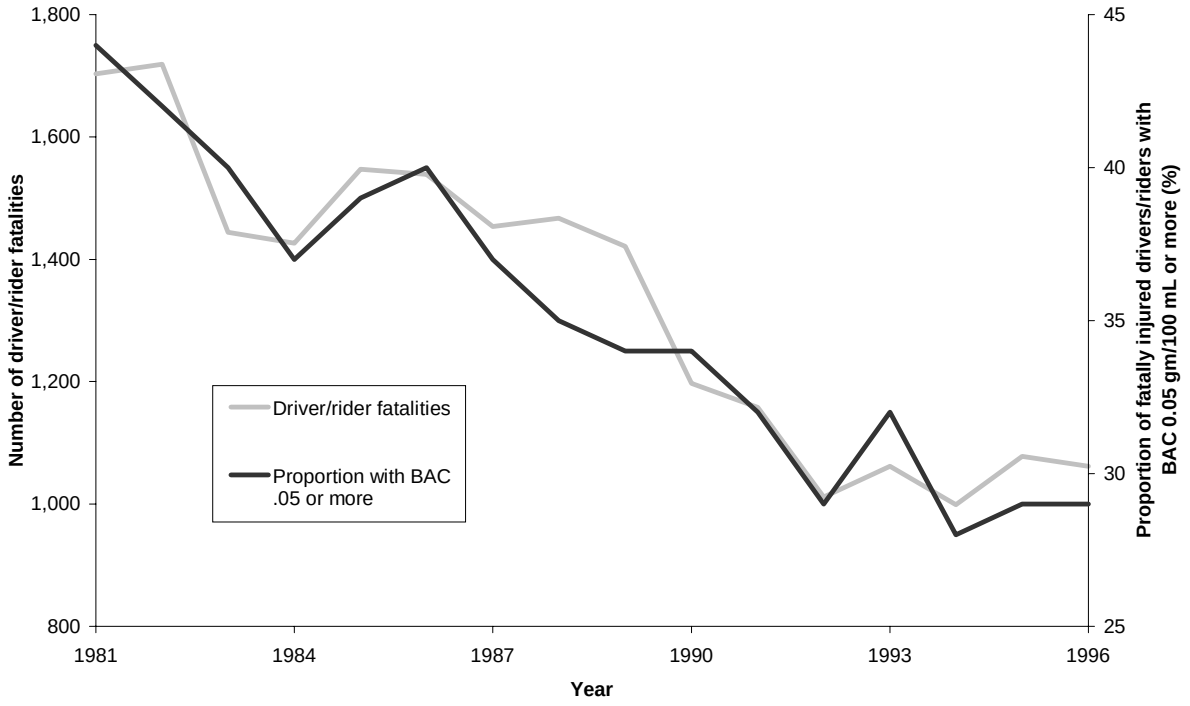


Source: Lynskey & Hall 1998.

Figure 8.1: Deaths caused by accidental opioid overdose, Australia 1990 to 1997

Fatal road accidents related to alcohol use

In 1996 there were 1,062 fatal road accidents involving drivers and motorcycle riders. Of those that were tested for blood alcohol concentration (BAC)—around 90%—29% had a blood alcohol reading of 0.05 gm / 100 mL or higher (Figure 8.2). That is, around one in three fatally injured drivers or riders (around 310 in 1996) had a high blood alcohol reading.



Source: Federal Office of Road Safety 1997.

Figure 8.2: Fatally injured drivers and motorcycle riders, and proportion of fatally injured drivers/ riders whose blood alcohol reading was higher than 0.05 gm/100 mL, Australia, 1981 to 1996

The number of fatally injured drivers and riders has decreased 38% from 1981, when there were 1,703 fatalities for this road user group. There was a comparable reduction in the proportion of fatally injured drivers / riders with high BAC between 1981 and 1996 (34%), suggesting that this was a factor in the reduced road toll. Other contributing factors are likely to be reduced speed and better road conditions compared with the early 1980s.

Injecting drug use and communicable diseases

Injecting drug use and HIV/AIDS

Approximately 8% of new AIDS diagnoses in Australia in 1997 were for persons who had a history of injecting drug use (Table 8.4). Half of these also reported homosexual contact. The proportion of AIDS cases among injecting drug users has fluctuated between 5% and 10% over the period 1990 to 1997.

In 1997, persons with a history of injecting drug use comprised 12% of all deaths following AIDS (again, around half of these also had homosexual contact). This proportion has been increasing over the period 1990–1997, up from 5% in 1990 (Table 8.5).

Table 8.4: AIDS cases, by exposure category, Australia, 1990 to 1997

Exposure category	Year of AIDS diagnosis							
	1990	1991	1992	1993	1994	1995	1996	1997
	(number)							
Male homosexual contact	573	649	625	655	762	630	522	294
Male homosexual and injecting drug use	18	30	37	56	45	40	38	17
Injecting drug use[(a)]	15	30	16	25	28	28	26	18
Heterosexual contact	19	38	50	51	53	48	54	67
Haemophilia/coagulation disorder	10	10	13	11	10	15	7	6
Receipt of blood components/tissue	14	14	14	8	8	5	7	1
Health care setting	—	—	1	1	1	1	—	—
Other/undetermined	20	28	28	26	37	38	35	29
Total	**671**	**802**	**786**	**838**	**948**	**808**	**690**	**432**
	(per cent)							
Male homosexual contact	85	81	80	78	80	78	76	68
Male homosexual and injecting drug use	3	4	5	7	5	5	6	4
Injecting drug use[(a)]	2	4	2	3	3	3	4	4
Heterosexual contact	3	5	6	6	6	6	8	16
Haemophilia/coagulation disorder	1	1	2	1	1	2	1	1
Receipt of blood components/tissue	2	2	2	1	1	1	1	—
Health care setting	—	—	—	—	—	—	—	—
Other/undetermined	3	3	4	3	4	5	5	7
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

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

Source: National Centre in HIV Epidemiology and Clinical Research 1998.

