1 Introduction

The National Drug Strategy

The National Drug Strategy (NDS) 2004–2009, formerly the National Campaign Against Drug Abuse (NCADA), provides a framework for a coordinated, integrated approach to drug issues in the Australian community. The mission of the NDS is to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society.

The National Drug Strategy is the responsibility of the Ministerial Council on Drug Strategy (MCDS). The MCDS is a national ministerial-level forum responsible for developing policies and programs to reduce the harm caused by drugs to individuals, families and communities in Australia. The MCDS is the peak policy and decision making body on licit and illicit drugs in Australia. It brings together state, territory and Australian government ministers responsible for health and law enforcement, and the Australian Government minister responsible for education. The MCDS is responsible for ensuring that Australia has a nationally coordinated and integrated approach to reducing the substantial harm associated with drug use.

Drug-related costs

Tobacco, alcohol and illicit drug use contributes to significant illness and disease, injury, workplace concerns, violence, crime, and breakdowns in families and relationships in Australia (MCDS 2004). Collins and Lapsley (2008) estimated that the economic costs associated with licit and illicit drug use in 2004–5 amounted to $56.1 billion, of which tobacco accounted for 56%, alcohol 27%, and illicit drugs 15%.

About the 2007 survey

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

The 2007 survey was built on the design of the 2004 survey. More than 23,000 people aged 12 years or older provided information on their drug use patterns, attitudes and behaviours. The sample was based on households, therefore homeless and institutionalised persons were not included in the survey (consistent with the approach in previous years).

The methodology of the 2007 survey differed only slightly from that of previous surveys—a discussion of the main differences is presented in Chapter 6.

The 2007 survey used the drop and collect method and the computer-assisted telephone interview (CATI) method to collect information from household respondents.

The CATI mode of data collection was retained from 2001 and 2004. Not all questions were asked of all respondents—some were asked only of respondents aged 14 years or older; some questions (a different group) were asked only of CATI respondents.

While the 2007 sample included about 6,000 fewer respondents than the 2004 sample, these two and the 2001 sample were about 2.5 times larger than the 1998 sample and more than six times larger than the 1995 and 1993 samples (Table 1.1).

Table 1.1: National Drug Strategy Household Survey sample sizes

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

Questions relating to the occurrence and circumstances of injury were added in 2007. Also, the description of meth/amphetamine was refined and buprenorphine was added to the questions on methadone. More radically, a fictitious drug, zanthanols, was included to allow some validation of the survey instrument.

This report applies the *National Health Data Dictionary* (NHDC 2003) definition of tobacco smoking status, notably relating to ex-smokers and never-smokers where a threshold of 100 cigarettes is used. Data are presented for 1998 (revised), 2001, 2004 and 2007; however, the definition is not applicable to earlier survey data.

About this report

The report presents estimates derived from survey responses weighted to the appropriate Australian population grouped by age, sex and geographical location including state or territory. While 12– and 13-year-olds were surveyed, for the first time, in 2004, almost all of this report, with its emphasis on time series, presents results for Australians aged 14 years or older.

Chapters 2 to 5 examine the status of drug use in 2007, patterns of consumption, community support for drug-related policy and drug-related activities. Chapter 6 details the survey methodology, response rates, reliability and definitions. Estimates of sampling errors are presented in Appendix 2 and a copy of the survey instrument is provided in Appendix 5.

Reliability of results

Prevalence and population estimates are provided for information, regardless of their levels of statistical reliability. Statistical reliability depends on sample size and on the magnitude of the estimate. Some estimates of prevalence, close to 0%, may be statistically unreliable.

Readers are reminded, therefore, that when interpreting results, reference should be made to the table of standard errors and relative standard errors (Appendix 2). Results subject to relative standard errors of between 25% and 50% should be considered with caution and those with relative standard errors greater than 50% should be considered as unreliable for most practical purposes.

For selected tables, statistically significant changes between 2004 and 2007 are indicated (with a '#'). The difference is statistically significant if the z-statistic of the pooled estimate of the two rates being compared is > 1.96 or < –1.96 (a 5% two-tailed test).

The totals of some (rounded) percentages and numbers may not add up to the total provided (or 100%) due to the rounding.