Chapter 2: Drugs in Australia: an overview

This chapter gives a brief overview of drug use in Australia - the extent and nature of drug use, harms related to drug use, drug-related crime, and public perceptions about drugs and drug policies. The data presented are derived from the NDS Household Survey (NDSHS) (Australian Institute of Health and Welfare [AIHW] 2008b) unless otherwise indicated. It supplements the statistical indicators detailed in Volume 2, where other indicators (not dealt with in this brief overview chapter) are covered, and in AIHW’s 2007 publication, Statistics on Drug Use in Australia 2006.

Drug use in Australian society

Current prevalence and trends

The recent use of alcohol, tobacco and illicit drugs, as revealed in self-reported data through the NDSHS, are summarised in the following table. For each drug category it shows the proportion of the population aged 14 years and older who reported recently using that drug for each of the surveys conducted between 1993 and 2007.

Table 2.1: Summary of recent drug use(a): proportion of the population aged 14 years or older, Australia, 1993 to 2007

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>29.1</td>
<td>27.2</td>
<td>24.9</td>
<td>23.2</td>
<td>20.7</td>
<td>19.4*</td>
</tr>
<tr>
<td>Alcohol</td>
<td>77.9</td>
<td>78.3</td>
<td>80.7</td>
<td>82.4</td>
<td>83.6</td>
<td>82.9</td>
</tr>
<tr>
<td>Illicits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana/cannabis</td>
<td>12.7</td>
<td>13.1</td>
<td>17.9</td>
<td>12.9</td>
<td>11.3</td>
<td>9.1*</td>
</tr>
<tr>
<td>Pain-killers/analgescs(b)</td>
<td>1.7</td>
<td>3.5</td>
<td>5.2</td>
<td>3.1</td>
<td>3.1</td>
<td>2.5*</td>
</tr>
<tr>
<td>Tranquillisers/sleeping pills(b)</td>
<td>0.9</td>
<td>0.6</td>
<td>3.0</td>
<td>1.1</td>
<td>1.0</td>
<td>1.4*</td>
</tr>
<tr>
<td>Steroids(b)</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Barbiturates(b)</td>
<td>0.4</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Inhalants</td>
<td>0.6</td>
<td>0.6</td>
<td>0.9</td>
<td>0.4</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.2</td>
<td>0.4</td>
<td>0.8</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Methadone(b) or Buprenorphine(d)</td>
<td>N/A</td>
<td>N/A</td>
<td>0.2</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Other opiates/opioids(b)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Methamphetamine (speed)(b)</td>
<td>2.0</td>
<td>2.1</td>
<td>3.7</td>
<td>3.4</td>
<td>3.2</td>
<td>2.3*</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.5</td>
<td>1.0</td>
<td>1.4</td>
<td>1.3</td>
<td>1.0</td>
<td>1.6*</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>1.3</td>
<td>1.8</td>
<td>3.0</td>
<td>1.1</td>
<td>0.7</td>
<td>0.6</td>
</tr>
<tr>
<td>Ecstasy(b)</td>
<td>1.2</td>
<td>0.9</td>
<td>2.4</td>
<td>2.9</td>
<td>3.4</td>
<td>3.5</td>
</tr>
<tr>
<td>Ketamine</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Gamma Hydroxybutyrate (GHB)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Injected drugs</td>
<td>0.5</td>
<td>0.6</td>
<td>0.8</td>
<td>0.6</td>
<td>0.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Any illicit</td>
<td>14.0</td>
<td>17.0</td>
<td>22.0</td>
<td>16.9</td>
<td>15.3</td>
<td>13.4*</td>
</tr>
<tr>
<td>None of the above</td>
<td>21.0</td>
<td>17.8</td>
<td>14.2</td>
<td>14.7</td>
<td>13.7</td>
<td>14.1</td>
</tr>
</tbody>
</table>

(a) Used in the last 12 months. For tobacco and alcohol, ‘recent use’ means daily, weekly and less-than-weekly smokers and drinkers respectively.
(b) For non-medical purposes.
(c) Non-maintenance.
(d) This category included substances known as ‘designer drugs’ before 2004.
(e) This category did not include buprenorphine before 2007.
* Difference between 2004 result and 2007 result is statically significantly (2-tailed α = 0.05).

