

## Australia Drug Use Data and Policies

Published: 01/16/2008 - 22:45

[Basic Data](#)

[Laws and Policies](#)

### 1. Basic Data

*(Prevalence of Illicit Drug Use in Australia, Overview, 2013)* "There was no change in recent use of most illicit drugs in 2013, and use of any illicit drug remained stable between 2010 and 2013. However, there was a significant change for a few specific drugs. The proportion of people who had misused a pharmaceutical rose from 4.2% in 2010 to 4.7% in 2013, whereas there were falls in the use of ecstasy (from 3.0% to 2.5%), heroin (from 0.2% to 0.1%) and gamma hydroxybutyrate (GHB).

"While there was no significant rise in meth/amphetamine use in 2013 (stable at around 2.1%), there was a change in the main form of the drug used. Among meth/amphetamine users, use of powder fell, from 51% to 29%, while the use of ice (or crystal methamphetamine) more than doubled, from 22% in 2010 to 50% in 2013.

"Questions on the use of synthetic cannabis and other psychoactive substances were included in the NDSHS for the first time in 2013 and results showed that 1.2% of the population (or about 230,000 people) had used synthetic cannabinoids in the last 12 months, and 0.4% (or about 80,000 people) had used another psychoactive substance such as mephedrone. While people in their 20s are normally the most likely to use illicit drugs, it was young people aged 14–19 who were slightly more likely to use synthetic cannabinoids (2.7% compared with 2.5%).

"In 2013, 8.3% of the population had been a victim of an illicit drug-related incident. While this was similar to the 8.5% in 2010, the proportion experiencing physical abuse by someone under the influence of illicit drugs rose from 2.2% in 2010 to 3.1% in 2013. Verbal abuse remained the most frequently reported incident overall.

"Community tolerance has increased for cannabis use, with higher proportions of people supporting legalisation and a lower proportion supporting penalties for sale and supply. People in Australia now consider meth/amphetamines to be more of a concern to the general community than any other illicit drug and the proportion who nominated it as a drug problem or as a drug that caused the most deaths also increased in 2013."

Source:

Australian Institute of Health and Welfare, "National Drug Strategy Household Survey detailed report 2013." Drug statistics series no. 28., Cat. no. PHE 183 (Canberra: AIHW, Nov. 2014), p. 7.

<http://aihw.gov.au/publication-detail/?id=60129549469>

<http://aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549848>

2.

**(Illicit Drug Use Among Youth in Australia, 2011)** "For 16- and 17-year-olds, cannabis was the most widely used illicit substance and was the fourth most widely used substance among older students.

"Inhalants were the most commonly used illicit substance among younger students. Again, the unusual pattern where lifetime use of inhalants becomes less common with increasing age is shown in this graph.

"Ecstasy, amphetamines and hallucinogens were the next most commonly used illicit substances, and while their use increased with age, among older students 5% or fewer students reported having used these substances in their lifetime. Experience with other illicit drugs was rare across all age groups."

Source:

White, Victoria and Bariola, Emily, "Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011" (Dec. 2012), Report prepared for the Drug Strategy Branch, Australian Government Department of Health and Ageing, by the Centre for Behavioural Research in Cancer and The Cancer Council Victoria, p. 90.

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/\\$File/National%20Report\\_FINAL\\_ASSAD\\_7.12.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/$File/National%20Report_FINAL_ASSAD_7.12.pdf)

3.

**(Prevalence of Analgesic Use Among Youth)** "The reported use of substances such as Panadol among secondary school students was extremely high. Among the entire sample, only four per cent of students had never used these medications.

"Over two-thirds of all students had used analgesics in the past month.

"The proportion of students using analgesics in the week before the survey increased from 33% of 12-year-olds to 43% of 16-year-olds and 44% of 17-year-olds. This age increase was more marked among females than males.

"At all ages, females were significantly more likely to have used analgesics in their lifetime, in the past year and past month. Females were more likely to have used analgesics in the past week at all ages except 12 years of age."

Source:

White, Victoria and Bariola, Emily, "Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011" (Dec. 2012), Report prepared for the Drug Strategy Branch, Australian Government Department of Health and Ageing, by the Centre for Behavioural Research in Cancer and The Cancer Council Victoria, p. 59.

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/\\$File/National%20Report\\_FINAL\\_ASSAD\\_7.12.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/$File/National%20Report_FINAL_ASSAD_7.12.pdf)

4.

**(Prevalence of Non-Medical Tranquilizer Use Among Youth)** "Around 17% of students had used tranquilisers other than for medical reasons at some point in their life. The proportions of students ever using tranquilisers increased from 13% of 12-year-olds to around 19% of 15- to 17-year-olds.

"Use in the past month was low in all ages and reached only five per cent among students aged 14 and over.

"Across all ages, around two per cent of secondary school students had used tranquilisers in the week before the survey.