Table 8.5: Deaths following AIDS, by exposure category, Australia, 1990 to 1997

Exposure category	Year of death following AIDS							
	1990	1991	1992	1993	1994	1995	1996	1997
	(number)							
Male homosexual contact	449	500	497	568	571	529	435	234
Male homosexual and injecting drug use	15	21	18	36	42	35	32	23
Injecting drug use[(a)]	12	11	17	21	14	25	19	14
Heterosexual contact	4	14	27	32	46	44	40	19
Haemophilia/coagulation disorder	10	9	5	5	15	10	12	6
Receipt of blood components/tissue	10	12	10	9	9	8	3	1
Health care setting	—	—	—	—	1	2	—	—
Other/undetermined	14	16	22	17	29	26	21	12
Total	**514**	**586**	**598**	**691**	**732**	**681**	**563**	**310**
	(per cent)							
Male homosexual contact	87	85	83	82	78	78	77	75
Male homosexual and injecting drug use	3	4	3	5	6	5	6	7
Injecting drug use[(a)]	2	2	3	3	2	4	3	5
Heterosexual contact	1	2	5	5	6	6	7	6
Haemophilia/coagulation disorder	2	2	1	1	2	1	2	2
Receipt of blood components/tissue	2	2	2	1	1	1	1	—
Health care setting	—	—	—	—	—	—	—	—
Other/undetermined	3	3	4	2	4	4	4	4
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

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

Source: National Centre in HIV Epidemiology and Clinical Research 1998.

Injecting drug use and Hepatitis C

Hepatitis C (HCV) appears to be highly prevalent (50% in 1997) among injecting drug users, based on those users that attend needle and syringe exchange centres (NCHECR 1998). This rate is slightly lower than the 60% observed in the previous two years.

HCV prevalence was strongly related to duration of injecting, with rates of less than 20% in people who had injected for less than three years.

Perceptions of the affects of drugs on health

The 1998 NDSHS asked respondents to identify the drug they thought directly or indirectly caused the most deaths in Australia. Tobacco was correctly identified by the largest portion of males (42%) and females (35%), and this pattern held for all age groups (Table 8.6). The second most cited drug for both males and females was alcohol, followed by narcotics (not otherwise defined to respondents). Around 22% of respondents thought narcotics were responsible for the most deaths, quite at odds with the estimated 3% of total drug-related deaths due to illicit drug use.

Table 8.6: Drugs thought to cause the most deaths, by age and sex, Australia, 1998

	Age group						
Substance	**14–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total**
				(per cent)			
				Males			
Narcotics	21	18	15	17	20	27	20
Alcohol	29	28	29	29	26	24	27
Prescribed drugs	—	1	2	1	1	2	1
Amphetamines	10	3	3	2	3	3	4
Tobacco	31	47	48	47	41	35	42
Cocaine	6	3	3	3	8	7	5
Marijuana/cannabis	3	1	1	1	2	3	1
				Females			
Narcotics	27	24	25	19	24	25	24
Alcohol	23	27	27	30	30	25	27
Prescribed drugs	1	2	3	2	5	3	3
Amphetamines	9	7	4	3	1	4	4
Tobacco	32	35	37	40	33	31	35
Cocaine	5	5	3	3	4	8	5
Marijuana/cannabis	3	1	1	3	3	4	2

Source: National Drug Strategy Household Survey 1998.

