Illicit drug use in Queensland

A survey of households 2002–05

February 2007

CMC vision:

To be a powerful agent for protecting Queenslanders from major crime and promoting a trustworthy public sector.

CMC mission:

To combat crime and improve public sector integrity.

The authors

CMC research officers Anna Sheehan, Dr Jeremy Prichard, Leigh Krenske and Dr James Freeman analysed the data presented in this report and prepared the first release of the report, published on the CMC's website in October 2006. This paper, which was prepared for print publication by Dr Margot Legosz, is an abridgement of that earlier report and supersedes it.

Contents

Abbreviations

AIHW	Australian Institute of Health and Welfare
CMC	Crime and Misconduct Commission
DUMA	Drug Use Monitoring in Australia
NDSHS	National Drug Strategy Household Survey
OESR	Office of Economic and Statistical Research
PADIE	Prevalence of Alcohol and Drug Use in Emergency Departments study
QHIDUS	Queensland Household Illicit Drug Use Survey

Background

The procurement, use and misuse of illicit drugs is a serious problem facing society today. In 1998, for example, it was estimated that the social and health costs associated with illicit drug use in Australia totalled $6.1 billion (Collins & Lapsley 2002). Illicit drug use has been linked with several forms of violence and predatory street crime (Makkai & Payne 2003), sexual exploitation (Johnson 2004) and a host of social problems including family dysfunction and poor educational outcomes (Prichard & Payne 2005). For those involved in drug use, there are health risks such as disease transmission through needle sharing and problems associated with anxiety, aggression and depressed mood (Loxley, Toumbourou & Stockwell 2004).

Given the relevance of illicit drug use to law enforcement, operational activities, strategic research and policy development, the Crime and Misconduct Commission (CMC) undertakes a range of monitoring activities to assess illicit drug use patterns in Queensland. These monitoring activities include discrete projects such as reviewing and analysing data about detainees in watch-houses (CMC DUMA[1] report, in press), individual research projects about drugs such as cocaine and amphetamines,[2] and the inclusion of questions about illicit drug use in the annual household survey conducted by the Office of Economic and Statistical Research (OESR). The subsection of the household survey conducted for the CMC is referred to as the Queensland Household Illicit Drug Use Survey (QHIDUS).

Questions included in the QHIDUS seek population-level information about:
- the prevalence of illicit drug use (cannabis, amphetamines, heroin, ecstasy, hallucinogens and sleeping pills/tranquillisers used for non-medical purposes)
- patterns of drug use (age of first use, frequency of use, recent usage)
- perceptions of the health risks associated with drug use
- perceptions of the ease of obtaining illicit drugs
- various socio-demographic factors that may be associated with drug use.[3]

Although population-level research usually underestimates the true level of illegal or hidden activities such as drug use,[4] it can provide a valuable source of information which can, in turn, be compared with survey results of other populations and triangulated[5] with qualitative research, to provide a detailed overview of current and changing drug-use patterns.

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1 Drug Use Monitoring in Australia

2 Examples include *Exploring drug use: prevalence and patterns among emergency department patients* (Krenske et al. 2004), *Amphetamines in Queensland* (Lynch et al. 2003) and *Profiling the Queensland amphetamine market* (CMC 2006).

3 Survey questions vary each year:
   » the socio-demographic data collected differ annually according to various OESR requirements
   » information about different illicit drug types varies according to the CMC's requirements (e.g. information about sleeping pills and tranquillisers used for non-medical purposes was only sought in 2005).

4 Some reasons for underestimates are: apprehension on the part of respondents about speaking to a stranger about sensitive or illegal activities; the effects of drug use on recall and memory; the chaotic nature of the lives of some drug users, which makes them less likely to be selected, or available, for interview in the first place (e.g. see Gossop et al. 2005); and the use of different data-collection methods.

5 Alignment of data from three or more different sources.

Between 2002 and 2005, more than 13 000 people throughout Queensland participated in the QHIDUS. This brief report summarises the key findings of those surveys. Where possible it also compares the results of the household survey with other quantitative survey results.

The CMC will also soon be releasing its comprehensive analysis of the DUMA data regarding watch-house detainees (CMC in press) and has recently released an in-depth analysis of amphetamine use in Queensland (CMC 2006). Each of these three reports, taken together, provide complementary information about current patterns of drug use in Queensland.

Survey methods

The OESR uses random digit dialling to determine the households contacted for the survey. The sample frame includes people aged 18 years and over residing in private dwellings in Queensland. One person aged 18 years or over is randomly selected from each household to answer the survey questions. Telephone interviews are conducted using the Computer Assisted Telephone Interviewing (CATI) system.

