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Any enquiries about or comments on this publication should be directed to:
Communications, Media and Marketing Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Phone: (02) 6244 1032
Email: info@aihw.gov.au

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

Contents

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Abbreviations

AIHW	Australian Institute of Health and Welfare
ANZSCO	Australian and New Zealand Standard Classification of Occupations
ANZSIC	Australian and New Zealand Standard Industry Classification
ASGC	Australian Standard Geographic Classification
ASSDA	Australian Social Science Data Archive
BMI	Body Mass Index
CATI	Computer-assisted telephone interview
CURF	Confidentialised unit record file
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NDSHS	National Drug Strategy Household Survey
NHMRC	National Health and Medical Research Council
RSE	relative standard error
SE	standard error
SEIFA	Australian Bureau of Statistics Socioeconomic Index Areas
SES	socioeconomic status
WHO	World Health Organization

Symbols

<0.1	non-zero estimate less than 0.1%
. .	not applicable/no valid entry
n.a.	not available
*	relative standard error between 25% and 50%
**	relative standard error greater than 50%
↓	statistically significant decrease between 2007 and 2010
↑	statistically significant increase between 2007 and 2010
≈	change between 2007 and 2010 not statistically significant (Table 2.11 only)
#	small sample size and should be interpreted with caution (Aboriginal and/or Torres Strait Islander estimates)
^	strong caution is urged when interpreting estimates
–	zero

Snapshot

This 2010 National Drug Strategy Household Survey report shows: positive and significant reductions since 2007 in daily tobacco smoking; mixed findings on alcohol consumption and risk; and a small overall rise in illicit drug use.

In terms of attitudes to drugs, excessive alcohol use and tobacco smoking were nominated as the two most serious concerns to the community—and there were higher levels of support than previously for tobacco and alcohol harm reduction policies.

Heroin continues to be the drug most associated with a drug problem, followed by cannabis. But there was also a small rise in community tolerance of regular cannabis use.

Tobacco

The proportion of people aged 14 and over smoking tobacco daily has continued to decline and is now 15.1%, down from 16.6% three years previously.

The largest declines in daily smoking were among people in their early 20s to mid-40s, while the proportion of those aged 45 years or older smoking daily remained relatively stable or slightly increased between 2007 and 2010.

Around one-third of smokers had tried unsuccessfully to give up smoking in 2010.

In the 12–17 years age group, girls were more likely to smoke daily than boys (3.2% to 1.8%). This was the only age group where females were more likely than males than to smoke daily.

Alcohol

While daily drinking declined between 2007 and 2010, about 1 in 5 people drank at levels that put them at risk of harm over their lifetime (more than 2 standard drinks a day on average), and this proportion remained unchanged since 2007. Also little changed was the proportion of people (28.4%) drinking at least once a month at levels that put them at risk of accident or injury (more than 4 standard drinks in a session).

The proportion of teenagers aged 12–17 years abstaining from alcohol increased in 2010.

About 7% of recent drinkers, especially people aged less than 29 years, changed their drink preference in 2010 with a shift away from pre-mixed spirits.

Illicit drugs

Recent illicit drug use (use in the previous 12 months) rose from 13.4% of the population aged 14 and over in 2007 to 14.7% in 2010. This was still below the 1995 peak of 16.7%.

The rise was mainly due to an increase in the proportion of people who had used cannabis (from 9.1% to 10.3%), pharmaceuticals for non-medical purposes (3.7% to 4.2%), cocaine (1.6% to 2.1%) and hallucinogens (0.6% to 1.4%). These drugs were also perceived as being more easily available or accessible in 2010 than in 2007.

Between 2007 and 2010, recent ecstasy use declined from 3.5% to 3.0%. There was no change in the use of meth/amphetamines, heroin (used by 0.2%in the last 12 months), ketamine, GHB (gamma hydroxybutyrate), and inhalants.

Recent illicit drug use was highest in the 20–29 year age group for both males and females (30.5% and 24.3%, respectively).

Summary

The 2010 National Drug Strategy Household Survey

The 2010 National Drug Strategy Household Survey was conducted between late-April and early-September 2010. This was the 10th survey in a series which began in 1985, and was the fifth to be managed by the Australian Institute of Health and Welfare (AIHW). More than 26,000 people aged 12 years or older participated in the survey, in which they were asked about their knowledge of and attitudes towards drugs, their drug consumption histories, and related behaviours. Most of the analysis presented is of people aged 14 years or older, so that results can be compared with previous reports.

Use and attitudes

Tobacco

In 2010, the proportion of people aged 14 years or older smoking daily (15.1%) declined, continuing a downward trend that began in 1995. The decline in daily smoking was largest for those aged in their early-20s to mid-40s, while the proportion of those aged over 45 years who smoked daily remained relatively stable or slightly increased between 2007 and 2010. Despite the decline in the proportion of people in Australia smoking tobacco, the number of smokers has remained stable between 2007 and 2010, at about 3.3 million.

In the 12–17 years age group, girls were more likely to smoke daily than boys (3.2% to 1.8%). This was the only age group where females were more likely than males than to smoke daily.

Support for policies aimed at reducing harm caused by tobacco remained high in 2010. In particular, there were increasing levels of support for a rise in tax on tobacco products to pay for health education and to contribute to treatment costs.

Alcohol

The proportion of the population aged 14 years or older who consumed alcohol daily declined between 2007 (8.1%) and 2010 (7.2%). However, there was little change in the proportion of people drinking alcohol at levels that put them at risk of harm over their lifetime (20.3% in 2007 and 20.1% in 2010), or from a single drinking occasion at least once a month (28.7% in 2007 and 28.4% in 2010). As the Australian population has increased, the number of people drinking at risky levels increased between 2007 and 2010. Around 7% of recent drinkers changed their drink preference, shifting away from pre-mixed spirits; this preference was particularly evident for those aged less than 29 years.

There was higher support in 2010 (compared with 2007) given to alcohol measures related to venues, such as restricted trading and limiting the number of venues. Abstainers and those drinking at low-risk levels were more likely than risky drinkers to support policies aimed at reducing alcohol-related harm.

Illicit drugs

Recent illicit drug use increased in 2010, mainly due to an increase in the proportion of people who had used cannabis (from 9.1% in 2007 to 10.3% in 2010), pharmaceuticals for

non-medical purposes (3.7% to 4.2%), cocaine (1.6% to 2.1%) and hallucinogens (0.6% to 1.4%). However, recent ecstasy use decreased, and there was no change in the use of meth/amphetamines, heroin, ketamine, GHB, inhalants and injecting drug use.

Between 2007 and 2010, ecstasy and meth/amphetamines were perceived to be less readily available, with less opportunity to use, but cocaine, hallucinogens, pain-killers/analgesics (both prescription and over-the-counter) and tranquilisers/sleeping pills for non-medical purposes were perceived to be more readily available.

Of all illicit drugs, community tolerance has increased for cannabis use, while people in Australia still consider heroin to be the drug most associated with a drug problem.

Population groups

Sex and age

Males were far more likely than females to use all drugs (both illicit and licit), except for pharmaceuticals which were used by a similar proportion of males and females. Females were considerably less likely than males to drink alcohol daily and in quantities that placed them at risk of harm. Females were also more likely than males to support measures aimed at reducing problems associated with drug use, and to support penalties for the sale and supply of illicit drugs.

Across Australia, those aged 18–29 years were the most likely to report using illicit drugs and drinking alcohol at risky levels in the previous 12 months. The proportion of 12–17-year-olds abstaining from alcohol increased in 2010. Those aged 40–49 years were most likely to smoke daily.

Other groups

Patterns of drug use differ by other population characteristics depending on the drug type of interest. In general, high proportions of Aboriginal and Torres Strait Islander people smoked tobacco, drank alcohol at risky levels and used cannabis in the last 12 months compared with non-Indigenous Australians, as did people living in the Northern Territory compared with other states/territories. People living in *Remote* and *Very remote* areas were more likely to smoke and drink at risky levels, but less likely to use illicit drugs such as cocaine compared with those in *Major cities* and *Inner regional* areas. Other differences were apparent for people who were unemployed, identified as homosexual/bisexual, did not have post-school qualifications, and were never married, as well as for students.

Attitudes

People who used drugs generally had a more accepting attitudes towards drugs, and were less likely to support measures to reduce harm. Recent drug users (both licit and illicit), males, and younger people were all more likely to support policies that legalised drugs, and to approve of regular drug use, and showed less support for measures aimed at reducing harm associated with drugs.

In 2010, as in previous years, excessive alcohol use was mentioned more often than other drugs as being the most serious concern to the community, followed by tobacco and heroin. The proportion of people nominating marijuana, alcohol and tobacco as a 'drug problem' all decreased, whereas the proportion nominating cocaine, hallucinogens and pain killers increased.

Health and harm

Health

Compared with non-smokers (never smoked or ex-smokers), smokers were: more likely to rate their health as being fair or poor; more likely to have asthma; twice as likely to have been diagnosed or treated for a mental illness; and more likely to report high or very high levels of psychological distress in the preceding 4-week period.

Recent drinkers who drank at levels that put them at risk of harm from a single occasion of drinking were 1.7 times as likely as low-risk drinkers (1.9%) to experience very high levels of psychological distress. A higher proportion had also been diagnosed with a mental illness (13.6% compared with 11.1%), however, the relationship between drug use and mental illness is complex.

Psychological distress and diagnoses or treatment for a mental illness continue to be highest among recent users of meth/amphetamines, ecstasy, cannabis, and cocaine.

Harm

In 2010, the proportion of pregnant women who smoked decreased after they found out they were pregnant (from 12.6% before realising they were pregnant to 8.1% after finding out).

The proportion of pregnant women abstaining from drinking alcohol increased in 2010 (from 40.0% in 2007 to 52.0% in 2010).

Between 2007 and 2010, the proportion of people experiencing incidents related to illicit drug use decreased. This was influenced by a decline in people being verbally abused and being put in fear. However, the proportion of people reporting they were physically abused by a person under the influence of alcohol increased (from 4.5% to 8.1%) during this period.

Driving was the most common risky activity included in the survey to be undertaken while under the influence of drugs, but this decreased in 2010.

In 2010, males continued to engage in more risky behaviours and activities than females while under the influence of illicit drugs or alcohol.

1 Introduction

Background

The use and misuse of licit and illicit drugs is widely recognised in Australia as a major health problem, and one that has wider social and economic costs. Tobacco smoking is the single most preventable cause of ill health and death, being a major risk factor for coronary heart disease, stroke, peripheral vascular disease, cancer and various other diseases and conditions (AIHW 2010a). Tobacco smoking is estimated to be responsible for 7.8% of the burden of disease among Australians: about 9.6% of the total burden of disease for males and 5.8% for females (Begg et al. 2007). The tangible costs of tobacco use in Australia were estimated to be $12.0 billion in 2004–05 (Collins & Lapsley 2008).

Excessive alcohol consumption is also a major risk factor for morbidity and mortality. It has been estimated that harm from alcohol was the cause of 3.8% of the burden of disease for males and 0.7% for females (Begg et al. 2007). In 2004–05, the total tangible cost attributed to alcohol consumption (which includes lost productivity, health-care costs, and costs related to road accidents and crime) was an estimated $10.8 billion (Collins & Lapsley 2008).

Illicit drug use is a major risk factor for ill health and death, being associated with HIV/AIDS, hepatitis C, low birthweight, malnutrition, infective endocarditis (leading to damage to the heart valves), poisoning, mental illness, suicide, self-inflicted injury and overdose (AIHW 2010a). In Australia, it is estimated that 2.0% of the burden of disease in 2003 was attributable to the use of illicit drugs (Begg et al. 2007).

Drug use is a serious and complex problem, which contributes to thousands of deaths, significant illness, disease and injury, social and family disruption, workplace concerns, violence, crime and community safety issues (MCDS 2011). Collins & Lapsley (2008) estimated that the economic costs associated with licit and illicit drug use in 2004–05 amounted to $56.1 billion, of which tobacco accounted for 56%, alcohol 27%, illicit drugs 15%, and alcohol and illicit drugs acting together 2%.

The National Drug Strategy

The National Drug Strategy 2010–2015 (NDS) is the sixth iteration of a national policy for alcohol, tobacco and other drugs, starting in 1985 as the National Campaign Against Drug Abuse. It is regularly updated to ensure it remains current and relevant to the contemporary Australian environment. The NDS provides a framework for a coordinated, integrated approach to drug issues in the Australian community. Its mission is to build safe and healthy communities by minimising alcohol, tobacco and other drug-related health, social and economic harm among individuals, families and communities. At the heart of the framework are the three pillars of demand reduction, supply reduction and harm reduction, which are applied together to minimise harm. Prevention is an integral theme across the pillars.

Until June 2011, the NDS was the responsibility of the Ministerial Council on Drug Strategy (MCDS). In February 2011, the Council of Australian Governments (COAG) approved a comprehensive reform plan for a new system of ministerial councils. That change resulted in the transfer of responsibility for the NDS to the Intergovernmental Committee on Drugs (IGCD). The IGCD is an Australian, state and territory government forum of senior officers who represent health and law enforcement agencies in each Australian jurisdiction and in

New Zealand, as well as representatives of the Australian Government Department of Education, Employment and Workplace Relations.

About the 2010 survey

The National Drug Strategy Household Survey is the leading survey of licit and illicit drug use in Australia. The 2010 survey was the 10th conducted under the auspices of the NDS. Previous surveys were conducted in 1985, 1988, 1991, 1993, 1995, 1998, 2001, 2004 and 2007. The data collected through these surveys have contributed to the development of policies for Australia's response to drug-related issues.

The 2010 survey was built on the design of the 2007 survey. More than 26,000 people aged 12 years or older provided information on their drug use patterns, attitudes and behaviours. The sample was based on households, so homeless and institutionalised people were not included in the survey (consistent with the approach in previous years).

The methodology of the 2010 survey differed to that of previous surveys—a discussion of the main differences is presented in Chapter 14: Explanatory notes. The computer-assisted telephone interview (CATI) component of the survey was dropped in 2010. Changes in methodology should be taken into consideration when making comparisons over time.

The 2010 survey consisted solely of a drop-and-collect method to collect information from household respondents. Not all questions were asked of all respondents—some were asked only of respondents aged 14 years or older. The 2010 sample included about 3,000 more respondents than the 2007 sample, and was about 2.5 times larger than the 1998 sample and more than 6 times larger than the 1995 and 1993 samples (Table 1.1).

Table 1.1: National Drug Strategy Household Survey sample sizes

Survey year	Respondents
2010	26,648
2007	23,356
2004	29,445
2001	26,744
1998	10,030
1995	3,850
1993	3,500

Questions about counterfeit cigarettes, changes to main drink preferences, workplace drug and alcohol policy, height and weight questions and landline telephone access were added in 2010. The description of inhalants and the pregnancy questions were also refined in 2010. The questionnaire also distinguished between over-the-counter analgesics and prescription analgesics, and the experiences of drug-related incidents and harm from alcohol and illicit drugs were separated.

This report applies the National Health Data Dictionary (AIHW 2010b) definition of tobacco smoking status, notably relating to ex-smokers and those who have never smoked where a threshold of 100 cigarettes is used. Data using this definition are presented for 1998 (revised), 2001, 2004, 2007 and 2010, but the definition is not applicable to survey data before 1998.

About this report

Contents

The report presents estimates derived from survey responses weighted to the appropriate Australian population, and grouped by age, sex and geographical location including state or territory. While those aged 12 and 13 years were surveyed for the first time in 2004, most of this report, with its emphasis on time series, presents results for people aged 14 years or older so that results can be compared with previous reports. However, for the first time, the 2010 report includes additional age group categories to include those aged 12–13 years, and separate adults (18 years or older) from those aged 14–19 years.

Generally the text of the report is based on tables and figures included in the report, with a few exceptions.

Structure

After this introductory chapter, an overview of the use of both licit and illicit drugs is provided (Chapter 2) which includes information on the age of initiation and the availability of drugs. Chapters 3 and 4 provide information on the use of tobacco and alcohol, and chapters 5–11 cover the use of selected illicit drugs. Towards the end of the report (chapters 12 and 13), there is a discussion of the survey results on perceptions and acceptability of drug use, as well as people's attitudes towards policy initiatives aimed at reducing harm associated with drug use.

Chapter 14 'Explanatory notes' details the survey scope and methodology, response rates, reliability, limitations of the NDSHS and symbols and definitions used throughout the report. The demographic characteristics of the NDSHS sample are presented in Appendix 5 and compared with the 2010 estimated resident population.

Alcohol risk

In March 2009, the National Health and Medical Research Council (NHMRC) released new guidelines about alcohol consumption and health risk. These guidelines moved away from previous threshold-based definitions of risky or high-risk drinking in recognition of the fact that both lifetime health risks and short-term risk of injury from consuming alcohol increase progressively with the amount consumed (NHMRC 2009). There are also separate guidelines for children and young people, as well as for women who are pregnant or breastfeeding.

In summary, there are four guidelines:

- Guideline 1 — reducing the risk of alcohol-related harm over a lifetime. For healthy men and women, drinking no more than 2 standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.
- Guideline 2 — reducing the risk of injury on a single occasion of drinking. For healthy men and women, drinking no more than 4 standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.
- Guideline 3 — children and young people aged under 18 years. For children and young people aged under 18 years, not drinking alcohol is the safest option, with those under 15 years of age at greatest risk of harm.

- Guideline 4 — pregnancy and breastfeeding. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking is the safest option.

In this report, results for the 2010 NDSHS were analysed using the 2009 guidelines, as these were current during the collection period. The new guidelines have implications for the interpretation of NDSHS alcohol data that were collected before 2009. Results in previous NDSHS reports were analysed using guidelines released in 2001.

To aid comparability with previous reports, Appendix tables A1.2 and A1.3 present consumption data analysed according to the 2001 guidelines. Additional analysis of the 2001 guidelines can also be found at www.aihw.gov.au.

Licit drugs—illicit use

In the 2010 survey, as in the past, respondents were asked about their use of certain drugs that have legitimate medical uses —pain-killers/analgesics, tranquillisers/sleeping pills, steroids, methadone/buprenorphine, other opioids such as morphine (termed 'pharmaceuticals') and meth/amphetamines. The focus of the survey and this report is on the use of these drugs for non-medical purposes.

The 2010 NDSHS questions differentiated between licit and illicit use and all pharmaceuticals referred to non-medical use. However in previous surveys (2007 and earlier), not all questions distinguish between licit and illicit use. For instance, where users of a particular drug were asked about other substances used with or as a substitute for that drug, pharmaceuticals were referred to without reference to their medical status.

Note that where each of these licit/illicit drugs is central to the analysis, it is their illicit use that is analysed.

Presentation of estimates

Throughout the report, proportions are shown as percentages rounded to 1 decimal place and population estimates are shown to the nearest 100,000 or 10,000 in text, depending on the size of the estimate. Totals and further calculated results, in the text and the tables, are derived from the underlying, unrounded, data and not from the less precise tabular data. This may result in some totals not being equal to the sum of its components.

Population estimates

All population estimates are calculated by multiplying prevalence and the relevant population count. The population estimates were based on the latest available age/sex profile using the relevant published Australian Bureau of Statistics estimated resident population data (June 2010).

Reliability of estimates

Estimates based on survey samples are subject to various types of variation, mainly sampling and non-sampling error. The former is the extent to which the sample-derived results vary from the results that would have been found had a census been done—the size of this error can be measured by applying relative standard errors (RSEs). Non-sampling error is less quantifiable and efforts to minimise it must be made through robust survey and sample design and methodology.

Sampling error

A measure of the sampling error for a given estimate is provided by the standard error (SE), which is the extent to which an estimate might have varied by chance because only a sample of persons was obtained. The relative standard error (RSE) is the SE expressed as a percentage of the estimate, and provides an immediate indication of the percentage of errors likely to have occurred due to sampling. The smaller the estimate, the higher the RSE. Very small estimates are subject to such high RSEs as to detract seriously from their value for most reasonable uses. Only estimates with RSEs of less than 25% are considered sufficiently reliable for most purposes.

Results subject to RSEs of between 25% and 50% should be considered with caution and those with relative standard errors greater than 50% should be considered as unreliable for most practical purposes. Estimates that have RSEs greater than 50% are marked in the report with ** and those with RSEs of between 25% and 50% are marked with *. RSEs were not included in the data analysis before the 2001 survey.

Non-sampling error

In addition to sampling errors, the estimates are subject to non-sampling errors. These can arise from errors in reporting of responses (for example, failure of respondents' memories, incorrect completion of the survey form), the unwillingness of respondents to reveal their true responses and the higher levels of non-response from certain subgroups of the population.

Further, although most of the drug terms would have been relatively familiar to most respondents, it is likely that in some cases answers were given to the wrong drug. This would certainly be the case where a respondent was unable to identify the drug used; for example, if the respondent were deceived by a drug supplier. Ecstasy and related drugs are particularly susceptible to this.

In summary, it should be acknowledged that reported findings are based on self-reported data and not empirically verified by blood tests or other screening measures.

For more information on the limitations of the survey results see Chapter 14 'Explanatory notes'.

Statistical significance

For selected tables, statistically significant changes between 2007 and 2010 are indicated with a ↓ for a significant decrease and ↑ for a significant increase. The difference is statistically significant if the z-statistic of the pooled estimate of the two rates being compared is more than 1.96 or less than –1.96 (a 5% two-tailed test).

Throughout the report, 'significant' means 'statistically significant'.

Age-standardisation

The age profile of Australians varies across jurisdictions, other geographic classifications (for example, remoteness), periods of time and or population subgroups (for example, between Indigenous and non-Indigenous populations). Age-standardisation is a process that removes differences in the age compositions of two or more populations, to allow comparisons between these populations independent of their age structure.

Age-standardisation is important in this publication, as drug-related behaviours can be age related. Age-standardisation accounts for this, allowing a comparison between groups (for example, jurisdictions), independent of their differing age profiles. A standard age composition is used against which subpopulations are standardised, in this case the age composition of the 30 June 2001 Australian estimated resident population

All state and territory data and some social characteristics data have been age-standardised, and are presented in Appendix 3 as age-standardised percentages. All data presented in the body of the report have not been age-standardised. Age-standardisation has been done using the direct method. For more detail on the process of applying direct age-standardisation, see Chapter 14 'Explanatory notes'.

2 Overview

The drugs most accepted by, available to, and used by people in Australia aged 14 years or older were the licit drugs: tobacco and alcohol. Overwhelmingly, the use of illicit drugs by adults was not accepted, and increased penalties for the sale and supply of these drugs were supported. Most people did not want illicit drugs legalised and illicit drugs were more likely than licit drugs to be associated with the concept of a drug 'problem'.

The change in peoples' attitudes towards tobacco and in opportunities to smoke tobacco is reflected in changes in reported consumption levels.

Drugs recently used

Overall, the pattern of recent licit and illicit drug use (in the last 12 months) among people in Australia aged 14 years or older in 2010 was similar to previous years, with alcohol and tobacco being more commonly used than illicit drugs and cannabis being the most commonly used among the illicit drugs (Table 2.1). However, the proportions using many of the different types of drugs have changed over time.

- The proportion of people who had smoked tobacco in the previous 12 months has steadily declined from 29.1% in 1993 to 18.1% in 2010.
- The proportion of people who reported drinking alcohol recently in 2010 (80.5%) has continued to decline from a peak in 2004, but was still higher than in 1993 (77.9%).
- Recent use of cannabis increased (from 9.1% in 2007 to 10.3%), but has declined in the longer term (from 12.7% in 1993).
- Other illicit drugs where use has increased since 2007 were cocaine, hallucinogens and inhalants. In the longer term, cocaine use was 4 times as high as in 1993, while use of hallucinogens and inhalants has returned to 1993 levels, having peaked in 1998, and dropped in 2004 and 2007.
- Recent use of ecstasy was lower in 2010 than in 2007, after increasing steadily since 1995.
- Non-medical use of pharmaceuticals has increased overall since 2007.

Table 2.1: Summary of recent[a] drug use, people aged 14 years or older, 1993 to 2010 (per cent)

Drug/behaviour	1993	1995	1998	2001	2004	2007	2010	
Tobacco	29.1	27.2	24.9	23.2	20.7	19.4	18.1	↓
Alcohol	77.9	78.3	80.7	82.4	83.6	82.9	80.5	↓
Illicit drugs (excluding pharmaceuticals)								
Cannabis	12.7	13.1	17.9	12.9	11.3	9.1	10.3	↑
Ecstasy[b]	1.2	0.9	2.4	2.9	3.4	3.5	3.0	↓
Meth/amphetamines[c]	2.0	2.1	3.7	3.4	3.2	2.3	2.1	
Cocaine	0.5	1.0	1.4	1.3	1.0	1.6	2.1	↑
Hallucinogens	1.3	1.9	3.0	1.1	0.7	0.6	1.4	↑
Inhalants	0.6	0.4	0.9	0.4	0.4	0.4	0.6	↑
Heroin	0.2	0.4	0.8	0.2	0.2	0.2	0.2	
Ketamine	n.a.	n.a.	n.a.	n.a.	0.3	0.2	0.2	
GHB	n.a.	n.a.	n.a.	n.a.	0.1	0.1	0.1	
Injectable drugs	0.5	0.5	0.8	0.6	0.4	0.5	0.4	
Any illicit[d] excluding pharmaceuticals	*13.7*	*14.2*	*19.0*	*14.2*	*12.6*	*10.9*	*12.0*	↑
Pharmaceuticals								
Pain-killers/analgesics[c]	1.7	3.4	5.2	3.1	3.1	2.5	3.0	↑
Tranquillisers/sleeping pills[c]	0.9	0.7	3.0	1.1	1.0	1.4	1.5	
Steroids[c]	0.3	0.2	0.2	0.2	—	—	0.1	
Methadone[e] or buprenorphine[f]	n.a.	n.a.	0.2	0.1	0.1	0.1	0.2	↑
Other opiates/opioids[c]	n.a.	n.a.	n.a.	0.3	0.2	0.2	0.4	↑
Any pharmaceutical[g]	*n.a.*	*4.1*	*6.3*	*3.9*	*3.8*	*3.7*	*4.2*	↑
Any illicit[d][g]	**14.0**	**16.7**	**22.0**	**16.7**	**15.3**	**13.4**	**14.7**	↑
None of the above	21.0	17.8	14.2	14.7	13.7	14.1	16.6	↑

(a) Used in the previous 12 months. For tobacco and alcohol 'recent use' means daily, weekly and less than weekly smokers and drinkers.
(b) Included 'designer drugs' before 2004.
(c) For non-medical purposes.
(d) Did not include GHB and Ketamine from 1993 to 2001.
(e) Non-maintenance.
(f) Did not include buprenorphine before 2007.
(g) Included barbiturates up until 2007; did not include methadone in 1993 and 1995; did not include other opiates from 1993 to 1998.

Note: some trend data were updated in 2010.

Drugs ever used

In 2010, alcohol and tobacco were the drugs most commonly ever used by people aged 14 years or older in Australia (Table 2.2). With the exception of cannabis, the proportion of the population who had used illicit drugs at some time in their life was relatively low. In 2010:

- just over 4 in 10 people in Australia (42.2%) aged 14 years or older had smoked at least 100 cigarettes (or the equivalent amount of tobacco) in their lifetime, and just under 9 in 10 (87.9%) had consumed a full serve of alcohol; both of these proportions have declined since 2007

- cannabis had been used at least once by one-third of people aged 14 years or older (35.4%)
- after cannabis, the illicit drugs most commonly used at least once were ecstasy (10.3%), hallucinogens (8.8%), cocaine (7.3%) and meth/amphetamines (7.0%), all increases from 2007
- other illicit drugs where the proportions having used it at least once increased from 2007 were inhalants, ketamine and GHB
- the proportion of people who used pharmaceuticals for non-medical purposes at least once remained steady from 2007.

Table 2.2: Summary of lifetime drug use, people aged 14 years or older, 1993 to 2010 (per cent)

	Ever tried[a]			Ever used[b]				
Drug/behaviour	**1993**	**1995**	**1998**	**2001**	**2004**	**2007**	**2010**	
Tobacco	50.9	47.4	50.8	49.4	47.1	44.6	42.2	↓
Alcohol	86.9	87.8	90.5	90.4	90.7	89.9	87.9	↓
Illicit drugs (excluding pharmaceuticals)								
Cannabis	34.7	31.1	39.1	33.1	33.6	33.5	35.4	↑
Ecstasy[c]	3.1	2.4	4.8	6.1	7.5	8.9	10.3	↑
Meth/amphetamines[d]	5.4	5.7	8.8	8.9	9.1	6.3	7.0	↑
Cocaine	2.5	3.4	4.3	4.4	4.7	5.9	7.3	↑
Hallucinogens	7.3	7.0	9.9	7.6	7.5	6.7	8.8	↑
Inhalants	3.7	2.4	3.9	2.6	2.5	3.1	3.8	↑
Heroin	1.7	1.4	2.2	1.6	1.4	1.6	1.4	
Ketamine	n.a.	n.a.	n.a.	n.a.	1.0	1.1	1.4	↑
GHB	n.a.	n.a.	n.a.	n.a.	0.5	0.5	0.8	↑
Injectable drugs	1.9	1.3	2.1	1.8	1.9	1.9	1.8	
Any illicit[e] excluding pharmaceuticals	*37.1*	*33.1*	*40.4*	*34.3*	*34.8*	*35.1*	*37.3*	↑
Pharmaceuticals								
Pain-killers/analgesics[d]	n.a.	12.3	11.5	6.0	5.5	4.4	4.8	
Tranquillisers/sleeping pills[d]	n.a.	3.2	6.2	3.2	2.8	3.3	3.2	
Steroids[d]	0.3	0.6	0.8	0.3	0.3	0.3	0.4	
Methadone[f] or buprenorphine[g]	n.a.	n.a.	0.5	0.3	0.3	0.3	0.4	
Other opiates/opioids[d]	n.a.	n.a.	n.a.	1.2	1.4	0.9	1.0	
Any pharmaceutical[h]	*n.a.*	*14.5*	*14.9*	*8.8*	*7.7*	*7.5*	*7.4*	
Any illicit[e][h]	**38.9**	**39.3**	**46.0**	**37.7**	**38.1**	**38.1**	**39.8**	**↑**
None of the above	8.0	8.1	6.7	7.5	7.9	8.2	10.4	↑

(a) Question asked as 'Have you ever tried…' from 1993 to 1998. Tried at least once in lifetime.

(b) Question asked as 'Have you ever used…' from 2001 to 2010. Used at least once in lifetime.

(c) Included 'designer drugs' before 2004.

(d) For non-medical purposes.

(e) Did not include GHB and Ketamine from 1993 to 2001.

(f) Non-maintenance.

(g) Did not include buprenorphine before 2007.

(h) Included barbiturates up until 2007; did not include methadone in 1993 and 1995; did not include other opiates from 1993 to 1998.

Note: some trend data were updated in 2010.

State and territory comparisons

Recent use

In 2010, there were some variations in recent drug use by state and territory (Table 2.3). Estimates of drug use by states and territories should be interpreted with caution due to the low prevalence and smaller sample sizes for some states and territories, particularly for low prevalence drugs. In 2010:

- recent tobacco use was almost twice as high in the Northern Territory as in the Australian Capital Territory (26.0% and 13.8%, respectively). Proportions in the other states and territories ranged between 16.8% (New South Wales) and 19.7% (Queensland)
- alcohol use ranged from 78.2% in New South Wales to 86.5% in the Australian Capital Territory
- the proportion of people recently using any illicit drug was highest in the Northern Territory (21.3%) and lowest in Tasmania (12.0%)
- cannabis use was also highest in the Northern Territory (16.5%), almost twice as high as in Tasmania (8.6%).

Table 2.3: Summary of recent[a] drug use, people aged 14 years or older, by state/territory, 2010 (per cent)

Drug/behaviour	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Tobacco	16.8	18.3	19.7	18.7	17.4	18.5	13.8	26.0	18.1
Alcohol	78.2	79.1	83.2	83.0	81.0	85.6	86.5	86.3	80.5
Illicit drugs (excluding pharmaceuticals)									
Cannabis	9.3	9.4	11.0	13.4	11.3	8.6	9.5	16.5	10.3
Ecstasy[b]	2.9	3.1	2.7	3.7	3.3	*1.7	*2.3	3.2	3.0
Meth/amphetamines[c]	1.6	2.3	1.9	3.4	2.5	*1.1	*1.2	*2.1	2.1
Cocaine	2.7	2.3	1.3	2.2	1.7	*0.8	*1.8	**0.5	2.1
Hallucinogens	0.8	1.8	1.4	1.9	1.0	*1.0	*1.5	*2.6	1.4
Inhalants	0.6	0.6	0.6	*0.4	*0.6	*0.8	**0.6	*1.5	0.6
Heroin	*0.2	*0.3	*0.1	*0.3	*0.2	**0.1	**0.3	**0.1	0.2
Ketamine	*0.2	0.5	**<0.	**0.1	*0.5	**0.2	**0.2	—	0.2
GHB	*0.2	*0.2	*0.1	**0.1	**0.1	—	**<0.	—	0.1
Injected drugs	0.4	*0.3	0.5	*0.8	*0.6	**0.1	**0.3	**0.6	0.4
Any illicit[d] excluding pharmaceuticals	*11.4*	*11.0*	*12.3*	*15.4*	*12.7*	*9.6*	*11.4*	*18.8*	*12.0*
Pharmaceuticals									
Pain-killers/analgesics[c]	2.9	2.8	3.1	3.6	3.4	2.7	2.9	3.7	3.0
Tranquillisers/sleeping pills[c]	1.2	1.8	1.4	2.0	1.0	*1.3	*1.3	*1.2	1.5
Steroids[c]	*0.1	**0.1	*0.2	**0.2	**0.2	—	**0.1	—	0.1
Methadone[e] or buprenorphine[f]	*0.3	**0.1	*0.2	**0.1	**0.2	—	**0.2	**0.1	0.2
Other opiates/opioids[b]	*0.4	0.4	*0.4	*0.5	*0.8	*0.4	**0.2	*0.5	0.4
Any pharmaceutical[g]	*3.8*	*4.3*	*4.2*	*5.1*	*4.0*	*3.6*	*3.6*	*4.5*	*4.2*
Any illicit[d][g]	**13.8**	**13.7**	**15.1**	**18.6**	**14.9**	**12.0**	**13.9**	**21.3**	**14.7**
None of the above	18.6	17.8	14.3	14.3	16.2	12.2	11.7	11.6	16.6

(a) Used in the previous 12 months. For tobacco and alcohol 'recent use' means daily, weekly and less than weekly smokers and drinkers.
(b) Included 'designer drugs' before 2004.
(c) For non-medical purposes.
(d) Did not include GHB and Ketamine from 1993 to 2001.
(e) Non-maintenance.
(f) Did not include buprenorphine before 2007.
(g) Included barbiturates up until 2007; did not include methadone in 1993 and 1995; did not include other opiates from 1993 to 1998.
* Estimate has a relative standard error of 25% to 50% and should be used with caution.
** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Age of initiation

Ever used

The mean ages at which people in Australia first used most licit and illicit drugs have changed very little between 1995 and 2010 (Table 2.4).

- For tobacco and alcohol, the mean ages of initiation remained relatively stable between 1995 and 2010, at about 16 years for tobacco and 17 years for alcohol.
- Among illicit drugs, cannabis had the youngest average age of initiation, at 18.5 years, followed by inhalants (19.5 years) and hallucinogens (19.8 years).
- The first use of any pharmaceutical for non-medical purposes was, on average, delayed until people were in their mid-20s.

- The mean age of initiation for first use of all illicit substances surveyed either remained stable or changed only slightly between 2007 and 2010.

Table 2.4: Average age of initiation[(a)] of lifetime drug use, people aged 14 years or older, 1995 to 2010 (years)

Drug/behaviour	1995	1998	2001	2004	2007	2010	
Tobacco	15.6	15.7	15.5	15.9	15.8	16.0	↑
Alcohol	17.3	17.1	17.1	17.2	17.0	17.0	
Illicit drugs (excluding pharmaceuticals)							
Cannabis	19.1	18.7	18.5	18.7	18.8	18.5	↓
Ecstasy[(b)]	22.7	22.7	21.9	22.8	22.6	22.2	
Meth/amphetamines[(c)]	20.2	19.9	20.4	20.8	20.9	20.9	
Cocaine	21.1	22.3	22.6	23.5	23.1	23.3	
Hallucinogens	19.1	18.8	19.1	19.5	19.6	19.8	
Inhalants	16.1	17.5	17.6	18.6	19.3	19.5	
Heroin	20.6	21.5	20.7	21.2	21.9	21.4	
Ketamine	n.a.	n.a.	n.a.	23.7	24.0	23.2	
GHB	n.a.	n.a.	n.a.	23.7	24.6	23.9	
Injected drugs	n.a.	20.7	20.2	21.7	21.3	21.1	
Any illicit[(d)] excluding pharmaceuticals	*19.0*	*18.6*	*18.5*	*18.2*	*18.8*	*18.6*	↓
Pharmaceuticals							
Pain-killers/analgesics[(c)]	19.0	19.7	18.9	23.4	20.9	21.8	
Tranquillisers/sleeping pills[(c)]	23.8	23.4	22.8	25.2	25.7	27.0	
Steroids[(c)]	18.7	21.6	22.5	25.2	23.9	22.9	
Methadone[(e)] or buprenorphine[(f)]	n.a.	21.6	21.8	24.8	23.3	23.6	
Any pharmaceutical[(g)]	*20.5*	*20.7*	*20.1*	*23.6*	*22.7*	*23.7*	
Any illicit[(d)(g)]	**18.9**	**18.8**	**18.6**	**19.4**	**19.1**	**19.0**	

(a) Age first tried/used drug. Tobacco is first full cigarette smoked; alcohol is first full serve.
(b) Included 'designer drugs' before 2004.
(c) For non-medical purposes.
(d) Did not include GHB and Ketamine from 1993 to 2001.
(e) Non-maintenance.
(f) Did not include buprenorphine before 2007.
(g) Included barbiturates up until 2007; did not include methadone in 1993 and 1995; did not include other opiates from 1993 to 1998.

Average age of initiation, by age group

Overall, people in Australia aged 14 years or older had their first experience with drugs by trying alcohol and tobacco, at the average ages of 16 and 17 years, respectively, and some time before trying illicit drugs. This pattern appears to be changing, however, with the youngest age groups reporting the use of some illicit drugs at a younger age than either smoking or drinking (Table 2.5). In 2010:

- 12–15-year olds and 16–17-year-olds had their first drug experience with inhalants, with an average age of initiation of 9.7 years and 13.1 years respectively. In comparison, 12–15 year olds and 16–17-year-olds did not start smoking and drinking, on average, until they were 13.1 and about 14.6, respectively; however, caution should be used when interpreting these results due to the high relative standard errors

- for 18–19-year-olds, the earliest drug experience was with painkillers/analgesics (14.5 years on average), a year before they started smoking and drinking.

Table 2.5: Average age of initiation[a] for tobacco, alcohol and illicit drug, people aged 12 years or older, by age, 2010 (years)

	Age group (years)									
Drug	**12–15**	**16–17**	**18–19**	**20–29**	**30–39**	**40+**	**Total (12+)**	**14–19**	**14+**	**18+**
Tobacco	13.1	14.7	15.6	15.7	15.7	16.2	**16.0**	14.9	**16.0**	**16.0**
Alcohol	13.1	14.6	15.6	15.8	16.2	18.0	**17.0**	14.8	**17.0**	**17.1**
Illicit drugs (excluding pharmaceuticals)										
Cannabis	**13.8	15.4	16.1	16.6	17.6	20.6	**18.5**	15.5	**18.5**	**18.6**
Ecstasy[b]	**14.0	*15.4	16.9	19.1	22.7	30.6	**22.2**	16.4	**22.2**	**22.3**
Meth/amphetamines[c]	**13.0	**15.5	16.6	18.8	21.6	23.6	**20.9**	16.4	**20.9**	**20.9**
Cocaine	**14.6	**14.9	17.1	20.8	24.0	25.9	**23.3**	16.8	**23.3**	**23.3**
Hallucinogens	**13.4	*15.4	*17.5	19.3	19.6	20.5	**19.8**	17.1	**19.8**	**19.8**
Inhalants	*9.7	*13.1	15.8	17.7	18.7	23.3	**19.4**	14.0	**19.5**	**19.8**
Heroin	—	**14.3	**18.2	19.1	21.1	22.6	**21.4**	16.8	**21.4**	**21.5**
Ketamine	**15.0	**16.0	**16.8	20.3	24.9	32.6	**23.2**	16.5	**23.2**	**23.2**
GHB	—	**13.6	**18.4	20.9	26.0	33.0	**23.9**	17.5	**23.9**	**23.9**
Injected drugs	—	**14.0	**17.8	19.1	20.6	22.8	**21.1**	16.9	**21.1**	**21.1**
Pharmaceuticals										
Pain-killers/analgesics[c]	*10.8	*13.6	*14.5	17.9	20.4	26.1	**21.7**	13.7	**21.8**	**22.1**
Tranquillisers/sleeping pills[c]	**13.0	**14.7	*17.0	19.9	24.0	34.9	**27.0**	16.2	**27.0**	**27.1**
Steroids[c]	—	—	—	21.7	22.8	24.2	**22.9**	—	**22.9**	**22.9**
Methadone[d] or buprenorphine[e]	**13.0	—	**18.0	21.2	24.7	25.7	**23.4**	18.0	**23.6**	**23.6**
Any illicit	**12.6**	**14.7**	**15.8**	**16.6**	**17.7**	**21.6**	**19.0**	**15.0**	**19.0**	**19.1**

(a) Age first tried/used drug. Tobacco is first full cigarette smoked; alcohol is first full serve.

(b) Included 'designer drugs' before 2004.

(c) For non-medical purposes.

(d) Non-maintenance.

(e) Did not include buprenorphine before 2007.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Notes

1. Base is those who had used in their lifetime.
2. Age of initiation was not asked for 'other opiates'.

Average age of initiation over time

Among younger Australians aged 14–24 years, the ages of initiation for most illicit drugs have remained stable since 2007. The exceptions were cannabis and hallucinogens, which both showed statistically significantly older age of first use in 2010 than in 2007 (Table 2.6).

In the longer term, the age at which 14–19-year-olds smoked their first full cigarette has been increasing steadily since 1998. For alcohol among this age group, the age at which they had their first full drink has remained relatively stable since 2001.

Table 2.6: Average age of initiation[(a)] of lifetime drug use, people aged 14–24 years, 1995 to 2010 (years)

Drug/behaviour	1995	1998	2001	2004	2007	2010	
			14–19 years				
Tobacco	13.9	13.4	13.7	14.0	14.4	14.9	↑
Alcohol	14.4	13.6	14.2	14.3	14.6	14.8	
Illicit drugs (excluding pharmaceuticals)			**14–24 years**				
Marijuana/cannabis	16.1	15.7	15.5	15.7	15.9	16.2	↑
Ecstasy[(b)]	19.4	18.6	18.2	18.4	18.1	18.0	
Meth/amphetamines[(c)]	18.3	17.8	17.6	18.0	18.1	17.9	
Cocaine	17.1	18.8	18.7	18.7	19.0	19.2	
Hallucinogens	17.1	17.2	17.0	17.1	17.8	18.6	↑
Any illicit[(d)] excluding pharmaceuticals	*15.9*	*15.6*	*15.4*	*15.7*	15.9	16.1	
Pharmaceuticals							
Pain-killers/analgesics[(c)]	13.8	15.6	14.5	15.5	15.3	15.5	
Tranquillisers/sleeping pills[(c)]	18.2	17.3	17.3	17.5	18.0	18.2	
Any pharmaceutical[(e)]	*14.4*	*16.1*	*15.3*	*15.9*	*16.1*	*16.4*	
Any illicit[(d)(e)]	**15.2**	**15.5**	**15.2**	**15.5**	**15.8**	**16.0**	

(a) Age first tried/used drug. Tobacco is first full cigarette smoked; alcohol is first full serve.

(b) Included 'designer drugs' before 2004.

(c) For non-medical purposes.

(d) Did not include GHB and Ketamine from 1993 to 2001.

(e) Included barbiturates up until 2007; did not include methadone in 1993 and 1995; did not include other opiates from 1993 and1998.

Availability of drugs

Opportunity to use drugs

Survey respondents were asked whether they had been offered or had the opportunity to use selected drugs in the preceding 12 months (Table 2.7). For people aged 14 years or older:

- just under half (45.6%) had been offered or had tobacco available for use, whereas almost 9 in 10 (87.5%) had been offered or had alcohol available for use; both of these proportions were statistically significantly lower than in 2007
- between 2007 and 2010, the availability of, and opportunity to use, ecstasy and meth/amphetamines declined. For ecstasy, the decline in availability was mainly reported among females. Conversely, cocaine, hallucinogens, pain-killers/analgesics and tranquilisers/sleeping pills were more readily available.

Table 2.7: Offer or opportunity to use selected drugs, people aged 14 years or older, by sex, 2004 to 2010 (per cent)

	Males				Females				Persons			
Drug	**2004**	**2007**	**2010**		**2004**	**2007**	**2010**		**2004**	**2007**	**2010**	
Tobacco	58.0	53.7	50.7	↓	47.6	44.7	40.7	↓	52.8	49.2	45.6	↓
Alcohol	92.9	91.5	90.2	↓	87.7	87.0	84.8	↓	90.3	89.3	87.5	↓
Illicit drugs (excluding pharmaceuticals)												
Cannabis	24.4	20.4	21.7		16.8	13.9	14.1		20.6	17.1	17.9	
Ecstasy[(a)]	9.7	9.6	9.1		6.0	6.6	5.3	↓	7.8	8.1	7.2	↓
Meth/amphetamines[(b)]	8.3	6.1	5.0	↓	5.4	3.7	2.8	↓	6.8	4.9	3.9	↓
Cocaine	3.6	4.7	5.7	↑	2.6	3.1	3.2		3.1	3.9	4.4	↑
Hallucinogens	3.8	2.9	5.0	↑	2.3	1.8	2.4	↑	3.0	2.4	3.7	↑
Inhalants	4.0	4.1	3.7		2.0	2.3	2.4		3.0	**3.2**	3.0	
Heroin	1.0	1.1	1.2		0.9	0.8	0.7		0.9	0.9	0.9	
Ketamine	1.9	1.2	1.5		1.3	0.8	0.8		1.6	1.0	1.1	
GHB	1.5	0.9	1.2		0.9	0.7	0.7		1.2	0.8	1.0	
Pharmaceuticals												
Pain-killers/analgesics[(b)]	40.9	15.5	16.7		41.6	15.3	19.7	↑	41.3	15.4	18.2	↑
Tranquillisers/sleeping pills[(b)]	6.9	6.2	7.2	↑	6.7	5.8	7.4	↑	6.8	6.0	7.3	↑
Steroids[(b)]	1.1	1.8	1.4		0.5	0.9	0.6	↓	0.8	1.3	1.0	↓
Methadone[(c)] or buprenorphine[(d)]	n.a.	n.a.	1.1		n.a.	n.a.	0.6		n.a.	n.a.	0.8	
Other opioids/opiates[(b)]	n.a.	n.a.	1.6		n.a.	n.a.	1.2		n.a.	n.a.	1.4	
Kava	2.5	2.3	2.5		1.6	1.3	1.4		2.0	1.8	1.9	

(a) Included 'designer drugs' before 2004.

(b) For non-medical purposes.

(c) Non-maintenance.

(d) Did not include buprenorphine before 2007.

Opportunity to use drugs, by age group

Overall, the drugs most readily available were alcohol and tobacco with, respectively, 87.5% and 45.6% of people in Australia aged 14 years or older reporting having had the opportunity to use them in the previous 12 months. Among illicit drugs, cannabis was the most readily available (17.9%). These three drugs were the most commonly available to all age groups, with only the extent to which they were available differing (Table 2.8). In 2010:

- the availability of all illicit drugs (excluding pharmaceuticals) was a lot higher for those aged 18–29 years, whereas for pharmaceuticals, those aged 30 or older had similar levels of opportunity as those aged 18–29 years
- the age group least able to access tobacco, alcohol and pharmaceuticals were 12–17-year-olds. However, 52.6% of people in this age group had had the opportunity to use alcohol and 29% tobacco in the previous 12 months. Those aged 40 years or older were least likely to have access to illicit drugs (excluding pharmaceuticals).

Table 2.8: Offer or opportunity to use selected drugs in the previous 12 months, people aged 12 years or older, by age, 2010 (per cent)

	Age group (years)								
Drug	**12–17**	**18–19**	**20–29**	**30–39**	**40+**	**Total (12+)**	**14–19**	**14+**	**18+**
Tobacco	29.0	63.1	64.8	56.1	35.5	**44.5**	47.4	**45.6**	**46.1**
Alcohol	52.6	93.7	92.3	90.8	86.8	**85.5**	76.9	**87.5**	**88.8**
Illicit drugs (excluding pharmaceuticals)									
Cannabis	17.4	37.7	35.9	23.2	8.1	**17.4**	29.1	**17.9**	**17.4**
Ecstasy[(a)]	3.5	20.2	21.0	8.4	1.6	**7.0**	10.3	**7.2**	**7.3**
Meth/amphetamines[(b)]	1.2	8.2	10.1	5.5	1.3	**3.8**	4.0	**3.9**	**4.0**
Cocaine	2.0	8.9	12.5	6.1	1.2	**4.3**	4.9	**4.4**	**4.5**
Hallucinogens	2.8	11.7	11.0	3.6	0.8	**3.6**	6.5	**3.7**	**3.7**
Inhalants	3.6	7.2	4.6	2.8	2.1	**3.0**	5.5	**3.0**	**2.9**
Heroin	*0.8	*2.2	1.7	0.9	0.6	**0.9**	1.3	**0.9**	**0.9**
Ketamine	*0.5	*2.0	3.0	1.0	0.6	**1.1**	1.2	**1.1**	**1.2**
GHB	*0.6	*2.3	2.3	0.9	0.5	**0.9**	1.3	**1.0**	**1.0**
Pharmaceuticals									
Pain-killers/analgesics[(b)]	9.0	18.6	18.8	17.6	19.1	**17.8**	13.4	**18.2**	**18.7**
Tranquillisers/sleeping pills[(b)]	2.0	8.5	10.6	7.9	6.4	**7.1**	4.8	**7.3**	**7.6**
Steroids[(b)]	*0.4	*0.9	2.0	0.9	0.7	**0.9**	*0.8	**1.0**	**1.0**
Methadone[(c)] or buprenorphine[(d)]	*0.4	*1.7	1.4	0.8	0.6	**0.8**	*0.9	**0.8**	**0.8**
Other opioids/opiates[(b)]	*0.9	*2.5	2.2	1.7	1.0	**1.4**	1.7	**1.4**	**1.4**
Kava	*0.7	*2.0	3.7	2.6	1.2	**1.9**	1.4	**1.9**	**2.0**

(a) Included 'designer drugs' before 2004.

(b) For non-medical purposes.

(c) Non-maintenance.

(d) Did not include buprenorphine before 2007.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Acceptance of the offer or opportunity to use drugs

Overall, among people aged 14 years or older who had the opportunity to use drugs, acceptance was highest for alcohol (92.3%) and lowest for steroids (14.2%) (Table 2.9).
In 2010:

- almost three-quarters of 12–17-year-olds who had been offered alcohol accepted that offer
- the majority (86.8%) of 12–17-year-olds who were offered tobacco did not accept the offer
- in all age groups under 40 years, acceptance was higher for many illicit drugs than for tobacco; among those aged over 40 years, the level of acceptance of tobacco was third highest (48.1%), after alcohol (93.4%) and cannabis (58.9%)
- among those aged 18–29 years, after alcohol, cannabis and meth/amphetamines were the most commonly accepted drugs
- among 30–39-year-olds, cocaine had similar levels of acceptance as meth/amphetamines (62.2% and 60.7%, respectively).

Table 2.9: People aged 12 years or older who had the opportunity to use and had used a drug recently[a], by age and sex, 2010 (per cent)

	Age group (years)								Sex (14+)		
Drug	**12–17**	**18–19**	**20–29**	**30–39**	**40+**	**Total (12+)**	**14–19**	**18+**	**Males**	**Females**	**Persons**
Tobacco	13.2	26.0	36.7	40.7	48.1	**40.4**	19.6	**42.2**	40.1	41.2	40.6
Alcohol	73.0	92.4	92.3	93.0	93.4	**91.9**	84.0	**93.1**	92.9	91.7	92.3
Illicit drugs (excluding pharmaceuticals)											
Cannabis	50.8	56.2	59.7	58.9	58.9	**58.2**	53.8	**59.0**	60.3	55.3	58.3
Ecstasy[b]	*21.5	30.7	47.1	47.0	30.0	**42.2**	27.7	**43.2**	40.8	44.6	42.2
Meth/amphetamines[c]	**17.2	49.0	59.0	62.2	36.9	**53.7**	40.5	**54.9**	50.0	60.6	53.8
Cocaine	*11.0	37.6	52.0	60.7	35.2	**48.9**	28.0	**50.7**	48.4	50.4	49.1
Hallucinogens	*21.9	41.4	42.1	42.8	13.4	**37.3**	32.5	**38.5**	40.0	31.3	37.1
Inhalants	*18.5	*26.5	32.3	*9.9	15.3	**20.2**	22.0	**20.4**	18.8	22.3	20.2
Heroin	**9.0	**11.8	*24.8	49.6	21.3	**25.8**	**11.8	**27.3**	26.7	25.6	26.3
Ketamine	**12.1	*38.1	25.5	35.3	*8.5	**22.6**	*26.6	**23.1**	20.9	25.4	22.6
GHB	**3.2	**22.2	*18.4	*23.8	*7.7	**15.7**	**14.6	**16.5**	*14.1	18.4	15.7
Pharmaceuticals											
Pain-killers/analgesics[c]	17.6	19.9	19.7	16.4	14.5	**16.1**	19.4	**16.0**	16.5	15.9	16.2
Tranquillisers/sleeping pills[c]	*11.5	28.1	24.7	23.8	16.9	**20.6**	21.4	**20.8**	19.8	21.3	20.6
Steroids[c]	—	—	*25.7	*21.8	**2.3	**14.2**	—	**14.9**	*13.9	*15.2	14.2
Methadone[d] or buprenorphine[e]	—	**33.9	*30.5	34.7	*10.0	**21.8**	**21.2	**22.8**	21.1	22.9	21.8
Other opioids/opiates[c]	*34.7	*31.7	42.9	43.0	20.6	**33.1**	*33.2	**33.0**	38.3	26.6	33.1

(a) Used in the previous 12 months.

(b) Included 'designer drugs' before 2004.

(c) For non-medical purposes.

(d) Non-maintenance.

(e) Did not include buprenorphine before 2007.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Base for each row is those who reported having been offered or had the opportunity to use in the previous 12 months.

Concurrent (12-month) drug use

Concurrent drug use refers to the use of more than one illicit drug in the previous 12-month period. Table 2.10 shows the proportion of users for each type of drug who also used one or more additional illicit drugs in the 12 months prior to the survey (but not necessarily at the same time). In 2010:

- cannabis was the drug most often used in addition to other illicit drugs, with proportions ranging from 31.5% of pharmaceuticals users to 90.0% of hallucinogen users also reporting using cannabis in the previous 12 months
- users of pharmaceuticals and cannabis were the least likely to be using other illicit drugs in the same 12-month period; the drugs most likely to be used concurrently by these groups were ecstasy and cocaine for cannabis users (21.6% and 14.9%, respectively), and cannabis and ecstasy for pharmaceuticals users (31.5%and 16.3%, respectively)
- heroin was the drug least likely to be used with other drugs, with proportions ranging from 1.8% of cannabis users to 5.8% of meth/amphetamines users reporting concurrent use of heroin.

Summary of drug use patterns

Table 2.11 provides a summary of the data presented in this chapter, with the addition of information on the drugs thought to be of most serious concern to the community, monthly or more frequent use of drugs and whether or not alcohol was used at the same time as illicit drugs. It also provides summary information on recent use by sex and age (see individual chapters for further detail). Among people aged 14 years or older:

- excessive alcohol use was mentioned more often than other drugs as being the most serious concern to the Australian community (42.1%), followed by tobacco (15.4%) and heroin (11.4%); while alcohol and tobacco were widely used in the community, heroin was only used by a very small proportion, yet attracts a relatively high level of concern for its levels of use
- cannabis and heroin were the illicit drugs most often used monthly or more often, with 47.4% of recent cannabis users and 63.2% of recent heroin users reporting use at least once a month
- patterns of use for the licit drugs of tobacco and alcohol were similar, with 15.1% of people smoking daily and 15.9% consuming alcohol in quantities that placed them at risk of an alcohol-related injury from a single drinking occasion as often as once a week
- the majority of illicit drug users (excepting pharmaceuticals) used alcohol at the same time, ranging from 85.2% of cannabis users to 96.2% of cocaine users. For users of pharmaceuticals, the use of alcohol at the same time was much lower (37.6%).

Table 2.10: Concurrent drug use[a], recent drug users aged 14 years or older, 2010 (per cent)

Recent users of	Marijuana/ cannabis	Ecstasy	Meth/ amphetamines	Cocaine	Hallucinogens	Inhalants	Heroin	Pharmaceuticals
Other drugs recently used								
Cannabis	. .	74.3	73.1	71.7	90.0	62.0	79.7	31.5
Ecstasy[b]	21.6	. .	59.2	62.4	64.0	41.6	*25.9	16.3
Meth/amphetamines[c]	14.6	40.6	. .	39.4	42.2	29.5	50.6	15.5
Cocaine	14.9	45.1	41.5	. .	37.9	28.3	37.0	14.6
Hallucinogens	11.9	29.3	28.3	24.0	. .	37.6	*20.9	9.3
Inhalants	3.6	8.3	8.6	7.9	16.4	. .	*12.5	5.1
Heroin	1.8	*2.1	5.8	4.1	*3.6	*4.8	. .	3.7
Pharmaceuticals[c]	12.5	22.2	31.1	27.6	27.6	35.1	64.0	. .
Did not use any other illicit	61.0	9.7	7.9	10.2	2.7	24.9	**5.8	61.8

(a) Used at least once in the previous 12 months.

(b) Included 'designer drugs' before 2004.

(c) For non-medical purposes.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Table 2.11: Summary of drug use patterns, people aged 14 years or older, 2010

Drug	Drug of most serious community concern (per cent)[b]	Offered/had opportunity to use in last 12 months (per cent)	Ever used (per cent)	Age of initiation (years)[c]	Recent use[a]								
					Males (per cent)	Females (per cent)	Persons (per cent)	Trend[d]	14–17 years (per cent)	18–19 years (per cent)	20–29 years (per cent)	Frequency (per cent)[e]	Used with alcohol (per cent)[f]
Tobacco	15.4	45.6	42.2	16.0	19.9	16.3	18.1	↓	5.5	16.4	23.7	15.1	n.a.
Alcohol	42.1	87.5	87.9	17.0	83.6	77.5	80.5	↓	52.9	86.3	85.3	15.9	n.a.
Cannabis	4.5	17.9	35.4	18.5	12.9	7.7	10.3	↑	12.8	21.3	21.3	47.4	85.2
Ecstasy[g]	5.5	7.2	10.3	22.2	3.6	2.3	3.0	↓	*1.1	6.0	9.9	15.5	94.0
Meth/amphetamines[h]	9.4	3.9	7.0	20.9	2.5	1.7	2.1	≈	**0.3	4.0	5.9	24.9	88.2
Cocaine	6.1	4.4	7.3	23.3	2.7	1.5	2.1	↑	*0.3	3.2	6.5	12.8	96.2
Hallucinogens	0.9	3.7	8.8	19.8	2.0	0.7	1.4	↑	*0.7	4.9	4.6	8.2	n.a.
Inhalants	1.3	3.0	3.8	19.5	0.7	0.5	0.6	↑	*0.8	*1.8	1.4	34.7	n.a.
Heroin	11.4	0.9	1.4	21.4	0.3	0.2	0.2	≈	**0.1	**0.3	*0.4	63.2	n.a.
Pharmaceuticals[h]	2.2	21.4	7.4	23.7[i]	4.1	4.2	4.2	↑	2.3	5.0	5.6	47.1[i]	37.6[j]

(a) Used at least once in the previous 12 months.

(b) For alcohol, respondents were asked about 'excessive drinking of alcohol'. For inhalants, respondents were asked about 'sniffing glue, petrol, solvents, rush'.

(c) Age at which the person first used the drug.

(d) Significant difference between 2007 and 2010.

(e) Base equals recent users, percentage who used at least once a month, except for tobacco where 'daily' use is presented and alcohol where risky drinking at least once per week is presented.

(f) Used at the same time on at least one occasion.

(g) Included 'designer drugs' before 2004.

(h) For non-medical purposes.

(i) Did not include 'other opiates'.

(j) Only included pain killers.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

3 Tobacco

Tobacco smoking is the single most preventable cause of ill health and death in Australia, contributing to more drug-related hospitalisations and deaths than alcohol and illicit drug use combined (Begg et al. 2007). In this chapter, information is presented on changes to smoking patterns over time, age, sex and other population characteristic comparisons, analysis of health and harm associated with tobacco use, and tobacco smoking-related behaviours such as use during pregnancy and quitting attempts. Statistically significant differences between 2007 and 2010 are highlighted.

Key findings

- In 2010, 15.1% of people in Australia aged 14 years or older were daily smokers, declining from 16.6% in 2007 and from 24.3% in 1991. One-quarter of the population were ex-smokers and more than half had never smoked.
- The decline in daily smoking was largest for those aged in their early-20s to mid-40s; proportions for people aged 45 years or older remained relatively stable or slightly increased between 2007 and 2010.
- Tobacco smoking (smoked in the previous 12 months) remains higher among particular population subgroups, such as those with the lowest socioeconomic status (SES) (24.6%) and those living in remote areas (28.9%). All jurisdictions reported a decrease from 2007 to 2010 in the proportion of daily smokers, except for Western Australia where daily smokers marginally increased.
- Compared with non-smokers (ex-smokers and those who never smoked), smokers were more likely to rate their health as being fair or poor, were more likely to have asthma, were twice as likely to have been diagnosed or treated for a mental illness and were more likely to report high or very high levels of psychological distress in the preceding 4-week period. A higher proportion of smokers reported being diagnosed or treated for a mental illness in 2010 (from 17.2% in 2007 to 19.4%).
- Almost 40% of smokers had reduced the amount they smoked in a day in 2010, and 29% had tried unsuccessfully to give up smoking. The proportion of people nominating cost as a factor increased significantly from 35.8% in 2007 to 44.1% in 2010.

Overall tobacco use

Current use and trends over time

In 2010, 15.1% of people in Australia aged 14 years or older were daily smokers, declining from 16.6% in 2007. Between 1991 and 2010, the proportion of daily smokers declined by almost 40% to the lowest levels seen over the 19-year period (Table 3.1). The proportion of people who had never smoked increased. Also:

- the number of people smoking daily in 2010 decreased by approximately 100,000 people (2.9 million in 2007 down to 2.8 million in 2010)
- just under one-quarter of the population (24.1%) were estimated to be ex-smokers and more than half (57.8%) had never smoked in their life in 2010

- In 2010, those people who had never smoked (10.6 million) and those who were ex-smokers (4.4 million) far exceeded the number of smokers (3.3 million) aged 14 years or older.

Table 3.1: Tobacco smoking status, people aged 14 years or older, 1991 to 2010 (per cent)

Smoking status	1991	1993	1995	1998	2001	2004	2007	2010	
Daily	24.3	25.0	23.8	21.8	19.4	17.5	16.6	15.1	↓
Weekly	2.8	2.3	1.6	1.8	1.8	1.6	1.3	1.5	
Less than weekly	2.4	1.8	1.8	1.3	2.0	1.6	1.5	1.4	
Ex-smokers[(a)]	21.4	21.7	20.2	25.9	26.2	26.4	25.1	24.1	↓
Never smoked[(b)]	49.0	49.1	52.6	49.2	50.6	52.9	55.4	57.8	↑

(a) Smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reports no longer smoking.

(b) Never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco.

Note: Some trend data were updated in 2010 and may not match data presented in previous reports.

Tobacco use, by sex

The proportion of people aged 14 years or older who smoked daily declined between 2007 and 2010, for both males and females (Table 3.2). These declines were statistically significant. In 2010, as in previous years, females were less likely than males to have smoked, at any frequency, and were more likely to have never taken up smoking.

Table 3.2: Tobacco smoking status, people aged 14 years or older, by sex, 2004 to 2010 (per cent)

	Males				Females			
Smoking status	2004	2007	2010		2004	2007	2010	
Daily	18.7	18.0	16.4	↓	16.3	15.2	13.9	↓
Weekly	2.0	1.4	1.9	↑	1.2	1.2	1.2	
Less than weekly	1.9	1.7	1.6		1.3	1.3	1.2	
Ex-smokers[(a)]	29.3	27.9	26.4		23.6	22.4	21.8	
Never smoked[(b)]	48.1	50.9	53.7	↑	57.5	59.8	61.8	↑

(a) Smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco their life, and reports no longer smoking.

(b) Never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco.

Note: Some trend data were updated in 2010 and may not match data presented in previous reports.

Tobacco use, by age and sex

The NDSHS has included people aged 12 years or older since 2004. Estimates of smoking prevalence in younger people (aged less than 18 years) are limited because of low smoking prevalence and small sample sizes in this age group. Results showed that far fewer young people were smokers compared with older age groups (Table 3.3). Among people in Australia in 2010:

- about 2.8 million people aged 14 years or older smoked daily
- 3.8% of teenagers (12–17-year-olds) smoked tobacco and 2.5% smoked daily
- males were generally more likely to be daily smokers than females except in the 12–17 years age group, where females were more likely to be daily smokers (3.2%) than males (1.8%)
- the proportion of the population smoking daily was higher as age increased to a peak for those aged 40–49 years (at 19.5% smoking daily). Those aged 12–17 years were the age group least likely to smoke daily (2.5%). Those aged 18–19 years were much more likely than other teenagers to smoke daily (13.0%). Almost 1 in 5 people aged 20–39 years smoked daily while at the age of 70 years or older only about 1 in 20 smoked daily (5.6%)
- there was a higher proportion of ex-smokers among older age groups, but for males the highest proportion of ex-smokers was among the oldest age group (70 years or older) at 48.4%, while for females the proportion of ex-smokers peaked at 29.2% among those aged 60–69 years
- 73.6% of females aged 70 years or older reported never smoking more than 100 cigarettes in their lifetime. This is noticeably lower than for males at 43.7%
- people aged 20–29 years were more likely to smoke occasionally (weekly or less than weekly) than any other age group.

Age comparisons over time

Figure 3.1 presents information on daily smoking among different age groups in 2004, 2007 and 2010.

Overall, there was little change in the proportions of people who were daily smokers between 2004 and 2007 at each age, however in 2010, there was a considerable decrease in the proportion of daily smokers aged in their early-20s to mid-40s. While overall Australia has seen a decrease in the proportion of daily smokers, it is apparent from this figure that this decrease is mainly due to a decrease in daily smoking by younger people (24–44 years). Those aged 54–74 years recorded either an increase or had a very similar prevalence to those reported in 2004 and 2007.

Should this trend continue in future years, it is likely that the proportion of the population who smoke daily will continue to decline as the non-smoking population ages, and as fewer young people take up smoking.

Table 3.3: Tobacco smoking status, people aged 12 years or older, by age and sex, 2010 (per cent)

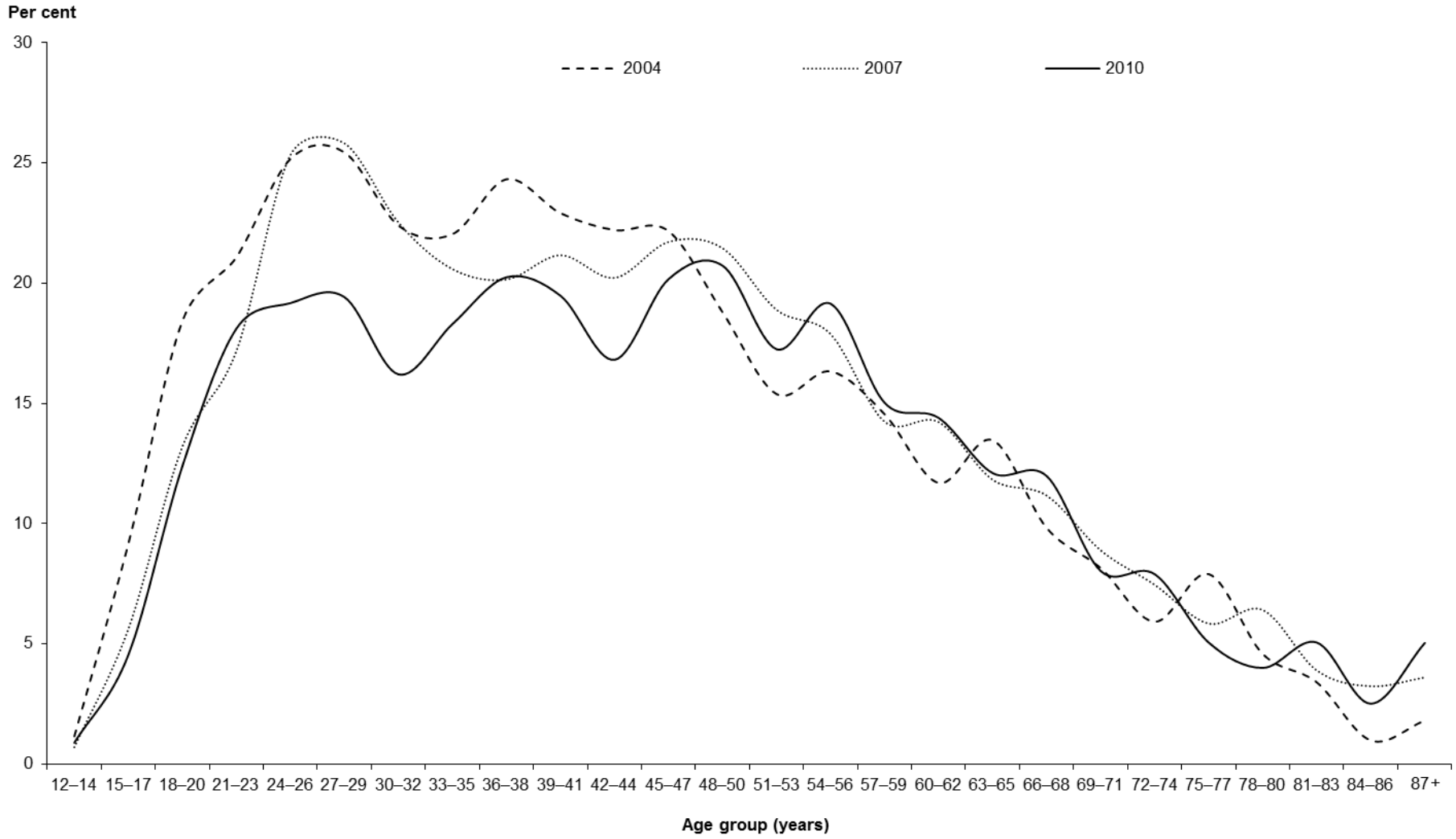
	Age group (years)											
Smoking status	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60–69**	**70+**	**Total (12+)**	**14–19**	**14+**	**18+**
						Males						
Daily	*1.8	13.2	19.7	20.2	20.2	18.8	13.7	7.0	**15.9**	6.4	**16.4**	**17.4**
Weekly	*1.0	*3.3	3.0	2.3	1.9	1.6	*1.0	*0.3	**1.8**	*2.1	**1.9**	**1.9**
Less than weekly	**0.2	**0.7	3.1	2.8	1.1	*1.0	*0.7	*0.5	**1.5**	**0.4	**1.6**	**1.7**
Ex-smokers[(a)]	*1.5	*4.0	11.4	23.0	28.6	34.6	43.5	48.4	**25.6**	*2.8	**26.4**	**28.2**
Never smoked[(b)]	95.5	78.8	62.8	51.6	48.1	44.0	41.0	43.7	**55.2**	88.3	**53.7**	**50.8**
						Females						
Daily	3.2	12.8	16.3	16.8	18.8	16.0	11.6	4.5	**13.5**	7.6	**13.9**	**14.5**
Weekly	*0.6	**1.1	2.7	1.4	1.2	0.9	0.6	*0.2	**1.2**	*0.8	**1.2**	**1.2**
Less than weekly	*0.8	*1.5	2.5	1.8	1.1	*0.7	*0.4	**0.3	**1.2**	*1.3	**1.2**	**1.2**
Ex-smokers[(a)]	*1.7	*2.8	12.0	25.6	28.4	28.3	29.2	21.5	**21.2**	2.5	**21.8**	**23.1**
Never smoked[(b)]	93.8	81.8	66.5	54.5	50.5	54.1	58.2	73.6	**62.9**	87.9	**61.8**	**59.9**
						Persons						
Daily	2.5	13.0	18.0	18.5	19.5	17.4	12.7	5.6	**14.7**	6.9	**15.1**	**15.9**
Weekly	*0.8	*2.2	2.9	1.9	1.5	1.2	0.8	*0.2	**1.5**	1.5	**1.5**	**1.6**
Less than weekly	*0.5	*1.1	2.8	2.3	1.1	0.9	0.6	*0.4	**1.4**	*0.8	**1.4**	**1.5**
Ex-smokers[(a)]	1.6	3.4	11.7	24.3	28.5	31.4	36.4	33.3	**23.4**	2.7	**24.1**	**25.6**
Never smoked[(b)]	94.6	80.2	64.6	53.1	49.3	49.1	49.6	60.5	**59.1**	88.1	**57.8**	**55.4**

(a) Smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reports no longer smoking.

