LICIT AND ILLICIT DRUG USE IN NSW

Sarah Thackway
NSW Public Health OfficerTraining Program
NSW Department of Health

Anton Poder
Drug Strategy Branch, NSW Department of Health

Amber Summerill
Australian Institute of Health and Welfare, Canberra

INTRODUCTION

This is the first in a series of articles providing a commentary on drug and alcohol use in NSW. The series will provide an overview of the use of both licit and illicit drugs in NSW with special features on licit drugs (alcohol and tobacco) and illicit drugs (heroin and other drugs), with information sourced primarily from the 1998 National Drug Strategy Household Survey (NDSHS).

BACKGROUND

Drug-related harm

It is estimated that more than 22,000 deaths and more than a 250,000 hospitalisations in Australia during 1997 were drug-related.[1] Licit drugs accounted for more than 96 per cent of these. However, 831 deaths and more than 11,000 hospitalisations were related to the use of illicit drugs. A recent annual estimate of the direct health care cost of drug dependence and the harmful use of licit and illicit drugs in Australia was more than one billion dollars: $833 million for tobacco, $145 million for alcohol, and $43 million for heroin and other drugs.[2]

The National Drug Strategy

The National Drug Strategy (NDS) is a comprehensive, integrated approach to the problem of harmful use of licit and illicit drugs.[3] The strategy aims to improve health, and social and economic outcomes, by preventing the harmful use of drugs and reducing the effects of licit and illicit drugs in Australia. The NSW Department of Health was a founding member of the strategy and continues to be an active participant.

METHODS

The National Drug Strategy Household Survey

The 1998 NDSHS was the most comprehensive survey of licit and illicit drug use ever undertaken in Australia, and was the sixth survey in a series that commenced in 1985. Between June and September 1998, 10,030 Australians aged 14 years and older participated in the survey, including 1,486 in NSW. Respondents were asked about their knowledge of drugs and attitudes towards drugs, drug consumption and related behaviours. Details of the NDSHS methodology have been published elsewhere.[1] In this report, NSW data are presented and compared to data for the rest of Australia, where this is available.

RESULTS

Licit and illicit drug use in NSW

In NSW in 1998, alcohol was the most frequently used drug with 78.6 per cent of respondents consuming alcohol recently (that is, within the past 12 months), a pattern similar to that in 1995 (Table 1). In comparison, 25.1 per cent of respondents had used tobacco recently, a small decrease from 1995 (26.3 per cent).

More than 46 per cent of respondents in NSW reported having tried at least one illicit drug, up from 39.3 per cent in 1995. Recent drug use in 1998 also increased (12 per cent) from 1995, with one in five respondents having used at least one illicit drug in the previous 12 months. Based on these data, it is estimated that there were 995,915 recent illicit drug users in NSW in 1998. More males than females used illicit drugs recently; however, the rate among females increased by 47 per cent from 11.7 percent in 1995 to 17.2 per cent in 1998.

The most commonly used illicit drug was marijuana, with 39.4 per cent reporting having ever used the drug and 16.8 per cent using it in the past 12 months. In NSW since 1995, there has been a 25 per cent increase in recent marijuana use, less than the national increase of 39 per cent. Recent heroin use in NSW was reported by less than one per cent of survey respondents with no increase since 1995. While the lifetime use of amphetamines in NSW was low, the reported rate increased by 91 per cent, from 4.6 per cent in 1995 to 8.8 per cent in 1998.

In Sydney, the rate of recent illicit drug use (20.9 per cent) was lower than in all other capital cities, with the exception of Hobart (19.4 per cent). In comparison, the rate of ever having tried at least one 'hard' drug (for example, heroin, amphetamines, etc) in Sydney (16.3 per cent) was higher than in most other Australian capital cities, while recent 'hard' drug use (6.1 per cent) in Sydney was lower than in Melbourne, Perth and Darwin.