9 Treatment services

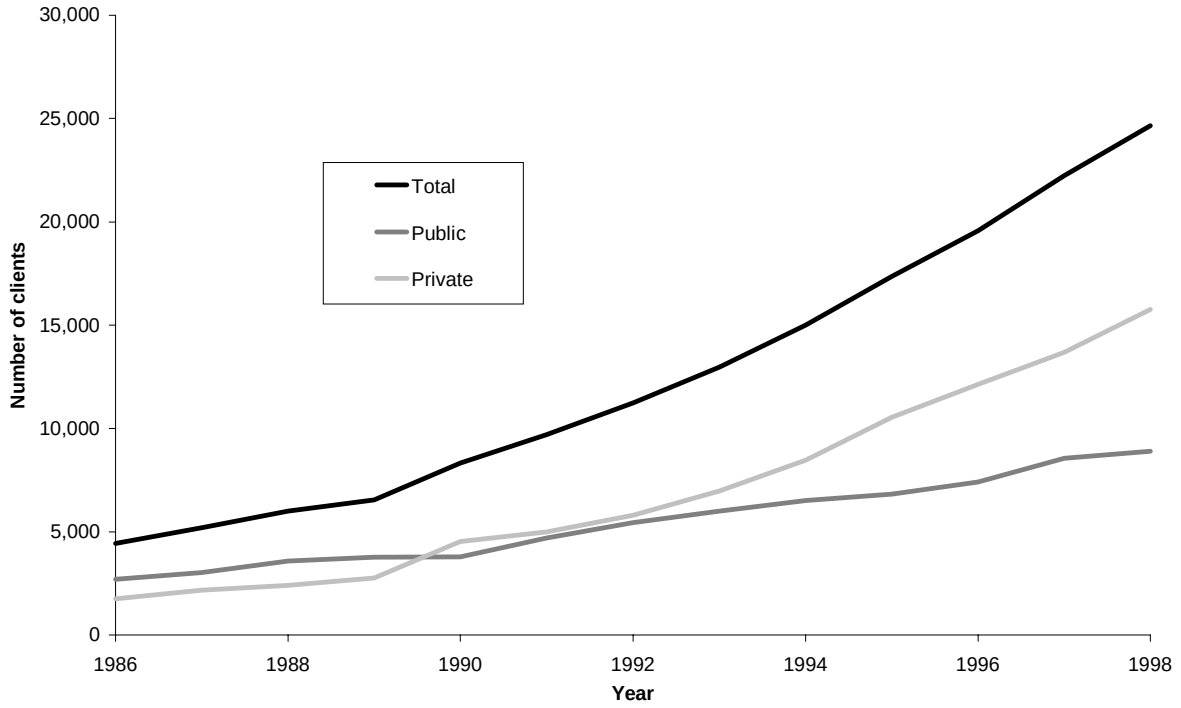
Background

As part of the new National Illicit Drug Strategy launched by the Prime Minister in November 1997, funding of $27.7 million over four years has been allocated for the Non-Government Organisation Treatment Grants Program. The first instalment of the Program provides funding for non-government organisations to establish and operate new treatment services for treating illicit drug problems, with a particular emphasis on filling geographic and target group gaps in the coverage of existing treatment services. The Minister for Health and Aged Care has announced funding of approximately $25 million over four years to 54 non-government organisations across Australia for this purpose, and a further $19 million for the expansion and / or enhancement of existing treatment services. These services are in addition to the range of treatment services already being funded by State and Territory Health Departments (for which no aggregated expenditure estimates are available).

The data presented in this chapter relate to all existing treatment services.

Methadone treatment services

Methadone maintenance programs are recognised nationally as an effective method for treating opioid dependence and reducing individual and social harms associated with illegal opioid use. National guidelines for methadone treatment were first endorsed in 1985 and since then the numbers of people in methadone programs has steadily risen.



Source: Commonwealth Department of Health and Aged Care, unpublished data.

Figure 9.1: Clients of methadone treatment services, Australia, 1986 to 1998

As at 30 June 1998 there were over 24,657 people in methadone treatment programs throughout Australia. This represents an increase of almost 470% since 1986. Since 1990, there has been a marked increase in the number of methadone clients attending private clinics versus those attending public clinics (Figure 9.1). As at 30 June 1986, 39% of clients attended private clinics; in 1990 this number had risen to 55% and in 1998 the figure was 67%.

Participation in a drug-related treatment program

Using data from the 1998 NDSHS, few people had participated in an alcohol- or other drug-related program (Table 9.1). Six per cent of those surveyed had participated in a smoking-related program at some stage with less than 1% of both male and female respondents participating in other drug-related treatment programs (with the exception of males participating in an alcohol-related program).

Table 9.1: Participation in an alcohol or other drug-related treatment program, Australia, 1998

Program type	Never	Last 12 months	Yes, but not in last 12 months
		(per cent)	
		Males	
Smoking program	94	2	4
Alcohol program	98	1	1
Detoxification centre	99	—	1
Methadone maintenance	100	—	—
Prescription drugs treatment	99	1	—
Other	99	—	1
		Females	
Smoking program	94	2	4
Alcohol program	100	—	—
Detoxification centre	100	—	—
Methadone maintenance	100	—	—
Prescription drugs treatment	100	—	—
Other	100	—	—

Source: National Drug Strategy Household Survey 1998.

Clients of Treatment Service Agencies census

The most recent in the series of Clients of Treatment Services Agencies (COTSA) censuses was held in March 1995. The COTSA census is a one-day census (conducted by survey) which aims to identify the characteristics of clients attending drug and alcohol treatment services by conducting a complete census of all drug- and alcohol-related treatment services. To be classified as a drug and alcohol treatment service an agency must provide one or more face-to-face specialist treatment services to people with alcohol and/or other drug problems. The 1995 census was the third in the COTSA series, reporting on 92% of the 498 drug and alcohol treatment services in existence at that time, covering 5,212 clients (note: data exclude clients of methadone maintenance programs).

Overall trends

From 1990 to 1995 there has been a steady decline in the proportion of clients attending drug and alcohol treatment services for alcohol-related conditions (although this remains the largest category) (Table 9.2). This has corresponded with increases in the proportions of clients whose principal drug problem was cannabis use or amphetamine use. The proportion of clients whose principal drug problem was opiates has remained stable over this period.

Table 9.2: Principal drug problem[a] of all clients of treatment service agencies, Australia, 1990, 1992, 1995

Drug problem	1990	1992	1995
		(per cent)	
	(n=5,583)	(n=5,259)	(n=5,212)
Alcohol	55	52	49
Opiates	34	33	34
Tobacco	8	9	5
Benzodiazepines	4	4	4
Cannabis	4	6	7
Amphetamines	4	4	7
Polydrug[b]	11	11	12
Injected drugs in the past 12 months	34	32	38

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

(b) Represents those clients for whom more than three substances had been nominated as well as clients identified by agencies as being polydrug users.