(b) Never smoked more than 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.



Source: AIHW analysis of National Drug Strategy Household Survey 2004 and 2007 data.

Figure 3.1: Daily smoking, people aged 12 years or older, by 3-year age group (years) averages, 2004, 2007 and 2010

Smoking status, by social characteristics

A person's smoking status varies by social characteristics including education, employment, socioeconomic status, geography and Indigenous status (see Appendix 2 for definitions of the characteristics variables). Between 2007 and 2010, the proportion of people smoking across all of these groups either declined (statistically significantly) or remained relatively stable (Table 3.4).In addition:

- in 2010, of those aged 14 years or older, the proportion who smoked daily, weekly or less than weekly was inversely related to the socioeconomic status of where they lived—24.6% of people in areas with the lowest SES smoked compared with 12.5% in areas with the highest SES
- smoking was also related to remoteness, with 28.9%of people living in *Remote* and *Very remote* areas being smokers, compared with 16.8% of people in *Major cities*. After removing the effects of different age structures, people living in *Remote* and *Very remote* areas were still about 1.7 times as likely to smoke than those living in *Major cities*. Those living in *Remote* and *Very remote* areas were also the only people who did not record a statistically significant decline in 2010
- after adjusting for differences in age structure, Indigenous Australians were 2.2 times as likely as non-Indigenous Australians to smoke tobacco (see Appendix Table A3.1 for age-standardised percentages).

Table 3.4: Tobacco smoking status, people aged 14 years or older, by social characteristics, 2007 and 2010 (per cent)

	Never smoked[a]			Ex-smokers[b]			Smokers[c]		
Characteristic	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
All persons (aged 14+)	55.4	57.8	↑	25.1	24.1	↓	19.4	18.1	↓
Education									
With post-school qualifications	53.4	56.2	↑	27.9	26.8		18.8	17.0	↓
Without post-school qualifications	57.5	59.8	↑	21.5	20.7		21.0	19.5	↓
Labour force status									
Currently employed	52.5	54.9	↑	25.8	25.5		21.7	19.6	↓
Student	86.6	85.0		4.3	4.8		9.2	10.3	
Unemployed	45.5	55.7	↑	16.3	16.7		38.2	27.6	↓
Home duties	55.5	54.2		25.3	25.7		19.2	20.1	
Retired or on a pension	49.9	53.7	↑	37.0	35.0		13.1	11.3	↓
Volunteer/charity work	n.a.	60.1		n.a.	20.4		n.a.	19.5	
Unable to work	43.9	42.4		22.4	22.2		33.7	35.4	
Other	51.4	53.4		21.9	22.8		26.7	23.8	
Main language spoken at home									
English	53.7	55.5	↑	26.5	26.1	↓	19.8	18.4	↓
Other	75.0	80.4	↑	12.5	8.0	↓	12.5	11.6	

(continued)

Table 3.4 (continued): Tobacco smoking status, people aged 14 years or older, by social characteristics, 2007 and 2010 (per cent)

	Never smoked[(a)]			Ex-smokers[(b)]			Smokers[(c)]		
Characteristic	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Socioeconomic status									
1 (lowest)	49.6	52.6	↑	24.5	22.8	↓	25.9	24.6	↓
2	53.4	55.8	↑	25.1	23.5		21.5	20.7	
3	55.8	56.7		23.7	25.7		20.5	17.7	↓
4	56.9	59.6	↑	25.2	24.1		17.8	16.3	↓
5 (highest)	59.6	63.2	↑	26.6	24.3	↓	13.9	12.5	↓
Geography									
Major cities	57.6	60.2	↑	24.4	23.0	↓	18.0	16.8	↓
Inner regional	51.7	53.3	↑	26.4	26.8		21.9	19.9	↓
Outer regional	50.2	53.5	↑	26.9	25.9		23.0	20.7	↓
Remote/Very remote	47.8	45.4		27.1	25.7		25.0	28.9	
Marital status									
Never married	70.2	71.7		8.8	9.0		21.0	19.3	
Divorced/separated/widowed	45.4	49.5	↑	29.9	27.5		24.7	23.0	
Married/de facto	51.2	53.3	↑	31.4	30.4		17.4	16.2	↓
Indigenous status									
Aboriginal and/or Torres Strait Islander[#]	47.6	47.8		18.3	14.6		34.1	37.6	
Non-Indigenous	55.6	58.0	↑	25.5	24.6	↓	19.0	17.4	↓
Household composition									
Single with dependent children	38.4	39.5		24.2	23.6		37.4	36.9	
Couple with dependent children	51.9	53.9		28.9	28.2		19.2	17.9	
Parent with non-dependent children	50.0	53.2		31.6	28.6		18.4	18.2	
Single without children	50.9	52.9		23.7	23.2		25.4	23.8	
Couple without children	51.4	52.7		34.2	33.8		14.4	13.5	
Other[(d)]	70.8	74.6	↑	10.6	9.8	↓	18.6	15.6	↓
Sexual orientation									
Heterosexual	55.2	57.5	↑	25.9	25.0		18.9	17.5	↓
Homosexual/bisexual	43.0	46.6		17.5	19.2		39.5	34.2	
Not sure/undecided	66.8	73.3		14.5	10.1		18.7	16.6	

(a) Never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco.

(b) Smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reports no longer smoking.

(c) Smoked daily, weekly or less than weekly.

(d) People who live in a household with children, but are not the parent/guardian, younger people living with their parents or respondents who selected 'other household type'.

Due to the small sample sizes for Aboriginal and/or Torres Strait Islander people, estimates should be interpreted with caution.

State and territory comparisons

Current use and trends over time

All jurisdictions reported a decrease from 2007 to 2010 in the proportion of daily smokers except for Western Australia, where the proportion of daily smokers marginally increased (Figure 3.2). Over time (from 1998 to 2010), there has been a decrease in daily smoking in most states and territories, but this is the first time since 2001 that Tasmania has recorded a decline in the proportion of people smoking daily.

Between 2007 and 2010, there was a statistically significant decrease in the proportion of daily smokers in New South Wales (16.3% to 14.2%) and Tasmania (22.6% to 15.9%).

Since 1998, the Northern Territory has consistently had the highest proportion of daily smokers, and this pattern continued in 2010.

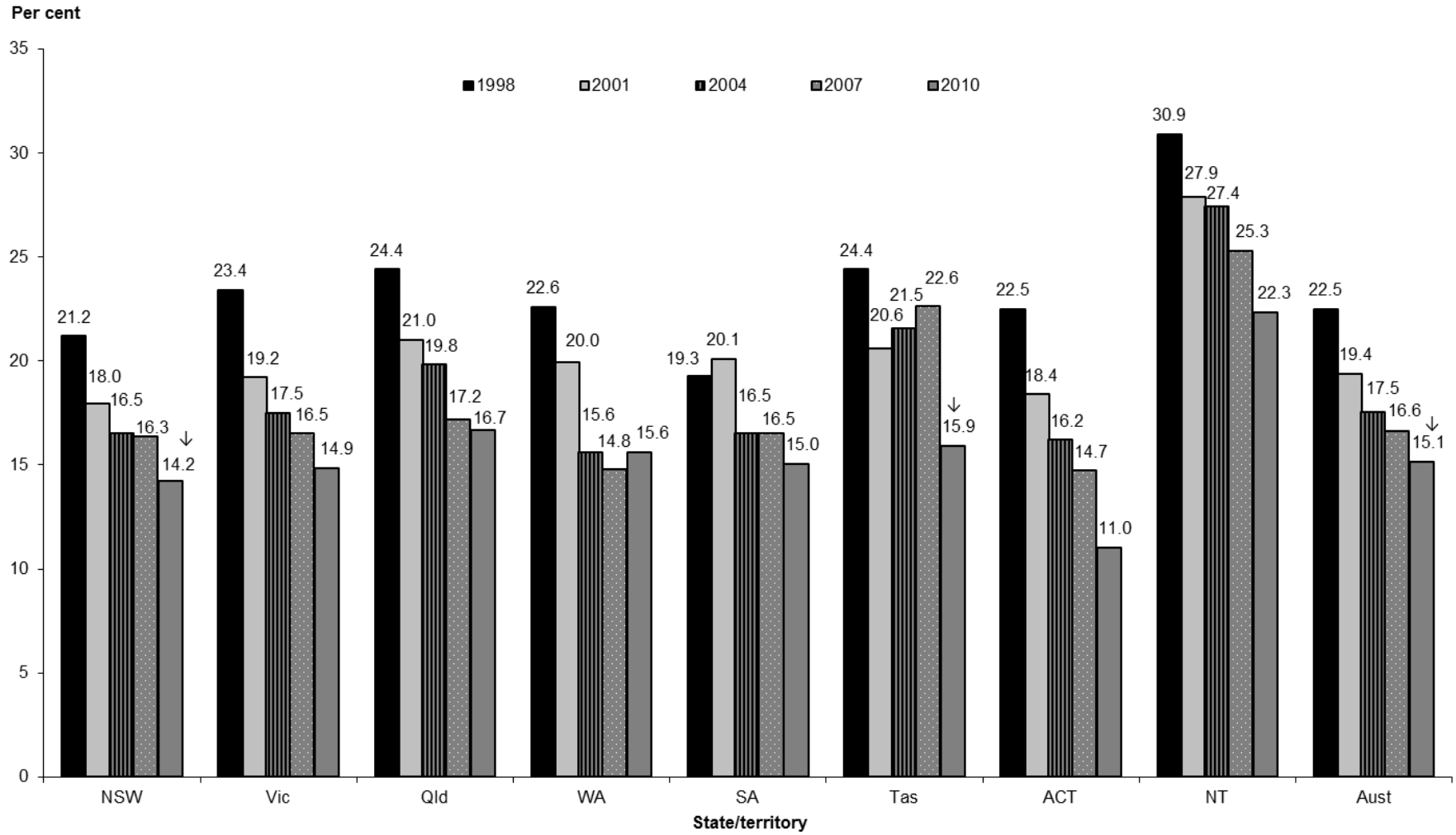


Figure 3.2: Daily smoking status, people aged 14 years or older, by state/territory, 1998 to 2010

State and territory comparisons, by sex

Among all the states and territories, people living in the Northern Territory (22.3%) were far more likely to smoke daily than in any other jurisdiction (Table 3.5). In particular:

- males had a higher prevalence of daily smoking than females in all jurisdictions
- the Australian Capital Territory had the highest proportion of people who had never smoked, and females from the Australian Capital Territory were the least likely to have smoked in the last 12 months (5 percentage points lower than the Australian average)
- the proportion of male daily smokers in the Northern Territory (27.5%) was more than double the proportion in the Australian Capital Territory (12.0%)
- the proportion of daily smokers in the Northern Territory and Queensland were higher than the national average
- after adjusting for differences in age structure, daily smoking continued to be highest in the Northern Territory and lowest in the Australian Capital Territory (see Appendix Table A3.2 for age-standardised percentages).

Table 3.5: Tobacco smoking status, people aged 14 years or older, by sex and state/territory, 2010 (per cent)

Smoking status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					Males				
Daily	15.6	15.0	18.4	17.5	17.1	16.1	12.0	27.5	16.4
Weekly	1.7	2.6	1.7	2.1	*0.6	*1.9	*1.6	*2.1	1.9
Less than weekly	1.3	1.5	1.7	*2.4	*1.4	*1.2	*3.0	*1.8	1.6
Ex-smoker[(a)]	25.1	25.2	28.2	26.8	29.2	33.6	25.6	23.3	26.4
Never smoked[(b)]	56.3	55.6	50.1	51.2	51.8	47.2	57.8	45.3	53.7
					Females				
Daily	12.9	14.7	15.0	13.6	13.1	15.8	10.1	16.8	13.9
Weekly	1.0	1.4	1.5	*0.8	*0.8	*1.4	**0.4	*2.4	1.2
Less than weekly	1.2	1.4	1.1	*0.9	2.0	**0.6	*0.7	*1.0	1.2
Ex-smoker[(a)]	21.7	20.1	23.5	21.9	22.5	24.0	24.3	25.0	21.8
Never smoked[(b)]	63.3	62.4	58.8	62.8	61.6	58.2	64.5	54.9	61.8
					Persons				
Daily	14.2	14.9	16.7	15.6	15.0	15.9	11.0	22.3	15.1
Weekly	1.4	2.0	1.6	1.5	0.7	1.7	*1.0	2.2	1.5
Less than weekly	1.2	1.4	1.4	1.6	1.7	*0.9	1.8	1.4	1.4
Ex-smoker[(a)]	23.3	22.6	25.8	24.4	25.8	28.7	24.9	24.1	24.1
Never smoked[(b)]	59.8	59.0	54.5	56.9	56.8	52.8	61.2	49.9	57.8

(a) Smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reports no longer smoking.

(b) Never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

State and territory comparisons, by age

Among all the states and territories, patterns of daily smoking differed by age (Table 3.6). For example:

- people living in the Northern Territory were more likely to smoke daily across all age groups except for those aged 30–39 years and 70 years or older
- people living in New South Wales, Victoria, South Australia and the Northern Territory were more likely to smoke daily in their 40s, while people living in Tasmania and the Australian Capital Territory were more likely to smoke daily in their 20s
- among males, the proportions of daily smokers were highest among those living in the Northern Territory for 20–29-year-olds, 40–49-year-olds and 60–69-year-olds while for 30–39-year-olds, Queensland had the highest proportion of daily smokers (Appendix Table A1.1 presents state and territory data by age and sex).

Table 3.6: Daily tobacco smoking status, people aged 12 years or older, by age and state/territory, 2010 (per cent)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT[(a)]	NT	Aust
12–17	*1.7	*3.7	*2.5	**2.5	*3.3	**1.9	—	**2.0	2.5
18–19	13.9	12.5	14.5	*13.0	*9.3	**6.8	**9.6	**12.9	13.0
20–29	18.4	17.7	18.4	16.2	16.1	25.5	16.3	25.7	18.0
30–39	16.3	17.6	23.2	19.9	17.3	20.6	10.0	20.9	18.5
40–49	18.5	18.2	21.5	19.5	22.9	18.5	13.8	30.7	19.5
50–59	15.5	17.4	18.5	19.8	19.0	18.2	*9.9	26.1	17.4
60–69	12.5	12.9	12.7	11.9	13.9	*11.4	10.9	20.6	12.7
70+	5.5	5.7	5.8	6.3	*3.6	*7.1	*5.1	*6.0	5.6
12+	**13.8**	**14.4**	**16.2**	**15.1**	**14.6**	**15.4**	**10.7**	**21.5**	**14.7**
14–19	*6.5*	*7.9*	*7.3*	**6.9*	**6.4*	***4.2*	***3.6*	**6.4*	*6.9*
14+	**14.2**	**14.9**	**16.7**	**15.6**	**15.0**	**15.9**	**11.0**	**22.3**	**15.1**
18+	**15.0**	**15.5**	**17.7**	**16.5**	**15.7**	**16.9**	**11.7**	**23.9**	**15.9**

(a) Caution should be exercised when interpreting results for people aged 12–17 years in the Australian Capital Territory due to small sample sizes.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use

Tobacco and health

This section provides information about a number of self-reported health assessments and compares measures of general health, selected health conditions and psychological distress with tobacco use (see Glossary for definition of the Kessler Psychological Distress Scale).

There appears to be a relationship between a person's smoking status, and general health and psychological distress (Table 3.7). However, it is unclear what other factors, such as age, sex, or socioeconomic status may be influencing this relationship.

Between 2007 and 2010:

- the proportion of smokers who had been diagnosed with or treated for a mental health condition increased from 17.2% to 19.4%
- compared with non-smokers, smokers were more likely to rate their health as being fair or poor, were more likely to have asthma, were twice as likely to have been diagnosed with or treated for a mental illness, and were more likely to report high or very high levels of psychological distress in the preceding 4-week period
- non-smokers were more likely to report excellent health and be in a healthy weight range than ex-smokers and smokers
- ex-smokers were more likely to report a diagnosis or treatment for heart disease or cancer than smokers or non-smokers.

Table 3.7: Self-assessed health status, health conditions and psychological distress, by tobacco status, people aged 18 years or older, 2010 (per cent)

Health status/ body mass index	Smoking status						All persons (18+)
	Smokers[a]		Ex-smokers[b]		Never smoked[c]		
	2007	2010	2007	2010	2007	2010	2010
Self-assessed health status[d]							
Excellent	8.5	8.4	12.9	13.0	20.3	19.9	16.0
Very good	31.1	32.5	38.6	37.4	39.5	39.5	37.6
Good	42.3	41.7	34.2	36.0	30.5	30.6	34.1
Fair	15.2	14.7	11.7	11.5	8.2	8.6	10.5
Poor	3.0	2.7	2.5	2.1	1.5	1.4	1.8
Self-reported health condition[e]							
Diabetes	4.6	4.4	7.3	6.9	5.1	5.1	5.4
Heart diseases[f]	12.0	12.9	25.4	25.0	17.2	18.4	19.1
Asthma	10.7	10.4	8.1	9.0	7.9	7.9	8.6
Cancer	2.1	1.8	3.8	4.6	2.4	2.4	2.8
Mental illness[g]	17.2	19.4 ↑	11.2	12.7 ↑	8.8	9.2	12.0
Level of psychological distress[h]							
Low	59.2	59.8	71.1	71.8	71.7	71.9	69.6
Moderate	25.0	24.5	20.3	19.9	20.0	19.5	20.5
High	11.1	11.3	6.9	6.6	6.8	6.5	7.4
Very high	4.7	4.4	1.7	1.7	1.5	2.1 ↑	2.4
Body mass index[i]							
Underweight	n.a.	3.2	n.a.	1.2	n.a.	2.7	2.4
Normal weight	n.a.	40.7	n.a.	34.0	n.a.	44.3	41.0
Overweight	n.a.	35.0	n.a.	38.7	n.a.	33.4	35.1
Obese	n.a.	21.1	n.a.	26.1	n.a.	19.6	21.6

(a) Smoked daily, weekly or less than weekly.

(b) Smoked at least 100 cigarettes or the equivalent tobacco in their life, and no longer smoke.

(c) Never smoked more than 100 cigarettes or the equivalent tobacco.

(d) In response to the question 'In general, would you say your health is…?'.

(e) Respondents could select more than one condition, in response to the question 'In the last 12 months have you been diagnosed or treated for…?'.

(f) Includes heart disease and hypertension (high blood pressure).

(g) Includes depression, anxiety disorder, schizophrenia, bipolar disorder, an eating disorder and other form of psychosis.

(h) Low: K10 score 10–15; Moderate: 16–21; High: 22–29; Very high: 30–50.

(i) Body mass index is calculated by dividing weight in kilograms by height in metres squared. Underweight: less than 18.5, Normal weight: 18.5–24.9, Overweight: 25–29.9, Obese: more than 30.

Note: Some trend data were updated in 2010 and may not match data presented in previous reports.

Tobacco smoking-related behaviours

Number of cigarettes smoked

Although the proportion of daily smokers decreased in 2010, among those who did smoke the mean number of cigarettes smoked per week increased from 97 to 103 (Table 3.8). As Figure 3.1 showed, the majority of the decline in daily smoking was due to a decrease in daily smoking by young people. The mean number of cigarettes smoked was highest among the older age groups (40–69 years). This may explain why overall the mean number of cigarettes smoked increased in 2010, as the relative proportion of daily smokers in older age groups also increased. The number of cigarettes smoked among recent tobacco smokers included both manufactured and roll-your-own cigarettes (Table 3.8). More specifically, among recent smokers:

- the mean number of cigarettes smoked per week was highest for those aged 50–59 years (127 cigarettes)
- male smokers smoked more cigarettes per week than their female counterparts except for those aged 70 years or older.

Table 3.8: Mean number of cigarettes smoked per week, recent[(a)] smokers aged 14 years or older, by age and sex, 2007 and 2010

	Males			Females		Persons		
Age group (years)	**2007**	**2010**		**2007**	**2010**	**2007**	**2010**	
14–19	53.3	^116.4	↑	65.0	70.3	59.8	93.3	↑
20–29	84.0	81.5		72.2	75.3	78.8	78.8	
30–39	100.0	99.2		86.6	87.2	93.8	93.9	
40–49	106.8	125.0	↑	104.7	112.3	105.8	118.9	↑
50–59	135.9	134.2		110.2	118.6	124.9	127.1	
60–69	117.3	124.1		109.5	111.8	113.6	118.6	
70+	77.5	90.9		82.5	100.3	79.9	95.1	
Total (14+)	**102.1**	**108.6**		**91.4**	**96.9**	**97.1**	**103.2**	↑
12+	**102.1**	**108.6**		**91.4**	**96.8**	**97.1**	**103.2**	
18+	**103.0**	**109.2**		**92.4**	**97.7**	**98.1**	**104.0**	↑

(a) Used in the previous 12 months.

^ There was an unusually high increase seen among males aged 14–19 years in 2010. Strong caution is urged when interpreting this estimate.

Note: Some trend data were updated in 2010 and may not match data presented in previous reports.

Mean number of cigarettes smoked, by characteristics

Not only were certain groups more likely to smoke, they were also more likely to smoke the most cigarettes per week (Table 3.9). More specifically, among current smokers:

- people living in areas with the lowest SES smoked many more cigarettes per week (123) than those living in areas with highest SES (70)
- Aboriginal and Torres Strait Islander people, on average, smoked the most number of cigarettes per week (147), and more than non-Indigenous Australians (101)
- those whose main language spoken at home was English smoked 41 cigarettes more per week (105) than those who spoke a language other than English (65)
- the mean number of cigarettes smoked per week increased significantly in 2010, particularly among those living in *Remote* and *Very remote* areas (107 in 2007 up to 141 in 2010).

Table 3.9: Mean number of cigarettes smoked per week, current smokers aged 14 years or older, by social characteristics and sex, 2007 and 2010 (number)

	Males			Females			Persons		
Characteristic	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
All persons (aged 14+)	102.1	108.6		91.4	96.9		97.2	103.2	↑
Education									
With post-school qualifications	99.4	99.6		83.7	88.4		92.9	95.0	
Without post-school qualifications	107.7	120.3		99.7	104.4		103.7	112.2	↑
Labour force status									
Currently employed	98.8	102.4		85.0	88.5		93.3	96.9	
Student	46.5	50.5		63.5	56.1		55.2	53.3	
Unemployed/looking for work	120.7	140.0		103.2	104.6		114.1	125.3	
Home duties	147.0	131.1		99.6	99.9		102.5	101.5	
Retired or on a pension	118.2	121.0		114.4	121.7		116.3	121.3	
Volunteer/charity work	—	*183.2		—	126.8		—	*158.3	
Unable to work	125.2	167.8		106.9	125.5		117.0	145.8	
Other	125.5	*142.7		72.1	121.2		90.1	128.3	
Main language spoken at home									
English	103.8	112.4	↑	91.3	96.9		97.9	105.1	↑
Other	72.6	65.1		89.7	62.3		77.3	64.5	
Socioeconomic status									
1 (lowest)	122.9	132.3		110.8	113.5		117.3	123.4	
2	108.7	113.0		95.4	107.0		102.4	110.4	
3	102.7	109.5		90.5	87.9		96.8	99.6	
4	93.0	91.4		84.5	91.8		89.2	91.5	
5 (highest)	78.1	74.0		68.9	66.1		74.0	70.3	

(continued)

Table 3.9 (continued): Mean number of cigarettes smoked per week, current smokers aged 14 years or older, by social characteristics and sex, 2007 and 2010

	Males			Females			Persons		
Characteristic	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Geography									
Major cities	93.8	97.0		83.4	91.2		89.1	94.5	
Inner regional	111.6	126.5		103.8	100.8		107.8	113.5	
Outer regional	126.2	124.6		106.9	116.6		117.3	120.9	
Remote/Very remote	114.0	161.3	↑	97.7	111.8		107.4	140.7	↑
Marital status									
Never married	92.3	104.0		72.5	85.1	↑	84.4	95.9	↑
Divorced/separated/widowed	128.0	138.7		110.0	119.8		117.9	127.6	
Married/de facto	101.3	104.3		93.2	92.9		97.5	99.2	
Indigenous status									
Aboriginal and/or Torres Strait Islander[#]	111.5	175.3		117.1	122.9		114.9	146.9	
Non-Indigenous Australians	101.7	105.9		90.5	94.7		96.6	100.8	
Household composition									
Single with dependent children	103.4	136.9		108.5	105.7		107.6	110.8	
Couple with dependent children	99.0	99.2		90.4	90.7		94.9	95.4	
Parent with non-dependent children	129.2	119.3		107.5	120.6		119.3	119.9	
Single without children	112.8	114.6		90.4	104.0		103.8	110.5	
Couple without children	92.4	107.9		86.7	94.5		89.8	102.2	↑
Other[(a)]	90.5	100.7		80.8	77.8		86.4	90.7	
Sexual orientation									
Heterosexual	101.7	107.4		92.4	95.5		97.4	102.0	
Homosexual/bisexual	106.8	*130.6		78.0	94.1		92.4	111.3	
Not sure/other	92.4	*111.8		83.5	114.2		89.1	113.1	

(a) People who live in a household with children but are not the parent/guardian, younger people living with their parents or respondents who selected 'other household type'.

Due to the small sample sizes for Aboriginal and/or Torres Strait Islander people, estimates should be interpreted with caution.

Notes

1. Base is current (daily, weekly and less than weekly) smokers.
2. Some trend data were updated in 2010 and may not match data presented in previous reports.

Smoking during pregnancy

Smoking is a risk factor for pregnancy complications (Laws et al. 2006). In 2010, tobacco smoking was lower among pregnant women than women who were not pregnant (Table 3.10). In the 12 months before the survey:

- the proportion of pregnant women who smoked decreased by 4.0 percentage points after they found out they were pregnant (from 11.7% before realising they were pregnant to 7.7% afterwards)
- pregnant women aged under 35 years were more likely to smoke than those aged over 35 years (13.0% compared with 8.3%)
- more than three-quarters (77.7%) of pregnant women who smoked were advised not to smoke while pregnant or breastfeeding. Doctors, specialists or nurses were the most likely people to have advised pregnant women not to smoke.

Table 3.10: Smoking behaviours during pregnancy, by age, 2010 (per cent)

	Under 35 years	35 years or older	Total
Proportion of women smoking tobacco	17.7	15.6	16.3
Pregnant women			
Smoked tobacco before they knew they were pregnant[(a)]	13.0	*8.3	11.7
Smoked tobacco after they knew they were pregnant[(a)]	8.5	*5.8	7.7
Total smoking during pregnancy[(a)]	*13.0*	**83*	*11.7*
While breastfeeding[(b)]	12.3	10.9	11.8
Were advised not to smoke[(c)]	76.9	80.2	77.7
Who advised not to smoke[(d)]			
Spouse/partner	45.5	27.3	40.9
Parent/s	39.1	26.4	35.9
Brother or sister	23.0	*12.0	20.2
Doctor or specialist	68.3	67.7	68.2
Nurse or midwife	55.0	65.0	57.5
Pharmacist	*4.8	**4.0	*4.6
Other	*9.9	*11.4	10.3

(a) Base is only pregnant women or women pregnant and breastfeeding.

(b) Base is women who were only breastfeeding or pregnant and breastfeeding.

(c) Base is women who smoke and were pregnant and/or breastfeeding.

(d) Base is pregnant or breastfeeding women who were advised not to smoke.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use

Unbranded loose tobacco

Unbranded tobacco (also known as chop-chop) is finely cut, unprocessed loose tobacco that has been grown, distributed and sold without government intervention or taxation (ANAO 2002). The survey questions relating to unbranded loose tobacco were modified in 2010 and only asked respondents about awareness and use of unbranded loose tobacco whereas in 2007 respondents were asked about awareness and use of unbranded loose tobacco and unbranded cigarettes. This should be taken into account when making comparisons between 2007 and 2010. For more information please refer to the relevant 2007 and 2010 questionnaires.

In 2010, of smokers aged 14 years or older nearly half had seen or heard of unbranded loose tobacco (Table 3.11). The proportion of smokers who had ever smoked and smoked unbranded loose tobacco at the time of the survey declined between 2007 and 2010 (from 27.0% down to 24.0%, and from 6.1% down to 4.9%, respectively). Those who currently use unbranded loose tobacco smoked it more often in 2010; however the proportion of smokers using it regularly remained low at 1.5%. See Appendix Table A1.2 for proportions of people in Australia using unbranded loose tobacco.

Table 3.11: Unbranded loose tobacco, awareness and use, recent[(a)] smokers aged 14 years or older, by sex, 2010 (per cent)

	Males			Females			Persons		
Behaviour	**2007[(b)]**	**2010**		**2007[(b)]**	**2010**		**2007[(b)]**	**2010**	
Aware of unbranded loose tobacco	52.6	51.6		42.7	40.0		48.0	46.3	
Ever smoked unbranded loose tobacco									
As proportion of those aware	61.0	55.8	↓	49.5	45.5		56.3	51.7	↓
As proportion of smokers	32.1	28.8		21.1	18.2	↓	27.0	24.0	↓
Currently smoke this type of tobacco									
Currently smoke it[(c)] (proportion of ever used)	24.4	22.1		19.6	17.5		22.6	20.5	
No longer use it (proportion of ever used)	75.6	77.9		80.4	82.5		77.4	79.5	
Currently smoke it[(c)] (proportion of smokers)	7.8	6.3		4.1	3.2		6.1	4.9	↓
No longer use it (proportion of smokers)	24.2	22.3		17.0	15.0		20.8	19.0	
Smoke unbranded loose tobacco half the time or more									
As proportion of those who currently smoke it	15.8	30.5	↑	28.3	32.0		19.6	31.0	↑
As proportion of smokers	1.2	1.9		1.1	1.0		1.1	1.5	

(a) Used in the previous 12 months.

(b) The 2007 question asked about unbranded loose tobacco and unbranded cigarettes; the 2010 question asked about unbranded loose tobacco only.

(c) Smoke unbranded loose tobacco either occasionally, some days or every day.

Note:

1. Base is those who reported smoking in the previous 12 months.

Counterfeit cigarettes

Counterfeit cigarettes are direct copies of legal cigarette brands, produced overseas then illegally imported into Australia and sold (Scollo & Winstanley 2008). Of smokers aged 14 years or older, one-quarter had heard of counterfeit cigarettes (Table 3.12). More than 1 in 5 (21.2%) smokers believed they may have bought counterfeit cigarettes, and about 1 in 20 (4.6%) reported this happening as often as once a month.

Table 3.12: Counterfeit cigarettes, awareness and use, recent[(a)] smokers aged 14 years or older, by sex, 2010 (per cent)

Behaviour	Males	Females	Persons
Aware of counterfeit cigarettes	29.7	19.7	25.1
Believe they may have purchased counterfeit cigarettes	19.7	23.1	21.2
Frequency at which they may have bought counterfeit cigarettes (proportion of those who may have purchased)			
Once a month	23.2	20.2	21.7
Once every 6 months	35.7	36.1	35.9
Once a year	41.2	43.7	42.4
Frequency at which they may have bought counterfeit cigarettes (proportion of smokers)			
Once a month	4.6	4.7	4.6
Once every 6 months	7.0	8.3	7.6
Once a year	8.1	10.1	9.0
Never bought it	80.3	76.9	78.8

(a) Used in the previous 12 months.

Note: Base is those who reported smoking in the previous 12 months.

Type of tobacco smoked

In 2010, the majority of smokers only smoked one type of tobacco, with manufactured cigarettes the most common (63.2%, down from 69.4% in 2007), followed by roll-your-own (5.9%, up from 4.9% in 2007) and cigars/pipes (1.6%) (Figure 3.3). The most common combination of tobacco types was manufactured cigarettes and roll-your-own (21.6%, up from 16.6% in 2007). Few smokers used all three types of tobacco (3.4%).

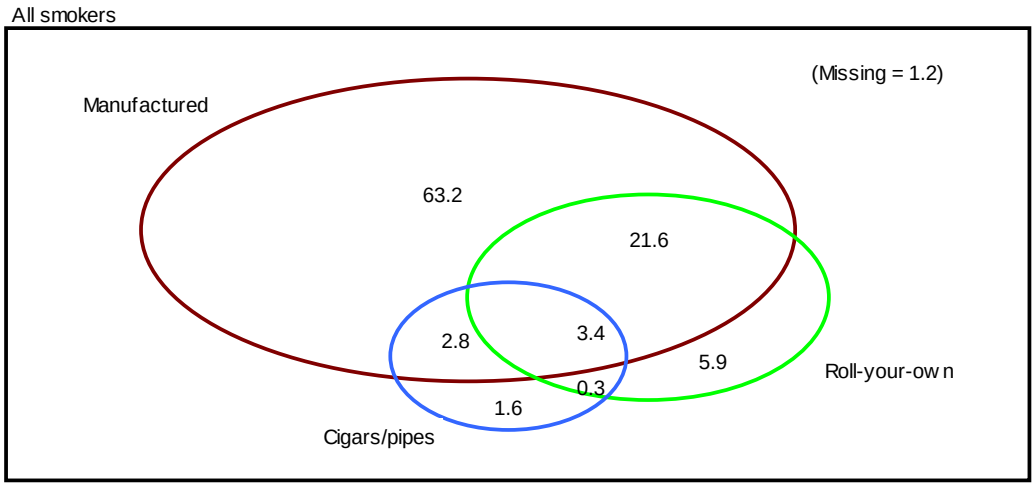


Figure 3.3: Type of tobacco smoked, smokers aged 14 years or older, 2010 (per cent)

Motivation to change smoking behaviour

Changes to smoking behaviour

Of smokers aged 14 years or older, 37.6% had reduced the amount smoked in a day in 2010. This proportion significantly increased from 2007 to 2010, and was the highest proportion for any of the behaviours proposed in the survey (Table 3.13). Nearly one-quarter (23.4%) of recent smokers had made no changes to their smoking behaviour in the previous 12 months. Among smokers, a smaller proportion successfully gave up smoking for more than a month (24.3% in 2007 compared with 19.1% in 2010), and a higher proportion tried to give up but did not succeed (25.2% in 2007 compared with 29.0% in 2010). These changes were statistically significant.

Motivators for change to behaviour

The main reasons smokers changed their behaviour in 2010 was because smoking was affecting their health or because it was costing too much money (Table 3.14). The proportion of people nominating cost as a factor increased (statistically significantly) from 35.8% in 2007 to 44.1% in 2010. Health warnings on cigarette packets had less of an impact at motivating smokers to try giving up or cutting down in 2010 (15.2%) compared with 2007 (19.4%).

Table 3.13: Changes to smoking behaviour, recent[(a)] smokers aged 14 years or older, by sex, 2007 and 2010 (per cent)

	Males			Females			Persons		
Behaviour	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Successfully given up smoking (for more than a month)	23.6	19.5	↓	25.2	18.7	↓	24.3	19.1	↓
Unsuccessfully tried to give up	25.4	27.1		24.9	31.2	↑	25.2	29.0	↑
Changed to a brand with lower tar or nicotine content	11.9	11.4		15.3	14.1		13.5	12.6	
Unsuccessfully tried to change to a brand with lower tar or nicotine content	2.3	2.7		2.7	2.7		2.5	2.7	
Reduced the amount of tobacco smoked in a day	31.3	34.8		32.0	40.8	↑	31.6	37.6	↑
Tried to reduce the amount of tobacco smoked in a day	12.5	16.1	↑	13.7	15.3		13.0	15.7	↑
None of these	29.7	25.8	↓	26.4	20.6	↓	28.2	23.4	↓

(a) Used in the previous 12 months.

Notes

1. Base is those who reported smoking in the previous 12 months.
2. Respondents could select more than one response.

Table 3.14: Factors that motivated change to smoking behaviour, smokers aged 14 years or older who reported a change in behaviour, by sex, 2010 (per cent)

	Males			Females			Persons		
Factor	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Health warnings on cigarette packets	19.1	15.4	↓	19.7	15.1	↓	19.4	15.2	↓
Government TV, press or radio ads	15.6	13.0		15.5	14.1		15.5	13.6	
Tobacco Information Line	0.4	*1.2		1.1	*0.8		0.7	1.0	
QUIT line	2.2	1.8		2.7	1.5	↓	2.4	1.6	
I wanted to get fit	29.5	28.4		25.1	21.3	↓	27.4	25.0	
I was pregnant or planning to start a family	2.7	2.1		11.3	8.8		6.8	5.4	
I think it was affecting my health or fitness	45.7	46.8		44.2	41.7		45.0	44.3	
My doctor advised me to give up	14.8	15.2		12.8	14.7		13.9	15.0	
Family or friends asked me to quit	25.6	26.8		24.4	26.7		25.0	26.8	
I was worried it was affecting the health of those around me	21.3	16.6	↓	21.4	18.5		21.4	17.5	↓
It was costing too much	34.5	42.1	↑	37.2	46.2	↑	35.8	44.1	↑
Smoking restrictions in public areas	13.2	10.5		14.2	12.0		13.7	11.2	↓
Smoking restrictions in the work place	9.2	8.7		6.0	5.2		7.7	7.0	
Information on an internet website	n.a.	*1.2		n.a.	*0.5		n.a.	*0.8	
Pamphlets or brochures on how to quit	n.a.	2.3		n.a.	1.6		n.a.	2.0	
Other	11.8	9.8		13.1	11.5		12.4	10.6	

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Notes

1. Base is recent smokers who reported making changes to smoking behaviour.
2. Respondents could select more than one response.

Environmental tobacco smoke

Patterns of environmental tobacco smoke exposure in the home have remained relatively stable between 2007 and 2010. In 2010, the vast majority of non-smokers lived in homes where no one regularly smoked (Table 3.15). However, 5.1% of non-smokers were exposed to smoke at home at least once a day by another resident.

Table 3.15: Exposure to environmental tobacco smoke in the home at least daily, non-smokers aged 14 years or older, by sex, 2010 (per cent)

	Males		Females		Persons	
Exposure	**2007**	**2010**	**2007**	**2010**	**2007**	**2010**
Yes, smokes inside the home	6.4	5.4	5.7	4.9	6.0	5.1
No, only smokes outside the home	15.4	16.6	17.4	18.7	16.4	17.7
No one at home regularly smokes	78.2	78.0	77.0	76.4	77.5	77.2

Note: Base is non-smokers.

Obtaining cigarettes

The most likely source of current and former smokers' first cigarette was a friend or acquaintance (Table 3.16). This source was highest among the 18–19-year-old age group and lowest among those aged 70 years or older. People aged 60 years or older were more likely to have bought their first cigarette themselves from a shop while those under the age of 50 years were more likely to have stolen it.

The vast majority of current smokers aged 18 years or older bought cigarettes at shops/ retailers (Table 3.17). As there are legal restrictions on the sale of tobacco products to minors, those aged 12–17-year-olds were far less likely to regularly buy cigarettes at shops, and more likely to obtain them from a friend, acquaintance or relative.

Table 3.16: Supply of first cigarette, recent[(a)] smokers and ex-smokers aged 12 years or older, by age, 2010 (per cent)

	Age group (years)											
Smoking status/first supply	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60–69**	**70+**	**Total (12+)**	**14–19**	**14+**	**18+**
Friend or acquaintance	55.6	71.2	63.4	59.9	58.0	49.6	40.5	36.4	**56.3**	65.1	**56.3**	**56.3**
Relative/partner	*8.4	*7.7	10.0	9.7	8.2	11.3	9.1	*11.6	**9.6**	*8.0	**9.6**	**9.7**
Stole it	*19.6	*5.3	13.1	12.9	12.5	11.8	6.5	*4.6	**11.7**	11.0	**11.7**	**11.6**
Purchased it myself from	**3.7	**3.0	6.3	9.6	10.8	14.0	24.4	28.2	**11.5**	*3.3	**11.5**	**11.6**
Other	**1.6	—	*1.7	1.7	*1.9	*1.5	3.3	*2.8	**1.8**	**0.6	**1.8**	**1.8**
Can't recall	*11.2	*12.3	5.5	6.3	8.6	11.8	16.2	16.4	**9.0**	12.0	**9.0**	**9.0**

(a) Used in previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Base is recent and ex-smokers.

Table 3.17: Means of obtaining tobacco, smokers aged 12 years or older, by age and sex, 2010 (per cent)

	Age group (years)										
Means of obtaining	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (12+)**	**14–19**	**14+**	**18+**
Friend or acquaintance	35.9	*5.4	7.0	6.2	4.4	3.7	2.9	**5.8**	16.4	**5.7**	**5.2**
Relative or spouse	*24.5	**3.9	*1.3	*1.7	*1.5	*1.4	*1.3	**2.0**	*12.0	**2.0**	**1.5**
Purchase from retailer/internet	30.8	90.8	91.3	91.9	93.7	94.3	94.5	**91.5**	68.2	**91.6**	**92.8**
Other	*8.8	—	**0.4	**0.1	**0.5	**0.7	*1.3	**0.7**	*3.4	**0.7**	**0.5**

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Notes

1. Base is recent smokers.
2. Other includes 'stole it'.

4 Alcohol

This chapter presents information on the alcohol consumption patterns of people living in Australia in 2010. As discussed in Chapter 1 (Introduction), results presented about the risks associated with alcohol consumption are based on the current Australian Alcohol Guidelines (NHMRC 2009). Readers should note that these guidelines were released in 2009 and previous NDSHS reports were analysed according to the 2001 guidelines. Risks of harm from alcohol are generally discussed in terms of different drinking patterns and the associated risks of drinking on a single occasion and over the lifetime. This chapter also provides information on drink preferences and alcohol-related behaviours such as measures to reduce consumption, and presents information on the health and harm associated with alcohol use.

Key findings

- The proportion of the population who consumed alcohol daily declined between 2007 (8.1%) and 2010 (7.2%). Males were twice as likely as females to drink daily.
- A higher proportion of 12–17-year-olds abstained from alcohol (61.6%) than had consumed it in the last 12 months (38.4%). The proportion of 12–15-year-olds and 16–17-year-olds abstaining from alcohol increased in 2010 (from 69.9% in 2007 to 77.2% and from 24.4% to 31.6%, respectively).
- In 2010, 1 in 5 people aged 14 years or older consumed alcohol at a level that put them at risk of harm from alcohol-related disease or injury over their lifetime, and this remained stable between 2007 (20.3%) and 2010 (20.1%). However, the number of people drinking alcohol in risky quantities increased from 3.5 million in 2007 to 3.7 million in 2010.
- About 2 in 5 (39.7%) people aged 14 years or older drank, at least once in the last 12 months, in a pattern that placed them at risk of an alcohol-related injury from a single drinking occasion; but there was a modest but statistically significant decline in risky drinking over the previous 12 months from 2007 (41.5%).
- Males were far more likely than females to consume alcohol in risky quantities, and those aged between 18–29 years were more likely than any other age group to consume alcohol in quantities that placed them at risk of an alcohol related injury, and of alcohol-related harm over their lifetime.
- The Northern Territory reported a decline in the proportion of people drinking daily in 2010; however, they had the highest proportion of recent drinkers placing themselves at risk of lifetime harm and of an alcohol-related injury from a single occasion of drinking.
- About 7% of recent drinkers changed their drink preference, with those aged 14–19 years being the most likely age group to change their main drink preference in the last 12 months.
- The proportion of pregnant women abstaining during pregnancy increased in 2010 (from 40.0% in 2007 to 52.0% in 2010).
- The proportion of people being physically abused by a person under the influence of alcohol increased in 2010 (from 4.5% to 8.1%), while the proportion of

people driving a vehicle or verbally abusing someone while under the influence of alcohol decreased in 2010.

Overall alcohol use

Current use and trends over time

Between 1993 and 2007, the daily drinking patterns of people in Australia aged 14 years or older remained largely unchanged, at around 8% (Table 4.1). However, in 2010, there was a statistically significant decrease (since 2007) in the proportion of people drinking daily (from 8.1% to 7.2%). In addition:

- the number of people in Australia drinking daily in 2010 decreased by approximately 100,000 people (1.4 million in 2007 down to 1.3 million in 2010)
- the proportion of people aged 14 years or older who had never had a full serve of alcohol has generally increased since 1998, with a statistically significant increase between 2007 and 2010 (from 10.1% to 12.1%)
- in 2010, most (80.5%) people aged 14 years or older had consumed a full serve of alcohol, and 19.5% had not consumed alcohol in the previous 12 months.

Table 4.1: Alcohol drinking status, people aged 14 years or older, 1991 to 2010 (per cent)

Drinking status	1991	1993	1995	1998	2001	2004	2007	2010	
Daily	10.2	8.5	8.8	8.5	8.3	8.9	8.1	7.2	↓
Weekly	41.0	39.9	35.2	40.1	39.5	41.2	41.3	39.5	↓
Less than weekly	30.4	29.5	34.3	31.9	34.6	33.5	33.5	33.8	
Ex-drinker[(a)]	12.0	9.0	9.5	10.0	8.0	7.1	7.0	7.4	
Never a full serve of alcohol	6.5	13.0	12.2	9.4	9.6	9.3	10.1	12.1	↑

(a) Consumed at least a full serve of alcohol, but not in the previous 12 months.

Alcohol use, by sex

The alcohol drinking status of people aged 14 years or older noticeably varied between males and females (Table 4.2). In particular:

- males were almost twice as likely (9.6%) as females (4.9%) to drink daily in 2010; this pattern was seen from 2004 to 2010
- the decline in daily drinking was mainly due to the proportion of male daily drinkers declining between 2007 and 2010 (from 10.8% to 9.6%). This decline was statistically significant
- the proportion of people aged 14 years or older abstaining from alcohol (never had a full serve of alcohol) increased statistically significantly between 2007and 2010, for both males (from 8.2% to 10.0%) and females (12.1% to 14.2%).

Table 4.2: Alcohol drinking status, people aged 14 years or older, by sex, 2004 to 2010 (per cent)

	Males				Females				Persons			
Drinking status	**2004**	**2007**	**2010**		**2004**	**2007**	**2010**		**2004**	**2007**	**2010**	
Daily	12.0	10.8	9.6	↓	5.8	5.5	4.9		8.9	8.1	7.2	↓
Weekly	47.6	46.8	45.2		35.0	35.9	33.9	↓	41.2	41.3	39.5	↓
Less than weekly	27.5	28.3	28.8		39.4	38.5	38.7		33.5	33.5	33.8	
Ex-drinker[(a)]	6.0	5.8	6.4		8.2	8.1	8.3		7.1	7.0	7.4	
Never a full glass of alcohol	6.9	8.2	10.0	↑	11.6	12.1	14.2	↑	9.3	10.1	12.1	↑

(a) Consumed at least a full serve of alcohol, but not in the previous 12 months.

Alcohol use, by age and sex

The age group most likely to drink daily were those aged 70 years or older, for both males (18.4%) and females (12.0%) (Table 4.3). For people aged 12 years or older:

- the peak for weekly drinkers was among those aged 50–59 years for males (50.6%) and those aged 40–49 years for females (40.9%)
- compared with females, a greater proportion of males (aged 14 years or older) drank daily in 2010, for all age groups
- the proportion of males drinking alcohol (daily, weekly or less than weekly) was higher than females for all age groups except for 12–17-year-olds (39.1% of females compared with 37.6% of males)
- the proportion of 12–17-year-olds abstaining from alcohol (never had a full serve of alcohol) (59.3%) was higher than the proportion drinking alcohol (38.4%).

Age comparisons over time

In 2010, the proportion of daily drinkers was lower than the proportion of daily drinkers in 2004, for nearly all age groups (Figure 4.1). While, overall, Australia has seen a decrease in the proportion of daily drinkers, it is apparent that this decrease was mainly due to a decrease in daily drinking among people in their mid- to late-40s or older.

Table 4.3: Alcohol drinking status, people aged 12 years or older, by age and sex, 2010 (per cent)

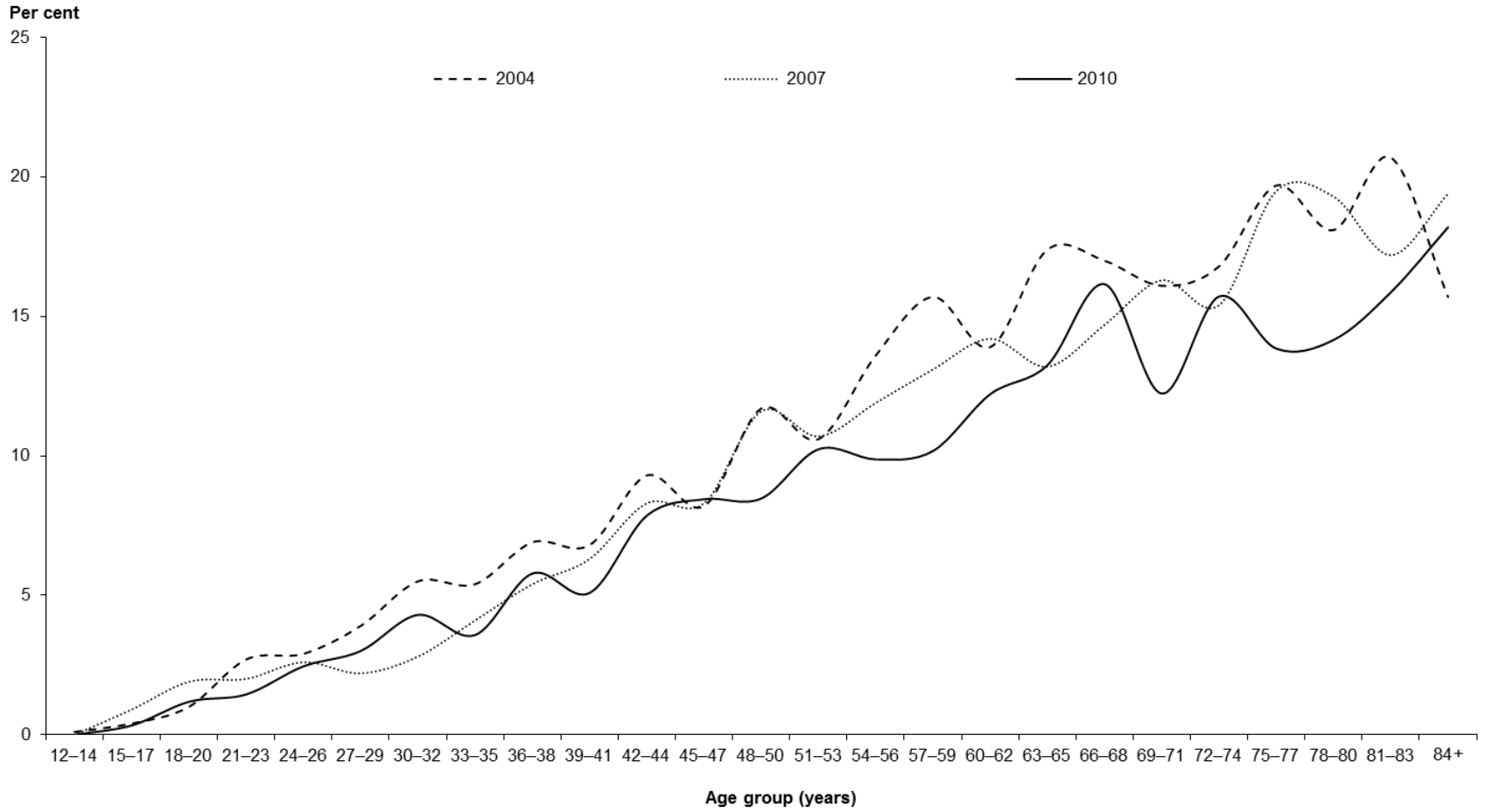
	Age group (years)											
Drinking status	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60–69**	**70+**	**Total (12+)**	**14–19**	**14+**	**18+**
						Males						
Daily	**0.1	*1.8	3.4	6.6	10.2	14.0	17.8	18.4	**9.3**	*0.8	**9.6**	**10.3**
Weekly	5.3	46.2	49.7	50.2	49.3	50.6	45.9	37.3	**43.8**	21.1	**45.2**	**47.9**
Less than weekly	32.2	39.4	33.0	29.7	28.0	22.7	22.7	22.6	**28.1**	42.7	**28.8**	**27.7**
Recent drinker[(a)]	*37.6*	*87.5*	*86.1*	*86.5*	*87.5*	*87.2*	*86.5*	*78.3*	***81.2***	*64.6*	***83.6***	***85.9***
Ex-drinker[(b)]	*2.7	*2.0	3.1	6.1	6.5	7.8	8.3	12.4	**6.3**	*2.9	**6.4**	**6.6**
Never a full serve of alcohol	59.6	10.5	10.8	7.4	6.0	5.0	5.2	9.3	**12.5**	32.5	**10.0**	**7.5**
						Females						
Daily	—	**0.6	*0.9	2.5	4.8	6.4	8.8	12.0	**4.7**	**0.2	**4.9**	**5.2**
Weekly	4.9	30.4	37.9	37.3	40.9	38.9	33.0	23.5	**32.9**	15.1	**33.9**	**35.7**
Less than weekly	34.2	54.1	45.6	42.3	38.4	34.6	32.2	27.3	**37.8**	49.3	**38.7**	**38.1**
Recent drinker[(a)]	*39.1*	*85.1*	*84.4*	*82.1*	*84.0*	*79.8*	*74.0*	*62.7*	***75.5***	*64.6*	***77.5***	***79.0***
Ex-drinker[(b)]	*1.9	*5.0	4.3	7.7	7.2	10.7	12.5	13.4	**8.1**	3.0	**8.3**	**8.7**
Never a full serve of alcohol	59.0	9.9	11.4	10.2	8.8	9.4	13.4	23.8	**16.4**	32.4	**14.2**	**12.2**
						Persons						
Daily	**0.1	*1.2	2.1	4.6	7.5	10.1	13.3	14.8	**7.0**	*0.5	**7.2**	**7.7**
Weekly	5.1	38.6	43.9	43.7	45.0	44.7	39.5	29.5	**38.3**	18.2	**39.5**	**41.7**
Less than weekly	33.2	46.5	39.2	36.0	33.3	28.7	27.5	25.2	**33.0**	45.9	**33.8**	**33.0**
Recent drinker[(a)]	*38.4*	*86.3*	*85.3*	*84.3*	*85.7*	*83.5*	*80.2*	*69.6*	***78.3***	*64.6*	***80.5***	***82.4***
Ex-drinker[(b)]	2.3	*3.5	3.7	6.9	6.9	9.3	10.4	13.0	**7.2**	3.0	**7.4**	**7.7**
Never a full serve of alcohol	59.3	10.2	11.1	8.8	7.4	7.2	9.3	17.4	**14.5**	32.5	**12.1**	**9.9**

(a) Consumed at least a full serve of alcohol in the previous 12 months.

(b) Consumed at least a full serve of alcohol, but not in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.



Source: AIHW analysis of the National Drug Strategy Household Survey 2004 and 2007 data.

Figure 4.1: Daily drinking, people aged 12 years or older, by 3-year age group averages, 2004–2010 (per cent)

Alcohol risk

In March 2009, the National Health and Medical Research Council (NHMRC) released new guidelines about alcohol consumption and health risk. These guidelines moved away from previous threshold-based definitions of 'risky' or 'high-risk' drinking in recognition of the fact that the lifetime risk of harm from consuming alcohol increases progressively with the amount consumed (NHMRC 2009). See Box 4.2 for a summary of the 2009 Australian guidelines to reduce health risks from drinking alcohol.

The guidelines have implications for the interpretation of NDSHS alcohol data that were collected prior to 2009. In this report, results from the 2010 NDSHS were analysed using the 2009 guidelines, as these were current during the collection period. However, results in previous NDSHS reports were analysed using guidelines released in 2001. So that the difference in results produced using the 2001 and 2009 guidelines may be compared Appendix tables A1.3 and A1.4 have been analysed according to the 2001 guidelines, by age and sex.

The older guidelines were released by the NHMRC in 2001, and were expressed in terms of short-term and long-term risk of harm (injury, ill health and death). See Box 4.1 for a summary of the 2001 guidelines: health risk and benefits.

To aid comparability with previous reports, additional analysis on the 2001 guidelines can be found online.

Box 4.1: Summary of 2001 Australian alcohol guidelines: health risks and benefit

Level of risk in the short term

Males:

- Low risk: up to 6 standard drinks on any one day
- Risky: 7–10 standard drinks on any one day
- High risk: 11 or more standard drinks on any one day

Females:

- Low risk: up to 4 standard drinks on any one day
- Risky: 5–6 standard drinks on any one day
- High risk: 7 or more standard drinks on any one day

Level of risk in the long term

Males:

- Low risk: up to 28 standard drinks per week
- Risky: 29–42 standard drinks per week
- High risk: 43 or more standard drinks per week

Females:

- Low risk: up to 14 standard drinks per week
- Risky: 15–28 standard drinks per week
- High risk: 29 or more standard drinks per week

These were guidelines for adults; children and adolescents may be physically smaller and have less experience with alcohol, so it is likely that for adolescents, consumption below these levels would also pose significant risks.

Source: NHMRC 2001.

Box 4.2: Summary of the 2009 Australian guidelines to reduce health risks from drinking alcohol

Guideline 1: Reducing the risk of alcohol-related harm over a lifetime

The lifetime risk of harm from drinking alcohol increases with the amount consumed. For healthy men and women, drinking no more than 2 standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

Guideline 2: Reducing the risk of injury on a single occasion of drinking

On a single occasion of drinking, the risk of alcohol-related injury increases with the amount consumed. For healthy men and women, drinking no more than 4 standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

Guideline 3: Children and young people under 18 years of age

For children and young people under the age of 18 years, not drinking alcohol is the safest option.

A: Parents and carers should be advised that children aged under 15 years are at the greatest risk of harm from drinking, and that for this age group, not drinking alcohol is especially important.

B: For young people aged 15–17 years, the safest option is to delay the initiation of drinking for as long as possible.

Guideline 4: Pregnancy and breastfeeding

Maternal alcohol consumption can harm the developing foetus or breastfeeding baby.

A: For women who are pregnant or planning a pregnancy, not drinking is the safest option.

B: For women who are breastfeeding, not drinking is the safest option.

Source: NHMRC 2009.

Risk of alcohol-related harm over a lifetime

About 1 in 5 people in Australia aged 14 years or older consumed alcohol at a level that puts them at risk of harm from alcohol-related disease or injury over their lifetime (Table 4.4). Results from the 2010 survey showed that:

- there was little change in the proportion of risky drinkers from 2007 (20.3%) to 2010 (20.1%)
- more than 3.7 million people in Australia aged 14 years or older were at risk of an alcohol-related disease or injury over their lifetime based on their pattern of drinking in 2010 (up from 3.5 million in 2007)
- people aged 18–29 years were more likely than any other age group to drink alcohol in a way that put them at risk of alcohol-related harm over their lifetime (31.7% for those aged 18–19 years and 26.9% for those aged 20–29 years)
- males were twice as likely as females to drink alcohol in quantities that put them at risk of incurring an alcohol-related chronic disease or injury over their lifetime (29.0% and 11.3%, respectively)

- according to guideline 3 of the 2009 guidelines, for those aged under 18 years, not drinking is the safest option, and this is especially important for children aged under 15 years. Positively, the proportion of people aged 12–15 years and 16–17 years abstaining from alcohol increased in 2010 (from 69.9% to 77.2% and from 24.4% to 31.6%, respectively).

Table 4.4: Alcohol consumption (2009 guidelines), people aged 12 years or older at risk of alcohol-related harm over a lifetime, by age and sex, 2007 and 2010 (per cent)

Age group (years)	Abstainers[a]			Lifetime risk				
				Low risk[b]			Risky[c]	
	2007	2010		2007	2010		2007	2010
				Males				
12–15	70.2	78.7	↑	28.8	20.7	↓	1.0	**0.6
16–17	27.4	30.7		57.3	58.1		15.4	11.2
18–19	9.8	12.5		56.5	45.2		33.7	42.3
20–29	11.1	13.9		50.0	50.0		38.9	36.1
30–39	10.9	13.5		59.8	55.4	↓	29.4	31.1
40–49	10.8	12.5		57.9	56.7		31.2	30.8
50–59	9.9	12.8	↑	59.2	56.4		30.9	30.8
60–69	15.2	13.5		57.6	58.6		27.2	27.9
70+	20.0	21.7		59.5	59.6		20.5	18.7
Total (12+)	**16.5**	**18.8**	**↑**	**55.2**	**53.1**	**↓**	**28.3**	**28.1**
14–19	*29.2*	*35.4*	↑	*53.7*	*45.8*	↓	*17.1*	*18.7*
14+	**14.0**	**16.4**	**↑**	**56.7**	**54.6**	**↓**	**29.2**	**29.0**
18+	**12.2**	**14.1**	**↑**	**57.1**	**55.2**	**↓**	**30.7**	**30.7**
				Females				
12–15	69.5	75.6		28.1	22.9		2.4	*1.5
16–17	21.4	32.5	↑	69.9	58.9	↓	8.8	8.6
18–19	12.1	14.9		67.7	64.8		20.2	20.3
20–29	14.8	15.6		67.9	67.0		17.3	17.4
30–39	13.5	17.9	↑	74.4	70.8	↓	12.2	11.3
40–49	13.9	16.0		72.5	71.2		13.6	12.8
50–59	18.1	20.2		70.9	68.0		11.0	11.9
60–69	26.3	26.0		65.5	66.5		8.2	7.5
70+	37.7	37.3		57.9	58.0		4.5	4.7
Total (12+)	**22.1**	**24.5**	**↑**	**66.5**	**64.4**	**↓**	**11.3**	**11.0**
14–19	*28.7*	*35.4*	↑	*60.3*	*54.0*	↓	*11.0*	*10.5*
14+	**20.1**	**22.5**	**↑**	**68.2**	**66.1**	**↓**	**11.7**	**11.3**
18+	**19.0**	**21.0**	**↑**	**69.0**	**67.3**	**↓**	**12.0**	**11.7**

(continued)

Table 4.4 (continued): Alcohol consumption (2009 guidelines), people aged 12 years or older at risk of alcohol-related harm over a lifetime, by age and sex, 2007 and 2010 (per cent)

Age group (years)	Abstainers[a]			Lifetime risk				
				Low risk[b]			Risky[c]	
	2007	2010		2007	2010		2007	2010
				Persons				
12–15	69.9	77.2	↑	28.5	21.8	↓	1.7	*1.0
16–17	24.4	31.6	↑	63.4	58.5		12.1	9.9
18–19	10.9	13.7		62.0	54.7		27.1	31.7
20–29	12.9	14.7		58.9	58.3		28.2	26.9
30–39	12.2	15.7	↑	67.1	63.2	↓	20.7	21.1
40–49	12.4	14.3		65.2	64.0		22.4	21.7
50–59	14.0	16.5	↑	65.1	62.2	↓	20.9	21.3
60–69	21.1	19.8		61.8	62.5		17.1	17.7
70+	29.4	30.4		58.6	58.7		12.0	10.9
Total (12+)	**19.4**	**21.7**	**↑**	**60.9**	**58.8**	**↓**	**19.7**	**19.5**
14–19	*29.0*	*35.4*	↑	*56.9*	*49.8*	↓	*14.1*	*14.8*
14+	**17.1**	**19.5**	**↑**	**62.5**	**60.4**	**↓**	**20.3**	**20.1**
18+	**15.6**	**17.6**	**↑**	**63.1**	**61.3**	**↓**	**21.2**	**21.1**

(a) Not consumed alcohol in the previous 12 months.

(b) On average, had no more than 2 standard drinks per day.

(c) On average, had more than 2 standard drinks per day.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Risk of alcohol-related harm from a single drinking occasion

There are also risks to health from a single occasion of drinking. In 2010, around 2 in 5 (39.8%) people aged 14 years or older drank, at least once in the previous 12 months, in a pattern that placed them at risk of an alcohol-related injury from a single drinking occasion (Table 4.5). More specifically:

- the proportion of risky drinkers from a single drinking occasion declined from 41.5% in 2007 to 39.7% in 2010, which was mainly due to a decline in the proportion of people drinking at risky levels at least once a year but not as often as monthly; more frequent patterns of risky drinking remained stable between 2007 and 2010
- The proportion of risky drinkers decreased in 2010, however the number of people in Australia consuming alcohol on a single occasion in quantities that placed them at risk of an alcohol-related injury increased (from 7.1 million in 2007 to 7.3 million in 2010)
- about 1 in 6 (15.9%) people aged 14 years or older put themselves at risk of an alcohol-related injury from a single drinking occasion at least once a week
- males were far more likely than females to drink alcohol in quantities that placed them at risk from a single occasion of drinking (50.0% compared 29.8% for females,) and they were also likely to do this more often than females, with 23.2% of males consuming these quantities at least weekly (compared with 8.8% of females)
- almost two-thirds (64.6%) of males aged 18–19 years, and more than half (54.9%) aged 20–29 years placed themselves at risk of an alcohol-related injury at least once a month.

It is important to note that at comparatively low levels of consumption no gender difference is apparent. As consumption levels increase, gender differences become increasingly apparent (Roche 2009). At higher levels of consumption, the risk of alcohol-related disease increases more quickly for women and the risk of alcohol-related injury increases more quickly for men (NHMRC 2009).

Table 4.5: Alcohol consumption (2009 guidelines), people aged 12 years or older at risk of injury on a single occasion of drinking, by age and sex, 2007 and 2010 (per cent)

Age group (years)	Abstainers[a]			Low risk[b]		Single occasion risk									
						At least yearly[c]			At least monthly[d]		At least weekly[e]			Every day/most days[f]	
	2007	2010		2007	2010	2007	2010		2007	2010	2007	2010		2007	2010
Males															
12–15	70.2	78.7	↑	20.7	15.4	3.8	*2.2		4.5	*2.9	0.9	**0.8		—	—
16–17	27.2	30.7		25.9	24.3	6.2	11.0	↑	21.9	21.6	16.4	11.3		2.4	**1.2
18–19	9.8	12.5		15.6	15.6	18.5	7.3	↓	16.4	24.0	34.7	34.7		5.0	*5.9
20–29	11.1	13.9		16.7	19.9	11.6	11.2		22.3	22.0	32.0	27.1	↓	6.4	5.8
30–39	10.9	13.5		26.9	24.8	17.3	16.6		19.1	19.3	18.5	17.7		7.4	8.2
40–49	10.8	12.5		32.9	33.1	15.5	14.3		16.3	14.7	15.4	16.0		9.1	9.5
50–59	9.9	12.8	↑	39.6	38.0	14.7	13.8		14.6	12.1	10.0	12.3		11.1	11.0
60–69	15.2	13.5		50.0	50.7	9.8	9.0		9.2	9.6	6.1	7.2		9.7	10.1
70+	20.0	21.7		61.4	62.1	5.8	4.6		3.6	3.3	3.4	3.1		5.8	5.1
Total (12+)	**16.5**	**18.8**	↑	**33.1**	**32.8**	**12.5**	**11.4**	↓	**15.0**	**14.5**	**15.4**	**15.0**		**7.5**	**7.5**
14–19	*29.2*	*35.4*	↑	*24.6*	*21.2*	*10.4*	*7.6*		*15.8*	*17.1*	*17.6*	*16.2*		*2.5*	**2.4*
14+	**14.0**	**16.4**	↑	**33.9**	**33.7**	**12.9**	**11.8**		**15.5**	**15.0**	**16.0**	**15.5**		**7.7**	**7.7**
18+	**12.2**	**14.1**	↑	**34.3**	**34.3**	**13.4**	**12.1**	↓	**15.5**	**15.1**	**16.5**	**16.2**		**8.2**	**8.2**

(continued)

Table 4.5 (continued): Alcohol consumption (2009 guidelines), people aged 12 years or older at risk of injury on a single occasion of drinking, by age and sex, 2007 and 2010 (per cent)

Age group (years)	Abstainers[a]			Low risk[b]			Single occasion risk									
							At least yearly[c]			At least monthly[d]		At least weekly[e]		Every day/most days[f]		
	2007	2010		2007	2010		2007	2010		2007	2010	2007	2010	2007	2010	
Females																
12–15	69.4	75.6		20.8	14.2	↓	3.2	*3.5		3.8	5.7	2.3	*1.0	0.5	—	
16–17	21.4	32.5	↑	36.3	31.0		12.0	10.4		21.2	17.1	7.9	8.6	1.3	**0.4	
18–19	12.1	14.9		22.8	24.7		15.9	9.2		24.0	27.6	23.3	22.3	1.9	*1.3	
20–29	14.8	15.6		28.3	29.8		18.9	17.3		19.7	18.7	16.5	16.8	1.9	1.7	
30–39	13.5	17.9	↑	45.8	43.4		18.9	16.4		12.5	12.7	7.2	7.6	2.2	2.0	
40–49	13.9	16.0		52.9	52.1		15.5	13.4		9.0	9.9	5.8	6.1	2.9	2.6	
50–59	18.1	20.2		62.1	59.0		10.0	9.1		4.4	5.6	2.8	3.2	2.6	3.0	
60–69	26.1	26.0		63.0	65.2		5.6	4.1		3.0	2.7	1.2	0.9	1.1	1.2	
70+	37.5	37.3		59.0	59.2		1.4	1.2		0.9	*0.9	0.3	*0.5	0.8	*1.0	
Total (12+)	**22.1**	**24.5**	↑	**47.7**	**46.5**		**12.2**	**10.6**	↓	**9.5**	**9.9**	**6.5**	**6.8**	**1.9**	**1.8**	
14–19	*28.7*	*35.4*	↑	*29.5*	*25.8*		*11.3*	*8.6*		*17.6*	*18.4*	*11.6*	*11.2*	*1.4*	**0.6*	
14+	**20.1**	**22.5**	↑	**48.8**	**47.7**		**12.6**	**10.9**	↓	**9.8**	**10.1**	**6.7**	**7.0**	**1.9**	**1.8**	
18+	**19.0**	**21.0**	↑	**49.9**	**49.1**		**12.9**	**11.1**	↓	**9.5**	**9.9**	**6.8**	**7.1**	**2.0**	**1.9**	

(continued)

Table 4.5 (continued): Alcohol consumption (2009 guidelines), people aged 12 years or older at risk of injury on a single occasion of drinking, by age and sex, 2007 and 2010 (per cent)

Age group (years)	Abstainers[a]			Low risk[b]			Single occasion risk									
							At least yearly[c]			At least monthly[d]		At least weekly[e]		Every day/most days[f]		
	2007	2010		2007	2010		2007	2010		2007	2010	2007	2010	2007	2010	
									Persons							
12–15	69.8	77.2	↑	20.7	14.8	↓	3.5	2.8		4.2	4.3	1.6	*0.9	0.2	—	
16–17	24.4	31.6	↑	31.0	27.5		9.0	10.7		21.6	19.4	12.2	10.0	1.8	*0.8	
18–19	10.9	13.7		19.1	20.0		17.2	8.2	↓	20.1	25.7	29.1	28.7	3.5	3.7	
20–29	12.9	14.7		22.4	24.8		15.2	14.2		21.1	20.4	24.3	22.0	4.2	3.8	
30–39	12.2	15.7	↑	36.4	34.1		18.1	16.5		15.8	16.0	12.8	12.6	4.7	5.1	
40–49	12.4	14.3		43.0	42.6		15.5	13.8		12.6	12.3	10.6	11.0	6.0	6.0	
50–59	14.0	16.5	↑	50.9	48.6		12.4	11.4		9.5	8.8	6.4	7.7	6.8	7.0	
60–69	21.0	19.8		56.9	58.0		7.6	6.5		5.9	6.1	3.5	4.1	5.1	5.6	
70+	29.3	30.4		60.1	60.4		3.5	2.7		2.2	2.0	1.8	1.6	3.2	2.8	
Total (12+)	**19.3**	**21.7**	↑	**40.5**	**39.7**		**12.4**	**11.0**	↓	**12.2**	**12.2**	**10.9**	**10.8**	**4.6**	**4.6**	
14–19	*28.9*	*35.4*	↑	*27.0*	*23.4*		*10.8*	*8.0*	↓	*16.6*	*17.8*	*14.7*	*13.8*	*1.9*	*1.5*	
14+	**17.1**	**19.5**	↑	**41.5**	**40.7**		**12.8**	**11.3**	↓	**12.6**	**12.5**	**11.3**	**11.2**	**4.8**	**4.7**	
18+	**15.6**	**17.6**	↑	**42.2**	**41.8**		**13.1**	**11.6**	↓	**12.5**	**12.4**	**11.5**	**11.6**	**5.1**	**5.0**	

(a) Not consumed alcohol in the previous 12 months.