Preferred drugs

The type of drugs respondents in NSW reported to prefer were the same as for the rest of Australia. The most popular drug in NSW was alcohol, followed by tobacco (Table 2). More than 50 per cent of males in NSW reported alcohol as their preferred drug compared with 35.3 per cent of females. In contrast, 42.3 per cent of females preferred not to consume drugs, either licit or illicit, compared to 28.3 per cent of males. The most popular illicit drug in NSW was marijuana; however, this was slightly less popular in NSW than for the rest of Australia (4.4 per cent).

Age of initiation of drug use

Between 1995 and 1998, the mean age at initiation of drug use in NSW remained fairly stable (Table 3). In 1998, alcohol users in NSW typically began drinking at an earlier age (15.7 years) than consumers of other drugs, while

TABLE 1

LIFETIME AND RECENT USE OF LICIT AND ILLICIT DRUGS BY PERSONS AGED 14 YEARS AND OVER, NSW AND OTHER AUSTRALIA,* 1995 AND 1998

| Drug/behaviour | Lifetime use, %[†] | | | | Recent use, %[†] | | | |
| | 1995 | | 1998 | | 1995 | | 1998 | |
	Aus	NSW	Aus	NSW	Aus	NSW	Aus	NSW
Tobacco	64.8	64.6	68.2	62.0	27.5	26.3	27.2	25.1
Alcohol	88.5	86.6	92.2	87.7	78.1	79.0	81.8	78.6
Marijuana	31.6	30.3	39.1	39.4	13.2	13.4	18.4	16.8
Analgesics[‡]	10.9	15.1	11.9	10.4	3.3	4.0	5.6	4.3
Tranquilisers[‡]	3.3	3.1	6.7	5.2	0.8	0.4	3.4	2.2
Steroids[‡]	0.6	0.4	0.8	0.9	0.2	0.1	0.2	0.4
Barbiturates[‡]	1.5	0.7	1.7	1.4	0.3	–	0.3	0.2
Inhalants	2.5	2.1	3.9	3.9	0.5	0.4	0.8	0.9
Heroin	1.6	1.0	2.3	2.0	0.3	0.6	0.8	.06
Methadone[§]	**	**	0.5	0.5	**	**	0.2	–
Amphetamines[‡]	6.4	4.6	8.6	8.8	1.9	2.5	3.5	3.8
Cocaine	3.3	3.5	3.5	5.9	0.9	1.1	1.0	2.1
Hallucinogens	5.5	5.6	9.9	10.0	1.6	2.4	3.2	2.6
Ecstasy	2.3	2.5	4.4	5.3	0.7	1.1	2.5	2.1
Injected illegal drugs	1.3	1.4	2.4	1.4	0.4	1.0	0.9	0.4
None of the above	7.4	8.3	5.5	9.0	14.0	16.2	12.9	16.4

* 'Other Australia' refers to all jurisdictions other than NSW.

† 'Lifetime use' refers to use at least once in a person's lifetime; drugs 'recently used' refers to use in the last 12 months.

‡ For non-medical purposes.

§ Non-maintenance.

** Not asked in 1995.

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tobacco users initiated use at a slightly older age (16.1 years) in NSW than the rest of Australia (15.5 years). Women generally initiated licit or illicit drug use at an earlier age than men did, particularly heroin, in which the mean age at commencement was 16.5 years for females compared to 21.6 for males in 1998.

Between 1995 and 1998, the age of initiation for the use of the drug ecstasy decreased by 18 per cent from 23.9 to 19.5 years; however, the age of initiating heroin use increased from 15.0 to 18.1 years (1995 data for heroin use were subject to extreme sampling variability because of the small sample size). Compared to the rest of Australia, people in NSW in 1998 were slightly older when they first used tobacco but younger when initiating heroin, amphetamine, cocaine, hallucinogen and ecstasy use.