The trends in recent (last 12 months) use of selected drugs over the period 1993 to 2007 are shown in the following graphs. Importantly, little change has occurred in the prevalence of alcohol consumption (and it is therefore not graphed), and tobacco consumption has fallen steadily. As the authors of the Survey report have identified:

- Between 1993 (29.1%) and 2007 (19.4%) there was a steady decline in the proportion of persons who had recently smoked tobacco.
- The proportion of the population recently using alcohol increased over the 11 years from 1993 to 2004, from 77.9% to 83.6% but declined slightly in 2007 to 82.9%.
- Recent use of marijuana/cannabis has declined since 1998, with the proportion of recent users in 2007 (9.1%) dropping to the lowest proportion seen since 1993 (AIHW 2008b, 5).

Between the 2004 and 2007 surveys, statistically significant reductions in prevalence of recent use were observed for tobacco, cannabis, painkillers, amphetamines, and ‘any illicit’ drug. Tranquilisers and cocaine were the only drugs demonstrating a statistically significant increase in prevalence of use between those two phases of the Survey. While no marked changes have emerged over the last two decades in the age of initiation of either legal or illegal drugs, the prevalence of use of cocaine and ecstasy have increased.
Illicit drugs

It is important to stress that the vast majority of the Australian population does not use illicit drugs, despite the opposite impression some might gain from media reporting (87% reported no recent use in the 2007 NDSHS). The self-reported recent use of any illicit drug increased in the first decade of the NDS, but has fallen dramatically since 1998, with just 16% of males and 11% of females reporting recent use in 2007 (and most of this was cannabis). Specifically, 13% of the surveyed population reported recent use of an illicit drug, and 9.1% reported cannabis use.

Recent years have seen reductions in the use of most illicit drugs, or at least stable prevalence of use. Only cocaine and tranquilizers show recent increases, and the prevalence of misuse is very low.

In 2007, 87% of the population aged 14 years and above reported that they had not used an illicit drug in the last 12 months, and 62% said they had never used an illicit drug. Nonetheless, illicit drug use is concentrated in young adults, with recent use of any illicit drug over the past 12 months reported by 17% of young people aged 14 to 19 years, 28% of those aged 20 to 29 years, and 17% of those aged 30 to 39 years.

Tobacco

Smoking rates in Australian men were high from the time of colonisation onwards, and among women chiefly since World War II. As the University of Sydney’s Tobacco Control Supersite puts it, ‘Following the Second World War, nearly three-quarters of the male adult population, and about one-quarter of adult females are smokers’. Daily smoking has fallen by some 40% since the NDS was instituted in 1985.

In 2007, 18% of males aged 14 years and above reporting daily tobacco use, and 15% of females reported doing the same. Among young people aged 14 to 19 years, the prevalence among females (8.7%) exceeds that of males (6.0%). This pattern is reversed among people aged 20 years and above, among whom the smoking prevalence of males exceeds that of females.

However, socio-economic gradient persists in smoking rates: Indigenous Australians have highly elevated levels of use compared with non-Indigenous people (AIHW 2008e).

Alcohol

Alcohol consumption increased from the end of World War II to reach around 10 litres per capita of pure alcohol in the early 1980s, and has fallen since then to around 7 litres per capita in 2002-03. The proportion of people who drink daily (in the range 8% to 9%) has been stable for over a decade.

Some 83% of the population aged 14 years or above reported in 2007 that they had consumed alcohol at some stage over the previous 12 months. 8.1% reported that they were daily drinkers, a statistically significant reduction from 8.9% at the previous (2004) survey. The 2007 prevalence (8.1%) is 21% lower than the prevalence in 1991 (10.2%).

Many Australians drink in a manner which places them at risk of harm either in the long term or the short term, according to the National Health and Medical Research Council (NHMRC) guidelines (NHMRC 2001). AIHW reports that 10.3% of Australians aged 14 years or above consumed alcohol in 2007 in a manner considered risky or high risk to their health in the long term. Moreover, 7.8% were drinking at risky or high risk levels for harm in the short term at least once a week, with another 12.6% drinking at risky or high risk levels for harm in the short term at least once a month (but not as often as once a week) and a further 14.2% drinking in this manner once or more a year, but not monthly.