Source: Torres et al. 1995.

Type of client

The majority of secondary clients (relatives / friends of substance users) seek assistance with alcohol-related problems, followed by opiates and cannabis (Table 9.3). Secondary clients are more likely to seek assistance for alcohol and marijuana issues than primary clients (substance users); however, primary clients seek assistance with opiate-related issues at a significantly higher proportion than secondary clients (26% versus 11%).

Table 9.3: Principal drug problem[a] of clients of treatment service agencies, by type of client, Australia, 1995

	Client type		
Drug problem	Substance users	Relatives/friends	Total clients
		(per cent)	
Alcohol	49	56	50
Opiates	26	11	25
Opiates/polydrug	7	4	7
Tobacco	5	3	5
Benzodiazepines[b]	5	2	4
Cannabis	7	11	7
Amphetamines	7	7	7
Polydrug[c]	4	2	3
Barbiturates	—	—	—
Other drugs[d]	2	2	2

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

(b) Includes other tranquillisers.

(c) Excludes opiates.

(d) Includes cocaine, hallucinogens, solvents, over-the-counter medications, methylated spirits, etc.

Source: Torres et al. 1995.

Sex differences

Significantly more males than females are likely to attend a drug and alcohol treatment service agency for alcohol-related problems (52% versus 42%) (Table 9.4). Females are more likely to have opiate- and benzodiazepine-related problems than males, with 39% of females being treated for opiate-related problems (versus 31% of males) and 8% being treated for

benzodiazepine-related problems (versus 3% of males). Female clients are also more likely to have injected illegal drugs than male clients (42% versus 37%).

Table 9.4: Principal drug problem[(a)] of clients of treatment service agencies, substance users, Australia, 1995

Drug problem	Male	Female	Persons
		(per cent)	
Alcohol	52	42	49
Opiates	31	39	34
Tobacco	5	4	5
Benzodiazepines[(b)]	3	8	5
Cannabis	7	5	7
Amphetamines	7	6	7
Polydrug[(c)]	3	4	4
Other drugs[(d)]	2	2	2
Injected drugs in the past 12 months	37	42	39

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

(b) Includes other tranquillisers.

(c) Excludes opiates.

(d) Includes cocaine, hallucinogens, solvents, over-the-counter medications, methylated spirits, etc.

Source: Torres et al. 1995.

Age differences

Older clients (those aged 25 years and older) are more likely to have alcohol-related problems than young substance users (aged less than 25 years), 53% versus 35% (Table 9.5). Younger substance users are more likely to have cannabis-related problems (17% versus 4%) and amphetamine-related problems (13% versus 5%). Younger people were also more likely to have injected any illegal drug in the past 12 months (50% versus 35%).

Table 9.5: Principal drug problem[(a)] of clients of treatment service agencies, substance users, by broad age group, Australia, 1995

	Age group		
Drug problem	Age less than 25	Age 25 and older	Total
		(per cent)	
Alcohol	35	53	49
Opiates	32	34	34
Tobacco	3	6	5
Benzodiazepines[(b)]	3	5	5
Cannabis	17	4	7
Amphetamines	13	5	7
Polydrug[(c)]	7	2	4
Other drugs[(d)]	4	2	2
Injected drugs in the past 12 months	50	35	38

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

(b) Includes other tranquillisers.

(c) Excludes opiates.

(d) Includes cocaine, hallucinogens, solvents, over-the-counter medications, methylated spirits, etc.

Source: Torres et al. 1995.

10 Crime and law enforcement

Overview

Obtaining accurate information on the criminal aspects of drug abuse can be difficult as officially recorded figures on both arrests and imprisonment are known to vastly underestimate the number of people who are involved in the illicit drug industry.

In this chapter, information is drawn from the Australian Bureau of Criminal Intelligence, the Australian Institute of Criminology and data from the 1998 NDSHS to attempt to illustrate the criminal justice impact of illicit drug use.

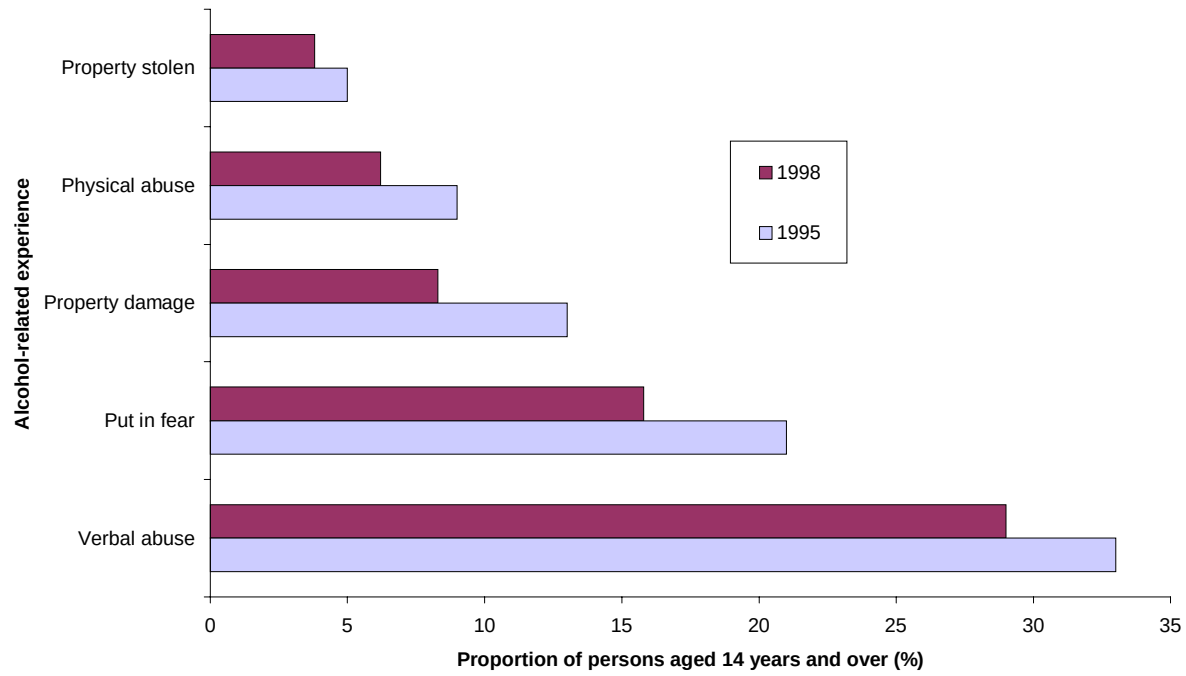
Key facts include:

- peoples' experiences of alcohol-related harm have declined significantly since 1995;
- in 1998 approximately 10% of all Australians had been verbally abused and 2% had been physically abused by somebody under the influence of illicit drugs;
- marijuana is the illicit drug for which most people are arrested (80%); and
- the proportion of the current prison population whose main charge was illicit drug-related is approximately 10%, and has remained fairly stable since 1985.

A list of the legislation concerning illicit drugs is provided in Appendix 1.

Experience of alcohol- or other drug-related violence or crime

Using preliminary data from the 1998 NDSHS, there appears to have been a significant reduction in all areas of alcohol-related crime compared with the 1995 NDSHS (Figure 10.1).



Source: National Drug Strategy Household Surveys 1995 and 1998.

Figure 10.1: Experience of alcohol-related crime or violence (as victim), persons aged 14 years and over, Australia, 1998

In 1998, 4% of respondents reported having property stolen (compared with 5% in 1995), and 6% had been the victim of physical abuse (down from 9%). Similar declines in the areas of being put in fear, property damage and verbal abuse are also apparent.

With the exception of being put in fear, males were more likely to experience alcohol-related crime or violence than females (Table 10.1).

Similar patterns can be seen in the relationship between other drug use and violence or crime (Table 10.2), including fewer females (than males) reporting being victims of such crime. Ten per cent of the adult population had been verbally abused, 2% physically abused, 7% put in fear, 3% had their property damaged, and 3% had their property stolen in 1998.

Table 10.1: Experience of alcohol-related crime or violence,[a] Australia, 1998

Experience	Never	At least once	Number of times: Once only	2–5 times	6–9 times	10+ times
			(per cent)			
Males						
Verbally abused you	68	32	12	15	2	4
Physically abused you	93	8	4	3	—	—
Put you in fear	86	14	7	6	1	1
Damaged your property	91	9	6	3	—	—
Stolen your property	96	4	3	1	—	—
Females						
Verbally abused you	74	26	11	10	2	3
Physically abused you	95	5	3	2	—	—
Put you in fear	82	18	9	7	1	1
Damaged your property	92	8	4	3	—	—
Stolen your property	97	3	2	1	—	—
Persons						
Verbally abused you	71	29	11	13	2	3
Physically abused you	94	6	4	2	—	—
Put you in fear	84	16	8	6	1	1
Damaged your property	92	8	5	3	—	—
Stolen your property	96	4	3	1	—	—

(a) In the past 12 months.

Source: National Drug Strategy Household Survey 1998.

Table 10.2: Experience of drug- (other than alcohol-) related crime or violence,[a] Australia, 1998

Experience	Never	At least once	Number of times: Once only	2–5 times	6–9 times	10+ times
			(per cent)			
Males						
Verbally abused you	88	12	5	6	—	1
Physically abused you	97	3	2	1	—	—
Put you in fear	94	6	3	3	—	—
Damaged your property	97	3	2	1	—	—
Stolen your property	96	4	3	1	—	—
Females						
Verbally abused you	91	9	3	4	1	1
Physically abused you	98	2	1	1	—	—
Put you in fear	92	8	4	3	—	1
Damaged your property	97	3	1	1	—	—
Stolen your property	97	3	2	1	—	—
Persons						
Verbally abused you	90	10	4	5	1	1
Physically abused you	98	2	1	1	—	—
Put you in fear	93	7	4	3	—	1
Damaged your property	97	3	2	1	—	—
Stolen your property	97	3	2	1	—	—

(a) In the past 12 months.

Source: National Drug Strategy Household Survey 1998.

Illicit drug arrests

Marijuana is the most common drug for which people are arrested, consistently accounting for over 80% of the arrests between 1993 and 1996–97 (Table 10.3). In 1996–97, almost 70,000 people were arrested for either marijuana possession or supply, down from a peak of almost 79,000 cases in 1995–96. Heroin and amphetamines consistently account for the bulk of other illicit drug arrests. The vast majority of illicit drug arrests (71% in 1996–97) are related to the consumption of illicit drugs rather than the provision or sale of illicit drugs (Table 10.4). However, the split between arrests for provision versus consumption of illicit drugs varies between drug type.

