

National Drug Strategy Household Survey 2013

Western Australian Supplementary Tables

MHC alcohol and other drug surveillance report: Number 01

© Mental Health Commission, Government of Western Australian.

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to an inclusion of an acknowledgement of the source and no commercial use or sale. Reproduction for purposes other than those above requires written permission of:

Mental Health Commission, Government of Western Australia
Level 5, 81 St Georges Terrace PERTH WA 6000
Website: www.mhc.wa.gov.au www.dao.wa.gov.au

Enquiries

Enquiries regarding this publication should be directed to:
Progress, Monitoring and Evaluation
Mental Health Commission
Phone: (08) 6272 1200
Email: pme@mhc.wa.gov.au

Suggested citation:

Dyer, K., Bridle, R. & Christou, A. (2015) National Drug Strategy Household Survey 2013: Western Australian Supplementary Tables, MHC Surveillance Report: Number 01. Mental Health Commission, Government of Western Australia: Perth, WA.

Source: Australian Institute of Health and Welfare

This report contains information analysed from the National Drug Strategy Household Survey computer file obtained through the Australian Social Science Data Archive. The report outlines cross-sectional data on alcohol and other drug use, as well as community attitudes and support for various alcohol and other drug related policies. The report is not exhaustive and does not interpret information nor in all cases contain qualifiers or contextual information. Although all due care has been exercised in the preparation of this document, no responsibility is accepted for any errors or omissions.

Minor revisions are occasionally made to publications after release.

The online versions available from the Mental Health Commission website will always include any revisions.

Acknowledgements:

Cathy Claydon, Australian Institute of Health and Welfare
Myra Browne, Drug and Alcohol Office
Neil Guard, Drug and Alcohol Office
Michael Moltoni, Mental Health Commission
Tim Marney, Mental Health Commission

Abbreviations

AIHW	Australian Institute of Health and Welfare
MHC	Mental Health Commission, Western Australia
NDSHS	National Drug Strategy Household Survey
NHMRC	National Health and Medical Research Council
ABS	Australian Bureau of Statistics
DoH	Australian Government Department of Health

Definitions

Ever use	Used at least once in his or her 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.
Illicit drugs	<p>Illegal drugs, drugs and volatile substances used illicitly, and pharmaceuticals used for non-medical purposes. The survey included questions on the following illicit drugs:</p> <ul style="list-style-type: none"> painkillers/analgesics* tranquillizers/sleeping pills* steroids* meth/amphetamines* cannabis synthetic cannabinoids heroin methadone or buprenorphine** other opiates (opioids)* cocaine hallucinogens ecstasy ketamine GHB inhalants (any) injected drug novel psychoactive substances. <p>*used for non-medical purposes; ** non-maintenance program</p>
Injected drugs	The injection of drugs that were not medically prescribed to inject.
Licit drugs	Drugs that have legitimate medical uses (marked with an asterisk under illicit drugs). In this report, the focus is on when these drugs are used for non-medical purposes.
Lifetime risk (alcohol)	In this survey, drinking on average up to 2 standard drinks per day in the last year is defined as <i>low risk</i> and drinking on average more than 2 standard drinks per day in the last year is defined as <i>risky</i> for both males and females.
Never drinker	Never consumed a full serve of alcohol.
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 painkillers/analgesics, tranquillizers/sleeping pills, steroids and barbiturates (termed 'pharmaceuticals') and meth/amphetamines and other opioids such as morphine or pethidine.
Single occasion risk (alcohol)	A single occasion is defined as a sequence of drinks taken without the blood alcohol concentration reaching zero in between. Drinking up to 4 standard drinks on one day is defined as <i>low risk</i> and drinking more than 4 standard drinks on one day is defined as <i>risky</i> for both males and females.
Standard drink	Containing 10 grams of alcohol (equivalent to 12.5 millilitres of alcohol).

What is the National Drug Strategy and Household Survey?

The National Drug Strategy and Household Survey (NDSHS) monitors alcohol and other drug use over time and across different segments of the community, throughout Australia. The survey also measures community attitudes to drug use and various drug-related policies. The full national report is available from the Australian Institute of Health and Welfare (AIHW) website (www.aihw.gov.au).

Purpose

The objectives of the NDSHS are to:

- provide data on the level, patterns and trends in the use of tobacco, alcohol and other substances;
- identify groups with a high risk for misuse of drugs;
- measure community awareness and knowledge of licit and illicit drugs; and
- measure community support for various alcohol and other drug related policies.

The purpose of this report is to supplement the national report with Western Australian data tables. These tables compare Western Australian results to national averages and the previous survey. Data tables also provide additional information on alcohol and other drug use by age and gender.