"There was little difference in the use of tranquilisers between male and female students. However among 12-year-olds, lifetime use, use in the past 12 months and past week was higher among males than females, while among 14-year-olds lifetime use and use in the past year was higher among female than male students. Among 15-year-olds significantly more females than males had used tranquilisers in the past year."

Source:

White, Victoria and Bariola, Emily, "Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011" (Dec. 2012), Report prepared for the Drug Strategy Branch, Australian Government Department of Health and Ageing, by the Centre for Behavioural Research in Cancer and The Cancer Council Victoria, p. 59.

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/\\$File/National%20Report\\_FINAL\\_ASSAD\\_7.12.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/$File/National%20Report_FINAL_ASSAD_7.12.pdf)

5.

**(Prevalence of Cannabis Use Among Youth)** "Cannabis was the most commonly used illicit substance among secondary school students, especially among those in the older age groups. Fifteen per cent of secondary students surveyed had used cannabis at some time in their lives.

"In all time periods, the proportion of students using cannabis increased with age.

"Use of cannabis in the past month increased significantly with increasing age, from one per cent of students aged 12, to 13% of 17-year-olds.

"Around four per cent of students had used cannabis in the previous week, ranging from one per cent of 12-year-olds to eight per cent of 17-year-olds.

"In all time periods, more males than females had used cannabis. These differences were statistically significant for 15- and 17-year-olds for lifetime use, use in the past year, past month and past week and for 16-year-olds for lifetime use and use in the past month. Significantly more males than females aged 12 and 14 reported using cannabis in the past week. In addition, when all age groups were combined, more males than females reported using cannabis in their lifetime, the past year, past month and past week."

Source:

White, Victoria and Bariola, Emily, "Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011" (Dec. 2012), Report prepared for the Drug Strategy Branch, Australian Government Department of Health and Ageing, by the Centre for Behavioural Research in Cancer and The Cancer Council Victoria, p. 68.

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/\\$File/National%20Report\\_FINAL\\_ASSAD\\_7.12.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/$File/National%20Report_FINAL_ASSAD_7.12.pdf)

6.

**(Prevalence of Tobacco Use Among Youth)** "Involvement with smoking becomes more common as adolescents progress through secondary school.

"In 2011, around 77% of all secondary students across Australia had no experience with smoking. While the proportion of students who had never smoked decreased with increasing age, by age 17 more than half of the students

surveyed had still never smoked.

"Around four per cent of all students had smoked more than 100 cigarettes in their lifetime, which peaked at nine per cent among 17-year-olds.

"The proportion of students smoking in the past 12 months increased from four per cent of 12-year-olds to 31% among 17-year-olds.

"Students who smoked in the seven days preceding the survey are termed current smokers. The proportion of students who were current smokers increased from one per cent among 12-year-olds to 15% among 17-year-olds.

"Students who had smoked on three or more days of the preceding seven were defined as committed smokers. Only four per cent of all students had smoked on three or more days of the previous seven, with this peaking at nine per cent among 17-year-olds."

Source:

White, Victoria and Bariola, Emily, "Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011" (Dec. 2012), Report prepared for the Drug Strategy Branch, Australian Government Department of Health and Ageing, by the Centre for Behavioural Research in Cancer and The Cancer Council Victoria, p. 16.

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/\\$File/National%20Report\\_FINAL\\_ASSAD\\_7.12.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/$File/National%20Report_FINAL_ASSAD_7.12.pdf)

7.

**(Prevalence of Alcohol Use Among Youth)** "In regards to abstinence, only 26% of all students reported to have never consumed alcohol. Females were more likely to report that they abstained from alcohol consumption than males ( $p < 0.01$ ).

"Students who drank alcohol in the preceding week were classified as 'current drinkers'. The proportion of current drinkers increased with age ( $p < 0.01$ ) and peaked among 17-year-olds at 39% for males and 35% for females.

"Gender differences in the prevalence of alcohol consumption in the past year, month and week were evident in the younger students. Among 12-year-olds, males were more likely than females to have consumed alcohol in the past year, month and week. Among 13-year-olds, males were more likely to have consumed alcohol in the past year than females and among

15-year-olds, males were more likely to have consumed alcohol than females in the last week ( $p < 0.01$ ). There were no significant gender differences in the prevalence of alcohol consumption among 16- or 17-year-olds.

"Gender and age differences were examined among students who consumed more than four alcoholic drinks on at least one day of the preceding seven (putting themselves at risk of harm according to 2009 adult alcohol use guidelines).

"The percentage of all students who consumed alcohol at this level in the past week increased from one per cent among 12-year-olds to 19% among 17-year-olds. Gender differences were observed only among 15-, 16- and 17-year-olds, with more males drinking at a risky level compared to their female counterparts ( $p < 0.01$ )."