Each year, 600 respondents are sought from the greater Brisbane region. An additional 300 respondents are sought from the following statistical regions:

» Darling Downs

» Far North Queensland

» Fitzroy

» Mackay

» North and West Moreton

» Northern Queensland

» South and East Moreton (including the Gold Coast)

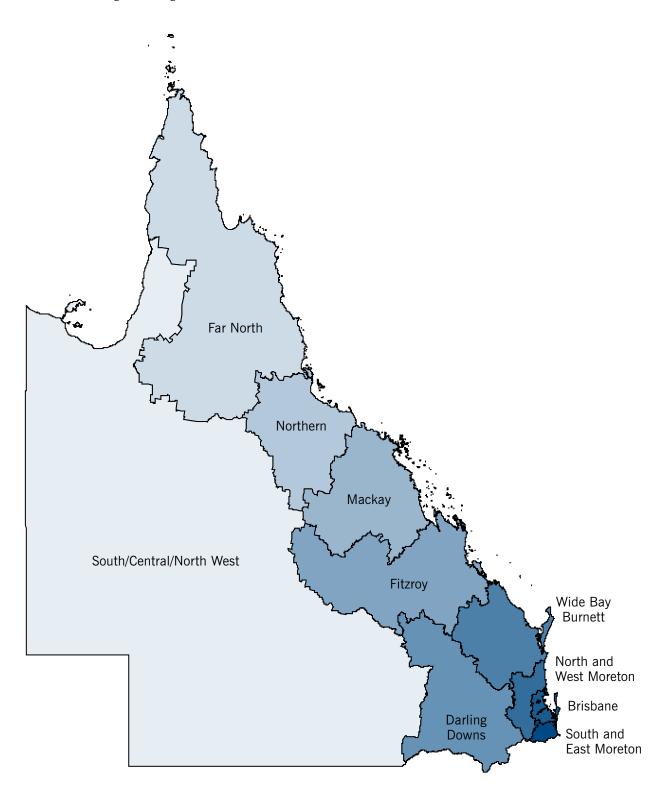» South West, Central West and North West Queensland

» Wide Bay Burnett.

See Figure 1, next page. The sample sizes and response rates for 2002–05 are shown in Table 1, below.

The OESR noted in its technical report that the survey sample differed from the general Queensland population by gender, age, region, income and education levels (according to Australian Bureau of Statistics census data). To increase its comparability with the general population, the OESR weighted the data. Basically, weighting involves the differential assignment of adjustment factors to data to take into account the relative importance of the data. All analyses conducted for this report were, therefore, based on the weighted data, apart from the more advanced regression modelling.

Table 1. Sample sizes and response rates 2002–05

Year	Sample size	Sample size (%)	Response rate (%)
2002	3060	23	52
2003	3369	26	56
2004	3343	26	62
2005	3299	25	45
	(*n* = 13 071)	(total = 100%)	(mean = 55)

Figure 1. Regions of Queensland used for QHIDUS

Far North

Northern

Mackay

South/Central/North West

Fitzroy

Wide Bay
Burnett

North and
West Moreton

Brisbane

Darling
Downs

South and
East Moreton

Survey results

Prevalence of illicit drug use in the community

Cannabis was the most common illicit drug reported to have been used at least once in their lifetime by respondents to all surveys between 2002 and 2005 (30.1%, on average). Fewer respondents reported having used amphetamines (5.8%),[6] hallucinogens (5%), ecstasy (3.9%), sleeping pills/tranquillisers for non-medical purposes (2.4%) or heroin (1.1%). On average, across the 2002–05 surveys, a total of 30.7 per cent of participants had used at least one of these drugs at some stage in their lives.

Over time, there was a slight decrease in cannabis use, from 33.2 per cent in 2002 to 28.1 per cent in 2005. During the same period there was a slight increase in the proportion of respondents reporting ecstasy use (3.6% in 2002, 4.6% in 2005) and a slight decrease in the proportion reporting using hallucinogens (6.7% in 2002, 4.3% in 2005). Similar fluctuations have been demonstrated in other Australian drug surveys such as the NDSHS[7] (AIHW[8] 2005; Higgins, Cooper-Stanbury & Williams 2000).

While the general profile of illicit drugs used by respondents to the QHIDUS is consistent with the findings of other studies, the overall prevalence of Queenslanders' illicit drug use measured by this survey was slightly less than reported elsewhere (see Figure 2). For example, the NDSHS (AIHW 2005) reported that almost 40 per cent of Australians had used an illicit drug at least once: 33.6 per cent had used cannabis, 9.1 per cent had used amphetamines, 7.5 per cent had used ecstasy or hallucinogens and 1.4 per cent had used heroin. The Prevalence of Alcohol and Drug Use in Emergency departments (PADIE) study of 800 patients attending a hospital emergency department on the Gold Coast, found that 55 per cent had used illicit drugs at some stage in their lives and 28 per cent had done so in the 12 months leading up to the study (Krenske et al. 2004).

These differences probably reflect the different research methods used for each of these studies. For example:

- Whereas the QHIDUS collected information via telephone interviews, the bulk of the NDSHS participants (82%) completed self-report written surveys. Research has consistently demonstrated that self-report measures result in higher rates of disclosure about sensitive information than face-to-face or telephone interviews (Aquilino 1992; Aquilino 1994; Gfroerer & Hughes 1992; Turner et al. 2005).

- Whereas the QHIDUS sampled people randomly from households throughout Queensland, the PADIE study only sampled patients attending the emergency department of a Gold Coast hospital. Drug use tends to be associated with accidents or injuries (Krenske et al. 2004) and the PADIE sample consisted entirely of emergency hospital attendees — thus a higher prevalence of drug use among this sample would be expected. Drug use may also vary by location; and, for at least some times of the year, the Gold Coast might be expected to have higher drug use than other areas in the state. The QHIDUS, therefore, provides a better estimate of the prevalence of drug use in the general community than the PADIE.

