

## **CHAPTER TWO**

### **COMMUNITY ATTITUDES TO DRUG USE AND DRUG POLICY**

Community attitudes to drug use and to drug policies and programs illustrate the perceived economic and social costs to the community caused by the use of licit and illicit drugs. While such perceptions can represent an indicator of actual social harms, they are often inconsistent with more quantitative measures of harm.

Community attitudes play an important role (among many other factors) in informing the development and implementation of policies and programs. They may also impact on the effectiveness of these initiatives.

#### **2.1 PERCEPTIONS OF THE EFFECTS OF DRUGS ON HEALTH AND THE COMMUNITY**

The Commonwealth Government conducts a number of surveys of community attitudes to inform the development of policies and programs. For example, a number of surveys have recently been conducted to inform the development of public information campaigns to address alcohol and illicit drugs. This research found the following:

- Twenty-seven per cent of parents of 12-17 year olds believe that taking hard drugs is the greatest problem facing teenagers today. This is second only to unemployment (30%) and followed by peer pressure and stereotypes (10%) (Elliott and Shanahan Research, 1999).
- When prompted, sixty-one per cent of parents of 12-17 year olds considered illicit drug taking a major problem for young people (Research and Marketing Group, 1999). Twenty-nine per cent of parents consider underage drinking a major problem (Elliott and Shanahan Research, 1999).
- With regard to illicit drugs, seventy-eight per cent of parents believe that "no drug or drug taking is OK". Seventeen per cent think "experimentation with marijuana is OK but not other drugs". Three per cent think that "using recreational drugs like marijuana is OK" (Research and Marketing, 1999).
- Qualitative research revealed that there was a widely held belief in the community that family breakdown was both a consequence and cause of illicit drug use (Research and Marketing, 1999).

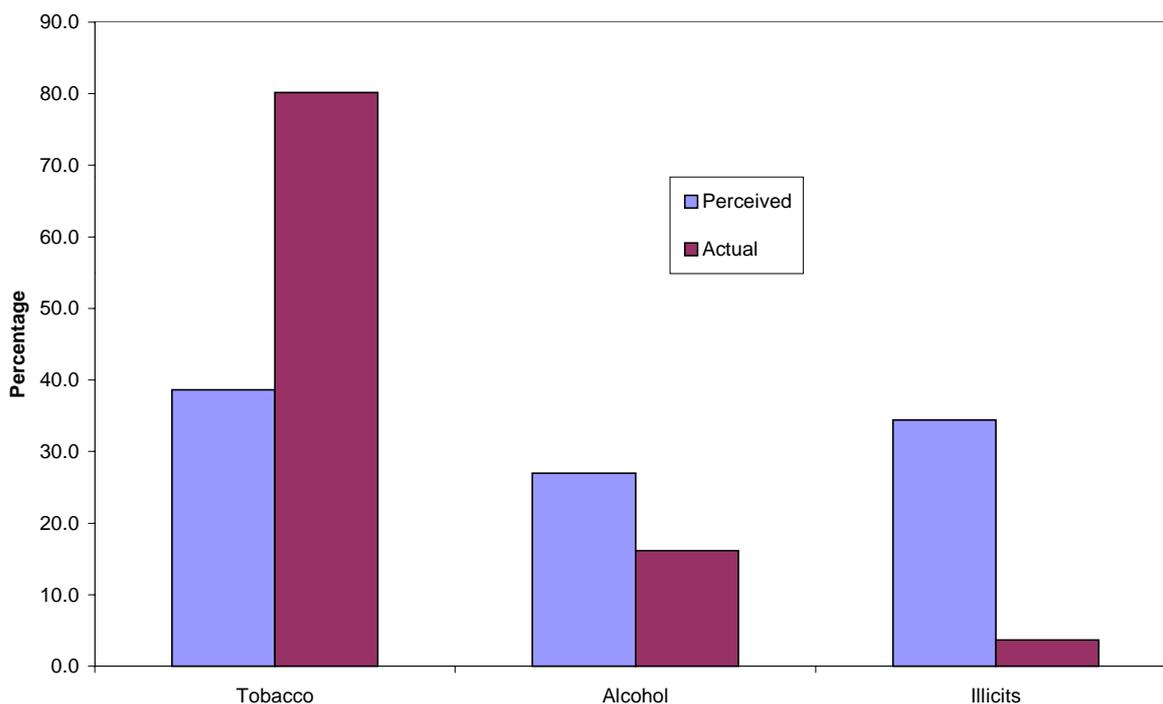
Additionally, a number of attitudinal questions, about the perceived harm caused by licit and illicit drugs and policies to combat such harm, were asked in the National Drug Strategy Household Survey (NDSHS). Attitudinal questions, many of which were asked of respondents in both the 1995 and 1998 surveys, included:

- Perceptions of the effects of drugs on health and the community;
- Attitudes to drug use;

- Support for measures to reduce the use of licit drugs (alcohol and tobacco); and
- Support for measures in response to illicit drug use.