Source:

White, Victoria and Bariola, Emily, "Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011" (Dec. 2012), Report prepared for the Drug Strategy Branch, Australian Government Department of Health and Ageing, by the Centre for Behavioural Research in Cancer and The Cancer Council Victoria, p. 37.

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/\\$File/National%20Report\\_FINAL\\_ASSAD\\_7.12.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/$File/National%20Report_FINAL_ASSAD_7.12.pdf)

8.

**(Prevalence of Cannabis Use)** "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)."

Source:

Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW, p. 102.

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421314&libID=...>

9.

**(Use of Other Drugs 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%)."

Source:

Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW, p. 113.

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421314&libID=...>

10.

**(Prevalence of Cocaine Use)** "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."

Source:

Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW, p. 137.

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421314&libID=...>

11.

**(Prevalence of Methamphetamine Use)** "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)."

Source:

Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW. P. 126.

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421314&libID=...>

12.

***(Prevalence of Ecstasy Use)***

"□ 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)."

Source:

Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW, p. 116.

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421314&libID=...>

13.

***(Prevalence of Alcohol Use)*** "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."

Source:

Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW, p. 46.

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421314&libID=...>

14.

**(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)."

Source:

Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW, pp. 51-52.

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421314&libID=...>

15.

**(Prevalence of Tobacco Use)** "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."

Source:

Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW, pp. 22-23.

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421314&libID=...>

16.

**(Prevalence of Opioid Analgesics)** "Australia's consumption of opioid analgesics is ranked 10th internationally; North America ranks first. Per capita consumption of oxycodone and morphine preparations in Australia is relatively high (ranked third and fifth respectively, internationally); Canada ranks first for oxycodone and Austria first for morphine. <sup>1</sup> Consumption levels in Australia are still well below the top-ranking countries. Previous research in Australia has documented increases in the number of prescriptions for morphine in the late 1990s <sup>2,3</sup> and, more recently, increases in consumption of oxycodone. <sup>4</sup>"

Source:

Amanda Roxburgh, Raimondo Bruno, Briony Larance and Lucy Burns, "Prescription of opioid analgesics and related harms in Australia," *Medical Journal of Australia*, 2011; 195 (5): 280-284. doi: 10.5694/mja10.11450

<https://www.mja.com.au/journal/2011/195/5/prescription-opioid-analgesics...>

[https://www.mja.com.au/system/files/issues/195\\_05\\_050911/rox11450\\_fm.pdf](https://www.mja.com.au/system/files/issues/195_05_050911/rox11450_fm.pdf)

17.

**(Prevalence of Opioid Analgesics)** "Morphine prescriptions declined from 38.3 to 30.7 per 1000 population between 2002–03 and 2007–08, representing a decrease of about 20%. Box 1A shows trends in morphine prescriptions by 10-year age group. Prescriptions were most common among older people (aged 70–79 and 80+ years), and much less common among younger people (aged 20–29 and 30–39 years). Significant linear declines over time were apparent in all age groups except the 50–59-year group."

Source:

Amanda Roxburgh, Raimondo Bruno, Briony Larance and Lucy Burns, "Prescription of opioid analgesics and related harms in Australia," *Medical Journal of Australia*, 2011; 195 (5): 280-284. doi: 10.5694/mja10.11450

<https://www.mja.com.au/journal/2011/195/5/prescription-opioid-analgesics...>

[https://www.mja.com.au/system/files/issues/195\\_05\\_050911/rox11450\\_fm.pdf](https://www.mja.com.au/system/files/issues/195_05_050911/rox11450_fm.pdf)

18.

***(Drug Arrests, by Drug and Type)***

"□ In 2009–10, cannabis accounted for the highest number of drug-related arrests. There were 57,170 arrests involving cannabis in 2009–10, an increase of three percent from 2008–09, but an overall decrease of 17 percent from the number of arrests recorded in 1996–97.

"□ The number of arrests for heroin peaked in 1998–99 with 14,341 arrests. This number fell considerably between 1999–2000 and 2001–02 before declining fairly consistently over the next 10 year period. In 2009–10, 2,767 arrests were made that involved heroin—an 81 percent decrease in arrests over that time.

"□ In 1996–97, the number of arrests involving amphetamines was slightly below that of arrests involving ‘other’ drugs. Since then, however, arrests involving amphetamines have generally increased more than those involving other drugs, although this difference diminished in 2010, with only 3,893 more amphetamine arrests than arrests for other drugs. Overall, however, there has been a 258 percent increase in the number of amphetamine-related arrests since 1996–97.

"□ In 2009–10, the number of cocaine arrests increased by 47 percent, rising from 848 in 2008–09 to 1,244. Despite this, the overall number of cocaine arrests remained lower than for any other drug type throughout the period.