Table 10.3: Illicit drug arrests, by type of drug, Australia, 1993 to 1996–97

	Period			
Substance	**1993**	**1994**	**1995–96**	**1996–97**
		(number)		
Cannabis	33,765 [(a)]	64,770	78,948	69,136
Heroin	2,502	2,992	7,105	7,140
Amphetamines	3,705	4,593	4,214	3,907
Hallucinogens	282	540	398	609
Cocaine	154	299	330	460
Steroids	n.a.	n.a.	70	71
Other	n.a.	4,689 [(b)]	7,729	3,723
Total	**40,408**	**77,883**	**98,794**	**85,046**
		(per cent)		
Cannabis	84	83	80	81
Heroin	6	4	7	8
Amphetamines	9	6	4	5
Hallucinogens	1	1	—	1
Cocaine	—	—	—	1
Steroids	..	..	—	—
Other	..	6	8	4
Total	**100**	**100**	**99**	**100**

(a) 1993 figures do not include ACT Simple Offence Notice and SA Cannabis Expiation Notice.

(b) Includes anabolic steroids and other drugs.

Note: 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.

Source: Australian Bureau of Criminal Intelligence 1997.

Table 10.4: Arrests involving illicit drugs, by consumer/provider status, by drug type, Australia, 1993 to 1996–97

Substance	Consumer/ Provider	Period			
		1993	1994	1995–96	1996–97
			(number)		
Cannabis	Consumer	24,755 [(a)]	51,393	58,359	49,305
	Provider	9,010 [(a)]	13,377	20,589	19,831
Heroin	Consumer	1,720	2,144	5,135	4,986
	Provider	782	848	1,970	2,154
Amphetamines	Consumer	2,888	3,681	3,118	2,702
	Provider	817	912	1,096	1,205
Hallucinogens	Consumer	2,888	401	276	407
	Provider	817	139	122	202
Cocaine	Consumer	181	188	198	198
	Provider	101	111	132	262
Steroids	Consumer	n.a.	58	61	64
	Provider	n.a.	10	9	7
Other	Consumer	n.a.	4,087	6,653	3,071
	Provider	n.a.	534	1,076	652
Total	**Consumer**	**29,646**	**61,952**	**73,800**	**60,733**
	Provider	**10,762**	**15,931**	**24,994**	**24,313**

(a) 1993 figures do not include ACT Simple Offence Notice and SA Cannabis Expiation Notice.

Notes:

1. Providers are defined as those arrested for dealing/trafficking type of offences, while consumers are defined as those arrested for use/possession type of offences.
2. Caution should be exercised when making comparisons between years due to variations in consumer/provider counting methodologies used.

Source: Australian Bureau of Criminal Intelligence 1997.

Prisoners

Care must be taken when interpreting prison census statistics as they reflect only the most serious charge for which the individual was imprisoned. The true level of imprisonment for illicit drug-related offences would be much higher if figures reflected all offences for which an individual was incarcerated. For example, a recent survey of burglars imprisoned in New South Wales found that just over four-fifths of convicted burglars surveyed used some or all of their proceeds on illicit drugs (Stevenson & Forsythe 1998).

The majority of people incarcerated whose most serious offence was drug-related were imprisoned for dealing and trafficking in illicit drugs and not for possession or use. Of the 1,638 people in prison in 1996 for drug-related offences 78% were imprisoned for dealing / trafficking offences, with a further 12% imprisoned for manufacturing / growing offences (Table 10.5). This is in contrast with arrest data where the majority of arrests are for possession or use.

The proportion of the total prison population incarcerated for possession-related offences has been steadily declining since 1985, declining from 2.6% to approximately 1% of the total prison population between 1994 to 1996. The proportion of the total prison population incarcerated for both trafficking drugs and growing / manufacturing offences increased steadily until 1994. Recent trends show that these proportions have declined slightly. Whilst the total number of people imprisoned for drug-related offences has fluctuated since 1985—with a high of 11.5% of the total prison population in 1994, and a low of 9.1% in 1991—taken as a whole this appears fairly stable at about 10.4% of the total prison population.

Table 10.5: Prisoners where the most serious offence was drug-related, 1987 to 1996