The 1998 National Drug Strategy Household Survey asked respondents to identify the drug they thought directly or indirectly caused the most deaths in Australia. As shown in Figure 39, such perceptions are inconsistent with the actual statistics on drug-caused deaths.

**Figure 39: Proportion of the population aged 14 years and over who think the nominated drug causes the most deaths, and actual proportion of drug-caused deaths, Australia, 1998**



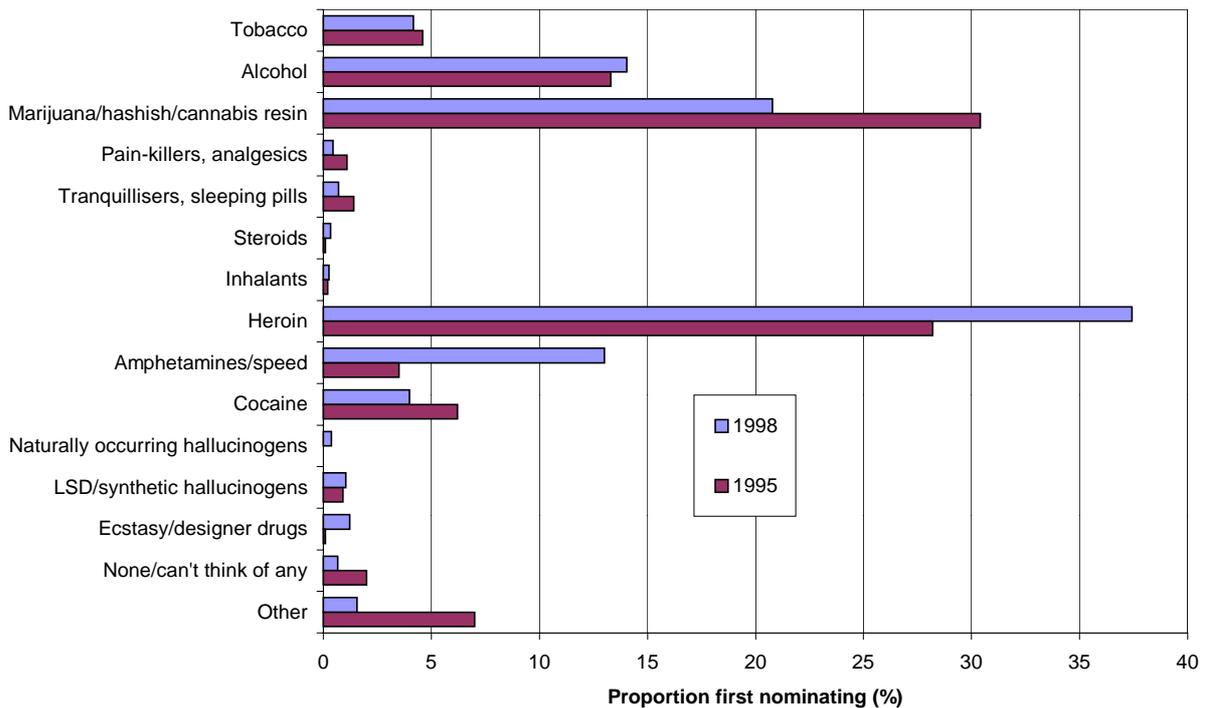
Source: 1998 National Drug Strategy Household Survey: Statistics on Drug Use in Australia 1998.