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6   Averaging across the 2002–05 surveys, about one-fifth (20.1%) of the participants who had used amphetamines reported that they had injected them at some time, although there was a demonstrable increase in this proportion between 2003 (17.4%) and 2005 (24%).
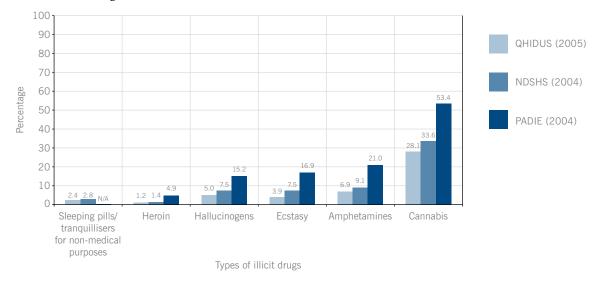
7   National Drug Strategy Household Survey

8   Australian Institute of Health and Welfare

Figure 2. Comparative data — proportion of participants who have ever used illicit drugs, QHIDUS (2005), NDSHS (2004), PADIE (2004)

Frequency of illicit drug use

Drug use in the 12 months leading up to the survey

Consistent with the results of PADIE and NDSHS, the most common illicit drug used in the preceding 12 months reported by QHIDUS survey participants was cannabis (18.5% in 2005), although this rate was lower than than PADIE respondents (26.0%) and higher than NDSHS respondents (11.3%). The use of different research methods and sampling techniques is the likely explanation for these differences, as discussed on the previous page.

The frequency of drug use in the 12 months preceding participation in the survey, however, was quite limited. For example, between 2003 and 2005, on average, just under half of the participants who reported having ever used cannabis (49.6%) had done so, in the 12 months prior to the survey, less than one day a month or only one or two days in the period. Daily use was reported, on average, by only 13.5 per cent of cannabis users, whereas 20.8 per cent of cannabis users reported weekly use and 16 per cent reported monthly use. Figure 3 illustrates the frequency of cannabis use among cannabis users in the 12 months preceding participation in the survey.
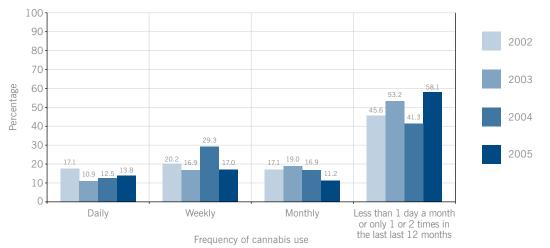
Figure 3. Frequency of cannabis use in the 12 months preceding participation in the QHIDUS, 2002–05

A similar profile was demonstrated by amphetamine users: between 2003 and 2005, only 54 people indicated that they had used amphetamines in the 12 months preceding the survey. Among these participants, more than two-thirds (68.5%) had done so less than one day a month or only one or two days in the past 12 months.

According to the 2005 survey, the frequency of use of other illicit substances in the 12 months preceding participation in the survey were as follows:

- 16 participants reported using ecstasy: five had used the drug on a monthly basis and 11 had used it less than one day a month or only on one or two days
- only one participant reported using hallucinogens and on only one or two days
- 11 participants had used sleeping pills/tranquillisers for non-medical purposes; one participant indicated daily use, four indicated monthly use and six indicated that they had used them less than one day a month or on only one or two days
- none of the participants had used heroin.

Drug use in the 30 days leading up to the survey

Thirty-seven participants reported using cannabis in the 30 days prior to participating in the surveys between 2002 and 2005: on average, cannabis was reported to have been used in that period 11 times by 2005 survey respondents, 9.2 times by the 2003 respondents and 14.5 times by the 2002 respondents. Amphetamines had been used by six participants on an average of 2.5 occasions. Ecstasy (once) and sleeping pills/tranquillisers for non-medical purposes (on an average of 5.5 occasions) had been used by five participants. None of the participants reported using heroin or hallucinogens in the preceding 30 days.

Risk and protective factors for illicit drug use

Research suggests that there are certain factors that increase the likelihood of someone beginning to use and/or continuing to use illicit drugs (these are often referred to as risk factors). Young people, males and people who have never married have consistently been identified by the research literature as being the most likely groups to use illicit drugs. Of course, this does not mean that all young unmarried males will use illicit drugs, or that all older married females will not. It simply means that a significantly higher proportion of people with these characteristics will use (or not use) illicit substances than their counterparts. This information is important because it can be used to inform policy development and guide targeted early intervention and prevention programs.

In addition to age, gender and marital status, a number of other factors have been identified as increasing the risk of a person taking up illicit drugs — drug abuse appears to develop as the result of a variety of genetic, biological, emotional, cognitive and social risk factors that interact with features of the social context (Office of National Drug Control Policy, undated). These can include:

- experiences of sexual abuse, family violence and neglect (Johnson 2004; National Crime Prevention 1999)
- leaving school early (Prichard & Payne 2005)
- various familial characteristics such as parental drug abuse (Prichard & Payne 2005) and poor monitoring by parents (Office of National Drug Control Policy, undated)
- unemployment (Blumstein et al. 1986; Nagin, Farrington & Moffit 1995)
- poverty, community disorganisation and community violence and crime (Oberwittler 2004; Van Wilsem 2004)

- early onset of criminal behaviour (Farrington & Coid 2003)
- individual characteristics such as shyness, aggression and impulsive personality traits (Office of National Drug Control Policy, undated)
- school-related factors such as a pro–drug-use norm and availability of drugs on or near the school campus (Office of National Drug Control Policy, undated)
- low levels of law enforcement with respect to minors' use of licit and illicit substances (Office of National Drug Control Policy, undated).