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust[a]	Aust[b]
Possession, use drugs										
					(number)					**(per cent)**
1987	112	13	35	21	27	4	0	4	216	1.8
1988	128	9	75	10	14	1	0	1	238	1.9
1989	71	14	75	7	19	0	0	3	189	1.5
1990	81	17	45	7	16	0	0	3	169	1.2
1991	85	23	48	8	29	0	2	5	200	1.3
1992	102	14	43	15	41	1	2	1	219	1.4
1993	91	7	28	19	34	0	1	7	187	1.2
1994	61	11	31	23	16	0	0	2	144	1.0
1995	60	15	41	15	12	0	6	6	149	1.0
1996	56	13	77	0	11	0	2	3	160	1.0
Deal/traffic drugs										
					(number)					**(per cent)**
1987	528	152	38	20	115	0	0	3	856	7.1
1988	502	218	94	22	116	7	1	2	962	7.8
1989	489	224	104	38	111	1	1	5	973	7.5
1990	544	238	103	37	108	1	7	2	1,040	7.3
1991	572	214	93	30	90	1	1	8	1,009	6.7
1992	674	225	65	34	114	3	0	11	1,126	7.2
1993	824	239	50	36	142	4	1	2	1,298	8.2
1994	939	199	61	123	39	2	0	1	1,364	9.1
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
Manufacture/grow drugs										
					(number)					**(per cent)**
1987	90	7	53	8	20	1	0	8	186	1.5
1988	69	5	47	6	21	0	0	3	151	1.2
1989	62	11	25	9	26	0	0	2	135	1.0
1990	70	16	17	7	21	0	1	6	138	1.0
1991	77	18	19	9	23	0	1	8	155	1.0
1992	111	11	28	7	12	0	0	4	173	1.1
1993	157	10	13	19	19	0	0	1	219	1.4
1994	150	10	17	11	17	1	0	7	213	1.4
1995	139	2	25	7	14	0	1	7	194	1.3
1996	121	4	34	9	31	0	0	2	201	1.3
Total										
					(number)					**(per cent)**
1987	730	172	126	49	162	5	0	15	1,258	10.4
1988	699	232	216	38	151	8	1	6	1,351	11.0
1989	622	249	204	54	156	1	1	10	1,297	10.0
1990	695	271	165	51	145	1	8	11	1,347	9.4
1991	734	255	160	47	142	1	4	21	1,364	9.1
1992	887	250	136	56	167	4	2	16	1,518	9.8
1993	1,072	256	91	74	195	4	2	10	1,704	10.7
1994	1,150	220	109	157	72	3	0	10	1,721	11.5
1995	1,100	204	159	137	77	3	12	14	1,694	11.0
1996	981	202	223	125	91	6	8	10	1,638	10.3

(a) The vast majority of ACT prisoners are held in NSW jails upon sentencing and are not separately counted in Australian totals.

(b) As a proportion of total prisoners.

Sources: Australian Institute of Criminology 1989–95; Australian Bureau of Statistics 1996b, 1997b, 1997c.

Appendix 1: Drug legislation

Selected legislation covering illicit drugs

New South Wales	*Drug Misuse and Trafficking Act 1985*
Victoria	*Drugs, Poisons and Controlled Substances Act 1981*
Queensland	*Drugs Misuse Act 1986*
Western Australia	*Misuse of Drugs Act 1981*
South Australia	*Controlled Substances Act 1984*
Tasmania	*Poisons Act 1971*
Northern Territory	*Misuse of Drugs Act NT 1990*
Australian Capital Territory	*Drugs of Dependence Act 1989*
Commonwealth	*Customs Act 1901*
	Crimes (Traffic in Narcotic Drugs and Psychotropic Substances) Act 1990

Appendix 2: Major datasets

Data set title	National Drug Strategy Household Survey
INVESTIGATORS	Australian Institute of Health and Welfare (1998); Commonwealth Department of Health and Aged Care (all previous)
PERIOD OF RECORDS HELD	1985, 1988, 1991, 1993, 1995, 1998
SCOPE	National
METHODOLOGY	Geographic stratified random sample selection of households; personal interview and self-complete questionnaire
DATA ITEMS HELD	Sex, age, marital status, education, country of birth, languages spoken, income, employment status, alcohol and other drug-related attitudes, awareness, knowledge, behaviours
SIZE OF COLLECTION	1998: 10,000+ records
PURPOSE OF COLLECTION	**Health policy monitoring and development**
CONTACT	Mark Cooper-Stanbury, Data and Information Services Unit, AIHW, (02) 6289 7027, mark.cooper-stanbury@aihw.gov.au

Data set title	Australian Secondary Schools Alcohol and other Drugs Survey
INVESTIGATORS	Centre for Behavioural Research in Cancer; Commonwealth, State and Territory health authorities (in Qld, Education Dept)
PERIOD OF RECORDS HELD	1984, 1987, 1990, 1993, 1996
SCOPE	National; illicit drug information only collected from 1996
METHODOLOGY	Geographic stratified random selection of secondary schools; self-complete questionnaire
DATA ITEMS HELD	Sex, age, education, drug-related knowledge, attitudes, awareness, behaviours
SIZE OF COLLECTION	1996: 29,700 records
PURPOSE OF COLLECTION	Health policy development and monitoring
CONTACT	David Hill, Centre for Behavioural Research in Cancer, (03) 9279 1180

Data set title	National Hospital Morbidity Database
INVESTIGATORS	Australian Institute of Health and Welfare
PERIOD OF RECORDS HELD	1985–86 to 1996–97 (not all States and Territories, or all hospitals before 1995–96)
SCOPE	National, all hospital admissions (not all States and Territories, or all hospitals before 1995–96)
DATA ITEMS HELD	Sex, birthdate, country of birth, Aboriginality, marital status, usual State of residence, employment status, health insurance status, episode type, admission and discharge data, diagnoses and procedures (ICD-9-CM), DRG, admission weight (neonates), referral source, external cause, major diagnostic category
SIZE OF COLLECTION	5+ million records each year
PURPOSE OF COLLECTION	Health monitoring, health service use analysis
CUSTODIAN	Jenny Hargreaves, AIHW, (02) 6244 1121, jenny.hargreaves@aihw.gov.au

Data set title	National Mortality Database
INVESTIGATORS	Australian Institute of Health and Welfare
PERIOD OF RECORDS HELD	1964–1997
SCOPE	National
DATA ITEMS HELD	Sex, age, state of registration, usual State of residence, year of registration, occupation, birthplace, duration of Australian residence, marital status, date of marriage, age at marriage, duration of marriage, number of children, date of death, cause of death (ICD), certification, post-mortem flag; and from 1980: Aboriginality, place of marriage, registration district, registration number
SIZE OF COLLECTION	12+ million (129,000 per year)
PURPOSE OF COLLECTION	Mortality monitoring
CUSTODIAN	Dr Paul Jelfs, AIHW, (02) 6244 1140, paul.jelfs@aihw.gov.au

References

Australian Bureau of Criminal Intelligence 1997. Australian illicit drug report 1996–97. Canberra: ABCI.