"□ Drug arrests involving a consumer were far more common across all drug types than those involving a provider. The highest proportion of those arrested (both consumers and providers) were for crimes involving cannabis (86%).

"□ Providers accounted for 32 percent of cocaine-related arrests, 31 percent of heroin-related arrests and 28 and 24 percent of amphetamine and other drug-related offences, respectively."

Source:

"Australian Crime: Facts & Figures: 2011," ISSN 1836-2249 (Canberra: Australian Institute of Criminology, March 2012), pp. 40-41.

<http://www.aic.gov.au/publications/current%20series/facts/1-20/2011.html>

<http://www.aic.gov.au/documents/0/B/6/%7b0B619F44-B18B-47B4-9B59-F87BA64...>

19.

**(Australian Prisoner Population)** "Australia's prisoner population is growing at a rate well in excess of natural population growth. There were 29 700 adults in full-time custody at 30 June 2010, representing a 15% increase in the incarceration rate from 2000 to 2010. Women comprise 8% of adult prisoners but this proportion is increasing annually. Indigenous Australians are over-represented by a factor of 14, and the gap between Indigenous and non-Indigenous incarceration rates continues to widen. <sup>1</sup> "

Source:

Stuart A Kinner, David B Preen, Azar Kariminia, Tony Butler, Jessica Y Andrews, Mark Stoové and Matthew Law, "Counting the cost: estimating the number of deaths among recently released prisoners in Australia," *Medical Journal of Australia*, 2011; 195 (2): 64-68.

<https://www.mja.com.au/journal/2011/195/2/counting-cost-estimating-numbe...>

[https://www.mja.com.au/system/files/issues/195\\_02\\_180711/kin10879\\_fm.pdf](https://www.mja.com.au/system/files/issues/195_02_180711/kin10879_fm.pdf)

20.

**(Prevalence of Injection Drug Use)** "It has been estimated that a very low proportion of the Australian general population aged 14 years and over have ever injected or recently injected drugs. In 2010, 1.8% of the population had injected a drug in their lifetime, with 0.4% having injected a drug in the past year. More than one-quarter (27.1%) of recent users injected daily and the majority obtained their needles and syringes from a chemist (64.5%). Males were more likely to have recently injected drugs in the past year than females (0.6% versus 0.3%). Those in the 20-29 and 30-39 year age groups had a higher proportion of past-year injecting drug use (0.9% for each) than those in other age groups (Australian Institute of Health and Welfare, 2011).

"Another recent prevalence estimate of injecting in Australia in 15-64 year olds is 1.09% (range = 0.65%-1.50%) which equates to approximately 149,591 persons (range = 89,253-204,564) (Mathers, Degenhardt, Phillips et al., 2008)."

Source:

Stafford, J. and Burns, L. (2013). *Australian Drug Trends 2012. Findings from the Illicit Drug Reporting System (IDRS)*. Australian Drug Trend Series No. 91. Sydney, National Drug and Alcohol Research Centre, University of New South Wales. p. 104.

<http://www.ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Nat...>

21.

**(Prevalence of HIV Among Injection Drug Users in Australia)** "The prevalence of HIV among people who inject drugs in Australia has remained low at 2.1% or less since 1995. The prevalence of HIV in 2011 was 1.2% (Figure 46). HCV prevalence among this group was much higher at 61% to 62% from 2005 to 2008, however this figure was lower at 53% 2011 (Figure 46) (Iversen and Maher, 2012)."

Source:

Stafford, J. and Burns, L. (2013). Australian Drug Trends 2012. Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trend Series No. 91. Sydney, National Drug and Alcohol Research Centre, University of New South Wales. p. 112.

<http://www.ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Nat...>

22.

**(HIV, HCV, and Injection Drug Use)** "In Australia it is estimated that about 13 per cent of people with HIV also have HCV. HIV shares major routes of transmission with both HCV and HBV. People who inject drugs are at particularly high risk for HCV and HIV co-infection.

"While HIV was not established in the Australian IDU population when NSPs were introduced, the prevalence of HCV was already high. HCV is a more robust virus than HIV and is transmitted more efficiently through blood-to-blood contact. Approximately 80 per cent of current HCV infections and 90 per cent of new infections are attributable to unsafe injecting practices (Commonwealth of Australia, 2005b). This explains IDUs being identified as a priority population within The Third National Hepatitis C Strategy."

Source:

Victorian Department of Human Services (2010), National needle and syringe programs strategic framework 2010-2014, Commonwealth of Australia, p. 12.

[http://www.health.gov.au/internet/main/publishing.nsf/Content/0CF549E9268148FCCA257800008F55B/\\$File/frame.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/0CF549E9268148FCCA257800008F55B/$File/frame.pdf)

23.

**(Prevalence of Hepatitis B and C Among Injection Drug Users in Australia)** "In 2012, IDRS participants were asked questions about BBVI [Blood-Borne Viral Infection] testing and vaccinations. Of those who commented, 93% reported testing for HBV in their lifetime compared to 96% for HCV and 94% for HIV.