Conversely, there are factors that appear to decrease the likelihood of people using illicit drugs. These are called protective factors. People who are married, for example, appear to be significantly less likely to use drugs than unmarried people (see Gottfredson & Hirschi 1990; Le Blanc & Loeber 1998; Sampson & Laub 1993; Thornberry 1997;). Other examples of protective or resiliency factors include a stable temperament, a high degree of motivation, a strong parent–child bond, consistent parental supervision and discipline, bonding to pro-social institutions, association with peers who hold conventional attitudes, consistent, community-wide anti–drug-use messages and norms, and positive academic and recreational programming for children and adolescents after school and on weekends. An accumulation of protective factors may counteract the negative influences of a few risk factors (Office of National Drug Control Policy, undated).

The QHIDUS sample was analysed to determine whether any risk or protective factors for illicit drug use could be identified. Clearly, given the limitations of the survey, data were not collected on many of the potential individual and family factors that may influence illicit drug use. Rather, we were only able to assess the links between illicit drug use and some basic socio-demographic factors. Consistent with the research mentioned above, being male, being young, having never married, being unemployed or being a student at the time of the survey, and having ever been arrested for a criminal offence, were all demonstrated to be risk factors. Being married was identified as a probable protective factor. These factors are discussed individually below.

Gender

Significantly more males (37.3%) than females (24.3%) reported using any of the illicit drugs targeted by the survey (see Figure 4). These findings are consistent with previous research (AIHW 2005; Elliott, Huizinga & Menard 1989; Hindelang, Hirschi & Weis 1981; Krenske et al. 2004; Penning & Barnes 1982).
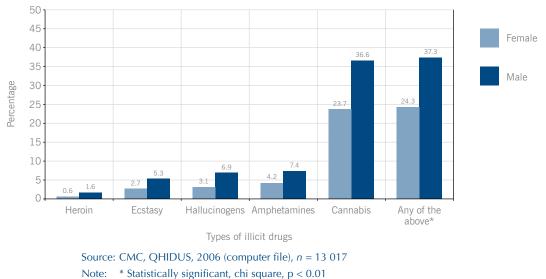
Figure 4. Illicit drug use by gender, 2002–05

Source: CMC, QHIDUS, 2006 (computer file), $n = 13\ 017$

Note: * Statistically significant, chi square, $p < 0.01$

Age

Generally speaking, the prevalence of ever having used an illicit substance was highest among young people, especially those aged 25–34 years. As the age of the participants increased, the lifetime prevalence of illicit drug use decreased (see Table 2).

Table 2. Prevalence of ever having used an illicit substance, by age, 2002–05

Age	Cannabis %	Amphet-amines %	Hallu-cinogens %	Ecstasy %	Heroin %	Any* %	n
18–24	44.2	9.9	8.2	8.6	1.9	44.9	1070
25–34	50.2	12.8	11.7	10.7	2.1	51.0	2281
35–44	40.1	6.2	4.5	2.6	1.0	40.6	2919
45–59	21.3	2.3	2.6	0.8	0.7	21.8	3665
60+	4.7	0.8	0.2	0.1	0.2	5.4	3136
Total	**30.1**	**5.8**	**5.0**	**3.9**	**1.1**	**30.7**	**13 071**
(n)	(n = 3621)	(n = 589)	(n = 497)	(n = 390)	(n = 124)	(n = 3713)	

Source: CMC, QHIDUS, 2006 (computer file)

Notes:

- The percentages were calculated using weighted data.
- Information about the use of sleeping pills or tranquillisers for non-medical purposes was only sought in 2005: few participants had used these drugs, but more participants aged 20–29 years (4.4%) and 30–39 years (4.2%) reported use than any other age group (0.1–2.1%) (p < .001).
- * Cannabis or amphetamines or hallucinogens or ecstasy or heroin.

Age of first use of illicit substances

In the 2005 survey, the youngest average age of using any illicit drug for the first time was demonstrated for cannabis (18.1 years),[9] followed by hallucinogens (19.4 years), heroin (20 years), amphetamines (20.6 years) and ecstasy (22.1 years). The oldest mean age of first using a drug for illicit purposes was shown for sleeping pills/tranquillisers when used for non-medical purposes (25.2 years).

These findings are consistent with:

- the PADIE study, which found higher prevalence rates of illicit drug use among younger people and also that the frequency of drug use declined with age
- NDSHS, which found that illicit drug use was most prevalent among people in their late teens and early twenties; for example, more than 30 per cent of the survey participants aged 18–29 years reported that they had used illicit drugs in the year prior to the survey — a rate three times higher than among those aged 40 years and over (AIHW 2005).

Comparative QHIDUS (2005), PADIE (2004) and NDSHS (2004) data are shown in Figure 5, next page.