Trends in treatment modalities

Although a number of different data sets exist covering drug treatment, there is no single data set that aggregates them and produces reliable trend data on all the drug treatment services provided by all agencies and all treatment modalities. Nevertheless, some useful information comes from the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS). This data set covers publicly funded agencies (government and non-government) from all States and Territories that provide specialist alcohol and other drugs (AOD) services. It excludes agencies whose sole activity is prescribing or dispensing opioid pharmacotherapy treatment, those whose main function is accommodation (including sobering-up shelters), or health promotion (eg needle and syringe programs, prison AOD services, Commonwealth funded Aboriginal and Torres Strait Islander AOD services, and people being treated in acute care or psychiatric hospitals).

The following table shows the number of agencies contributing to the data set and the total number of treatment episodes annually from 2001-02 to 2005-06.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of agencies</th>
<th>Number of treatment episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-02</td>
<td>505</td>
<td>120,869</td>
</tr>
<tr>
<td>2002-03</td>
<td>587</td>
<td>130,930</td>
</tr>
<tr>
<td>2003-04</td>
<td>622</td>
<td>136,869</td>
</tr>
<tr>
<td>2004-05</td>
<td>635</td>
<td>142,144</td>
</tr>
<tr>
<td>2005-06</td>
<td>664</td>
<td>151,362</td>
</tr>
</tbody>
</table>

AIHW cautions that care must be taken in comparing NMDS data across collection years, so we emphasise that these figures cover the number of agencies contributing each year and the number of closed treatment episodes reported. The number of agencies reporting has risen by 31% over these four years, and the number treatment episodes reported annually has risen by 25% in the same period.

Opioid substitution therapies

Over the life of the NCADA/NDS, a dramatic increase has occurred in the number of people receiving opioid substitution therapy, predominantly methadone and buprenorphine and related support services. The rise reflects both increasing numbers of users of illicit opioids, especially in the 1990s (Hall et al 2000), and increases in the number of treatment places being created.
International comparisons

International comparisons of drug use are problematic owing to the diversity of methods used in various nations to measure the extent and nature of psychoactive drug use. Nevertheless, the authoritative Organisation for Economic Cooperation and Development (OECD) Health Data collection provides useful comparative data on the prevalence of tobacco consumption (cited in AIHW 2007b, 10-11). It lists the prevalence in 2005 of daily smoking in the population aged 15 years and above for 20 OECD nations. Australia is shown as having a prevalence of just 17.7%. Only three nations have rates lower than this - the United States of America (USA) (17.0%), Sweden (16.2%) and Canada (15.0%).

Data from the Commission for Distilled Spirits, cited by AIHW, shows alcohol consumption for selected countries in the year 2003 (AIHW 2007b, 17-20). Australia is ranked 22nd in the list of the top 45 countries based on per capita consumption of total pure alcohol, at 7.2 litres. Luxembourg has the highest level of consumption at 12.6 litres. The Australian level is similar to that of Canada (7.0 litres), New Zealand (NZ) and the USA (both 6.8 litres) and is somewhat lower than that of the United Kingdom (UK) (9.6 litres).

International comparisons of the use of illicit drugs are particularly problematic. Very few nations of the world have such high quality consistent data sets covering illicit drug consumption as does Australia. The published Australian figures are based on sound survey methodology, in contrast to the published data relating to many other countries that are often based on inferior information sources. Nonetheless, since the United Nations Office on Drugs and Crime (UNODC) publishes international comparisons annually, and that they receive considerable media attention, it is worth presenting them here.

<table>
<thead>
<tr>
<th>Nation</th>
<th>Ecstasy</th>
<th>Amphetamines</th>
<th>Cannabis</th>
<th>Cocaine</th>
<th>Opiates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>4.4</td>
<td>2.9</td>
<td>11.4</td>
<td>2.0</td>
<td>0.5</td>
</tr>
<tr>
<td>NZ</td>
<td>2.6</td>
<td>2.3</td>
<td>13.3</td>
<td>0.8</td>
<td>0.4</td>
</tr>
<tr>
<td>England &amp; Wales</td>
<td>1.8</td>
<td>1.3</td>
<td>8.2</td>
<td>2.6</td>
<td>0.9*</td>
</tr>
<tr>
<td>USA</td>
<td>1.0</td>
<td>1.6</td>
<td>12.2</td>
<td>3.0</td>
<td>0.6</td>
</tr>
<tr>
<td>Canada</td>
<td>1.3</td>
<td>1.0</td>
<td>17.0</td>
<td>2.3</td>
<td>0.3</td>
</tr>
</tbody>
</table>

* United Kingdom

This source – the World Drug Report – indicates that Australia has the highest prevalence of use of ‘ecstasy’ of any nation, far higher than most other nations. Our rate is also high in the case of amphetamines: El Salvador (3.0%) is the only nation reporting a higher prevalence of use. While the Australian figure for cannabis exceeds that of many other nations, the prevalence of use is less than some other English-speaking western nations including NZ, the USA and Canada. The reported prevalence of cocaine use is far lower than that in the USA and also lower than that reported for Canada and England and Wales. Similarly, Australia’s reported prevalence rate for opioids is lower than that of the UK and the USA.