"Of those who were tested for HBV, two-thirds (62%) had a test within the past year and one-third (30%) within the last three months. Six percent reported a positive result and 4% had been treated for HBV (anti-viral therapy only). Two-thirds (61%) had been vaccinated against HBV, with 87% having completed the course. The main reason for HBV vaccination was due to a history of injecting drug use (38%) (Table 81).

"Among those tested for HCV, two-thirds (65%) had a test within the past year and one-third (31%) within the last three months. Nearly half reported a positive result. Ten percent of those who commented had been treated for HCV (anti-viral therapy only), with 22% receiving HCV treatment (currently or in the last 12 months). The main reason for HCV testing on the last occasion was a 'matter of routine' (38%) and 'it was a responsible thing to do' (14%; Table 82)."

Source:

Stafford, J. and Burns, L. (2013). Australian Drug Trends 2012. Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trend Series No. 91. Sydney, National Drug and Alcohol Research Centre, University of New South Wales. pp. 110-111.

<http://www.ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Nat...>

24.

**(Hepatitis C and Injection Drug Use)** "Approximately 83 per cent of HCV infections have resulted from unsafe injecting drug use practices. In Australia in 2006 it was estimated that approximately 264,000 people had been exposed to HCV and had HCV antibodies with around 197,000 living with chronic hepatitis C. The estimated number of new cases of HCV infection has declined from 16,000 per annum in 2001 to 10,000 in 2005. The majority (65 per cent) of people with HCV are aged between 20 and 39 years and 35 per cent of national notifications of HCV are in women.

"While 25 per cent of HCV infections clear spontaneously within two to six months 75 per cent develop into chronic infections. Chronically infected persons will continue to be able to transmit the virus including those who experience no noticeable illness or symptoms. After 20 years, between 5 and 10 per cent of infections will have resulted in cirrhosis of the liver, with 2 to 5 per cent progressing to liver failure or a form of liver cancer known as hepatocellular carcinoma."

Source:

Victorian Department of Human Services (2010), National needle and syringe programs strategic framework 2010-2014, Commonwealth of Australia, pp. 11-12.

[http://www.health.gov.au/internet/main/publishing.nsf/Content/0CF549E9268148FCCA257800008F55B/\\$File/frame.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/0CF549E9268148FCCA257800008F55B/$File/frame.pdf)

25.

**(Methamphetamine 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)."

Source:

Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series

no. 25. Cat. no. PHE 145. Canberra: AIHW, p. 132.

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421314&libID=...>

26.

**(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."

Source:

Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW, p. 142.

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421314&libID=...>

27.

**(Oxycodone-Related Deaths)** "There were 465 oxycodone-related deaths identified between 2001 and 2009. Box 3 shows deaths by year from 2002 to 2008, with the largest number occurring in 2007. Deaths adjusted for quantity of oxycodone prescribed each year fluctuated between 3.8 and 8 deaths per million defined daily doses (Box 3). Only 10% of these deaths were due to oxycodone toxicity alone. Multiple drug toxicity was more predominant (82% of deaths), with benzodiazepines and alcohol commonly implicated in these deaths. The remaining 8% were from other causes (eg, pneumonia or cardiac failure), with drug toxicity (including oxycodone toxicity) being a contributory cause (data not shown)."

Source:

Amanda Roxburgh, Raimondo Bruno, Briony Larance and Lucy Burns, "Prescription of opioid analgesics and related harms in Australia," *Medical Journal of Australia*, 2011; 195 (5): 280-284. doi: 10.5694/mja10.11450

<https://www.mja.com.au/journal/2011/195/5/prescription-opioid-analgesics...>

[https://www.mja.com.au/system/files/issues/195\\_05\\_050911/rox11450\\_fm.pdf](https://www.mja.com.au/system/files/issues/195_05_050911/rox11450_fm.pdf)

28.

*(Treatment Episodes for Problematic Morphine vs Oxycodone Use)* "Treatment episodes for problematic morphine use remained relatively stable during 2002–03 to 2007–08 (0.07 per 1000 population in 2007–08). Episodes for problematic oxycodone use doubled, from 0.01 per 1000 population in 2002–03 to 0.02 per 1000 population in 2007–08 (Box 2B)."

Source:

Amanda Roxburgh, Raimondo Bruno, Briony Larance and Lucy Burns, "Prescription of opioid analgesics and related harms in Australia," *Medical Journal of Australia*, 2011; 195 (5): 280-284. doi: 10.5694/mja10.11450

<https://www.mja.com.au/journal/2011/195/5/prescription-opioid-analgesics...>

[https://www.mja.com.au/system/files/issues/195\\_05\\_050911/rox11450\\_fm.pdf](https://www.mja.com.au/system/files/issues/195_05_050911/rox11450_fm.pdf)

29.