Background

Why is this survey important?

Alcohol and other drug use are widely recognised as a major health problem in Australia. Alcohol consumption and tobacco smoking are major risk factors for a multitude of physical diseases and conditions¹.

Additionally, illicit drug use is associated with conditions such as HIV/AIDS, hepatitis C, low birth weight, malnutrition, infective endocarditis (leading to damage to the heart valves), poisoning, mental illness, suicide, self-inflicted injury and overdose². The relative health impact of illicit drug use varies depending on the specific type of drug used and the circumstances of its use¹.

In Western Australia, 6.5% of the burden of disease relates to tobacco use, 3.9% relates to alcohol use, and 1.6% relates to illicit drug use³.

The use of licit (including alcohol and tobacco) and illicit drugs costs the Australian community more than \$56 billion a year in terms of healthcare, road crashes, lost workforce productivity, crime and resources used in prevention and treatment⁴.

¹ AIHW 2014. Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW.

² AIHW 2010. Australia's health 2010. Australia's health no. 12. Cat. no. AUS 122. Canberra: AIHW.

³ Hoad, V., Somerford, P., & Katzenellenbogen, J. (2010). *The burden of disease and injury attributed to preventable risks to health in Western Australia 2006*. Department of Health; Perth.

⁴ Collins, D., & Lapsley, H. (2008). *The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004-05*. National Drug Strategy Monograph Series Number 64.

The NDSHS is the leading national survey on alcohol and other drug use. This information is an important part of preventing and reducing adverse impacts of alcohol and other drugs in the Western Australian community.

How are the results used in Western Australia?

The Mental Health Commission (MHC) analyses and communicates information from the NDSHS to help provide an evidence-base for strategic directions across a variety of agencies, as well as increase knowledge in the general community. MHC is the lead State Government agency for drug and alcohol strategy, policy and service provision in Western Australia.

The Western Australian NDSHS results help inform strategy development and monitor progress against particular plans and frameworks, such as:

- The *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*. This encompasses alcohol and other drugs. The framework provides a guide for government sector strategy, development and implementation of alcohol and other drug best practice.
- The *Western Australian Health Promotion Strategic Framework 2012-2016*. This outlines key directions for the promotion of healthier and safer lifestyles for Western Australians and focuses on a number of risk factors and injuries including tobacco, alcohol and other drugs.

How is the NDSHS conducted?

The NDSHS is coordinated by the AIHW on behalf of the Australian Government Department of Health (DoH). Custody of the survey resides with the AIHW and is protected by the *Australian Institute of Health and Welfare Act 1987*. Both the AIHW's Health Ethics Committee and the DoH's Ethics Committee approved the 2013 NDSHS.

The 2013 NDSHS was conducted between late-July and early-December 2013. The 2013 NDSHS was the eleventh conducted under the auspices of the National Drug Strategy (formerly known as the National Campaign Against Drug Abuse). Previous surveys were conducted triennially since 1985. The 2013 questionnaire was closely based on the 2010 questionnaire, with various additions and deletions.

Method

Sample characteristics

Overall, 23,855 Australians aged 12 years and older participated in the survey. Of these, 2,539 persons were Western Australian residents. A drop-and-collect method was used and the sampling units were residential households. Hence, persons who were homeless or institutionalised at the time of the survey were not included (consistent with the approach in previous years). In Western Australia, 1.8% of respondents were of Aboriginal or Torres Strait Islander origin.

At a National level a comparison between the 2011 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 Year 12 and post-graduate qualifications were over-represented
- couple families were over-represented, while single person households were under represented
- people who did not speak English as their main language at home were under represented
- very low socioeconomic decile were slightly under-represented, and very high socioeconomic deciles were slightly over-represented.

Weighting

The report presents estimates derived from the survey responses weighted to the appropriate Australian population grouped by age, sex and geographical location including state or territory. This helps to address some of the problems associated with a skewed distribution.

Interpreting Results

What are some limitations of self-reported survey data?

There are some inherent limitations of self-reported data due to a range of 'non-sampling' errors that can be made when recording 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.

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.

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. For example, if the respondent was unable to identify the drug used, or the respondent was deceived by a drug supplier. Ecstasy and related drugs are particularly susceptible to this.

A limitation of the survey is that people may not accurately report information relating to illicit drug use and related behaviours because these activities may be illegal. This means that results relating to illicit drugs are likely to underestimate actual prevalence. The reported findings are based on self-reported data and not empirically verified by blood tests or other screening measures.

Additional Information

Further information regarding methodological aspects of the 2013 NDSHS can be obtained from the following publication: Australian Institute of Health and Welfare 2014, *National Drug Strategy Household Survey detailed report: 2013. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.*