Australian Bureau of Statistics. Australian national accounts: National income, expenditure and product. ABS Cat. No. 4206.0. Canberra: ABS.

Australian Bureau of Statistics 1996a. National Aboriginal and Torres Strait Islander Survey, Health of Indigenous Australians, 1994. ABS Cat. No. 4395.0. Canberra: ABS.

Australian Bureau of Statistics 1996b. Prisoners in Australia, 1994. Canberra: ABS.

Australian Bureau of Statistics 1997a. Taxation Revenue, Australia, 1995–96. ABS Cat. No. 5506.0. Canberra: ABS.

Australian Bureau of Statistics 1997b. Prisoners in Australia, 1995. Canberra: ABS.

Australian Bureau of Statistics 1997c. Prisoners in Australia, 1996. Canberra: ABS.

Australian Bureau of Statistics 1998. Apparent consumption of foodstuffs, Australia, 1996–97. ABS Cat. No. 4306.0. Canberra: ABS.

Australian Institute of Criminology 1989. Australian Prisoners, 1987. Canberra: AIC.

Australian Institute of Criminology 1990. Australian Prisoners, 1988. Canberra: AIC.

Australian Institute of Criminology 1991. Australian Prisoners, 1989. Canberra: AIC.

Australian Institute of Criminology 1992. Australian Prisoners, 1990. Canberra: AIC.

Australian Institute of Criminology 1993. Australian Prisoners, 1991. Canberra: AIC.

Australian Institute of Criminology 1994. Australian Prisoners, 1992. Canberra: AIC.

Australian Institute of Criminology 1995. Australian Prisoners, 1993. Canberra: AIC.

Australian Institute of Health and Welfare 1999. 1998 National Drug Strategy Household Survey: First results. AIHW cat. no. PHE 15. Canberra: AIHW (Drug Statistics Series).

Australian National Council on AIDS and Related Diseases: Hepatitis C Sub-Committee 1998. Hepatitis C virus projections working group: Estimates and projections of the hepatitis C virus epidemic in Australia. Sydney: NCHECR.

Commonwealth Department of Human Services and Health 1994. Statistics on drug abuse in Australia 1994. Canberra: AGPS.

Commonwealth Department of Human Services and Health (CDHSH) 1996. National Drug Strategy Household Survey: Urban Aboriginal and Torres Strait Islander peoples supplement 1994. Canberra: AGPS.

Commonwealth Department of Health, Housing, Local Government and Community Services (CDHHLGCS) 1993. National Drug Strategic Plan 1993–97. Canberra: AGPS.

Collins D & Lapsley H 1996. The social costs of drug abuse in Australia in 1998 and 1992. National Campaign Against Drug Abuse: Monograph No. 30. Canberra: AGPS.

English D & Holman D 1995. The quantification of drug caused morbidity and mortality in Australia 1995 edition. Canberra: AGPS.

Federal Office of Road Safety (FORS) 1997. Alcohol and road fatalities in Australia, 1996. Monograph 22, 1997. Canberra: FORS.

Holman D & Armstrong B 1990. The quantification of drug caused morbidity and mortality in Australia 1988. Canberra: AGPS.

Letcher T & White V 1998. Australian secondary students' use of over-the-counter and illicit substances in 1996. Canberra: AGPS.

Lynskey M & Hall W 1998. Jurisdictional trends in opioid overdose deaths, 1988–1996. NDARC technical report No. 54. Sydney: National Drug and Alcohol Research Centre (NDARC).

Mathers C, Vos T & Stevenson C 1999. The burden of disease and injury in Australia. AIHW cat. no. PHE 17. Canberra: AIHW.

Ministerial Council on Drug Strategy (MCDS) 1998. National Drug Strategic Framework 1998–99 to 2002–03: Building partnerships: A strategy to reduce the harm caused by drugs in our community. Canberra: MCDS.

National Centre in HIV Epidemiology and Clinical Research (NCHECR) 1998. HIV / AIDS and related diseases in Australia: Annual surveillance report 1998. Sydney: NCHECR.

National Health and Medical Research Council (NHMRC) 1992. Is there a safe level of daily consumption of alcohol for men and women?: Recommendations regarding responsible drinking behaviour. Canberra: AGPS.

NTC Publications 1997. World drink trends. Henley-on-Thames: NTC Publications.

NTC Publications 1998. World tobacco trends 1998. Henley-on-Thames: NTC Publications.

Single E & Rohl T 1997. The National Drug Strategy: mapping the future. Canberra: AGPS.

Stevenson R & Forsythe L 1998. The stolen goods market in New South Wales: An interview with imprisoned burglars. Sydney: NSW Bureau of Crime Statistics and Research.

Torres M, Mattick R, Chen R & Baillie A 1995. Clients of treatment service agencies: March 1995 census findings. Canberra: AGPS.

Williams P 1997. Progress of the National Drug Strategy: Key national indicators, Evaluation of the National Drug Strategy 1993–1997, statistical supplement. Canberra: Commonwealth Department of Health and Family Services.