(b) Never had more than 4 standard drinks on any occasion.

(c) Had more than 4 standard drinks at least once a year but not as often as monthly.

(d) Had more than 4 standard drinks at least once a month but not as often as weekly.

(e) Had more than 4 standard drinks at least once a week but not as often as most days.

(f) Had more than 4 standard drinks on most days or every day.

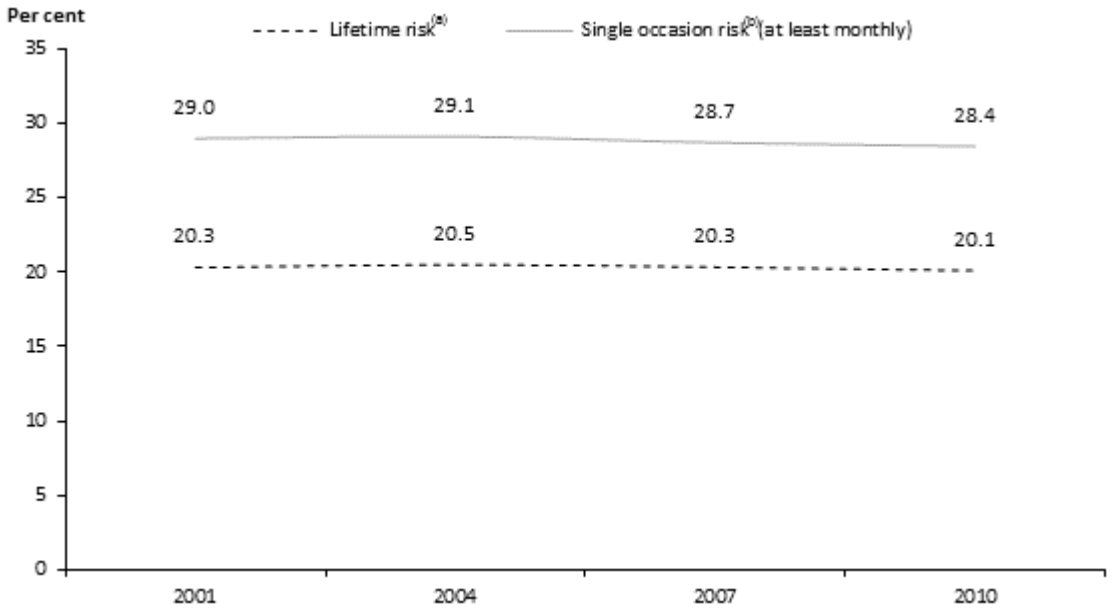
* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Lifetime and single occasion risk over time

Data from previous surveys (2001–2007) have been re-analysed according to the 2009 NHMRC guidelines (see Box 4.2 for guidelines) to provide trend information on the proportions of people drinking at risky levels.

Since 2001, the proportion of people in Australia aged 14 years or older drinking at levels that put them at lifetime risk and at risk of harm on a single drinking occasion has remained stable (Figure 4.2). However, the increasing Australian population over the time period means that there are more people drinking at risky levels. For lifetime risk, the number of people drinking at risky levels increased from 3.5 million in 2007 to 3.7 million in 2010. For single occasion risk, the number of people drinking at risky levels monthly increased from 4.9 million to 5.2 million over the same period.



(a) On average, had more than 2 standard drinks per day.

(b) Had more than 4 standard drinks on one occasion at least once a month.

Figure 4.2: Lifetime[(a)] and single occasion risk[(b)], people aged 14 years or older, by 2009 NHMRC guidelines, 2001 to 2010 (per cent)

Lifetime and single occasion risk

Almost 2 in 5 (38.9%) people in Australia drank at levels considered low risk of harm from a single occasion and over a lifetime (Table 4.6). Males were far more likely to drink at least once a year at levels considered risky for both single occasion and lifetime harm than females (20.4% compared with 6.9%).

Table 4.6: Risk of lifetime harm by single occasion risk, people aged 14 years or older, by sex, 2010 (per cent)

		Single occasion risk			
Lifetime risk	**Abstainer[a]**	**Low risk[b]**	**At least yearly but not weekly[c]**	**At least weekly[d]**	**Total**
			Males		
Abstainer[a]	16.4	—	—	—	16.4
Low risk[e]	—	31.4	20.3	2.8	54.6
Risky[f]	—	2.2	6.4	20.4	29.0
Total males	*16.4*	*33.7*	*26.7*	*23.2*	*100.0*
			Females		
Abstainer[a]	22.5	—	—	—	22.5
Low risk[e]	—	46.2	18.1	1.9	66.1
Risky[f]	—	1.5	2.9	6.9	11.3
Total females	*22.5*	*47.7*	*21.0*	*8.8*	*100.0*
			Persons		
Abstainer[a]	19.5	—	—	—	19.5
Low risk[e]	—	38.9	19.2	2.3	60.4
Risky[f]	—	1.8	4.7	13.6	20.1
Total	**19.5**	**40.7**	**23.9**	**15.9**	**100.0**

(a) Not consumed alcohol in the previous 12 months.
(b) Never had more than 4 standard drinks on any occasion
(c) Had more than 4 standard drinks at least once a year but not as often as weekly
(d) Had more than 4 standard drinks at least once a week
(e) On average, had no more than 2 standard drinks per day.
(f) On average, had more than 2 standard drinks per day.

Alcohol risk status, by social characteristics

In 2010, the characteristics of alcohol consumers varied by level and pattern of their consumption (Table 4.7). There was little difference in the characteristics of drinkers who consumed alcohol at risky levels at least once a year but not as often as weekly (see Appendix 2 for definitions of the characteristics variables). However, the characteristics of weekly risky drinkers were noticeably different. In particular:

- people living in *Remote* or *Very remote* areas were more likely to drink at risky levels (for both lifetime and single occasion risk) than those living in other areas, with one-quarter (25.8%) drinking at risky levels on single occasions—10 percentage points higher than those living in *Major cities* (14.9%). This pattern was consistent even after adjusting for age (see Appendix 2)
- employed people were more likely than unemployed people or those not in the labour force to drink at levels that placed them at risk of lifetime harm (24.8%) and at risk of alcohol-related injury on a single drinking occasion (30.4% at least yearly but not weekly, and 20.1% at least weekly)

- Indigenous Australians were 1.4 times as likely as non-Indigenous Australians to abstain from drinking alcohol, but were also about 1.5 times as likely to drink alcohol at risky levels for both single occasion and lifetime harm (see Appendix tables A3.3 and A3.4 for age-standardised percentages).

Table 4.7: Lifetime and single occasion risk, people aged 14 years or older, by social characteristics, 2010 (per cent)

		Lifetime risk		Single occasion risk		
Characteristic	**Abstainer/ ex-drinker[(a)]**	**Low risk[(b)]**	**Risky[(c)]**	**Low risk[(d)]**	**At least yearly [(e)]**	**At least weekly[(f)]**
All persons (aged 14+)	19.5	60.4	20.1	40.7	23.9	15.9
Education						
Without post-school qualifications	26.2	56.1	17.7	38.7	20.3	14.9
With post-school qualifications	14.2	63.8	22.0	42.4	26.7	16.8
Labour force status						
Currently employed	11.1	64.1	24.8	38.4	30.4	20.1
Student	36.7	49.3	14.0	24.8	24.3	14.1
Unemployed	25.9	52.3	21.7	29.9	24.6	19.5
Home duties	22.7	67.2	10.1	48.7	21.5	7.0
Retired or on a pension	25.6	60.1	14.3	58.3	8.7	7.4
Volunteer/charity work	32.2	55.7	12.1	46.2	11.8	9.8
Unable to work	31.6	50.4	18.0	39.5	13.4	15.5
Other	28.3	57.0	14.7	40.7	19.4	11.7
Main language spoken at home						
English	16.1	62.4	21.6	41.5	25.4	17.0
Other	49.5	45.1	5.4	35.2	10.9	4.4
Socioeconomic status						
1 (lowest)	25.6	55.7	18.7	38.7	20.0	15.7
2	22.0	58.0	20.0	38.4	24.1	15.6
3	18.6	60.7	20.7	41.0	23.1	17.3
4	18.1	61.8	20.1	41.5	24.7	15.6
5 (highest)	14.4	64.8	20.8	43.5	26.7	15.4
Geography						
Major cities	20.4	61.0	18.6	41.3	23.4	14.9
Inner regional	17.7	60.3	22.0	40.2	25.0	17.0
Outer regional	17.5	57.9	24.6	39.9	24.1	18.5
Remote/Very remote	15.3	54.2	30.5	33.4	25.6	25.8
Marital status						
Never married	22.7	54.2	23.1	26.4	27.8	23.0
Divorced/separated/widowed	24.6	58.9	16.5	48.9	14.1	12.4
Married/de facto	16.3	64.1	19.6	45.7	24.4	13.6
Indigenous status						
Aboriginal and/or Torres Strait Islander[#]	24.5	44.5	31.0	23.4	27.4	24.6
Non-Indigenous	19.0	61.1	19.9	41.2	24.1	15.7

(continued)

Table 4.7 (continued): Lifetime and single occasion risk, people aged 14 years or older, by social characteristics, 2010 (per cent)

Characteristic	Abstainer/ ex-drinker[a]	Lifetime risk		Single occasion risk		
		Low risk[b]	Risky[c]	Low risk[d]	At least yearly[e]	At least weekly[f]
Household composition						
Single with dependent children	19.1	62.3	18.6	37.2	26.8	16.9
Couple with dependent children	15.4	65.1	19.5	40.2	30.1	14.3
Parent with non-dependent children	20.7	61.3	18.1	50.2	16.9	12.3
Single without children	20.2	55.7	24.2	39.3	19.9	20.6
Couple without children	15.4	63.2	21.4	50.3	20.5	13.7
Other[g]	24.7	55.9	19.4	29.9	26.1	19.3
Sexual orientation						
Heterosexual	18.0	61.8	20.3	41.6	24.6	15.8
Homosexual/bisexual	14.2	56.5	29.2	29.8	29.4	26.5
Other	51.7	36.0	12.3	29.4	6.5	12.3

(a) Not consumed alcohol in the previous 12 months.

(b) On average, had no more than 2 standard drinks per day.

(c) On average, had more than 2 standard drinks per day.

(d) Never had more than 4 standard drinks on any occasion.

(e) Had more than 4 standard drinks at least once a year but not as often as weekly.

(f) Had more than 4 standard drinks at least once a week.

(g) People who live in a household with children, but are not the parent/guardian, younger people living with their parents or respondents who selected 'other household type'.

Due to the small sample sizes for Aboriginal and/or Torres Strait Islander people, estimates should be interpreted with caution.

State and territory comparisons

Current use and trends over time

All jurisdictions reported a decrease in the proportion of daily drinkers from 2007 to 2010 except for Queensland, where the proportion remained unchanged (Figure 4.3). In addition:

- over time (2004–2010), there has been a decrease in daily drinkers in most states and territories, but this was the first time for the Northern Territory—from 10.7% in 2007 to 7.5% in 2010, which was statistically significant
- there was a statistically significant decrease in the proportion of daily drinkers in Western Australia between 2007 and 2010 (9.8% to 7.5%).

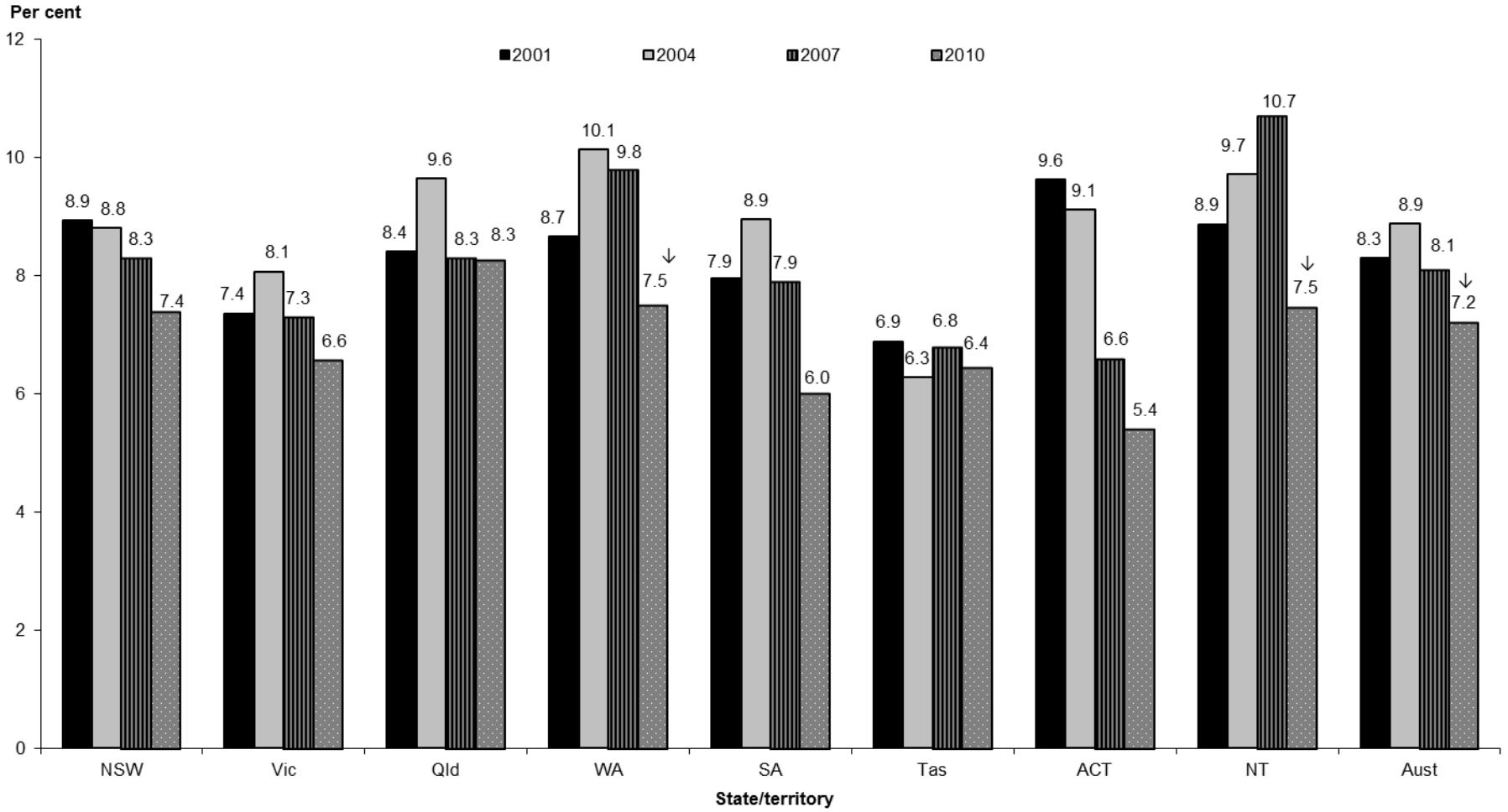


Figure 4.3: Daily drinking status, people aged 14 years or older, by state/territory, 2001 to 2010

State and territory comparisons, by sex

There was some variation in drinking patterns between the Australian states and territories (Table 4.8). In 2010:

- among all the states and territories, Queensland (8.3%) had the largest proportion of daily drinkers and the Australian Capital Territory had the smallest (5.4%)
- New South Wales had the largest proportion of people who had never had a full serve of alcohol (14.4%)
- Queensland, Western Australia and the Northern Territory had the highest proportions of males drinking daily (about 11%), while New South Wales had the highest proportions of females drinking daily (5.4%).

Table 4.8: Alcohol drinking status, people aged 14 years or older, by state/territory, 2010 (per cent)

Drinking status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					Males				
Daily	9.4	8.7	11.2	11.2	7.4	9.2	7.0	11.3	9.6
Weekly	44.0	43.3	46.8	46.9	47.6	47.6	51.3	45.7	45.2
Less than weekly	28.5	29.4	28.4	27.9	28.7	33.4	29.7	30.5	28.8
Ex-drinker[(a)]	6.1	7.2	6.3	5.9	7.3	4.6	4.2	5.1	6.4
Never a full serve of alcohol	11.9	11.4	7.2	8.0	9.0	*5.3	7.7	7.4	10.0
					Females				
Daily	5.4	4.5	5.4	3.7	4.7	3.8	*3.9	3.3	4.9
Weekly	32.2	32.5	34.5	39.9	34.5	32.3	40.0	43.7	33.9
Less than weekly	37.0	39.8	40.1	36.2	39.3	45.1	41.1	38.0	38.7
Ex-drinker[(a)]	8.7	7.5	8.7	8.1	8.8	10.0	5.8	6.2	8.3
Never a full serve of alcohol	16.7	15.6	11.2	12.2	12.7	8.8	9.3	8.7	14.2
					Persons				
Daily	7.4	6.6	8.3	7.5	6.0	6.4	5.4	7.5	7.2
Weekly	38.0	37.9	40.6	43.4	40.9	39.7	45.6	44.7	39.5
Less than weekly	32.8	34.7	34.3	32.0	34.1	39.4	35.5	34.1	33.8
Ex-drinker[(a)]	7.4	7.4	7.5	7.0	8.1	7.3	5.0	5.6	7.4
Never a full serve of alcohol	14.4	13.5	9.3	10.1	10.9	7.1	8.5	8.0	12.1

(a) Consumed at least a full serve of alcohol, but not in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

State and territory comparisons, by alcohol risk

Lifetime risk

Consumption of alcohol differed by state and territory. Those living in the Northern Territory were more likely to drink alcohol at quantities that placed them at risk of lifetime harm (29.4%), while those living in New South Wales (18.6%) and Victoria (18.4%) were the least likely to consume at this level (Table 4.9).

These differences were apparent after adjusting for differences in age structure (see Appendix Table A3.5). In 2010, across the states and territories:

- males were almost three times as likely as females to place themselves at risk of lifetime harm across all jurisdictions
- males (18.0%) and females (25.4%) living in New South Wales were the most likely to abstain from alcohol
- apart from the Northern Territory, male low-risk drinkers ranged from 53.0% in Western Australia to 59.4% in Tasmania, while females low-risk drinkers ranged from 64.3% in New South Wales to 75.6% in the Australian Capital Territory.

Table 4.9: Lifetime risk status, recent drinkers aged 14 years or older, by state/territory, 2010 (per cent)

Risk status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					Males				
Abstainers[(a)]	18.0	18.6	13.5	13.9	16.3	9.9	11.9	12.5	16.4
Low risk[(b)]	54.8	55.5	53.2	53.0	55.0	59.4	58.2	46.9	54.6
Risky[(c)]	27.1	25.9	33.2	33.1	28.7	30.7	29.9	40.6	29.0
					Females				
Abstainers[(a)]	25.4	23.2	20.0	20.2	21.6	18.8	15.0	15.0	22.5
Low risk[(b)]	64.3	65.6	66.6	67.8	68.1	72.6	75.6	67.8	66.1
Risky[(c)]	10.4	11.2	13.4	12.0	10.3	8.6	9.4	17.2	11.3
					Persons				
Abstainers[(a)]	21.8	20.9	16.8	17.0	19.0	14.4	13.5	13.7	19.5
Low risk[(b)]	59.6	60.6	60.0	60.3	61.7	66.1	67.0	56.9	60.4
Risky[(c)]	18.6	18.4	23.2	22.7	19.3	19.4	19.5	29.4	20.1

(a) Not consumed alcohol in the previous 12 months.

(b) On average, had no more than 2 standard drinks per day.

(c) On average, had more than 2 standard drinks per day.

Note: Base is recent drinkers.

Single occasion risk

People in the Northern Territory were also more likely to drink alcohol at levels that placed them at risk of an alcohol-related injury from a single occasion of drinking (Table 4.10). More specifically, in 2010:

- the proportions of male and female risky drinkers were highest in the Northern Territory (59.4% for males and 41.5% for females), followed by Queensland (56.0% for males and 34.0% for females), and lowest in New South Wales (46.2% for males and 27.2 for females)
- across all jurisdictions, males were more likely than females to drink alcohol at levels that placed them at risk of an alcohol-related injury. There was little difference across jurisdictions in the proportion of risky drinkers drinking at least once a year but not as often as monthly, but those drinking at risky levels at least once a week ranged from 13.6% in the Australian Capital Territory to 24.7% in the Northern Territory.

Table 4.10: Single occasion risk status, recent drinkers aged 14 years or older, by state/territory, 2010 (per cent)

Risk status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					Males				
Abstainers[(a)]	18.0	18.6	13.5	13.9	16.3	9.9	11.9	12.5	16.4
Low risk[(b)]	35.7	33.2	30.4	32.1	36.8	37.9	32.4	28.1	33.7
Risky									
At least yearly[(c)]	11.2	12.0	12.0	12.8	11.3	10.9	15.4	10.7	11.8
At least monthly[(d)]	12.9	15.9	17.4	15.7	12.1	15.2	18.4	16.9	15.0
At least weekly[(e)]	22.1	20.3	26.6	25.6	23.6	26.1	21.9	31.7	23.2
Total risky	*46.2*	*48.2*	*56.0*	*54.0*	*47.0*	*52.2*	*55.6*	*59.4*	*50.0*
					Females				
Abstainers[(a)]	25.4	23.2	20.0	20.2	21.6	18.8	15.0	15.0	22.5
Low risk[(b)]	47.4	48.7	46.0	47.4	48.4	52.0	51.4	43.5	47.7
Risky									
At least yearly[(c)]	10.1	10.8	11.6	11.8	10.8	12.1	14.8	11.9	10.9
At least monthly[(d)]	9.1	8.8	12.7	10.6	10.3	11.1	13.4	12.7	10.1
At least weekly[(e)]	8.0	8.6	9.8	10.0	9.0	6.0	5.4	17.0	8.8
Total risky	*27.2*	*28.1*	*34.0*	*32.4*	*30.1*	*29.2*	*33.5*	*41.5*	*29.8*
					Persons				
Abstainers[(a)]	21.8	20.9	16.8	17.0	19.0	14.4	13.5	13.7	19.5
Low risk[(b)]	41.7	41.1	38.3	39.7	42.7	45.1	42.0	35.5	40.7
Risky									
At least yearly[(c)]	10.6	11.4	11.8	12.3	11.0	11.5	15.1	11.3	11.3
At least monthly[(d)]	11.0	12.3	15.0	13.2	11.2	13.1	15.9	14.9	12.5
At least weekly[(e)]	15.0	14.4	18.1	17.9	16.1	15.8	13.6	24.7	15.9
Total risky	**36.6**	**38.0**	**44.9**	**43.3**	**38.4**	**40.4**	**44.5**	**50.8**	**39.8**

(a) Not consumed alcohol in the previous 12 months.
(b) Never had more than 4 standard drinks on any occasion.
(c) Had more than 4 standard drinks at least once a year but not as often as monthly.
(d) Had more than 4 standard drinks at least once a month but not as often as weekly.
(e) Had more than 4 standard drinks at least once a week.

Note: Base is recent drinkers.

Alcohol and health and harm

This section provides information about the relationship between alcohol use and various self-reported health assessments and measures of general health, selected health conditions, psychological distress (see Glossary for a definition of the Kessler Psychological Distress Scale) and body mass index (see Table 4.11). In 2010, for people aged 18 years or older:

- abstainers were more likely to assess their health as being poor (3.5%), and report having diabetes (9.9%), heart disease (26.0%), and high or very high psychological distress (3.4%) than recent drinkers

- recent drinkers who drank at least once a week at levels that put them at risk of harm from a single occasion of drinking, were 1.7 times as likely as low-risk drinkers (1.9%) to experience very high levels of psychological distress; a higher proportion had also been diagnosed with a mental illness (13.6% compared with 11.1%).

Table 4.11: Self-assessed health status, health conditions, psychological distress and body mass index, people aged 18 years or older, by risk of alcohol harm, 2010 (per cent)

		Lifetime risk		Single occasion risk		
Health status/body mass index	**Abstainer/ ex-drinker[a]**	**Low risk[b]**	**Risky[c]**	**Low risk[d]**	**At least yearly[e]**	**At least weekly[f]**
Self-assessed health status[g]						
Excellent	16.1	16.9	13.2	15.6	18.5	12.9
Very good	30.4	39.6	37.9	38.5	42.0	36.7
Good	34.2	33.2	36.7	33.9	32.3	37.1
Fair	15.8	9.0	10.6	10.3	6.4	11.7
Poor	3.5	1.4	1.6	1.7	0.9	1.6
Self-reported health condition[h]						
Diabetes	9.9	5.0	2.9	6.4	2.3	2.9
Heart diseases[i]	26.0	17.9	16.7	23.4	10.5	13.4
Asthma	8.4	8.7	8.5	8.5	8.8	9.0
Cancer	3.4	2.7	2.6	3.5	1.8	1.9
Mental illness[j]	12.6	11.5	13.1	11.1	12.1	13.6
Level of psychological distress[k]						
Low	69.3	70.8	66.4	73.4	67.6	63.2
Moderate	19.4	20.6	21.5	18.5	23.0	23.5
High	8.0	6.7	9.3	6.2	7.3	10.1
Very high	3.4	2.0	2.8	1.9	2.1	3.2
Body mass index						
Underweight	3.7	2.4	1.5	2.3	2.1	1.7
Normal weight	42.7	41.7	37.7	41.2	41.9	37.2
Overweight	31.5	34.4	39.8	34.3	36.0	39.2
Obese	22.2	21.6	21.0	22.1	20.0	21.8

(a) Not consumed alcohol in the previous 12 months.

(b) On average, had no more than 2 standard drinks per day.

(c) On average, had more than 2 standard drinks per day.

(d Never had more than 4 standard drinks on any occasion.

(e Had more than 4 standard drinks at least once a year but not as often as weekly.

(f) Had more than 4 standard drinks at least once a week.

(g) In response to the question 'In general, would you say your health is…?'.

(h) Respondents could select more than one condition, in response to the question 'In the last 12 months have you been diagnosed or treated for…?'.

(i) Includes heart diseases and hypertension (high blood pressure).

(j) Includes depression, anxiety disorder, schizophrenia, bipolar disorder, an eating disorder and other form of psychosis.

(k) Low: K10 score 10–15; Moderate: 16–21; High: 22–29; Very high: 30–50.

Perceptions of the health effects of alcohol, by risk status

In this section the health effects of alcohol consumption are described in terms of the risk of harm from a single drinking occasion and over a lifetime. The majority of abstainers (both males and females) were not sure how many standard drinks an adult could drink every day for many years without adversely affecting their health or how many an adult could drink in a 6-hour period before putting their health at risk.

Alcohol-related health risk for males

Compared with low-risk drinkers, risky drinkers had a different perception of the number of standard drinks males could consume before putting their health at risk (Table 4.12). For example:

- of males aged 14 years or older who drank at risky levels for harm on a single occasion, 69.6% believed they knew how many standard drinks they could have before putting their health at risk; but of those, the majority (78.3%) thought they could drink more than 4 standard drinks, with only 21.7% saying fewer than 5 standards drinks
- excluding those who did not know how many drinks an adult male could consume, the majority (62.0%) of males who drank at low-risk levels for harm over the lifetime thought a male could have between 1–2 standard drinks every day without adversely affecting his health. However, the majority of lifetime risky drinkers (58.7%) were more likely to believe they could consume more than 2 standard drinks without putting their health at risk.

Alcohol-related health risk for females

Female perceptions of the number of standard drinks a female could consume before putting their health at risk were more consistent with the recommendations of the 2009 Australian alcohol guidelines. However, again, risky drinkers were more likely to believe they could consume a higher quantity than low-risk drinkers without putting their health at risk (Table 4.13). More specifically:

- of females aged 14 years or older who drank at risky levels for harm on a single occasion, 64.8% believed they knew how many standard drinks they could have before putting their health at risk; of those, just under half thought that having 4 or less standard drinks would not put their health at risk in a 6-hour drinking period
- excluding those who did not know how many drinks an adult female could consume, the vast majority (93.3%) of females who drank at low-risk levels for harm over the lifetime, indicated that a female could consume 2 or fewer standard drinks every day without adversely affecting her health; this was higher than the proportion of lifetime risky drinkers (80.6%).

Table 4.12: Perception of the number of standard drinks an adult male could drink before he puts his health at risk, males aged 14 years or older, by alcohol risk status, 2010 (per cent)

	Risk status							
	Abstainer[a]		Low risk[b]		Risky[c]		Total	
Risk/standard drinks	Excluding don't know	Including don't know	Excluding don't know	Including don't know	Excluding don't know	Including don't know	Excluding don't know	Including don't know
Single occasion risk								
11 or more	6.8	2.5	7.6	4.3	21.8	15.2	14.1	8.2
7–10	13.9	5.1	22.0	12.4	30.6	21.3	25.1	14.7
5–6	19.5	7.2	27.7	15.7	25.8	18.0	26.0	15.2
More than 4	*40.2*	*14.9*	*57.3*	*32.4*	*78.3*	*54.5*	*65.2*	*38.1*
3–4	31.5	11.7	29.5	16.7	16.7	11.6	23.8	13.9
1–2	19.2	7.1	11.4	6.5	4.3	3.0	9.0	5.2
None	9.1	3.4	1.8	1.0	*0.6	*0.4	2.0	1.2
Don't know		62.9		43.4		30.4		41.5
Lifetime risk								
11 or more	**1.8	**0.7	*0.3	*0.2	1.2	0.8	0.7	0.5
7–10	*2.2	*0.9	1.2	0.8	5.5	4.0	2.8	1.7
5–6	2.9	1.2	2.6	1.6	12.7	9.2	6.1	3.8
3–4	22.6	9.3	21.6	13.4	39.4	28.6	27.9	17.2
More than 2	*29.4*	*12.0*	*25.8*	*16.0*	*58.7*	*42.6*	*37.5*	*23.1*
1–2	47.7	19.6	62.0	38.4	36.1	26.2	51.6	31.8
None	22.9	9.4	12.2	7.6	5.1	3.7	10.9	6.7
Don't know		59.0		38.0		27.5		38.3

(a) Not consumed alcohol in the previous 12 months.

(b) For single occasion risk, 'low risk' is never had more than 4 standard drinks as often as monthly. For lifetime risk, 'low risk' is had no more than 2 standard drinks per day on average.

(c) For single occasion risk, 'high risk' is had more than 4 standard drinks at least once a month. For lifetime risk, 'high risk' refers to had more than 2 standard drinks per day on average.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Risk status of respondents corresponds with the thresholds (single occasion or lifetime risk) being assessed.

Table 4.13: Perception of the number of standard drinks an adult female could drink before she puts her health at risk, females aged 14 years or older, by alcohol risk status, 2010 (per cent)

	Risk status							
	Abstainer[a]		Low risk[b]		Risky[c]		Total	
Risk/standard drinks	Excluding don't know	Including don't know	Excluding don't know	Including don't know	Excluding don't know	Including don't know	Excluding don't know	Including don't know
Single occasion risk								
11 or more	*1.6	*0.5	1.7	0.9	6.3	4.1	2.8	1.4
7–10	7.5	2.3	8.0	4.3	16.1	10.5	9.9	5.0
5–6	12.9	3.9	17.6	9.5	27.8	18.0	19.5	9.9
More than 4	*22.0*	*6.7*	*27.3*	*14.7*	*50.2*	*32.5*	*32.2*	*16.3*
3–4	31.9	9.6	41.1	22.1	30.9	20.0	37.4	19.0
1–2	33.2	10.0	29.2	15.7	17.5	11.3	26.8	13.6
None	12.9	3.9	2.4	1.3	1.5	1.0	3.5	1.8
Don't know		69.8		46.3		35.2		49.3
Lifetime risk								
11 or more	**<0.1	**<0.1	*0.2	*0.1	*0.5	*0.4	*0.2	*0.1
7–10	**0.2	**0.1	*0.3	*0.2	*0.9	*0.6	0.4	0.2
5–6	*1.1	*0.4	0.6	0.3	1.9	1.3	0.8	0.5
3–4	7.9	2.8	5.7	3.3	16.1	11.0	7.5	4.1
More than 2	*9.2*	*3.2*	*6.8*	*3.9*	*19.5*	*13.2*	*8.9*	*4.9*
1–2	58.4	20.5	73.4	42.7	69.5	47.3	70.7	38.4
None	32.4	11.4	19.8	11.5	11.0	7.5	20.3	11.0
Don't know		65.0		41.8		32.0		45.8

(a) Not consumed alcohol in the previous 12 months.

(b) For single occasion risk, 'low risk' is never had more than 4 standard drinks as often as monthly. For lifetime risk, 'low risk' refers to had no more than 2 standard drinks per day, on average.

(c) For single occasion risk, 'high risk' is had more than 4 standard drinks at least once a month. For lifetime risk, 'high risk' refers to had more than 2 standard drinks per day on average.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Risk status of respondents corresponds with the thresholds (single occasion or lifetime risk) being assessed.

Victims of alcohol-related harm

The objectives of the National Drug Strategy 2010–2015 included reducing harm to community safety and reducing the harm to individuals from drug use (MCDS 2011).The NDSHS contributes to this by exploring and reporting on the experiences of alcohol-related incidents and harm of people in Australia.

Victims of alcohol-related incidents, by alcohol consumption status

There appears to be a relationship between the age and sex of a person and the likelihood of being a victim of alcohol-related incidents in 2010 (tables 4.14 and 4.15). For example:

- there were statistically significant increases between 2007 and 2010 in the proportions of victims of alcohol-related physical abuse (from 4.5% to 8.1%) and being 'put in fear' (from 13.1% in 2007 to 14.3%)
- males and people aged 18–19 years were more likely than their counterparts to be victims of alcohol-related verbal and physical abuse.

Table 4.14: Victims of alcohol-related incidents in the previous 12 months, people aged 12 years or older, by age, 2007 and 2010 (per cent)

	Age group (years)								
Incident	**12–17**	**18–19**	**20–29**	**30–39**	**40+**	**Total (12+)**	**14–19**	**14+**	**18+**
Verbal abuse	16.1	41.3	39.9	28.0	17.7	**23.9**	28.1	**24.5**	**24.7**
Physical abuse	6.7	20.8	15.7	9.0	4.4	**7.9**	13.2	**8.1**	**8.1**
Put in fear	12.8	24.8	23.3	16.5	9.9	**14.1**	18.0	**14.3**	**14.3**
Any incident	**21.4**	**46.9**	**46.0**	**32.2**	**20.7**	**28.0**	**33.4**	**28.5**	**28.7**

Table 4.15: Victims of alcohol-related incidents in the previous 12 months, people aged 14 years or older, by sex, 2007 and 2010 (per cent)

	Males			Females			Persons		
Incident	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Verbal abuse	29.3	27.3	↓	21.5	21.7		25.4	24.5	
Physical abuse	5.9	9.7	↑	3.1	6.6	↑	4.5	8.1	↑
Put in fear	12	12.7		14.1	15.8	↑	13.1	14.3	↑
Any incident	**32.8**	**30.6**	↓	**26.5**	**26.5**		**29.6**	**28.5**	

Use of alcohol by victims

Compared with both ex-drinkers and those who had never consumed alcohol, recent drinkers were more likely to experience verbal abuse (26.5%), physical abuse (8.9%) and have been put in fear (14.8%) by someone under the influence by alcohol (Figure 4.4).

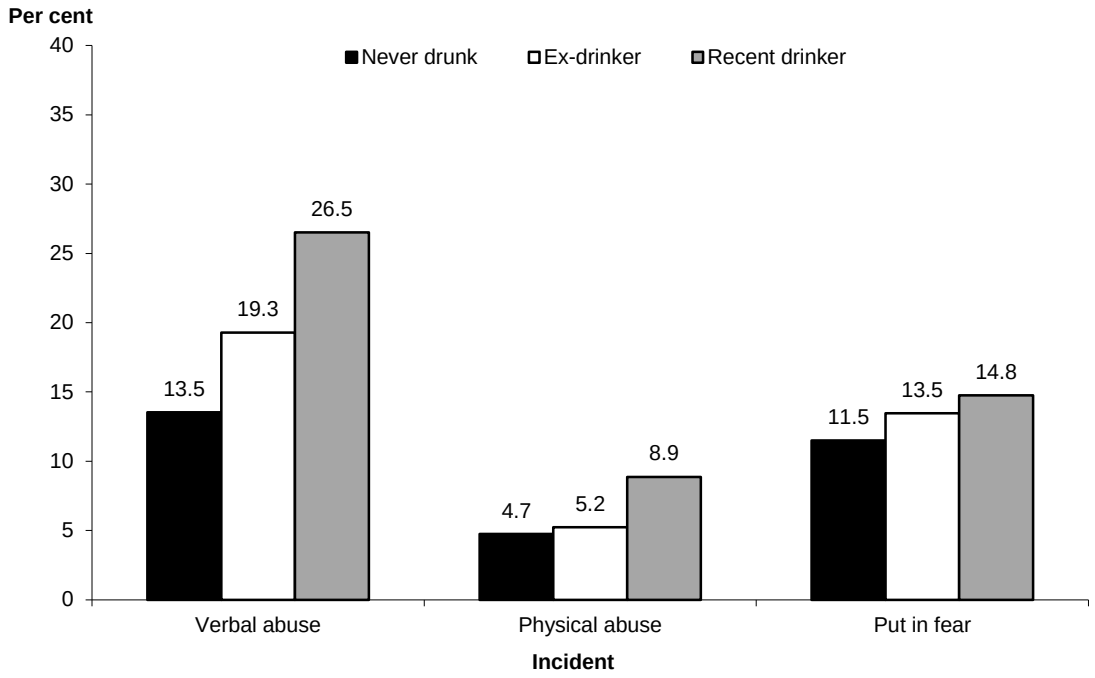


Figure 4.4: Victims of alcohol-related incidents in previous 12 months, people aged 14 years or older, by drinking status, 2010

Relationship of perpetrator to victims of alcohol-related incidents

Females were more likely than males to report their abuser being their current or former spouse or partner, while males were more likely to report their abuser being a stranger (Table 4.16).

Table 4.16: Relationship of perpetrators to victims of alcohol-related incidents, victims aged 14 years or older, by sex, 2010 (per cent)

Incident and relationship of perpetrator	Males	Females	Persons
Verbal abuse			
Current or former spouse or partner	10.7	30.2	19.4
Other relative	10.8	16.2	13.2
Friend	12.1	12.1	12.1
Other person known to me	21.5	21.1	21.3
Someone not known to me	68.5	46.3	58.6
Physical abuse			
Current or former spouse or partner	11.4	39.6	22.7
Other relative	7.9	12.0	9.6
Friend	14.2	8.4	11.9
Other person known to me	23.0	17.0	20.6
Someone not known to me	66.0	36.1	54.0
Put in fear			
Current or former spouse or partner	6.3	21.1	14.7
Other relative	8.3	12.9	10.9
Friend	8.4	10.0	9.3
Other person known to me	15.7	19.6	17.9
Someone not known to me	78.8	59.3	67.7

Notes

1. Base is those who reported being a victim of alcohol-related incidents in the previous 12 months.
2. Respondents were able to select more than one response.

Injuries resulting from drug-related physical abuse

Approximately 5% of all people aged 14 years or older suffered an injury (non-self-inflicted) as a result of an alcohol-related incident in the 12 months preceding the survey. Of those, the most frequent injury sustained as a result of alcohol-related physical abuse was bruising or minor abrasions (55.9%) (Table 4.17). Females (67.4%) were more likely to sustain bruising or abrasions than males (48.3%), and males (32.6%) were more likely to sustain lacerations than females (19.4%) (Table 4.18).

Table 4.17: Most serious injury sustained as a result of alcohol related physical abuse, people aged 14 years or older, by age, 2010 (per cent)

	Age group (years)							
Injury	**14–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (14+)**	**18+**
Bruising, abrasions	51.3	56.5	56.4	58.8	53.1	62.3	**55.9**	**56.3**
Burns or fractures not involving hospital admission	7.8	8.7	14.0	10.4	11.7	8.6	**10.0**	**10.3**
Minor lacerations	30.6	20.6	17.6	10.6	*9.2	*12.9	**19.0**	**17.8**
Lacerations requiring suturing, but not hospital admission	*7.4	8.2	6.7	11.5	*10.0	**4.1	**8.3**	**8.6**
Serious enough to require hospital admission	**2.9	*6.0	*5.3	*8.8	15.9	*12.1	**6.8**	**7.0**

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Base equals total physically abused.

Table 4.18: Most serious injury sustained as a result of alcohol related physical abuse, people aged 14 years or older, by sex, 2010 (per cent)

Injury	**Males**	**Females**	**Persons**
Bruising, abrasions	48.3	67.4	55.9
Burns or fractures not involving hospital admission	10.8	8.9	1.0
Minor lacerations	21.7	15.0	19.0
Lacerations requiring suturing, but not hospital admission	10.9	4.4	8.3
Serious enough to require hospital admission	8.4	4.3	6.8

Note: Base equals total physically abused.

Alcohol use during pregnancy

The 2009 Australian alcohol guidelines recommend that pregnant women abstain completely from alcohol during pregnancy (NHMRC 2009). The majority of pregnant women either reduced their alcohol consumption while pregnant (48.7%) or abstained (48.9%) (Table 4.19).The proportion of pregnant women abstaining during pregnancy increased in 2010 (statistically significantly from 40.0% in 2007 to 48.9% in 2010), as did the proportion of breastfeeding women abstaining (statistically significantly from 25.1% to 34.4%).

Table 4.19: Pregnant women who drank more, less or the same amount of alcohol compared with when they were neither pregnant nor breastfeeding, 2007 and 2010 (per cent)

	While pregnant[(a)]			While breastfeeding[(b)]		
Drinking alcohol while pregnant	**2007**	**2010**		**2007**	**2010**	
More	**0.6	**0.4		**0.2	**0.1	
Less	56.6	48.7	↓	70.2	62.0	↓
Same	*2.8	*2.0		4.5	3.5	
Didn't drink alcohol	40.0	48.9	↑	25.1	34.4	↑

(a) Base is only pregnant women or women pregnant and breastfeeding.

(b) Base is women who were only breastfeeding or pregnant and breastfeeding.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Alcohol-induced memory lapse

Drinkers aged 14 years or older who were at risk of alcohol-related harm over their lifetime were far more likely than low-risk drinkers to report loss of memory after drinking at least once in the last 12 months (55.8% compared with 16.4%) (Table 4.20).

Younger recent drinkers were far more likely than older people to report losing their memory after drinking. In particular, younger risky drinkers were the most likely to report a loss of memory at least once in the previous month (37.7% for those aged 12–17 years and 36.5% for those aged 18–19 years).

Table 4.20: Loss of memory after drinking at least once in the previous 12 months, recent drinkers aged 12 years or older, by age and lifetime risk status, 2010 (per cent)

Memory loss	At least weekly		At least monthly[a]		At least once in previous 12 months[b]		Never	
Lifetime risk	Low risk[c]	Risky[d]	Low risk[e]	Risky[d]	Low risk[c]	Risky[d]	Low risk[c]	Risky[d]
Age group (years)								
12–17	4.5	5.5	4.3	37.7	24.0	40.1	67.2	16.8
18–19	1.5	9.4	3.5	36.5	32.7	39.0	62.3	15.1
20–29	2.9	8.0	4.0	24.1	26.6	43.1	66.6	24.8
30–39	1.8	4.9	0.9	12.4	15.5	42.2	81.8	40.5
40–49	2.4	4.8	0.6	12.0	8.8	34.4	88.3	48.8
50–59	2.6	5.3	0.2	10.0	6.1	30.3	91.1	54.5
60+	1.4	3.1	0.1	4.6	2.7	17.9	95.9	74.3
Total (12+)	**2.3**	**5.6**	**1.3**	**15.3**	**12.8**	**34.9**	**83.6**	**44.2**
14–19	*3.4*	*8.5*	*4.1*	*36.3*	*27.9*	*39.5*	*64.7*	*15.8*
14+	**2.3**	**5.7**	**1.3**	**15.2**	**12.8**	**34.9**	**83.6**	**44.2**
18+	**2.1**	**5.6**	**1.2**	**14.8**	**12.2**	**34.8**	**84.6**	**44.7**

(a) At least monthly but not as often as weekly.

(b) At least once in the previous year but not as often as monthly.

(c) On average, had no more than 2 standard drinks per day.

(d) On average, had more than 2 standard drinks per day.

Note: Base is recent drinkers.

Perpetrators of alcohol-related harm

Recent drinkers were asked how many times in the last 12 months they took part in specific potentially harmful activities while under the influence of alcohol (Table 4.21). In 2010, 22.4% of recent drinkers aged 14 years or older put themselves or others at risk of harm while under the influence of alcohol in the previous 12 months More specifically:

- between 2007 and 2010, there was a statistically significant decrease in the proportion of people who drove a motor vehicle (from 14.3% to 13.1%) or verbally abused someone (from 6.8% to 5.7%) while under the influence of alcohol
- males were more likely than females to take part in potentially harmful activities while under the influence of alcohol
- driving a motor vehicle was the risky activity that recent drinkers were most likely to have done while under the influence of alcohol (13.1%), with males twice as likely as females to drive while under the influence (17.1% compared with 8.8%)
- swimming while under the influence of alcohol significantly increased in 2010 (from 6.1% in 2007 up to 7.4%).

Table 4.21: Activities done in the past 12 months while under the influence of alcohol, people aged 14 years or older, by sex, 2007 and 2010 (per cent)

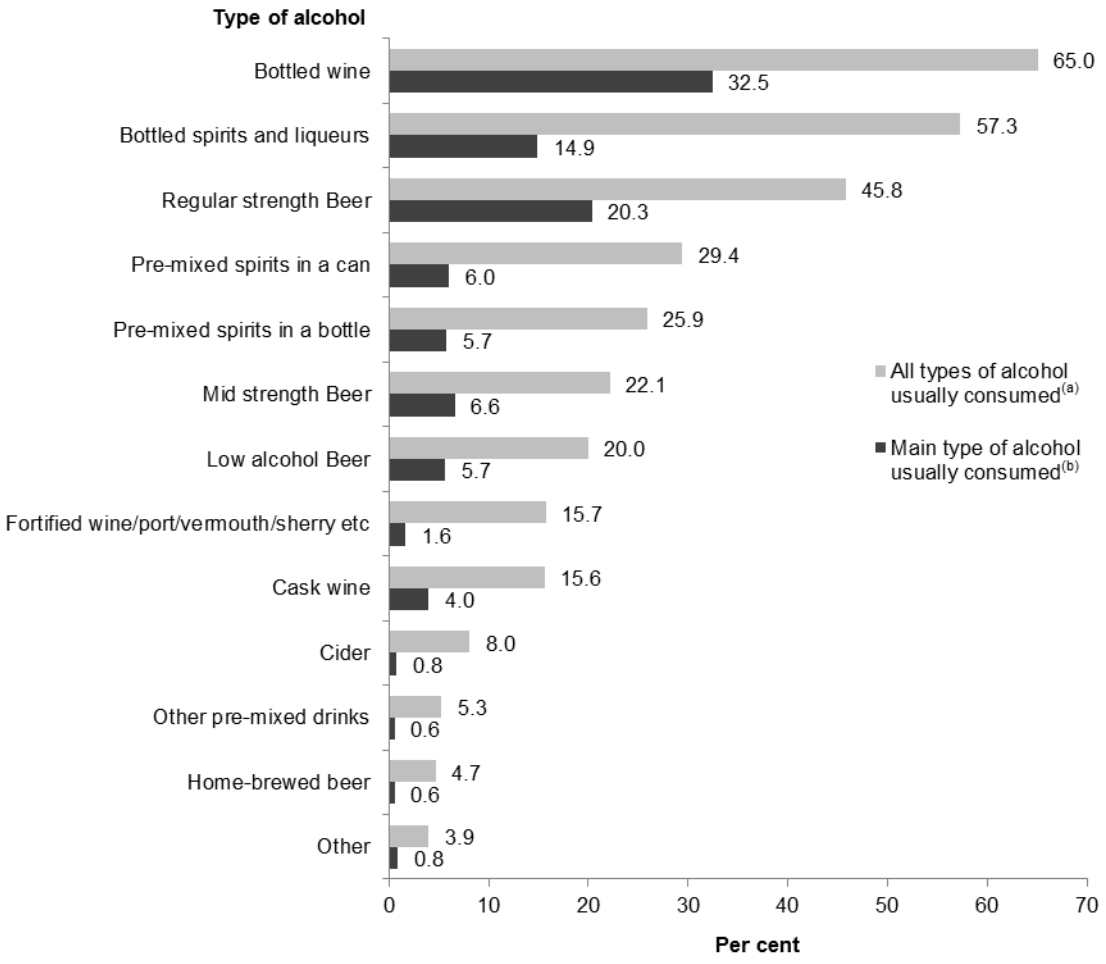
	Males			Females			Total		
Activity	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Drove a vehicle	18.6	17.1	↓	9.8	8.8	↓	14.3	13.1	↓
Verbally abused someone	8.5	7.2	↓	4.9	4.2		6.8	5.7	↓
Went swimming	8.1	9.2	↑	4.0	5.4	↑	6.1	7.4	↑
Went to work	6.9	6.8		2.5	3.1		4.7	5.0	
Created a disturbance, damaged or stole goods	6.2	5.5		2.4	2.7		4.3	4.2	
Operated a boat or hazardous machinery	3.3	2.5	↓	0.3	0.3		1.9	1.4	↓
Physically abused someone	1.9	1.6		0.6	0.6		1.3	1.1	
Took part in at least one potentially harmful activity	29.1	27.9		16.6	16.6		23.0	22.4	

Note: Base is recent drinkers.

Alcohol drinking-related behaviours

Drink preferences

In 2010, the main type of alcohol consumed by recent drinkers aged 14 years or older was bottled wine (32.5%), followed by regular strength beer (20.3%) (Figure 4.5). Bottled wine (65.0%) was also the most commonly consumed type of alcohol by recent drinkers, followed by bottled spirits and liqueurs (57.3%).



(a) Respondents could select multiple responses.

(b) Respondents could select only one response.

(c) Drank alcohol in previous 12 months.

Figure 4.5: Main and all types of alcohol usually consumed, recent(c) drinkers aged 14 years or older, 2010

Drink preferences, by age and sex

The type of alcohol that male recent drinkers aged 14 years or older drank most often was regular strength beer (33.9%), while for female recent drinkers it was bottled wine (47.3%) (Table 4.22). In addition:

- male drinkers most commonly consumed regular strength beer, except for 12–17-year-olds who preferred pre-mixed spirits (38.2%), and those aged 60 years or older who preferred bottled wine (26.9%)
- female drinkers aged 30 years or older preferred bottled wine as their main drink
- pre-mixed spirits was preferred as the main drink for those aged 12–17 years, but females were much more likely to nominate this as their preferred drink than males (62.1% for females compared with 38.2% for males).

Table 4.22: Main type of alcohol usually consumed, recent drinkers aged 14 years or older, by age and sex, 2010

Age group (years)	Males	Females	Persons
12–17	Pre-mixed spirits (38.2%)	Pre-mixed spirits (62.1%)	Pre-mixed spirits (50.3%)
18–19	Regular strength beer (43.7%)	Pre-mixed spirits (46.9%)	Pre-mixed spirits (36.2%)
20–29	Regular strength beer (44.5%)	Bottled spirits/liqueurs (25.3%)	Regular strength beer (27.4%)
30–39	Regular strength beer (41.3%)	Bottled wine (50.7%)	Bottled wine (33.4%)
40–49	Regular strength beer (34.2%)	Bottled wine (54.8%)	Bottled wine (37.6%)
50–59	Regular strength beer (31.2%)	Bottled wine (59.2%)	Bottled wine (41.4%)
60+	Bottled wine (26.9%)	Bottled wine (53.6%)	Bottled wine (39.7%)
Total (12+)	**Regular strength beer (33.9%)**	**Bottled wine (47.2%)**	**Bottled wine (32.4%)**
14–19	Regular strength beer (34.4%)	Pre-mixed spirits (55.5%)	Pre-mixed spirits (43.8%)
14+	**Regular strength beer (33.9%)**	**Bottled wine (47.3%)**	**Bottled wine (32.5%)**
18+	**Regular strength beer (34.3%)**	**Bottled wine (48.9%)**	**Bottled wine (33.5%)**

Note: Base is recent drinkers.

Changes in drink preferences

In April 2008, the tax payable on pre-mixed alcoholic drinks or 'alcopops' was increased, making it equal to the tax payable on spirits. The change in the rate of tax was passed into legislation in August 2009 under the *Customs Tariff Amendment (2009 Measures No. 1) Act 2009*. In 2010, 7.4% of recent drinkers aged 14 years or older changed their main drink in the previous 12 months (Table 4.23). More specifically:

- of the 7.4% who changed their main drink, 32.2% indicated that pre-mixed spirits used to be their main drink
- a higher proportion of younger recent drinkers (aged 12–29 years) changed their main drink in the previous 12 months compared with older recent drinkers (aged 30 years or older)
- about 1 in 6 (17.0%) 14–19-year-olds changed their main drink in the last 12 months, with 61.3% of those previously preferring to drink pre-mixed spirits; 30.2% switched their main type of alcohol drank to bottled spirits and liqueurs.

Table 4.23: Change of drink preferences in previous 12 months, recent drinkers aged 12 years or older, 2010

Age group (years)	Changed main drink in previous 12 months[(a)]	Previous main drink[(b)]	Current main drink[(b)]
12–17	15.3	Pre-mixed spirits (65.1%)	Pre-mixed spirits (37.9%)
18–19	18.7	Pre-mixed spirits (56.6%)	Bottled spirits and liqueurs (30.5%)
20–29	14.1	Pre-mixed spirits (35.2%)	Bottled wine (27.8%)
30–39	7.3	Regular strength beer (27.1%)	Bottled wine (30.4%)
40–49	5.2	Bottled spirits/liqueurs (22.2%)	Bottled wine (28.1%)
50–59	4.0	Regular strength beer (23.9%)	Bottled wine (32.1%)
60+	2.3	Bottled wine (23.5%)	Bottled wine (27.1%)
Total (12+)	**7.4**	**Pre-mixed spirits (32.2%)**	**Bottled wine (25.2%)**
14–19	*17.0*	*Pre-mixed spirits (61.3%)*	*Bottled spirits/liqueurs (30.2%)*
14+	**7.4**	**Pre-mixed spirits (32.2%)**	**Bottled wine (25.3%)**
18+	**7.1**	**Pre-mixed spirits (29.1%)**	**Bottled wine (26.9%)**

(a) Base is recent drinkers.

(b) Base is those who changed their main drink in the previous 12 months.

Reduction measures, by risk

Those drinking at low levels of risk of alcohol-related harm over a lifetime were generally less likely to have reduced their alcohol consumption than those drinking at risky levels, but were more likely to have stopped drinking alcohol (Table 4.24). In 2010:

- the most common reduction measure for risky drinkers was reducing the amount consumed per session (36.0%) followed by reducing the frequency of drinking (31.6%)
- risky drinkers (8.3%) were twice as likely as low-risk drinkers (4.0%) to have changed their main drink in the previous 12 months.

Table 4.24: Reduction in alcohol consumption, recent drinkers aged 14 years or older, by lifetime risk status, 2007 and 2010 (per cent)

	Lifetime risk					
	Low risk[a]			Risky[b]		
Measure	2007	2010		2007	2010	
			Males			
Reduced amount drunk per session	28.2	29.4		34.6	35.4	
Reduced the number of times drank	28.9	29.0		30.6	30.8	
Switched to more low-alcohol drinks	9.1	5.2	↓	10.4	7.3	↓
Stopped drinking	4.8	4.7		2.9	3.6	
Changed main drink	n.a.	3.6		n.a.	7.4	
None of the above	52.1	52.5		47.8	46.2	
			Females			
Reduced amount drunk per session	26.1	28.6	↑	35.7	37.3	
Reduced the number of times drank	28.5	28.5		34.3	33.6	
Switched to low-alcohol drinks	4.8	3.4	↓	6.4	7.0	
Stopped drinking	7.0	7.1		3.9	5.4	
Changed main drink	n.a.	4.4		n.a.	10.5	
None of the above	54.4	52.7		44.8	41.3	
			Persons			
Reduced amount drunk per session	27.0	28.9	↓	34.9	36.0	
Reduced the number of times drank	28.6	28.7		31.7	31.6	
Switched to more low-alcohol drinks	6.7	4.2	↓	9.2	7.2	↓
Stopped drinking	6.0	6.0		3.2	4.1	
Changed main drink	n.a.	4.0		n.a.	8.3	
None of the above	53.4	52.7		46.9	44.8	

(a) On average, had no more than 2 standard drinks per day.

(b) On average, had more than 2 standard drinks per day.

Notes

1. Base is recent drinkers.
2. Respondents could select more than one response.

Reasons for reduction, by risk

The main reason nominated for reducing the amount of alcohol consumption was for health reasons (50.9%) (Table 4.25). In addition:

- risky drinkers (both lifetime and single occasion) were more likely than low-risk drinkers to reduce their alcohol consumption due to financial reasons or an increase in the price of alcohol they usually drank
- males (20.2%) were more likely to mention drink driving regulations as a reason for reducing consumption than females (14.5%).

Table 4.25: Reason for reducing alcohol consumption, recent drinkers aged 14 years or older, by single occasion and lifetime risk status, 2010 (per cent)

	Lifetime risk		Single occasion risk			
Reason	Low risk[a]	Risky[b]	Low risk[c]	At least yearly[d]	At least weekly[e]	Total
			Males			
Health reasons	49.4	54.1	48.8	54.1	50.7	51.2
Lifestyle reasons	40.2	43.2	31.3	47.8	45.5	41.3
Social reasons	31.9	31.4	29.0	34.8	31.5	31.7
Pregnant and/or breastfeeding	. .	. .	. .	. .	. .	. .
Taste/enjoyment	15.4	12.1	15.1	14.6	12.4	14.1
Drink driving regulations	19.6	21.2	21.5	19.0	20.0	20.2
Financial reasons	13.2	17.9	10.1	15.5	20.0	15.0
Adult/parent/peer pressure	2.1	3.3	*1.7	2.6	3.5	2.6
Price of usual drink increased	6.4	10.8	7.0	6.7	10.7	8.1
Other	6.9	6.3	7.6	6.6	5.7	6.7
			Females			
Health reasons	48.9	58.6	49.5	50.8	54.2	50.6
Lifestyle reasons	36.7	39.8	28.6	47.4	45.5	37.3
Social reasons	32.3	33.7	29.9	36.5	33.3	32.6
Pregnant and/or breastfeeding	11.8	4.5	11.2	11.5	5.6	10.5
Taste/enjoyment	14.3	12.9	12.5	17.1	12.6	14.0
Drink driving regulations	14.6	13.8	15.6	13.7	12.4	14.5
Financial reasons	11.5	18.5	8.5	14.7	23.5	12.7
Adult/parent/peer pressure	1.9	*2.2	1.6	1.9	3.0	1.9
Price of usual drink increased	5.2	7.5	3.7	6.8	9.5	5.6
Other	8.4	6.2	9.0	6.7	7.1	8.0

(continued)

Table 4.25 (continued): Reason for reducing alcohol consumption, recent drinkers aged 14 years or older, by single occasion and lifetime risk status, 2010 (per cent)

	Lifetime risk		Single occasion risk			
Reason	Low risk[(a)]	Risky[(b)]	Low risk[(c)]	At least yearly[(d)]	At least weekly[(e)]	Total
			Persons			
Health reasons	49.1	55.4	49.2	52.5	51.8	50.9
Lifestyle reasons	38.3	42.2	29.7	47.6	45.5	39.4
Social reasons	32.2	32.1	29.5	35.6	32.1	32.2
Pregnant and/or breastfeeding	6.5	1.4	6.5	5.5	1.7	5.1
Taste/enjoyment	14.8	12.3	13.6	15.8	12.5	14.1
Drink driving regulations	16.8	18.9	18.0	16.5	17.7	17.4
Financial reasons	12.2	18.1	9.2	15.1	21.0	13.9
Adult/parent/peer pressure	2.0	2.9	1.7	2.3	3.4	2.3
Price of usual drink increased	5.7	9.8	5.1	6.8	10.4	6.9
Other	7.7	6.2	8.4	6.6	6.2	7.3

(a) On average, had no more than 2 standard drinks per day.

(b) On average, had more than 2 standard drinks per day.

(c) Never had more than 4 standard drinks on any occasion

(d) Had more than 4 standard drinks at least once a year but not as often as weekly.

(e) Had more than 4 standard drinks at least once a week.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Note: Base is recent drinkers who had taken at least one step to reduce their level of alcohol consumption in the previous 12 months.

First source of supply

The most likely source of recent and ex-drinkers' first serve of alcohol was from a friend or acquaintance (Table 4.26). In addition:

- one-quarter (25.2%) of recent and ex-drinkers were supplied with their first glass of alcohol by their parents
- people aged 40 years or older (16.8%) were more likely than younger age groups to have bought their first serve of alcohol themselves.

Table 4.26: Supply of first glass of alcohol, recent drinkers and ex-drinkers aged 12 years or older, by age, 2010 (per cent)

Drinking status/ first supply	Age group (years)								
	12–17	18–19	20–29	30–39	40+	Total (12+)	14–19	14+	18+
Friend or acquaintance	49.5	48.3	49.2	50.0	44.0	**46.5**	50.1	**46.6**	**46.4**
Relative	14.1	9.0	9.1	9.0	10.1	**9.8**	10.9	**9.7**	**9.6**
Parent	30.7	31.4	29.2	21.8	24.0	**25.2**	30.9	**25.2**	**24.9**
Stole it	*2.9	*2.4	3.0	5.1	2.3	**3.0**	2.4	**3.0**	**3.0**
Bought it	**0.4	6.3	7.6	11.6	16.8	**12.9**	3.2	**12.9**	**13.5**
Other	*2.4	*2.6	1.9	2.5	2.9	**2.6**	2.5	**2.6**	**2.6**

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Base is recent and ex-drinkers.

Usual source of supply

The vast majority (90.1%) of recent drinkers aged 18 years or older bought alcohol at shops/retailers (Table 4.27). For other age groups:

- as there are legal restrictions on the sale of alcohol to minors, it was not surprising that 12–17-year-olds were far less likely to regularly purchase alcohol at shops, and more likely to obtain it from a friend, acquaintance or parent
- there was a statistically significant decrease in 2010 in the proportion of parents regularly buying alcohol for children aged 12–15 years (from 43.1% to 30.4%) and 16–17 years (34.3% to 23.3%).

Usual place of use

About 4 in 5 (79.1%) recent drinkers aged 14 years or older usually drank alcohol in their own home (Table 4.28). Usual place of use differed by age group; for example:

- younger recent drinkers were more likely to usually drink alcohol at a private party than at home (59.2% for those children 12–15 years and 72.4% for those aged 16–17 years)
- people aged 18–19 years were more likely to drink at licensed premises (71.2%).

Table 4.27: Usual supply of alcohol, recent drinkers aged 12 years or older, by age, 2007 and 2010 (per cent)

	Age group (years)														
	12–15			16–17			18–19			20+			Total (12+)		
Source	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Friend or acquaintance	37.5	40.2		40.0	52.1	↑	5.5	*4.5		2.1	2.3		4.1	4.3	
Relative	6.2	9.0		9.0	10.5		1.3	*1.7		4.8	5.2		4.8	5.3	
Parent	43.1	30.4	↓	34.3	23.3	↓	0.9	*2.7		0.3	0.3		2.2	1.4	↓
Bought it myself	3.1	**0.3		12.2	7.3		90.4	90.1		91.2	90.1	↓	87.0	86.6	
Other[(a)]	10.0	20.0	↑	4.4	6.7		**1.8	**1.0		1.6	2.1	↑	1.9	2.3	↑

(a) Other includes ‘stole it’, ‘stranger bought it’ and ‘other’.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Base is recent drinkers.

Table 4.28: Usual place of consumption of alcohol, recent drinkers aged 12 years or older, by age, 2010 (per cent)

	Age group (years)												
Place	**12–15**	**16–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60–69**	**70+**	**Total (12+)**	**14–19**	**14+**	**18+**
In my home	35.1	36.1	50.7	70.9	83.3	86.6	85.4	85.1	84.4	**79.1**	42.6	**79.1**	**80.9**
At friend's house	37.1	49.2	58.7	56.9	48.1	42.1	39.2	36.7	26.9	**44.2**	52.1	**44.3**	**44.2**
At private parties	59.2	72.4	61.1	50.6	42.7	35.9	34.6	29.8	22.3	**40.0**	65.5	**40.0**	**38.8**
At licensed premises	**1.1	7.7	71.2	62.9	45.2	37.9	37.1	34.0	27.6	**42.3**	37.3	**42.4**	**43.9**
At restaurants/cafes	*2.5	4.8	35.9	46.2	45.9	42.7	42.8	42.4	33.5	**41.2**	19.2	**41.3**	**42.8**
At workplace	—	**0.9	4.6	5.9	5.6	4.0	3.2	0.9	**0.1	**3.7**	2.5	**3.7**	**3.8**
At raves/dance parties	*8.6	16.9	28.8	15.4	3.3	1.5	1.4	1.3	*0.8	**5.8**	21.2	**5.8**	**5.5**
In public places	12.9	9.6	8.2	6.2	3.9	2.8	2.3	1.9	*0.6	**3.8**	9.9	**3.8**	**3.5**
In a car	**1.4	5.2	6.8	4.4	1.7	0.5	0.9	0.6	**0.1	**1.9**	5.4	**1.9**	**1.8**
At school/TAFE/university, etc.	**0.7	**0.6	5.9	3.2	*0.7	*0.3	**0.1	**0.2	**0.1	**1.1**	3.2	**1.1**	**1.1**
Somewhere else	16.0	7.3	5.1	3.4	1.6	1.4	1.3	*0.6	1.3	**2.2**	7.6	**2.2**	**1.9**

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use

Notes

1. Base is recent drinkers.
2. Respondents could select more than one response.

5 Illicit drugs overview

This chapter presents data on use of any illicit drug. Illicit drugs include illegal drugs (such as cannabis), pharmaceutical drugs (such as pain-killers, tranquillisers) when used for non-medical purposes (strictly an illicit behaviour), and other substances used inappropriately (such as inhalants). For a full list of drugs included in the survey questionnaire, see the Glossary.

Key findings

- In 2010, around 7.3 million people in Australia reported having ever used an illicit drug and almost 3 million had used an illicit drug in the 12 months before the survey.
- In 2010, the proportion of people aged 14 years or older who had used an illicit drug in the last 12 months increased from 13.4% in 2007 to 14.7%.
- Statistically significant increases in recent illicit drug use were seen among females and people aged 30–39 years and 50–59 years.
- Although most jurisdictions recorded a slight increase in illicit drug use, New South Wales was the only state in which this increase was statistically significant.
- Illicit drug users (whether use was in the previous 12 months or previous month), were more likely to be diagnosed or treated for a mental illness and report high or very high levels of psychological distress compared with those who had not used an illicit drug in the previous 12 months.
- Subpopulation groups with high proportions of recent use of illicit drugs included those who were unemployed (24.9%), had never been married (24.4%), identified as being Aboriginal or Torres Strait Islander (25.0%), and were homosexual/bisexual (35.7%).

Overall illicit drug use

Current use and trends over time

About 2 in 5 people in Australia (39.8%) had used an illicit drug at some point in their lifetime in 2010 (Table 5.1), a slightly higher proportion than in 2007 (38.1%), however this increase was statistically significant. In addition:

- around 1 in 7 (14.7%) people aged 14 years or older reported having used an illicit drug in the last 12 months, still below the 1995 proportion (16.7%), but statistically significantly higher than in 2007 (13.4%)
- more frequent use of illicit drugs was reported by fewer than 1 in 10 people—8.3% of the population had used an illicit drug in the last month, and a further 5.3% had done so in the last week.