*(Syringe Exchange Activity)*

"□ The number of needles and syringes distributed in Australia increased during the past decade (from ~27 million to ~31 million).

"□ Expenditure on NSPs increased by 36% (adjusted for inflation) over this time period, mostly associated with personnel and not principally for equipment (Table a); a significant portion of the increased investment has been the Illicit Diversion Supporting Measures for NSPs to increase referrals to drug treatment and other services.

"Over the last decade there has been

"□ Increases in funding for primary sites.

"□ Increases in the number of secondary sites.

"□ Increases (by 15%) in the numbers of units of equipment provided.

"□ Stable spending on sterile injection equipment.

"□ At the time of writing there were 85 primary sites, 737 secondary sites, 20 enhanced secondary sites, and 118 vending machines."

Source:

National Centre in HIV Epidemiology and Clinical Research (2009). Return on investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia 2009. The University of New South Wales, Sydney, p. 8.

[http://www.health.gov.au/internet/main/publishing.nsf/Content/C562D0E860733E9FCA257648000215C5/\\$File/return2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/C562D0E860733E9FCA257648000215C5/$File/return2.pdf)

30.

**(Access to Needles and Syringes)** "Needle and syringe programs (NSP) were by far the most common source of needles and syringes in the preceding six months (95%), followed by chemists (16%). NSP vending machines were used by 33% of participants in TAS and 29% in NSW. Proportions reporting a friend, partner and/or dealer varied by jurisdiction. Hospitals and outreach/peer workers were also accessed (Table 75).

"In comparison, data from the 2010 National Drug Strategy Household survey reported that around 65% of recent injectors (used in the previous 12 months) obtained needles and syringes from a chemist, followed by 37% at NSP (Australian Institute of Health and Welfare, 2011)."

Source:

Stafford, J. and Burns, L. (2013). Australian Drug Trends 2012. Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trend Series No. 91. Sydney, National Drug and Alcohol Research Centre, University of New South Wales. p. 104.

<http://www.ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Nat...>

31.

**(Cost Effectiveness of Needle and Syringe Programs)** "It was estimated that:

"□ For every one dollar invested in NSPs, more than four dollars were returned (additional to the investment) in healthcare cost-savings in the short-term (ten years) if only direct costs are included; greater returns are expected over longer time horizons.

"□ NSPs were found to be cost-saving over 2000-2009 in seven of eight jurisdictions and cost-effective in the other jurisdiction. Over the longer term, NSPs are highly cost saving in all jurisdictions.

"□ The majority of the cost savings were found to be associated with HCV-related outcomes. However, when only HIV-related outcomes were considered in the analysis, it cost \$4,500 per DALY gained associated with HIV infection.

"□ If patient/client costs and productivity gains and losses are included in the analysis, then the net present value of NSPs is \$5.85bn; that is, for every one dollar invested in NSPs (2000-2009), \$27 is returned in cost savings. This return increases considerably over a longer time horizon.

"□ NSPs are very cost-effective compared to other common public health interventions, such as vaccinations (median cost per QALY of \$58,000), allied health, lifestyle, and in-patient interventions (median cost of \$9,000 per DALY gained), and interventions addressing diabetes and impaired glucose tolerance or alcohol and drug dependence (median cost of \$3,700 per DALY gained) <sup>[2]</sup> ."

Source:

National Centre in HIV Epidemiology and Clinical Research (2009). Return on investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia 2009. The University of New South Wales, Sydney, pp. 8-9.

[http://www.health.gov.au/internet/main/publishing.nsf/Content/C562D0E860733E9FCA257648000215C5/\\$File/return2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/C562D0E860733E9FCA257648000215C5/$File/return2.pdf)

32.

**(Return on Investment for Needle and Syringe Programs)** "Investment in NSPs (2000-2009) has resulted in:

- "□ An estimated 32,050 HIV infections and 96,667 HCV infections averted;
- "□ Substantial healthcare cost savings to government related to HCV and HIV;
- "□ Substantial gains in Disability Adjusted Life years.

"For every dollar currently spent on the activities of NSP, more than four dollars will be returned (in addition to the investment; i.e., five times the investment) and approximately 0.2 days of disability-adjusted life gained. Over a longer time horizon there is even greater return."

Source:

National Centre in HIV Epidemiology and Clinical Research (2009). Return on investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia 2009. The University of New South Wales, Sydney, p. 9.

[http://www.health.gov.au/internet/main/publishing.nsf/Content/C562D0E860733E9FCA257648000215C5/\\$File/return2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/C562D0E860733E9FCA257648000215C5/$File/return2.pdf)

33.