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9   This is likely to be because cannabis is less expensive, more available, more socially accepted and perceived to be less harmful than other illicit drugs (Krenske et al. 2004).
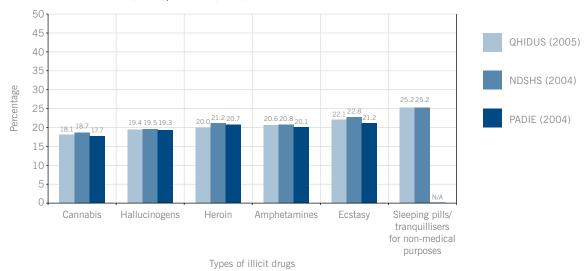
Figure 5. Age of first use of illicit drugs: comparative data — QHIDUS (2005), NDSHS (2004), PADIE (2004)

Educational achievements

As shown in Table 3, initial bivariate analysis[10] of the 2005 survey data indicated a significant relationship between educational attainment and cannabis use (educational status was not associated with any of the other illicit drugs targeted by the survey). However, more advanced multivariate analysis[11] — which took into consideration the varying influences of gender, age and marital status at the same time — excluded education as a significant risk factor. Gender, age and marital status were shown to be more powerfully linked to cannabis use than educational achievement (Table 5 shows the multivariate results for cannabis).

Table 3. Proportion of survey participants reporting illicit drug use by highest level of education achieved (2005 survey data only)

Illicit drug	Risk factor (highest level of education) %				Statistical significance
	Primary school	**Year 10 or Year 12**	**Technical certificate/ diploma**	**University degree**	
Cannabis	20.4	27.5	30.5	32.1	p < .001
Amphetamines	8.0	7.0	6.6	6.2	n.s.
Heroin*	–	–	–	–	–
Ecstasy	6.9	4.0	4.7	2.9	n.s.
Hallucinogens	4.5	4.0	4.8	4.6	n.s.
Sleeping pills/ tranquillisers for non-medical purposes	3.6	2.1	2.1	2.5	n.s.

Notes:
- * Too few users in this sample to analyse the data meaningfully.
- n.s. = not significant.

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10 Bivariate analysis is the analysis of two variables at the same time to explain the relationship between them.

11 Multivariate analysis (logistic regression in this instance) is used to look at the relationship between two or more variables. It is generally the more sophisticated analysis of a problem.

Marital status

Participants who had never married and those in a de facto relationship illustrated the highest prevalence rates of drug use in this sample. Being married, separated or divorced were shown to be possible protective factors against illicit drug use (see Table 4). Similar findings have been reported elsewhere (see Agrawal et al. 2005; Krenske et al. 2004; Sampson & Laub 1993; Leonard & Mudar 2003) and may be linked to the acknowledged association between marriage and maturation (Sampson & Laub 1993, Le Blanc & Loeber 1998; Thornberry 1997; Gottfredson & Hirschi 1990).

As stated above, multivariate analysis was conducted to determine which socio-demographic factors were significantly associated with cannabis use. We were particularly interested in (a) the relative importance of never having married and living in a de facto relationship, which were both highlighted above as being associated with illicit drug use, and (b) whether educational status retained its significance in the presence of other socio-demographic factors. Table 5 indicates that, in the presence of other factors, educational achievements did not predict cannabis use, and that having never married, rather than being in a de facto relationship, was the key marital status associated with illicit drug use. (As Table 4 shows, the number of participants in de facto relationships — 968 — was quite small compared with the other groups.)

Table 4. Prevalence of illicit drug use by marital status, 2002–05

Marital status	Cannabis %	Amphet-amines %	Hallu-cinogens %	Ecstasy %	Heroin %	Any* %	n
Never married	46.7	13.2	10.9	10.9	2.1	47.4	2 101
Married	22.7	2.7	2.6	1.6	0.3	23.4	7 226
De facto	52.7	13.4	9.7	7.3	3.1	53.2	968
Separated/ divorced/ widowed	25.1	4.1	4.3	2.8	1.8	25.8	2 775
Total	**30.1**	**5.8**	**5.0**	**3.9**	**1.1**	**30.7**	**13 070**
(n)	(n = 3621)	(n = 589)	(n = 497)	(n = 390)	(n = 124)	(n = 3713)	

Source: CMC, QHIDUS, 2006 (computer file)

Notes:

- The percentages were calculated using weighted data.
- * Cannabis or amphetamines or hallucinogens or ecstasy or heroin.

Table 5. Socio-demographic predictors of having ever used cannabis, 2005 survey only (multivariate results)

Risk factors	Significance (p value)	Odds ratio [Exp(B)]	95% confidence interval	
Gender (male)	**.000**	**1.542**	1.310	1.815
Age (20–29 years)	**.000**	**2.216**	1.740	2.822
Education	n.s.	0.955	0.887	1.028
Marital status (never married)	**.000**	**1.887**	1.512	2.353

Note: n.s. = not significant

Employment status

Regarding the employment status of participants, the lifetime prevalence of any illicit drug was shown to be highest among participants who were either unemployed or students. This was largely reflected by cannabis and amphetamine use among these groups (see Table 6).

Table 6. Lifetime prevalence of illicit drugs by employment status, 2002–04

Employment status	Cannabis %	Amphet- amines %	Hallu- cinogens %	Ecstasy %	Heroin %	Any* %	n
Full time	38.4	6.1	6.6	5.3	1.3	39.1	3320
Part time/casual	36.9	7.4	7.6	3.5	0.8	37.7	1678
Self-employed	36.0	5.3	6.2	3.4	1.5	36.6	927
Unemployed	44.4	11.2	5.2	6.9	2.6	45.0	306
Student	42.3	12.2	5.4	9.6	0.2	43.0	240
Other†	14.7	2.0	1.9	1.2	0.7	15.4	3301
Total	**30.1**	**5.4**	**5.2**	**3.7**	**1.0**	**31.5**	**9772**
(n)	(n = 2800)	(n = 436)	(n = 396)	(n = 307)	(n = 102)	(n = 2874)	

Source: CMC, QHIDUS, 2006 (computer file)

Notes:

- Information about the employment status of survey participants was not collected in 2005.
- The percentages were calculated using weighted data.
- * Cannabis or amphetamines or hallucinogens or ecstasy or heroin.
- † 'Other' includes home duties, retired and sick/disabled.