Injecting illicit drugs

Between 1995 and 1998, the proportion of the NSW population who had recently injected drugs halved from 1.0 to 0.4 per cent. Males (49.1 per cent) who had injected drugs were more likely than females (18.8 per cent) to

have first injected amphetamines. Conversely, females (69.1 per cent) were more likely to have first injected heroin than males (39.0 per cent).

DISCUSSION

Generally, there has been little change in the pattern of drug use in NSW over the past three years, with alcohol and tobacco remaining the primary drugs of choice. However, since 1995, there have been increases in marijuana and amphetamine use, a decrease in the age of people initiating ecstasy use, and a decline in the proportion of people reporting that they recently inject drugs.

While this report provides useful information, the data have a number of limitations. Firstly, non-private dwellings, institutional settings (including prisons) and homeless people were excluded from the sample. Also, because users of illicit drugs are, by definition, committing illegal acts, they are reluctant to reveal their drug use. Consequently, the prevalence of illicit drug use and related behaviours is expected to be underestimated. Despite these limitations, the information gained from the NDSHS is important for the NSW Department of Health. It will form

TABLE 2

PREFERRED DRUG OF CHOICE BY SEX, PROPORTION OF POPULATION AGED 14 YEARS AND OVER, NSW AND OTHER AUSTRALIA,* 1998

Drug	Males Aus	Males NSW	Females Aus	Females NSW	Total Aus	Total NSW
Tobacco	15.5	13.3	17.2	18.2	16.4	15.8
Alcohol	50.0	52.0	37.9	35.3	43.9	43.5
Amphetamines[†]	0.2	0.1	0.3	–	0.3	0.1
Marijuana	6.0	4.6	2.9	3.3	4.4	3.9
Heroin	0.4	0.1	0.1	–	0.3	–
Cocaine	0.1	0.2	0.2	0.1	0.1	0.2
Hallucinogens	0.3	0.3	0.1	0.1	0.2	0.2
Ecstasy	0.5	0.9	0.4	0.6	0.5	0.8
None	26.8	28.3	41.0	42.3	34.0	35.4

* 'Other Australia' refers to all jurisdictions other than NSW.
† For non-medical purposes.

TABLE 3

NOVICE DRUG USERS,* MEAN AGE (IN YEARS) AT INITIATION OF LICIT OR ILLICIT DRUG USE, NSW AND OTHER AUSTRALIA,† 1995 AND 1998

Drugs	Males 1995 Aus	Males 1995 NSW	Males 1998 Aus	Males 1998 NSW	Females 1995 Aus	Females 1995 NSW	Females 1998 Aus	Females 1998 NSW	Total 1995 Aus	Total 1995 NSW	Total 1998 Aus	Total 1998 NSW
Tobacco	15.4	15.5	15.6	16.5	15.2	15.7	15.4	15.7	15.3	15.6	15.5	16.1
Alcohol	15.0	15.8	15.4	16.1	15.8	15.8	15.8	15.3	15.4	15.8	15.6	15.7
Marijuana	17.2	15.7	16.4	16.4	17.4	16.1	16.7	16.8	17.3	15.8	16.6	16.7
Heroin	20.6	0.0	22.8	21.6	21.0	15.0[‡]	18.6	16.5	20.8	15.0[‡]	21.0	18.1
Amphetamines	20.2	18.5	20.0	18.9	19.6	20.0[†]	19.6	17.0	20.0	18.9	19.9	18.3
Cocaine	21.6	21.4	23.0	22.0	21.2	22.0[†]	21.7	19.1	21.5	21.5	22.4	20.8
LSD/Synthetic hallucinogens	18.4	17.6	18.7	18.1	19.7	18.8	19.0	17.5	18.9	17.9	18.8	17.9
Ecstasy	19.6	23.9	20.8	19.6	21.3	–	20.4	19.2	20.4	23.9	20.7	19.5

* Respondents aged less than or equal to 30 years; first use in the previous 3 years.
† 'Other Australia' refers to all jurisdictions other than NSW.
‡ Estimate subject to extreme sampling variability.

part of the baseline measuring of drug use by which actions arising from the 1999 NSW Drug Summit will be evaluated.[4]

CONCLUSION

Future articles in this series will discuss the use of specific licit and illicit drugs in greater detail, and the NSW Department of Health's response to the issues will be outlined. The focus will be on heroin use and related overdoses, other illicit drug use behaviours, and alcohol and tobacco use.