Table 5.1: Use of any illicit drug, people aged 14 years or older, 1995 to 2010 (per cent)

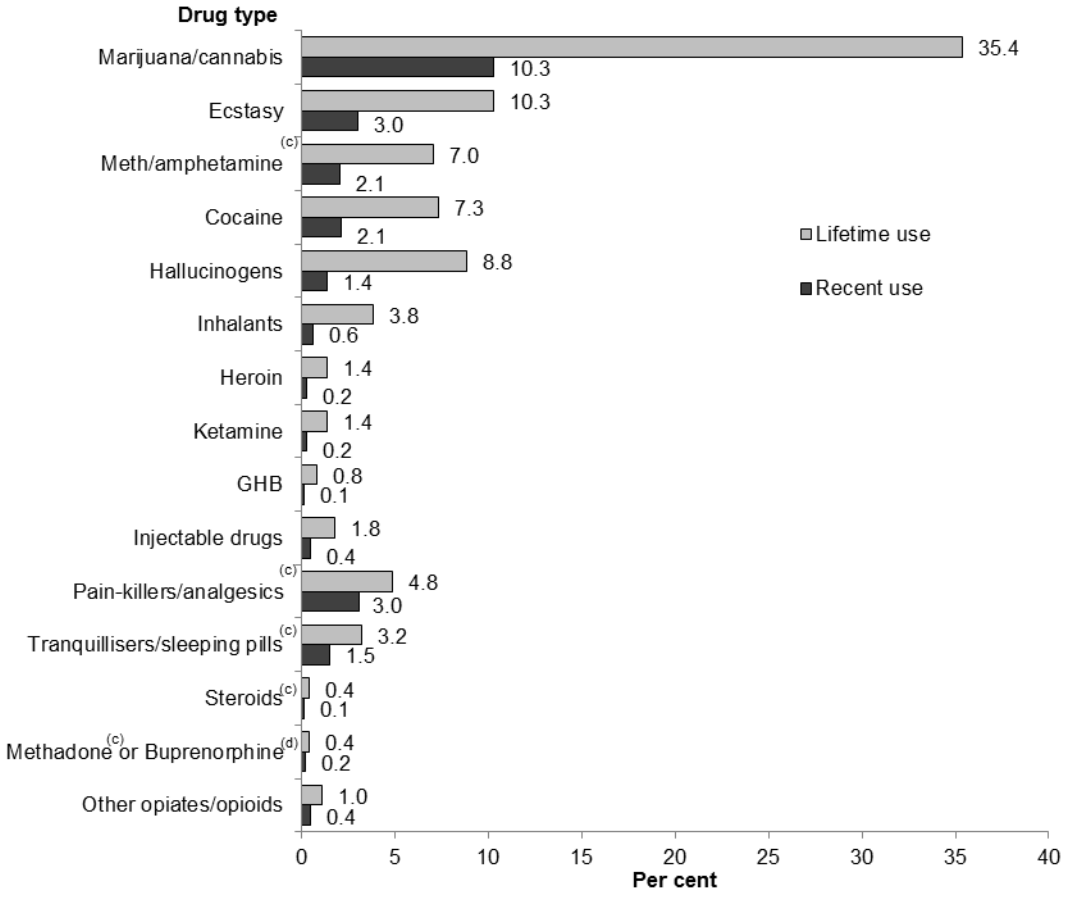
Period	1995	1998	2001	2004	2007	2010	
In lifetime[a]	39.3	46.0	37.7	38.1	38.1	39.8	↑
In the last 12 months[a]	16.7	21.9	16.7	15.3	13.4	14.7	↑
In the last month[b]	n.a.	n.a.	n.a.	9.3	7.7	8.3	
In the last week[b]	n.a.	n.a.	n.a.	6.2	5.1	5.3	

(a) Used at least 1 of 15 illicit drugs.

(b) Used at least 1 of 13 illicit drugs.

Note: Some trend data were updated in 2010 and may not match data presented in previous reports.

The most common drug used recently and over a lifetime was cannabis, with 10.3% of people aged 14 years or older having used it in the previous 12 months and 35.4% having ever used it (Figure 5.1). Ecstasy and hallucinogens were the second and third most common drugs for lifetime use, and ecstasy and pain-killers/analgesics for non-medical purposes were the second and third most common for recent use.



(a) Used in the previous 12 months.

(b) Used at least once in lifetime.

(c) For non-medical purposes.

(d) Non-maintenance.

Figure 5.1: Recent[a] and lifetime[b] illicit drug use, people aged 14 years or older, by illicit drug used, 2010

Illicit drug use, by age and sex

The use of any illicit drug in a lifetime or in the last 12 months varied with different age groups and for males and females (tables 5.2 and 5.3).

Ever used illicit drugs

- Overall, males were more likely to have ever used illicit drugs than females (43.2% and 36.5%, respectively).
- The age groups most likely to have ever used any illicit drug were 30–39-year-olds (59.3%) and 20–29-year-olds (51.3%).
- Least likely to have ever used an illicit drug were teenagers aged 14–17 years (18.7%) and those aged 40 years or older (32.6%).

Recent use of illicit drugs

- In 2010, of the 2.7 million people in Australia who had used an illicit drug in the previous 12 months, 1.5 million were male, and 1.1 million were female.
- The age groups most likely to have used drugs in the previous 12 months were those aged 20–29 years (27.5%) and 18–19-year-olds (25.1%). Recent illicit drug use was also highest among these age groups for selected illicit drugs (Figure 5.2), with the exception of heroin, where use was highest among those aged 30–39 years.

Table 5.2: Use of any illicit drug, people aged 14 years or older, by age, 2010 (per cent)

	Age group (years)							
Period	**14–17**	**18–19**	**20–29**	**30–39**	**40+**	**Total (14+)**	**14–19**	**18+**
In lifetime[(a)]	18.7	37.0	51.3	59.3	32.6	**39.8**	25.1	**41.3**
In the last 12 months[(a)]	14.5	25.1	27.5	18.8	8.6	**14.7**	18.2	**14.7**
In the last month[(b)]	6.0	16.1	14.9	10.1	5.3	**8.3**	9.6	**8.4**
In the last week[(b)]	2.3	9.8	9.0	6.9	3.6	**5.3**	4.9	**5.5**

(a) Used at least 1 of 15 illicit drugs.

(b) Used at least 1 of 13 illicit drugs.

Table 5.3: Use of any illicit drug, people aged 14 years or older, by sex, 2010 (per cent)

Period	**Males**	**Females**	**Persons**
In lifetime[(a)]	43.2	36.5	39.8
In the previous 12 months[(a)]	17.0	12.3	14.7
In the previous month[(b)]	10.1	6.5	8.3
In the previous week[(b)]	6.6	3.9	5.3

(a) Used at least 1 of 15 illicit drugs.

(b) Used at least 1 of 13 illicit drugs.

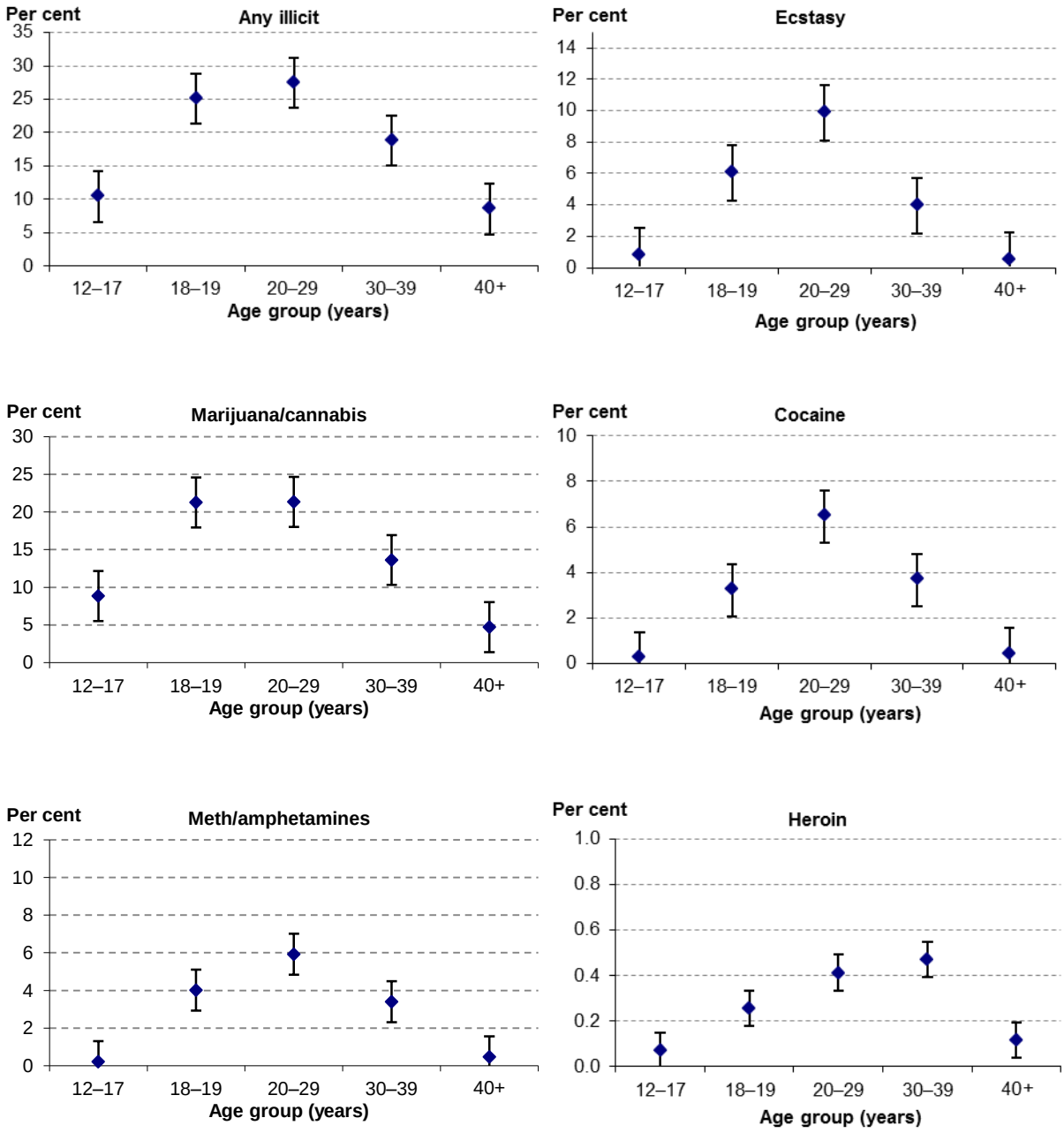


Figure 5.2: Prevalence and 95% confidence intervals of drug use in the previous 12 months, people aged 12 years or older, selected illicit drugs, 2010

Age and sex comparisons over time

Increases in the proportion of people using illicit drugs in 2010 were seen among both males and females, but this increase was only statistically significant among females aged 14 years or older (Table 5.4). In addition:

- for both males and females, the proportion of the population who had recently used any illicit drug fell over the period 1998 to 2007 and slightly rose again in 2010
- recent use of any illicit drug increased between 2007 and 2010 among 30–39-year-olds and 50–59-year-olds; among other age groups, recent use was similar in both years
- illicit drug use was highest among people aged 20–29 years for both males (30.5%) and females (24.3%)
- for most age groups, males were more likely than females to have recently used an illicit drug, except among 14–17-year-olds (15.7% for females compared with 13.3% for males).

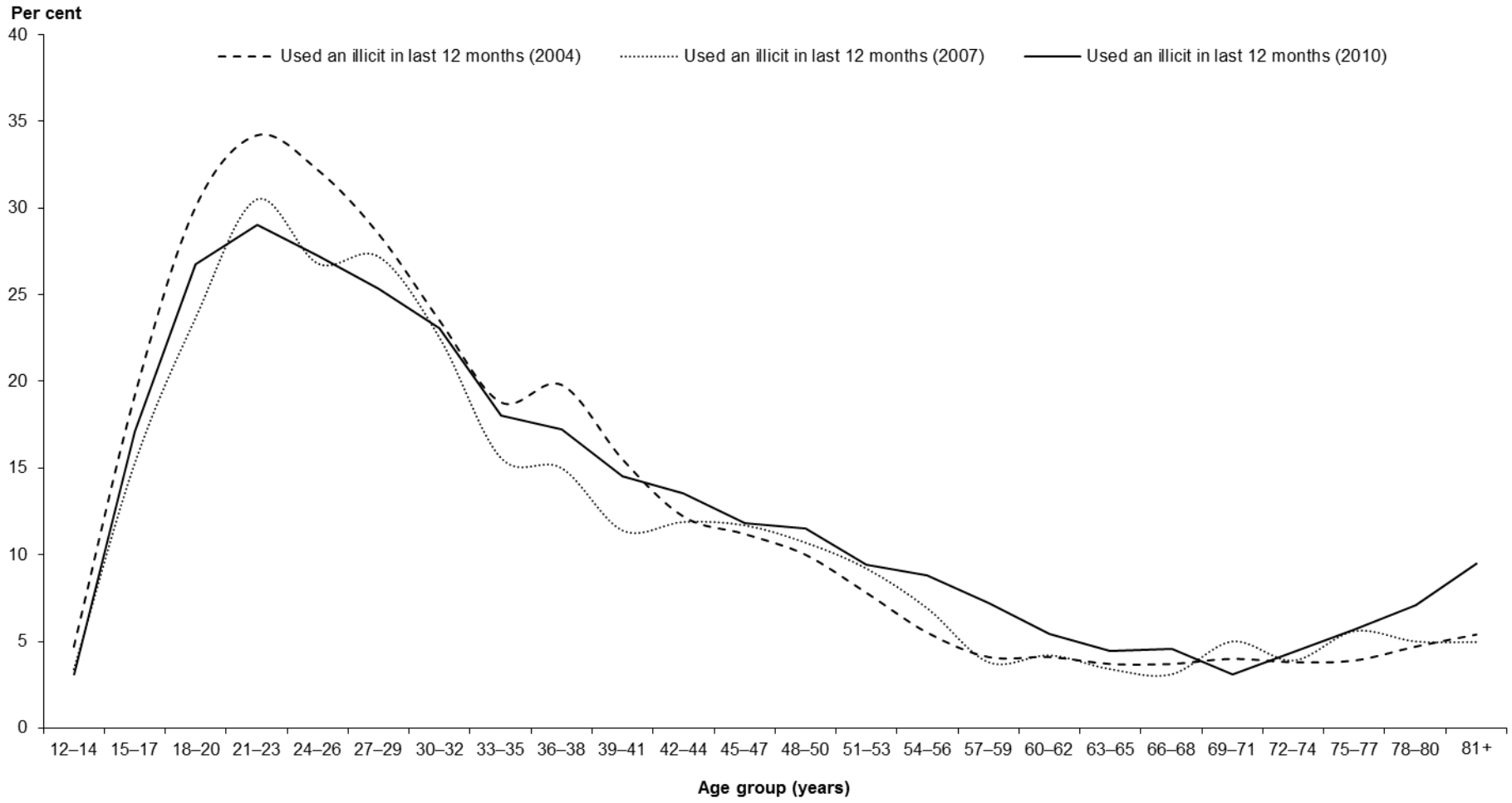
More detail on the pattern of recent illicit drug use among 3-year age groups in 2004, 2007 and 2010 is presented in Figure 5.3.

Table 5.4: Recent[(a)] use of any illicit drug, people aged 14 years or older, by age and sex, 1995 to 2010 (per cent)

Age group (years)	1995	1998	2001	2004	2007	2010	
			Males				
14–17	29.6	34.5	23.3	15.3	10.2	13.3	
18–19	47.2	47.4	39.5	31.8	26.4	27.0	
20–29	46.1	48.2	39.6	37.5	32.4	30.5	
30–39	24.7	27.6	24.5	25.5	20.3	22.6	
40–49	12.0	22.3	14.1	15.0	14.9	16.6	
50–59	3.5	6.9	8.1	7.6	8.7	10.5	
60+	1.8	5.1	4.0	4.1	4.6	5.5	
Total (14+)	**20.6**	**25.1**	**19.5**	**18.2**	**15.8**	**17.0**	
14–19	*36.7*	*39.0*	*28.8*	*20.9*	*15.6*	*18.1*	
18+	**19.9**	**24.4**	**19.2**	**18.4**	**16.3**	**17.3**	
			Females				
14–17	17.7	33.1	23.0	17.8	16.3	15.7	
18–19	46.6	47.2	32.9	29.7	20.3	23.0	
20–29	27.4	33.2	29.5	25.6	22.9	24.3	
30–39	13.6	20.5	15.2	15.1	13.0	15.0	
40–49	7.9	10.1	9.3	9.5	8.5	9.0	
50–59	3.9	12.6	5.2	4.8	5.4	7.1	
60+	3.7	6.1	3.8	4.0	4.0	4.9	
Total (14+)	**13.0**	**18.8**	**14.0**	**12.5**	**11.0**	**12.3**	↑
14–19	*26.8*	*37.4*	*26.5*	*21.8*	*17.7*	*18.2*	
18+	**12.6**	**17.7**	**13.3**	**12.1**	**10.7**	**12.1**	↑
			Persons				
14–17	23.6	33.8	23.1	16.5	13.2	14.5	
18–19	47.0	47.3	36.2	30.8	23.4	25.1	
20–29	36.8	40.7	34.6	31.5	27.7	27.5	
30–39	18.9	24.1	19.8	20.2	16.7	18.8	↑
40–49	10.0	16.2	11.8	12.2	11.6	12.8	
50–59	3.7	9.7	6.7	6.2	7.0	8.8	↑
60+	2.9	5.6	3.9	4.0	4.3	5.2	
Total (14+)	**16.7**	**21.9**	**16.7**	**15.3**	**13.4**	**14.7**	**↑**
14–19	*32.0*	*38.2*	*27.7*	*21.3*	*16.6*	*18.2*	
18+	**16.2**	**21.0**	**16.2**	**15.2**	**13.4**	**14.7**	**↑**

(a) Used in the previous 12 months.

Note: Some trend data were updated in 2010 and may not match data presented in previous reports.



(a) Used in the previous 12 months.

Figure 5.3: Recent use[a] of any illicit drug, people aged 12 years or older, by age, 2004, 2007 and 2010

Illicit drug use, by social characteristics

The use of illicit drugs varied by social characteristics (see Appendix 4 for definitions of the characteristics variables) and population groups. The highest proportion of recent drug use across all subpopulations was for people who identified as homosexual/bisexual (35.7%) (Table 5.5); the lowest was for people who were retired or on a pension (6.1%). Other key findings include:

- the largest statistically significant increases of recent illicit drug use were seen among those living in 'other' household types (from 17.0% to 20.3%), those with the second lowest SES (from 11.4% to 15.5%), and those who mainly spoke English at home (from 13.9% to 15.1%)
- after adjusting for differences in age structure, recent illicit drug use remained high among Indigenous Australians, single people without children, and homosexuals/bisexuals (see Appendix Table A3.6).

Table 5.5: Illicit drug use, people aged 14 years or older, by social characteristics, 2007 and 2010 (per cent)

	Never used			Ex-users[a]			Recent users[b]		
Characteristic	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
All persons (aged 14+)	62.6	60.4	↓	24.1	24.9		13.4	14.7	↑
Education									
Without post-school qualifications	68.9	67.2		17.2	18.0		13.9	14.9	
With post-school qualifications	57.2	55.2	↓	28.8	30.3	↑	14.0	14.5	
Labour force status									
Currently employed	53.2	51.1	↓	31.6	33.1		15.1	15.8	
Student	75.2	70.9	↓	7.9	9.7		16.9	19.4	
Unemployed	50.6	56.0		25.6	19.1	↓	23.8	24.9	
Engaged in home duties	59.2	55.9		32.1	33.8		8.8	10.3	
Retired or on a pension	85.9	85.0		8.6	8.9		5.6	6.1	
Volunteer/charity work	n.a.	73.8		n.a.	15.7		n.a.	10.4	
Unable to work	55.3	57.0		25.6	23.7		19.1	19.3	
Other	63.0	56.9		21.6	26.3		15.4	16.8	
Main language spoken at home									
English	60.3	58.0	↓	25.8	26.9		13.9	15.1	↑
Other	88.5	85.2	↓	5.6	7.4		5.8	7.4	
Socioeconomic status									
1 (lowest)	65.1	64.0		21.1	20.9		13.8	15.1	
2	65.3	61.8	↓	23.4	22.7		11.4	15.5	↑
3	64.2	60.4	↓	22.2	26.0	↑	13.6	13.6	
4	60.5	59.5		26.2	26.5		13.3	14.0	
5 (highest)	59.5	57.1	↓	26.0	27.7		14.5	15.2	
Geography									
Major cities	62.5	60.6	↓	23.7	24.6		13.8	14.8	
Inner regional	64.4	61.2	↓	23.8	24.9		11.8	13.9	↑
Outer regional	61.0	59.9		26.2	25.0		12.8	15.0	
Remote/Very remote	51.8	50.8		27.6	31.9		20.6	17.2	

(continued)

Table 5.5 (continued): Illicit drug use, people aged 14 years or older, by social characteristics, 2007 and 2010 (per cent)

	Never used			Ex-users[(a)]			Recent users[(b)]		
Characteristic	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Marital status									
Never married	59.8	59.4		16.7	16.1		23.5	24.4	
Divorced/separated/widowed	67.3	65.6		22.2	21.9		10.5	12.5	↑
Married/de facto	62.7	60.0	↓	27.8	29.5	↑	9.5	10.4	↑
Indigenous status									
Aboriginal and/or Torres Strait Islander#	47.1	46.5		28.5	28.5		24.4	25.0	
Non-Indigenous	62.7	60.8	↓	24.2	25.1		13.1	14.2	↑
Household composition									
Single with dependent children	40.8	39.9		41.5	39.1		17.7	20.9	
Couple with dependent children	50.5	49.3		38.8	40.0		10.7	10.8	
Parent with non-dependent children	73.9	70.4		18.9	20.2		7.2	9.3	
Single without children	58.8	57.1		19.4	20.3		21.9	22.6	
Couple without children	71.4	69.4		18.8	20.3		9.7	10.3	
Other[(c)]	66.5	65.4		16.5	14.2	↓	17.0	20.3	↑
Sexual orientation									
Heterosexual	62.7	60.4	↓	24.7	25.6		12.6	13.9	↑
Homosexual/bisexual	31.0	35.7		26.2	28.6		42.8	35.7	
Not sure/other	69.0	74.8		12.1	8.7		18.8	16.5	

(a) Somebody who has used, but not in the previous 12 months.

(b) Used in the previous 12 months.

(c) People who live in a household with children but are not the parent/guardian, younger people living with their parents or respondents who selected 'other household type'.

Due to the small sample sizes for Aboriginal and/or Torres Strait Islander people, estimates should be interpreted with caution.

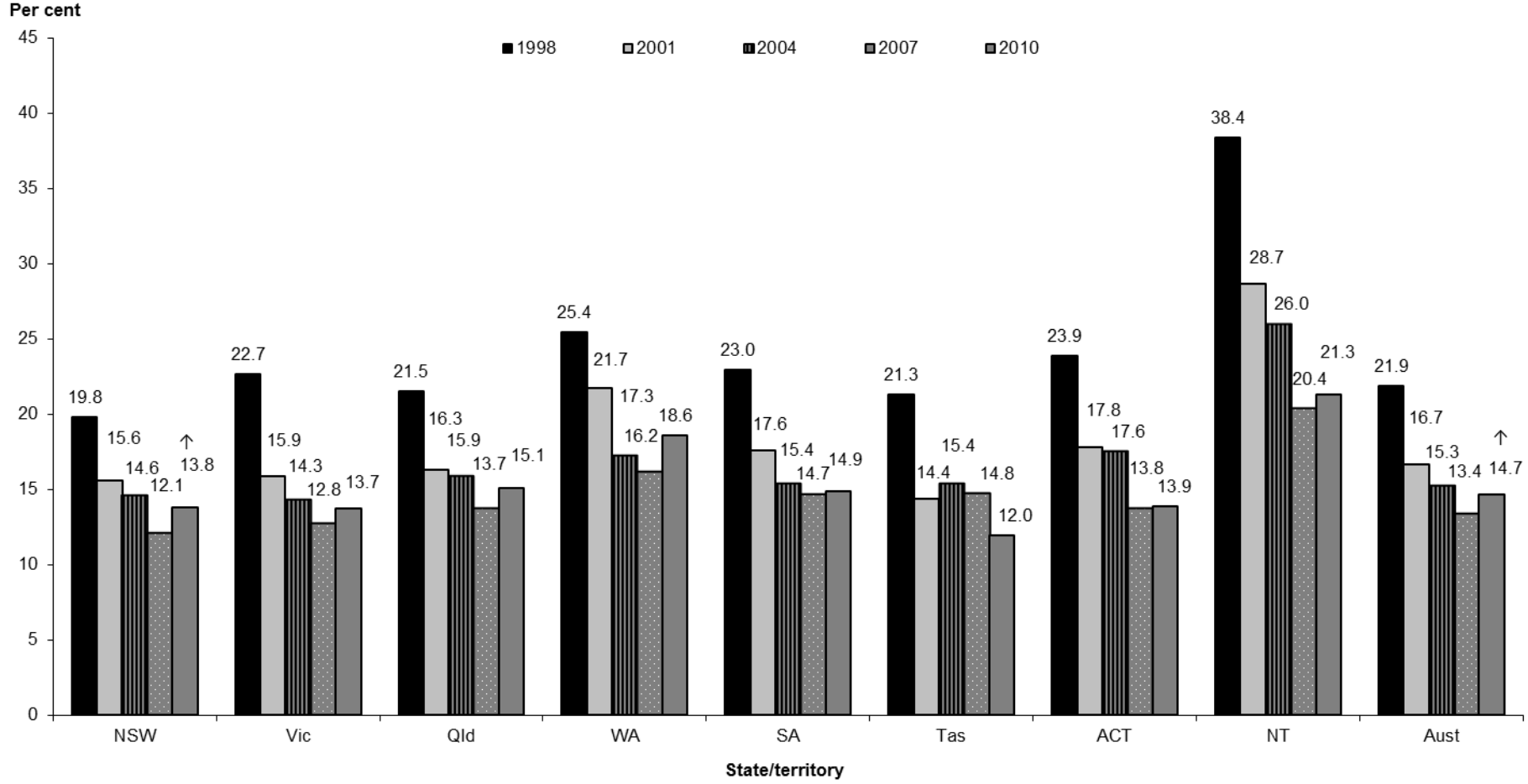
State and territory comparisons

Current use and trends over time

All jurisdictions reported a slight increase in recent drug use between 2007 and 2010, except for Tasmania, where the proportion having used illicit drugs in the previous 12 months declined by 19% (Figure 5.4). Although most jurisdictions recorded a slight increase in illicit drug usage, New South Wales was the only state in which this increase was significant.

In the longer term (1998 to 2007), recent use had declined in all states and territories. The jurisdictions where the decline was greatest were Tasmania, the Northern Territory (both declining by 44%) and the Australian Capital Territory (42% decline). The smallest decline was in Western Australia (27% decline).

The Northern Territory continues to have the highest proportion of recent illicit drug use.



(a) Used in the previous 12 months.

Figure 5.4: Recent[(a)] use of any illicit drug, people aged 14 years or older, by state/territory, 2010

State and territory comparisons, by age and sex

Among all the states and territories, patterns of illicit drug use differed by age and sex (tables 5.6 and 5.7). In particular, people living in the Northern Territory and Western Australia had higher recent use of illicit drugs than those in other states and territories; these differences remained after adjusting for the differences in age structures (see Appendix Table A3.7). In addition:

- males had higher proportions of recent illicit drug use than females in all states and territories, with the greatest difference between males and females being in Western Australia, where usage among males was 8.5 percentage points higher than females
- people aged 14–19 years in Western Australia (25.5%) and South Australia (22.5%) had higher proportions of recent illicit drug use than the national average for that age group (18.2%)
- similar to the Australia-wide pattern, the age groups most commonly reporting having used illicit drugs in the previous 12 months in most jurisdictions were those aged 18–19 years and 20–29 years.

Table 5.6: Recent[(a)] use of any illicit drug[(b)], people aged 12 years or older, by sex and state/territory, 2010 (per cent)

Sex	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Males	16.1	15.7	17.4	22.8	16.4	13.6	17.9	23.4	17.0
Females	11.6	11.9	12.8	14.3	13.5	10.4	10.0	19.1	12.3
Persons	13.8	13.7	15.1	18.6	14.9	12.0	13.9	21.3	14.7

(a) Used in previous 12 months.

(b) Includes pain-killers, tranquillisers, steroids, meth/amphetamines, cannabis, heroin, methadone or buprenorphine, cocaine, hallucinogens, ecstasy, ketamine, GHB and inhalants.

Table 5.7: Recent[a] use of any illicit drug[b], people aged 12 years or older, by age and state/territory, 2010 (per cent)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
12–17	9.5	10.8	9.4	12.6	*14.2	*8.5	**6.4	*8.1	10.4
18–19	22.9	23.0	24.8	39.2	*27.0	**8.8	*20.4	*25.7	25.1
20–29	24.5	26.0	30.7	34.9	28.1	19.1	25.7	32.6	27.5
30–39	17.5	17.9	18.9	24.1	20.6	17.1	14.8	22.3	18.8
40–49	13.3	11.4	12.4	13.6	12.5	15.5	13.5	22.5	12.8
50–59	9.3	8.1	8.2	8.5	9.0	9.7	*7.3	16.1	8.8
60+	5.1	4.2	5.3	7.9	5.4	*4.3	*5.5	*7.9	5.2
Total (12+)	**13.5**	**13.4**	**14.7**	**18.1**	**14.5**	**11.6**	**13.5**	**20.5**	**14.3**
14–19	*16.4*	*17.8*	*17.3*	*25.5*	*22.5*	**11.4*	**13.4*	**16.7*	*18.2*
14+	**13.8**	**13.7**	**15.1**	**18.6**	**14.9**	**12.0**	**13.9**	**21.3**	**14.7**
18+	**13.9**	**13.7**	**15.2**	**18.6**	**14.6**	**11.9**	**14.2**	**22.1**	**14.7**

(a) Used in previous 12 months.

(b) Includes pain-killers, tranquillisers, steroids, meth/amphetamines, cannabis, heroin, methadone or buprenorphine, cocaine, hallucinogens, ecstasy, ketamine, GHB and inhalants.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Illicit drug use and health and harm

This section compares patterns of illicit drug use with measures of general health, selected health conditions, levels of psychological distress (see Glossary for definition of the Kessler Psychological Distress Scale) and body mass index. This information is based on self-reported assessments and is not empirically verified by blood tests or other screening measures.

There appears to be a relationship between some health conditions and recent use of any illicit drugs (Table 5.8). However, it is not clear what other factors, such as age, sex or socioeconomic status, may be influencing this relationship. Key findings included:

- there was a statistically significant rise in the proportion of recent users with a mental illness between 2007 and 2010
- the diagnosis or treatment of a mental illness was much more common in those who had used an illicit drug in the last 12 months (18.7%) or in the last month (20.4%) than in those who had not used in the last 12 months (10.8%)
- illicit drug users (in the previous 12 months or in the previous month) had higher levels of psychological distress than non-users, with higher proportions reporting very high, high and moderate distress levels
- there was little difference in self-reported general health between those who had used illicit drugs in the previous 12 months and those who had not
- there was a higher prevalence of asthma among those who had used an illicit drug in the previous 12 months

- recent users were more likely to report being underweight or a healthy weight than those who had not used illicit drugs in the previous 12 months (according to body mass index calculated from self-reported height and weight).

Table 5.8: Self-assessed health status, health conditions, psychological distress and body mass index, people aged 18 years or older, by illicit drug use, 2010 (per cent)

	Any illicit drug[a]									All persons (18+)
	Not used in previous 12 months[b]			Used in previous 12 months			Used in previous month			
Health status/body mass index	2007	2010		2007	2010		2007	2010		2010
Self-assessed health status[c]										
Excellent	16.4	16.2		13.8	14.8		12.1	13.0		16.0
Very good	38.2	37.8		33.3	37.9	↑	31.9	35.8		37.6
Good	33.0	34.0		39.2	34.4	↓	40.9	36.5	↓	34.1
Fair	10.3	10.2		11.5	11.1		12.1	12.0		10.5
Poor	2.0	1.8		2.1	1.9		2.9	2.8		1.8
Self-reported health condition[d]										
Diabetes	5.9	5.7		2.8	3.3		2.8	3.4		5.4
Heart diseases[e]	19.6	20.4		8.8	10.1		9.2	10.9		19.1
Asthma	8.2	8.3		10.5	10.3		10.9	10.8		8.6
Cancer	2.9	3.0		1.1	1.4		1.1	1.6		2.8
Mental illness[f]	10.3	10.8		16.1	18.7	↑	17.4	20.4		12.0
Level of psychological										
Low	71.7	71.8		52.7	57.3	↑	51.2	54.9		69.6
Moderate	19.9	19.6		29.2	25.8	↓	28.6	26.2		20.5
High	6.6	6.5		13.4	12.8		14.6	14.0		7.4
Very high	1.7	2.1	↑	4.7	4.1		5.6	5.0		2.4
Body mass index[h]										
Underweight	n.a.	2.2		n.a.	3.3		n.a.	3.9		2.4
Normal weight	n.a.	39.7		n.a.	48.0		n.a.	47.0		41.0
Overweight	n.a.	35.6		n.a.	31.7		n.a.	30.9		35.1
Obese	n.a.	22.5		n.a.	17.0		n.a.	18.2		21.6

(a) Includes pain-killers, tranquillisers, steroids, meth/amphetamines, cannabis, heroin, methadone or buprenorphine, cocaine, hallucinogens, ecstasy, ketamine, GHB and inhalants.

(b) Includes those who have never used and ex-users.

(c) In response to the question 'In general, would you say your health is…?'

(d) Respondents could select more than one condition, in response to the question 'In the last 12 months have you been diagnosed or treated for…?'

(e) Includes heart diseases and hypertension (high blood pressure).

(f) Includes depression, anxiety disorder, schizophrenia, bipolar disorder, an eating disorder and other form of psychosis.

(g) Low: K10 score 10–15; Moderate: 16–21; High: 22–29; Very high: 30–50.

(h) Body mass index is calculated by dividing weight in kilograms by height in metres squared. Underweight: less than 18.5, Normal weight: 18.5–24.9, Overweight: 25–29.9, Obese: more than 30.

Victims of drug-related harm

The objectives of the National Drug Strategy 2010–2015 included reducing harm to community safety and reducing the harm to individuals from drug use (MCDS 2011). The NDSHS contributes to this by exploring and reporting on the experiences of illicit drug-related incidents and harm by people living in Australia. Tables 5.9 and 5.10 present information for people aged 12 years or older who were victims of an incident related to illicit drugs. More specifically:

- between 2007 and 2010 there was a statistically significant decrease in the proportion of people aged 14 years or older experiencing any incident related to illicit drug use (from 14.6% to 8.5%)
- being verbally abused and put in fear by someone under the influence of illicit drugs decreased in 2010; these decreases were statistically significant
- verbal abuse was the most frequently reported incident overall and among each age group except for those aged 12–17 years who were more likely to be put in fear than verbally or physically abused.

Table 5.9: Victims of illicit drug-related incidents in the previous 12 months, people aged 12 years or older, by age, 2010 (per cent)

	Age group (years)								
Incident	**12–17**	**18–19**	**20–29**	**30–39**	**40+**	**Total (12+)**	**14+**	**14–19**	**18+**
Verbal abuse	3.7	9.0	9.6	7.2	5.9	**6.7**	**6.8**	6.0	**7.0**
Physical abuse	1.9	5.1	3.4	2.4	1.6	**2.2**	**2.2**	3.1	**2.2**
Put in fear	4.4	5.9	6.5	5.1	4.0	**4.7**	**4.8**	5.3	**4.8**
Any incident	**5.8**	**11.8**	**11.6**	**9.1**	**7.2**	**8.3**	**8.5**	**8.6**	**8.6**

Table 5.10: Victims of illicit drug-related incidents in the previous 12 months, people aged 14 years or older, by sex, 2007 and 2010 (per cent)

	Males			Females			Persons		
Incident	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Verbal abuse	13.0	7.7	↓	9.1	5.9	↓	11.0	6.8	↓
Physical abuse	2.6	2.6		1.4	1.8		2.0	2.2	
Put in fear	7.9	4.3	↓	9.0	5.2	↓	8.4	4.8	↓
Any incident	**16.0**	**9.0**	↓	**13.2**	**7.9**	↓	**14.6**	**8.5**	↓

Illicit drug taking behaviours

Activities while under the influence of illicit drugs

Survey participants who had recently used an illicit drug were asked how many times in the previous 12 months they undertook specific potentially harmful activities while under the influence of those drugs (Table 5.11). For people aged 14 years or older:

- driving was the most common activity to be undertaken while under the influence of drugs at around 1 in 5 (18%), but these proportions declined (statistically significantly) in 2010 from 2007
- the proportions of activities undertaken while under the influence of illicit drugs remained relatively stable or slightly declined between 2007 and 2010, and were much lower than those while under the influence of alcohol (see Chapter 4 'Alcohol')
- males were more likely than females to undertake all specified activities while under the influence of illicit drugs.

Table 5.11: Activities done while under the influence of illicit drugs in the previous 12 months, recent users[(a)] aged 14 years or older, by sex, 2007 and 2010 (per cent)

	Males			Females			Persons		
Activity	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Went to work	15.2	14.5		7.2	7.9		11.8	11.7	
Went swimming	13.6	13.8		7.3	8.2		11.0	11.4	
Operated a boat or hazardous machinery	6.1	5.4		0.4	*1.5	↑	3.7	3.8	
Drove a vehicle	25.6	21.5	↓	14.4	13.2		20.9	18.0	↓
Created a disturbance, damaged or stole goods	7.7	5.8		3.5	3.3		5.9	4.8	
Verbally abused someone	7.5	6.1		4.5	4.3		6.3	5.3	
Physically abused someone	3.4	1.7	↓	0.9	*0.9		2.4	1.4	↓

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Note: Base is recent illicit drug users

Source of supply of illicit drugs

Recent users of illicit drugs were asked to detail how they obtained their chosen drug/s. Apart from those sourcing heroin which was mostly source from a dealer (65.4%), most users' source of supply for all other drugs was a friend or acquaintance (Table 5.12). Pharmaceuticals were obtained from more varied sources, pain-killers/analgesics were most often bought from a shop, and tranquillisers were most often obtained from a friend or acquaintance or purchased over the Internet.

Table 5.12: Source of supply of illicit drugs, recent users[a] aged 14 years or older, by type of drug, 2010 (per cent)

Drug	Friend/ acquaintance	Relative/ Spouse	Dealer	Prescription/ Internet	Doctor shopping	Bought at a shop	Other[b]
Illicit drugs (excluding pharmaceuticals)							
Cannabis	65.9	6.0	20.8	n.a.	n.a.	n.a.	7.3
Ecstasy	67.9	*2.4	28.3	n.a.	n.a.	n.a.	*1.5
Meth/amphetamines[c]	60.1	*2.2	32.7	*1.1	**0.1	n.a.	*3.7
Cocaine	73.5	*2.9	19.9	n.a.	n.a.	n.a.	*3.6
Inhalants	47.5	**0.8	**5.6	n.a.	n.a.	38.0	*8.1
Heroin	*28.8	—	65.4	n.a.	n.a.	n.a.	**5.7
Pharmaceuticals							
Pain-killers/analgesics[c]	10.3	8.1	*2.4	11.8	*3.6	59.2	*4.6
Tranquillisers[c]	32.4	19.0	*2.8	30.1	*5.8	n.a.	9.9
Steroids[c]	*46.9	**2.8	**9.3	**1.7	**10.5	n.a.	*28.8

(a) Used in the previous 12 months.

(b) Includes stole it, obtained at the gymnasium, grew/made/picked it myself.

(c) For non-medical purposes.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Base for each substance is respondents using in the previous 12 months.

Use by friends and acquaintances

In 2010, a quarter of recent illicit drug users aged 14 years or older (24.3%) stated that all or most of their friends currently used illicit drugs, and only 6.6% that none of their friends did so (Table 5.13). In contrast, only 2.9% of those who had never used any illicit drugs stated that all or most of their friends currently did so.

A significantly higher proportion of all respondents stated that about half or fewer of their friends currently used illicit drugs in 2010 (50.0% than in 2007 (47.9%), and a lower proportion stated that none of their friends did so (45.8% in 2007 and 43.4% in 2010).

Table 5.13: Any illicit drug use by friends and acquaintances, people aged 14 years or older, by user status, 2007 and 2010 (per cent)

Proportion of friends	Never used			Ex-users			Recent users			All		
	2007	2010		2007	2010		2007	2010		2007	2010	
All or most	3.0	2.9		4.8	4.8		24.3	24.3		6.4	6.6	
About half or fewer	35.3	37.4	↑	67.9	68.3		68.6	69.1		47.9	50.0	↑
None	61.7	59.6	↓	27.4	26.9		7.1	6.6		45.8	43.4	↓

6 Cannabis

Cannabis was the most commonly used illicit drug in Australia in 2010, with about 1.9 million people having used the drug in the previous 12 months. In this chapter, information is presented on trends in cannabis use over time, differences in age, sex, and other sociodemographic characteristics, as well as information on self-reported health and user behaviours, such as who the drugs are acquired from, how often and where they are used.

Key findings

- Cannabis use declined between 1998 and 2007, however between 2007 and 2010 the proportion of people in Australia who had used cannabis in the previous 12 months increased from 9.1% to 10.3%.
- The rise in recent use of cannabis was seen for males and females, as well as those aged 50–59 years and those living in New South Wales and Western Australia. Statistically significant increases in recent cannabis use were also seen among some subpopulation groups—those without post-school qualifications, students, those who were never married, and those in *Major cities* and *Inner regional* areas.
- Use of cannabis in the previous 12 months was highest in the Northern Territory (16.5%) and Western Australia (13.4%).
- The largest proportion of people who had used cannabis in the last 12 months had used it once or twice in the year (34.6%), while 20.9% said they used it once a week or more.
- Most people who had used cannabis had got it from a friend or acquaintance (65.9%), and used it in a private home (86.7%).

Overall cannabis use

Current use and trends over time

Over time (1995 to 2010), the proportion of people in Australia aged 14 years or older who had used cannabis in the previous 12 months has changed. More specifically:

- the number of people in Australia using cannabis increased from 1.6 million in 2007 to 1.9 million in 2010
- after peaking in 1998, the proportion of people who had recently used cannabis had been decreasing, but in 2010, it statistically significantly increased significantly from 2007, from 9.1% to 10.3% (Table 6.1), an increase that was reflected for both males' and females' use
- in 2010, there was increase in the proportion of people who had used cannabis recently in all age groups, though the only statistically significant increase was seen in those aged 50–59 years (from 3.8% in 2007 to 5.5% in 2010)
- since 1998, recent cannabis use has generally decreased in the younger age groups, but either increased or remained stable for the older age groups (40 years or older).

Table 6.1: Recent[(a)] use of cannabis, people aged 14 years or older, by age and sex, 1995 to 2010 (per cent)

Age group (years)	Males							Females							Persons						
	1995	1998	2001	2004	2007	2010		1995	1998	2001	2004	2007	2010		1995	1998	2001	2004	2007	2010	
14–17	29.8	32.3	21.3	13.2	8.3	12.1		15.4	30.5	20.1	13.8	11.5	13.5		22.5	31.4	20.7	13.5	9.9	12.8	
18–19	45.0	41.9	36.8	28.6	22.8	23.1		35.7	43.9	27.1	24.4	15.1	19.3		41.1	42.9	31.9	26.5	19.0	21.3	
20–29	43.7	44.8	35.1	32.4	25.7	25.0		23.4	28.9	23.2	19.5	15.9	17.5		33.5	36.9	29.3	26.0	20.8	21.3	
30–39	19.0	24.1	20.8	21.4	15.9	18.2		8.2	16.4	11.7	10.6	8.4	9.0		13.4	20.3	16.1	15.9	12.1	13.6	
40–49	8.0	16.7	10.7	11.9	11.6	12.7		2.2	6.4	6.6	5.7	5.1	6.2		5.2	11.5	8.7	8.7	8.3	9.4	
50–59	1.9	5.2	4.5	4.3	5.4	7.8	↑	1.2	7.3	2.0	2.1	2.2	3.2		1.5	6.3	3.3	3.2	3.8	5.5	↑
60+	<0.1	1.1	0.7	0.4	0.6	0.8		0.5	1.3	0.3	0.2	0.4	0.4		0.3	1.2	0.5	0.3	0.5	0.5	
Total (14+)	**17.6**	**21.4**	**15.8**	**14.4**	**11.6**	**12.9**	↑	**8.7**	**14.5**	**10.0**	**8.3**	**6.6**	**7.7**	↑	**13.1**	**17.9**	**12.9**	**11.3**	**9.1**	**10.3**	↑
14–19	*35.9*	*35.6*	*26.6*	*18.4*	*13.1*	*15.9*		*21.8*	*34.6*	*22.6*	*17.4*	*12.7*	*15.5*		*29.2*	*35.1*	*24.6*	*17.9*	*12.9*	*15.7*	
18+	**16.7**	**20.6**	**15.4**	**14.5**	**11.9**	**13.0**		**8.2**	**13.3**	**9.3**	**7.9**	**6.3**	**7.3**	↑	**12.3**	**16.9**	**12.3**	**11.1**	**9.0**	**10.1**	↑

(a) Used in the previous 12 months.

Note: Some trend data were updated in 2010 and may not match previously reported data.

Cannabis use, by sex

In 2010, it was estimated that about 1.9 million people aged 14 years or older had used cannabis in the previous 12 months, and more than 700,000 people had used it in the week before the survey (tables 6.2 and 6.3). Females were less likely than males to have used cannabis at any frequency. Males were twice as likely as females to have smoked cannabis in the previous week (5.2% for males compared with 2.6% for females).

Table 6.2: Cannabis use, people aged 12 years or older, by age, 2010 (per cent)

	Age group (years)								
Period	**12–17**	**18–19**	**20–29**	**30–39**	**40+**	**Total (12+)**	**14–19**	**14+**	**18+**
In lifetime	11.0	32.0	46.9	55.7	27.8	**34.3**	21.5	**35.4**	**36.8**
In the last 12 months	8.8	21.3	21.3	13.6	4.7	**10.0**	15.7	**10.3**	**10.1**
In the last month	3.3	13.3	11.1	7.8	3.0	**5.6**	7.8	**5.8**	**5.8**
In the last week	1.4	7.8	7.2	5.5	2.3	**3.8**	4.1	**3.9**	**4.0**

Table 6.3: Cannabis use, people aged 14 years or older, by sex, 2010 (per cent)

	Males	**Females**	**Persons**
In lifetime	38.9	32.0	35.4
In the last 12 months	12.9	7.7	10.3
In the last month	7.6	4.0	5.8
In the last week	5.2	2.6	3.9

Cannabis use, by age and sex

In 2010, males aged 14 years or older were more likely than females to have used cannabis in their lifetime (38.9% and 32.0%, respectively). Males were also more likely to have used cannabis in the previous 12 months than females (12.9% and 7.7%, respectively) (Table 6.4). In addition:

- more than half of people in Australia aged 30–39 years had used cannabis at some time in their lives, a proportion that was higher than any other age group and was similar for both males and females
- the highest proportion of males who had used cannabis in the last 12 months was for those aged 20–29 years (25.0%), and for females for those aged 18–19 years (19.3%)
- fewer than 1 in 10 (8.8%) teenagers aged 12–17 years had used cannabis in the previous 12 months, but this proportion more than doubled to 1 in 5 (21.3%) among those aged 18–29 years.

Table 6.4: Ever and recent cannabis use, people aged 12 years or older, by age and sex, 2010 (per cent)

	Ever used[a]			Recent use[b]		
Age group (years)	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
12–17	10.1	11.9	11.0	8.2	9.5	8.8
18–19	34.2	29.6	32.0	23.1	19.3	21.3
20–29	47.7	46.1	46.9	25.0	17.5	21.3
30–39	58.7	52.7	55.7	18.2	9.0	13.6
40–49	53.7	43.8	48.7	12.7	6.2	9.4
50–59	39.5	27.6	33.5	7.8	3.2	5.5
60+	11.3	4.8	7.9	0.8	0.4	0.5
Total (12+)	**37.7**	**31.1**	**34.3**	**12.5**	**7.5**	**10.0**
14–19	*21.5*	*21.4*	*21.5*	*15.9*	*15.5*	*15.7*
14+	**38.9**	**32.0**	**35.4**	**12.9**	**7.7**	**10.3**
18+	**40.6**	**33.0**	**36.8**	**13.0**	**7.3**	**10.1**

(a) Used at least once in lifetime.

(b) Used in the previous 12 months.

Cannabis use, by social characteristics

Cannabis use varies by demographic characteristics (see Appendix 4 for definitions of the characteristics variables). Across Australia, for people aged 14 years or older, some population groups were more likely to report recent cannabis use than the general population (Table 6.5). More specifically:

- socioeconomic status, education, and remoteness classification had little influence on a person's recent cannabis use
- unemployed people and students were more likely than other labour force categories to have used cannabis in the previous 12 months, and retirees were the least likely (1.8%), while those who were currently employed had the highest proportion of ex-users (34.1%) and the lowest proportion who had never used cannabis (54.4%)
- people who had never married were more than twice as likely to have recently used cannabis than those who were either married or divorced, separated or widowed (19.9% compared with 6.5% and 7.5%, respectively)
- after removing the effects of different age structures, Indigenous Australians were 1.6 times as likely as non-Indigenous Australians to have recently used cannabis (see Appendix Table A3.8)
- those who identified as homosexual or bisexual were almost twice as likely to have used cannabis recently as those who identified as heterosexual (26.0% compared with 10.0%).

Table 6.5: Cannabis use, people aged 14 years or older, by social characteristics, 2007 and 2010 (per cent)

	Never used			Ex-users[(a)]			Recent users[(b)]		
Characteristic	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
All persons (aged 14+)	66.5	64.7	↓	24.4	25.0		9.1	10.3	↑
Education									
Without post-school qualifications	73.4	71.7	↓	17.7	17.9		8.9	10.4	↑
With post-school qualifications	61.5	59.2	↓	29.1	30.6	↑	9.5	10.2	
Labour force status									
Currently employed	56.3	54.4	↓	32.7	34.1		10.9	11.5	
Student	78.7	74.5	↓	8.7	9.4		12.6	16.1	↑
Unemployed	53.7	60.7		27.7	19.2	↓	18.7	20.1	
Home duties	63.5	60.5		31.2	33.2		5.2	6.2	
Retired or on a pension	90.7	90.4		7.6	7.7		1.7	1.8	
Volunteer/charity work	n.a.	79.2		n.a.	15.0		n.a.	*5.8	
Unable to work	63.2	62.7		24.5	23.3		12.3	14.0	
Other	68.0	63.2		20.7	27.1		11.3	9.7	
Main language spoken at home									
English	65.1	61.9	↓	25.5	27.3	↑	9.4	10.8	↑
Other	92.9	91.1		4.9	5.3		2.2	3.6	
Socioeconomic status									
1 (lowest)	70.9	68.7		20.0	21.0		9.0	10.3	
2	70.6	66.5	↓	22.3	22.8		7.2	10.7	↑
3	69.1	64.5	↓	21.9	25.4	↑	8.9	10.1	
4	65.0	63.8		26.0	26.8		9.0	9.4	
5 (highest)	64.0	60.6	↓	26.4	28.4		9.5	11.1	↑
Geography									
Major cities	67.5	64.8	↓	23.6	24.8		8.9	10.4	↑
Inner regional	69.1	65.5	↓	23.0	24.7		7.9	9.8	↑
Outer regional	66.1	64.2		24.9	25.4		9.0	10.4	
Remote/Very remote	58.3	55.2		27.6	33.4	↑	14.1	11.4	
Marital status									
Never married	67.1	63.4	↓	16.7	16.7		16.2	19.9	↑
Divorced/separated/widowed	72.1	71.1		21.2	21.4		6.6	7.5	
Married/de facto	66.4	63.8	↓	27.8	29.7	↑	5.8	6.5	
Indigenous status									
Aboriginal and/or Torres Strait Islander#	57.6	52.0		26.9	29.5		15.5	18.5	
Non-Indigenous	67.4	64.8	↓	23.8	25.2	↑	8.7	10.0	↑

(continued)

Table 6.5 (continued): Cannabis use, people aged 14 years or older, by social characteristics, 2007 and 2010 (per cent)

	Never used			Ex-users[(a)]			Recent users[(b)]		
Characteristic	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Household composition									
Single with dependent children	46.8	44.7		40.3	39.8		13.0	15.5	
Couple with dependent children	53.4	51.8		39.0	40.5		7.6	7.6	
Parent with non-dependent children	78.4	75.1	↓	18.4	19.9		3.2	5.1	↑
Single without children	63.6	62.7		20.5	21.0		15.9	16.3	
Couple without children	75.9	73.9	↓	18.7	20.1		5.4	6.0	
Other[(c)]	72.9	69.4	↓	15.6	14.5	↓	11.4	16.0	↑
Sexual orientation									
Heterosexual	66.3	64.2	↓	25.0	25.8		8.8	10.0	↑
Homosexual/bisexual	35.2	43.2	↑	35.0	30.8		29.8	26.0	
Not sure/other	79.8	85.6		9.8	6.9		10.3	7.5	

(a) Used cannabis previously, but not in previous 12 months.

(b) Used in the previous 12 months.

(c) People who live in a household with children but are not the parent/guardian, younger people living with their parents or respondents who selected 'other household type'.

Due to the small sample sizes for Aboriginal and/or Torres Strait Islander people, estimates should be interpreted with caution.

Note: Some trend data have been updated in 2010 and may not match previously reported data.

State and territory comparisons

Current use and trends over time

Cannabis use is likely to be influenced by the demographic profiles of states and territories. Across the states and territories for people aged 14 years or older, the Northern Territory had the highest proportion of recent cannabis use (16.5%), followed by Western Australia (13.4%). The lowest proportion was in Tasmania (8.6%), followed closely by New South Wales, Victoria and the Australian Capital Territory (all around 9%) (Figure 6.1). In addition:

- between 2007 and 2010, there was an increase in recent cannabis use for all states and territories except Tasmania, but only the increases in New South Wales and Western Australia were statistically significant
- since 1998, the Northern Territory has consistently had the highest proportion of recent cannabis users, which continued in 2010 (16.5%).

State and territory comparisons, by age and sex

Recent cannabis use varied among the state and territories for different age groups (Table 6.6). For example:

- the Northern Territory had the highest proportion of recent users among all age groups except those aged under 20 years
- the proportion of males who recently used cannabis was highest in the Northern Territory (18.5%) and lowest in Tasmania (10.6%)
- the proportion of females who recently used cannabis was also highest in the Northern Territory (14.4%), but was lowest in the Australian Capital Territory (6.6%) (see Appendix Table A1.6).

These differences were very similar after adjusting for differences in age structure (see Appendix Table A3.9).

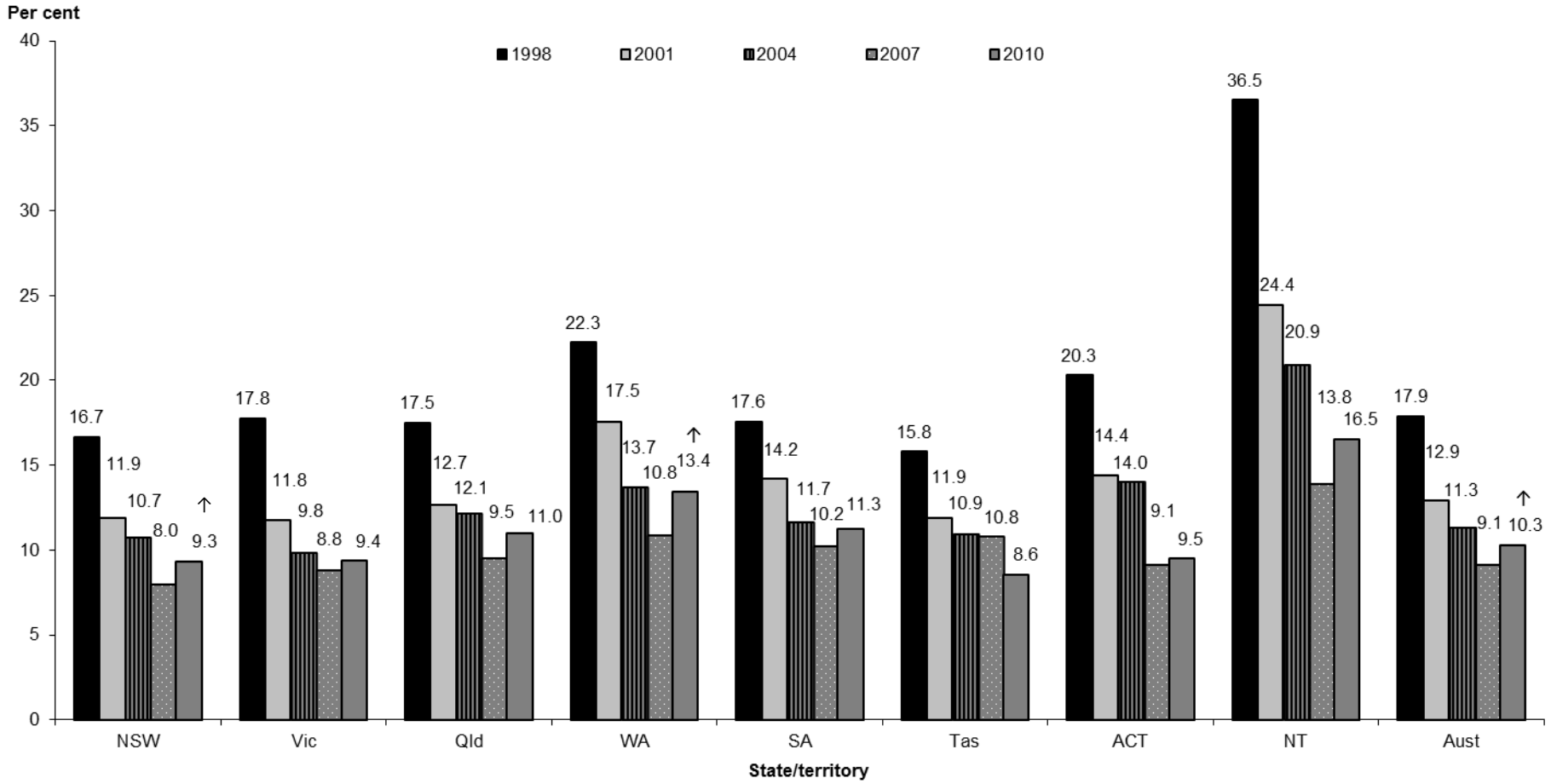
Table 6.6: Recent[(a)] use of cannabis, people aged 12 years or older, by age and state/territory, 2010 (per cent)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
12–17	8.2	9.3	8.1	11.3	*12.0	**2.1	**4.8	*7.6	8.8
18–19	18.8	20.4	19.2	37.0	*22.9	**3.2	*20.4	*21.5	21.3
20–29	18.3	20.4	23.9	27.6	23.2	17.4	18.3	26.0	21.3
30–39	11.5	12.9	15.3	17.0	15.9	14.0	11.4	18.5	13.6
40+	5.0	3.4	4.7	5.6	5.4	6.0	4.6	11.6	4.7
Total (12+)	**9.1**	**9.1**	**10.6**	**13.0**	**10.9**	**8.3**	**9.2**	**15.9**	**10.0**
14–19	*13.9*	*16.0*	*14.6*	*23.5*	**19.6*	***3.1*	**12.0*	**14.8*	*15.7*
14+	**9.3**	**9.4**	**11.0**	**13.4**	**11.3**	**8.6**	**9.5**	**16.5**	**10.3**
18+	**9.2**	**9.1**	**10.9**	**13.2**	**10.8**	**9.0**	**9.7**	**17.0**	**10.1**

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.



(a) Used in the previous 12 months.

Figure 6.1: Recent[(a)] use of cannabis, people aged 14 years or older, by state/territory, 2010

Cannabis and health

In 2010, there appeared to be a relationship between a person's cannabis use and his or her mental health (Table 6.7). For people in Australia aged 18 years or older:

- those who had reported using cannabis in the previous 12 months (18.7%) or in the previous month (20.5%) were more likely to have been diagnosed or treated for a mental illness than people who had not used in the previous 12 month (11.3%)
- those who had used cannabis in the previous month (19.1%) or previous 12 months (16.3%) were more likely to report high or very high levels of psychological distress compared with those who had not recently used cannabis (9.1%)
- those who had used cannabis in the previous month were more likely to assess their health as fair or poor than those who had not used in the previous 12 months.

Table 6.7: Self-assessed health status, health conditions, psychological distress and body mass index, people aged 18 years or older, by cannabis use, 2010 (per cent)

Health status/body mass index	Cannabis						All persons (18+)	
	Not used in last 12 months[a]		Used in last 12 months		Used in last month			
	2007	2010	2007	2010	2007	2010	2007	2010
Self-assessed health status[b]								
Excellent	16.2	16.1	13.6	14.7	11.9	12.4	15.9	16.0
Very good	37.8	37.6	34.4	38.2	32.5	34.9	37.5	37.6
Good	33.5	34.0	39.4	35.3 ↓	41.4	38.8	33.9	34.1
Fair	10.5	10.5	10.6	10.1	11.6	11.3	10.6	10.5
Poor	2.0	1.8	2.0	1.6	2.5	2.6	2.1	1.8
Self-reported health condition[c]								
Diabetes	5.8	5.8	1.4	2.0	1.6	2.1	5.6	5.4
Heart diseases[d]	19.0	20.5 ↑	5.8	5.9	6.2	6.4	18.4	19.1
Asthma	8.4	8.5	10.5	10.0	10.0	10.4	8.5	8.6
Cancer	2.8	3.0	0.8	0.9	0.7	*1.0	2.7	2.8
Mental illness[e]	10.8	11.3	15.7	18.7	17.0	20.5	11.1	12.0 ↑
Level of psychological distress[f]								
Low	70.1	71.1	52.8	56.7	51.2	54.8	69.0	69.6
Moderate	20.8	19.8 ↓	28.0	27.0	27.2	26.1	21.1	20.5
High	7.2	6.8	14.6	12.7	15.7	14.9	7.7	7.4
Very high	1.9	2.3	4.6	3.6	5.8	4.2	2.2	2.4
Body mass index[g]								
Underweight	n.a.	2.3	n.a.	3.2	n.a.	3.9	n.a.	2.4
Normal weight	n.a.	39.7	n.a.	51.5	n.a.	49.8	n.a.	41.0
Overweight	n.a.	35.6	n.a.	30.8	n.a.	30.9	n.a.	35.1
Obese	n.a.	22.4	n.a.	14.5	n.a.	15.4	n.a.	21.6

(a) Includes those who have never used and ex-users.

(b) In response to the question 'In general, would you say your health is…?'.

(c) Respondents could select more than one condition, in response to the question 'In the last 12 months have you been diagnosed or treated for…?'.

(d) Includes heart diseases and hypertension (high blood pressure).

(e) Includes depression, anxiety disorder, schizophrenia, bipolar disorder, an eating disorder and other form of psychosis.

(f) Low: K10 score 10–15; Moderate: 16–21; High: 22–29; Very high: 30–50.

(g) Body mass index is calculated by dividing weight in kilograms by height in metres squared. Underweight: less than 18.5, Normal weight: 18.5–24.9, Overweight: 25–29.9, Obese: more than 30.

Cannabis use-related behaviour

The behaviours of users (how often cannabis was used, what other drugs were used with it or instead of it, what form it was in, where it was obtained and used) differed by age and sex.

Frequency of use

In 2010, for people in Australia aged 12 or older who had used cannabis in the past 12 months:

- the most common frequency of use was once or twice a year (34.7%), with a further 13% of recent users reporting using cannabis every day (tables 6.8 and 6.9)
- those in older age groups were more likely to use cannabis once a month or more often (56.8% for those aged 40 years or more, compared with 31.2% for those aged 12–17 years)
- about half of users aged 30 years or older used cannabis once a month or more often, which was higher than the proportion for those aged 29 years or younger
- for both male and female recent users (aged 14 years or older), the most common frequency of use was once or twice a year (30.0% and 42.3%, respectively), but males were more likely than females to use cannabis once a week, while females were slightly more likely to use every few months.

Table 6.8: Frequency of cannabis use, recent[(a)] users aged 12 years or older, by age, 2010 (per cent)

	Age group (years)								
Frequency of use	**12–17**	**18–19**	**20–29**	**30–39**	**40+**	**Total (12+)**	**14–19**	**14+**	**18+**
Everyday	**1.8	*10.1	12.3	14.0	17.6	**13.0**	*5.7	**13.0**	**14.0**
Once a week or more	10.9	24.8	16.8	23.2	27.0	**20.9**	17.6	**20.9**	**21.8**
About once a month	18.5	17.5	12.9	12.5	12.3	**13.4**	18.3	**13.5**	**13.0**
Every few months	21.7	20.2	20.2	15.4	15.1	**18.0**	20.9	**17.9**	**17.6**
Once or twice a year	47.1	27.4	37.8	34.8	28.1	**34.7**	37.5	**34.6**	**33.6**

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Base is recent users of cannabis.

Table 6.9: Frequency of cannabis use, recent[(a)] users aged 12 years or older, by sex, 2010 (per cent)

Frequency of use	Males	Females	Persons
Everyday	13.8	11.7	13.0
Once a week or more	23.3	17.0	20.9
About once a month	15.2	10.6	13.5
Every few months	17.7	18.4	17.9
Once or twice a year	30.0	42.3	34.6

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Base is recent users of cannabis.

Other drugs used with cannabis

In 2010, for people aged 14 years or older who had used cannabis in the previous 12 months, only 7.2% had not used any other listed drugs while using cannabis (Table 6.10). Males were more likely than females to use any drug in combination with cannabis except for over-the-counter pain-killers, which had the same proportion for both sexes (2.9%). The most common drugs that were mixed with cannabis were alcohol (85.2%) and tobacco (68.8%). Ecstasy was the most common illicit drug to be used at the same time as cannabis (23.9%).

Table 6.10: Other drugs used with cannabis, recent[(a)] cannabis users aged 14 years or older, by sex, 2010 (per cent)

Drug	Males	Females	Persons
Tobacco	68.9	68.5	68.8
Alcohol	86.6	82.7	85.2
Ecstasy	26.4	19.8	23.9
Meth/amphetamines	19.6	14.3	17.6
Cocaine	12.9	11.3	12.3
Hallucinogens	15.0	7.0	12.0
Inhalants/sniffing	*0.7	*0.6	*0.7
Heroin	2.2	*1.3	1.9
Ketamine	2.8	*1.5	2.3
GHB	2.7	2.6	2.6
Kava	*1.0	*0.6	*0.8
Prescription pain-killers/analgesics	4.4	3.7	4.1
Over-the-counter pain-killers/analgesics	2.9	2.9	2.9
Tranquillisers, sleeping pills	5.3	3.8	4.7
Steroids	*0.7	—	*0.4
Methadone/buprenorphine	*1.2	*0.6	*1.0
Other opioids/opiates	*2.0	*1.2	1.7
Other	*0.7	*0.4	*0.6
None of these drugs	6.7	8.0	7.2

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Notes

1. Base is recent users.
2. Respondents could select more than one response.

What form of cannabis was used?

The type of cannabis used can include different parts of the cannabis plant or extracts from it, and recent users of cannabis were asked what form of the drug they used. The terminology reflects common language used to describe forms of cannabis. In 2010, for recent users aged 14 years or older, the most common form of cannabis used was head (75.2%), followed by leaf (45.7%) (Table 6.11). Males were more likely than females to have used cannabis head (81.0% and 65.5%, respectively), while females were more likely than males to have used leaf (53.7% and 41.0%, respectively).

Table 6.11: Form of cannabis used, recent[(a)] users aged 14 years or older, by sex, 2007 and 2010 (per cent)

	Males			Females			Persons		
Form of drug	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Leaf	34.5	41.0	↑	43.8	53.7	↑	37.9	45.7	↑
Head	69.1	81.0		59.0	65.5		65.4	75.2	
Resin (including hash)	12.7	12.1		9.5	9.0		11.5	11.0	
Oil (including hash oil)	6.9	5.5		3.4	*2.9		5.6	4.5	
Other	3.3	4.7		4.7	3.5		3.8	4.2	

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Notes

1. Base is recent users of cannabis.
2. Respondents could select more than one response.

Source of supply

In 2010, 65.9% of recent users aged 14 years or older obtained their cannabis from a friend or acquaintance, while 20.8% obtained their cannabis from a dealer (Table 6.12). Males obtained drugs from a dealer in larger proportions than females (22.9% and 17.3%, respectively), and were twice as likely to grow their own cannabis as females (5.3% compared with 2.6%).

Table 6.12: Usual source of cannabis, recent[(a)] users aged 14 years or older, by sex, 2007 and 2010 (per cent)

	Males			Females			Persons		
Source	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Friend or acquaintance	66.9	64.6		71.3	68.0		68.5	65.9	
Dealer	23.3	22.9		12.9	17.3		19.5	20.8	
Relative	2.0	4.3	↑	9.6	8.8		4.8	6.0	
Grew it myself	3.8	5.3		1.9	2.6		3.1	4.3	
Other[(b)]	4.1	2.9		4.2	3.3		4.1	3.0	

(a) Used in the previous 12 months.

(b) Includes stole it.

Notes

1. Base is recent users of cannabis.

Usual place of use

In 2010, for recent cannabis users aged 14 years or older, the most common place for using cannabis was in a private home (86.7%), followed by private parties (45.7%) (Table 6.13). With larger proportions of males using cannabis than females, males were more likely than females to use cannabis in various places. This difference was most notable in use at private parties (49.1% males, 39.9% females), public places (22.0% males, 16.0% females), and in a car (17.7% males, 12.0% females). There were no statistically significant differences in place of use between 2007 and 2010.

Table 6.13: Usual place of cannabis use, recent[(a)] users aged 14 years or older, 2007 and 2010 (per cent)

	Males		Females		Persons	
Place	**2007**	**2010**	**2007**	**2010**	**2007**	**2010**
In a private home[(b)]	87.8	87.6	88.1	85.1	87.9	86.7
At private parties	49.6	49.1	43.4	39.9	47.3	45.7
At raves/dance parties	10.1	9.9	6.5	7.4	8.8	8.9
At public establishment[(c)]	9.8	7.3	4.1	4.5	7.7	6.3
At work or school/TAFE/university, etc.[(d)]	5.8	5.8	2.4	2.9	4.6	4.7
In public places (for example, parks)	20.8	22.0	14.0	16.0	18.3	19.8
In a car or other vehicle	21.0	17.7	14.1	12.0	18.5	15.6
Somewhere else	11.0	10.0	7.3	6.7	9.6	8.8

(a) Used in the previous 12 months.

(b) Includes 'in my own/spouse/partner's home' and also 'at a friend's house'.

(c) Includes restaurants/cafes and licensed premises (for example, pubs, clubs).

Notes

1. Base is recent users of cannabis.
2. Respondents could select more than one response.

Use by friends and acquaintances

In 2010, only 2.4% of recent users aged 14 years or older stated that none of their friends currently use cannabis (Table 6.14). This was substantially smaller than the proportion for never used (75.4%), all people (56.8%), and ex-users (32.6%). The proportion of people stating that their friends used cannabis in 2010 increased (statistically significantly), with 4.0% saying that most or all of their friends used and 39.2% saying that half or fewer used cannabis.

Table 6.14: Cannabis use by friends and acquaintances, people aged 14 years or older, by user status, 2007 and 2010 (per cent)

Proportion of friends who use	Never used			Ex-users			Recent users			All		
	2007	**2010**		**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
All or most	0.7	1.2	↑	2.4	2.8		23.6	24.4		3.3	4.0	↑
About half or fewer	22.7	23.5		64.7	64.6		72.3	73.2		37.7	39.2	↑
None	76.6	75.4	↓	32.9	32.6		4.1	2.4	↓	59.0	56.8	↓

7 Ecstasy

This chapter presents findings on the use of ecstasy in Australia. In the 2001 and earlier surveys, ecstasy was presented as ecstasy/designer drugs, with the term 'designer drugs' never being explicitly defined in the survey. The 2004, 2007 and 2010 surveys separated ecstasy, ketamine and GHB, and did not cover any other 'designer drugs'. In this report, ketamine and GHB are discussed in Chapter 11 'Other illicit drugs'.