While these data are of interest, readers are cautioned not to extrapolate too far from these figures owing to the challenges inherent in making comparisons where the data are derived using different sampling methods, measurement instruments, and time periods.

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The social costs of drugs to the Australian community

The Commonwealth Department of Health and Ageing commissioned research to estimate the social cost of tobacco, alcohol and illicit drug abuse to the Australian community (Collins & Lapsley 2008). Estimates have been published covering the 2004-05 year, the most recent for which all necessary data are available.

This study found that the total social cost of tobacco, alcohol and illicit drug abuse in this country in 2004-05 was $55.2 billion, with tobacco accounting for $31.5 billion (56%), alcohol $15.3 billion (27%) and illicit drugs $8.2 billion (15%). The adverse health consequences of the interactions between alcohol and illicit drugs accounted for a further $1.1 billion (2%).

The tangible costs in the areas of crime, health, lost production in the workplace, lost production in the home, road crashes and fires are summarised in the following table.

<table>
<thead>
<tr>
<th></th>
<th>Alcohol ($m)</th>
<th>Tobacco ($m)</th>
<th>Illicit drugs ($m)</th>
<th>Alcohol and illicit drugs combined ($m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crime</td>
<td>1,611.5</td>
<td>3,840.5</td>
<td>1,261.0</td>
<td></td>
</tr>
<tr>
<td>Health (net)</td>
<td>1,976.7</td>
<td>318.4</td>
<td>201.7</td>
<td></td>
</tr>
<tr>
<td>Production in the workplace</td>
<td>3,578.6</td>
<td>5,749.1</td>
<td>1,622.9</td>
<td></td>
</tr>
<tr>
<td>Production in the home</td>
<td>1,571.3</td>
<td>9,843.1</td>
<td>495.5</td>
<td></td>
</tr>
<tr>
<td>Road accidents</td>
<td>2,202.0</td>
<td></td>
<td>527.6</td>
<td></td>
</tr>
<tr>
<td>Fires</td>
<td></td>
<td></td>
<td>136.4</td>
<td></td>
</tr>
</tbody>
</table>

This table reveals the heavy costs burden to the society of alcohol, tobacco and illicit drug abuse in reduced production in the workplace. Heavy tangible costs in the area of crime are linked to illicit drug abuse; very high levels of lost production in the home are linked to the abuse of tobacco; and high costs of road crashes are linked to the abuse of alcohol. It is also clear from this research that the ‘real social costs of illicit drug abuse’ are estimated to have risen between 1998/99 and 2004/05 by 11.3% (consisting of an 11.8% increase intangible costs and an 8.7% increase in intangible costs)’ (Collins & Lapsley 2008, xiii).

Drug related morbidity and mortality

While there are many categories of harm caused by drugs, morbidity and mortality are of particular concern both to those engaged in policy activity and the public at large. Researchers have estimated the burden of drug-related disease and injury in Australia, along with other risk factors, using the common metric, disability-adjusted life years (DALYs) (Vos et al 2007).

Using 2003 data it was shown that tobacco, alcohol and illegal drugs combined comprised 12.1% of the total Australian burden of injury and disease in that year. Tobacco was most prominent, the cause of 7.8% of the total burden, followed by alcohol which accounted for 2.3% in net terms (after allowing for the assumed protective effects of alcohol on some classes of disease), and illicit drugs which caused 2% of the total burden.

Considering the burden of disease attributed to psychoactive drugs alone, tobacco accounted for 65%, alcohol 19% and illicit drugs 16%.

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Victims and perpetrators of drug-related harms

While it is clear that the use of some psychoactive drugs produces benefits both for the user and for society more broadly – the responsible use of alcohol is an example – it is widely understood that, in net terms, drugs cause significant harm to Australian society. These harms are borne by diverse sectors of the community, including drug users, families, neighbours, workplaces, and the broader public (MacCoun & Reuter 2001).