**(Heroin Injection Room Run by Nuns)** "Nuns who run one of Australia's best known hospitals are to operate the country's first legal and medically supervised heroin injecting room after a radical overhaul of the drug laws in New South Wales. The 18 month trial will be administered by the Sisters of Charity, who also run Sydney's inner city St Vincent's Hospital.

"An estimated 50 000 visits a year by drug users are expected at the centre, which will be staffed by a medical supervisor, a registered nurse, and security staff. The controversial plan will include the provision of clean needles and syringes; users must supply their own drugs."

Source:

Zinn, Christopher, "Nuns To Run First Heroin Injecting Room," British Medical Journal, Vol. 319, Aug. 14, 1999, p. 400.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1127033/pdf/400a.pdf>

34.

**(Cost Savings from Syringe Exchange)** "In Australia the [Needle and Syringe] Program is the single most important and cost-effective strategy in reducing drug-related harms among IDUs. Australian Governments invested \$130 million in NSPs between 1991 and 2000 resulting in the prevention of an estimated 25,000 HIV infections and 21,000 HCV infections, with savings from avoided treatment costs of up to \$7.8 billion (Health Outcomes International et al., 2002). In the decade 2000-2009, the gross funding for NSPs was \$243 million. This investment yielded healthcare cost savings of \$1.28 billion; a gain of approximately 140,000 Disability-Adjusted Life Years (DALYs); and a net cost saving of \$1.03 billion. During this

time, NSPs have averted 32,061 new HIV infections and 96,918 new HCV infections (NCHECR, 2009)."

Source:

Victorian Department of Human Services (2010), National needle and syringe programs strategic framework 2010-2014, Commonwealth of Australia, p. 14.

[http://www.health.gov.au/internet/main/publishing.nsf/Content/0CF549E9268148FCCA257800008F55B/\\$File/frame.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/0CF549E9268148FCCA257800008F55B/$File/frame.pdf)

35.

**(Social Costs of Drug Use)** "Of the total social cost of drug abuse in 2004/05 of \$55.2 billion, alcohol accounted for \$15.3 billion (27.3 per cent of the unadjusted total), tobacco for \$31.5 billion (56.2 per cent), and illicit drugs \$8.2 billion (14.6 per cent). Alcohol and illicit drugs acting together accounted for another \$1.1 billion (1.9 per cent)."

Source:

Collins, David J. and Lapsley, Helen M., The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05, Monograph 64, Report prepared for the Department of Health and Ageing, 2008, p. xi.

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/\\$File/mono64.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/$File/mono64.pdf)

36.

**(Lost Productivity Due to Substance Use)** "Of the total net production costs of \$13.2 billion, tobacco accounted for by far the largest share (60.7 per cent or \$8.0 billion). Alcohol represented 26.8 per cent (\$3.5 billion) and illicit drugs 12.5 per cent (\$1.6 billion). Of the gross production costs of \$22.9 billion, workforce losses represented 47.9 per cent (\$11.0 billion) and household losses 52.1 per cent (\$11.9 billion)."

Source:

Collins, David J. and Lapsley, Helen M., The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05, Monograph 64, Report prepared for the Department of Health and Ageing, 2008, p. 58.

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/\\$File/mono64.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/$File/mono64.pdf)

37. **Laws and Policies**

"The harms to individuals, families, communities and Australian society as a whole from alcohol, tobacco and other drugs are well known. For example, the cost to Australian society of alcohol, tobacco and other drug misuse<sup>1</sup> in the financial year 2004–05 was estimated at \$56.1 billion, including costs to the health and hospitals system, lost workplace productivity, road accidents and crime."

"The overarching approach of harm minimisation, which has guided the National Drug Strategy since its inception in 1985, will continue through 2010–2015. This encompasses the three pillars of:

"□ demand reduction to prevent the uptake and/or delay the onset of use of alcohol, tobacco and other drugs; reduce the misuse of alcohol and the use of tobacco and other drugs in the community; and support people to recover from dependence and reintegrate with the community

"□ supply reduction to prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs; and control, manage and/or regulate the availability of legal drugs

"□ harm reduction to reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs.

"The three pillars apply across all drug types but in different ways, for example, depending on whether the drugs being used are legal or illegal. The approaches in the three pillars will be applied with sensitivity to age and stage of life, disadvantaged populations, and settings of use and intervention."

Source:

Ministerial Council on Drug Strategy. *The National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco and other drugs*. Commonwealth of Australia, 2011, p. ii.

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/\\$File/nds2015.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf)

38.

**(Policy Successes)** "Since the inception of the National Campaign Against Drug Abuse in 1985, Australia has had major successes in reducing the prevalence of, and harms from, drug use.

"#149 Far fewer Australians are smoking and being exposed to second-hand smoke as a result of comprehensive public health approaches, including bans on advertising, bans on smoking in enclosed public spaces and significant investments in public education and media campaigns. The daily smoking rate among Australians aged 14 years and over has fallen from 30.5 per cent in 1988 to 16.6 per cent in 2007.