Criminal history

In 2005, participants were asked to indicate whether or not they had ever been arrested for breaking the law (with the exception of minor traffic violations). Only 7.5 per cent had been arrested (n = 195 participants) and, among these, about one-quarter (26.3%) had been arrested for involvement in illegal drugs. Risk factor analysis of the 2005 survey data detected a significant relationship between illicit drug use and ever having been arrested — illicit drug use was highest among participants with an arrest history (see Table 7).

Table 7. Proportion of survey participants reporting illicit drug use by prior arrest status (2005 survey data only)

Illicit drug	Risk factor (ever arrested) %		Statistical significance
	Ever arrested	Never arrested	
Cannabis	15.0	3.5	p < .000
Amphetamines	22.1	3.5	p < .000
Heroin	4.3	0.5	p < .000
Ecstasy	8.7	2.1	p < .000
Hallucinogens	16.4	2.2	p < .000
Sleeping pills/ tranquillisers for non-medical purposes	4.7	2.2	n.s.

Note: n.s. = not significant

Region

Residents of Far Northern Queensland, Northern Queensland, South and East Moreton, Brisbane, Mackay and North and West Moreton reported illicit drug use above the overall average for this sample, while Fitzroy, Wide Bay Burnett, Darling Downs and South, West and North West Queensland reported less illicit drug use than the overall average (see Table 8).

The highest reported lifetime prevalence of cannabis use was among Far North Queensland participants (36.3%); the highest lifetime prevalence of amphetamine use (6.9%) and ecstasy use (6.2%) were among South and East Moreton (encompassing the Gold Coast) participants; Brisbane and Far North Queensland demonstrated the highest prevalence of ever having used hallucinogens.

Table 8. Lifetime prevalence of illicit drug use by region, 2002–05

Region	Cannabis %	Amphet-amines %	Hallu-cinogens %	Ecstasy %	Heroin %	Any* %	n
Brisbane	31.4	6.1	6.6	3.7	1.1	31.9	2093
N & W Moreton	29.7	4.6	4.1	3.0	1.1	30.7	1211
S & E Moreton	34.4	6.9	4.4	6.2	0.7	35.0	1221
Darling Downs	22.1	4.2	2.9	2.2	0.8	22.6	1223
Wide Bay Burnett	26.1	2.3	2.8	1.7	0.6	27.4	1226
Fitzroy	28.2	4.2	4.2	2.2	1.3	28.7	1228
Mackay	30.6	5.3	3.9	4.2	1.3	31.4	1233
N Qld	34.3	4.5	4.4	4.1	1.7	35.6	1224
Far North Qld	36.3	5.2	6.1	4.7	0.8	37.2	1209
SW, W & NW Qld	22.4	2.8	1.3	1.3	0.6	22.9	1203
(n)	(n = 3621)	(n = 589)	(n = 497)	(n = 390)	(n = 124)	(n = 3713)	

Source: CMC, QHDUS, 2006 (computer file)

Notes:

- The percentages were calculated using weighted data.
- * Cannabis or amphetamines or hallucinogens or ecstasy or heroin.

Perceptions of harm associated with illicit drug use

Survey participants were asked to indicate how risky they thought using each nominated drug either once a month or once a week may be to a person's health. The overwhelming majority of respondents (more than 80%, on average) were of the view that either monthly or weekly use of amphetamines, ecstasy, heroin or hallucinogens posed great risks to a person's health (although weekly use was generally perceived to be more harmful than monthly use). Fewer, however, felt that this was the case for cannabis use, either monthly (39.8%) or weekly (60.1%).

These findings are in line with the most recent NDSHS results where respondents indicated that cannabis was more acceptable for regular use by adults than any other illicit drugs (AIHW 2005). See Figures 6 and 7.
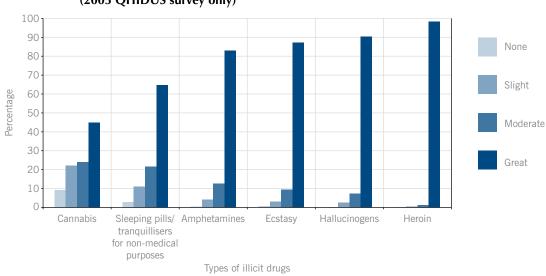
Figure 6. Perceived health risks associated with monthly illicit drug use (2005 QHIDUS survey only)
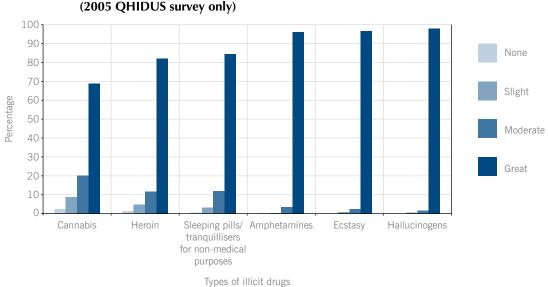

Figure 7. Perceived health risks associated with weekly illicit drug use (2005 QHIDUS survey only)

Between 2002 and 2005 there were sizable increases in the overall numbers of survey respondents who thought that monthly (35.1% to 44.9%) or weekly (59.1% to 68.9%) cannabis use posed great risks to a person's health. Importantly, this increase was also demonstrated among cannabis users. In 2002, for example, 10.6 per cent of cannabis users thought the health risks associated with monthly cannabis use to be great — by 2005, significantly more (18%) believed this to be the case.