Victims of drug-related harm

Population level data are available on the victims of drug-related harms. In the 2007 NDSHS, 25% of respondents said they had been the victims of alcohol-related verbal abuse, 13% were put in fear by a person under the influence of alcohol, and 4.5% experienced physical abuse linked to alcohol use. For other drugs, 11% reported being the victims of verbal abuse, 8% were put in fear and 2% were the victims of physical abuse. Overall, 5% of Australians reported being the victims of drug-related physical abuse in the previous year and, of these, 39% reported that they experienced bruising or abrasions, 10% reported minor lacerations and 4% suffered injuries serious enough to require hospital admission.

Perpetrators of drug-related harm

While a household survey is not an ideal tool for assessing the extent and nature of criminal behaviour, the NDSHS does provide some useful information about the perpetrators of drug-related harm. It records that, in 2007, 12% of respondents said they had driven a motor vehicle while under the influence of alcohol in the previous 12 months; this included 16% of the male and 8% of the female respondents. Six per cent said they had verbally abused someone while under the influence of alcohol, and 5% went swimming while under the influence of alcohol. Four per cent stated that they had gone to work while under the influence of alcohol in the previous 12 months.

In the case of illicit drugs, 3% of respondents said they had driven a motor vehicle under the influence of drugs in the year before the Survey, 1.5% reported that they went swimming, and 1.6% reported that they went to work under the influence of illegal drugs.

These figures show that small but significant numbers of people place themselves and others at risk owing to their use of alcohol and other drugs. To these figures can be added those cigarette smokers who are responsible for emitting environmental tobacco smoke, and the serious health and financial cost to the community it causes (Chapman 2007; Collins & Lapsley 2008).

Drug-related crime

The relationships among drugs, drug use, drug markets and crime are complex and not well understood. As one authority puts it, three basic explanatory models exist for the relationship between drug use and crime: ‘(1) substance use leads to crime, (2) crime leads to substance use, and (3) the relationship is either coincidental or explained by a set of common causes... Each model may apply to different subgroups of the population of substance-using criminals or to different incidents of alcohol/drug-related crime’ (White & Gorman 2000, 170). There is no consensus on the relative strengths and weaknesses of these explanatory models. It seems, however, that each is useful in understanding particular situations.

Data on the number of people arrested for drug offences, or issued with drug offence infringement penalty notices of various kinds, have been collated and published since 2003 by the Australian Crime Commission (ACC), and before the ACC, the Australian Bureau of Criminal Intelligence (ABCI). They show that the number of apprehensions has risen by 6% over six years, from 78,006 in 2000-01 to 82,397 in 2006-07. The proportion classified as ‘consumers’ rather than ‘providers’ has been stable in recent years (82% in 2000-01 and 81% in 2006-07).
The proportion of the total that involved cannabis has also been stable (69% of the total in both the 2000-01 and 2006-07 years), as has the proportion of the total classified as cannabis consumers (60% of all drug apprehensions in 2000-01 and 59% in 2006-07).

**Illicit drug use among arrestees**

Illicit drug use is common among persons arrested by police, as evidenced by the self-report data and the confirmatory urinalysis captured in the Drug Use Monitoring Australia (DUMA), the strategic early warning system managed by the Australian Institute of Criminology (AIC) (Adams et al 2008). The most recent report, which covers 2007, reveals that cannabis is the illegal drug most often used by arrestees, as in the general population. Unpublished data received from the AIC cover the self-reported previous 30 days prevalence of use of various drugs among arrestees. With cannabis, it was 45% in the year to 30 September 2008, considerably higher than in the general population, where just 9% of persons aged 14 years and over reported use in the previous 12 months.

Amphetamine/methamphetamine use is also highly prevalent in this population (23%) compared with 12 months prevalence of just 2.3% in the general population. Heroin use in the previous month was reported by 11% compared with a 12 month prevalence of 0.2% in the general population. The use of all the other drug groups was also highly elevated.

Comparing these most recent data with those collected in 2004 reveals that trends in self-reported illicit drug use among the arrestee population largely parallel those in the general community. Last 30 days cannabis use has fallen from 60% to 45%, amphetamine/methamphetamine use from 37% to 23% and heroin use from 14% to 11%. ‘Ecstasy’ use has remained stable at 9%. While tranquiliser/sleeping pill use rose in the general population over this period benzodiazepine use fell among arrestees from 9% to 6%.