Key findings

- Ecstasy was the second most commonly used illicit drug in Australia after cannabis with 3.0% of people aged 14 years or older using ecstasy in the previous 12 months in 2010.
- For the first time since 1995, recent ecstasy use there was a statistically significant decline between 2007 and 2010. This decrease was seen among males (from 4.4% to 3.6%) and those aged between 14–19 years (from 5.0% to 2.8%).
- Ecstasy use was highest among those aged 20–29 years, with about 1 in 4 (24.2%) ever using ecstasy, and 1 in 10 (9.9%) using it in the previous 12 months.
- People in Western Australia were most likely to report recent ecstasy use (3.7%).
- Recent users of ecstasy were more likely to report having a mental illness than those who had not used the drug (16.2% and 11.9%, respectively), and were also more likely to report high and very high psychological distress (15.1% compared with 9.7% for non-users).
- The largest statistically significant decreases were seen among unemployed people (from 8.2% to 4.1%) and homosexual/bisexual people (from 19.8% to 10.8%), however both these groups still have relatively high proportions of recent use when compared with the total Australian population.

Overall ecstasy use

Current use and trends over time

Between 1995 and 2010, recent ecstasy use peaked at 3.5% in 2007 (Table 7.1), then for the first time since 1995, ecstasy use declined between 2007 and 2010 (3.0%). This resulted in 50,000 fewer people using ecstasy in 2010 (from 600,000 in 2007 to 550,000). This statistically significant decline was seen among males aged 14 years or older (from 4.4% in 2007 to 3.6% in 2010), and the 14–19-year-old age group, (from 5.0% in 2007 to 2.8% in 2010).

Table 7.1: Recent[(a)] use of ecstasy, people aged 14 years or older, by age and sex, 1995 to 2010 (per cent)

Age group (years)	1995	1998	2001	2004	2007	2010	
			Males				
14–17	1.6	1.2	2.8	1.1	1.7	*1.0	
18–19	0.2	7.2	11.3	9.4	8.7	7.0	
20–29	5.1	11.9	12.5	15.1	13.8	11.4	
30–39	0.6	1.9	3.1	5.8	6.3	4.9	
40+	—	0.4	0.3	0.6	0.9	0.7	
Total (14+)	**1.1**	**3.3**	**3.6**	**4.4**	**4.4**	**3.6**	↓
14–19	*1.0*	*3.3*	*5.7*	*3.9*	*4.0*	*3.1*	
18+	**1.1**	**3.4**	**3.6**	**4.6**	**4.6**	**3.8**	↓
			Females				
14–17	—	0.4	3.6	2.9	4.2	*1.2	↓
18–19	0.5	8.8	5.8	8.2	9.5	5.0	
20–29	2.9	4.9	8.3	8.8	8.7	8.2	
30–39	0.4	0.8	1.7	2.3	3.2	3.0	
40+	—	0.5	0.2	0.1	0.2	0.3	
Total (14+)	**0.6**	**1.6**	**2.3**	**2.4**	**2.7**	**2.3**	
14–19	*0.1*	*3.0*	*4.3*	*4.7*	*6.0*	*2.5*	↓
18+	**0.7**	**1.7**	**2.2**	**2.4**	**2.6**	**2.4**	
			Persons				
14–17	0.8	0.8	3.2	2.0	2.9	*1.1	↓
18–19	0.3	7.9	8.5	8.8	9.1	6.0	
20–29	4.0	8.4	10.4	12.0	11.2	9.9	
30–39	0.5	1.3	2.4	4.0	4.7	3.9	
40+	—	0.4	0.2	0.3	0.6	0.5	
Total (14+)	**0.9**	**2.4**	**2.9**	**3.4**	**3.5**	**3.0**	↓
14–19	*0.6*	*3.1*	*5.0*	*4.3*	*5.0*	*2.8*	↓
18+	**0.9**	**2.5**	**2.9**	**3.5**	**3.6**	**3.1**	↓

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Note: Some trend data were updated in 2010 and may not match data presented in previous reports.

Ever used ecstasy

- About 1 in 10 (10.3%) people aged 14 years or older had used ecstasy in their lifetime, with lifetime use being highest among those aged 20–29 years (24.2%) and 30–39 years (22.0%) (Table 7.2).
- Across all age groups, except for 12–17-year-olds, whose results should be interpreted with caution, males were more likely than females to have ever used ecstasy.

Recent use of ecstasy

- Recent use was also most common among 20–29-year-olds (Table 7.2).
- People aged 20–29 years were more than twice as likely to have used ecstasy recently as those aged 30–39 years (9.9% and 3.9%, respectively).
- Males aged 20–29 years had the highest proportion of any group recently using ecstasy (11.4%).
- Less than 1% of teenagers aged 12–17 years had used ecstasy in the previous 12 months, but 2.8% of those aged 14–19 years had recently used ecstasy.

Table 7.2: Ecstasy ever and recent ecstasy use, people aged 12 years or older, by age and sex, 2010 (per cent)

	Ever used[(a)]			Recent use[(b)]		
Age group (years)	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
12–17	*1.3	*1.4	1.4	*0.7	*0.8	*0.8
18–19	12.4	7.1	9.8	7.0	5.0	6.0
20–29	25.0	23.4	24.2	11.4	8.2	9.9
30–39	24.1	19.8	22.0	4.9	3.0	3.9
40+	4.1	2.3	3.2	0.7	0.3	0.5
Total (12+)	**11.2**	**8.8**	**10.0**	**3.5**	**2.3**	**2.9**
14–19	*5.6*	*3.8*	*4.7*	*3.1*	*2.5*	*2.8*
14+	**11.6**	**9.1**	**10.3**	**3.6**	**2.3**	**3.0**
18+	**12.3**	**9.5**	**10.9**	**3.8**	**2.4**	**3.1**

(a) Used at least once in lifetime.

(b) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Ecstasy use, by sex and age

In Australia, around 1.9 million people aged 14 years or older had used ecstasy in their lifetime, and almost 550,000 people had used ecstasy in the previous 12 months (Table 7.3). In 2010:

- ecstasy use was highest among the 20–29-year-old age group, with about 1 in 4 (24.2%) ever using ecstasy and 1 in 10 (9.9%) using it in the previous 12 months
- the proportion of the population aged 14 years or older who had used ecstasy in the month or week before the survey was low at less than 1%
- the proportion of males who had used ecstasy in the last 12 months was slightly higher than females (3.6% and 2.3%, respectively), but there was little difference in more recent use, by month or week (Table 7.4).

Table 7.3: Ecstasy use, people aged 12 years or older, by age, 2010 (per cent)

	Age group (years)								
Period	**12–17**	**18–19**	**20–29**	**30–39**	**40+**	**Total (12+)**	**14–19**	**14+**	**18+**
In lifetime	1.4	9.8	24.2	22.0	3.2	**10.0**	4.7	**10.3**	**10.9**
In the previous 12 months	*0.8	6.0	9.9	3.9	0.5	**2.9**	2.8	**3.0**	**3.1**
In the previous month	**0.1	3.0	2.4	0.5	*0.1	**0.7**	1.2	**0.7**	**0.7**
In the previous week	**<0.1	**0.7	*0.5	*0.2	**<0.1	**0.2**	**0.3	**0.2**	**0.2**

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Table 7.4: Ecstasy use, people aged 14 years or older, by sex, 2010 (per cent)

Period	**Males**	**Females**	**Persons**
In lifetime	11.6	9.1	10.3
In the previous 12 months	3.6	2.3	3.0
In the previous month	0.8	0.6	0.7
In the previous week	*0.2	*0.2	0.2

Ecstasy use, by social characteristics

Certain population groups were more likely to use ecstasy than others (see Appendix 4 for definitions of the characteristics variables). In particular:

- the group with the highest recent use of ecstasy was those identifying themselves as homosexual or bisexual (10.8%)
- recent use of ecstasy was more common among people with the highest socioeconomic status than those with the lowest (4.4% and 1.9%, respectively)
- the largest statistically significant decreases between 2007 and 2010 were seen among unemployed people (from 8.2% to 4.1%), homosexual and bisexual people (from 19.8% to 10.8%) and those with post-school qualifications (from 3.9% to 3.1%)
- the proportion of ex-ecstasy users increased in 2010 (from 5.3% in 2007 to 7.3%), particularly among students (from 2.5% in 2007 to 4.3% in 2010) (Table 7.5).

Table 7.5: Ecstasy use, people aged 14 years or older, by social characteristics, 2007 and 2010 (per cent)

	Never used			Ex-users[(a)]			Recent users[(b)]		
Characteristic	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
All persons (aged 14+)	91.1	89.7	↓	5.3	7.3	↑	3.5	3.0	↓
Education									
Without post-school qualifications	92.9	92.1		3.8	5.1	↑	3.3	2.8	
With post-school qualifications	89.6	87.9	↓	6.5	9.0	↑	3.9	3.1	↓
Labour force status									
Currently employed	88.6	86.6	↓	7.0	9.6	↑	4.4	3.8	
Student	91.9	90.7		2.5	4.3	↑	5.6	5.1	
Unemployed	83.7	86.5		8.1	9.4		8.2	4.1	↓
Home duties	91.6	87.9	↓	6.9	11.1	↑	1.5	1.0	
Retired or on a pension	99.0	99.4		0.8	0.6		0.2	*0.1	
Volunteer/charity work	n.a	96.5		n.a	*3.5		n.a	—	
Unable to work	88.1	88.9		8.9	9.4		3.1	*1.7	
Other	89.1	87.7		7.9	9.9		3.0	*2.4	
Main language spoken at home									
English	90.8	88.9	↓	5.6	8.0	↑	3.6	3.2	↓
Other	98.2	97.9		0.9	*1.1		0.9	*1.0	
Socioeconomic status									
1 (lowest)	93.4	92.0		4.1	6.2	↑	2.5	1.9	
2	93.8	90.8	↓	4.0	6.6	↑	2.3	2.5	
3	91.9	90.1	↓	4.5	7.3	↑	3.7	2.7	
4	90.6	88.7	↓	5.8	8.1	↑	3.6	3.1	
5 (highest)	88.7	87.6		6.7	8.0	↑	4.6	4.4	
Geography									
Major cities	90.4	88.9	↓	5.7	7.8	↑	3.9	3.3	↓
Inner regional	93.8	91.9	↓	3.8	6.1	↑	2.5	2.0	
Outer regional	93.7	91.9	↓	4.5	5.9		1.8	2.2	
Remote/Very remote	88.8	86.4		6.6	9.5		4.6	*4.1	
Marital status									
Never married	85.9	84.2		6.0	8.9	↑	8.1	6.9	
Divorced/separated/widowed	95.6	94.6		3.0	4.2	↑	1.4	1.1	
Married/de facto	93.2	91.1	↓	5.2	7.2	↑	1.6	1.6	
Indigenous status									
Aboriginal and/or Torres Strait Islander#	90.2	89.9		6.1	7.0		3.7	*3.0	
Non-Indigenous	91.4	89.7	↓	5.2	7.3	↑	3.4	3.0	↓

(continued)

Table 7.5 (continued): Ecstasy use, people aged 14 years or older, by social characteristics, 2007 and 2010 (per cent)

	Never used			Ex-users[a]			Recent users[b]		
Characteristic	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Household composition									
Single with dependent children	88.0	86.3		8.0	11.0		3.9	2.7	
Couple with dependent children	91.4	88.4	↓	6.9	10.2	↑	1.7	1.4	
Parent with non-dependent children	97.6	96.8		1.8	2.7		0.6	*0.5	
Single without children	85.2	84.4		6.3	9.2	↑	8.5	6.5	↓
Couple without children	93.3	91.8	↓	4.6	5.9	↑	2.1	2.3	
Other[c]	90.7	89.2		4.5	5.8		4.8	5.0	
Sexual orientation									
Heterosexual	91.5	90.0	↓	5.3	7.2	↑	3.2	2.8	↓
Homosexual/bisexual	65.2	71.6		15.0	17.6		19.8	10.8	↓
Not sure/other	93.8	90.3		1.9	5.0		4.3	*4.7	

(a) Used, but not in the previous 12 months.

(b) Used in the previous 12 months.

(c) People who live in a household with children but are not the parent/guardian, younger people living with their parents or respondents who selected 'other household type'.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

\# Due to the small sample sizes for Aboriginal and/or Torres Strait Islander people, estimates should be interpreted with caution.

State and territory comparisons

State and territory comparisons by age and sex

Among all the states and territories, use of ecstasy was higher among males than females (Table 7.6). In addition:

- ecstasy use was highest among people in Western Australia (3.7%), particularly among males in that state (4.8%)
- Western Australia, South Australia, the Northern Territory and Victoria all had higher proportions of ecstasy users than the overall population; after adjusting for differences in age structure, people in Western Australia and South Australia were more likely to have recently used ecstasy than other jurisdictions (see Appendix Table A3.10)
- for males, ecstasy use was highest among 20–29-year-olds years in South Australia, while for females, ecstasy use was highest among those aged 18–19 years in South Australia; but caution should be used when interpreting this result due to the high relative standard errors (see Appendix Table A1.7).

Table 7.6: Recent[(a)] use of ecstasy, by sex and state/territory, 2010 (per cent)

Sex	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Males	3.5	3.8	3.1	4.8	4.3	*2.3	*2.9	*4.3	3.6
Females	2.3	2.4	2.4	2.5	2.3	*1.0	*1.7	*2.2	2.3
Persons	**2.9**	**3.1**	**2.7**	**3.7**	**3.3**	***1.7**	***2.3**	**3.2**	**3.0**

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Ecstasy use and health

The following section provides information on the relationship between ecstasy use and general health, health conditions, psychological distress (see Glossary for definition of the Kessler Psychological Distress Scale) and body mass index of users (Table 7.7). The data are based on self-reported assessments and are not empirically verified by blood tests or other screening measures. Key findings include:

- there was no change in the health patterns of ecstasy users in Australia between 2007 and 2010, except for a decrease in the proportion self-rating their health as good
- recent ecstasy users rated their own health status as better (a higher proportion rated it excellent or very good) than those who had not used the drug in the previous 12 months; this may be a reflection of the age profile of ecstasy users
- people who had used ecstasy in the previous 12 months were more likely to report having a mental illness than those who had not used the drug (16.2% and 11.9%, respectively)
- recent users also reported greater levels of high and very high psychological distress (15.1% compared with 9.7% for non-users)
- ecstasy users were far less likely to be obese than those who had not used ecstasy in the last 12 months (8.9% for recent users compared with 22.1% for non-users).

Table 7.7: Self-assessed health status, health conditions, psychological distress and body mass index, people aged 18 years or older, by ecstasy use, 2007 and 2010 (per cent)

	Ecstasy							
	Not used in last 12 months[(a)]		Used in last 12 months			All persons (18+)	
Health status/body mass index	**2007**	**2010**	**2007**	**2010**		**2007**	**2010**
Self-assessed health status[(b)]							
Excellent	16.0	15.9	16.5	20.2		15.9	16.0
Very good	37.7	37.6	35.4	41.5		37.5	37.6
Good	33.7	34.2	38.1	30.6	↓	33.9	34.1
Fair	10.5	10.6	8.9	6.9		10.6	10.5
Poor	2.1	1.8	1.1	**0.8		2.1	1.8
Self-reported health condition[(c)]							
Diabetes	5.7	5.5	1.1	**1.0		5.6	5.4
Heart diseases[(d)]	18.9	19.5	3.2	*1.2		18.4	19.1
Asthma	8.4	8.6	11.2	11.0		8.5	8.6
Cancer	2.8	2.9	0.3	**0.2		2.7	2.8
Mental illness[(e)]	10.9	11.9	↑ 16.0	16.2		11.1	12.0
Level of psychological distress[(f)]							
Low	69.9	70.1	49.5	55.9		69.0	69.6
Moderate	20.7	20.2	31.3	28.9		21.1	20.5
High	7.3	7.3	16.0	12.1		7.7	7.4
Very high	2.1	2.4	3.2	3.0		2.2	2.4
Body mass index[(g)]							
Underweight	n.a.	2.4	n.a.	*2.9		n.a.	2.4
Normal weight	n.a.	40.3	n.a.	57.8		n.a.	41.0
Overweight	n.a.	35.3	n.a.	30.4		n.a.	35.1
Obese	n.a.	22.1	n.a.	8.9		n.a.	21.6

(a) Includes those who have never used and ex-users.

(b) In response to the question 'In general, would you say your health is…?'.

(c) Respondents could select more than one condition, in response to the question 'In the last 12 months have you been diagnosed or treated for…?'

(d) Includes heart diseases and hypertension (high blood pressure).

(e) Includes depression, anxiety disorder, schizophrenia, bipolar disorder, an eating disorder and other form of psychosis.

(f) Low: K10 score 10–15; Moderate: 16–21; High: 22–29; Very high: 30–50.

(g) Body mass index is calculated by dividing weight in kilograms by height in metres squared. Underweight: less than 18.5, Normal weight: 18.5–24.9, Overweight: 25–29.9, Obese: more than 30.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Ecstasy use-related behaviour

Frequency of ecstasy use

The majority (53.1%) of recent ecstasy users took ecstasy once or twice a year (tables 7.8 and 7.9). Furthermore:

- close to 1 in 8 (12.2%) used ecstasy about once a month with similar patterns for both males (11.7%) and females (13.1%)
- almost half (45.0%) of people aged 18–19 years used the drug at least monthly, which was more than any other age group.

Table 7.8: Frequency of ecstasy use, recent users[(a)] aged 12 years or older, by age, 2010 (per cent)

	Age group (years)								
Frequency of use	**12–17**	**18–19**	**20–29**	**30–39**	**40+**	**Total (12+)**	**14–19**	**14+**	**18+**
At least once a month	**7.0	45.0	16.8	*8.2	**4.5	**15.5**	35.1	**15.5**	**15.8**
Every few months	*40.1	*26.1	32.5	30.6	27.3	**31.4**	29.8	**31.4**	**31.1**
Once or twice a year	*52.8	*28.9	50.7	61.2	68.2	**53.1**	35.1	**53.1**	**53.1**

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Base is recent users of ecstasy.

Table 7.9: Frequency of ecstasy use, recent users[(a)] aged 14 years or older, by sex, 2010 (per cent)

Frequency of use	Males	Females	Persons
Daily or weekly	*3.5	*2.9	*3.3
About once a month	11.7	13.1	12.2
Every few months	33.4	28.2	31.4
Once or twice a year	51.4	55.7	53.1

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Note: Base is recent users of ecstasy.

Source of supply of ecstasy

The majority of recent users typically obtained ecstasy from a friend or acquaintance (67.9%) (Table 7.10). A higher proportion obtained ecstasy from a dealer in 2010 (28.3%) compared with 2007 (21.6%).

Table 7.10: Usual source of ecstasy, recent users[(a)] aged 14 years or older, by sex, 2010 (per cent)

	Males		Females		Persons		
Source	**2007**	**2010**	**2007**	**2010**	**2007**	**2010**	
Friend or acquaintance	72.1	65.3	72.3	71.8	72.2	67.9	
Relative	0.9	**1.2	6.8	*4.1	3.2	*2.4	
Dealer	24.3	31.6	17.1	23.2	21.6	28.3	↑
Other	2.6	**1.9	3.7	**0.8	3.1	*1.5	

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Base is recent users of ecstasy.

Usual place of ecstasy use

The most common place to use ecstasy was at raves/dance parties (61.7%), with large proportions also using it at public establishments (55.0%) and private parties (52.9%) (Table 7.11). The proportions of use in each place remained relatively stable between 2007 and 2010.

Table 7.11: Usual place of ecstasy use, recent users[(a)] aged 14 years or older, by sex, 2010 (per cent)

	Males		Females		Persons	
Place	**2007**	**2010**	**2007**	**2010**	**2007**	**2010**
In a home	50.1	49.6	45.1	49.4	48.2	49.5
At private parties	55.4	55.4	50.4	49.0	53.5	52.9
At raves/dance parties	61.4	62.5	59.1	60.3	60.5	61.7
At public establishment	53.8	57.3	49.8	51.4	52.2	55.0
At work or school/TAFE/university, etc.	0.5	*1.4	2.2	*2.2	1.2	*1.7
In public places (for example, parks)	10.3	12.4	10.6	8.7	10.4	11.0
In a car or other vehicle	5.7	6.0	5.4	*5.2	5.6	5.7
Somewhere else	6.0	8.0	6.5	*6.0	6.2	7.2

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Notes

1. Base is recent users of ecstasy.
2. Respondents could select more than one response.

8 Meth/amphetamines

In this chapter, information is presented on meth/amphetamines use, changes over time, comparisons between age, sex and other population characteristics, as well as the health conditions and harm associated with meth/amphetamines use. In 2004, questions relating to meth/amphetamines use were refined to more accurately reflect substances used in Australia; before 2004 the term 'meth' was not included. All meth/amphetamines use in this chapter relates to use for non-medical purposes

Key findings

- Between 1998 and 2010, there was a small decrease in the recent use of meth/amphetamines.
- Males aged between 20–29 years were the only age group to record a statistically significant decrease in recent meth/amphetamines use in 2010 (from 9.8% in 2007 to 6.8%). But they remain the age group most likely to have recently used meth/amphetamines in 2010.
- Western Australia had the highest proportion of recent meth/amphetamines users (3.4%).
- Meth/amphetamines use was high among unemployed people (4.8%), homosexual and bisexual people (7.1%), those who had never been married (3.8%), and single people without children (3.4%).
- The only subpopulation groups with a decrease in use between 2007 and 2010 were homosexual and bisexual people (from 12.2% in 2007 to 7.1%) and single people without children (5.2% to 3.4%).
- Recent users were more than twice as likely as non-users to have been diagnosed with or treated for a mental illness in the previous 12 months (25.6% compared with 11.7%), and this proportion increased between 2007 and 2010 (from 20.3% in 2007 to 25.6% in 2010).

Overall meth/amphetamines use

Current use and trends over time

Between 1998 and 2010, there was a small decrease in the recent use of meth/amphetamines among people in Australia aged 14 years or older (Table 8.1). In addition:

- the proportion of males who had used meth/amphetamines in the previous 12 months was the lowest seen since 1998 at 2.5% in 2010
- there was a statistically significant decrease in the use of meth/amphetamines among males aged 20–29 between 2007 and 2010 (from 9.8% to 6.8%)
- recent use among females has declined since 2001, but it remained relatively stable in 2010 (1.6% in 2007 compared with 1.7% in 2010).

Table 8.1: Recent[(a)] use of meth/amphetamines, people aged 14 years or older, by age and sex, 1995 to 2010 (per cent)

Age group (years)	1995	1998	2001	2004	2007	2010	
			Males				
14–17	2.8	3.1	2.5	1.8	0.4	—	
18–19	4.2	10.2	11.9	8.3	2.2	*3.3	
20–29	10.5	16.4	14.1	12.4	9.8	6.8	↓
30–39	2.1	4.1	4.0	5.7	4.9	4.2	
40+	0.3	0.7	0.6	0.7	0.7	0.7	
Total (14+)	**2.8**	**5.0**	**4.2**	**4.0**	**3.0**	**2.5**	
14–19	*3.4*	*5.5*	*5.7*	*4.0*	*1.0*	**1.2*	
18+	**2.8**	**5.1**	**4.3**	**4.1**	**3.2**	**2.6**	
			Females				
14–17	1.4	4.4	4.7	2.6	1.4	**0.6	
18–19	3.5	10.6	10.6	9.4	3.7	*4.7	
20–29	6.3	7.6	8.2	9.0	4.8	5.0	
30–39	0.5	1.2	2.2	2.5	2.9	2.6	
40+	0.2	0.3	0.3	0.2	0.2	0.3	
Total (14+)	**1.5**	**2.5**	**2.7**	**2.5**	**1.6**	**1.7**	
14–19	*2.1*	*6.3*	*6.8*	*4.9*	*2.2*	*2.1*	
18+	**1.5**	**2.3**	**2.5**	**2.5**	**1.6**	**1.7**	
			Persons				
14–17	2.1	3.8	3.6	2.2	0.9	**0.3	
18–19	3.9	10.4	11.2	8.8	2.9	4.0	
20–29	8.4	12.0	11.2	10.7	7.3	5.9	
30–39	1.3	2.6	3.1	4.1	3.9	3.4	
40+	0.2	0.5	0.4	0.4	0.4	0.5	
Total (14+)	**2.1**	**3.7**	**3.4**	**3.2**	**2.3**	**2.1**	
14–19	*2.7*	*5.9*	*6.2*	*4.4*	*1.6*	*1.6*	
18+	**2.2**	**3.7**	**3.4**	**3.3**	**2.4**	**2.2**	

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Some trend data were updated in 2010 and may not match data presented in previous reports.

Use, by age and sex

In 2010, males aged 14 years or older were more likely than females to have used meth/amphetamines in their lifetime (8.2% and 5.9%, respectively) or in the last 12 months (2.5% and 1.7%, respectively) (Table 8.2).

People aged 30–39 years were slightly more likely than other age groups to have ever used meth/amphetamines (14.7%), while people aged 20–29 years were more likely to have recently used meth/amphetamines (5.9%).

Table 8.2: Lifetime and recent meth/amphetamines use, people aged 12 years or older, by age and sex, 2010 (per cent)

Age group (years)	Ever used[a]			Recent use[b]		
	Males	Females	Persons	Males	Females	Persons
12–17	**0.2	*0.8	*0.5	—	**0.4	**0.2
18–19	*6.6	*5.2	5.9	*3.3	*4.7	4.0
20–29	15.5	13.5	14.5	6.8	5.0	5.9
30–39	17.0	12.4	14.7	4.2	2.6	3.4
40+	3.9	2.2	3.0	0.7	0.3	0.5
Total (12+)	**7.9**	**5.7**	**6.8**	**2.4**	**1.6**	**2.0**
14–19	**2.5*	*2.3*	*2.4*	**1.2*	*2.1*	*1.6*
14+	**8.2**	**5.9**	**7.0**	**2.5**	**1.7**	**2.1**
18+	**8.7**	**6.2**	**7.5**	**2.6**	**1.7**	**2.2**

(a) Used at least once in lifetime.

(b) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Males were more likely than females to have used meth/amphetamines at any frequency – over their lifetime, and in the previous 12 months, month or week (tables 8.3 and 8.4). In 2010:

- fewer than 400,000 people aged 14 years or older had used meth/amphetamines in the previous 12 months
- of those who had ever used meth/amphetamines, less than one-third had done so in the last 12 months
- less than 1% of the population had used meth/amphetamines in the last month or week.

Table 8.3: Meth/amphetamines use, people aged 14 years or older, by age, 2010 (per cent)

	Age group (years)							
Period	**14–17**	**18–19**	**20–29**	**30–39**	**40+**	**Total (14+)**	**14–19**	**18+**
In lifetime	*0.5	5.9	14.5	14.7	3.0	**7.0**	2.4	**7.5**
In the last 12 months	**0.3	4.0	5.9	3.4	0.5	**2.1**	1.6	**2.2**
In the last month	**<0.1	*1.8	2.0	1.3	0.1	**0.7**	*0.6	**0.8**
In the last week	**<0.1	**0.2	*0.7	0.5	*<0.1	**0.2**	**0.1	**0.3**

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Table 8.4: Meth/amphetamines use, people aged 14 years or older, by age, 2010 (per cent)

Period	**Males**	**Females**	**Persons**
In lifetime	8.2	5.9	7.0
In the last12 months	2.5	1.7	2.1
In the last month	0.9	0.6	0.7
In the last week	0.3	0.2	0.2

Meth/amphetamines use, social characteristics

The use of meth/amphetamines varied across subpopulation groups (Table 8.5). For people aged 14 years or older:

- the highest level of recent meth/amphetamines use was found among those who stated they were homosexual/bisexual (7.1%)
- meth/amphetamines use was also high among unemployed people (4.8%), those who had never been married (3.8%) and single people without children (3.4%)
- the only subpopulation groups to decrease their use in 2010 were homosexual and bisexual people (from 12.2% in 2007 to 7.1%), and single people without children (5.2% in 2007 to 3.4%)
- people's socioeconomic status had little impact on their recent use of meth/amphetamines
- the proportion of ex-users increased in 2010 (from 3.9% in 2007 to 4.9%), an increase that was seen among several subpopulation groups, including those with post-school qualifications, employed people and those solely engaged in home duties.

Table 8.5: Meth/amphetamines use, people aged 14 years or older, by social characteristics, 2007 and 2010 (per cent)

	Never used			Ex-users[(a)]			Recent users[(b)]	
Characteristic	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**
All persons (aged 14+)	93.8	93.0	↓	3.9	4.9	↑	2.3	2.1
Education								
Without post-school qualifications	94.8	94.5		2.8	3.5	↑	2.4	2.0
With post-school qualifications	93.1	91.9	↓	4.6	6.0	↑	2.4	2.1
Labour force status								
Currently employed	92.1	91.0	↓	5.1	6.4	↑	2.8	2.6
Student	95.5	95.8		1.9	2.7		2.6	1.5
Unemployed	87.3	89.3		6.7	6.0		6.0	4.8
Engaged in home duties	94.3	91.3	↓	4.0	7.7	↑	1.7	*1.0
Retired or on a pension	98.5	99.0	↓	1.2	0.8		0.3	*0.2
Volunteer/charity work	n.a.	97.7		n.a.	*2.0		n.a.	**0.3
Unable to work	90.9	89.0		5.8	7.3		3.3	*3.8
Other	93.7	91.0		3.3	6.6		3.0	*2.4
Main language spoken at home								
English	93.5	92.5	↓	4.1	5.4	↑	2.4	2.2
Other	99.2	98.8		0.6	*0.7		0.2	*0.5
Socioeconomic status								
1 (lowest)	93.8	92.9		3.9	4.7		2.3	2.4
2	95.0	92.9	↓	3.1	5.0	↑	1.8	2.1
3	94.3	93.4		3.2	4.5	↑	2.5	2.1
4	93.5	92.8		4.2	5.4	↑	2.2	1.8
5 (highest)	93.5	93.2		4.3	4.8		2.2	2.0
Geography								
Major cities	93.6	92.8	↓	3.9	5.1	↑	2.5	2.0
Inner regional	95.1	93.8	↓	3.2	4.1		1.7	2.0
Outer regional	94.3	94.1		4.1	4.4		1.6	1.5
Remote/Very remote	91.3	88.8		5.7	7.2		3.0	*4.0
Marital status								
Never married	90.9	90.3		4.7	5.9	↑	4.4	3.8
Divorced/separated/widowed	96.0	95.1		2.7	3.5		1.3	1.4
Married/de facto	95.0	93.9	↓	3.7	4.8	↑	1.3	1.3
Indigenous status								
Aboriginal and/or Torres Strait Islander[#]	92.2	92.4		5.5	*4.0		2.3	*3.6
Non-Indigenous	94.0	93.1	↓	3.8	5.0	↑	2.2	1.9

(continued)

Table 8.5 (continued): Meth/amphetamines use, people aged 14 years or older, by social characteristics, 2007 and 2010 (per cent)

	Never used			Ex-users[a]			Recent users[b]		
Characteristic	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Household composition									
Single with dependent children	90.1	87.3		6.8	10.0		3.1	2.7	
Couple with dependent children	94.0	91.8	↓	4.4	6.8	↑	1.6	1.4	
Parent with non-dependent children	98.3	97.4		1.3	1.8		0.4	*0.8	
Single without children	88.9	88.8		5.9	7.8	↑	5.2	3.4	↓
Couple without children	95.2	94.8		3.4	3.7		1.4	1.5	
Other[c]	94.1	93.9		3.3	3.1		2.6	3.1	
Sexual orientation									
Heterosexual	94.1	93.2	↓	3.8	4.9	↑	2.1	1.9	
Homosexual/bisexual	75.7	81.8		12.1	11.1		12.2	7.1	↓
Not sure/other	94.3	93.7		4.0	*3.9		1.7	*2.4	

(a) Used, but not in the previous 12 months.

(b) Used in the previous 12 months.

(c) People who live in a household with children but are not the parent/guardian, younger people living with their parents or respondents who selected 'other household type'.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Due to the small sample sizes for Aboriginal and/or Torres Strait Islander people, estimates should be interpreted with caution.

State and territory comparisons

State and territory comparisons, by age and sex

The use of meth/amphetamines varied across the states and territories, and was likely to be affected by factors such as the age and sex structure of an area and other demographic profiles of the local populations. Table 8.6 shows that:

- Western Australia had the highest proportion of recent users of meth/amphetamines (3.4%), followed by South Australia (2.5%) and Victoria (2.3%), all of which were higher than the national average
- in all jurisdictions, males had higher proportions of recent users than females, with the greatest difference being in the Northern Territory, where the proportion of male users was almost 7 times that of female users
- use was highest among those aged 20–29 years across all jurisdictions except for Victoria, where it was highest among those aged 18–19 years, however caution should be used when interpreting these results due to the high relative standard errors (see Appendix Table A1.8 for information by age groups).

Table 8.6: Recent[(a)] use of meth/amphetamines, people aged 12 years or older, by sex and state/territory, 2010 (per cent)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Males	1.7	2.9	2.2	4.5	*2.6	*1.3	*1.4	*3.6	2.5
Females	1.4	1.7	1.6	2.3	2.5	*1.0	*0.9	*0.5	1.7
Persons	**1.6**	**2.3**	**1.9**	**3.4**	**2.5**	***1.1**	***1.2**	***2.1**	**2.1**

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Meth/amphetamines use and health

This section compares meth/amphetamines use patterns with general health, selected health conditions, psychological distress (see Glossary for definition of the Kessler Psychological Distress Scale) and body mass index in people aged 18 years or older. The data are based on self-reported assessments and are not empirically verified. Table 8.7 shows there was a relationship between recent use of meth/amphetamines and a person's mental health and body mass index. In addition:

- recent users were twice as likely to report high or very high levels of psychological distress as those who had not used meth/amphetamines in the last 12 months (20.8% compared with 9.6%)
- recent users were also twice as likely as non-recent users to report being diagnosed or treated for a mental illness in the previous 12 months (25.6% compared with 11.7%)
- recent users of meth/amphetamines were less likely to be obese than non-users (14.6% and 21.8%, respectively).

Table 8.7: Self-assessed health status, health conditions, psychological distress and body mass index, people aged 18 years or older, by meth/amphetamines use, 2007 and 2010 (per cent)

	Meth/amphetamines						
	Not used in last 12 months[a]		Used in last 12 months			All persons (18+)	
Health status/body mass index	**2007**	**2010**	**2007**	**2010**		**2007**	**2010**
Self-assessed health status[b]							
Excellent	16.0	16.0	13.8	15.3		15.9	16.0
Very good	37.8	37.7	29.3	36.9		37.5	37.6
Good	33.7	34.1	41.4	34.2		33.9	34.1
Fair	10.4	10.4	13.7	11.7		10.6	10.5
Poor	2.1	1.8	1.9	*1.9		2.1	1.8
Self-reported health condition[c]							
Diabetes	5.7	5.5	0.9	*1.5		5.6	5.4
Heart diseases[d]	18.8	19.3	3.7	4.5		18.4	19.1
Asthma	8.4	8.6	11.4	11.2		8.5	8.6
Cancer	2.8	2.9	0.1	*0.7		2.7	2.8
Mental illness[e]	10.9	11.7	20.3	25.6		11.1	12.0
Level of psychological distress[f]							
Low	69.9	70.1	44.7	51.2	↑	69.0	69.6
Moderate	20.9	20.3	31.7	28.0	↓	21.1	20.5
High	7.2	7.3	19.0	13.3	↓	7.7	7.4
Very high	2.0	2.3	4.6	7.5		2.2	2.4
Body mass index[g]							
Underweight	n.a.	2.3	n.a.	*4.8		n.a	2.4
Normal weight	n.a.	40.8	n.a.	45.7		n.a	41.0
Overweight	n.a.	35.1	n.a.	34.9		n.a	35.1
Obese	n.a.	21.8	n.a.	14.6		n.a	21.6

(a) Includes those who have never used and ex-users.

(b) In response to the question 'In general, would you say your health is…?'

(c) Respondents could select more than one condition, in response to the question 'In the last 12 months have you been diagnosed or treated for…?'

(d) Includes heart diseases and hypertension (high blood pressure).

(e) Includes depression, anxiety disorder, schizophrenia, bipolar disorder, an eating disorder and other form of psychosis.

(f) Low: K10 score 10–15; Moderate: 16–21; High: 22–29; Very high: 30–50.

(g) Body mass index is calculated by dividing weight in kilograms by height in metres squared. Underweight: less than 18.5, Normal weight: 18.5–24.9, Overweight: 25–29.9, Obese: more than 30.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Meth/amphetamines use-related behaviour

Frequency of meth/amphetamines use

Just under half (48.8%) of recent users reported using meth/amphetamines once or twice a year, and one-quarter (26.3%) reported using it every few months (tables 8.8 and 8.9). More frequent use (daily or weekly) was reported among males (10.3%) and those aged 30–39 years (11.9%) than their counterparts.

Table 8.8: Frequency of meth/amphetamines use, recent users[(a)] aged 14 years or older, by age, 2010 (per cent)

	Age group (years)						
Frequency	**14–19**	**18–19**	**20–29**	**30–39**	**40+**	**Total (14+)**	**18+**
Daily or weekly	**13.0	**13.8	*7.1	11.9	*10.6	**9.3**	**9.4**
About once a month	**14.1	**16.3	16.9	15.5	*11.5	**15.6**	**15.8**
Every few months	*20.9	**16.7	31.3	19.8	23.3	**26.3**	**26.1**
Once or twice a year	52.0	53.2	44.8	52.7	54.5	**48.8**	**48.8**

Table 8.9: Frequency of meth/amphetamines use, recent users[(a)] aged 14 years or older, by sex, 2010 (per cent)

Frequency	**Males**	**Females**	**Persons**
Daily or weekly	10.3	*7.8	9.3
About once a month	15.7	15.4	15.6
Every few months	27.2	24.9	26.3
Once or twice a year	46.8	51.9	48.8

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Base is recent users of meth/amphetamines.

Form and quantity of meth/amphetamines used

Powder was the most common form of meth/amphetamines ever (83.1%) and mainly used (50.6%) (Table 8.10). Other forms used included crystal/ice, the second most common form ever used (50.8%) and mainly used (21.7%). In addition, base/paste/pure was used by about 1 in 10 recent users, with a higher proportion of males (14.4%) using this as their main form than females (7.7%).

Table 8.10: Form of meth/amphetamines used, recent users[(a)] aged 14 years or older, by sex, 2010 (per cent)

	Forms ever used			Main form used		
Form of drug	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
Powder	82.8	83.6	83.1	46.4	56.9	50.6
Liquid	17.7	12.8	15.8	**1.0	**0.7	**0.9
Crystal, ice	56.4	42.2	50.8	22.5	20.5	21.7
Base/paste/pure	40.7	33.2	37.8	14.4	*7.7	11.8
Tablet	34.9	29.9	32.9	*8.5	*7.8	8.2
Prescription amphetamines	18.7	*9.5	15.1	*7.1	*6.3	6.8
Other	**2.5	**0.9	*1.9	—	—	—

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Notes

1. Base is recent users of meth/amphetamines.
2. Respondents could select more than one response.

Source of supply of meth/amphetamines

The majority (60.1%) of recent meth/amphetamines users usually obtained the drug from a friend or acquaintance (Table 8.11), and about one-third (32.7%) obtained it from a dealer. There were no statistically significant changes between 2007 and 2010.

Table 8.11: Usual source of meth/amphetamines, recent users[(a)] aged 14 years or older, by sex, 2010 (per cent)

	Males		Females		Persons	
Source	**2007**	**2010**	**2007**	**2010**	**2007**	**2010**
Friend or acquaintance	62.0	59.7	73.0	60.8	65.9	60.1
Relative/spouse	4.3	**1.4	5.6	*3.6	4.8	*2.2
Dealer	31.1	33.9	19.7	30.8	27.0	32.7
Prescription/internet purchase	—	**1.0	—	**1.4	—	*1.1
Other[(b)]	2.6	*4.0	1.7	*3.5	2.3	*3.8

(a) Used in the previous 12 months.

(b) The data for forged script and stole it category were very small and have been added to the 'Other' category.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Base is recent users of meth/amphetamines.

Usual place of meth/amphetamines use

Both males and females were more likely to report their usual place of meth/amphetamines use as in a home (70.3%) or at private parties (50.4%) than other venues (Table 8.12). The use of meth/amphetamines in public places declined (statistically significantly) in 2010 (from 14.0% in 2007 to 8.1%), and was the least common location for use of the drug in 2010.

Table 8.12: Usual place of meth/amphetamines use, recent users[(a)] aged 14 years or older, by sex, 2010 (per cent)

	Males			Females			Persons		
Place	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
In a home	65.3	70.8		72.6	69.4		67.8	70.3	
At private parties	50.7	51.2		49.7	49.2		50.3	50.4	
At raves/dance parties	37.6	35.4		37.1	35.1		37.4	35.3	
At public establishment	40.2	38.6		34.7	41.1		38.3	39.6	
At work or school/TAFE/university, etc.	8.0	9.9		5.7	*6.5		7.2	8.5	
In public places (for example, parks)	16.2	7.8	↓	10.0	*8.4		14.0	8.1	↓
In a car or other vehicle	20.2	19.1		20.0	11.5		20.1	16.1	
Somewhere else	9.9	8.6		9.7	9.6		9.8	9.0	

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Notes

1. Base is recent users of meth/amphetamines.
2. Respondents could select more than one response.

9 Cocaine

This chapter presents data on the use of cocaine in 2010 by people in Australia aged 14 years or older. In this chapter, information is presented on changes to cocaine use over time, comparisons between age, sex and other population characteristics, and the health conditions and harm associated with cocaine use. Some tables presented in preceding chapters are not provided due to small sample sizes.

Key findings

- Recent cocaine use has been increasing since 2004, and this trend continued in 2010 with an increase in recent use, from 1.6% in 2007 to 2.1% in 2010.
- Significant increases were seen among females overall (from 1.0% in 2007 to 1.5% in 2010) and females aged between 20–29 years (from 3.1% in 2007 to 5.0% in 2010).
- In 2010, New South Wales (2.7%) had the highest proportion of recent cocaine users.
- People who recently used cocaine were more likely than non-users to have been diagnosed with or treated for a mental illness (17.4% and 11.9%, respectively) or have high or very high levels of psychological distress (17.5% for recent users compared with 9.7% for non-users).
- Subpopulation groups with relatively high proportions of recent use of cocaine included employed people (3.0%), those with the highest socioeconomic status (4.3%), those identifying as being homosexual/bisexual (4.4%), and those who had never been married (4.5%).

Overall cocaine use

Current use and trends over time

The proportion of males and females who had used cocaine in the previous 12 months has been increasing since 2004 and was highest in 2010 (Table 9.1). More specifically:

- there was a statistically significant increase between 2007 and 2010 in the proportion of people aged 14 years or older who had used cocaine in the previous 12 months (from 1.6% to 2.1%). This resulted in an additional 100,000 people using cocaine in 2010 (from 280,000 in 2007 to 390,000 in 2010)
- for females, the increase from 1.0% to 1.5% was statistically significant, largely driven by an increase among 20–29-year-old females (from 3.1% in 2007 to 5.0%)
- throughout the period 1995 to 2010, males 20–29 years have consistently been the most likely group to have used cocaine in the previous 12 months.

Table 9.1: Recent[(a)] use of cocaine, people aged 14 years or older, by age and sex, 1995 to 2010 (per cent)

Age group (years)	1995	1998	2001	2004	2007	2010	
			Males				
14–17	—	0.4	0.4	0.1	0.5	**0.3	
18–19	—	1.1	4.3	1.5	1.6	*3.6	
20–29	5.6	5.0	5.2	3.7	7.0	7.8	
30–39	0.7	2.7	1.8	2.4	3.8	4.8	
40+	—	0.6	0.3	0.2	0.5	0.6	
Total (14+)	**1.2**	**1.9**	**1.6**	**1.3**	**2.2**	**2.7**	
14–19	—	*0.6*	*1.7*	*0.6*	*0.8*	**1.5*	
18+	**1.2**	**2.0**	**1.7**	**1.4**	**2.4**	**2.9**	
			Females				
14–17	—	0.5	1.0	1.1	0.9	**0.3	
18–19	7.1	2.1	1.8	2.0	2.4	*2.8	
20–29	2.4	2.9	3.4	2.3	3.1	5.0	↑
30–39	0.8	1.0	1.1	1.1	1.9	2.6	
40+	—	0.1	0.2	0.1	0.1	0.2	
Total (14+)	**0.8**	**0.9**	**1.0**	**0.8**	**1.0**	**1.5**	↑
14–19	*2.2*	*1.0*	*1.3*	*1.4*	*1.4*	**1.2*	
18+	**0.9**	**0.9**	**1.0**	**0.8**	**1.1**	**1.6**	↑
			Persons				
14–17	—	0.4	0.7	0.6	0.7	*0.3	
18–19	3.0	1.6	3.1	1.8	2.0	3.2	
20–29	4.0	3.9	4.3	3.0	5.1	6.5	
30–39	0.8	1.8	1.5	1.8	2.9	3.7	
40+	—	0.3	0.3	0.2	0.3	0.4	
Total (14+)	**1.0**	**1.4**	**1.3**	**1.0**	**1.6**	**2.1**	↑
14–19	*1.1*	*0.8*	*1.5*	*1.0*	*1.1*	*1.3*	
18+	**1.1**	**1.5**	**1.4**	**1.1**	**1.7**	**2.3**	↑

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Some trend data were updated in 2010 and may not match data presented in previous reports.

Use, by age and sex

Of people aged 14 years or older, 7.3% had used cocaine in their lifetime, and 2.1% (or about 390,000) had used it in the previous 12 months (Table 9.2). Cocaine use was highest among:

- males aged 14 years or older, who were almost twice as likely as females to have used cocaine in the preceding 12 months (2.7% and 1.5%, respectively)
- those aged 30–39 years, who were most likely to have ever used cocaine (14.4%), particularly males (16.9%); this was closely followed by those aged 20–29 years (14.1%)
- people aged 20–29 years, who were the most likely recent users for both males (7.8%) and females (5.0%).

Table 9.2: Cocaine use, people aged 12 years or older, by age and sex, 2010 (per cent)

Age group (years)	Ever used[(a)]			Recent use[(b)]		
	Males	Females	Persons	Males	Females	Persons
12–17	**0.6	**0.2	*0.4	**0.2	**0.2	*0.2
18–19	*5.5	*4.4	5.0	*3.6	*2.8	3.2
20–29	15.6	12.7	14.1	7.8	5.0	6.5
30–39	16.9	11.9	14.4	4.8	2.6	3.7
40+	4.9	2.9	3.9	0.6	0.2	0.4
Total (12+)	**8.4**	**5.8**	**7.1**	**2.6**	**1.5**	**2.1**
14–19	*2.5*	**1.7*	*2.1*	**1.5*	**1.2*	*1.3*
14+	**8.7**	**6.0**	**7.3**	**2.7**	**1.5**	**2.1**
18+	**9.3**	**6.4**	**7.8**	**2.9**	**1.6**	**2.3**

(a) Used at least once in lifetime.

(b) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

In 2010, less than 1% of people had used cocaine in the previous month or week (tables 9.3 and 9.4). Of those who had used cocaine in the previous 12 months, less than a quarter had done so in the last month.

Table 9.3: Cocaine use, people aged 14 years or older, by age, 2010 (per cent)

Period	14–19	20–29	30–39	40+	Total (14+)	18+
In lifetime	2.1	14.1	14.4	3.9	**7.3**	**7.8**
In the last12 months	1.3	6.5	3.7	0.4	**2.1**	**2.3**
In the last month	*0.7	1.5	1.1	0.1	**0.6**	**0.6**
In the last week	**0.1	*0.3	*0.4	*<0.1	**0.1**	**0.1**

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Table 9.4: Cocaine use, people aged 14 years or older, by sex, 2010 (per cent)

Period	Males	Females	Persons
In lifetime	8.7	6.0	7.3
In the last 12 months	2.7	1.5	2.1
In the last month	0.8	0.4	0.6
In the last week	0.2	*0.1	0.1

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Cocaine use, by social characteristics

The use of cocaine in the population varied by social characteristics such as education, employment, socioeconomic status and geography (see Appendix 4 for definitions of the characteristics variables). Recent use increased between 2007 and 2010 (Table 9.5) for several population groups. More specifically, in 2010:

- there were statistically significant increases in cocaine use among those with post-school qualifications (2.6%), those currently employed (3.0%) and those with the highest SES (4.3%), those living in major cities (2.6%)
- people were more likely to have recently used cocaine if they were currently employed than any other labour force status
- homosexual/bisexual people (4.4%) were more than twice as likely to be a recent user of cocaine as heterosexuals (2.1%).

Table 9.5: Cocaine use, people aged 14 years or older, by social characteristics, 2007 and 2010 (per cent)

	Never used			Ex-users[(a)]			Recent users[(b)]		
Characteristic	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
All persons (aged 14+)	94.1	92.8	↓	4.2	5.1	↑	1.6	2.1	↑
Education									
Without post-school qualifications	95.8	94.9	↓	2.9	3.5		1.3	1.6	
With post-school qualifications	92.7	91.1	↓	5.2	6.4	↑	2.0	2.6	↑
Labour force status									
Currently employed	92.1	90.2	↓	5.6	6.8	↑	2.3	3.0	↑
Student	96.3	94.6		1.9	3.1		1.8	2.3	
Unemployed	90.5	91.8		8.2	6.0		1.3	2.2	
Home duties	96.0	93.2	↓	3.4	6.2	↑	0.6	*0.6	
Retired or on a pension	98.9	99.3		1.1	0.7		<0.1	**<0.1	
Volunteer/charity work	n.a	96.5		n.a	3.5		n.a	—	
Unable to work	90.3	91.4		7.7	7.9		2.0	**0.8	
Other	92.6	93.1		6.6	5.0		0.8	*1.8	

(continued)

Table 9.5 (continued): Cocaine use, people aged 14 years or older, by social characteristics, 2007 and 2010 (per cent)

	Never used			Ex-users[(a)]			Recent users[(b)]		
Characteristic	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Main language spoken at home									
English	93.8	92.2	↓	4.5	5.5	↑	1.7	2.3	↑
Other	98.6	98.4		1.1	*1.2		0.4	*0.4	
Socioeconomic status									
1 (lowest)	96.4	95.0	↓	3.2	4.0		0.5	1.0	↑
2	96.1	94.7	↓	3.2	3.9		0.7	1.4	↑
3	95.1	93.0	↓	3.7	5.5	↑	1.2	1.5	
4	93.8	92.2	↓	4.4	5.6	↑	1.8	2.2	
5 quintile (highest)	90.7	89.5		6.0	6.2		3.3	4.3	↑
Geography									
Major cities	93.1	91.8	↓	4.8	5.6	↑	2.1	2.6	↑
Inner regional	96.8	94.7	↓	2.6	4.3	↑	0.6	1.0	
Outer regional	95.3	95.7		4.3	3.4		0.4	*0.9	
Remote/Very remote	95.0	92.6		2.7	5.3	↑	2.3	*2.0	
Marital status									
Never married	91.2	90.4		5.1	5.1		3.8	4.5	
Divorced/separated/widowed	95.4	94.8		3.9	4.3		0.7	0.9	
Married/de facto	95.1	93.4	↓	4.0	5.3	↑	0.9	1.3	↑
Indigenous status									
Aboriginal and/or Torres Strait Islander[#]	92.4	95.9		6.3	*3.2		1.3	**0.9	
Non-Indigenous	94.2	92.7	↓	4.2	5.2	↑	1.6	2.1	↑
Household composition									
Single with dependent children	91.1	89.1		7.2	9.1		1.7	1.8	
Couple with dependent children	93.8	91.1	↓	5.4	7.5		0.8	1.3	↑
Parent with non-dependent children	97.8	97.2		1.8	2.3		0.5	*0.5	
Single without children	89.6	88.6		6.7	7.0		3.7	4.4	
Couple without children	95.5	94.3	↓	3.3	3.8		1.2	1.8	↑
Other[(c)]	94.5	93.9		3.3	3.1		2.2	2.9	
Sexual orientation									
Heterosexual	94.3	92.9	↓	4.1	5.0		1.5	2.1	↑
Homosexual/Bisexual	80.2	82.0		13.4	13.6		6.4	4.4	
Not sure/Other	95.2	95.1		3.4	*2.5		1.4	*2.4	

(a) Used, but not in the previous 12 months.

(b) Used in the previous 12 months.

(c) People who live in a household with children but are not the parent/guardian, younger people living with their parents or respondents who selected 'other household type'.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

\# Due to the small sample sizes for Aboriginal and/or Torres Strait Islander people, estimates should be interpreted with caution.

State and territory comparisons

Among states and territories, patterns of cocaine use varied (Table 9.6). In 2010, recent cocaine use was highest among:

- those aged 14 years or older living in New South Wales (2.7%) Victoria (2.3%) and Western Australia (2.2%), and these proportions were similar after adjusting for differences in age (see Appendix Table A3.12)
- the 20–29 year age group across all jurisdictions except for the Northern Territory, where people aged 18–19 years were more likely to use cocaine.

Table 9.6: Recent[(a)] use of cocaine, people aged 12 years or older, by age and state/territory, 2010 (per cent)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
12–17	**0.1	**0.3	**0.3	**0.4	**0.2	—	—	—	*0.2
18–19	*3.7	*5.1	**1.7	—	**3.7	—	**5.0	**3.2	3.2
20–29	7.6	6.9	4.7	*7.6	*5.1	**4.3	*6.2	**0.7	6.5
30–39	5.2	3.7	*1.7	*3.5	*4.3	**0.7	**1.3	**0.9	3.7
40+	0.6	*0.3	*0.2	**0.4	**0.2	**0.1	**0.1	**0.2	0.4
Total (12+)	**2.6**	**2.2**	**1.3**	**2.1**	**1.7**	***0.7**	***1.7**	****0.5**	**2.1**
14–19	**1.4*	**2.1*	***0.8*	***0.3*	***1.5*	—	***1.9*	***1.1*	*1.3*
14+	**2.7**	**2.3**	**1.3**	**2.2**	**1.7**	***0.8**	***1.8**	****0.5**	**2.1**
18+	**2.9**	**2.4**	**1.4**	**2.3**	**1.8**	***0.8**	***1.9**	****0.6**	**2.3**

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Cocaine use and health

In 2010, there appeared to be a relationship between a person's cocaine use and his or her mental health, psychological distress (see Glossary for definition of the Kessler Psychological Distress Scale) and body mass index (Table 9.7). In addition:

- people who recently used cocaine were more likely to have been diagnosed with or treated for a mental illness (17.4% for recent users compared with 11.9%), and have high or very high levels of psychological distress (17.5% for recent users compared with 9.7%) than those who had not used cocaine in the previous 12 months
- recent cocaine users were more likely to be underweight (5.0% for recent users compared with 2.3%), and considerably less likely to be obese (8.2% for recent users compared with 22.0%) than those who had not used cocaine in the previous 12 months.

Table 9.7: Self-assessed health status, health conditions, psychological distress and body mass index, people aged 18 years or older, by cocaine use, 2010 (per cent)

	Cocaine use				All persons (18+)
	Not used in last 12 months[a]		Used in last 12 months		
	2007	2010	2007	2010	2010
Self-assessed health status[b]					
Excellent	16.0	15.9	18.1	20.6	16.0
Very good	37.6	37.6	40.1	42.4	37.6
Good	33.9	34.3	33.0	27.6	34.1
Fair	10.5	10.5	7.9	8.1	10.5
Poor	2.1	1.8	0.9	*1.3	1.8
Self-reported health condition[c]					
Diabetes	5.6	5.5	0.9	**0.5	5.4
Heart diseases[d]	18.6	19.4	4.4	*2.3	19.1
Asthma	8.4	8.7	12.1	6.7	8.6
Cancer	2.7	2.9	0.2	**0.4	2.8
Mental illness[e]	11.1	11.9 ↑	15.2	17.4	12.0
Level of psychological distress[f]					
Low	69.6	70.0	45.8	55.0	69.6
Moderate	20.9	20.3	35.8	27.4	20.5
High	7.4	7.3	14.4	14.1	7.4
Very high	2.1	2.4	3.9	3.4	2.4
Body mass index[g]					
Underweight	n.a.	2.3	n.a.	5.0	2.4
Normal weight	n.a.	40.5	n.a.	54.2	41.0
Overweight	n.a.	35.2	n.a.	32.6	35.1
Obese	n.a.	22.0	n.a.	8.2	21.6

(a) Includes those who have never used and ex-users.

(b) In response to the question 'In general, would you say your health is…?'.

(c) Respondents could select more than one condition, to the question 'In the last 12 months have you been diagnosed or treated for…?'.

(d) Includes heart diseases and hypertension (high blood pressure).

(e) Includes depression, anxiety disorder, schizophrenia, bipolar disorder, an eating disorder and other form of psychosis.

(f) Low: K10 score 10–15; Moderate: 16–21; High: 22–29; Very high: 30–50.

(g) Body mass index is calculated by dividing weight in kilograms by height in metres squared. Underweight: less than 18.5, Normal weight: 18.5–24.9, Overweight: 25–29.9, Obese: more than 30.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Cocaine use-related behaviours

Frequency of cocaine use

Most recent users (60.8%) used cocaine once or twice a year (Table 9.8). Males were more likely than females to use cocaine every few months or more often (Table 9.9). Younger people aged 14–19 years appeared to use cocaine more often, with one-quarter (25.2%) reporting use once a month or more, but this data should be interpreted with caution due to the low sample size and high relative standard error.

Table 9.8: Frequency of cocaine use, recent[(a)] users aged 14 years or older, by age, 2010 (per cent)

	Age group (years)					
Period	**14–19**	**20–29**	**30–39**	**40+**	**Total (14+)**	**18+**
Once a month or more	*25.2	12.7	11.9	*8.0	**12.8**	**12.6**
Every few months	**18.3	28.7	27.7	*15.6	**26.4**	**26.4**
Once or twice a year	56.4	58.6	60.4	76.4	**60.8**	**61.0**

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Table 9.9: Frequency of cocaine use, recent[(a)] users aged 14 years or older, by sex, 2010 (per cent)

Period	**Males**	**Females**	**Persons**
Once a month or more	13.6	11.4	12.8
Every few months	27.2	25.0	26.4
Once or twice a year	59.2	63.6	60.8

(a) Used in the previous 12 months.

Usual source of cocaine

Around three-quarters (73.5%) of recent users usually obtained cocaine from a friend or acquaintance (Table 9.10). The next most common source of cocaine was a dealer, with 1 in 5 recent users (19.9%) obtaining the drug this way, and a significantly higher proportion of females using a dealer in 2010 (19.5% in 2010 compared with 7.3% in 2007).

Table 9.10: Usual source of cocaine, recent[(a)] users aged 14 years or older, by sex, 2007 and 2010 (per cent)

	Males		**Females**			**Persons**	
Source	**2007**	**2010**	**2007**	**2010**		**2007**	**2010**
Friend or acquaintance	69.6	74.3	84.5	72.3		74.4	73.5
Dealer	26.1	20.2	7.3	19.5	↑	20.1	19.9
Relative	0.7	**2.0	5.2	*4.4		2.1	*2.9
Other[(b)]	3.6	*3.4	3.0	*3.8		3.4	*3.6

(a) Used in the previous 12 months.

(b) Other includes stole it and other sources.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

10 Pharmaceuticals

In the 2010 NDSHS, pharmaceuticals included pain-killers/analgesics, tranquillisers, steroids, methadone/buprenorphine or other opiates (not including heroin). All pharmaceutical use in this chapter relates to use for non-medical purposes—that is, in ways that induced or enhanced a drug experience, enhanced performance or were for cosmetic purposes.

Key findings

- Recent use of pharmaceuticals for non-medical purposes increased between 2007 and 2010, from 3.7% to 4.2% of people in Australia aged 14 years or older.
- Males were more likely than females to have used pharmaceuticals for non-medical purposes in their lifetime, but equal proportions of males and females had used these drugs in the last 12 months.
- The pharmaceuticals most likely to have been used in the previous 12 months were pain-killers/analgesics, and, of those who had recently used pain-killers/analgesics, the majority used over-the-counter (72.7%) pain-killers as their main type rather than prescription analgesics (27.3%).
- Use of tranquilisers/sleeping pills was highest among people aged 20–29 years (2.6%).
- Recent use of steroids, methadone/buprenorphine and other opiates was low across all age groups for males and females.

Overall pharmaceutical use

Current use and trends over time

There was a statistically significant increase in recent use of pharmaceuticals by people in Australia aged 14 years or older between 2007 and 2010, from 3.7% to 4.2%. Increases were seen among males and females. Table 10.1 presents detailed information on the pattern of pharmaceutical use between 1995 and 2010. Key findings include that:

- pharmaceutical use among both males and females peaked in 1998 and has fluctuated since
- while the proportion of people using pharmaceuticals in 2010 significantly increased, there were no statistically significant increases among any age groups
- the number of people recently using pharmaceuticals for non-medical purposes in 2010 increased by more than 100,000 people (from 640,000 in 2007 up to 770,000 in 2010).

Table 10.1: Recent[(a)] use of pharmaceuticals for non-medical purposes, people aged 14 years or older, by age and sex, 1995 to 2010 (per cent)

Age group (years)	1995	1998	2001	2004	2007	2010	
			Males				
14–17	1.2	4.8	2.8	2.4	2.0	*1.3	
18–19	1.1	9.0	4.6	4.5	3.4	*4.8	
20–29	6.3	9.8	6.2	5.4	6.1	5.6	
30–39	5.2	5.9	4.1	3.6	3.6	4.5	
40–49	3.8	7.5	3.1	3.2	3.2	3.9	
50–59	1.7	2.2	3.6	2.9	2.8	2.8	
60+	1.9	4.1	3.0	3.4	3.5	4.3	
Total (14+)	**3.6**	**6.2**	**3.9**	**3.6**	**3.7**	**4.1**	
14–19	*1.2*	*6.3*	*3.4*	*3.1*	*2.5*	**2.5*	
18+	**3.8**	**6.3**	**4.0**	**3.7**	**3.8**	**4.3**	
			Females				
14–17	4.1	7.6	6.1	4.9	2.8	*3.4	
18–19	3.0	12.4	4.7	5.3	4.4	*5.2	
20–29	5.6	8.7	5.8	4.8	5.1	5.6	
30–39	5.1	5.6	3.6	4.3	3.7	4.5	
40–49	5.5	4.7	2.6	3.8	3.4	3.1	
50–59	2.9	6.8	3.2	2.7	3.1	3.9	
60+	3.4	4.7	3.2	3.5	3.5	4.1	
Total (14+)	**4.5**	**6.4**	**3.8**	**3.9**	**3.7**	**4.2**	
14–19	*3.8*	*9.1*	*5.6*	*5.0*	*3.4*	*4.0*	
18+	**4.5**	**6.3**	**3.7**	**3.9**	**3.8**	**4.3**	
			Persons				
14–17	2.8	6.2	4.4	3.7	2.4	2.3	
18–19	2.0	10.6	4.7	4.9	3.9	5.0	
20–29	6.0	9.3	6.0	5.1	5.6	5.6	
30–39	5.1	5.7	3.8	3.9	3.6	4.5	
40–49	4.6	6.1	2.9	3.5	3.3	3.5	
50–59	2.3	4.4	3.4	2.8	3.0	3.4	
60+	2.8	4.5	3.1	3.5	3.5	4.2	
Total (14+)	**4.1**	**6.3**	**3.9**	**3.8**	**3.7**	**4.2**	↑
14–19	*2.5*	*7.6*	*4.5*	*4.1*	*2.9*	*3.2*	
18+	**4.2**	**6.3**	**3.8**	**3.8**	**3.8**	**4.3**	↑

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Use of pharmaceuticals, by age and sex

In 2010, 7.4% had ever used a pharmaceutical drug for a non-medical purpose and 4.2% (or around 800,000) had done so in the previous 12 months (tables 10.2 and 10.3). Non-medical pharmaceutical use was highest among:

- people aged 20–29 years for both lifetime use (10.3%) and recent use (5.6%)
- males, who were more likely than females to have used pharmaceuticals over their lifetime (7.9% compared with 6.9%), though there was no difference in recent use between males and females (Table 10.3).

Table 10.2: Use of pharmaceuticals for non-medical purposes, people aged 14 years or older, by age, 2010 (per cent)

	Age group (years)							
Period	**14–17**	**18–19**	**20–29**	**30–39**	**40+**	**Total (14 +)**	**14–19**	**18+**
In lifetime	3.2	6.8	10.3	9.7	6.2	**7.4**	4.5	**7.7**
In last 12 months	2.3	5.0	5.6	4.5	3.8	**4.2**	3.2	**4.3**
In last month	*0.9	*2.9	2.1	1.8	2.1	**2.0**	1.6	**2.0**
In last week	**0.1	*1.0	0.9	1.0	1.1	**1.0**	*0.4	**1.1**

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Includes pain-killers/analgesics, tranquillisers/sleeping pills, methadone, other opiates and steroids used for non-medical purposes.

Table 10.3: Use of pharmaceuticals for non-medical purposes, people aged 14 years or older, by age, 2010 (per cent)

Period	**Males**	**Females**	**Persons**
In lifetime	7.9	6.9	7.4
In last12 months	4.1	4.2	4.2
In last month	1.9	2.0	2.0
In last week	1.0	1.0	1.0

Note: Includes pain-killers/analgesics, tranquillisers/sleeping pills, methadone, other opiates and steroids used for non-medical purposes.

Type of pharmaceuticals used recently

The pharmaceuticals most likely to have been used in the previous 12 months for non-medical purposes, by both males and females, were pain-killers/analgesics (Table 10.4). Types of pharmaceuticals used differed between age and sex. For example:

- a higher proportion of males used prescription pain-killers/analgesics as their main type than females (31.4% for males compared with 23.8% for females), whereas females were more likely to use over-the-counter pain-killers/analgesics than males (76.2% for females and 68.6% for males)
- those aged 18–19 years and 20–29 years were the most likely age groups to have recently used pain-killers/analgesics and tranquilisers/sleeping pills
- among users of pain-killers/analgesics, people aged over 40 years tended to obtain them over the counter (80.8%), while those aged 20–29 years tended to use prescription pain-killer/analgesics (49.0%)

- a similar proportion of males and females had used tranquillisers/sleeping pills in the previous 12 months (1.4% and 1.5%, respectively)
- recent use of steroids, methadone/buprenorphine and other opiates was low across all age groups for males and females.

Table 10.4: Recent[a] use of selected pharmaceuticals for non-medical purposes, people aged 12 years or older, by age and sex, 2010 (per cent)

	Age group (years)								
Pharmaceuticals	**12–17**	**18–19**	**20–29**	**30–39**	**40+**	**Total (12+)**	**14–19**	**14+**	**18+**
					Males				
Pain-killers/analgesics	*0.8	*4.1	3.0	2.7	2.9	**2.7**	*2.1	**2.8**	**2.9**
Main type over-the-counter[b]	**53.1*	*70.2*	*41.1*	*65.6*	*80.7*	***68.6***	*64.7*	***68.6***	***69.1***
Main type prescription[c]	***46.9*	*29.8*	*58.9*	*34.4*	*19.3*	***31.4***	**35.3*	***31.4***	***30.9***
Tranquillisers/sleeping pills	—	*1.8	2.7	2.0	0.9	**1.4**	*0.6	**1.4**	**1.5**
Steroids	—	—	*0.8	*0.2	—	***0.2***	—	***0.2***	***0.2***
Methadone/buprenorphine	—	**1.1	*0.5	**0.2	*0.1	***0.2***	**0.4	***0.2***	***0.2***
Other opiates[d]	**0.7	**0.3	*1.2	*0.9	*0.3	**0.6**	**0.6	**0.6**	**0.6**
					Females				
Pain-killers/analgesics	2.7	*3.4	4.5	3.2	2.9	**3.2**	3.2	**3.3**	**3.3**
Main type over-the-counter[b]	*95.5*	*67.3*	*58.4*	*82.7*	*80.9*	***76.2***	*85.5*	***76.2***	***74.9***
Main type prescription[c]	***4.5*	***32.7*	*41.6*	**17.3*	*19.1*	***23.8***	**14.5*	***23.8***	***25.1***
Tranquillisers/sleeping pills	**0.5	*3.0	2.5	1.8	1.2	**1.5**	*1.4	**1.5**	**1.6**
Steroids	—	—	*0.2	*0.2	**<0.1	***0.1***	—	***0.1***	***0.1***
Methadone/buprenorphine	—	—	*0.3	*0.3	**0.1	**0.1**	—	**0.1**	**0.1**
Other opiates[d]	**0.2	**1.2	*0.6	*0.5	*0.1	**0.3**	**0.6	**0.3**	**0.3**
					Persons				
Pain-killers/analgesics	1.7	3.7	3.7	3.0	2.9	**3.0**	2.6	**3.0**	**3.1**
Main type over-the-counter[b]	*84.3*	*69.0*	*51.0*	*74.9*	*80.8*	***72.7***	*76.8*	***72.7***	***72.1***
Main type prescription[c]	*15.7*	*31.0*	*49.0*	*25.1*	*19.2*	***27.3***	**23.2*	***27.3***	***27.9***
Tranquillisers/sleeping pills	**0.2	*2.4	2.6	1.9	1.1	**1.4**	*1.0	**1.5**	**1.5**
Steroids	—	—	*0.5	*0.2	**<0.1	**0.1**	—	**0.1**	**0.1**
Methadone/buprenorphine	—	**0.6	*0.4	*0.3	*0.1	0.2	**0.2	0.2	0.2
Other opiates[d]	**0.5	**0.8	0.9	0.7	0.2	0.4	*0.6	0.4	0.4

(a) Used in the previous 12 months.

(b) The main kind of over-the-counter analgesic/pain-killer used for non-medical purposes in the previous 12 months (includes Paracetamol, Aspirin, Nurofen Plus, etc).

(c) The main kind of prescription analgesic/pain-killer used for non-medical purposes in the previous 12 months (includes Panadeine Forte, Morphine, Pethidine, Fentanyl®, Endone®, etc).

(d) Includes morphine, pethidine, Oxycodone (Endone®).

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Other opiates and type of pain-killer not asked of those aged 12–13 years.

Pharmaceutical use-related behaviours

Frequency of pharmaceutical use

In 2010, the most common frequency of use of pharmaceuticals was once or twice a year (31.0%), followed by daily or weekly (27.6%) (Table 10.5). More specifically:

- males aged 14 years or older mostly used pharmaceuticals once or twice a year (33.9%), while females mostly used daily or weekly (31.0%)
- those aged 40 years or older were the most likely age group to report using pharmaceuticals daily or weekly (33.8%).

Table 10.5: Frequency of use of pharmaceuticals[(a)] for non-medical purposes, recent[(b)] users aged 14 years or older, by age, 2010 (per cent)

	Age group (years)							
Frequency of use	**14–17**	**18–19**	**20–29**	**30–39**	**40+**	**Total (14+)**	**14–19**	**18+**
Daily or weekly	**11.6	**8.2	22.3	25.3	33.8	**27.6**	*9.6	**28.2**
About once a month	*22.2	**14.8	18.0	18.5	20.7	**19.4**	*18.0	**19.4**
Every few months	*26.4	*38.0	22.7	18.9	20.9	**21.9**	33.1	**21.8**
Once or twice a year	*39.8	*39.0	37.0	37.2	24.6	**31.0**	39.3	**30.7**

(a) Includes pain-killers/analgesics, tranquillisers/sleeping pills and steroids used for non-medical purposes. Does not include methadone or other opiates.

(b) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Table 10.6: Frequency of use of pharmaceuticals for non-medical purposes, recent[(a)] users aged 14 years or older, by sex, 2010 (per cent)

Frequency of use	Males	Females	Persons
Daily or weekly	24.2	31.0	27.6
About once a month	20.7	18.2	19.4
Every few months	21.2	22.7	21.9
Once or twice a year	33.9	28.1	31.0

(a) Includes pain-killers/analgesics, tranquillisers/sleeping pills and steroids used for non-medical purposes. Does not include methadone or other opiates.