Possibly more importantly, among cannabis users who had not used cannabis in the past 12 months, there was a significant (p < .001) increase between 2002 (15.3%) and 2005 (21.3%) in the proportion of participants who perceived the health risks associated with monthly cannabis use to be great. A similar profile was demonstrated for perceptions of the risks associated with weekly cannabis use: among cannabis users in 2002, 29.4 per cent felt the risks to be great — by 2005, the proportion of respondents with these views had increased to 42.7 per cent. Again, these findings are consistent with the NDSHS, which showed an increase from 2001 (23.7%) to

2004 (29.2%) in the number of people who named cannabis as the drug they thought of when people talked about a drug 'problem' (AIHW 2005). It may be that health promotion information regarding the risks associated with illicit drug use may have been effective during this period and that perceptions of risk or harm have, ultimately, led to less drug use. While such statements are merely speculative, assessing perceptions may offer an opportunity for early intervention and prevention strategies.

Cross tabulation of the survey responses demonstrated statistically significant links ($p < .001$) between the perceptions of harm associated with illicit drug use (either monthly or weekly) and various socio-demographic and drug-use factors. Participants who were female, older than 50 years, less well educated (primary school only), married/separated/divorced or had never used illicit drugs rated the health risks associated with illicit drug use to be significantly higher than males, younger and/or better educated participants and participants who had used illicit drugs. Participants who had never been married rated the health risks the lowest.[12] Interestingly, these factors are the reverse of the factors often associated with illicit drug use: again, perceptions of risk may be particularly useful for early intervention or prevention efforts by health or law enforcement professionals. We conducted multivariate analysis (linear regression) to assess the relative strengths of the associations with cannabis: only age and gender retained their predictive ability — these are reported below in Table 9.

Table 9. Multivariate analysis of the risks associated with cannabis use and perceptions of obtainability (2005 survey data only)

Variables	Health risk associated with monthly use of cannabis	Health risk associated with weekly use of cannabis	Perceived ease of obtaining cannabis
Gender	n.s.	$p < .001$	n.s.
Marital status	n.s.	n.s.	n.s.
Age	$p < .05$	$p < .001$	$p < .05$
Education	n.s.	n.s.	n.s.
Ever used cannabis	$p < .001$	$p < .001$	n.s.

Note: n.s. = not significant

Ease of obtaining illicit drugs

Participants were asked to indicate how easy they thought it was to obtain illicit drugs.[13] Over the years, most survey participants (80.6%, on average) perceived it to be easy to obtain cannabis. Slightly fewer — about 6 in 10, on average, across the years — thought that amphetamines (61.7%), ecstasy (61.5%) and sleeping pills/tranquillisers used for non-medical purposes (59.2%) were easy to obtain and around 4 in 10, on average, thought it was easy to obtain heroin (47.0%)[14] and hallucinogens

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12 Participants who had never been arrested rated the level of health risks associated with cannabis, ecstasy, amphetamines and sleeping pills/tranquillisers for non-medical purposes higher than participants who had been arrested.

13 It is important to note that these results reflect perceived availability, not actual availability.

14 Between 2002 (53.0%) and 2005 (41.8%) there was a gradual decline in the proportion of respondents who perceived heroin easy to obtain.

(44.3%).[15] See Figure 8. These findings are consistent with the NDSHS results, which found that only a small proportion of participants had been offered or had the opportunity to use heroin in the 12 months preceding the survey (0.9%), whereas the greatest number of participants had been offered or had the opportunity to use cannabis (20.6%).

About one-quarter of the QHIDUS participants (23.1%, on average) indicated that they simply did not know how easy or hard it was to obtain illicit substances. Fewer stated that they did not know how hard it was to obtain cannabis (11.8%).

Figure 8. Perceived ease of obtaining illicit drugs (2005 survey only, *n* = 3299)

Bivariate analysis of the 2005 survey data indicated that, generally speaking, older, female, married/divorced and less well-educated participants perceived it to be easier to obtain illicit drugs than younger, male, unmarried and better educated respondents. As indicated above, these groups are again the reverse of those found to be at greater risk of using illicit substances and may simply reflect a lack of knowledge about availability among non-drug users. However, between 2002 and 2005 there was also a decrease among survey respondents who had used cannabis (89.9% to 86.0%) and/or amphetamines (88.1% to 75.4%) in the proportion who perceived these substances easy to obtain. This may be a positive sign.

To assess the relative strengths of various socio-demographic factors and ever having used cannabis on perceptions of the health risks associated with cannabis use and the ease with which cannabis may be obtained, we conducted a series of multiple regression analyses.[16] The results revealed that older participants and those who had never used cannabis held the strongest perceptions of harm associated with weekly
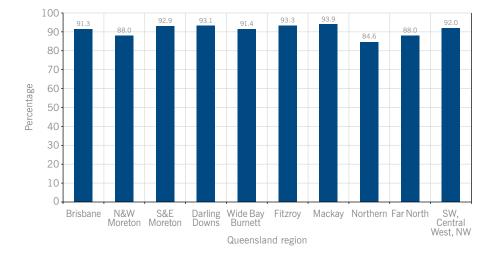
15 The 2005 respondents perceived it to be easier to obtain amphetamines than the 2003 and 2004 respondents, but harder to obtain heroin than the 2002 and 2003 respondents.