**Illicit drug consumer and provider arrests**

The Australian Federal Police (AFP), along with the eight State and Territory Police Services, report each year on the numbers and characteristics of people arrested for drug-related offences. In the case of cannabis, these figures include both people arrested and charged with a criminal drug offence, and those given some form of expiation notice in the Australian Capital Territory (ACT), South Australia (SA), Western Australia (WA) and the Northern Territory (NT).

The ACC, which collates, analyses and presents these data in its annual *Illicit Drug Data Report* (IDDR) (ACC 2008), shows that in the 2006-07 year (the most recent for which data have been published) there were 82,372 arrests of illicit drug consumers and providers across the country. Of these, 81% were identified as consumers and 19% as providers. (Consumers are defined as people charged with user-type offences such as illicit drug possession or self-administration. Providers are people charged with supply-type offences such as importation, trafficking, selling, cultivation and manufacture of illicit drugs.) Consumers composed 85% of the 56,859 cannabis arrests, 72% of the 15,216 amphetamine-type stimulants (ATS) arrests, 65% of the 2,161 heroin and other opioids arrests, and 55% of the 695 cocaine arrests.

**Community attitudes towards drug policies**

**Drug availability, and sources of supply**

In the NDSHS, people are asked whether they had been offered or had the opportunity to use drugs in the preceding 12 months. AIHW’s report on the 2007 survey provides 2004-2007 trend data on the perceived availability of alcohol, tobacco and illicit drugs in the general community. (Note that AIHW has published these data without an assessment of the statistical significance of the reported differences in prevalence between the two surveys.)
Between 2004 and 2007, the perceived availability of most illegal drugs fell: analgesics used for non-medical purposes (-63%), ketamine (-38%), GHB (-33%), methamphetamine (-28%), LSD/synthetic hallucinogens (-23%), cannabis (-17%), naturally-occurring hallucinogens (-14%), tranquillisers/sleeping pills used for non-medical purposes (-12%) and kava (-10%).

Over the same period, the reported availability of steroids used for non-medical purposes rose by 62%, barbiturates for non-medical purposes +38%, cocaine +26%, inhalants +7% and ecstasy +4%. The perceived availability of heroin was the same in 2004 and 2007.

This means that reduced availability was reported for two of the drugs of most concern owing to their harm potential at individual and population levels, cannabis and methamphetamine, with increases reported in two other particularly important drugs, cocaine and ‘ecstasy’.

Survey information is available on consumers’ sources of supply of illegal drugs. Cannabis is most often obtained from friends and acquaintances (68%) rather than from dealers (19.5%). A similar pattern holds for amphetamines (66% having obtained the drug from friends or acquaintances) and ‘ecstasy’ (72%). Heroin, by contrast, is most often obtained from dealers (64%) rather than friends acquaintances (29%). Analgesics use for non-medical purposes and inhalants were most often purchased at shops (53% and 41% respectively).

**Penalties for the sale or supply of illicit drugs, and the legalisation issue**

The Australian community strongly supports increased penalties for the sale or supply of illicit drugs. In 2007, between 82% and 85% of the sample population expressed this view with respect to ‘ecstasy’, cocaine, meth/amphetamine and heroin. Although support for increased penalties for the sale or supply of cannabis is lower than for the other illicit drugs listed, the proportion supporting increased penalties for this drug category rose from 58% in 2004 to 63% in 2007.

Little support exists in the Australian community at large for legalising illicit drugs. Support for legalisation of cannabis fell from 27% in 2004 to 21% three years later. Only a very small proportion of survey respondents - between 4% and 6% - support legalisation of heroin, methamphetamine, cocaine and ecstasy.

**Tobacco policies**

Generally speaking, the Australian community supports evidence-based approaches to reducing the problems associated with the use of drugs, both licit and illicit. Over two thirds of the population support increased tobacco control initiatives, and there have been statistically significant increases in support between 2004 and 2007 in the following policy areas:

- Banning smoking in pubs and clubs
- Increasing tax on tobacco products to pay for health education and treatment costs, and to discourage smoking
- Making it harder to buy tobacco in shops
- Bans on point-of-sale advertising and display of tobacco products
- Implementing a licensing scheme for tobacco retailers

The level of support for other initiatives has not changed over the last three years in other areas that have particularly high levels of support, including:

- Banning smoking in the workplace (82% support)
- Stricter enforcement of laws against supplying tobacco products to minors (90%)
- Stricter penalties for sale or supply of tobacco products to minors (88%)
Alcohol policies

Support for evidence-based policies in regard to alcohol has also risen between 2004 and 2007, although the absolute level of support for these initiatives is generally lower than in the case of tobacco control policies. Over the 2004-2007 period, support for alcohol control initiative increased significantly in the following areas:

- Increasing the price of alcohol
- Reducing the number of outlets that sell alcohol
- Reducing trading hours for pubs and clubs
- Raising the legal drinking age
- Banning alcohol sponsorship of sporting events
- Restricting late-night trading of alcohol
- Strict monitoring of late-night licence premises
- Increasing tax on alcohol to pay for health, education and treatment of alcohol-related problems

Over 80% of the population support more severe penalties for drink driving and stricter laws against serving intoxicated customers.

Illicit drug policies

More than two thirds of the population (69%) support legislating to permit the use of cannabis for medical purposes, and 74% of the population supports conducting a clinical trial for people to use cannabis to treat medical conditions.

Similarly, support for evidence-based initiatives in dealing with heroin remains high and has increased significantly between 2004 and 2007 with respect to the following initiatives:

- Needle and syringe programs (67% support in 2007)
- Methadone maintenance programs (68%)
- Treatment with drugs other than methadone (68%)
- Regulated injecting rooms (50%)
- A trial of prescribed heroin (33%).

High levels of support also exist for rapid detoxification therapy (79%) and the use of Naltrexone (75%).

‘Drug problems’ and acceptability

Since almost everyone in Australia uses some form of psychoactive drug, it is no surprise that the community at large is ready to express views about drugs in Australian society, and about drug policy. However, community perceptions of what is meant by ‘drugs’ and what constitutes a ‘drug problem’ differ considerably.

When people are asked what first comes to mind as a ‘drug problem’, heroin is the most often mentioned, although the proportion who nominated this drug has fallen from 39% to 30% between 2004 and 2007. Next most frequently nominated is cannabis, which showed a similar reduction from 29% of people naming it as a ‘drug problem’ in 2004 to 25% in 2007. In both years only 10% nominated alcohol, and just 2.6% nominated tobacco in 2007 compared with 3.3% in 2004. By contrast, public perception that methamphetamine constitutes a ‘drug problem’ tripled between 2004 and 2007, from 5.5% to 16.4%.

Community attitudes about the acceptability or otherwise of psychoactive drug use are also informative. Although there are some difficulties in comparing 2004 with 2007 NDSHS data on this variable, there appear to have been substantial falls in the proportion of the sample population
approving of the use of tobacco (down 64%), alcohol (down 45%), and cannabis (down 72%). Falls in approval were also observed for tranquillisers, steroids, methamphetamine, cocaine, hallucinogens and ‘ecstasy’. By contrast, approval of the use of painkillers rose from 8.0% in 2004 to 10.4% in 2007. The reason for this is unclear; it may be an artefact of the survey methodology.

**Balancing expenditures on drug education, treatment and law enforcement**

The community has quite sophisticated perceptions about the allocation of financial resources to different areas of drug policy. In the NDSHS they are asked how they would distribute $100 on education, law enforcement and treatment for alcohol, tobacco and illicit drugs generally. In the case of alcohol, the preferred distribution of funds favoured education ($40 out of the nominal $100) above treatment ($31) and law enforcement ($29). The pattern was broadly similar with tobacco, with education attracting $44, treatment $31 and law enforcement $25. In contrast, the community would like to see a higher proportion of funds expended on law enforcement in the case of illicit drug use ($40 out of the nominal $100, above education $34, and treatment $26).

These preferences can be compared with estimates of actual government expenditure in implementing drug policies. While not all expenditures have been identified, it has been estimated that 60% of expenditures by Australian governments in 2004-05 addressed crime, 37% health and 3% other sectors (Collins & Lapsley 2008).

**Conclusion**

This snapshot of drugs in Australia highlights the generally excellent position that Australia is in with regard to its drug information systems. The fact that we are able to provide this snapshot from published information sources highlights the breadth and depth of Australia’s data collections. As discussed elsewhere in this report, the information resources that we have available form the basis of a sound system for monitoring the progress of the NDS and for contributing to evaluation, particularly if they were managed through a national drug information strategy and system.