(b) Used in the previous 12 months.

11 Other illicit drugs

This chapter presents information on the use of other illicit drugs, including heroin, hallucinogens, ketamine, GHB and inhalants, as well as drug taking behaviour such as injecting drug use. Overall, the proportion of use of these drugs was small within the Australian population.

The term hallucinogens includes synthetic and naturally occurring hallucinogens (acid, trips, mushies, magic mushrooms, blotter, angel dust and blue meanies). Examples of inhalants included chroming, sniffing, solvents, aerosols, glue, petrol, laughing gas, whippets, nitrous, snappers, poppers, pearlers, rushamines, locker room, bolt, bullet, rush, climax, red gold, amyl and bulbs. Inhalants do not include nasal sprays, inhalers or puffers used for asthma and similar conditions. Injectable drugs include any drugs that were not medically prescribed to inject, including steroids, meth/amphetamines, heroin, cocaine and ecstasy.

Tables in this chapter vary between proportions of people aged 14 years or older and people aged 12 years or older. This is because teenagers aged 12–13 years were not asked about all illicit drugs (GHB, ketamine, injectable drugs and other opiates/opioids were not included in their version of the questionnaire).

Key findings

- In 2010, 1.4% of people in Australia aged 14 years or older had used heroin in their lifetime and 0.2% in the previous 12 months. Between 2007 and 2010 there was no change in the proportion of people using heroin in Australia.
- In 2010, 8.8% of people in Australia aged 14 years or older had used hallucinogens in their lifetime, and 1.4% in the 12 months before the survey. Recent use of hallucinogens was most common among the 20–29-year-olds (4.6%).
- In 2010, recent use of ketamine and GHB by people aged 14 years or older was very low. About 37,000 (0.2%) people had used ketamine in the previous 12 months, and more than 18,000 (0.1%) had used GHB.
- Inhalants were used by 0.6% of the population in 2010, and, of those who had recently used inhalants, 34.7% did so once a month or more.
- Only 0.4% of people aged 14 years or older had injected illicit drugs in the previous 12 months, and 1.8% had injected in their lifetime. More than one-quarter (27.1%) of recent users injected daily, and the majority of recent users obtained their needles and syringes from a chemist (64.5%). The use of needle and syringe programs was less common in 2010 compared with 2007.

Overall use of other illicit drugs

Current use and trends over time

The proportion of both males and females who had recently used other illicit drugs has fluctuated over the period 1995 to 2010, but has generally been decreasing slightly (Table 11.1). More specifically:

- there was no change in the proportion of people using heroin between 2007 and 2010

- both males and females recorded a statistically significant rise in hallucinogen use between 2007 and 2010
- there has been no change over time in the recent use of ketamine or GHB
- apart from a spike in 1998, there was relatively no change in the proportion of the population who had used inhalants between 1995 and 2007. Recent use of inhalants increased in 2010 and this was mostly due to a statistically significant increase by females
- the proportion of the population who had injected drugs in the previous 12 months was low over the period 1995 to 2010 (1.1% or less for males and 0.4% or less for females).

Table 11.1: Recent[(a)] use of other illicit drugs and other drug-taking behaviours, people aged 14 years or older, by sex, 1995 to 2010 (per cent)

Drug type	1995	1998	2001	2004	2007	2010	
			Males				
Heroin	0.5	1.1	0.3	0.2	0.3	0.3	
Hallucinogens	2.5	1.9	1.4	1.1	0.9	2.0	↑
Ketamine	n.a.	n.a.	n.a.	0.4	0.3	0.3	
GHB	n.a.	n.a.	n.a.	0.2	0.2	*0.2	
Inhalants	0.6	0.9	0.6	0.6	0.6	0.7	
Injecting drugs	0.7	0.4	0.8	0.6	0.7	0.6	
			Females				
Heroin	0.2	0.5	0.2	<0.1	0.1	0.2	
Hallucinogens	1.3	4.1	0.7	0.4	0.4	0.7	↑
Ketamine	n.a.	n.a.	n.a.	0.1	0.1	0.2	
GHB	n.a.	n.a.	n.a.	0.1	**<0.1	*0.1	
Inhalants	0.3	0.8	0.3	0.3	0.2	0.5	↑
Injecting drugs	0.4	0.4	0.4	0.3	0.3	0.3	
			Persons				
Heroin	0.4	0.8	0.2	0.2	0.2	0.2	
Hallucinogens	1.9	3.0	1.1	0.7	0.6	1.4	↑
Ketamine	n.a.	n.a.	n.a.	0.3	0.2	0.2	
GHB	n.a.	n.a.	n.a.	0.1	0.1	0.1	
Inhalants	0.4	0.9	0.4	0.4	0.4	0.6	↑
Injecting drugs	0.5	0.8	0.6	0.4	0.5	0.4	

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Some trend data were updated in 2010 and may not match data presented in previous reports.

Use of other illicit drugs

Of all the other illicit drugs, hallucinogens were the most likely to be used, for both recent (1.4% or 258,000 people) and lifetime (8.8%) use (Table 11.2). In addition, in 2010:

- 1.4% of people aged 14 years or older had used heroin in their lifetime, and about 37,000 people (0.2%) had recently used heroin
- about 37,000 (0.2%) people aged 14 years or older had recently used ketamine, and 18,000 (0.1%) had recently used GHB
- 3.8% of people aged 14 years or older had used inhalants in their lifetime, but much lower proportion of the population used inhalants in the previous 12 months (0.6%)
- of people aged 14 years or older, 1.8% had injected illicit drugs in their lifetime, and 0.4% had done so in the previous 12 months.

Table 11.2: Lifetime and recent other illicit drug use, people aged 14 years or older, by sex, 2010 (per cent)

	Ever used[(a)]			Recent use[(b)]		
Drug	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
Heroin	1.9	0.9	1.4	0.3	0.2	0.2
Hallucinogens	10.7	7.0	8.8	2.0	0.7	1.4
Ketamine	1.8	0.9	1.4	0.3	0.2	0.2
GHB	1.0	0.6	0.8	*0.2	*0.1	0.1
Inhalants	4.4	3.1	3.8	0.7	0.5	0.6
Injectable drugs[(c)]	2.3	1.2	1.8	0.6	0.3	0.4

(a) Used at least once in lifetime.

(b) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Other illicit drug use, by sex

Males were more likely to have used any of the illicit drugs presented in this chapter than females, for both recent and lifetime use (Table 11.2). More specifically:

- ales aged 14 years or older were twice as likely as their female counterparts to have ever used heroin (1.9% of males compared with 0.9% of females), while for recent use, males and females recorded similar proportions
- a higher proportion of males (10.7%) than females (7.0%) had used hallucinogens in their lifetime, and more than twice as many males (2.0%) as females (0.7%) had done so in the previous 12 months, but this is based on small sample sizes and should be interpreted with caution
- a higher proportion of males (4.4%) than females (3.1%) had used inhalants in their lifetime, but males (07%) recorded only a slightly higher proportion than females (05%) for recent use
- males were almost twice as likely as females to have injected drugs in their lifetime and recently (2.3% compared with 1.2% for lifetime use and 0.6% compared with 0.3% for recent use).

Other illicit drug use, by age

There appears to be a relationship between age and use of other illicit drugs (Table 11.3). For example:

- people aged 20–29 years (4.6%) were more likely than those in other age groups to have used hallucinogens in previous 12 months, with more than double the proportion of any other age group
- the use of inhalants was low in older age groups, with the highest proportion of users being aged 20–29 years (1.4%) followed by those aged 12–19 years (1.0%)
- people in aged 20–29 years and 30–39 years were more likely than those in other age groups to have injected illicit drugs in the previous 12 months (0.9% for each).

Table 11.3: Recent use[(a)] of other illicit drugs and drug-taking behaviours, people aged 12 years or older, by age, 2010 (per cent)

Age group (years)	Hallucinogens	Inhalants	Injectable drugs[(b)]
12–19	1.7	1.0	**0.3[(c)]
20–29	4.6	1.4	0.9
30–39	1.6	*0.3	0.9
40+	*0.1	0.3	0.2
Total (12+)	**1.3**	**0.6**	**n.a.**
14–19	*2.1*	**1.2*	***0.3*
14+	**1.4**	**0.6**	**0.4**
18+	**1.4**	**0.6**	**0.5**

(a) Used in the previous 12 months.

(b) Any illicit drug injected.

(c) Data were not collected from teenagers aged 12–13 years for injectable drugs, so this proportion is for those aged 14–19 years.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Other illicit drug use-related behaviours

Frequency of use

Frequency of use of hallucinogens, inhalants and injectable drugs is presented in Table 11.4, which shows that:

- of the 258,000 recent users of hallucinogens, the majority were relatively infrequent users, with 68.6% using once or twice a year, and males and females using at similar frequencies
- among recent users of inhalants, 52.7% used once or twice a year and 34.7% used at least once a month, with males were more likely than females to use inhalants more often
- of the 74,000 recent illicit drug injectors, about a quarter injected daily (27.1%), and more than half (60.6%) injected once a week or less often.

Table 11.4: Frequency of other illicit drug use and drug-taking behaviours, recent users[a] aged 14 years or older, by sex, 2010 (per cent)

Frequency	Males	Females	Persons
Hallucinogens			
Once a month or more	*8.6	*6.9	8.2
Every few months	22.6	25.2	23.3
Once or twice a year	68.8	67.9	68.6
Inhalants			
Once a month or more	42.3	*24.2	34.7
Every few months	*11.1	*14.7	*12.6
Once or twice a year	46.6	61.1	52.7
Injectable drugs			
Daily	*23.8	*34.5	27.1
Twice a week or more but less than daily	*14.9	**6.4	*12.3
Once a week or less	61.2	59.1	60.6

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Base is recent users.

Usual source of needles and syringes

Of recent injecting users, 64.5% usually obtained needles and syringes from a chemist (Table 11.5), followed by needle and syringe programs (37.2%). The use of needle and syringe programs was less common in 2010 compared with 2007 (51.4%).

Table 11.5: Usual source of needles and syringes, recent users[a] aged 14 years or older, by sex, 2007 and 2010 (per cent)

	Males		Females		Persons	
Source	**2007**	**2010**	**2007**	**2010**	**2007**	**2010**
Chemist	60.3	63.9	54.8	65.9	58.7	64.5
Needle and syringe program[b]	53.6	36.1	46.0	39.7	51.4	37.2
Friends	22.0	*22.4	19.2	*30.6	21.2	25.0
Hospital or doctor	11.0	*10.2	23.8	*25.1	14.7	*14.9
Diabetes Australia	1.2	—	6.7	—	2.8	—
Health centre[c]	n.a.	*6.9	n.a.	**12.6	n.a.	*8.7
Vending machine[c]	n.a.	*15.5	n.a.	**10.0	n.a.	*13.8
Other	2.6	**9.2	4.3	—	3.1	**6.3

(a) Used in the previous 12 months.

(b) Included centre based and mobile needle and syringe programs in 2010.

(c) Did not include health care centre or vending machine in 2007.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Notes

1. Base is recent injecting drug users.
2. Respondents could select more than one response.

12 Attitudes and perceptions

This chapter presents findings on the opinions and perceptions of people in Australia on various drug-related issues, including personal approval of drug use, the impact of drugs on the general community and on mortality, and factors that influence the choice of whether or not to use illicit drugs.

Key findings

- In 2010, 31.0% of people in Australia aged 14 years or older considered heroin the drug most associated with a drug problem. The proportion of people who associated tobacco, alcohol or cannabis with a drug problem declined between 2007 and 2010.
- Alcohol was identified by 45.1% of people as the drug most approved of for regular adult use, and there was a rise in the proportion of people approving of tobacco and cannabis between 2007 and 2010. However in 2010, of those who had used alcohol, tobacco or cannabis in the previous 12 months, about half did not approve of their regular use.
- Drug use that was of the most concern to the general community was excessive alcohol use (42.1%), followed by tobacco smoking (15.4%) and the use of heroin (11.4%).
- Perceptions and attitudes towards drugs differed by social characteristics. For example, those in lower socioeconomic groups and Indigenous Australians were more likely than their counterparts to identify cannabis as the drug most associated with a drug problem.
- In 2010, 79.0% of people who had tried an illicit drug stated that curiosity was a factor in first time use. Of people in Australia who had not tried illicit drugs, about three-quarters (73.3%) suggested that they just were not interested, and almost half (47.0%) said they hadn't tried them because of health and addiction reasons.

Perception of drugs that cause a drug problem

The views people in Australia held about drugs that caused a drug problems were examined between 2004 and 2010 (Table 12.1). In 2010, as in 2007, for those aged 14 years or older:

- the largest proportion (31.0%) stated that heroin was the first drug that came to mind, a (statistically) significantly higher proportion than in 2007 (from 7.1% to 11.6%)
- almost a quarter of people (23.9%) nominated cannabis, a (statistically) significantly lower proportion than in 2007
- the proportions of people nominating cocaine, hallucinogens and pain-killers all increased from 2007
- there was a statistically significant drop in the proportion who first thought of tobacco (from 2.6% in 2007 to 2.2% in 2010) and alcohol (10.5% in 2007 and 6.5% in 2010)
- males and females both had similar perceptions about the drugs that cause problems.

Table 12.1: Drug first nominated when asked about a specific drug problem, people aged 14 years or older, 2004 to 2010 (per cent)

	Males				Females				Persons			
Drug first nominated	**2004**	**2007**	**2010**		**2004**	**2007**	**2010**		**2004**	**2007**	**2010**	
Tobacco	4.1	3.3	2.8		2.5	2.0	1.7		3.3	2.6	2.2	↓
Alcohol	10.2	10.8	6.8	↓	9.8	10.2	6.1	↓	10.0	10.5	6.5	↓
Illicit drugs (excluding pharmaceuticals)												
Cannabis	29.3	25.8	23.9	↓	29.1	24.6	23.9		29.2	25.2	23.9	↓
Ecstasy[(a)]	2.2	3.7	3.6		2.9	4.7	3.9	↓	2.6	4.2	3.8	
Meth/amphetamines[(b)]	5.2	16.0	16.0		5.8	16.8	16.5		5.5	16.4	16.3	
Cocaine	6.3	7.2	11.3	↑	7.2	7.1	11.9	↑	6.7	7.1	11.6	↑
Hallucinogens[(c)]	0.6	0.4	0.8	↑	0.6	0.4	0.8	↑	0.6	0.4	0.8	↑
Inhalants[(d)]	0.4	0.4	0.3		0.4	0.3	0.3		0.4	0.3	0.3	
Heroin	39.7	29.7	30.7		39.1	30.9	31.4		39.4	30.3	31.0	
Ketamine	—	—	**0.1		—	—	**0.1		—	—	**0.1	
GHB	—	0.1	*0.1		—	0.1	*0.1		—	0.1	*0.1	
Kava	—	—	**<0.1		—	—	—		—	—	**<0.1	
Pharmaceuticals												
Tranquillisers/sleeping pills[(b)]	0.3	0.2	0.3		0.6	0.4	0.5		0.5	0.3	0.4	
Pain-killers/analgesics[(b)(e)]	0.4	0.2	0.8	↑	0.5	0.6	0.8		0.5	0.4	0.8	↑
Steroids[(b)]	0.2	0.4	*0.1	↓	0.2	0.2	*0.1		0.2	0.3	*0.1	↓
Methadone[(f)]/buprenorphine[(g)]	n.a.	n.a.	*0.2		n.a.	n.a.	0.2		n.a.	n.a.	0.2	
Other opioids/opiates	n.a.	n.a.	0.3		n.a.	n.a.	0.3		n.a.	n.a.	0.3	
Drugs other than listed	—	0.2	*0.1		0.1	0.2	*0.1		—	0.2	0.1	
None/can't think of any	0.5	1.0	1.8		0.7	1.2	1.3		0.6	1.1	1.6	↑

(a) Included 'designer drugs' before 2004.

(b) For non-medical purposes.

(c) Combined naturally occurring and synthetic hallucinogens for 2004 and 2007.

(d) Wording for inhalants changed in 2010.

(e) Combined over-the-counter and prescription painkillers in 2010.

(f) Non-maintenance.

(g) Did not include buprenorphine before 2007.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Perceptions and attitudes towards drug use over time

People were asked what they thought of regular adult use of various drugs. In 2007 and 2010, answers to this question were categorised as 'strongly approve', 'approve', 'neither approve nor disapprove', 'disapprove', 'strongly disapprove', or 'don't know enough to say'. In earlier surveys, the categories were limited to 'approve' and 'disapprove'. The 2007 and 2010 results are for those respondents who said they 'strongly approve' or 'approve' the use of drugs by adults (shown together as 'approve'). People were also asked their opinion about which form of drug use they thought to be of most serious concern for the general community, and the drugs they thought to either directly or indirectly cause the most deaths in Australia.

For those aged 14 years or older:

- the drug most approved of for regular adult use in 2010 was alcohol (45.1%), and this proportion remained stable between 2007 and 2010 (Table 12.2)
- approval of regular adult use of tobacco was statistically significantly higher in 2010 than in 2007 (15.3% compared with 14.3%), as was approval of cannabis (8.1% compared with 6.6%)
- for drugs considered to be of most serious concern to the community, the highest proportion of people identified excessive alcohol consumption (42.1%); this was statistically significantly higher than in 2007 (32.3%)
- in 2010, people identified tobacco to be the drug that they perceived caused the most deaths (36.0%), however this was lower than in 2007 (40.6%)
- a higher proportion of people identified heroin as causing the most deaths (15.9% in 2010 compared with 9.8% in 2007); Both of these differences were statistically significant.

Table 12.2: Approval of regular drug use, drug thought to be of most serious concern and drugs thought to cause most deaths, people aged 14 years or older, 2007 to 2010 (per cent)

	Approval of regular drug use by adults			Most serious concern for community			Drug thought to cause most deaths		
Drug	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Tobacco	14.3	15.3	↑	17.2	15.4	↓	40.6	36.0	↓
Alcohol[(a)]	45.2	45.1		32.3	42.1	↑	29.4	29.5	
Cannabis	6.6	8.1	↑	5.7	4.5	↓	1.3	1.1	↓
Ecstasy	2.0	2.3		6.0	5.5		5.2	4.3	↓
Meth/amphetamines[(b)]	1.2	1.2		16.4	9.4	↓	5.3	4.7	↓
Cocaine/crack	1.4	1.7		8.3	6.1	↓	6.8	5.0	↓
Hallucinogens	1.7	2.4	↑	0.5	0.9	↑	0.6	0.5	
Inhalants	0.8	1.0		1.4	1.3		n.a.	0.7	
Heroin	1.0	1.2		10.5	11.4	↑	9.8[(c)]	15.9[(c)]	↑
Pharmaceuticals[(d)]	13.4	22.4	n.a.	1.4	2.2	n.a.	1.1	1.5	n.a.
None of these	n.a.	n.a.		0.3	0.4		n.a.	n.a.	
Other	n.a.	n.a.		n.a.	n.a.		n.a.	0.3	

(a) Question asked as 'excessive drinking of alcohol' for 'most serious concern for community'.

(b) For non-medical purposes.

(c) Other opiates are included with heroin for 'drug thought to cause most deaths'.

(d) Additional pharmaceuticals were included in the 2010 survey, so 2007 and 2010 data are not directly comparable. For this reason, significance testing was not done for these variables.

Attitudes and perceptions in 2010

Approval of regular adult drug use

In 2010, personal approval of regular adult use was higher for licit drugs than illicit drugs. Close to half of all people in Australia aged 14 years or older approved of regular adult alcohol use (45.1%), and about 1 in 6 approved of tobacco use (15.3%). Of illicit drugs excluding pharmaceuticals, cannabis had the highest approval (8.1%) (Table 12.3). Furthermore:

- males were more likely to approve of regular alcohol use than females (51.5% compared with 38.9%) and, to a greater extent, cannabis use (11.0% compared with 5.3%) (Appendix Table A1.9)
- the approval of adult drug use was usually highest among those aged 18–29 years, and lowest for those aged 60 years or older. This was different for prescription and over-the-counter painkillers and analgesics, with the highest personal approval of use of these drugs being in those aged 60 years or older.

Recent users

Personal approval of regular drug use was consistently higher among those who had used the drug in the last 12 months, particularly for cannabis and ecstasy (Figure 12.1). However, for recent users, approval was generally never above 50%. Of recent users of tobacco and alcohol, only about half approved of regular adult use (43.2% and 50.6%, respectively). Of those who used meth/amphetamines recently, only 9.7% approved of regular adult use.

Table 12.3: Personal approval of the regular use by an adult of selected drugs, people aged 12 years or older, by age, 2010 (per cent)

	Age group (years)										
Drug	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (12+)**	**14–19**	**14+**	**18+**
Tobacco	14.0	20.8	22.2	17.9	15.9	12.7	7.3	**15.1**	17.9	**15.3**	**15.2**
Alcohol	44.0	57.1	54.4	49.0	47.0	41.2	31.9	**44.7**	52.4	**45.1**	**44.8**
Illicit drugs (excluding pharmaceuticals)											
Cannabis	5.2	14.2	14.0	10.3	7.9	6.6	2.1	**8.0**	9.0	**8.1**	**8.3**
Ecstasy[(a)]	1.4	4.6	4.8	2.9	1.7	1.2	1.0	**2.3**	2.6	**2.3**	**2.4**
Meth/amphetamines[(b)]	*1.0	*1.4	2.1	1.2	1.0	0.8	1.0	**1.2**	*1.1	**1.2**	**1.2**
Cocaine	1.8	*2.3	3.0	2.2	1.2	0.9	1.1	**1.7**	2.0	**1.7**	**1.7**
Hallucinogens	2.0	4.9	4.9	2.8	1.6	1.1	1.0	**2.3**	3.3	**2.4**	**2.4**
Inhalants	1.7	**0.2	1.8	0.8	0.6	0.7	1.1	**1.0**	*1.1	**1.0**	**1.0**
Heroin	*1.1	**0.8	1.8	1.2	1.1	1.1	1.2	**1.2**	*0.8	**1.2**	**1.3**
Ketamine	*1.9	*1.7	1.9	1.1	1.1	0.9	1.0	**1.3**	*1.6	**1.3**	**1.2**
GHB	*1.3	*1.1	1.7	1.1	0.9	0.6	0.9	**1.1**	*1.2	**1.1**	**1.1**
Kava	3.7	7.5	6.4	5.5	3.7	3.3	2.2	**4.2**	5.2	**4.3**	**4.3**
Pharmaceuticals											
Prescription pain-killers/analgesics[(b)]	13.9	12.2	12.6	11.6	13.2	12.4	14.4	**12.9**	14.0	**13.0**	**12.9**
Over-the-counter pain-killers/analgesics[(b)]	13.4	11.2	12.3	12.8	15.4	15.3	16.6	**14.3**	12.4	**14.3**	**14.4**
Tranquillisers/sleeping pills[(b)]	5.7	7.4	7.8	6.0	6.9	5.5	5.8	**6.4**	6.7	**6.4**	**6.4**
Steroids[(b)]	2.8	*2.9	4.2	2.3	1.7	1.2	1.2	**2.2**	2.9	**2.2**	**2.1**
Methadone[(c)] or buprenorphine[(d)]	*1.3	**0.5	2.0	1.6	1.0	0.9	1.0	**1.3**	*0.8	**1.2**	**1.3**
Other opioids/opiates[(b)]	2.3	*2.1	2.3	2.1	1.7	1.8	1.4	**1.9**	2.3	**1.9**	**1.9**

(a) Included 'designer drugs' before 2004.

(b) For non-medical purposes.

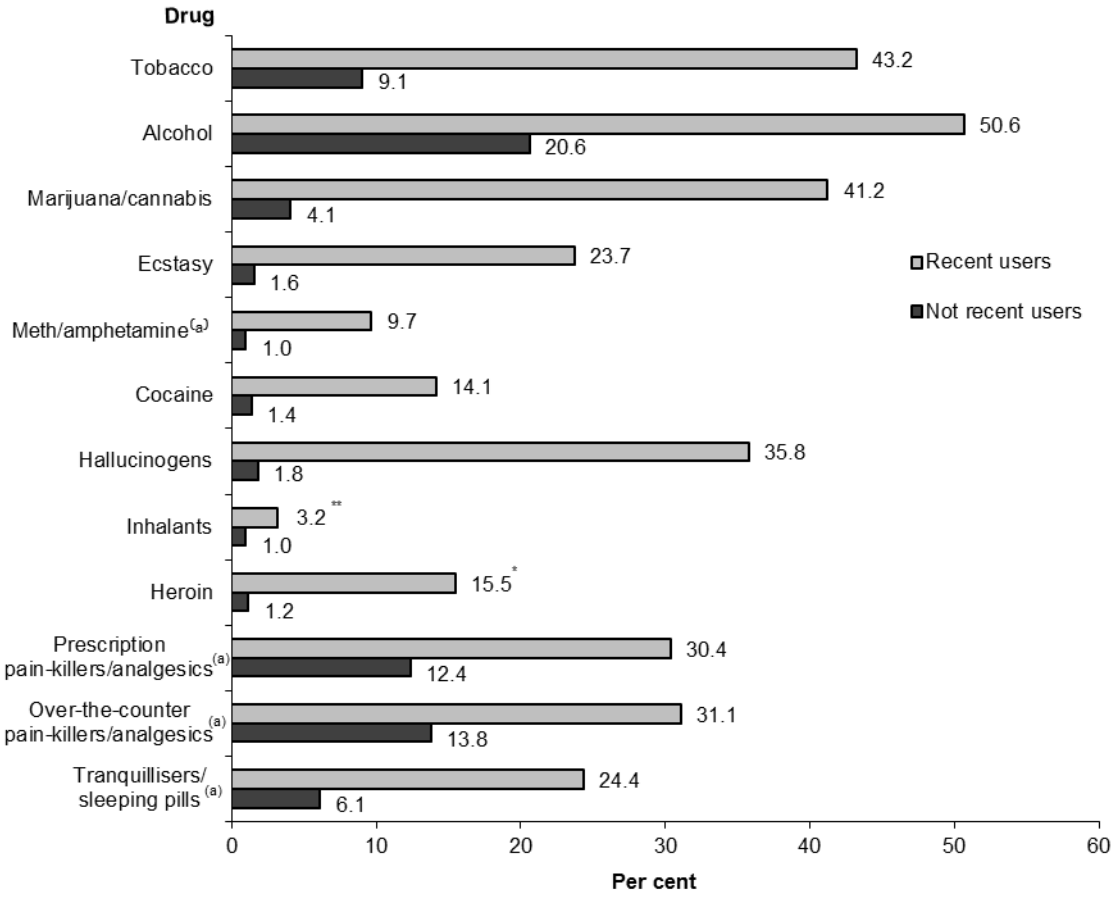
(c) Non-maintenance.

(d) This category did not include buprenorphine before 2007.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: The question structure upon which these analyses are based was changed between 2004 and 2007, and so results are not directly comparable.



(a) Used for non-medical purposes.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: In 2010 pain killers/analgesics were split into 'Prescription pain-killers/analgesics' and 'Over-the-counter pain-killers/analgesics'.

Figure 12.1: Approval of regular drug use by an adult, people aged 14 years or older, by user status, 2010

Drug use that is most concerning for the general community

In 2010, among people aged 14 years or older, 42.1% thought that excessive alcohol drinking was the most concerning form of drug use for the general community. This was followed by tobacco smoking, identified by 15.4% of people (Table 12.4). Additionally:

- of illicit drugs, people thought that heroin was the most concerning form of drug use for the community (11.4%), followed by meth/amphetamines (9.4%)
- males and females had similar perceptions about which drugs they thought were the most concerning for the community, but males were more concerned about smoking (16.7% compared with 14.2%), and females were more concerned about excessive alcohol use (44.5% compared with 39.6%) (Appendix Table A1.10)
- different age groups were concerned about different drugs, with older people more concerned with excessive alcohol use (45.8% for those aged 50–59 years compared with 31.9% for those aged 18–19 years), and younger people more concerned with tobacco use (22.6% for those aged 12–17 compared with about 14% for all age groups over 30 years).

Table 12.4: Form of drug use thought to be of most serious concern for the general community, people aged 12 years or older, by age, 2010 (per cent)

	Age group (years)										
Form of drug use	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (12+)**	**14–19**	**14+**	**18+**
Tobacco smoking	22.6	18.7	17.4	13.8	14.2	14.5	14.9	**15.8**	19.5	**15.4**	**15.1**
Excessive drinking of alcohol	34.8	31.9	38.9	42.9	44.0	45.8	43.6	**41.8**	34.2	**42.1**	**42.6**
Illicit drugs (excluding pharmaceuticals)											
Cannabis	9.5	8.2	5.0	4.0	3.6	3.2	3.8	**4.6**	9.3	**4.5**	**4.1**
Ecstasy	5.6	7.8	5.6	5.1	5.4	5.6	5.2	**5.5**	6.9	**5.5**	**5.5**
Meth/amphetamines[(a)]	4.6	11.2	11.3	13.2	11.3	8.6	4.9	**9.2**	7.7	**9.4**	**9.7**
Cocaine/crack	5.6	4.9	5.3	4.4	5.6	6.2	8.5	**6.1**	5.4	**6.1**	**6.1**
Hallucinogens	1.6	*1.8	0.9	0.9	0.6	0.5	0.9	**0.9**	1.5	**0.9**	**0.8**
Inhalants	2.4	*2.6	1.5	1.0	1.3	1.0	0.9	**1.3**	2.3	**1.3**	**1.2**
Heroin	8.0	8.2	9.9	11.7	10.5	11.7	14.3	**11.3**	8.3	**11.4**	**11.6**
Ketamine	**<0.1	—	**0.2	—	—	**<0.1	**<0.1	**<0.1**	**<0.1	**<0.1**	**<0.1**
GHB	**0.3	*1.2	1.0	0.6	1.0	0.8	0.4	**0.7**	*0.7	**0.8**	**0.8**
Kava	**<0.1	—	**0.1	**<0.1	**<0.1	**<0.1	—	****<0.1**	—	****<0.1**	****<0.1**
Pharmaceuticals[(b)]	3.9	3.4	2.4	1.8	2.2	1.6	1.9	**2.2**	3.6	**2.2**	**2.1**
None of these	*1.1	—	*0.4	*0.4	*0.3	*0.2	0.6	**0.4**	**0.6	**0.4**	**0.4**

(a) For non-medical purposes.

(b) Includes pain-killers/analgesics, tranquillisers/sleeping pills, steroids, methadone/buprenorphine and other opiates used for non-medical purposes.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Drugs perceived to be associated with mortality

Tobacco is the single most preventable cause of ill health and death in Australia, contributing to more drug-related hospitalisations and deaths than alcohol and illicit drug use combined (Begg et al. 2007). Of people aged 14 years or older, the drug perceived to be associated with the most deaths was tobacco (36.0%), followed by alcohol (29.5%) and heroin (15.9%) (Table 12.5). More information on the extent to which drugs are thought to either directly or indirectly cause death in Australia, by age and by sex, are presented in Appendix Table A1.11.

Table 12.5: Drugs thought to either directly or indirectly cause the most deaths in Australia, people aged 14 years or older, by age, 2010 (per cent)

	Age group (years)										
Drug	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (12+)**	**14–19**	**14+**	**18+**
Tobacco	30.1	32.9	33.8	35.5	38.6	39.5	36.3	**35.9**	30.5	**36.0**	**36.5**
Alcohol	31.4	29.3	32.3	31.4	28.9	29.0	26.2	**29.6**	30.7	**29.5**	**29.4**
Illicit drugs											
Cannabis	3.2	**0.8	1.6	1.0	0.5	0.8	1.2	**1.2**	1.9	**1.1**	**1.0**
Ecstasy	9.1	8.8	5.0	3.5	3.1	2.9	4.0	**4.4**	9.2	**4.3**	**3.9**
Meth/amphetamines[(a)]	4.7	7.4	6.2	5.3	5.2	3.3	2.7	**4.6**	6.3	**4.7**	**4.6**
Cocaine/crack	5.1	4.3	3.7	4.4	4.6	5.1	6.8	**5.0**	4.6	**5.0**	**5.0**
Hallucinogens	*1.3	*0.9	*0.6	*0.5	*0.4	*0.2	0.4	**0.5**	*1.4	**0.5**	**0.4**
Inhalants	1.4	**0.6	*0.6	*0.6	1.1	0.6	0.6	**0.8**	*0.9	**0.7**	**0.7**
Heroin	9.9	11.1	13.1	15.5	16.1	16.8	20.0	**15.7**	10.8	**15.9**	**16.3**
Ketamine	—	—	**<0.1	**<0.1	—	—	—	****<0.1**	—	****<0.1**	****<0.1**
GHB	*0.5	*0.9	*0.6	*0.2	*0.2	*0.5	*0.2	**0.4**	*0.8	**0.4**	**0.4**
Kava	—	—	**0.2	—	—	—	**<0.1	****<0.1**	—	****<0.1**	****<0.1**
Pharmaceuticals[(b)]	2.7	*2.6	2.2	1.9	1.1	1.0	1.2	**1.6**	2.1	**1.5**	**1.5**
Other	**0.6	**0.6	*0.2	*0.3	*0.2	*0.3	0.5	**0.4**	*0.7	**0.4**	**0.3**

(a) For non-medical purposes.

(b) Includes pain-killers/analgesics, tranquillisers/sleeping pills, steroids and barbiturates, used for non-medical purposes.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Social characteristics and perceptions and attitudes towards drugs

In 2010, people aged 14 years or older varied in their perceptions and attitudes to drug-related issues by sex and socioeconomic status (Table 12.6), as well as by geography, main language spoken at home and Indigenous status (Table 12.7). Specifically:

- differing from the overall proportions, those with lower socioeconomic status (the first and second lowest), and Indigenous Australians were more likely to associate cannabis with a drug problem, whereas those with higher socioeconomic status (fourth and fifth quintile) and non-Indigenous Australians were more likely to associate heroin with a drug problem
- people in the lowest socioeconomic group approved of regular tobacco use by adults more often than those in the highest socioeconomic group (20.2% compared with 11.5%, respectively), but were less likely to approve of regular adult alcohol use than those in the highest socioeconomic group (40.1% compared with 49.7%)
- those who spoke a language other than English at home were less likely to consider excessive alcohol use a serious concern to the community than their English-speaking counterparts (30.5% compared with 43.7%, respectively). Those who did not speak English at home were also equally concerned about tobacco (19.6%) and heroin (19.5%) use, a higher proportion than their English-speaking counterparts (14.9% and 10.6%).

Table 12.6: Perceptions and attitudes towards drugs, people aged 14 years or older, by sex and socioeconomic status, 2010 (per cent)

	Sex		Socioeconomic status				
Perceptions and attitudes	Males	Females	(Lowest) 1	2	3	4	(Highest) 5
Drugs associated with a drug problem							
Tobacco	2.8	1.7	3.2	2.1	2.5	2.0	1.3
Alcohol	6.8	6.1	6.6	6.8	7.4	5.6	6.0
Cannabis	23.9	23.9	30.0	26.7	23.8	21.8	16.9
Ecstasy	3.6	3.9	3.1	4.2	3.9	3.7	3.9
Meth/amphetamines	16.0	16.5	15.5	17.9	15.7	16.1	16.2
Cocaine	11.3	11.9	10.2	10.6	10.7	12.5	14.1
Hallucinogens	0.8	0.8	0.9	1.0	0.9	0.6	0.7
Inhalants/sniffing	0.3	0.3	*0.4	*0.4	*0.2	*0.4	*0.2
Heroin	30.7	31.4	26.1	26.3	31.1	33.9	37.9
Pharmaceuticals[(a)]	1.6	1.9	1.6	2.1	2.0	1.4	1.6
Other[(b)]	0.3	0.3	*0.3	*0.3	*0.4	*0.2	*0.3
None/can't think of any	1.8	1.3	2.0	1.7	1.3	1.8	0.9

(continued)

Table 12.6 (continued): Perceptions and attitudes towards drugs, people aged 14 years or older, by sex and socioeconomic status, 2010 (per cent)

	Sex		Socioeconomic status				
Perceptions and attitudes	**Males**	**Females**	**(Lowest) 1**	**2**	**3**	**4**	**(Highest) 5**
Most serious concern for the community							
Tobacco smoking	16.7	14.2	14.9	14.7	17.0	14.7	15.7
Excess drinking of alcohol	39.6	44.5	36.5	40.6	42.9	43.4	47.3
Cannabis	4.5	4.4	7.0	4.7	3.9	4.2	2.5
Ecstasy	5.4	5.7	6.4	6.2	5.3	5.3	4.5
Meth/amphetamines	10.3	8.6	8.9	10.4	9.2	9.7	9.2
Cocaine	6.1	6.1	6.8	6.4	5.7	5.4	6.0
Hallucinogens	0.7	1.0	0.7	1.0	0.8	0.9	0.8
Inhalants/sniffing	1.2	1.3	1.1	1.8	1.6	1.2	0.6
Heroin	12.4	10.5	13.4	10.6	10.6	12.3	10.2
Pharmaceuticals[(a)]	1.7	2.6	2.4	2.4	1.9	2.0	2.2
Other[(b)]	0.9	0.7	1.0	0.9	0.8	*0.6	0.8
None of these	0.5	0.3	*0.9	*0.3	*0.3	*0.4	*0.1
Approval of regular use by an adult							
Tobacco	17.4	13.3	20.2	17.1	14.3	13.3	11.5
Alcohol	51.5	38.9	40.1	43.6	45.3	46.9	49.7
Cannabis	11.0	5.3	9.5	7.8	7.9	7.5	7.9
Ecstasy	3.0	1.7	2.3	2.3	2.1	2.2	2.7
Meth/amphetamines	1.5	0.9	1.4	1.1	1.2	1.1	1.1
Cocaine	2.2	1.2	2.0	1.6	1.4	1.8	1.8
Hallucinogens	3.2	1.6	2.1	2.7	2.1	2.1	2.7
Inhalants/sniffing	1.3	0.8	1.1	1.2	1.0	0.9	0.9
Heroin	1.5	1.0	1.7	1.1	1.2	1.3	0.8
Ketamine	1.6	0.9	1.2	1.4	1.1	1.1	1.5
GHB	1.3	0.8	1.1	1.2	1.0	1.0	1.1
Kava	5.9	2.6	3.8	4.0	4.4	4.4	4.6
Pharmaceuticals							
Prescription pain-killers	13.4	12.6	14.0	13.2	13.3	12.2	12.3
Over-the-counter pain-killers[(c)]	14.4	14.3	14.7	15.2	15.2	13.5	13.1
Tranquillisers/sleeping pills[(c)]	7.2	5.7	7.1	6.3	5.6	6.0	7.1
Steroids[(c)]	3.0	1.4	2.0	2.2	2.1	2.2	2.4
Methadone[(d)] or buprenorphine	1.5	1.0	1.3	1.6	1.2	1.0	1.1
Other opioids/opiates[(c)]	2.1	1.7	2.5	2.1	1.8	1.6	1.5

(a) Includes pain-killers/analgesics, tranquillisers/sleeping pills, steroids, methadone/buprenorphine and other opiates used for non-medical purposes.

(b) Includes ketamine, GHB and kava.

(c) For non-medical purposes.

(d) Non-maintenance.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Table 12.7: Perceptions and attitudes towards drugs, people aged 14 years or older, by geography, language and Indigenous status, 2010 (per cent)

	Geography		Main language		Indigenous status	
Perceptions and attitudes	**Major city**	**Other**	**English**	**Other**	**Indigenous**	**Other**
Drugs associated with a 'drug problem'						
Tobacco	2.1	2.4	2.0	3.6	*2.5	2.1
Alcohol	6.3	6.9	6.2	8.5	5.9	6.3
Cannabis	20.3	31.6	24.2	20.4	43.7	23.5
Ecstasy	3.8	3.7	3.7	3.3	*2.6	3.7
Meth/amphetamines	15.9	17.0	17.4	6.5	17.4	16.3
Cocaine	12.6	9.5	11.2	16.3	7.9	11.8
Hallucinogens	0.7	1.0	0.8	*0.8	—	0.8
Inhalants/sniffing	0.3	0.3	0.3	*0.7	**0.1	0.3
Heroin	34.0	24.6	31.3	30.5	15.8	31.5
Pharmaceuticals[(a)]	1.8	1.7	1.6	3.0	*1.6	1.7
Other[(b)]	0.4	*0.2	0.2	*1.3	**0.6	0.3
None/can't think of any	1.7	1.2	1.1	4.9	*2.0	1.5
Most serious concern for the community						
Tobacco smoking	16.1	13.9	14.9	19.6	13.6	15.3
Excess drinking of alcohol	42.0	42.3	43.7	30.5	35.3	42.6
Cannabis	3.8	6.0	4.3	5.4	14.5	4.3
Ecstasy	5.1	6.4	5.6	4.7	5.0	5.5
Meth/amphetamines	9.1	10.2	10.0	4.3	7.3	9.5
Cocaine	6.2	5.8	5.9	7.6	4.2	6.1
Hallucinogens	0.8	1.1	0.8	*1.3	**1.3	0.9
Inhalants/sniffing	1.1	1.6	1.2	0.9	*4.1	1.2
Heroin	12.4	9.3	10.6	19.5	9.8	11.4
Pharmaceuticals[(a)]	2.3	2.0	1.9	4.1	*3.0	2.1
Other[(b)]	0.7	1.0	0.8	*0.5	**0.7	0.8
None of these	0.4	0.3	0.3	*1.6	**1.2	0.4

(continued)

Table 12.7 (continued): Perceptions and attitudes towards drugs, people aged 14 years or older, by geography, language and Indigenous status, 2010 (per cent)

	Geography		Main language		Indigenous status	
Perceptions and attitudes	**Major city**	**Other**	**English**	**Other**	**Indigenous**	**Other**
Approval of regular use by an adult						
Tobacco	14.8	16.4	14.8	16.8	23.6	14.7
Alcohol	45.3	44.7	46.2	33.3	43.9	45.1
Cannabis	8.0	8.3	8.1	6.7	13.4	7.8
Ecstasy	2.6	1.8	2.2	2.8	*1.6	2.2
Meth/amphetamines	1.2	1.1	1.0	3.0	*1.8	1.1
Cocaine	1.9	1.2	1.4	3.9	*2.1	1.6
Hallucinogens	2.5	2.0	2.2	3.5	*2.6	2.3
Inhalants/sniffing	1.1	0.8	0.7	3.7	*1.8	1.0
Heroin	1.4	0.9	0.9	4.1	*1.9	1.1
Ketamine	1.4	1.0	1.1	2.1	*1.8	1.2
GHB	1.2	0.8	0.9	2.3	*1.7	1.0
Kava	4.7	3.4	4.2	2.7	*4.3	4.1
Pharmaceuticals						
Prescription pain-killers/analgesics[(c)]	13.4	12.0	12.1	20.4	12.7	12.7
Over-the-counter pain-killers/analgesics[(c)]	14.3	14.5	13.9	17.5	13.7	14.2
Tranquillisers/sleeping pills[(c)]	6.9	5.5	5.8	10.8	8.0	6.2
Steroids[(c)]	2.5	1.5	1.8	6.1	*3.7	2.1
Methadone[(d)] or buprenorphine[(e)]	1.4	1.0	1.0	4.2	*1.5	1.2
Other opioids/opiates[(c)]	2.0	1.6	1.7	3.5	*3.1	1.8

(a) Includes pain-killers/analgesics, tranquillisers/sleeping pills, steroids, methadone/buprenorphine and other opiates used for non-medical purposes.

(b) Includes ketamine, GHB and kava.

(c) For non-medical purposes.

(d) Non-maintenance.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Factors influencing use of illicit drugs

Ease of obtaining illicit drugs

Of people aged 14 years or older, just under half perceived inhalants (48.3%) and over-the-counter pain-killers/analgesics (48.0%) to be the easiest illicit drugs to obtain, followed by cannabis (36.5%). However, between about one-quarter and half of all people stated they didn't know how easy obtaining each drug would be. In general, recent users stated they could easily obtain the drug they had recently used, more so than ex-users and those who had never used (Table 12.8).

Table 12.8: Perception of the ease of obtaining selected illicit drugs, people aged 14 years or older, by user status, 2010 (per cent)

Drug	Never used	Ex-users[a]	Recent users[b]	All
Cannabis				
Easy	19.6	58.7	86.5	36.5
Don't know	38.1	17.7	2.7	29.2
Ecstasy				
Easy	11.3	57.4	85.0	16.9
Don't know	39.1	10.1	*2.1	35.9
Meth/amphetamines[c]				
Easy	5.6	39.3	70.3	8.6
Don't know	41.9	17.4	9.1	40.0
Cocaine				
Easy	6.9	38.1	80.7	10.1
Don't know	39.9	14.3	*2.7	37.7
Hallucinogens				
Easy	7.0	30.6	76.0	9.8
Don't know	41.4	20.6	*4.1	39.3
Inhalants				
Easy	47.2	78.5	68.6	48.3
Don't know	27.2	9.8	14.7	26.5
Heroin				
Easy	5.2	29.4	66.4	5.7
Don't know	39.7	20.0	*9.6	39.4
Ketamine				
Easy	3.6	43.6	48.7	4.1
Don't know	45.1	13.2	**5.2	44.7
GHB				
Easy	5.4	45.6	65.1	5.7
Don't know	42.9	16.0	1.2	42.6
Prescription pain-killers/analgesics[c]				
Easy	27.3	57.2	52.9	28.6
Don't know	31.6	17.7	19.3	31.0
Over-the-counter pain-killers/analgesics[c]				
Easy	47.0	67.9	69.4	48.0
Don't know	26.3	17.3	14.4	25.8
Tranquillisers, sleeping pills[c]				
Easy	25.2	58.8	71.1	26.5
Don't know	33.2	16.6	13.0	32.7
Steroids[c]				
Easy	8.0	37.2	67.7	8.1
Don't know	40.6	*16.1	**5.5	40.5

(continued)

Table 12.8 (continued): Perception of the ease of obtaining selected illicit drugs, people aged 14 years or older, by user status, 2010 (per cent)

Drug	Never used	Ex-users[(a)]	Recent users[(b)]	All
Methadone/buprenorphine[(c)]				
Easy	3.9	31.9	59.1	4.1
Don't know	42.3	16.3	7.0	42.2
Other opioids/opiates[(c)]				
Easy	5.2	41.2	38.7	5.3
Don't know	40.3	*21.4	*17.6	40.2

(a) Used in lifetime but not in the previous 12 months.

(b) Used in the previous 12 months.

(c) For non-medical purposes.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Notes

1. Responses of 'fairly easy' and 'very easy' were grouped to form 'easy'.
2. Respondents could select from 'probably impossible', 'very difficult', 'fairly difficult', 'fairly easy', 'very easy' and 'don't know'.
3. Respondents could select only one response.

Factors influencing first use or the decision not to use

In 2010, of people aged 14 years or older the most common reason that an illicit substance was first used was curiosity (79.0%), followed by peer pressure (48.8%) and wanting to do something exciting (20.0%) (Table 12.9). Between 2007 and 2010:

- a statistically significantly higher proportion nominated curiosity and to do something exciting as a factor influencing first use of an illicit drug (from 58.6% to 79.0% and from 12.9% to 20.0% respectively)
- in 2010, the most common reason people gave for never trying an illicit drug was because they were not interested (73.3%), followed by reasons related to health or addiction (47.0%) and reasons related to the law (28.6%) (Table 12.10).

Table 12.9: Factors influencing first use of an illicit drug, lifetime users aged 14 years or older, by sex, 2007 and 2010 (per cent)

	Males			Females			Persons		
Factor	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
Peer pressure	43.2	47.6	↑	43.4	50.2	↑	43.4	48.8	↑
Curiosity	62.3	78.8	↑	58.6	79.3	↑	58.6	79.0	↑
To feel better	4.4	5.5		4.5	6.6	↑	4.5	5.9	↑
To take a risk	5.6	8.8	↑	6.1	9.1	↑	6.1	8.9	↑
To do something exciting	13.0	20.3	↑	12.9	19.7	↑	12.9	20.0	↑
Family, relationship, work or school problems	3.7	4.6		3.9	5.9	↑	3.9	5.2	↑
Traumatic experience	1.7	2.1		2.2	4.0	↑	2.2	2.9	↑
To lose weight	0.3	*0.5		1.1	1.5		1.1	1.0	
To enhance an experience	9.3	12.6	↑	8.4	13.0	↑	8.4	12.8	↑
Other	3.8	2.7	↓	3.7	1.8	↓	3.7	2.3	↓
Don't know/can't say	n.a.	2.8		n.a.	2.1		n.a.	2.5	

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Notes

1. Base is those who had used an illicit drug in their lifetime.
2. Respondents could select more than one response.

Table 12.10: Factors influencing the decision never to try an illicit drug, people who had never used aged 14 years or older, by sex, 2010 (per cent)

	Males			Females			Persons		
Factor	**2007**	**2010**		**2007**	**2010**		**2007**	**2010**	
For reasons related to health or addiction	42.7	49.6	↑	40.3	44.7	↑	41.4	47.0	↑
For reasons related to the law	23.2	28.8	↑	21.9	28.4	↑	22.5	28.6	↑
Didn’t want anyone to find out	4.4	5.2		3.8	5.2	↑	4.1	5.2	↑
Didn’t like to feel out of control	14.2	20.0	↑	18.3	24.7	↑	16.3	22.4	↑
Pressure from family or friends	9.6	11.4	↑	9.0	10.2		9.3	10.8	↑
Didn’t think it would be enjoyable	12.9	16.4	↑	13.2	19.1	↑	13.1	17.8	↑
Just not interested	60.6	70.4	↑	65.5	76.0	↑	63.1	73.3	↑
Financial reasons	5.7	7.1	↑	4.5	6.3	↑	5.1	6.7	↑
No opportunity	4.8	4.8		6.2	5.9		5.5	5.4	
Religious/moral reasons	14.8	18.1	↑	16.0	20.0	↑	15.4	19.1	↑
Fear of death	11.6	16.0	↑	13.0	19.2	↑	12.3	17.6	↑
Other	6.8	2.8	↓	6.6	3.0	↓	6.7	2.9	↓
Don't know	0.1	4.6		0.2	3.8		0.2	4.2	

Notes

1. Base is those who had never used any illicit drug.
2. Respondents could select more than one response.

13 Support for policy

In this chapter, information is presented on the support given by people in Australia to different measures that aim to reduce drug use or drug-related harm. Specifically, differences across time, as well as sex, state and territory, and user status are examined for tobacco, alcohol, cannabis and heroin. More general support for policy about legalisation, penalties, and actions taken against people involved with specific illicit drugs is also examined. People's priorities are explored by looking at how a hypothetical $100 should be split between education, treatment or law enforcement to reduce the harm of alcohol, tobacco and illicit drugs. Responses from those who indicated they did not know enough about the policy to give or withhold support were excluded from the analysis.

Survey respondents were asked to indicate how strongly they would support or oppose specific policies, using a 5-point scale ('strongly support', 'support', 'neither support nor oppose', 'oppose', and 'strongly oppose'). In this chapter, responses of 'support' or 'strongly support' are taken as support for specific policies. Survey questions were expressed in terms of reducing problems associated with the use of alcohol, tobacco, cannabis and heroin.

Key findings

- In 2010, support for policies aimed at reducing harm caused by tobacco received the highest levels of support overall when compared with policies for alcohol, cannabis and heroin. Specifically, those involving minors were highly supported (88.8% supported stricter enforcement of the law against supplying cigarettes to minors and 86.6% supported stricter penalties for the sale and supply of tobacco products to minors).
- The most supported policy to reduce alcohol harm was to establish more severe penalties for drink driving (85.7%).
- Compared with 2007, there was more support in 2010 for alcohol measures related to venues, including monitoring late night venues (79.2%), restricting late night trade (63.9%), reducing trading hours (48.2%), and reducing the number of outlets (34.4%).
- About two-thirds of people aged 14 years or older supported the use of cannabis for medicinal purposes (68.8%), or did not think possession of cannabis should be a criminal offence (66.0%). In addition, 24.8% thought that cannabis should be made legal, and 38.0% indicated that they thought possession should result in a caution/warning or no action.
- Between the sexes, higher proportions of females than males supported measures aiming to reduce problems associated with drug use, and penalties for the sale and supply of illicit drugs. Conversely, males gave higher support to legalising personal use of illicit drugs.

Support for measures to reduce problems associated with tobacco

Comparisons over time

In 2010, the measures to reduce the problems associated with tobacco that had the highest support from people in Australia aged 14 years or older were related to the sale of tobacco to minors, with 88.8% of people supporting stricter enforcement of the law against supplying to minors, and 86.6% supporting stricter penalties for the sale and supply of tobacco products

to minors. However, support for both of these measures was statistically significantly lower than in 2007 (Table 13.1). Support for tobacco measures remained strong in 2010, however the degree of support slightly changed for some measures. For example:

- the support fell for banning point of sale advertising and display of tobacco products (from 73.6% in 2007 to 71.3% in 2010), and for introducing a licensing scheme for tobacco retailers (from 71.6% to 69.5%)
- the support rose for measures that incorporated tax increases on tobacco, in particular, for increasing tax on tobacco products to contribute to treatment costs (up to 70.2% from 68.6% in 2007), and to pay for health education (up to 68.7% from 67.1% in 2007)
- females were greater supporters of measures to reduce the problems associated with tobacco than males; for example, the proportion of females who supported taxes on tobacco was higher (statistically significantly) than in 2007 while males showed no increase.

Table 13.1: Support[(a)] for measures to reduce the problems associated with tobacco, people aged 14 or older, by sex, 2004 to 2010 (per cent)

	Males				Females				Persons			
Measure	**2004**	**2007**	**2010**		**2004**	**2007**	**2010**		**2004**	**2007**	**2010**	
Stricter enforcement of law against supplying minors	87.9	88.5	86.8	↓	91.1	91.5	90.7		89.6	90.1	88.8	↓
Increase tax on tobacco products…												
to pay for health education	61.8	65.1	66.6		67.0	69.1	70.7	↑	64.5	67.1	68.7	↑
to contribute to treatment costs	64.9	66.9	68.4		69.2	70.2	71.9	↑	67.1	68.6	70.2	↑
to discourage smoking	60.3	63.7	64.6		66.1	67.6	68.7		63.3	65.7	66.7	
Making it harder to buy tobacco in shops	60.9	64.4	63.5		66.2	68.4	68.5		63.6	66.4	66.0	
Bans on point of sale advertising	66.8	71.4	68.5	↓	73.0	75.8	74.0	↓	70.0	73.6	71.3	↓
Implement licensing scheme for tobacco retailers	68.5	69.4	67.4	↓	72.0	73.7	71.6	↓	70.3	71.6	69.5	↓
Stricter penalties for sale or supply to minors	85.4	85.7	84.5		88.9	89.3	88.5		87.2	87.5	86.6	↓

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

State and territory comparisons

In 2010, support for measures to reduce the problems associated with tobacco across the states and territories generally followed the national pattern, with strong support for all measure surveyed. Stricter enforcement of law against supplying to minors had the most support, while the least support was for making it harder to buy tobacco in shops, and increasing tax on tobacco products to discourage smoking. The Australian Capital Territory consistently had the highest support for most measures (Table 13.2).

Table 13.2: Support[(a)] for measures to reduce the problems associated with tobacco, people aged 14 years or older, by state/territory, 2010 (per cent)

Measure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Stricter enforcement of law against supplying minors	89.9	89.2	87.6	87.1	87.5	89.9	90.2	87.6	88.8
Increase tax on tobacco products…									
to pay for health education	71.1	68.3	66.3	67.3	67.4	66.2	72.1	66.3	68.7
to contribute to treatment costs	72.6	69.8	68.3	67.8	68.8	67.5	75.2	69.4	70.2
to discourage smoking	69.4	66.2	64.4	64.5	65.1	65.9	70.3	66.8	66.7
Making it harder to buy tobacco in shops	68.7	65.5	63.6	64.7	64.5	67.7	67.9	61.3	66.0
Bans on point of sale advertising	73.4	71.2	68.5	70.4	70.0	73.5	76.6	69.9	71.3
Implement licensing scheme for tobacco retailers	71.9	69.5	66.0	67.7	69.2	73.3	73.8	68.1	69.5
Stricter penalties for sale or supply to minors	87.5	87.1	85.2	85.1	85.9	87.1	88.1	84.6	86.6

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

Tobacco use status comparisons

Those who had never smoked were the most likely to support all measures, followed by ex-smokers. The least support for all measures was from current smokers (Table 13.3). Across all smoking status categories, there was strong support for measures relating to minors. Smokers were the least likely to support increases in taxes on tobacco products; for example, 27.4% of smokers approved of a tax increase on tobacco products to discourage smoking compared with 78.3% of people who had never smoked, and 68.3% of ex-smokers.

Table 13.3: Support[(a)] for measures to reduce the problems associated with tobacco, people aged 14 years or older, by smoking status, 2010 (per cent)

Measure	Never smoked[(b)]	Ex-smokers[(c)]	Smokers[(d)]	All
Stricter enforcement of law against supplying minors	91.2	89.7	79.9	88.8
Increase tax on tobacco products…				
to pay for health education	80.6	70.2	28.4	68.7
to contribute to treatment costs	81.3	72.5	31.6	70.2
to discourage smoking	78.3	68.3	27.4	66.7
Making it harder to buy tobacco in shops	76.8	67.6	29.7	66.1
Bans on point of sale advertising	79.6	73.3	42.2	71.3
Implement licensing scheme for tobacco retailers	78.0	69.9	42.4	69.5
Stricter penalties for sale or supply to minors	89.4	86.9	77.0	86.6

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

(b) Never smoked more than 100 cigarettes or the equivalent tobacco in their life.

(c) Smoked at least 100 cigarettes or the equivalent tobacco in their life, and no longer smoke.

(d) Smoked daily, weekly or less than weekly.

Support for measures to reduce problems associated with alcohol

Comparisons over time

In 2010, as in other years, the support for most alcohol measures aimed at reducing problems associated with alcohol use were not as high as the level of support for measures to reduce tobacco-related harm (Table 13.4). More specifically:

- the highest levels of support were for more severe penalties for drink driving (85.7%), and stricter enforcement of laws against serving drunk customers (83.2%), while the lowest level of support was for increasing the price of alcohol (28.5%)
- there were statistically significant increases in support for measures related to venues that sell alcohol in 2010 compared with 2007, including monitoring late night venues, reducing the number of outlets, restricting late night trade, and reducing trading hours
- there were statistically significant increases in support for increasing the price of alcohol, increasing the tax on alcohol to fund education and training, increasing the drinking age and increasing the number of alcohol free areas
- although it remained strong, support for labelling measures fell significantly from 2007 to 2010, with support for increasing the size of standard drink labels on alcohol containers decreasing from 65.8% in 2007 to 61.9% in 2010
- as in previous years, in 2010 females showed more support than males for measures to reduce problems associated with alcohol use. For example, support by females for more severe penalties for drink driving (90.6%) was 10 percentage points higher than the support shown by males (80.8%).

Table 13.4: Support[(a)] for measures to reduce the problems associated with alcohol, people aged 14 years or older, by sex, 2004 to 2010 (per cent)

	Males				Females				Persons			
Measure	**2004**	**2007**	**2010**		**2004**	**2007**	**2010**		**2004**	**2007**	**2010**	
Increasing the price of alcohol	16.1	20.5	24.2	↑	25.5	27.7	32.7	↑	20.9	24.1	28.5	↑
Reducing the number of outlets that sell alcohol	22.7	27.9	29.5		34.2	36.3	39.1	↑	28.5	32.2	34.4	↑
Reducing trading hours for pubs and clubs	27.3	35.4	43.9	↑	36.6	42.4	52.4	↑	32.0	38.9	48.2	↑
Serving only low-alcohol beverages at sporting events	53.8	54.5	54.1		67.2	65.5	65.6		60.6	60.1	59.9	
Increasing the number of alcohol-free public events	56.9	56.4	56.2		69.5	68.3	66.8		63.3	62.5	61.6	
Increasing the number of alcohol-free dry zones	59.1	58.9	59.9		67.4	67.0	68.7	↑	63.3	62.5	64.3	↑
Raising the legal drinking age	35.4	42.5	46.5	↑	45.9	50.0	53.9	↑	40.7	46.3	50.2	↑
Stricter enforcement of laws against serving drunk customers	79.9	79.9	79.8		87.7	86.8	86.5		83.8	83.3	83.2	
More severe penalties for drink driving	80.4	81.5	80.8		91.1	91.0	90.6		85.9	86.3	85.7	
Restricting late night trading of alcohol	45.5	54.0	59.4	↑	58.1	61.9	68.2	↑	51.9	58.0	63.9	↑
Strict monitoring of late night licensed premises	68.4	72.4	76.3	↑	75.7	77.9	82.1	↑	72.1	75.2	79.2	↑
Limiting TV advertising until after 9.30 pm	66.3	67.2	65.3	↓	76.3	77.0	77.1		71.4	72.2	71.2	
Banning alcohol sponsorship of sporting events	37.8	41.7	40.8		54.1	55.2	55.8		46.1	48.5	48.3	
Adding national drinking guidelines to alcohol containers	63.9	66.1	59.6	↓	75.7	75.7	71.4	↓	69.9	70.9	65.6	↓
Increasing the size of standard drink labels on alcohol containers	60.3	60.7	56.1	↓	72.4	70.7	67.7	↓	66.4	65.8	61.9	↓
Increasing tax on alcohol to pay for health, education and treatment of alcohol-related problems	31.5	35.5	36.9		45.5	47.0	48.4		38.6	41.3	42.7	↑

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

State and territory comparisons

In 2010, support for measures to reduce the problems associated with alcohol use across the states and territories generally followed the national pattern. More severe penalties for drink driving, and stricter enforcement of laws against serving drunken customers had the most support. The lowest level of support was for increasing the price of alcohol in all states and territories except for Western Australia, where it was for reducing the number of outlets that sell alcohol (Table 13.5). Compared with national support:

- New South Wales had stronger support for reducing trading hours for pubs and clubs (54.6% compared with 48.2% nationally)
- the Australian Capital Territory had the lowest level of support for raising the legal drinking age (38.5% compared with 50.2% nationally)

- Western Australia had the lowest level of support restricting late night trading of alcohol (51.8% compared with 63.9% nationally).

Table 13.5: Support[(a)] for measures to reduce the problems associated with alcohol, people aged 14 years or older, by state/territory, 2010 (per cent)

Measure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Increasing the price of alcohol	30.7	30.2	24.8	27.8	24.8	26.0	29.1	25.7	28.5
Reducing the number of outlets that sell alcohol	36.9	38.5	30.7	27.2	29.0	36.3	31.7	39.4	34.4
Reducing trading hours for pubs and clubs	54.6	48.4	47.0	33.6	45.2	45.4	49.3	42.0	48.2
Serving only low-alcohol beverages at sporting	62.2	60.3	61.0	54.6	53.8	60.8	56.1	56.0	59.9
Increasing the number of alcohol-free public	63.9	64.1	59.3	57.8	55.3	60.1	62.9	56.0	61.6
Increasing the number of alcohol-free dry	67.8	65.5	59.9	60.5	62.0	65.1	64.7	63.0	64.3
Raising the legal drinking age	50.6	49.5	51.6	48.8	53.0	50.1	38.5	42.8	50.2
Stricter enforcement of laws against serving drunk customers	82.4	85.6	83.7	79.1	82.7	84.9	83.3	83.6	83.2
More severe penalties for drink driving	85.7	87.0	86.2	83.0	84.2	85.4	84.8	83.5	85.7
Restricting late night trading of alcohol	68.8	65.2	62.4	51.8	60.1	62.3	63.6	56.2	63.9
Strict monitoring of late night licensed premises	80.7	81.5	78.0	72.7	78.3	78.4	78.0	77.8	79.2
Limiting TV advertising until after 9.30 pm	73.5	71.4	69.1	67.7	72.4	72.2	69.1	65.6	71.2
Banning alcohol sponsorship of sporting events	51.3	49.3	44.3	46.5	45.4	49.5	52.4	42.7	48.3
Adding national drinking guidelines to alcohol containers	68.0	66.7	62.3	62.5	64.2	67.1	65.3	63.6	65.6
Increasing the size of standard drink labels on alcohol containers	63.5	65.0	59.7	57.5	57.8	63.6	61.0	55.5	61.9
Increasing tax on alcohol to pay for health, education and treatment of alcohol-related	46.0	43.8	38.2	42.1	38.1	41.5	43.6	41.3	42.7

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

Alcohol use status comparisons

Abstainers and those drinking at low-risk levels were more likely than risky drinkers to support policies aimed at reducing alcohol-related harm (Table 13.6). In addition:

- the highest level of support was for more severe penalties for drink driving, except among those in the low-single occasion risk category, who showed equal support for stricter enforcement of laws against serving drunken customers
- the least supported measure, increasing the price of alcohol, was supported most by abstainers (63.0%), at about 5 times the level of support shown by risky drinkers (varying from 6.7% for weekly risky drinkers to 12.8% for yearly risky drinkers).

Table 13.6: Support[a] for measures to reduce the problems associated with excessive alcohol use, people aged 14 years or older, by long-term alcohol risk status, 2010 (per cent)

	Lifetime risk			Single occasion risk			
Measure	**Abstainer/ ex-drinker[b]**	**Low risk[c]**	**Risky[d]**	**Low risk[e]**	**At least yearly but not weekly[f]**	**At least weekly[g]**	**All**
Increasing the price of alcohol	63.0	25.4	8.2	31.6	12.8	6.7	28.5
Reducing the number of outlets that sell alcohol	65.6	32.3	13.8	40.1	17.2	11.9	34.4
Reducing trading hours for pubs and clubs	70.6	47.6	30.7	57.0	32.1	25.9	48.2
Serving only low-alcohol beverages at sporting events	77.3	62.4	37.7	70.9	47.0	32.6	59.9
Increasing the number of alcohol-free public events	79.2	64.4	38.1	72.1	49.2	34.1	61.6
Increasing the number of alcohol-free dry zones	81.7	66.5	43.1	73.3	53.4	39.1	64.3
Raising the legal drinking age	68.6	50.2	34.5	58.3	35.4	32.2	50.2
Stricter enforcement of laws against serving drunk customers	88.6	85.9	70.5	90.3	78.2	66.8	83.2
More severe penalties for drink driving	91.1	88.0	74.4	90.1	82.3	73.5	85.7
Restricting late night trading of alcohol	81.0	65.4	44.6	75.6	48.6	38.3	63.9
Strict monitoring of late night licensed premises	85.3	81.2	68.3	86.3	72.9	64.2	79.2
Limiting TV advertising until after 9.30 pm	79.6	73.5	57.4	78.9	64.2	53.1	71.2
Banning alcohol sponsorship of sporting events	66.3	49.5	29.6	57.6	35.3	25.0	48.3
Adding national drinking guidelines to alcohol containers	78.5	67.5	48.9	73.8	55.8	45.6	65.6
Increasing the size of standard drink labels on alcohol containers	70.6	64.5	47.5	69.4	54.5	45.5	61.9
Increasing tax on alcohol to pay for health, education and treatment of alcohol-related problems	74.1	41.8	18.7	49.6	26.0	16.4	42.7

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).
(b) Not consumed alcohol in the previous 12 months.
(c) On average, had no more than 2 standard drinks per day.
(d) On average, had more than 2 standard drinks per day.
(e) Never had more than 4 standard drinks on any occasion
(f) Had more than 4 standard drinks at least once a year but not as often as weekly
(g) Had more than 4 standard drinks at least once a week.

Support for cannabis use in medical settings

Comparisons over time

Support for measures relating to cannabis use in medical settings remained relatively stable between 2004 and 2010 (Table 13.7). More specifically:

- just over 2 in 3 (68.8%) people aged over 14 years supported a change in legislation permitting the use of marijuana for medical purposes
- almost 3 in 4 (74.0%) supported a clinical trial for people to use marijuana to treat medical conditions
- unlike tobacco and alcohol measures, females were slightly more likely than males to support these measures.

Table 13.7: Support[(a)] for measures relating to cannabis use in medical settings, people aged 14 years or older, by sex, 2004 to 2010 (per cent)

	Males			Females			Persons		
Measure	**2004**	**2007**	**2010**	**2004**	**2007**	**2010**	**2004**	**2007**	**2010**
A change in legislation permitting the use of marijuana for medical purposes	66.6	68.0	68.7	68.5	69.2	68.9	67.5	68.6	68.8
A clinical trial for people to use marijuana to treat medical conditions	72.6	72.6	73.6	74.5	74.6	74.4	73.5	73.6	74.0

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

State and territory comparisons

Support for a change in legislation permitting the use of marijuana for medical purposes did not vary much by state and territory, ranging from 68.6% in New South Wales to 72.4% in the Australian Capital Territory (Table 13.8). Support for a clinical trial for people to use marijuana to treat medical conditions ranged from 72.8% in Queensland to 81.7% in the Australian Capital Territory.

Table 13.8: Support[(a)] for measures relating to cannabis use in medical settings, people aged 14 years or older, by state/territory, 2010 (per cent)

Measure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
A change in legislation permitting the use of marijuana for medical purposes	68.6	69.1	67.0	71.2	69.2	70.0	72.4	70.1	68.8
A clinical trial for people to use marijuana to treat medical conditions	73.6	74.1	72.8	75.5	74.0	75.4	81.7	74.9	74.0

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

Support for the possession of cannabis being a criminal offence

In 2010, just over 1 in 3 (34.0%) people aged 14 years or older supported cannabis possession being a criminal offence (Table 13.9). Females supported this measure more than males (35.2% compared with 32.8%). The highest levels of support were among males and females aged 12–17 years of age (49.3% and 50.8%, respectively), but this support declined considerably for those aged 18–19 years (29.1% and 35.4%, respectively).

Table 13.9: Support[(a)] for the possession of cannabis being a criminal offence, people aged 12 years or older, 2010 (per cent)

	Age group (years)										
Sex	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (12+)**	**14–19**	**14+**	**18+**
Males	49.3	29.1	31.3	30.0	28.4	29.9	40.6	**33.7**	37.2	**32.8**	**32.3**
Females	50.8	35.4	35.7	33.8	33.9	31.7	38.0	**36.3**	38.5	**35.2**	**34.9**
Persons	50.0	32.1	33.4	31.8	31.1	30.8	39.3	**35.0**	37.8	**34.0**	**33.5**

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

Support for measures to reduce problems associated with heroin

Comparisons over time

In 2010, the most highly supported measures to reduce problems associated with heroin were rapid detoxification therapy (77.9%) and use of Naltrexone (75.5%), which is a medication that blocks the effect of opioids such as heroin (DoHA 2007). Support for these two measures in 2010 remained similar to 2007 (Table 13.10). In addition:

- there were statistically significant increases in 2010 compared with 2007 for several measures including methadone maintenance programs, needle and syringe programs, regulated injecting rooms, and a trial of prescribed heroin
- there were no statistically significant decreases in support for any measures
- as in 2007, higher proportions of females than males supported all measures aimed at reducing problems associated with heroin.