16 Multivariate techniques such as these are used to exclude confounding, or any mixing of effects, between possible risk factors. For example, we have demonstrated significant associations between drug use, youth and never having married. It was important to determine whether these factors, either individually or jointly, were associated with perceptions of harm. This could only be done by analysing all of them together so that any possible mixing or confounding of effects (such as the facts that younger people are less likely to be married and that younger people are more likely to use drugs) could be excluded. As the results demonstrate, marital status was excluded as a risk factor for perceptions of harm because of the much stronger links between age and prior drug use and perceptions of harm. This information is useful for developing targeted prevention programs.

and monthly cannabis use and fewer of these participants felt that cannabis was easy to obtain than their counterparts. Neither marital status nor education predicted perceived health risks or perceived ease of obtaining cannabis. Only gender (i.e. female) significantly predicted the perceived health risk associated with weekly use of cannabis (see Table 9, page 14).

Some regional differences in perceptions about the ease of obtaining specific illicit substances were found, but systematic regional trends were not identified across all of the illicit substances targeted by the survey. See Figures 9–13 for the 2005 survey results.

Figure 9. Percentage of participants who felt it was easy to obtain cannabis by Queensland region, 2005
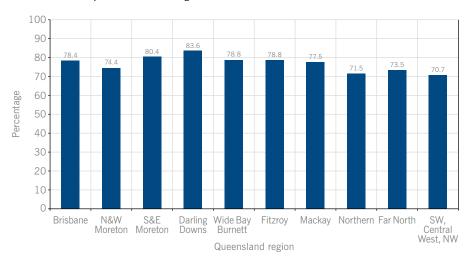

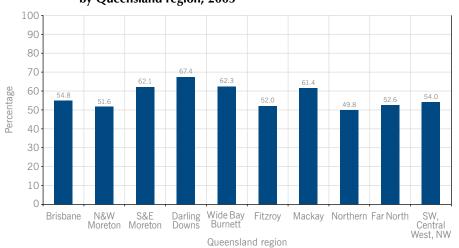**Figure 10. Percentage of participants who felt it was easy to obtain amphetamines by Queensland region, 2005**

Figure 11. Percentage of participants who felt it was easy to obtain heroin by Queensland region, 2005

Figure 12. Percentage of participants who felt it was easy to obtain ecstasy by Queensland region, 2005
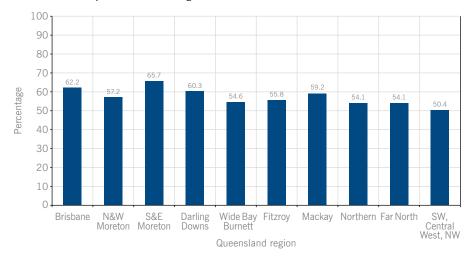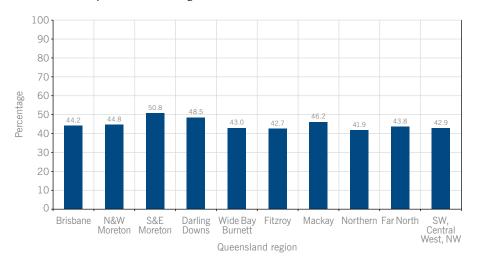

Figure 13. Percentage of participants who felt it was easy to obtain hallucinogens by Queensland region, 2005

Conclusion

This report has provided the results of the QHIDUS, a statewide telephone survey on illicit drug use conducted annually by the OESR. More than 13 000 Queenslanders participated in the survey between 2002 and 2005. While it is likely that the responses are a significant underestimate of the true prevalence of illicit drug use, this report provides:

- important information about the nature and extent of illicit drug use across a random sample of Queensland householders

- an opportunity to regularly track illicit drug use among the general population — the information collected in this study is derived from a broader range of people than the samples employed in other studies (e.g. patients in emergency departments and watch-house detainees), and therefore better represents Queensland's general population.

Cannabis was by far the most commonly used illicit drug and showed the earliest age of initiation. It was also perceived to be the easiest to obtain and the least harmful to one's health. While nearly all participants perceived there to be moderate or serious health risks associated with weekly or monthly amphetamine, heroin, ecstasy or hallucinogen use, significantly fewer considered cannabis to pose the same level of risk. This is contrary to current research findings, which suggest that cannabis can indeed pose serious health risks such as the development and/or exacerbation of psychosis and other mental health conditions such as anxiety or depression (Raphael et al. 2005).

Among this sample we were also able to identify some important factors associated with illicit drug use. These results were largely consistent with prior research. For example, being male, being young, having never married and having been involved in criminal activity appear to increase the risks of illicit drug use. Interestingly, individuals in the sample with these characteristics were also the least likely to have the view that illicit drug use can be harmful. This information may be useful for developing and implementing more effective and targeted educational campaigns, policies and strategies regarding illicit drug use for particular sub-groups of the population. The regional profiles noted in this report may also contribute to the development and implementation of local health and law enforcement strategies for illicit drug use across Queensland, although systematic differences between regions were not identified.

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