"□ Far fewer people are using illegal drugs. The 2007 National Drug Strategy Household Survey shows the proportion of people reporting recent use of illegal drugs fell from 22 per cent in 1998 to 13.4 per cent in 2007. The recent use of cannabis—the most commonly used illegal drug—fell from 17.9 per cent in 1998 to 9.1 per cent in 2007.

"□ Law enforcement agencies have continued to be effective in detecting and seizing illegal drugs to disrupt supply. The number of illegal drug seizures increased by almost 70 per cent between 1999–2000 and 2008–09, and the collective weight of seizures increased by about 116 per cent.

"□ The heroin shortage that began in 2000 has been sustained, with heroin use remaining at low levels since then.

□ Harms associated with injecting drug use have also been reduced. It is estimated that from 2000–2009 needle and syringe programs, which ensure the safe supply and disposal of syringes to injecting drug users, have directly averted over 32 000 new HIV infections and nearly 97 000 hepatitis C infections."

Source:

Ministerial Council on Drug Strategy. The National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco and other drugs. Commonwealth of Australia, 2011, p. 4.

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/\\$File/nds2015.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf)

39.

***(Political Support for Needle and Syringe Programs (NSPs))*** "Australia's first NSP was trialled in New South Wales in 1986 with the provision of NSP services becoming New South Wales Government policy in early 1987 and the remaining states and territories implementing NSPs soon after via primary, secondary and pharmacy outlets (Dolan et al., 2005). This occurred following the discovery of HIV and the potential threat that this virus posed to the Australian community. The establishment of NSPs throughout Australia would not have been possible without bipartisan political support which continues to be an important element in the continuing existence and operation of NSPs."

Source:

Victorian Department of Human Services (2010), National needle and syringe programs strategic framework 2010-2014, Commonwealth of Australia, p. 14.

[http://www.health.gov.au/internet/main/publishing.nsf/Content/0CF549E9268148FCCA257800008F55B/\\$File/frame.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/0CF549E9268148FCCA257800008F55B/$File/frame.pdf)

40.

***Evidence-Based and Evidence-Informed Practices)*** "Commitment to evidence An important aspect of Australia's approach to drug use has been the commitment to a comprehensive evidence base. Under the National Drug Strategy 2010–2015 there is a continued commitment to evidence-based and evidence-informed practice. Evidence-based practice means using approaches which have proven to be effective. For example, the continuing provision of detoxification, pharmacological therapies including opioid substitution therapies and cognitive behavioural therapies for alcohol, tobacco and other drug treatment is based on an extensive body of evidence in Australia and internationally.

"Evidence-informed practice involves integrating existing evidence with professional expertise to develop optimal approaches, including new or innovative approaches in a given situation. The National Drug Strategy 2010–2015 includes a commitment to innovation and trialling new approaches. For example, the introduction of the Illicit Drug Diversion Initiative (IDDI) supported police-based diversion in early intervention and prevention programs before there was comprehensive evidence supporting this approach. The success of IDDI was a catalyst for its expansion into court-based diversion and treatment at correctional centres. IDDI demonstrates that where there is little evidence, leadership is needed to support innovation. Allowing room for the development of such creative approaches to be developed in the future will require new evidence to be collected so that the impact and quality of new interventions is well-understood."

Source:

Ministerial Council on Drug Strategy. The National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco and other drugs. Commonwealth of Australia, 2011, p. 21.

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/\\$File/nds2015.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf)

41.

*(Social Determinants and Substance Use)*

"□ There is strong evidence of an association between social determinants—such as unemployment, homelessness, poverty, and family breakdown—and drug use. Socio-economic status has been associated with drug-related harms such as foetal alcohol syndrome, alcohol and other drug disorders, hospital admissions due to diagnoses related to alcoholism, lung cancer, drug overdoses and alcohol-related assault. In the 2007 National Drug Strategy Household Survey the highest prevalence of recent illegal drug use was reported by unemployed people—23.3 per cent compared with 13.4 per cent of the general population. Alcohol, tobacco and other drug use among homeless people is common. One study estimated the overall 12-month prevalence of harmful alcohol use for homeless people in Sydney at 41 per cent and the prevalence of drug use at 36 per cent. Family factors—including poor parent–child relationships, family disorganisation, chaos and stress and family conflict and marital discord with verbal, physical or sexual abuse—also have a strong association with drug use. There are a number of strong protective factors that guard against problematic alcohol and other drug use. These include having a job, a stable family life and stable housing.

These factors can be important in preventing or overcoming drug-related problems."

Source:

Ministerial Council on Drug Strategy. The National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco and other drugs. Commonwealth of Australia, 2011, p. 6.

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/\\$File/nds2015.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf)

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