Table 13.10: Support[(a)] for measures to reduce the problems associated with heroin, people aged 14 years or older, by sex, 2004 to 2010 (per cent)

	Males				Females				Persons			
Measure	**2004**	**2007**	**2010**		**2004**	**2007**	**2010**		**2004**	**2007**	**2010**	
Needle and syringe programs	52.9	63.7	65.2		56.2	70.2	71.8		54.6	67.0	68.5	↑
Methadone maintenance programs	55.9	64.9	66.2		60.1	70.5	72.3	↑	58.0	67.7	69.3	↑
Treatment with drugs other than methadone	58.4	66.2	67.5		59.9	70.9	71.3		59.1	68.5	69.4	
Regulated injecting rooms	39.4	47.7	49.7		40.3	52.1	53.3		39.8	49.9	51.5	↑
Trial of prescribed heroin	27.6	32.2	34.6	↑	24.0	33.6	35.0		25.8	32.9	34.8	↑
Rapid detoxification therapy	72.7	76.8	75.9		74.1	80.9	80.0		73.4	78.8	77.9	
Use of Naltrexone	69.2	73.5	75.1		66.8	76.0	75.8		68.0	74.7	75.5	

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

State and territory comparisons

In 2010, across the states and territories, the pattern of support did not differ from the national pattern (Table 13.11). Queensland had the lowest level of support for all measures except for the two most supported measures (rapid detoxification therapy, and use of Naltrexone). The measure with the greatest variation between states and territories was for regulated injecting rooms, which ranged from 46.0% in Queensland to 59.4% in the Australian Capital Territory.

Table 13.11: Support[(a)] for measures to reduce the problems associated with heroin, people aged 14 years or older, by state/territory, 2010 (per cent)

Measure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Needle and syringe programs	66.9	71.0	66.1	71.0	68.6	69.3	71.7	70.5	68.5
Methadone maintenance programs	66.7	73.2	66.2	72.6	70.6	69.6	71.2	69.4	69.3
Treatment with drugs other than methadone	68.6	72.0	66.7	71.3	69.1	67.0	71.2	70.8	69.4
Regulated injecting rooms	52.9	53.3	46.0	51.0	52.3	50.6	59.4	52.2	51.5
Trial of prescribed heroin	35.4	36.7	30.6	35.5	34.7	34.8	38.7	38.5	34.8
Rapid detoxification therapy	78.4	78.2	78.0	77.1	77.0	74.9	78.0	76.6	77.9
Use of Naltrexone	74.4	76.4	75.2	79.2	73.4	73.3	74.1	75.0	75.5

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

Heroin use status comparisons

Those who had used heroin in their lifetime were more likely than those who had not to support policies aimed at reducing heroin-related problems, except for rapid detoxification therapy and use of Naltrexone (Table 13.12). In addition:

- of those who had ever used heroin, support was greatest for needle and syringe programs (83.2%), while those who had not used heroin were most likely to support rapid detoxification therapy (78.1%)
- the biggest variation between those who had used heroin and those who had not was for a trial of prescribed heroin, with 61.0% of those having used heroin supporting a trial compared with 34.4% of those who had never used.

Table 13.12: Support[(a)] for measures to reduce the problems associated with heroin, people aged 14 years or older, by heroin use status, 2010 (per cent)

Measure	Ever used	Never used	All
Needle and syringe programs	83.2	68.3	68.5
Methadone maintenance programs	74.8	69.2	69.3
Treatment with drugs other than methadone	78.4	69.3	69.4
Regulated injecting rooms	62.3	51.3	51.5
Trial of prescribed heroin	61.0	34.4	34.8
Rapid detoxification therapy	71.3	78.1	77.9
Use of Naltrexone	71.6	75.6	75.5

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

Community support for drug policy for illicit drugs

Support for legalisation of illicit drugs

Comparisons over time

In 2010, of people in Australia aged 14 years or older, 1 in 4 (24.8%) supported the legalisation of cannabis, which made it the most highly supported illicit drug (Table 13.13). This proportion was 2007 (from 21.2%), and this statistically significant change was reflected in both sexes. Among the other illicit drugs:

- support for legalisation ranged from 5.0% for meth/amphetamines to 6.8% for ecstasy
- overall, statistically significant increases were seen between 2007 and 2010 in support for the legalisation of all drugs except for meth/amphetamines, which increased, but not significantly
- males showed higher levels of support than females for the legalisation of all illicit drugs surveyed, but female support for the legalisation of all illicit drugs significantly increased from 2007, while the rise in support by males was only statistically significant for cannabis and cocaine.

Table 13.13: Support[(a)] for the legalisation of selected illicit drugs, people aged 14 years or older, by sex, 2004 to 2010 (per cent)

	Males				Females				Persons			
Drug	**2004**	**2007**	**2010**		**2004**	**2007**	**2010**		**2004**	**2007**	**2010**	
Cannabis	29.6	23.8	27.9	↑	24.4	18.5	21.8	↑	27.0	21.2	24.8	↑
Heroin	5.5	5.8	6.6		4.4	4.6	5.5	↑	5.0	5.2	6.0	↑
Meth/amphetamines	5.5	5.4	5.4		3.9	3.9	4.7	↑	4.7	4.6	5.0	
Cocaine	5.4	6.3	7.2	↑	3.9	4.5	5.5	↑	4.7	5.4	6.3	↑
Ecstasy	n.a.	7.1	8.0		n.a.	4.8	5.7	↑	n.a.	6.0	6.8	↑

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

Age and sex comparisons

With few exceptions across age and sex groups, less than 10% of people supported the legalisation of heroin, meth/amphetamines, cocaine or ecstasy (Table 13.14). Cannabis had levels of support ranging from 13.8% for those aged 60 years or older to 31.5% for those aged 18–19 years. However, the highest level of support was from males aged 18–19 years, with 41.8% supporting the legalisation of cannabis, compared with 21.3% among females. People aged 12–17 years were least likely to support the legalisation of all drugs when compared with other age groups, except for cannabis in which support was lowest in people aged 60 years or older. This pattern was reflected for both males and females.

Table 13.14: Support[(a)] for the legalisation of selected illicit drugs, people aged 12 years or older, by age and sex, 2010 (per cent)

	Age group (years)										
Drug	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (12+)**	**14–19**	**14+**	**18+**
						Males					
Cannabis	18.0	41.8	35.2	31.5	32.5	27.3	14.6	**27.3**	29.2	**27.9**	**28.2**
Heroin	*4.4	*8.6	5.6	5.4	8.2	8.3	6.6	**6.6**	5.4	**6.6**	**6.8**
Meth/amphetamines	*4.2	*8.0	5.4	5.1	6.0	5.7	5.1	**5.4**	4.9	**5.4**	**5.5**
Cocaine	5.0	10.6	8.1	7.4	8.2	7.5	5.8	**7.2**	6.5	**7.2**	**7.4**
Ecstasy	5.2	10.6	11.0	8.9	8.3	7.0	5.6	**7.9**	6.8	**8.0**	**8.2**
						Females					
Cannabis	15.8	21.3	26.0	25.9	23.4	23.0	13.1	**21.3**	21.1	**21.8**	**21.8**
Heroin	3.8	*4.8	4.3	4.7	5.3	7.4	6.1	**5.4**	4.6	**5.5**	**5.5**
Meth/amphetamines	3.8	*6.4	4.2	4.4	4.3	5.6	4.6	**4.6**	5.4	**4.7**	**4.7**
Cocaine	3.8	7.2	5.3	5.3	5.2	6.3	5.3	**5.4**	5.5	**5.5**	**5.5**
Ecstasy	4.1	8.4	6.8	5.6	5.3	5.9	4.9	**5.6**	6.0	**5.7**	**5.8**
						Persons					
Cannabis	16.9	31.5	30.6	28.7	27.9	25.1	13.8	**24.3**	25.2	**24.8**	**25.0**
Heroin	4.1	6.7	5.0	5.0	6.7	7.8	6.3	**6.0**	5.0	**6.0**	**6.2**
Meth/amphetamines	4.0	7.2	4.8	4.7	5.1	5.6	4.9	**5.0**	5.2	**5.0**	**5.1**
Cocaine	4.4	8.9	6.7	6.3	6.7	6.9	5.5	**6.3**	6.0	**6.3**	**6.5**
Ecstasy	4.7	9.5	8.9	7.2	6.8	6.5	5.2	**6.8**	6.4	**6.8**	**7.0**

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Support for increased penalties for the sale or supply of illicit drugs

Comparisons over time

In 2010, large majorities (more than 4 in 5) supported increases in penalties for the sale or supply of heroin, meth/amphetamines, cocaine or ecstasy (Table 13.15). The least support was for cannabis, and support was lower compared with 2007 (down from 63.0% to 60.5%). When comparing differences between sexes, females were more likely than their male counterparts to support increased penalties for sale or supply of drugs in 2010. For example, in 2010, 63.5% of females supported increased penalties for the sale or supply of cannabis compared with 57.4% of males.

Table 13.15: Support[(a)] for increased penalties for the sale or supply of selected illicit drugs, people aged 14 years or older, by sex, 2004 to 2010 (per cent)

	Males				Females				Persons			
Drug	**2004**	**2007**	**2010**		**2004**	**2007**	**2010**		**2004**	**2007**	**2010**	
Cannabis	54.2	59.6	57.4	↓	62.0	66.4	63.5	↓	58.2	63.0	60.5	↓
Heroin	85.0	84.3	84.6		87.1	85.1	85.9		86.0	84.7	85.2	
Meth/amphetamines	82.0	84.2	84.4		85.3	85.2	85.5		83.7	84.7	84.9	
Cocaine	83.0	82.4	81.9		86.1	84.2	84.2		84.6	83.3	83.0	
Ecstasy	n.a.	80.5	80.2		n.a.	83.6	83.5		n.a.	82.1	81.9	

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

Age and sex comparisons

Across age groups and sex, cannabis had the lowest support for increased penalties for the sale or supply of illicit drugs (Table 13.16). In 2010:

- teenagers aged 12–17 years were less likely to support increased penalties for all illicit drug types than adults aged 18 years or older; this was the same for both males and females, except for teenage males, who had slightly higher support for an increase in cannabis penalties than their adult counterparts (59.9% compared with 57.4%, respectively)
- those in the oldest age group (60 years or older) generally showed the highest support for increased penalties for the sale or supply of illicit drugs.

Table 13.16: Support[(a)] for increased penalties for the sale or supply of selected illicit drugs, people aged 12 years or older, by age and sex, 2010 (per cent)

	Age group (years)										
Drug	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (12+)**	**14–19**	**14+**	**18+**
						Males					
Cannabis	59.9	45.4	47.1	50.4	54.5	59.7	74.0	**57.6**	53.6	**57.4**	**57.4**
Heroin	78.2	82.3	81.4	82.2	85.8	85.7	89.0	**84.3**	80.5	**84.6**	**84.9**
Meth/amphetamines	79.2	81.9	79.0	81.5	85.9	86.9	89.4	**84.1**	81.3	**84.4**	**84.6**
Cocaine	78.2	81.0	74.5	76.6	83.4	85.2	89.0	**81.7**	80.3	**81.9**	**82.0**
Ecstasy	76.8	75.4	70.4	74.9	82.4	84.7	88.6	**80.0**	76.8	**80.2**	**80.3**
						Females					
Cannabis	57.4	53.2	53.4	58.3	62.4	68.3	76.9	**63.6**	53.8	**63.5**	**64.1**
Heroin	75.0	79.1	83.4	87.2	86.7	89.2	87.1	**85.5**	77.8	**85.9**	**86.4**
Meth/amphetamines	74.5	78.8	81.4	86.4	86.8	89.6	87.4	**85.1**	76.9	**85.5**	**86.1**
Cocaine	74.8	75.4	79.4	84.4	85.4	88.5	87.0	**83.8**	76.2	**84.2**	**84.7**
Ecstasy	73.8	71.7	77.8	82.9	85.4	88.8	87.1	**83.2**	74.1	**83.5**	**84.0**
						Persons					
Cannabis	58.7	49.3	50.2	54.3	58.5	64.0	75.5	**60.6**	53.7	**60.5**	**60.8**
Heroin	76.6	80.7	82.4	84.7	86.3	87.5	88.0	**84.9**	79.1	**85.2**	**85.7**
Meth/amphetamines	76.9	80.4	80.2	83.9	86.3	88.2	88.3	**84.6**	79.1	**84.9**	**85.3**
Cocaine	76.6	78.2	77.0	80.5	84.4	86.9	88.0	**82.8**	78.3	**83.0**	**83.3**
Ecstasy	75.3	73.6	74.1	78.9	83.9	86.7	87.8	**81.6**	75.5	**81.9**	**82.2**

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

Actions for those found in possession of illicit drugs

For all people aged 14 years or older, support for actions taken against people found in possession of illicit drugs for personal use differed according to drug type (Table 13.17). In 2010:

- for all drugs except cannabis, most support was for referral to treatment or an education program, while for cannabis the most popular action was a caution, warning or no action (38.0%)
- support for fines had the least variation across illicit drugs, ranging from 16.2% for heroin to 24.8% for ecstasy
- support for prison sentences was lowest for cannabis (6.1%) and highest for heroin (25.7%) and meth/amphetamines (20.1%)
- teenagers aged 12–17 years were most likely to support fines than other measures compared with adults aged 18 years or older
- those aged 60 years or older were more likely to support referral to treatment or education program than other age groups.

Table 13.17: Support for actions taken against people found in possession of selected illicit drugs for personal use, people aged 12 years or older, by age, 2010 (per cent)

	Age group (years)										
Drug/action	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (12+)**	**14–19**	**14+**	**18+**
Cannabis											
A caution/warning or no action	24.7	41.4	42.5	41.5	41.5	39.4	29.5	**37.3**	34.1	**38.0**	**38.6**
Referral to treatment or education program	21.9	19.2	20.4	24.4	27.5	33.9	44.2	**29.4**	21.4	**29.7**	**30.2**
Fine	34.3	23.0	23.8	20.5	17.6	14.8	13.4	**19.6**	27.5	**18.9**	**18.1**
Community service or weekend detention	8.4	7.4	6.8	6.3	6.1	5.2	5.5	**6.2**	7.9	**6.2**	**6.0**
Prison sentence	9.2	6.5	5.7	6.5	6.4	5.5	5.6	**6.2**	7.2	**6.1**	**5.9**
Some other arrangement	*1.5	*2.5	0.8	0.7	0.9	1.3	1.9	**1.2**	1.9	**1.2**	**1.2**
Ecstasy/designer drugs											
A caution/warning or no action	4.8	11.6	16.8	14.9	10.4	8.2	5.4	**10.5**	7.8	**10.7**	**11.0**
Referral to treatment or education program	23.0	22.9	26.3	31.3	36.9	46.4	50.6	**36.6**	23.8	**37.1**	**38.0**
Fine	37.6	36.7	30.3	25.6	22.6	19.1	19.6	**25.2**	36.9	**24.8**	**23.9**
Community service or weekend detention	13.1	12.1	12.2	12.1	11.3	8.8	8.4	**10.8**	12.5	**10.7**	**10.6**
Prison sentence	19.0	13.9	12.8	14.8	17.6	15.9	14.3	**15.3**	16.7	**15.2**	**15.0**
Some other arrangement	2.5	*2.9	1.6	1.3	1.2	1.6	1.7	**1.6**	2.3	**1.6**	**1.5**
Heroin											
A caution/warning or no action	2.1	*1.2	3.6	3.5	3.0	2.7	1.7	**2.7**	2.1	**2.8**	**2.8**
Referral to treatment or education program	24.0	29.8	35.8	40.9	43.8	52.1	51.5	**42.5**	26.6	**43.1**	**44.3**
Fine	33.5	30.3	19.6	14.8	13.0	11.3	13.4	**16.7**	32.1	**16.2**	**15.1**
Community service or weekend detention	14.1	14.3	12.4	12.1	9.9	6.9	6.3	**10.0**	13.8	**9.9**	**9.6**
Prison sentence	24.0	21.3	26.1	26.8	28.0	24.6	24.8	**25.7**	22.8	**25.7**	**25.9**
Some other arrangement	2.1	*3.2	2.6	1.8	2.4	2.4	2.3	**2.3**	2.5	**2.3**	**2.3**

(continued)

Table 13.17 (continued): Support for actions taken against people found in possession of selected illicit drugs for personal use, people aged 12 years or older, by age, 2010 (per cent)

	Age group (years)										
Drug/action	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (12+)**	**14–19**	**14+**	**18+**
Meth/amphetamines											
A caution/warning or no action	3.5	3.4	5.9	5.9	3.5	3.3	3.3	**4.3**	3.7	**4.3**	**4.4**
Referral to treatment or education program	24.3	28.5	36.0	39.9	42.9	51.0	53.5	**42.5**	25.5	**42.9**	**44.2**
Fine	32.6	28.1	21.6	18.3	16.8	13.6	16.0	**19.0**	31.4	**18.7**	**17.7**
Community service or weekend detention	15.1	17.1	13.7	13.0	10.9	9.8	9.0	**11.8**	16.0	**11.7**	**11.5**
Prison sentence	22.3	20.0	20.1	20.9	23.9	19.9	15.8	**20.2**	20.9	**20.1**	**20.0**
Some other arrangement	2.2	*2.8	2.7	2.0	1.9	2.3	2.4	**2.3**	2.5	**2.3**	**2.3**
Hallucinogens											
A caution/warning or no action	5.2	10.6	10.5	9.1	5.3	4.3	2.9	**6.4**	7.7	**6.5**	**6.5**
Referral to treatment or education program	27.4	25.2	33.5	38.2	42.9	51.7	55.9	**42.6**	25.8	**42.9**	**44.0**
Fine	32.9	29.6	24.8	20.9	18.8	14.9	15.3	**20.4**	32.5	**20.2**	**19.3**
Community service or weekend detention	14.1	16.3	13.9	12.5	11.3	9.3	8.2	**11.4**	15.2	**11.4**	**11.2**
Prison sentence	18.3	15.2	15.4	17.7	20.0	17.4	15.0	**17.1**	16.5	**17.0**	**17.0**
Some other arrangement	1.9	*3.1	2.0	1.6	1.7	2.5	2.6	**2.1**	2.1	**2.1**	**2.1**

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Hypothetical distribution of a drugs budget

People aged 14 years or older were asked how they would allocate $100 to reduce the harm of alcohol, tobacco and illicit drugs. As in previous years, on average in 2010, education received the greater proportion of the allotted $100 for alcohol ($39.30) and tobacco ($43.10) (Table 13.18). For illicit drugs, the emphasis was on law enforcement ($40.50). Across the three drugs, between about 60% and 75% of funds were allocated to education or treatment. These findings have remained very stable over time.

Table 13.18: Preferred distribution of a hypothetical $100 to reduce the use of selected drugs, people aged 14 years or older, 2004 to 2010 ($)

	Alcohol			Tobacco			Illicit drug use		
Reduction measure	**2004**	**2007**	**2010**	**2004**	**2007**	**2010**	**2004**	**2007**	**2010**
Education	40.80	39.80	39.30	45.60	43.70	43.10	31.40	34.00	33.80
Treatment	30.50	30.70	29.60	30.40	30.90	31.70	24.70	25.70	25.70
Law enforcement	28.70	29.40	31.10	24.00	25.40	25.20	43.90	40.30	40.50

Notes

1. Hypothetical distribution for illicit drug use in 2004 includes heroin and cocaine only.
2. Numbers have been rounded to the closest 5 cents and may not add to $100.

14 Explanatory notes

The 2010 National Drug Strategy Household Survey is the 10th in a series that began in 1985. The Australian Institute of Health and Welfare (AIHW) was commissioned by the Australian Government Department of Health and Ageing to manage the 2010 survey. The AIHW was supported in this task by a Technical Advisory Group.

In 2010, a 'drop and collect' method was used, where interviewers made contact with a household, carried out a respondent selection procedure, left the survey form to be completed and then returned to collect it at an agreed time. After a competitive tender process, Roy Morgan Research was selected to carry out the fieldwork. The fieldwork period was conducted from 29 April to 14 September 2010.

Scope

The estimates for 2010 contained in this publication are based on information obtained from people aged 12 years or older or 14 years or older (as specified) from all states and territories.

The scope of the survey was residential households, and excluded institutional settings, hostels, motels and homeless people. Foreign language interviews were not conducted.

Methodology

In 2010, a self-completion drop and collect methodology was used. Households were selected by a multistage, stratified area random sample design.

Survey methodology

Data were collected from a national stratified random selection of households, using self-completion booklets, using a 'drop and collect' methodology. Three attempts were made to establish contact with selected households, and at least two attempts were made by the interviewer to personally collect the completed questionnaire; if collection was not possible at that time, a reply-paid pre-addressed envelope was provided. A reminder telephone call was made if necessary. The respondent was the household member aged 12 years or older with the next birthday.

Not all respondents were asked all questions; the questionnaire at Appendix 9 provides a full description. People aged 12–15 years completed the survey with the consent of the adult responsible for the adolescent at the time of the survey. A separate, shorter questionnaire was administered to teenagers aged 12–13 years to minimise respondent burden.

Sample design

The sample was stratified by region (15 strata in total — capital city and rest of state for each state and territory, with the exception of the Australian Capital Territory, which operated as one stratum). To produce reliable estimates for the smaller states and territories, sample sizes were boosted in Tasmania, the Australian Capital Territory and the Northern Territory. An additional 1,200 booster sample was also allocated to Queensland.

For capital cities within each stratum, the Census collection districts (CCDs) were selected with probability proportional to the number of private households at the 2006 Census. In country areas, the statistical local area (SLA) was selected for the first stage, rather than CCD, as this had considerable efficiency benefits. The number of SLAs used per rest of state stratum was determined on a case-by case basis, as the average population size of SLAs varies considerably from state to state. SLAs for each stratum were selected with probability proportional to the number of households at the 2006 Census. From within each selected SLA, CCDs were selected with probability proportional to the number of private households at the 2006 Census.

A starting address within each selected CCD or SLA was randomly selected, and interviewing started at the dwelling next door to this. Interviewers then followed a comprehensive set of procedures to select a dwelling, including skip intervals, eligible and ineligible addresses, and dealing with blocks of flats and units.

Of the 2,079 originally selected CCDs, eight needed to be replaced prior to fieldwork. Two were in non-residential areas; two comprised a very small number of households scattered across a very large area; and four were in Aboriginal communities with very low levels of English and English literacy. The replacement CCDs were drawn from the same SLAs.

Coding

All open-ended questions were checked for completeness and coded manually by Roy Morgan Research prior to scanning. The only fully open-ended questions related to occupation and industry (question numbers ZZ12 and ZZ11, respectively). Australian and New Zealand Standard Classification of Occupations (ANZSCO) and Australian and New Zealand Standard Industry Classification (ANZSIC) codes were used as the code-frame for these questions. ANZSCO coding (using the 2006 ANZSCO codes) was undertaken to two and four digits and ANZSIC (using 2006 ANZSIC codes) coding was undertaken to two digits.

There were a number of partially open-ended questions, covering: types of illnesses and cancers, types of alcoholic drinks consumed, reasons for quitting or not quitting smoking, influences on first use of illicit drugs, country of birth and main language spoken at home. These were coded using the 2007 code-frames, with some minor additions.

Coders also thoroughly checked each questionnaire to ensure that it was of a high enough quality to be scanned. Any questionnaires that would have had problems being scanned (for example, boxes being ticked instead of crossed) were corrected before being sent to scanning.

Scanning and editing

Following coding and checking, questionnaires were scanned using a combination of optical mark recognition and optical character recognition technology. Procedures were developed on issues such as how to treat responses provided outside of boxes, how to deal with a multiple response for a single response question, and readability of numerical values.

An extensive set of edit and logic checks were developed to consistently treat unclear and inconsistent responses that could not be dealt with by the scan edits. Editing on the scanned raw data was undertaken by Roy Morgan Research. Scan edits and logic edits were based on those used for the 2007 survey, and extended where necessary for new or altered questions. A copy of the scan edits and logic edits documents are available on request.

Estimation procedures

To redress the balance of over-sampling the smaller states and territories, and to ensure the final results were representative of the Australian population overall, weighting procedures were applied to derive the estimates presented in this report.

Sample distribution

The over-sampling of lesser populated states and territories, to return reliable estimates along with reasonable sampling variations, produced a sample that was not proportional to the state/territory distribution of the Australian population aged 12 years or older (Table 14.1). Weighting adjusts for imbalances arising from execution of the sampling and differential response rates, and to bring the under-sampled and over-sampled states and territories back in line with the population.

Table 14.1: Comparison of sample and state/territory population distributions, by sex, 2010

Population	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					Number				
Males	3,490	2,424	2,489	1,167	881	498	508	489	11,946
Females	4,287	3,173	3,062	1,306	1,188	562	549	575	14,702
Persons	**7,777**	**5,597**	**5,551**	**2,473**	**2,069**	**1,060**	**1,057**	**1,064**	**26,648**
Distribution					**Per cent**				
Percentage of total sample (unweighted)	29.2	21.0	20.8	9.3	7.8	4.0	4.0	4.0	100.0
Percentage of 2010 population aged 12 years or older (weighted sample)[(a)]	32.5	24.9	20.0	10.2	7.5	2.3	1.6	1.0	100.0

(a) Weights based on March 2010 ABS estimated resident population data.

Weighting

The sample was designed to provide a random sample of households within each geographic stratum. Respondents within each stratum were assigned weights to overcome imbalances arising in the design and execution of the sampling. The main weighting took into account geographical stratification, household size, age and sex. The population estimates, used for the weighting, were based on the latest available age/sex profile of each stratum using the latest published ABS estimated resident population data (ABS 2010a).

Estimates in this publication are based on the weighted sample. Table 14.2 provides a comparison of the age and sex profile of both the sample and the estimated population. This table shows that the sample distribution under-represents males and people aged under 30 years, and over-represents those aged 60 years or older; however, weighting data overcomes these imbalances, as the data are adjusted to the age and sex profile of the Australian population.

Table 14.2: Comparison of the 2010 unweighted sample and estimated population distributions (per cent)

	Unweighted sample			2010 estimated population (weighted sample)		
Age group (years)	Male	Female	Total	Male	Female	Total
Population aged 14+						
14–19	2.9	3.3	6.2	5.1	4.8	9.9
20–29	5.2	7.3	12.6	9.1	8.7	17.8
30–39	7.6	10.1	17.6	8.6	8.7	17.3
40–49	7.6	9.1	16.7	8.5	8.7	17.2
50–59	7.6	9.4	17.0	7.5	7.7	15.2
60+	13.9	16.0	29.9	10.6	12.0	22.6
14+	**44.8**	**55.2**	**100.0**	**49.5**	**50.5**	**100.0**
Population aged 12+						
12–15	1.8	2.0	3.8	3.1	3.0	6.1
16–17	1.0	1.1	2.1	1.6	1.5	3.2
18–19	1.0	1.1	2.1	1.7	1.6	3.3
12–19	3.7	4.2	7.9	6.4	6.1	12.6
20+	41.1	51.0	92.1	43.0	44.3	87.4
12+	**44.8**	**55.2**	**100.0**	**49.5**	**50.5**	**100.0**

Source: ABS 2010a.

Sample representativeness

No sample will ever be completely representative of the population, but samples should be reasonably representative. Known population benchmarks for selected demographic characteristics may be used to assess the representativeness of the sample. Tables A5.1 and A5.2 show the weighted and unweighted estimates obtained from the survey and compare these with the 2006 Census. A comparison between the 2006 Census and the NDSHS sample indicates that:

- a lower proportion of employed people and a higher proportion of unemployed people were captured in the sample
- completion of grade 12 and post-graduate qualifications were over-represented
- a higher proportion were married
- couple families were over-represented, while single person household were under-represented
- people who did not speak English as their main language at home were under-represented
- very low socioeconomic decile CCDs were slightly under-represented, and very high socio-economic deciles were slightly over-represented.

On balance, the 2010 sample is reasonably representative of the Australian population aged 12 years or older in scope of the collection.

Response rates and contact rates

Contact was attempted with 81,708 households Australia-wide. Of these, 52,690 were successfully contacted and determined to be in-scope. Questionnaires were successfully placed at 37,566 (46%) of households at which contact was attempted (or 71% of in-scope households at which contact was made). A total of 83% of the questionnaires dropped off were returned, but about 15% of these were deemed unusable, as they were either totally blank or missing essential information for processing. Of the total of 31,334 questionnaires returned, blanks accounted for 12% and those either missing essential information or otherwise too badly completed to be relied upon accounted for 3%.

Some survey respondents did not answer all questions, either because they were unable or unwilling to provide a response. The survey responses for these people were retained in the sample, and the missing values were recorded as not answered. No attempt was made to deduce or impute these missing values.

Overall, contact was made with 52,690 in-scope households, of which 26,648 questionnaires were categorised as being complete and useable, representing a response rate for the 2010 survey of 50.6%, slightly lower than the drop and collect component of the 2007 survey (51.6%). As in previous years, the response rate was calculated using the total number of dwellings where contact was made as the denominator (Table 14.3).

Table 14.3: Sample disposition and participation rates, by sample, 2007 and 2010

Disposition	2007 total (drop and collect component)	2010 total
	Number	
Original sample	55,515	81,708
Less out-of-scope households		
Not residential	1,041	1,786
Selected respondent not available	n.a.	604
Other ineligible	88	175
Total	*1,129*	2,565
Eligible sample	54,386	79,143
Less households not contacted	(15,971)	(26,453)
Eligible sample contacted	*38,415*	*52,690*
Less eligible respondents contacted but not willing or able to take part		
Refusals	8,635	13,450
Foreign/no English	733	979
Incapacitated	280	370
Other non-response	1,974	325
Questionnaire not returned/unusable	6,975	10,918
Total	*18,597*	*26,042*
Completed	**19,818**	**26,648**
	Per cent	
Participation rate	**51.6**	**50.6**

Several strategies were used in 2010 to minimise cases of non-contact and non-response by the originally selected respondent, including:

- fieldworkers called backs at different times on different days
- strict protocols were applied to ensure that selected dwellings were fully attempted
- respondents were given a letter of introduction and support from the Director of the Australian Institute of Health and Welfare
- a colour brochure outlining information about the survey and frequently asked questions was provided to potential respondents
- calling cards were left where appropriate
- two '1800' numbers were set up to answer queries, one to AIHW for questions about the confidentiality of the survey, and one to Roy Morgan Research for operational queries
- the letter of introduction and the frequently asked questions were translated into five languages (Italian, Greek, traditional Chinese, Vietnamese and Arabic).

Non-response rates and non-response bias

Non-response bias can potentially occur when selected respondents cannot or will not participate in the survey, or cannot be contacted during the fieldwork period. The magnitude of any non-response bias depends on the level of non-response and the extent of the difference between the characteristics of those people who responded to the survey and those who did not, as well as the extent to which non-response adjustments can be made during estimation (ABS 2007).

The response rate is defined as the number of completed interviews divided by the number of eligible reporting units in the sample. There are several ways to calculate a response rate, depending on how partial interviews are considered and how cases of unknown eligibility are handled (AAPOR 2008).

The response rate for the NDSHS was calculated using the total number of dwellings where contact was made as the number of eligible reporting units in the sample. If the entire eligible sample for the 2010 NDSHS is used—that is, it includes all cases of non-contact as part of the denominator (79,143 dwellings)—the response rate is reduced to 33.7%, meaning that about two-thirds of the sample did not respond or return a completed, usable questionnaire.

As discussed earlier in this chapter, to counter this, the data are weighted to the age and sex profile of the estimated population, as well as to the geographical strata used in the sample design. This process reduces the non-sampling error to some degree, but the characteristics of the non-respondents, and the extent to which they differ from respondents, remain unknown.

A low response rate does not necessarily mean that the results are biased. As long as the non-respondents are not systematically different in terms of how they would have answered the questions, there is no bias. If non-response bias in the NDSHS is to be eliminated as far as possible, there would need to be additional work conducted to investigate the demographic profile of the non-respondents and the answers they may have given had they chosen to respond. A method called a non-response survey can assist in understanding non-response bias.

Statistical concepts used in this report

Reliability of estimates

Data in this report are based on samples. As a result, there is the potential for sampling error; that is, the error that occurs by chance because the data were obtained from a sample and not the entire population. The result of sampling error is that the reported estimates might not accurately reflect their true value in the population.

This report indicates the reliability of estimates based on samples, by reporting either relative standard errors (RSEs) or confidence intervals (CIs). RSEs and CIs are calculated based on the standard error (SE). The larger the RSE or CI, the less reliable the estimate is as an indicator for the whole population (ABS 2008a and 2008b).

Standard error

The SE measures the sampling error of an estimate. There can also be non-sampling error, or systematic biases, in the data. Sampling error results from using a sample of the population to derive an estimate of the whole population mean—the SE measures how much the estimated mean value might differ from the true population mean value (ABS 2007).

Relative standard error

The RSE is used to indicate the reliability of an estimate (Box 14.1). It shows the size of the error, relative to the estimate, and is derived by dividing the SE of the estimate, by the estimate.

The RSE is useful for comparing the size of the SE across different sample estimates. As with the SE, the higher the RSE, the less confidence there is that the estimate from the sample is close to the true value of the population mean.

Box 14.1: Relative standard error calculation

The SE can be expressed as a proportion of the estimate—known as the RSE. The formula for the RSE of an estimate is:

RSE (x) = SE (x) /x

where:

x is the estimate

SE(x) is the SE of the estimate.

Sampling error

As the estimates are based on a sample, they are subject to sampling variability (that is, the extent to which the sample-derived results vary from the results that would have been derived had a census/complete survey been undertaken). Estimates in this publication are considered reliable if the relative standard error (the ratio of the sampling error to the derived results or estimate) is less than 25%. Estimates between 25% and 50% should be interpreted with caution. Estimates with relative standard errors over 50% should be considered unreliable for most practical purposes.

Non-sampling error

In addition to sampling errors, the estimates are subject to non-sampling errors. These can arise from errors in transcription of responses, errors in reporting of responses (for example, failure of respondents' memories), and the unwillingness of respondents to reveal their true responses.

The level of non-sampling error cannot be quantified. However, careful survey design, including layout of the questionnaire form and instructions to respondents, as well as management of the collection and processing steps, aim to minimise non-sampling error to the point where it is considered negligible.

Counter balancing

The order in which multiple possible answers are presented can sometimes affect the likelihood of responses being selected (the earlier a possible response in a list, the higher the likelihood that it will be selected). To overcome this tendency, three versions of both the questionnaires aimed at those aged 14 years or older and 12–13 years were used, with possible responses provided in a different order within questions. The copy of the questionnaire in Appendix 9 is a rotation one version of the questionnaire, and provides an indication of which questions were not asked in the 12–13 years version (a rectangle box labelled 'NOT ASKED 12–13' next to the question). Other versions of the questionnaires, with different rotations, are available on request.

Age-standardisation

The age profile of people in Australia varies across jurisdictions, periods of time, geographic areas and/or population subgroups (for example, between Indigenous and non-Indigenous populations). Variations in age profiles can affect the likelihood of particular events occurring (such as engaging in particular drug-related behaviours). Age-standardisation adjusts for the effect of variations in age profiles when comparing proportions of use across different subpopulations.

Two different methods of age-standardisation can be used: direct and indirect. Direct age-standardisation is the most common method of age-standardisation, and has been used in this report.

Direct age-standardisation

Direct age-standardisation adjusts each of the comparison/study populations against a standard population. The standard population generally used is the final 30 June estimated Australian resident total population for the most recent year ending in '1' (AIHW 2010a). The standardised rate is that which would have prevailed if the actual population had the standard age composition. The result is a standardised estimate for each of the comparison/study populations.

The calculation of direct age-standardised rates has three steps:

Step 1: Calculate the age-specific rate for each age group.

Step 2: Calculate the expected number of cases in each age group by multiplying the age-specific rate by the corresponding standard population for each age group.

Step 3: Sum the expected number of cases in each age group, and divide this sum by the total of the standard population to give age-standardised rate.

The age-specific proportions for tobacco, alcohol and illicit drug use were multiplied by the standard population for each age group. The standardised rates should only be used to establish differences between population groups.

Population estimates

All population estimates were calculated by multiplying prevalence and the relevant population count. The population estimates were based on the latest available age/sex profile using the ABS estimated resident population data (June 2010) (see Appendix 6).

Limitations, assumptions and implications

Excluded from sampling were non-private dwellings (hotels, motels, boarding houses, etc.) and institutional settings (hospitals, nursing homes, other clinical settings such as drug and alcohol rehabilitation centres, prisons, military establishments and university halls of residence). Homeless persons were also excluded as well as the territories of Jervis Bay, Christmas Island and Cocos Island.

Illicit drug users, by definition, have committed illegal acts. They are, in part, marginalised and difficult to reach. Accordingly, estimates of illicit drug use and related behaviours are likely to be underestimates of actual practice.

The exclusion of people from non-private dwellings and institutional settings, and the difficulty in reaching marginalised people are likely to have affected estimates.

It is known from past studies of alcohol and tobacco consumption that respondents tend to underestimate actual consumption levels (Stockwell et al. 2004). There are no equivalent data on the tendencies for under- or over-reporting of actual illicit drug use.

Data about Aboriginal and Torres Strait Islander people

The 2010 NDSHS was designed to provide reliable estimates at the national level. The survey was not specifically designed to obtain reliable national estimates for Aboriginal and Torres Strait Islander people, as there was no target sample size for Indigenous Australians. In 2010, 1.7% of the sample (or approximately 460 respondents) identified as being of Aboriginal or Torres Strait Islander origin. The sample size for Indigenous Australians was smaller than anticipated based on population estimates, and so estimates based on this population group should be interpreted with caution.

Sample design and scope

The total population of Aboriginal and Torres Strait Islander people forms a very small part of the total Australian population. At the June 2006 census, the Aboriginal and Torres Strait Islander population was officially calculated at 517,000 people, or 2.5% of the total Australian population (ABS 2008b). At that time, although almost one-third (32%) of the Aboriginal and Torres Strait Islander population lived in *Major cities*, the non-Aboriginal and Torres Strait Islander population was much more highly concentrated, with 69% living in these locations. The remaining Aboriginal and Torres Strait Islander population was more widely and evenly distributed, with 21% in *Inner regional* areas, 22% in *Outer regional* areas, 10% in *Remote* areas and 16% in *Very remote* areas (ABS 2008b).

The Aboriginal and Torres Strait Islander population living in *Very remote* areas shows other differences to populations living in *Major cities* including in household structure, size and age distribution (ABS 2008b:13).The NDSHS sample design is stratified by region and not by remoteness. Due to this sampling design, the NDSHS sample of Indigenous Australians living in *Very remote* areas comprised only 4% of the population in those regions compared with 16% of Indigenous Australians living in *Very remote* areas based on the 2006 Census (ABS 2010c). Therefore, Aboriginal and Torres Strait Islander people in *Very remote* areas are under-represented, and it becomes difficult to generalise results from *Major cities* and regional areas to the whole Indigenous population.

The sampling method employed for the NDSHS invited one participant aged over 12 years to take part in the survey. The sample strategy did not take into account the size of the household selected. This is an issue for respondent selection for Indigenous Australians, as often they live in larger households compared with non-Indigenous Australians (ABS 2010c). This selection process means that Aboriginal and Torres Strait Islander people are proportionately less likely to be selected.

The NDSHS uses a self-completion questionnaire, and requires good comprehension of the English language (as it is not translated into other languages) and the ability to follow instructions. Practicality of the survey design meant that some Aboriginal communities and those with low levels of English literacy may have been excluded.

Comparability with other data sources

There is more than one data source for information about tobacco, alcohol and other drug use among Aboriginal and Torres Strait Islander people. The most common data sources used for reporting the use of tobacco, alcohol and other drugs by Indigenous Australians are the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and National Aboriginal and Torres Strait Islander Health Survey (NATSIHS).

Differences between the surveys vary considerably and include the extent to which remote areas were surveyed, the age groups included and the sample sizes. The questions asked in the surveys also differ considerably. So the results from the surveys are not directly comparable. It is important to keep this in mind when considering data from each of the surveys—results that may initially seem to contradict one another may be simply applicable to different groups within the population.

The 2008 NATSISS estimated that around 45% of Indigenous Australians aged 15 years or older were daily smokers (AIHW 2011), while the 2010 NDSHS estimated that figure to be about 35%. Comparisons between Indigenous and non-Indigenous Australians can be made using data from the NATSISS results and the 2007–08 National Healthy Survey. The surveys showed that Indigenous Australians aged 15 years or older were 2.5 times as likely as non-Indigenous Australian to smoke daily (45% compared with 18%, respectively). In comparison, results from the 2010 NDSHS showed that Indigenous Australians were 2.4 times as likely as non-Indigenous Australians to smoke daily (35.3% compared with 14.7%). So while the estimated proportion of smokers from the NDSHS is lower than the NATSISS and National Health Survey estimates, the relative proportions are very similar.

Use of illicit drugs was similar between the two surveys as shown in Table 14.4. According to the 2008 NATSISS, about 21% of Indigenous Australians had used an illicit drug of some kind in the previous 12 months. This was similar to the 2010 NDSHS age-standardised rate of 22%.

Table 14.4: Use of illicit drugs by Aboriginal and Torres Strait Islander people, 2008 NATSISS and 2010 NDSHS (age-standardised rates)

Type of drug	2010 NDSHS	2008 NATSISS
Marijuana, hashish or cannabis	15.4	15.5
Amphetamines/speed	*3.1	3.6
Ecstasy or designer drugs	*2.4	3.0
Any illicit	**22.0**	**21.0**

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Source: ABS 2010b.

Alcohol consumption patterns were also similar when comparing the 2007 NDSHS results with the 2008 NATSISS and 2004–05 NATSIHS. Based on the 2001 National Health and Medical Research Council guidelines, the proportion of people drinking at risky or high-risk levels for long-term harm was similar for both groups. While for short-term harm, a higher proportion of Indigenous Australians drank at risky/high risk levels compared with non-Indigenous Australians. Alcohol consumption presented in the 2010 NDSHS is based on the 2009 National Health and Medical Research Council guidelines and cannot be compared with the NATSISS or NATSIHS.

All three data sources (NDSHS, NATSISS, NATSIHS) report similar illicit drug use and alcohol consumption, and the 2010 sample is somewhat representative of Indigenous Australians. The proportion of Indigenous Australians reporting daily smoking in the 2010 NDSHS was lower than the proportions reported in the NATSISS and NATSIHS surveys; it is important to keep this in mind when considering data from the NDSHS, as the results are not directly comparable.

Future surveys

There are several areas in which the NDSHS could be improved, tackling the issues outlined above, to better support the estimation of alcohol, tobacco and illicit drug use among the Aboriginal and Torres Strait Islander population. Potential solutions to improving the Indigenous sample include: increasing rural and remote area stratification, increasing sample size and representativeness, improving respondent selection within households, reducing the questionnaire length and complexity, translating the questionnaire into other languages and ensuring methods are culturally appropriate.

Comparability with previous surveys

The 2010 survey differs from previous versions of the survey in several respects, relating to data collection methodology and some of the questions asked.

Methodology

The 2010 survey was the first to exclusively use the drop and collect method. In 2007 and 2004, a combination of computer-assisted telephone interviews and drop and collect was used, and in earlier waves, personal interviews were also conducted (Table 14.5).

Pilot testing for the 2010 survey showed that CATI response rates were in decline, and that the drop and collect method provided better data quality and the most cost-effective means of data collection.

All time-series analyses (from 2001 to 2007) include CATI sample data in the 2010 report. This method was introduced in 2001, and the results were scrutinised in 2001 by the NDSHS Technical Advisory Committee. It was agreed that these results were sufficiently comparable with the drop and collect method to support inclusion in the survey data set. The change in methodology in 2010 does have some impact on time series data, and users should exercise some degree of caution when comparing data over time.

Fieldwork was conducted between April and September 2010, slightly earlier than in previous waves (Table 14.5).

Table 14.5: Data collection methodologies and fieldwork timing, 1998 to 2010

	Data collection methodology	Total complete questionnaires	Fieldwork conducted
1998	Personal interviews (40%) Drop and collect (60%)	10,030	Jun –Sep 1998
2001	Personal interviews (8%) Drop and collect (85%) CATI (8%)	26,744	Jun/Jul–Nov 2001
2004	Drop and collect (82%) CATI (18%)	29,445	Jun/Jul –Nov 2004
2007	Drop and collect (85%) CATI (15%)	23,356	Jun/Jul–Nov 2007
2010	Drop and collect (100%)	26,648	Apr–Sep 2010

Sample

In 2010, oversampling was conducted in Tasmania, the Australian Capital Territory and the Northern Territory, so that at least 1,000 interviews were completed. The sample size allocated to Western Australia and South Australia was set as 25,000 multiplied by that state's share of population. The remaining sample was allocated between New South Wales, Victoria and Queensland, in proportion to population, with an additional 1,200 booster sample allocated for Queensland (purchased by Queensland Health). In 2010, to improve the geographic coverage of the survey, interviewers were flown to *Very remote* areas selected in the sample. In previous surveys, some *Very remote* areas that were initially selected in the sample would have been deemed inaccessible and not included in the final sample.

The 2010 sampling methodology differed from previous years in the following ways.

- In 1998, 40% of the sample was targeted at young people (aged 14–39 years) from capital cities to obtain more reliable estimates, in particular for illicit drugs. In 2001, the overall sample size was more than double that of 1998, eliminating the need for such a sample.
- In 1998, samples 1 and 2 were drawn from the same household, whereas for subsequent surveys only one respondent per household was selected.
- In 2001, as requested and funded by the Western Australian Department of Health, additional respondents aged 14–34 years were selected from metropolitan Perth.

- In 2004, the 12–17 years age group was boosted via CATI in all jurisdictions, and, as requested and funded by the Queensland Health Department, additional respondents aged 12–29 years were selected via the drop and collect method from Queensland.
- In 2007, no jurisdictions purchased a supplemental sample.

Questionnaire

The 2010 questionnaire was modelled on the 2007 version, to maintain maximum comparability. However, some refinements were made to ensure the questions remained relevant and useful. The major additions, changes or deletions to the questionnaire since the 2007 survey are outline below.

- The lists of drugs used in each section of the questionnaire were standardised and shown in the same order, with 'non-medical use' specified for tranquillisers and sleeping pills, painkillers/analgesics, steroids, methadone/buprenorphine, meth/amphetamine and other opioids/opiates. There were minor differences to the wording of the lists at A1 (including street names), A2 (no mention of 'non-medical use') and A3, with the list at A4 used across the questionnaire.
- Prescription pain-killers/analgesics and over-the-counter pain-killers/analgesics were listed separately in response lists, with a new question included in the pain-killers analgesics section on main kind used in the last 12 months.
- Response lists for questions about where drugs were obtained, and where they were consumed, were standardised where possible.
- The term used for inhalants was changed to 'sniffing petrol/glue/aerosols/solvents'.
- Section A was expanded to include questions on regulations relating to drug use, which had been moved to the relevant drug sections in the 2007 survey. This simplified the skip instructions for the separate drug sections, as these questions were asked of all respondents.
- Question A1 was amended to ask only about the first drug thought of when a drug problem is mentioned.
- Questions on height and weight were added to Section B 'General health'.
- Questions were added to the tobacco section on counterfeit cigarettes.
- Questions D31-D34 were amended to ask about unbranded loose tobacco only, removing the reference to unbranded cigarettes.
- Questions were added to the alcohol section about main drink, other usual types of drink, and any changes to main drink in the last 12 months.
- The standard drinks guide was updated in line with the new Australian alcohol guidelines published in March 2009. The new standard drinks guide was a full page image, and was moved a few pages earlier in the questionnaire, prior to the question detailing alcohol consumed the previous day.
- The question relating to awareness of the Australian alcohol guidelines was removed (E29)
- Some of the questions on health effects of alcohol consumption were removed (E34, E35, E37).

- Questions on drugs consumed at the same time as other drugs, and alternative drugs substituted, were removed from some sections (tranquillisers/sleeping pills, steroids, heroin, methadone/buprenorphine, hallucinogens, ketamine, GHB, inhalants, other opiates/opioids).
- Questions on where a drug is usually used were removed from some sections (steroids, methadone/buprenorphine, hallucinogens).
- Questions on ways a drug was ever used were removed from some sections (meth/amphetamines, heroin, methadone/buprenorphine, cocaine).
- The section on barbiturates was removed, and barbiturates were removed from response lists throughout the questionnaire.
- A question was added at the start of Section K, asking whether meth/amphetamines were ever used, to differentiate from non-medical purposes asked in the next question.
- Questions on the amount and cost of marijuana purchased by the respondent were removed.
- Some questions were removed from the methadone/buprenorphine section, including frequency of use, where obtained, and amount, forms and method used.
- Some questions were removed from the hallucinogens section, including where obtained, and amount and forms used.
- A question on awareness of promotion of safer injecting practices was removed from the injectable drugs section.
- Questions on where tobacco, alcohol and other drugs were obtained in the last 12 months, and next drug of choice were removed from Section X 'Attitudes'.
- Injury questions in Section Y were expanded to separate alcohol-related and drug-related incidents, and questions on physical harm/injury in the last 4 weeks were removed (Y12–Y15).
- Questions in the lifestyle section were re-ordered, with an expanded list of response options for drug treatment programs ever used, and questions on tattooing and piercing were removed.
- Questions on pregnancy and breastfeeding were amended, with new questions for start date of recent pregnancy, and how many weeks pregnant when confirmed. The question on drug use when pregnant or breastfeeding was amended to ask about use before and after the respondent became aware of pregnancy.
- Questions on drug and alcohol policies in school or workplace were added to Section YY, and a question on smoking policies (D27) was removed.
- A question on current employment status was amended to ask about main and other employment.
- A question was added on telephones in the household, including landline, mobile, listed and unlisted numbers.
- Reminder instructions on how to fill in the questionnaire were updated to show right and wrong ways of filling in response boxes.
- A section on 'Zanthanols' (a non-existent drug), included as a quality check on response in 2007, was removed.

Changes relating to earlier surveys that are still relevant when comparing results in the longer term include:

- Since 2001, the survey has included an expanded section on tobacco. Type of cigarette smoked was asked—manufactured or roll-your-own. Importantly, there was no upper limit on the reporting of the number of cigarettes smoked. There were also questions on unbranded loose tobacco, otherwise known as chop-chop.
- Since 2004, questions relating to attitudes to quitting tobacco smoking have been included.
- A new section on opiates other than heroin and methadone (for example, morphine and pethidine) was included in 2001 and has been retained since. Methadone was introduced as a separate category in 1998, so data on methadone use are not available for the 1993 and 1995 surveys. Buprenorphine was included with methadone in 2007 and 2010.
- Questions relating to heroin overdoses were included only in the 1998 survey.
- Since 2004, the surveys have included the Kessler 10 Scale of Psychological Distress, and questions about diagnosis and treatment of selected health conditions. The 1995 survey included three questions on personal health, whereas the 1998 survey used the SF-36 instrument to assess personal health. Based on an analysis of the 1998 data, the SF-36 was not included in the 2001 survey. This latter survey included five questions on personal health. A question on self-assessed health was consistent for the three most recent surveys.
- Since 2004, new sections on use of GHB and ketamine have been included, so data about these substances are not available for the 1993, 1998 and 2001 surveys.
- In 2004, questions relating to meth/amphetamine use were refined to more accurately reflect substances used in Australia, and have been retained since then.
- The alcohol section was restructured and expanded in the 2001 survey. In previous surveys there were gender-specific questions on alcohol consumption. In 2001, however, both genders answered the same questions and gave a detailed report of the previous day's alcohol consumption. Since 2004, respondents were also able to indicate consumption of less than 1 standard drink or no standard drinks on given days.
- Since 2004, the question relating to quantity and types of alcohol consumed yesterday was expanded to include a wider variety of types and sizes of alcohol containers, and a new question relating to awareness of the Australian alcohol guidelines was introduced.
- Since 1998, the term 'non-medical purposes' has been explained to respondents.
- In 1998, questions on drug use were in grid layout formats; however, in 2001 they were returned to the 1995 and 1993 format of questions (separated into sections for each drug type). In 2001, questions relating to where drugs were first obtained and the age first used were omitted but since 2004, they have been reintroduced for most substances.
- The section relating to alcohol-related and drug-related incidents varied in size between surveys. In 2007, more detailed questions on injury were added.
- The 1998 and 1995 surveys included sections on regulations relating to cannabis use. In the 2001 and subsequent surveys, this section was expanded to include heroin, ecstasy and meth/amphetamine; however, the number of questions was reduced.
- In 2004, minor changes were made to some questions in the demographics section of the questionnaire, and these were retained in 2007.
- The mix of open-ended and forced-choice questions varied between surveys.

This list comprises the major changes between versions of the surveys. Please see the relevant questionnaires to determine the full extent of changes made.

Appendix 1: Additional tables

Table A1.1: Daily tobacco smoking status, people aged 12 years or older, by age, sex, and state/territory, 2010 (per cent)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					Males				
12–17	**1.2	*3.3	*1.6	**0.4	**3.8	—	—	**1.3	*1.8
18–19	*14.9	*13.2	*14.1	**12.0	**6.0	**5.1	**18.6	**11.5	13.2
20–29	21.7	18.5	19.4	17.0	16.3	*20.5	*18.4	38.8	19.7
30–39	18.0	16.2	26.7	24.5	19.7	23.9	*11.8	26.1	20.2
40–49	19.0	18.0	23.4	22.3	22.5	*15.3	*13.2	33.3	20.2
50–59	17.5	16.4	19.6	20.9	26.3	20.4	*12.1	26.1	18.8
60–69	11.4	13.9	14.6	15.1	16.8	*16.5	*9.7	31.0	13.7
70+	6.5	8.0	8.0	*7.6	*3.9	*8.1	—	**5.2	7.0
Total (12+)	**15.1**	**14.6**	**17.8**	**17.0**	**16.6**	**15.5**	**11.6**	**26.5**	**15.9**
14–19	*6.4	*7.8	*6.3	*4.6	**5.7	**1.7	**7.0	**5.3	6.4
14+	**15.6**	**15.0**	**18.4**	**17.5**	**17.1**	**16.1**	**12.0**	**27.5**	**16.4**
18+	**16.6**	**15.7**	**19.6**	**18.8**	**17.9**	**17.3**	**12.8**	**29.6**	**17.4**
					Females				
12–17	*2.2	*4.1	*3.5	**4.6	**2.7	**4.0	—	**2.9	3.2
18–19	*12.9	*11.6	*14.9	*14.0	*12.9	**8.6	—	**14.4	12.8
20–29	15.0	16.9	17.3	15.3	16.0	30.5	*14.1	*11.8	16.3
30–39	14.6	18.9	19.7	15.2	14.8	17.6	*8.2	15.6	16.8
40–49	18.0	18.4	19.6	16.7	23.2	21.6	*14.4	27.9	18.8
50–59	13.4	18.5	17.5	18.7	11.8	*16.1	*7.9	26.1	16.0
60–69	13.5	11.9	10.8	8.5	11.2	*6.3	*12.1	*7.4	11.6
70+	*4.8	4.0	*4.1	*5.2	*3.4	*6.4	*9.0	**6.8	4.5
Total (12+)	**12.5**	**14.3**	**14.6**	**13.2**	**12.7**	**15.3**	**9.8**	**16.2**	**13.5**
14–19	*6.6	8.0	8.4	*9.3	*7.1	**6.8	—	**7.7	7.6
14+	**12.9**	**14.7**	**15.0**	**13.6**	**13.1**	**15.8**	**10.1**	**16.8**	**13.9**
18+	**13.5**	**15.3**	**15.7**	**14.1**	**13.7**	**16.5**	**10.7**	**17.8**	**14.5**

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Table A1.2: Awareness and use of unbranded loose tobacco, people aged 14 years or older, by sex, 2007 and 2010 (per cent)

	Males			Females			Persons		
Behaviour	**2007[a]**	**2010**		**2007[a]**	**2010**		**2007[a]**	**2010**	
Aware of unbranded loose tobacco	37.6	33.9	↓	29.8	25.0	↓	33.6	29.4	↓
Ever smoked unbranded loose tobacco									
As proportion of those aware	30.0	33.2	↑	20.9	23.7	↑	25.9	29.2	↑
As proportion of population	11.3	11.3		6.2	5.9		8.7	8.6	
Currently smoke this type of tobacco									
Currently smoke it[b] (proportion of ever used)	17.0	13.7		14.1	11.6		16.0	13.0	↓
No longer use it (proportion of ever used)	83.0	86.3		85.9	88.4		84.0	87.0	↑
Currently smoke it (proportion of population)	1.9	1.5		0.9	0.7		1.4	1.1	↓
No longer use it (proportion of population)	9.3	9.7		5.3	5.2		7.3	7.4	
Smoke unbranded loose tobacco half the time or more									
As proportion of those who currently smoke it	15.2	30.0	↑	28.6	28.8		19.2	29.6	↑
As proportion of population	0.3	0.4		0.2	0.2		0.2	0.3	

(a) The 2007 question asked about unbranded loose tobacco and unbranded cigarettes; the 2010 question asked about unbranded loose tobacco only.

(b) Smoke unbranded loose tobacco either occasionally, some days or every day.

Table A1.3: Alcohol consumption (2001 guidelines), people aged 12 years or older at risk of long-term harm, by age and sex, 2010 (per cent)

		Level of risk[(b)]		
Age group (years)	Abstainers[(a)]	Low risk	Risky	High risk
		Males		
12–15	78.7	21.3	—	—
16–17	30.7	65.1	*2.3	*1.9
18–19	12.5	70.2	8.2	9.1
20–29	13.9	73.8	8.2	4.1
30–39	13.5	76.0	6.7	3.9
40–49	12.5	76.0	6.8	4.7
50–59	12.8	75.8	7.0	4.4
60–69	13.5	76.4	6.3	3.7
70+	21.7	73.5	3.2	1.6
Total (12+)	**18.8**	**71.4**	**6.1**	**3.8**
14–19	*35.4*	*57.1*	*3.6*	*3.8*
14+	**16.4**	**73.4**	**6.3**	**3.9**
18+	**14.1**	**75.1**	**6.7**	**4.1**
		Females		
12–15	75.6	23.2	*1.1	**0.2
16–17	32.5	59.3	*4.7	*3.4
18–19	14.9	70.3	10.6	*4.3
20–29	15.6	69.2	11.5	3.6
30–39	17.9	72.0	7.8	2.2
40–49	16.0	72.9	8.8	2.3
50–59	20.2	69.3	7.8	2.7
60–69	26.0	67.5	5.6	0.9
70+	37.3	58.7	2.8	*1.2
Total (12+)	**24.5**	**65.9**	**7.3**	**2.3**
14–19	*35.4*	*56.2*	*5.6*	*2.7*
14+	**22.5**	**67.6**	**7.5**	**2.3**
18+	**21.0**	**68.8**	**7.8**	**2.3**
		Persons		
12–15	77.2	22.2	*0.5	**0.1
16–17	31.6	62.3	*3.5	*2.6
18–19	13.7	70.2	9.3	6.8
20–29	14.7	71.5	9.8	3.9
30–39	15.7	74.0	7.3	3.1
40–49	14.3	74.5	7.8	3.4
50–59	16.5	72.5	7.4	3.6
60–69	19.8	71.9	6.0	2.3
70+	30.4	65.2	3.0	1.4
Total (12+)	**21.7**	**68.6**	**6.7**	**3.0**
14–19	*35.4*	*56.7*	*4.6*	*3.3*
14+	**19.5**	**70.5**	**6.9**	**3.1**
18+	**17.6**	**71.9**	**7.3**	**3.2**

(a) Not consumed alcohol in the previous 12 months.

(b) For males, the consumption of up to 28 standard drinks per week is considered low risk, 29 to 42 per week is considered risky, and 43 or more per week is considered high risk. For females, the consumption of up to 14 standard drinks per week is considered low risk, 15 to 28 per week is considered risky, and 29 or more per week is considered high risk.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Table A1.4: Alcohol consumption (2001 guidelines), people aged 12 years or older at risk of short-term harm, by age and sex, 2010 (per cent)

Age group (years)	Abstainers[a]	Low risk	Risky and high risk[b]		
			At least yearly[c]	At least monthly[d]	At least weekly
			Males		
12–15	78.7	17.6	*1.4	*1.9	**0.4
16–17	30.7	35.0	14.3	15.7	*4.3
18–19	12.5	27.9	13.7	23.0	22.9
20–29	13.9	30.5	16.1	24.7	14.8
30–39	13.5	37.9	20.5	18.7	9.4
40–49	12.5	46.9	17.2	13.0	10.4
50–59	12.8	55.4	12.8	10.1	8.9
60–69	13.5	67.2	7.5	5.9	5.8
70+	21.7	71.9	2.1	1.9	2.3
Total (12+)	**18.8**	**45.5**	**13.2**	**13.5**	**9.1**
14–19	*35.4*	*30.3*	*10.4*	*14.4*	*9.5*
14+	**16.4**	**46.7**	**13.6**	**13.9**	**9.4**
18+	**14.1**	**47.8**	**13.9**	**14.2**	**9.9**
			Females		
12–15	75.6	14.5	3.9	5.6	**0.4
16–17	32.5	32.5	11.7	17.5	*5.8
18–19	14.9	29.4	9.8	34.4	11.5
20–29	15.6	31.3	18.5	23.6	10.9
30–39	17.9	44.5	16.8	14.8	6.1
40–49	16.0	53.3	13.9	10.4	6.4
50–59	20.2	59.4	9.3	5.7	5.4
60–69	26.0	65.4	4.2	2.8	1.6
70+	37.3	59.2	1.2	*1.0	1.3
Total (12+)	**24.5**	**47.4**	**11.1**	**11.4**	**5.6**
14–19	*35.4*	*28.1*	*9.5*	*20.9*	*6.1*
14+	**22.5**	**48.6**	**11.4**	**11.7**	**5.8**
18+	**21.0**	**50.0**	**11.5**	**11.5**	**5.9**
			Persons		
12–15	77.2	16.1	2.6	3.7	*0.4
16–17	31.6	33.8	13.0	16.6	5.0
18–19	13.7	28.7	11.8	28.5	17.3
20–29	14.7	30.9	17.3	24.2	12.9
30–39	15.7	41.2	18.6	16.7	7.7
40–49	14.3	50.1	15.5	11.7	8.4
50–59	16.5	57.4	11.0	7.9	7.1
60–69	19.8	66.3	5.9	4.4	3.7
70+	30.4	64.8	1.6	1.4	1.8
Total (12+)	**21.7**	**46.4**	**12.1**	**12.4**	**7.3**
14–19	*35.4*	*29.2*	*10.0*	*17.6*	*7.8*
14+	**19.5**	**47.7**	**12.5**	**12.8**	**7.6**
18+	**17.6**	**48.9**	**12.7**	**12.9**	**7.9**

(a) Not consumed alcohol in the previous 12 months.

(b) For males, the consumption of 7 or more standard drinks on any one day. For females, the consumption of 5 or more standard drinks on any one day.

(c) At least yearly but not as often as monthly.

(d) At least monthly but not as often as weekly.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Table A1.5: Usual place of alcohol consumption, recent drinkers aged 12 years or older, by age and sex, 2010 (per cent)

	Age group (years)												
Place	**12–15**	**16–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60–69**	**70+**	**Total (12+)**	**14–19**	**14+**	**18+**
							Males						
In my home	34.4	33.9	50.1	70.2	83.2	86.7	87.0	86.8	87.0	**79.6**	41.9	**79.6**	**81.5**
At friend's house	34.8	43.8	59.2	58.5	47.3	39.8	36.1	34.8	26.3	**43.1**	50.0	**43.1**	**43.2**
At private parties	53.5	70.8	59.2	49.0	42.0	33.0	31.2	27.3	21.3	**37.9**	63.2	**37.9**	**36.8**
At licensed premises	**1.0	*5.4	69.6	62.7	47.3	40.2	37.5	38.5	33.3	**44.1**	36.3	**44.2**	**45.8**
At restaurants/cafes	**1.2	*4.2	35.1	41.5	42.5	37.2	35.2	37.4	31.0	**36.7**	19.0	**36.8**	**38.1**
At workplace	—	**1.7	*5.3	7.9	7.5	5.8	4.2	*1.3	**0.2	**5.0**	*3.2	**5.0**	**5.2**
At raves/dance parties	*8.5	14.5	26.2	16.9	4.5	1.6	2.0	1.5	*0.9	**6.4**	19.2	**6.4**	**6.1**
In public places	*15.4	13.0	10.0	8.4	5.7	3.2	2.3	2.5	*0.6	**4.9**	12.2	**4.9**	**4.5**
In a car	—	*6.0	*8.3	6.3	2.7	*0.9	1.3	*0.8	**<0.1	**2.6**	6.2	**2.6**	**2.6**
At school/TAFE/university, etc.	**1.6	**1.0	*6.1	4.0	*1.1	*0.3	**0.1	**0.3	**0.1	**1.4**	3.7	**1.4**	**1.4**
Somewhere else	*18.2	10.1	*7.7	4.5	2.5	1.9	1.7	*1.0	*1.4	**3.0**	10.0	**3.0**	**2.6**
							Females						
In my home	35.7	38.6	51.4	71.7	83.4	86.5	83.6	83.1	81.9	**78.6**	43.3	78.6	**80.4**
At friend's house	39.0	55.3	58.1	55.1	48.9	44.5	42.7	39.0	27.4	**45.5**	54.4	45.5	**45.3**
At private parties	64.1	74.2	63.1	52.3	43.5	38.9	38.3	32.9	23.3	**42.2**	68.0	42.2	**41.0**
At licensed premises	**1.2	*10.2	73.1	63.1	43.0	35.5	36.7	28.8	22.0	**40.4**	38.4	40.5	**41.9**
At restaurants/cafes	**3.6	*5.5	36.6	51.1	49.5	48.3	51.0	48.3	35.8	**46.0**	19.5	46.1	**47.9**
At workplace	—	—	*3.9	3.8	3.7	2.3	2.1	*0.5	—	**2.3**	*1.8	2.3	**2.4**
At raves/dance parties	*8.7	19.6	31.6	13.7	1.9	1.4	*0.7	*1.0	**0.7	**5.3**	23.3	5.2	**4.8**
In public places	*10.8	*5.8	6.3	3.9	2.0	2.4	2.3	1.3	*0.6	**2.7**	7.3	2.7	**2.4**
In a car	**2.5	*4.4	*5.1	2.5	*0.7	*0.2	**0.4	*0.3	**0.1	**1.1**	4.5	1.1	**1.0**
At school/TAFE/university, etc.	—	—	*5.7	2.4	**0.2	*0.3	**<0.1	—	**0.1	**0.8**	*2.7	0.8	**0.8**
Somewhere else	*14.0	*4.2	*2.3	2.2	*0.7	0.9	*0.7	**0.1	*1.2	**1.4**	5.0	1.3	**1.1**

(continued)

TableA1.5 (continued): Usual place of alcohol consumption, recent drinkers aged 12 years or older, by age and sex, 2010 (per cent)

	Age group (years)												
Place	**12–15**	**16–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60–69**	**70+**	**Total (12+)**	**14–19**	**14+**	**18+**
							Persons						
In my home	35.1	36.1	50.7	70.9	83.3	86.6	85.4	85.1	84.4	**79.1**	42.6	**79.1**	**80.9**
At friend's house	37.1	49.2	58.7	56.9	48.1	42.1	39.2	36.7	26.9	**44.2**	52.1	**44.3**	**44.2**
At private parties	59.2	72.4	61.1	50.6	42.7	35.9	34.6	29.8	22.3	**40.0**	65.5	**40.0**	**38.8**
At licensed premises	**1.1	7.7	71.2	62.9	45.2	37.9	37.1	34.0	27.6	**42.3**	37.3	**42.4**	**43.9**
At restaurants/cafes	*2.5	4.8	35.9	46.2	45.9	42.7	42.8	42.4	33.5	**41.2**	19.2	**41.3**	**42.8**
At workplace	—	**0.9	4.6	5.9	5.6	4.0	3.2	0.9	**0.1	**3.7**	2.5	**3.7**	**3.8**
At raves/dance parties	*8.6	16.9	28.8	15.4	3.3	1.5	1.4	1.3	*0.8	**5.8**	21.2	**5.8**	**5.5**
In public places	12.9	9.6	8.2	6.2	3.9	2.8	2.3	1.9	*0.6	**3.8**	9.9	**3.8**	**3.5**
In a car	**1.4	5.2	6.8	4.4	1.7	0.5	0.9	0.6	**0.1	**1.9**	5.4	**1.9**	**1.8**
At school/TAFE/university, etc.	**0.7	**0.6	5.9	3.2	*0.7	*0.3	**0.1	**0.2	**0.1	**1.1**	3.2	**1.1**	**1.1**
Somewhere else	16.0	7.3	5.1	3.4	1.6	1.4	1.3	*0.6	1.3	**2.2**	7.6	**2.2**	**1.9**

Notes

1. Base is recent drinkers.
2. Respondents could select more than one response.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Table A1.6: Recent[(a)] use of cannabis, people aged 12 years or older, by age, sex and state/ territory, 2010 (per cent)

Cannabis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					Males				
12–17	8.5	*9.8	*6.3	*11.8	**6.1	—	**3.4	**4.9	8.2
18–19	*18.3	*22.4	*21.6	45.9	**20.5	**5.1	*39.7	**17.6	23.1
20–29	21.5	22.4	28.0	33.9	29.3	*21.9	22.8	30.6	25.0
30–39	15.6	18.5	20.3	22.0	18.3	*18.1	14.1	20.6	18.2
40+	7.1	4.7	6.6	8.2	7.1	7.5	*6.2	14.1	6.6
Total (12+)	**11.6**	**11.4**	**13.2**	**16.8**	**12.8**	**10.2**	**12.2**	**17.8**	**12.5**
14–19	*14.6*	*17.3*	*13.7*	*26.8*	**13.0*	***1.7*	**18.0*	***10.9*	*15.9*
14+	**11.9**	**11.8**	**13.6**	**17.3**	**13.2**	**10.6**	**12.6**	**18.5**	**12.9**
18+	**11.9**	**11.6**	**13.9**	**17.4**	**13.5**	**11.4**	**13.1**	**19.4**	**13.0**
					Females				
12–17	7.8	*8.8	10.0	*10.7	*18.3	**4.3	**6.2	*10.4	9.5
18–19	19.3	*18.3	*16.7	*27.4	*25.5	—	—	**25.8	19.3
20–29	15.2	18.3	19.6	20.8	16.9	*13.1	*13.7	*21.5	*17.5*
30–39	7.4	7.4	10.2	11.8	13.4	*10.3	*8.7	16.1	9.0
40+	3.0	2.2	2.8	3.1	3.7	*4.5	*3.1	8.9	2.9
Total (12+)	**6.7**	**6.9**	**8.1**	**9.2**	**9.1**	**6.5**	**6.4**	**13.9**	**7.5**
14–19	*13.3*	*14.6*	*15.5*	**19.9*	**26.7*	***4.8*	***5.8*	**19.0*	*15.5*
14+	**6.8**	**7.1**	**8.3**	**9.4**	**9.4**	**6.7**	**6.6**	**14.4**	**7.7**
18+	**6.6**	**6.7**	**7.8**	**9.0**	**8.3**	**6.7**	**6.4**	**14.3**	**7.3**

(a) Used in the previous 12 months.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Table A1.7: Recent[(a)] use of ecstasy, people aged 12 years or older, by age, sex, and state/territory, 2010 (per cent)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					Males				
12–17	**0.4	**2.2	—	—	**0.5	—	—	—	*0.7
18–19	*8.4	*7.5	**2.0	*13.5	**4.0	—	**14.7	**6.0	7.0
20–29	9.6	10.2	11.9	15.7	17.6	*11.1	*8.1	*10.9	11.4
30–39	5.4	5.4	*3.1	*6.0	*6.1	**2.8	**2.9	**5.5	4.9
40+	0.9	*0.7	*0.6	**0.7	**0.2	**0.5	—	**1.3	0.7
Total (12+)	**3.4**	**3.6**	**3.0**	**4.7**	**4.1**	**2.2**	**2.8**	**4.1**	**3.5**
14–19	**3.2*	**4.8*	***0.7*	**4.7*	***1.9*	—	***5.5*	***2.1*	*3.1*
14+	**3.5**	**3.8**	**3.1**	**4.8**	**4.3**	**2.3**	**2.9**	**4.3**	**3.6**
18+	**3.7**	**3.8**	**3.3**	**5.2**	**4.5**	**2.5**	**3.1**	**4.6**	**3.8**
					Females				
12–17	**0.8	**0.8	**0.8	—	**1.3	**3.1	—	**2.1	*0.8
18–19	**1.3	**4.3	*6.8	**6.2	*18.4	—	—	**9.9	5.0
20–29	8.7	8.8	8.3	*9.0	*5.1	**3.4	*7.2	**5.2	8.2
30–39	3.7	*2.6	*2.5	*2.1	*4.9	**1.4	**1.4	**0.4	3.0
40+	*0.2	*0.3	**0.3	**0.6	—	—	—	**0.6	0.3
Total (12+)	**2.3**	**2.3**	**2.3**	**2.4**	**2.2**	**1.0**	**1.7**	**2.1**	**2.3**
14–19	**1.3*	**2.3*	**3.0*	***2.2*	**7.7*	***3.5*	—	***5.4*	*2.5*
14+	**2.3**	**2.4**	**2.4**	**2.5**	**2.3**	**1.0**	**1.7**	**2.2**	**2.3**
18+	**2.4**	**2.4**	**2.4**	**2.7**	**2.3**	**0.8**	**1.8**	**2.1**	**2.4**
					Persons				
12–17	**0.6	**1.5	**0.4	—	**0.9	**1.5	—	**1.0	*0.8
18–19	*4.9	*5.9	*4.3	*10.0	*11.2	—	**7.6	**7.8	6.0
20–29	9.1	9.5	10.1	12.5	11.5	*7.2	*7.7	*8.0	9.9
30–39	4.5	3.9	2.8	4.1	*5.5	**2.1	*2.2	*3.1	3.9
40+	0.5	0.5	*0.4	*0.6	**0.1	**0.2	—	*0.9	0.5
Total (12+)	**2.8**	**3.0**	**2.6**	**3.6**	**3.2**	**1.6**	**2.2**	**3.1**	**2.9**
14–19	**2.3*	**3.6*	**1.8*	**3.5*	**4.7*	***1.6*	***2.8*	***3.7*	*2.8*
14+	**2.9**	**3.1**	**2.7**	**3.7**	**3.3**	**1.7**	**2.3**	**3.2**	**3.0**
18+	**3.0**	**3.1**	**2.9**	**3.9**	**3.4**	**1.6**	**2.4**	**3.4**	**3.1**

(a) Used in the previous 12 months.