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GENERAL PRACTICE ACTIVITY IN AUSTRALIA 1998–1999

Associate Professor Helena Britt
Director, Family Medicine Research Centre
University of Sydney

A report of the first year's data from the Bettering the Evaluation And Care of Health program (BEACH), a continuous national survey of general practice activity, was released recently by the General Practitioners Statistics and Classification Unit. The unit is a collaborating unit of the University of Sydney's Family Medicine Research Centre and the Australian Institute of Health and Welfare. The program began in April 1998 and is currently funded by a consortium of six organisations: the Commonwealth Department of Health and Aged Care, the Department of Veterans' Affairs, the National Occupational Health and Safety Commission, AstraZeneca Australia, Roche Products, and Rhône Poulenc Rorer. It aims to provide an up-to-date source of information about the patients seen in general practice, the problems managed, and the treatments provided. This article describes the rationale for the collection of the data and some of the preliminary results.

Because about 85 per cent of the population visit a general practitioner (GP) in any one year, general practice data can provide a good indication of the health of the community.[1] Each year, approximately 1,000 randomly selected GPs participate in BEACH. Each GP records the details of 100 consecutive doctor–patient encounters (any professional interchange between a patient and a general practitioner). The first year's data set includes information about 96,901 such consultations (after post-stratification weighting). Reasons for the encounter, problems managed, referrals, non-pharmacological management and investigations are classified according to the *ICPC-2: International Classification of Primary Care (Version 2)*,[2] and coded more specifically in ICPC-2 PLUS.[3] Prescribed pharmaceuticals are coded to brand level. They are classified according to an in-house classification, the Coding Atlas for Pharmaceutical Substances and to the *Anatomical Therapeutic Chemical Classification Index*.[4] Additional data elements include strength of prescribed drug and regimen (course of therapy) from which one can derive a prescribed daily dose.

The BEACH relational database is described diagrammatically in Figure 1. All variables can be directly related to GP and patient characteristics and to the encounter. Reasons for encounters have only an indirect relationship with problems managed. All types of management are directly related to the problem being treated.

At the majority of encounters (57.7 per cent), the patient was female, and approximately 25 per cent were in each of the following age groups: < 25 years, 25–44 years, 45–64 years and 65+ years. The patient was new to the practice in 9.2 per cent of encounters. Almost half the encounters were with patients who held some form of health care concession card (47.3 per cent) and a further 3.4 per cent were with persons who held a Department of Veterans' Affairs concession card. Patients from a non-English speaking background represented 14.5 per cent of encounters. Information was also collected on consultations with indigenous people.

The most common reasons for a patient to initiate an encounter were a need for a prescription, a check-up, and immunisation–vaccination, together with symptoms such as cough, throat and back complaints.

Problems (N=140,824) were managed at a rate of 145 per 100 encounters and almost half of these were new to the patient. The problems most often managed in general practice were respiratory or musculoskeletal in nature or associated with the skin or the cardiovascular system. (Table 4). The most common individual problems were hypertension (8.3 per 100 encounters), upper respiratory tract infection (6.8) and immunisation–vaccination (5.2 per 100). Depression (3.5 per 100 encounters) had risen from tenth to fourth in relative frequency since 1990–91, while immunisation–vaccination had risen from sixth to third position.[5] The GPs regarded 2.7 per cent of all problems to be work-related.

Medications were prescribed (85.3 per cent), advised for over the counter purchase, or supplied by the GP at a rate