Table A1.8: Recent[(a)] use of meth/amphetamines, people aged 12 years or older, by age, sex and state/territory, 2010 (per cent)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					Males				
12–17	—	—	—	—	—	—	—	—	—
18–19	**2.0	*8.8	**2.6	—	—	—	—	—	*3.3
20–29	3.9	7.9	6.1	15.1	*7.5	**2.5	**2.5	*9.1	6.8
30–39	3.3	*3.8	*3.9	*8.7	*4.8	**4.3	**1.4	**5.5	4.2
40+	*0.7	*0.7	*0.6	**0.3	*1.0	**0.5	**1.3	**1.1	0.7
Total (12+)	**1.7**	**2.8**	**2.1**	**4.3**	**2.5**	**1.2**	**1.4**	**3.4**	**2.4**
14–19	***0.7*	**3.1*	***0.9*	—	—	—	—	—	**1.2*
14+	**1.7**	**2.9**	**2.2**	**4.5**	**2.6**	**1.3**	**1.4**	**3.6**	**2.5**
18+	**1.8**	**3.0**	**2.4**	**4.8**	**2.8**	**1.4**	**1.5**	**3.9**	**2.6**
					Females				
12–17	**0.7	**0.8	—	—	**0.4	—	—	—	**0.4
18–19	**2.1	**6.3	**4.9	**5.0	**12.1	—	—	**6.9	*4.7
20–29	3.9	4.8	5.3	*8.2	*7.0	**2.8	**2.6	**0.9	5.0
30–39	2.7	2.6	*1.9	*3.5	*3.5	**1.5	**1.8	—	2.6
40+	*0.2	**0.2	**0.3	**0.2	**0.7	**0.6	**0.1	—	0.3
Total (12+)	**1.4**	**1.6**	**1.5**	**2.3**	**2.4**	**1.0**	**0.9**	**0.5**	**1.6**
14–19	***1.4*	**3.0*	***1.7*	***1.7*	***4.6*	—	—	***2.3*	*2.1*
14+	**1.4**	**1.7**	**1.6**	**2.3**	**2.5**	**1.0**	**0.9**	**0.5**	**1.7**
18+	**1.4**	**1.7**	**1.7**	**2.5**	**2.6**	**1.1**	**1.0**	**0.5**	**1.7**
					Persons				
12–17	**0.3	**0.4	—	—	**0.2	—	—	—	**0.2
18–19	**2.0	*7.6	*3.7	**2.4	**5.9	—	—	**3.3	4.0
20–29	3.9	6.4	5.7	11.7	*7.3	**2.6	**2.6	*5.0	5.9
30–39	3.0	3.2	2.9	6.1	*4.2	**2.8	**1.6	**2.9	3.4
40+	0.5	*0.4	*0.5	*0.2	*0.8	**0.5	**0.7	**0.6	0.5
Total (12+)	**1.5**	**2.2**	**1.8**	**3.3**	**2.5**	**1.1**	**1.1**	**2.0**	**2.0**
14–19	***1.0*	**3.1*	**1.3*	***0.8*	***2.2*	—	—	***1.1*	*1.6*
14+	**1.6**	**2.3**	**1.9**	**3.4**	**2.5**	**1.1**	**1.2**	**2.1**	**2.1**
18+	**1.6**	**2.4**	**2.0**	**3.7**	**2.7**	**1.2**	**1.3**	**2.3**	**2.2**

(a) Used in the previous 12 months.

Table A1.9: Personal approval of the regular use by an adult of selected drugs, people aged 12 years or older, by age and sex, 2010 (per cent)

	Age group (years)										
Drug	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (12+)**	**14–19**	**14+**	**18+**
						Males					
Tobacco	15.1	23.4	24.5	20.2	18.6	14.9	8.1	**17.2**	19.2	**17.4**	**17.4**
Alcohol	45.1	61.4	59.5	55.0	54.0	48.3	39.3	**50.8**	55.3	**51.5**	**51.4**
Illicit drugs (excluding pharmaceuticals)											
Cannabis	5.5	18.8	19.6	13.7	10.7	9.1	2.5	**10.7**	11.0	**11.0**	**11.3**
Ecstasy[(a)]	*1.6	*5.5	6.6	3.6	2.4	*1.3	0.8	**2.9**	3.1	**3.0**	**3.1**
Meth/amphetamines[(b)]	*1.2	*2.1	3.1	1.3	1.2	*0.8	0.8	**1.5**	*1.5	**1.5**	**1.5**
Cocaine	*2.5	*2.8	4.3	2.9	1.6	*0.9	0.9	**2.2**	2.7	**2.2**	**2.2**
Hallucinogens	*2.3	6.5	6.9	4.0	2.2	1.3	0.9	**3.1**	4.0	**3.2**	**3.2**
Inhalants	*1.8	**0.4	3.0	*1.1	*0.6	*0.6	1.0	**1.3**	*1.3	**1.3**	**1.2**
Heroin	*1.4	**1.1	2.5	1.4	1.1	*1.4	1.2	**1.5**	*1.1	**1.5**	**1.5**
Ketamine	*2.6	**1.5	2.9	1.4	1.5	*0.8	1.0	**1.6**	*2.0	**1.6**	**1.6**
GHB	*1.6	**0.8	2.5	1.3	1.2	*0.5	0.9	**1.3**	*1.3	**1.3**	**1.3**
Kava	*3.6	*11.2	9.0	7.6	5.2	4.5	3.1	**5.9**	6.9	**5.9**	**6.0**
Pharmaceuticals											
Prescription pain-killers/analgesics[(b)]	15.6	11.2	12.9	13.1	13.8	12.0	14.1	**13.4**	14.9	**13.4**	**13.2**
Over-the-counter pain-killers/analgesics[(b)]	13.6	9.1	12.4	14.0	16.0	14.1	16.9	**14.4**	11.5	**14.4**	**14.5**
Tranquillisers/sleeping pills[(b)]	7.0	*8.5	8.2	7.1	8.2	5.7	6.3	**7.2**	8.0	**7.2**	**7.2**
Steroids[(b)]	3.8	*3.7	6.4	2.9	2.1	*1.1	1.3	**2.9**	4.3	**3.0**	**2.8**
Methadone[(c)] or buprenorphine[(d)]	*1.8	**0.8	2.7	1.7	*1.3	*1.0	0.9	**1.5**	*1.2	**1.5**	**1.5**
Other opioids/opiates[(a)]	*2.6	*2.2	3.0	2.8	1.9	1.2	1.2	**2.1**	*2.3	**2.1**	**2.0**

(continued)

Table A1.9 (continued): Personal approval of the regular use by an adult of selected drugs, people aged 12 years or older, by age and sex, 2010 (per cent)

	Age group (years)										
Drug	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (12+)**	**14–19**	**14+**	**18+**
						Females					
Tobacco	12.7	18.1	19.9	15.5	13.2	10.6	6.5	**13.1**	16.4	**13.3**	**13.1**
Alcohol	42.7	52.5	49.1	43.0	40.1	34.2	25.1	**38.7**	49.3	**38.9**	**38.3**
Illicit drugs (excluding pharmaceuticals)											
Cannabis	4.8	9.2	8.4	7.0	5.1	4.3	1.7	**5.2**	6.9	**5.3**	**5.3**
Ecstasy[(a)]	*1.2	*3.6	2.9	2.2	1.0	*1.1	1.1	**1.7**	2.1	**1.7**	**1.7**
Meth/amphetamines[(b)]	*0.9	**0.5	1.1	1.0	0.8	*0.8	1.1	**0.9**	*0.7	**0.9**	**0.9**
Cocaine	*1.1	*1.9	1.8	1.5	0.8	*1.0	1.2	**1.3**	*1.3	**1.2**	**1.3**
Hallucinogens	*1.8	*3.3	2.8	1.5	1.0	*0.9	1.1	**1.5**	2.5	**1.6**	**1.5**
Inhalants	*1.6	—	*0.6	*0.5	*0.5	*0.8	1.2	**0.8**	*0.8	**0.8**	**0.7**
Heroin	*0.8	**0.5	*1.1	0.9	1.0	*0.9	1.3	**1.0**	**0.5	**1.0**	**1.0**
Ketamine	**1.0	*2.0	*0.9	*0.8	*0.8	*0.9	1.1	**0.9**	*1.2	**0.9**	**0.9**
GHB	**1.0	**1.3	*0.9	*0.9	*0.5	*0.8	1.0	**0.9**	*1.1	**0.8**	**0.8**
Kava	*3.7	*4.0	3.7	3.4	2.2	2.1	1.4	**2.7**	*3.5	**2.6**	**2.6**
Pharmaceuticals											
Prescription pain-killers/analgesics[(b)]	12.1	13.3	12.4	10.1	12.5	12.7	14.6	**12.5**	13.0	**12.6**	**12.6**
Over-the-counter pain-killers/analgesics[(b)]	13.2	13.5	12.2	11.7	14.9	16.6	16.3	**14.2**	13.3	**14.3**	**14.3**
Tranquillisers/sleeping pills[(b)]	4.3	*6.2	7.4	4.9	5.7	5.2	5.4	**5.6**	5.3	**5.7**	**5.7**
Steroids[(b)]	*1.7	*2.1	2.0	1.6	1.2	1.4	1.0	**1.5**	*1.5	**1.4**	**1.5**
Methadone[(c)] or buprenorphine[(d)]	**0.7	**0.2	*1.2	*1.5	0.7	*0.8	1.1	**1.0**	**0.4	**1.0**	**1.0**
Other opioids/opiates[(a)]	*2.0	**2.0	1.5	1.4	1.5	2.3	1.6	**1.7**	*2.3	**1.7**	**1.7**

(a) Included 'designer drugs' before 2004.

(b) For non-medical purposes.

(c) Non-maintenance.

(d) Did not include buprenorphine before 2007.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: The question structure upon which these analyses are based was changed between 2004 and 2007, and so results are not directly comparable.

Table A1.10: Form of drug use thought to be of most serious concern for the general community, people aged 12 years or older, by age and sex, 2010 (per cent)

	Age group (years)										
Form of drug use	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (12+)**	**14–19**	**14+**	**18+**
						Males					
Tobacco smoking	22.5	18.9	17.3	15.0	15.5	16.4	17.2	**17.0**	19.4	**16.7**	**16.4**
Excessive drinking of alcohol	34.3	32.0	36.6	40.8	41.4	42.3	40.2	**39.3**	35.1	**39.6**	**39.8**
Illicit drugs (excluding pharmaceuticals)											
Cannabis	10.0	9.0	5.3	4.1	3.2	3.1	3.8	**4.7**	9.9	**4.5**	**4.1**
Ecstasy	4.5	6.5	6.6	5.1	4.8	6.0	4.8	**5.4**	5.2	**5.4**	**5.5**
Meth/amphetamines[(a)]	4.3	10.0	12.0	14.2	13.2	9.2	5.5	**10.0**	7.0	**10.3**	**10.6**
Cocaine/crack	6.3	*3.9	5.4	3.9	5.6	5.5	9.5	**6.1**	5.9	**6.1**	**6.0**
Hallucinogens	*1.1	**1.6	*0.9	*0.8	*0.5	*0.4	0.6	**0.7**	*1.1	**0.7**	**0.7**
Inhalants	*2.8	*3.2	1.4	*0.8	1.4	*1.2	0.9	**1.3**	*2.3	**1.2**	**1.2**
Heroin	9.3	10.3	11.1	12.8	11.1	13.3	14.8	**12.3**	9.6	**12.4**	**12.6**
Ketamine	—	—	**0.2	—	—	—	**<0.1	**<0.1**	—	**<0.1**	**<0.1**
GHB	**0.2	*1.9	*1.0	*0.5	1.3	*1.0	*0.6	**0.8**	*0.9	**0.9**	**0.9**
Kava	**0.1	—	**0.1	**<0.1	—	—	—	**<0.1**	—	**<0.1**	**<0.1**
Pharmaceuticals[(b)]	*3.4	*2.8	1.7	1.6	1.7	1.4	1.5	**1.8**	2.9	***1.7**	**1.6**
None of these	**1.1	—	*0.5	*0.5	*0.3	*0.2	*0.6	**0.5**	**0.7	**0.5**	**0.4**

(continued)

Table A1.10 (continued): Form of drug use thought to be of most serious concern for the general community, people aged 12 years or older, by age and sex, 2010 (per cent)

	Age group (years)										
Form of drug use	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (12+)**	**14–19**	**14+**	**18+**
						Females					
Tobacco smoking	22.7	18.4	17.5	12.7	12.8	12.7	12.8	**14.6**	19.6	**14.2**	**13.8**
Excessive drinking of alcohol	35.2	31.9	41.4	44.9	46.5	49.3	46.6	**44.3**	33.2	**44.5**	**45.2**
Illicit drugs (excluding pharmaceuticals)											
Cannabis	9.0	7.2	4.8	4.0	4.0	3.3	3.8	**4.5**	8.6	**4.4**	**4.1**
Ecstasy	6.7	9.2	4.6	5.2	6.1	5.2	5.6	**5.6**	8.6	**5.7**	**5.5**
Meth/amphetamines[(a)]	4.9	12.5	10.6	12.3	9.5	8.0	4.4	**8.5**	8.4	**8.6**	**8.8**
Cocaine/crack	4.8	*6.0	5.1	5.0	5.7	6.9	7.7	**6.1**	4.9	**6.1**	**6.2**
Hallucinogens	*2.0	*2.0	*1.0	*1.0	*0.6	*0.6	1.1	**1.0**	*2.1	**1.0**	**0.9**
Inhalants	1.9	**2.1	1.7	1.2	1.2	0.9	1.0	**1.3**	2.3	**1.3**	**1.2**
Heroin	6.7	*6.0	8.8	10.5	9.9	10.2	13.8	**10.3**	6.9	**10.5**	**10.7**
Ketamine	**0.1	—	**0.1	—	—	**<0.1	—	****<0.1**	**0.1	****<0.1**	****<0.1**
GHB	**0.4	**0.4	1.1	*0.7	*0.7	*0.7	*0.3	**0.6**	**0.5	**0.7**	**0.7**
Kava	—	—	**<0.1	**<0.1	**<0.1	**<0.1	—	****<0.1**	—	****<0.1**	****<0.1**
Pharmaceuticals[(b)]	4.4	*4.2	3.2	2.1	2.7	1.9	2.3	**2.7**	4.4	**2.6**	**2.5**
None of these	**1.1	—	**0.2	*0.3	**0.2	*0.2	*0.6	**0.4**	**0.5	**0.3**	**0.3**

(a) For non-medical purposes.

(b) Includes pain-killers/analgesics, tranquillisers/sleeping pills, steroids, methadone/buprenorphine and other opiates used for non-medical purposes.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Table A1.11: Drugs thought to either directly or indirectly cause the most deaths, people aged 14 years or older, by age and sex, 2010 (per cent)

	Age group (years)										
Drug	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (12+)**	**14–19**	**14+**	**18+**
						Males					
Tobacco	32.5	37.1	35.5	37.1	41.7	43.5	38.8	**38.4**	33.9	**38.6**	**39.1**
Alcohol	29.7	27.6	31.2	33.1	28.6	27.5	26.5	**29.3**	30.2	**29.4**	**29.3**
Illicit drugs											
Cannabis	3.6	**0.8	*1.7	*1.0	*0.7	*0.7	1.2	**1.3**	*2.1	**1.2**	**1.1**
Ecstasy	8.3	*7.8	4.6	3.2	2.3	1.9	2.8	**3.7**	8.4	**3.5**	**3.2**
Meth/amphetamines[(a)]	5.0	8.9	6.2	4.6	5.1	3.2	2.7	**4.6**	7.0	**4.6**	**4.5**
Cocaine/crack	4.8	*3.5	3.7	3.5	3.3	4.2	5.9	**4.2**	3.8	**4.2**	**4.2**
Hallucinogens	*0.8	**0.5	*0.6	*0.3	*0.5	**0.2	*0.4	**0.4**	*0.9	**0.5**	**0.4**
Inhalants	*1.4	**0.2	*0.4	*0.8	*1.2	*0.5	*0.6	**0.7**	*0.5	**0.7**	**0.6**
Heroin	10.5	9.8	12.8	14.5	15.2	16.7	19.3	**15.1**	10.4	**15.2**	**15.5**
Ketamine	—	—	—	—	—	—	—	**—**	—	**—**	**—**
GHB	**<0.1	**1.0	*0.4	*0.3	**0.2	*0.6	*0.2	**0.3**	**0.4	**0.3**	**0.4**
Kava	—	—	**0.4	—	—	—	**<0.1	****0.1**	—	**0.1**	**0.1**
Pharmaceuticals[(b)]	*2.5	**1.7	*2.3	*1.1	*0.9	*0.8	1.2	**1.4**	*1.6	**1.3**	**1.3**
Other	**0.7	**1.2	**0.3	*0.4	**0.2	*0.4	*0.4	**0.4**	**1.0	**0.4**	**0.4**

(continued)

Table A1.11 (continued): Drugs thought to either directly or indirectly cause the most deaths, people aged 14 years or older, by age and sex, 2010 (per cent)

	Age group (years)										
Drug	**12–17**	**18–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total (12+)**	**14–19**	**14+**	**18+**
						Females					
Tobacco	27.6	28.4	32.0	33.9	35.6	35.5	34.0	**33.4**	26.9	**33.5**	**33.9**
Alcohol	33.1	31.2	33.4	29.7	29.2	30.4	25.9	**29.8**	31.3	**29.6**	**29.5**
Illicit drugs											
Cannabis	2.8	0.7	1.4	0.9	*0.3	*0.9	1.2	**1.1**	*1.8	**1.0**	**0.9**
Ecstasy	10.0	9.8	5.4	3.7	3.9	4.0	5.1	**5.1**	10.1	**5.0**	**4.6**
Meth/amphetamines[(a)]	4.3	5.9	6.1	6.0	5.2	3.5	2.6	**4.6**	5.5	**4.7**	**4.6**
Cocaine/crack	5.4	*5.1	3.7	5.3	5.9	6.0	7.5	**5.7**	5.4	**5.8**	**5.8**
Hallucinogens	*1.8	*1.3	*0.5	**0.7	*0.3	*0.2	*0.4	**0.6**	*2.0	**0.6**	**0.5**
Inhalants	*1.4	**0.9	*0.8	*0.4	*1.0	*0.7	0.7	**0.8**	*1.3	**0.8**	**0.7**
Heroin	9.2	12.4	13.5	16.5	16.9	17.0	20.8	**16.3**	11.2	**16.6**	**17.0**
Ketamine	—	—	**0.1	**<0.1	—	—	—	**<0.1**	—	**<0.1**	**<0.1**
GHB	*1.1	**0.8	*0.8	**0.1	*0.3	*0.5	*0.2	**0.4**	*1.2	**0.4**	**0.4**
Kava	—	—	—	—	—	—	—	**—**	—	**—**	**—**
Pharmaceuticals[(b)]	2.9	*3.5	2.0	2.6	1.3	1.2	1.1	**1.8**	2.7	**1.7**	**1.7**
Other	**0.5	—	**0.1	*0.2	*0.2	*0.3	*0.5	**0.3**	**0.5	**0.3**	**0.3**

(a) For non-medical purposes.

(b) Includes pain-killers/analgesics, tranquillisers/sleeping pills, steroids and barbiturates, used for non-medical purposes.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Appendix 2: Additional age group categories

Table A2.1: Alcohol drinking status, people aged 15 years or older, by age, 2010 (per cent)

	Age group (years)													
Drinking status	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40–44**	**45–49**	**50–54**	**55–59**	**60–64**	**65–69**	**70–74**	**75–79**	**80+**
Daily	0.6	1.7	2.7	3.8	5.2	6.8	8.1	10.1	10.2	12.5	14.3	14.9	13.9	15.3
Weekly	21.2	45.6	42.1	42.0	45.1	45.1	44.9	45.7	43.4	41.5	36.7	33.1	30.7	25.6
Less than weekly	48.6	38.3	40.2	37.5	34.8	34.8	31.8	28.7	28.6	27.5	27.5	26.0	24.9	24.8
Ex-drinker[(a)]	2.7	2.5	4.9	7.4	6.5	6.4	7.4	8.7	9.9	10.6	10.2	12.4	13.3	13.3
Never a full serve of alcohol	26.9	12.0	10.1	9.3	8.4	6.9	7.8	6.8	7.8	8.0	11.2	13.6	17.2	21.1

(a) Consumed at least a full serve of alcohol, but not in the previous 12 months.

Table A2.2: Alcohol drinking status, people aged 18 years or older, by age, 2010 (per cent)

	Age group (years)						
Drinking status	**18–24**	**25–34**	**35–44**	**45–54**	**55–64**	**65–74**	**75+**
Daily	1.6	3.2	6.0	9.1	11.3	14.6	14.8
Weekly	43.7	42.1	45.1	45.3	42.5	35.1	27.5
Less than weekly	40.5	38.9	34.8	30.3	28.1	26.8	24.8
Ex-drinker[(a)]	2.8	6.1	6.4	8.0	10.2	11.3	13.3
Never a full serve of alcohol	11.5	9.8	7.7	7.3	7.9	12.3	19.6

(a) Consumed at least a full serve of alcohol, but not in the previous 12 months.

Table A2.3: Tobacco smoking status, people aged 15 years or older, by age, 2010 (per cent)

	Age group (years)													
Smoking status	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40–44**	**45–49**	**50–54**	**55–59**	**60–64**	**65–69**	**70–74**	**75–79**	**80+**
Daily	8.0	16.8	19.3	17.5	19.2	18.0	20.9	17.9	16.8	13.4	11.6	8.0	4.8	3.8
Weekly	1.7	3.0	2.8	2.0	1.7	1.6	1.5	1.8	*0.6	*1.0	*0.5	*0.3	**0.3	**0.1
Less than weekly	*1.0	2.5	3.0	2.9	1.8	1.3	0.9	*0.9	*0.8	*0.6	*0.5	*0.5	**0.6	**0.1
Ex-smokers[(a)]	3.1	8.7	14.8	22.8	25.6	27.2	29.8	29.8	33.3	35.8	37.2	35.7	33.8	30.7
Never smoked[(b)]	86.2	69.0	60.1	54.8	51.7	51.9	46.8	49.6	48.5	49.2	50.1	55.4	60.4	65.2

(a) Smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reports no longer smoking.

(b) Never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life.

Table A2.4: Tobacco smoking status, people aged 18 years or older, by age, 2010 (per cent)

	Age group (years)						
Smoking status	**18–24**	**25–34**	**35–44**	**45–54**	**55–64**	**65–74**	**75+**
Daily	15.7	18.5	18.7	19.4	15.2	10.0	4.2
Weekly	2.8	2.4	1.6	1.6	0.8	0.4	0.2
Less than weekly	2.1	3.0	1.6	0.9	0.7	0.5	0.3
Ex-smokers[(a)]	7.3	18.6	26.4	29.8	34.5	36.5	31.9
Never smoked[(b)]	72.1	57.5	51.8	48.2	48.9	52.6	63.3

(a) Smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reports no longer smoking.

(b) Never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life.

Table A2.5: Summary of lifetime drug use[a], people aged 15 years or older, by age, 2010 (per cent)

	Age group (years)								
Drug use	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40–44**	**45–49**	**50–54**	**55–59**
Illicit drugs (excluding pharmaceuticals)									
Cannabis	23.8	42.4	51.6	56.3	55.2	51.0	46.5	36.3	30.3
Ecstasy	5.5	22.4	26.1	26.1	18.6	10.5	5.7	2.3	1.7
Meth/amphetamines[b]	2.8	10.7	18.6	16.7	13.1	8.7	5.6	2.9	1.5
Cocaine	2.5	12.0	16.4	15.8	13.3	9.8	6.6	4.6	3.6
Hallucinogens	3.3	11.8	14.3	19.0	15.3	11.6	10.0	8.2	7.5
Inhalants	3.5	5.3	6.4	8.2	6.3	5.3	3.2	1.6	1.8
Heroin	**0.3	*0.6	2.0	3.1	2.4	1.3	2.3	2.0	1.7
Ketamine	*0.5	3.1	4.8	3.2	2.2	1.1	*0.3	*0.2	*0.2
GHB	*0.3	*1.2	3.6	1.6	1.2	0.9	*0.2	—	—
Injected drugs	*0.4	*0.8	3.3	4.2	3.6	2.2	3.0	1.7	1.1
Any illicit excluding pharmaceuticals	*26.4*	*45.0*	*54.7*	*59.1*	*56.5*	*52.2*	*47.7*	*37.5*	*31.5*
Pharmaceuticals									
Pain-killers/analgesics[b]	4.3	5.3	7.9	6.7	5.4	3.9	4.6	3.9	4.2
Tranquillisers/sleeping pills[b]	1.4	4.4	6.2	4.8	5.0	3.6	3.5	2.6	1.9
Steroids[b]	—	*0.5	*1.1	1.3	*0.7	*0.5	*0.4	**0.2	**0.2
Methadone[c] or buprenorphine[b]	**0.2	*0.7	*0.7	*1.0	*0.5	**0.2	*0.7	*0.4	**0.2
Other opiates/opioids[b]	*0.8	1.3	2.2	2.2	1.2	*1.0	1.1	1.1	*0.9
Any pharmaceutical[b]	5.0	8.5	12.1	10.1	9.4	7.5	7.6	6.1	5.7
Any illicit	**27.8**	**46.6**	**56.2**	**60.5**	**58.3**	**54.3**	**49.6**	**40.1**	**34.8**
Tobacco, alcohol or any illicit	**74.5**	**90.1**	**91.0**	**92.0**	**93.1**	**94.6**	**93.9**	**94.3**	**93.2**
Any illicit excluding cannabis	**12.3**	**29.3**	**35.5**	**36.7**	**30.9**	**23.9**	**19.4**	**15.3**	**14.5**

(a) Used at least once in lifetime.

(b) For non-medical purposes.

(c) Non-maintenance.

Table A2.6: Summary of lifetime drug use[a] people aged 18 years or older, by age, 2010 (per cent)

	Age group (years)						
Drug use	**18–24**	**25–34**	**35–44**	**45–54**	**55–64**	**65–74**	**75+**
Illicit drugs (excluding pharmaceuticals)							
Cannabis	39.5	53.8	53.2	41.5	24.0	6.4	1.1
Ecstasy	19.0	26.1	14.7	4.0	1.1	**0.1	**0.1
Meth/amphetamines[b]	9.4	17.7	11.0	4.3	1.1	*0.3	**0.2
Cocaine	10.1	16.1	11.6	5.6	2.3	*0.2	**0.1
Hallucinogens	10.4	16.5	13.5	9.1	5.3	*0.3	—
Inhalants	5.1	7.3	5.8	2.4	1.6	0.6	0.8
Heroin	*0.6	2.5	1.9	2.1	1.1	**0.2	**0.2
Ketamine	2.5	4.0	1.7	*0.3	*0.1	**0.1	—
GHB	1.1	2.7	1.1	*0.1	**0.1	—	**0.2
Injected drugs	0.7	3.7	3.0	2.4	0.6	**0.2	**0.1
Any illicit excluding pharmaceuticals	*42.2*	*56.7*	*54.4*	*42.7*	*25.4*	*7.4*	*2.5*
Pharmaceuticals							
Pain-killers/analgesics[b]	5.4	7.3	4.7	4.3	3.8	3.7	5.1
Tranquillisers/sleeping pills[b]	3.8	5.5	4.3	3.0	1.6	1.4	2.5
Steroids[b]	*0.3	1.2	0.6	*0.3	**0.1	**0.1	—
Methadone[c] or buprenorphine[b]	*0.7	0.8	*0.4	*0.5	**0.1	—	**0.1
Other opiates/opioids[b]	1.2	2.2	1.1	1.1	0.6	*0.2	**0.2
Any pharmaceutical[b]	8.0	11.2	8.5	6.9	5.0	4.9	7.3
Any illicit	**44.0**	**58.2**	**56.4**	**45.0**	**28.7**	**11.7**	**9.4**
Tobacco, alcohol or any illicit	**74.5**	**90.1**	**91.0**	**92.0**	**93.1**	**94.6**	**93.9**
Any illicit excluding cannabis	**12.3**	**29.3**	**35.5**	**36.7**	**30.9**	**23.9**	**19.4**

(a) Used at least once in lifetime.

(b) For non-medical purposes.

(c) Non-maintenance.

Table A2.7: Summary of recent[a] drug use, people aged 15 years or older, by age, 2010 (per cent)

	Age group (years)								
Drug use	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40–44**	**45–49**	**50–54**	**55–59**
Illicit drugs (excluding pharmaceuticals)									
Cannabis	17.5	22.8	19.8	16.5	11.3	9.8	9.1	6.1	4.7
Ecstasy	3.3	11.5	8.2	4.9	3.1	1.8	*0.7	*0.2	**0.3
Meth/amphetamines[b]	1.9	5.7	6.1	3.8	3.1	1.4	0.8	*0.6	**0.2
Cocaine	1.6	6.2	6.7	4.5	3.0	1.3	*0.6	*0.5	**0.1
Hallucinogens	2.5	5.9	3.3	2.1	1.1	*0.5	**<0.1	**0.1	—
Inhalants	*1.4	1.8	*1.1	*0.4	*0.1	*0.5	*0.3	**<0.1	*0.3
Heroin	**0.2	*0.4	*0.5	*0.7	*0.3	**0.2	*0.2	*0.2	—
Ketamine	*0.3	*0.7	*0.8	*0.5	*0.2	**0.2	—	**<0.1	**0.1
GHB	**0.2	*0.4	*0.4	*0.2	**0.2	**0.1	**0.1	**<0.1	—
Injected drugs	**0.3	*0.6	*1.2	*1.1	*0.7	*0.4	*0.3	*0.2	**0.1
Any illicit excluding pharmaceuticals	*19.1*	*26.9*	*24.4*	*19.8*	*13.6*	*11.0*	*9.7*	*6.3*	*5.3*
Pharmaceuticals									
Pain-killers/analgesics[b]	3.0	3.4	4.1	3.1	2.8	2.4	2.5	2.8	2.6
Tranquillisers/sleeping pills[b]	*1.2	2.2	3.0	1.9	1.8	1.2	1.0	1.2	*0.9
Steroids[b]	—	*0.4	*0.6	*0.4	**<0.1	—	—	**0.1	—
Methadone[c] or buprenorphine[b]	**0.2	*0.6	*0.3	*0.4	*0.1	**0.1	**0.1	**0.1	**<0.1
Other opiates/opioids[b]	*0.7	*0.7	*1.0	*1.0	*0.5	*0.4	*0.3	*0.2	**0.2
Any pharmaceutical[b]	*3.7*	*4.9*	*6.3*	*4.7*	*4.4*	*3.7*	*3.3*	*3.5*	*3.2*
Any illicit	**20.3**	**28.3**	**26.6**	**22.0**	**16.2**	**13.5**	**12.0**	**9.4**	**8.0**
Tobacco, alcohol or any illicit	**71.4**	**87.9**	**86.3**	**86.8**	**88.1**	**89.4**	**88.4**	**87.6**	**85.8**
Any illicit excluding cannabis	**8.1**	**18.5**	**16.7**	**12.0**	**9.4**	**6.4**	**4.8**	**4.1**	**3.8**

(a) Used in the previous 12 months.

(b) For non-medical purposes.

(c) Non-maintenance.

Table A2.8: Summary of recent[a] drug use, people aged 18 years or older, by age, 2010 (per cent)

	Age group (years)						
Drug use	**18–24**	**25–34**	**35–44**	**45–54**	**55–64**	**65–74**	**75+**
Illicit drugs (excluding pharmaceuticals)							
Cannabis	22.4	18.2	10.6	7.6	3.2	0.2	0.1
Ecstasy	10.0	6.6	2.5	0.5	*0.2	—	—
Meth/amphetamines[b]	5.3	5.0	2.3	0.7	**0.1	—	—
Cocaine	5.4	5.7	2.2	0.5	*0.1	—	—
Hallucinogens	5.6	2.7	0.9	**0.1	—	—	—
Inhalants	1.8	0.8	*0.3	*0.2	*0.4	*0.3	*0.3
Heroin	*0.3	*0.6	*0.3	*0.2	—	**0.1	—
Ketamine	*0.7	*0.6	*0.2	—	—	—	—
GHB	*0.4	*0.3	*0.2	**<0.1	—	—	—
Injected drugs	*0.6	1.1	0.6	*0.3	**<0.1	**0.1	—
Any illicit excluding pharmaceuticals	*26.1*	*22.2*	*12.4*	*8.0*	*3.7*	*0.7*	**0.4*
Pharmaceuticals							
Pain-killers/analgesics[b]	3.5	3.6	2.6	2.7	2.7	3.0	4.4
Tranquillisers/sleeping pills[b]	2.2	2.5	1.5	1.1	0.8	0.7	1.8
Steroids[b]	*0.3	*0.5	**<0.1	**<0.1	—	**<0.1	—
Methadone[c] or buprenorphine[b]	*0.6	*0.4	*0.1	*0.1	**<0.1	—	**0.0
Other opiates/opioids[b]	*0.7	1.0	*0.5	*0.2	**0.1	**0.1	**0.1
Any pharmaceutical[b]	*4.9*	*5.5*	*4.1*	*3.4*	*3.2*	*3.6*	*6.1*
Any illicit	**27.4**	**24.4**	**15.0**	**10.7**	**6.6**	**4.1**	**6.5**
Tobacco, alcohol or any illicit	**87.7**	**86.5**	**88.7**	**88.0**	**85.3**	**79.6**	**71.7**
Any illicit excluding cannabis	**16.8**	**14.5**	**8.0**	**4.5**	**3.8**	**4.0**	**6.4**

(a) Used in the previous 12 months.
(b) For non-medical purposes.
(c) Non-maintenance.

Table A2.9: Lifetime and single occasion risk status, people aged 15 years or older, by age, 2010 (per cent)

	Age group (years)													
Risk status	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40–44**	**45–49**	**50–54**	**55–59**	**60–64**	**65–69**	**70–74**	**75–79**	**80+**
Lifetime risk														
Abstainers[(a)]	29.6	14.5	15.0	16.7	14.9	13.3	15.2	15.4	17.7	18.5	21.5	26.1	30.5	34.3
Low risk[(b)]	53.1	55.0	60.5	61.8	63.6	64.9	62.5	61.6	62.4	62.8	61.9	60.3	58.1	57.6
Risky[(c)]	17.3	30.5	24.5	21.5	21.5	21.8	22.3	22.9	19.8	18.7	16.6	13.6	11.5	8.0
Single occasion risk														
Abstainers[(a)]	29.6	14.5	15.0	16.7	14.9	13.3	15.2	15.4	17.7	18.5	21.5	26.1	30.5	34.3
Low risk[(d)]	23.7	22.5	27.2	31.3	36.4	41.0	44.3	47.3	50.1	56.0	60.7	61.8	59.4	59.8
At least yearly[(e)]	8.7	12.1	16.5	16.0	16.9	15.3	12.4	11.9	10.9	7.7	5.0	3.6	2.6	2.0
At least monthly[(f)]	20.0	20.6	20.2	18.2	14.2	13.0	11.5	9.5	8.0	7.0	4.9	2.6	2.3	1.2
At least weekly[(g)]	16.2	26.8	17.0	13.1	12.3	12.1	10.0	8.4	6.9	4.9	2.9	2.5	1.4	1.0
Every day/most days[(h)]	1.8	3.4	4.2	4.6	5.4	5.4	6.6	7.5	6.4	6.0	5.1	3.5	3.8	1.6

(a) Not consumed alcohol in the previous 12 months.
(b) On average, had no more than 2 standard drinks per day.
(c) On average, had more than 2 standard drinks per day.
(d) Never had more than 4 standard drinks on any occasion.
(e) Had more than 4 standard drinks at least once a year but not as often as monthly.
(f) Had more than 4 standard drinks at least once a month but not as often as weekly.
(g) Had more than 4 standard drinks at least once a week but not as often as most days.
(h) Had more than 4 standard drinks on most days or every day.

Table A2.10: Lifetime and single occasion risk status, people aged 15 years or older, by age, 2010 (per cent)

	Age group (years)						
Risk status	**18–24**	**25–34**	**35–44**	**45–54**	**55–64**	**65–74**	**75+**
Lifetime risk							
Abstainers[(a)]	14.3	15.8	14.1	15.3	18.1	23.6	32.9
Low risk[(b)]	54.9	61.1	64.2	62.1	62.6	61.2	57.8
Risky[(c)]	30.9	23.1	21.6	22.6	19.3	15.3	9.4
Single occasion risk							
Abstainers[(a)]	14.3	15.8	14.1	15.3	18.1	23.6	32.9
Low risk[(d)]	21.8	29.1	38.6	45.8	52.9	61.2	59.7
At least yearly[(e)]	11.0	16.3	16.1	12.2	9.3	4.3	2.2
At least monthly[(f)]	22.0	19.2	13.6	10.5	7.5	3.8	1.7
At least weekly[(g)]	27.4	15.1	12.2	9.2	5.9	2.7	1.2
Every day/most days[(h)]	3.5	4.4	5.4	7.0	6.2	4.3	2.4

(a) Not consumed alcohol in the previous 12 months.
(b) On average, had no more than 2 standard drinks per day.
(c) On average, had more than 2 standard drinks per day.
(d) Never had more than 4 standard drinks on any occasion.
(e) Had more than 4 standard drinks at least once a year but not as often as monthly.
(f) Had more than 4 standard drinks at least once a month but not as often as weekly.
(g) Had more than 4 standard drinks at least once a week but not as often as most days.
(h) Had more than 4 standard drinks on most days or every day.

Appendix 3: Direct age-standardised percentages

Table A3.1: Smoking status, people aged 14 years or older, by social characteristics, 2010 (age-standardised percentage)

Characteristic	Never smoked[(a)]	Ex-smoker[(b)]	Smoker[(c)]
All persons (aged 14+)	57.8	23.9	18.3
Education			
Without post-school qualifications	55.5	22.3	22.2
With post-school qualifications	57.7	25.6	16.8
Socioeconomic status			
1 (most disadvantaged)	52.5	21.8	25.7
2	55.6	23.3	21.1
3	57.0	25.1	17.9
4	59.8	24.1	16.1
5 (most advantaged)	63.0	24.6	12.4
Geography			
Major cities	60.1	23.1	16.7
Inner regional	53.2	25.7	21.1
Outer regional	53.1	25.3	21.5
Remote/Very remote	46.6	25.8	27.6
Indigenous status			
Aboriginal and/or Torres Strait Islander#	45.2	16.8	38.0
Non-Indigenous	58.2	24.3	17.5
Household composition			
Single with dependent children	41.8	22.5	35.6
Couple with dependent children	53.2	28.2	18.6
Parent with non-dependent children	52.6	25.7	21.6
Single without children	50.4	21.5	28.1
Couple without children	53.4	28.5	18.1
Other	62.4	18.9	18.7
Sexual orientation			
Heterosexual	57.7	24.7	17.6
Homosexual/bisexual	43.8	23.2	32.9

(a) Never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life.

(b) Smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reports no longer smoking.

(c) Smoked daily, weekly or less than weekly.

(d) People who live in a household with children but are not the parent/guardian, younger people living with their parents or respondents who selected 'other household type'.

Due to the small sample sizes for Aboriginal and/or Torres Strait Islander people, estimates should be interpreted with caution.

Note: Proportions have been directly age-standardised to the Australian population as at 30 June 2001.

Table A3.2: Tobacco smoking status, people aged 14 years or older, by sex and state/territory, 2010 (age-standardised percentage)

Smoking status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					Males				
Daily smokers	15.8	15.1	18.6	17.6	17.3	16.6	11.6	26.9	16.5
Ex-smokers[(a)]	25.1	25.2	28.2	26.8	29.2	33.6	25.6	23.3	26.4
Never smoked[(b)]	56.3	55.6	50.1	51.2	51.8	47.2	57.8	45.3	53.7
					Females				
Daily smokers	13.0	14.8	15.1	13.6	13.6	16.7	10.0	16.0	14.0
Ex-smokers[(a)]	21.7	20.1	23.5	21.9	22.5	24.0	24.3	25.0	21.8
Never smoked[(b)]	63.3	62.4	58.8	62.8	61.6	58.2	64.5	54.9	61.8
					Persons				
Daily smokers	14.4	15.0	16.9	15.6	15.4	16.7	10.7	21.8	15.3
Ex-smokers[(a)]	23.3	22.6	25.8	24.4	25.8	28.7	24.9	24.1	24.1
Never smoked[(b)]	59.8	59.0	54.5	56.9	56.8	52.8	61.2	49.9	57.8

(a) Smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reports no longer smoking.

(b) Never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life.

Note: Proportions have been directly age-standardised to the Australian population as at 30 June 2001.

Table A3.3: Risk of lifetime harm, people aged 14 years or older, by social characteristics, 2010 (age-standardised percentage)

Characteristic	Abstainers[(a)]	Low risk[(b)]	Risky[(c)]
All persons (aged 14+)	19.5	60.4	20.1
Education			
Without post-school qualifications	23.7	57.3	19.0
With post-school qualifications	14.3	63.6	22.0
Socioeconomic status			
1 (most disadvantaged)	25.1	55.7	19.1
2	21.6	58.1	20.3
3	18.5	60.7	20.8
4	18.4	61.7	19.9
5 (most advantaged)	14.3	65.0	20.7
Geography			
Major cities	20.5	61.0	18.5
Inner regional	16.4	60.7	22.9
Outer regional	16.6	58.1	25.3
Remote/Very remote	16.8	54.0	29.2
Indigenous status			
Aboriginal and/or Torres Strait Islander[#]	27.3	43.0	29.6
Non-Indigenous	19.0	61.0	19.9
Household composition			
Single with dependent children	23.1	62.0	14.8
Couple with dependent children	19.7	61.1	19.3
Parent with non-dependent children	21.0	60.0	19.1
Single without children	17.0	55.3	27.7
Couple without children	11.8	62.6	25.6
Other	25.1	57.5	17.5
Sexual orientation			
Heterosexual	18.0	61.7	20.3
Homosexual/bisexual	14.5	56.9	28.6

(a) Not consumed alcohol in the previous 12 months.

(b) On average, had no more than 2 standard drinks per day.

(c) On average, had more than 2 standard drinks per day.

Due to the small sample sizes for Aboriginal and/or Torres Strait Islander people, estimates should be interpreted with caution.

Table A3.4: Risk of single occasion harm, people aged 14 years or older, by social characteristics, 2010 (age-standardised percentage)

Characteristic	Abstainers[(a)]	Low risk[(b)]	At least yearly but not weekly[(c)]	At least weekly[(d)]
All persons (aged 14+)	19.5	40.7	23.9	15.9
Education				
Without post-school qualifications	23.7	38.7	21.5	16.1
With post-school qualifications	14.3	41.5	27.0	17.2
Socioeconomic status				
1 (most disadvantaged)	25.1	37.2	21.2	16.5
2	21.6	37.9	24.6	15.9
3	18.5	40.3	23.7	17.5
4	18.4	41.7	24.4	15.4
5 (most advantaged)	14.3	43.6	26.8	15.2
Geography				
Major cities	20.5	41.4	23.4	14.7
Inner regional	16.4	38.2	27.1	18.3
Outer regional	16.6	38.4	25.4	19.5
Remote/Very remote	16.8	34.0	24.1	25.1
Indigenous status				
Aboriginal and/or Torres Strait Islander[#]	27.3	25.4	24.0	23.2
Non-Indigenous	19.0	40.8	24.3	15.8
Household composition				
Single with dependent children	23.1	39.5	23.0	14.3
Couple with dependent children	19.7	38.0	28.8	13.6
Parent with non-dependent children	21.0	45.7	19.1	14.2
Single without children	17.0	34.9	24.0	24.1
Couple without children	11.8	38.3	31.2	18.7
Other	25.1	38.6	20.2	16.1
Sexual orientation				
Heterosexual	18.0	41.1	24.9	15.9
Homosexual/bisexual	14.5	33.3	27.7	24.5

(a) Not consumed alcohol in the previous 12 months.

(b) Never had more than 4 standard drinks on any occasion.

(c) Had more than 4 standard drinks at least once a year but not as often as weekly.

(d) Had more than 4 standard drinks at least once a week.

Due to the small sample sizes for Aboriginal and/or Torres Strait Islander people, estimates should be interpreted with caution.

Table A3.5: Risky drinking status, people aged 14 years or older, by sex and state/territory, 2010 (age-standardised percentage)

Risk status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Lifetime risk					**Males**				
Abstainers[(a)]	18.1	18.6	13.4	14.0	16.4	9.4	11.8	13.3	16.4
Low risk[(b)]	54.8	55.5	53.2	53.0	55.0	59.4	58.2	46.9	54.6
Risky[(c)]	27.1	25.9	33.2	33.1	28.7	30.7	29.9	40.6	29.0
Single occasion risk									
Low risk[(d)]	35.7	33.2	30.4	32.1	36.8	37.9	32.4	28.1	33.7
Risky—At least yearly[(e)]	24.1	27.9	29.4	28.4	23.4	26.1	33.7	27.6	26.7
Risky—At least weekly[(f)]	22.1	20.3	26.6	25.6	23.6	26.1	21.9	31.7	23.2
Lifetime risk					**Females**				
Abstainers[(a)]	25.1	23.1	19.9	20.2	21.0	18.1	15.3	16.4	22.5
Low risk[(b)]	64.5	65.6	66.7	67.8	68.1	73.1	75.4	67.5	66.1
Risky[(c)]	10.4	11.3	13.4	11.9	10.9	8.9	9.2	16.1	11.3
Single occasion risk									
Low risk[(d)]	47.0	48.2	46.0	47.4	46.8	50.5	52.6	47.3	47.7
Risky—At least yearly[(e)]	19.7	20.0	24.3	22.4	22.5	25.2	26.7	21.4	21.0
Risky—At least weekly[(f)]	8.0	8.6	9.8	10.0	9.0	6.0	5.4	17.0	8.8
Lifetime risk					**Persons**				
Abstainers[(a)]	21.7	20.9	16.6	17.0	18.8	13.8	13.6	14.8	19.5
Low risk[(b)]	59.7	60.7	60.0	60.3	61.4	66.4	67.2	56.6	60.4
Risky[(c)]	18.6	18.4	23.2	22.7	19.3	19.4	19.5	29.4	20.1
Single occasion risk									
Low risk[(d)]	41.1	40.7	38.1	39.7	41.1	43.3	43.2	38.6	40.7
Risky—At least yearly[(e)]	21.6	23.7	26.8	25.4	22.2	24.6	30.9	26.1	23.9
Risky—At least weekly[(f)]	15.0	14.4	18.1	17.9	16.1	15.8	13.6	24.7	15.9

(a) Not consumed alcohol in the previous 12 months.
(b) On average, had no more than 2 standard drinks per day.
(c) On average, had more than 2 standard drinks per day.
(d) Never had more than 4 standard drinks on any occasion.
(e) Had more than 4 standard drinks at least once a year but not as often as weekly.
(f) Had more than 4 standard drinks at least once a week.

Table A3.6: Illicit drug use, people aged 14 years or older, by social characteristics, 2010 (age-standardised percentage)

Characteristic	Never used	Ex-users[(a)]	Recent users[(b)]
All persons (aged 14+)	59.8	25.4	14.8
Education			
Without post-school qualifications	62.6	21.8	15.6
With post-school qualifications	56.7	28.3	15.0
Socioeconomic status			
1 (most disadvantaged)	61.5	22.6	15.8
2	60.9	23.4	15.7
3	59.7	26.4	13.9
4	60.4	25.9	13.8
5 (most advantaged)	56.8	28.1	15.1
Geography			
Major cities	60.7	24.8	14.5
Inner regional	58.0	26.9	15.0
Outer regional	57.8	26.3	15.8
Remote/Very remote	54.0	29.9	16.1
Indigenous status			
Aboriginal and/or Torres Strait Islander#	47.2	29.9	22.9
Non-Indigenous	60.4	25.2	14.3
Household composition			
Single with dependent children	42.7	36.5	20.8
Couple with dependent children	52.4	37.1	10.5
Parent with non-dependent children	64.8	23.6	11.6
Single without children	50.7	23.5	25.8
Couple without children	53.9	29.4	16.7
Other[(c)]	64.4	19.2	16.5
Sexual orientation			
Heterosexual	60.1	25.8	14.1
Homosexual/bisexual	33.7	32.5	33.8

(a) Used an illicit drug, but not in previous 12 months.

(b) Used in the previous 12 months.

(c) People who live in a household with children but are not the parent/guardian, younger people living with their parents or respondents who selected 'other household type'.

Due to the small sample sizes for Aboriginal and/or Torres Strait Islander people, estimates should be interpreted with caution.

Note: Proportions have been directly age-standardised to the Australian population as at 30 June 2001.

Table A3.7: Recent[a] use of any illicit drug[b], people aged 12 years or older, by sex and state/territory, 2010 (age-standardised percentage)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Males	16.5	15.7	17.7	22.8	17.3	14.6	17.2	22.0	17.3
Females	11.7	12.0	12.8	14.3	13.4	11.2	9.5	17.2	12.4
Persons	14.1	13.8	15.2	18.5	15.8	12.8	13.3	19.6	14.8

(a) Used in previous 12 months.

(b) Includes pain-killers, tranquillisers, steroids, meth/amphetamines, cannabis, heroin, methadone or buprenorphine, cocaine, hallucinogens, ecstasy, ketamine, GHB and inhalants.

Note: Proportions have been directly age-standardised to the Australian population as at 30 June 2001.

Table A3.8: Marijuana/cannabis use, people aged 14 years or older, by social characteristics, 2010 (age-standardised percentage)

Characteristic	Never used	Ex-users[(a)]	Recent users[(b)]
All persons (aged 14+)	63.9	25.6	10.5
Education			
Without post-school qualifications	66.9	22.0	11.0
With post-school qualifications	60.8	28.4	10.8
Socioeconomic status			
1 (most disadvantaged)	36.0	18.7	9.9
2	65.5	23.7	10.9
3	63.7	25.8	10.5
4	64.6	26.2	9.2
5 (most advantaged)	60.3	28.9	10.9
Geography			
Major cities	64.8	25.0	10.2
Inner regional	62.0	27.0	11.0
Outer regional	61.9	26.9	11.2
Remote/Very remote	58.6	31.0	10.4
Indigenous status			
Aboriginal and/or Torres Strait Islander	53.1	30.8	16.0
Non-Indigenous	64.4	25.4	10.2
Household composition			
Single with dependent children	47.6	37.0	15.4
Couple with dependent children	55.8	37.1	7.2
Parent with non-dependent children	68.6	23.8	7.6
Single without children	56.1	24.6	19.4
Couple without children	58.0	30.1	11.9
Other[(c)]	68.6	20.3	11.2
Sexual orientation			
Heterosexual	63.8	26.0	10.2
Homosexual/bisexual	40.9	34.7	24.4

(a) Used cannabis previously, but not in previous 12 months.

(b) Used in the previous 12 months.

(c) People who live in a household with children but are not the parent/guardian, younger people living with their parents or respondents who selected 'other household type'.

Due to the small sample sizes for Aboriginal and/or Torres Strait Islander people, estimates should be interpreted with caution.

Note: Proportions have been directly age-standardised to the Australian population as at 30 June 2001.

Table A3.9: Recent[(a)] use of marijuana/cannabis, people aged 14 years or older, by sex and state/territory, 2010 (age-standardised percentage)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Age-standardised percentage	9.6	9.5	11.1	13.4	12.1	9.5	9.0	14.9	10.5

(a) Used in the previous 12 months.

Note: Proportions have been directly age-standardised to the Australian population as at 30 June 2001.

Table A3.10: Recent[(a)] use of ecstasy, people aged 14 years or older, by sex and state/territory, 2010 (age-standardised percentage)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Males	3.4	3.6	2.9	4.6	4.4	2.7	2.5	3.7	3.6
Females	2.3	2.3	2.3	2.4	2.5	1.2	1.4	1.8	2.3
Persons	2.8	2.9	2.6	3.5	3.4	1.9	2.0	2.8	3.0

(a) Used in the previous 12 months.

Table A3.11: Recent[(a)] use of meth/amphetamine, people aged 14 years or older, by sex and state/territory, 2010 (age-standardised percentage)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Males	1.7	2.7	2.2	4.3	2.7	1.4	0.7	3.1	2.5
Females	1.4	1.7	1.5	2.3	2.6	0.7	0.8	0.4	1.7
Persons	1.5	2.2	1.8	3.3	2.6	1.2	0.7	1.8	2.1

(a) Used in the previous 12 months.

Table A3.12: Recent[(a)] use of cocaine, people aged 14 years or older, by sex and state/territory, 2010 (age-standardised percentage)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Males	3.3	2.8	1.5	3.1	2.5	1.4	1.8	0.7	2.7
Females	2.1	1.6	1.1	1.1	1.2	0.4	1.1	0.2	1.5
Persons	2.7	2.2	1.3	2.1	1.9	0.9	1.5	0.5	2.1

(a) Used in the previous 12 months.

Appendix 4: Definition of characteristics variables

Table A4.1: Definitions and population proportions[(a)] of characteristics variables, 2010 (weighted)

Variable	Description	Measurement	Definition	Per cent[(a)]
Education	Level of education	Without post-school qualification	Is still at school, did or did not complete highest level of secondary school	44.5
		With post-school qualification	Has skilled or basic vocational qualification, undergraduate or associate diploma, bachelor degree or higher	55.5
Employment status		Currently employed	Working full time or part time for pay	56.2
		Student	Full-time or part-time student	10.2
		Unemployed	Unemployed looking for work	4.6
		Home duties	Engaged in home duties	6.2
		Retired or on a pension	Retired or on a pension	18.3
		Unable to work	Unable to work	1.9
		Other	Other than the above cases	1.2
Main language		English	Main language spoken at home is English	90.6
		Other	Main language spoken at home is a language other than English	9.4
Socioeconomic status	Socioeconomic status of the area lived in (census collection area), based on Australian Bureau of Statistics Socio-economic Index Areas (SEIFA).	1st quintile—lowest		
		2nd quintile		
		3rd quintile		
		4th quintile		
		5th quintile—highest		

(continued)

Table A4.1 (continued): Definitions and population proportions[(a)] of characteristics variables, 2010 (weighted)

Variable	Description	Measurement	Definition	%[(a)]
Geography	Australian Standard Geographic Classification (ASGC) Remoteness Areas	Major cities	Major cities	68.4
		Inner regional	Inner regional	20.5
		Outer regional	Outer regional	8.6
		Remote and Very remote	Remote and very remote regions	2.5
Marital status		Never married	Never married	26.4
		Divorced/separated/widowed	Divorced, separated or widowed	11.6
		Married/de facto	Married or in a de facto relationship	62.0
Household composition		Single with dependent children	Single people with dependent children (either under 15 years or children who are still financially dependent)	3.8
		Couple with dependent children	Couple with dependent children (either under 15 years or children who are still financially dependent)	25.7
		Parent(s) with non-dependent children	Single people and couples with non-dependent children (younger people 15 years or older who are not financially dependent)	8.6
		Single without children	Single without children	21.0
		Couple without children	Couple without children	25.6
		Other	People who live in a household with children but are not the parent/guardian, younger people living with their parents or respondents who selected 'other household type'	15.3
Indigenous status	Self-reported origin	Indigenous	Origin Aboriginal, Torres Strait Islander or both	1.8
		Non-Indigenous	All other origins	98.2
Sexuality	Self-reported sexuality	Heterosexual	Heterosexual / straight	95.7
		Homosexual/bisexual	Homosexual (gay or lesbian) or bisexual	2.2
		Not sure	Not sure/undecided/something else/other	1.1

(a) Estimated population proportions, people aged 14 years or older.

Appendix 5: Sample/demographic characteristics

Table A5.1: Unweighted demographic characteristics of NDSHS survey respondents and ABS 2006 Census population (per cent)

Demographic/sample characteristic	2007 NDSHS	2010 NDSHS	ABS
Total (15+)			
Education			
Post graduate	15.2	15.9	10.2
Bachelor degree	24.0	24.5	29.3
Advanced diploma and diploma	17.6	17.5	18.0
Certificate	43.2	42.0	42.4
Highest year of school completed			
Year 12 or equivalent	50.1	52.2	46.9
Year 11 or equivalent	10.5	10.3	11.1
Year 10 or equivalent	23.3	22.7	25.4
Year 9 or equivalent	7.4	6.7	7.7
Year 8 or below	8.4	7.7	8.0
Did not go to school	0.4	0.4	1.0
Employment status			
Currently employed	54.6	56.2	61.2
Unemployed/looking for work	2.1	6.0	3.4
Not in labour force	43.3	37.7	35.4
Marital status			
Never married	20.5	20.1	33.2
Widowed	7.4	6.5	5.9
Divorced	8.6	8.3	8.2
Separated	3.3	3.4	3.1
Married	60.2	61.7	49.6
Indigenous			
Indigenous	1.6	1.7	2.4
Other Australian	98.4	98.3	97.6
Language			
English	94.2	93.3	83.2
Language other than English	5.8	6.7	16.8
Household status			
One parent families	8.2	8.2	11.5
Couple family	40.4	42.2	33.0
Lone person	19.3	17.5	24.3
Group household	3.5	3.6	3.9
Couple without children	28.6	28.5	33.0

(continued)

Table A5.1 (continued): Unweighted demographic characteristics of NDSHS survey respondents and ABS 2006 Census population (per cent)

Demographic/sample characteristic	2007 NDSHS	2010 NDSHS	ABS
Total (12+)			
ASGC remoteness by persons			
Major cities	63.0	64.3	69.0
Inner regional	20.8	21.2	19.5
Outer regional	12.6	11.1	9.3
Remote	3.2	2.5	1.5
Very remote	0.4	1.0	0.7
ASGC remoteness by CCD			
Major cities	63.7	65.8	61.9
Inner regional	20.3	19.7	20.8
Outer regional	12.5	10.5	12.7
Remote	3.3	2.8	2.6
Very remote	0.3	1.1	2.1
SEIFA-deciles			
Lowest	7.8	8.5	10.0
2	9.9	9.0	10.0
3	8.5	9.3	10.0
4	8.9	9.4	10.0
5	8.5	8.7	10.0
6	10.2	11.0	10.0
7	9.8	10.4	10.0
8	12.7	12.0	10.0
9	11.6	10.2	10.0
Highest	12.0	11.3	10.0
SEIFA-quintiles			
Lowest	17.8	17.5	20.0
2	17.4	18.7	20.0
3	18.7	19.7	20.0
4	22.6	22.4	20.0
Highest	23.6	21.6	20.0

Table A5.2: Weighted demographic characteristics of NDSHS survey respondents and ABS 2006 Census population (per cent)

Demographic/sample characteristic	2007 NDSHS	2010 NDSHS	ABS
Total 15+			
Education			
Post graduate	14.4	15.2	10.2
Bachelor degree	26.2	24.9	29.3
Advanced diploma and diploma	17.5	17.0	18.0
Certificate	41.9	42.9	42.4
Highest year of school completed			
Year 12 or equivalent	54.1	54.6	46.9
Year 11 or equivalent	10.3	10.6	11.1
Year 10 or equivalent	22.3	21.3	25.4
Year 9 or equivalent	6.7	6.4	7.7
Year 8 or below	6.4	6.6	8.0
Did not go to school	0.2	0.5	1.0
Employment status			
Currently employed	59.2	58.5	61.2
Unemployed/looking for work	2.4	7.5	3.4
Not in labour force	38.4	34.0	35.4
Marital status			
Never married	24.9	25.4	33.2
Widowed	4.4	4.2	5.9
Divorced	5.6	5.1	8.2
Separated	2.3	2.5	3.1
Married	62.8	62.8	49.6
Indigenous status			
Indigenous	1.2	1.7	2.4
Other Australian	98.8	98.3	97.6
Language			
English	91.7	90.5	83.2
Language other than English	8.3	9.5	16.8
Household status			
One parent families	7.9	8.3	11.5
Couple family	40.3	42.1	33.0
Lone person	19.7	18.2	24.3
Group household	4.0	4.1	3.9
Couple without children	28.1	27.3	33.0

(continued)

Table A5.2 (continued): Weighted demographic characteristics of NDSHS survey respondents and ABS 2006 Census population (per cent)

Demographic/sample characteristic	2007 NDSHS	2010 NDSHS	ABS
Total 12+			
ASGC remoteness by persons			
Major cities	68.9	68.3	69.0
Inner regional	19.6	20.5	19.5
Outer regional	9.5	8.6	9.3
Remote	1.6	1.9	1.5
Very remote	0.4	0.6	0.7
SEIFA-deciles			
Lowest	6.3	8.6	10.0
2	7.9	9.5	10.0
3	7.5	9.2	10.0
4	7.4	9.4	10.0
5	8.4	9.1	10.0
6	10.1	10.8	10.0
7	11.2	10.7	10.0
8	12.9	11.5	10.0
9	13.6	9.9	10.0
Highest	14.8	11.3	10.0
SEIFA-quintiles			
Lowest	14.1	18.1	20.0
2	14.9	18.6	20.0
3	18.5	19.9	20.0
4	24.1	22.2	20.0
Highest	28.4	21.2	20.0

Appendix 6: Population estimates

The population estimates were based on the latest available age/sex profile using the ABS estimated resident population data (June 2010). Table A6.1 is tabulated by sex and some common age groupings.

Age group (years)	Male	Female	Total
		14 years or older	
14–19	916,676	868,678	1,785,354
20–29	1,694,700	1,620,222	3,314,922
30–39	1,570,623	1,579,471	3,150,094
40–49	1,553,285	1,574,434	3,127,719
50–59	1,382,878	1,413,511	2,796,389
60+	1,981,577	2,240,074	4,221,651
14+	**9,099,739**	**9,296,390**	**18,396,129**
		12 years or older	
12–15	583,947	554,226	1,138,173
16–17	302,990	287,484	590,474
18–19	317,946	300,623	618,569
12–19	*1,204,883*	*1,142,333*	*2,347,216*
20+	8,183,063	8,427,712	16,610,775
12+	**10,592,829**	**10,712,378**	**21,305,207**

Source: ABS 2010a.

Appendix 7: Membership of the Technical Advisory Group

Table A6.1: 2010 National Drug Strategy Household Survey Technical Reference Group

Name	Organisation
Brent Diverty (Chair)	Australian Institute of Health and Welfare
Ms Amber Jefferson	Australian Institute of Health and Welfare
Mr Mark Cooper-Stanbury	Australian Institute of Health and Welfare
Ms Michelle Marquardt	Australian Bureau of Statistics
Mr Matthew Montgomery	Australian Bureau of Statistics
Mr Fearnley Szuster	Health Workforce Australia
Mr Jason Payne	Australian Institute of Criminology
Dr Ken Pidd	National Centre for Education and Training on Addiction
Mr Corey Taylor	National Centre for Education and Training on Addiction
Professor Louisa Degenhardt	Burnet Institute
Associate Professor Alison Ritter	National Drug and Alcohol Research Centre
Associate Professor Tanya Chikritzhs	National Drug Research Institute
Professor Steve Allsop	National Drug Research Institute
Professor Toni Makkai	Australian National Council on Drugs)/ National Indigenous Drug and Alcohol Committee
Ms Jenny Taylor	Australian Government Department of Health and Ageing
Chris Milton	Australian Government Department of Health and Ageing
Hitendra Gilhotra	Australian Government Department of Health and Ageing
Bree Rankin	Australian Government Department of Health and Ageing
Cathy Claydon (Secretariat)	Australian Institute of Health and Welfare

Appendix 8: Access to the confidentialised unit record file (CURF)

A public-use CURF will be available for researchers through the Australian Social Science Data Archive at the Australian National University, from September 2011: <assda@anu.edu.au>

Some transformations will be made to the public-use CURF to protect respondent confidentiality. For a full list of transformations, please check the CURF supplementary material on the ASSDA website from September 2011.

Application for research access to the master dataset, which contains all of the data items, or selected variables of interest not included in the CURF may be approved subject to the agreement of the AIHW's Health Ethics Committee. Contact Cathy Claydon on (02) 6249 5159; or by e-mail at cathy.claydon@aihw.gov.au for additional information.

Appendix 9: Questionnaire description

There were several questionnaires used to collect data for the 2010 National Drug Strategy Household Survey. A version of the questionnaire was prepared for respondents aged 14 years or older, and a separate, shorter, version of the main questionnaire was developed for respondents aged 12–13 years. However, questions in both questionnaires were in the same sequence (refer to 'Survey design' in Chapter 14). Questions in common were identically worded for each questionnaire. To remove the possibility that the order of possible responses within questions might affect the likelihood of selection, response lists were rotated so that blocks of possible answers were presented in equal numbers across all samples. The drop and collect questionnaire had three rotations for both those aged 14 years or older and 12–13 years, and respondents self-completed the entire questionnaire. An example of the drop and collect, rotation 1, questionnaire follows. Those questions that were not asked of respondents aged 12–13 years are indicated by the following image:

Glossary

Abstainer (alcohol)	Never consumed a full serve of alcohol.
Australian Standard Geographic Classification (**ASGC) Remoteness Area**	The ABS Australian Standard Geographic Classification (ASGC) Remoteness Areas classification allocates one of five remoteness categories to areas, depending on their distance from a range of five types of population centre. These classifications reflect the level of remoteness at the time of the 2006 Census. Areas are classified as *Major cities*, *Inner regional*, *Outer regional*, *Remote* and *Very remote*. For the purposes of NDSHS analysis *Remote* and *Very remote* were grouped together.
Body mass index	Body mass index (BMI) is calculated by dividing a person's weight by the square of his or her height in metres (kg/m2). The standard classification of BMI recommended by the World Health Organization for adults is based on the association between illness and mortality (WHO 2000), and is as follows: Underweight: BMI < 18.5 Healthy weight: BMI ≥ 18.15 and BMI < 25 Overweight but not obese: BMI ≥ 25 and BMI < 30 Obese: BMI ≥ 30 Height and weight collected in the NDSHS is self-reported. Some people tend to overestimate their height and underestimate their weight, leading to a likely underestimate of the true rates of overweight and obesity.
Concurrent (12 month) drug use	Use of two or more substances during the past 12 months.
Ever use	Used at least once in lifetime.
Ex-drinker	A person who has consumed a full serve of alcohol in his or her lifetime, but not in the previous 12 months.
Ex-smoker	A person who has smoked at least 100 cigarettes or equivalent tobacco in his or her lifetime, but does not smoke at all now.
Ex-user	A person who has used a substance in his or her lifetime, but not in the previous 12 months.

Illicit drugs

Illegal drugs, drugs and volatile substances used illicitly, and pharmaceuticals used for non-medical purposes. The survey included questions on the following illicit drugs:

pain-killers/analgesics*

tranquillisers/sleeping pills*

steroids*

meth/amphetamines*

cannabis

heroin

Methadone or buprenorphine**

other opiates (opioids)*

cocaine

hallucinogens

ecstasy

ketamine

GHB

inhalants

(any) injected drug

Note
*used for non-medical purposes
** non-maintenance program
Non-medical and non-maintenance use is noted in the report.

Injected drugs

The injection of drugs that were not medically prescribed to inject.

Kessler Psychological Distress Scale (K10)

A survey device that is used to measure for screening populations on psychological distress. The scale consists of 10 questions on non-specific psychological distress, and relates to the level of anxiety and depressive symptoms a person may have felt in the preceding 4-week period. It is only used for people aged 18 years or older.

Lifetime risk (alcohol)

Defined as the accumulated risk from drinking either on many drinking occasions, or on a regular (for example, daily) basis over a lifetime. The lifetime risk of harm from alcohol-related disease or injury increases with the amount consumed.

Never smoker	A person who does not smoke now and has smoked fewer than 100 cigarettes or the equivalent tobacco in his or her lifetime.
Non-maintenance	Use of a substance other than as part of a medically supervised maintenance program. In this report this includes methadone.
Non-medical use	Use of drugs either alone or with other drugs to induce or enhance a drug experience, for performance enhancement or for cosmetic purposes. In this report this includes pain-killers/analgesics, tranquilisers/sleeping pills, steroids and barbiturates (termed 'pharmaceuticals') and meth/amphetamines and other opioids such as morphine or pethidine.
Non-smoker	Never smoked or an ex-smoker.
Recent	In the previous 12 months.
Single occasion risk (alcohol)	A single occasion is defined as a sequence of drinks taken without the blood alcohol concentration reaching zero in between. The risk of an alcohol-related injury arising from a single occasion of drinking, increases with the amount consumed.
Smoker	A person who reported currently smoking daily, weekly or less often than weekly.
Socioeconomic status and the Index of Relative Socio-Economic Advantaged and Disadvantage	The Index of Relative Socio-Economic Advantaged and Disadvantage is one of four Socio-Economic Indexes for Areas (SEIFA) compiled by the Australian Bureau of Statistics after each Census of Population and Housing. The SEIFA aims to represent the socioeconomic status (SES) of Australian communities, and pinpoint areas of advantage and disadvantage. In this report, the population living in the 20% of areas with the greatest overall level of disadvantage is described as the 'lowest SES'. The 20% at the other end of the scale—the top fifth—is described as the 'highest SES'.
Standard drink	Containing 10 grams of alcohol (equivalent to 12.5 millilitres of alcohol). Also referred to as a full serve.

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List of tables

List of figures