Respondents were also asked to name the drug they thought of when people talked about a drug ‘problem’. Between 1995 and 1998 there was a major shift in public perceptions of which drugs were primarily associated with a drug ‘problem’. In 1998, heroin was nominated first by the greatest proportion of people (37%), overtaking marijuana/cannabis (21%). As detailed in the publication *1998 National Drug Strategy Household Survey: First Results* (AIHW, 1999) and shown in Figure 40, of the drugs that respondents first thought of as associated with a ‘drug problem’:

- Heroin was nominated by over one in three (37%) persons in 1998, an increase of over 9 percentage points over the rate in 1995 (28%);
- The proportion of respondents first nominating amphetamines tripled from 4% to 13% in the same period, with males and females approximately equal in their perceptions in 1998;

- In contrast, marijuana/cannabis was nominated first by 21% of respondents in 1998, 9 percentage points lower than in 1995 (30%). The decrease was consistent for both males and females; and
- Cocaine was perceived to be the first drug associated with a drug problem by fewer persons in 1998 (4%) than in 1995 (6%). There was no difference between males and females.

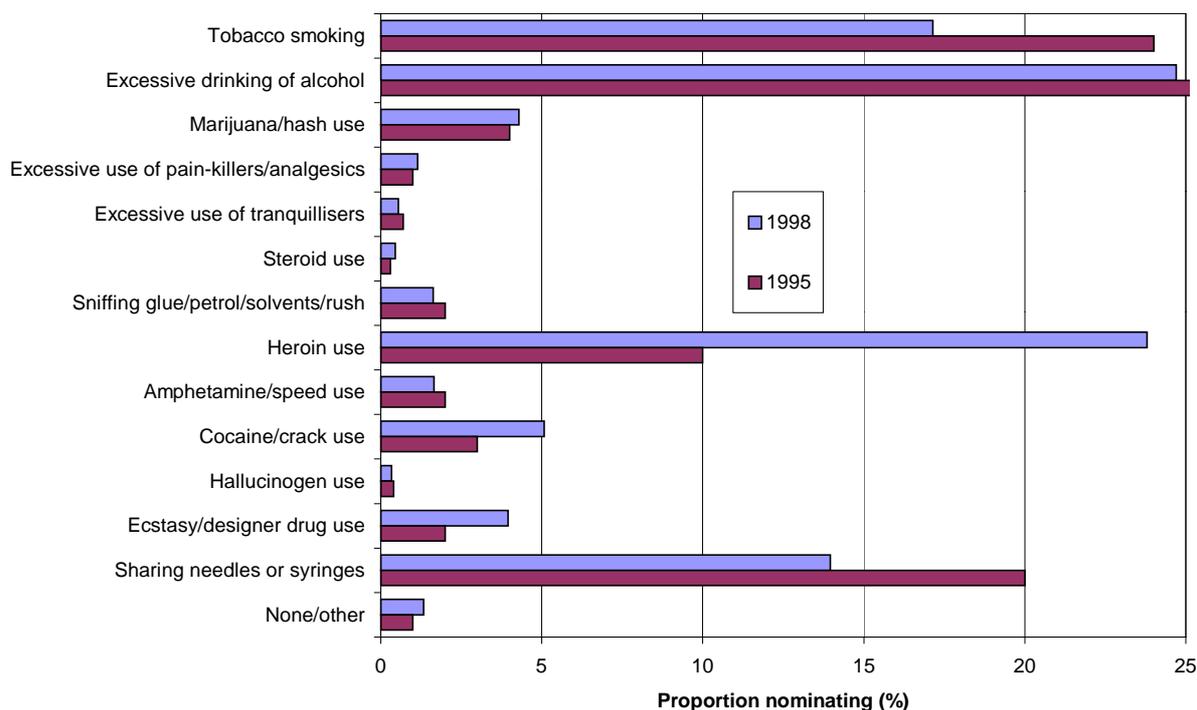
**Figure 40: Proportion of the population aged 14 years and over who associated specific drugs with a drug 'problem', Australia, 1995, 1998**



Source: 1995, 1998 National Drug Strategy Household Survey.

Respondents were also asked to nominate specific drugs/behaviours as being of most serious concern to the community. As shown in Figure 41, excessive alcohol consumption was the behaviour/drug most frequently mentioned by 1998 respondents (25%), followed by heroin use (24%), tobacco smoking (17%) and sharing needles or syringes (14%). Between the 1995 and 1998 surveys, there appears to have been a shift from concern about tobacco smoking and sharing needles or syringes to concern about heroin use.

**Figure 41: Proportion of the population aged 14 years and over who nominate specific drugs/behaviours as being the most serious concern to the community, Australia, 1995, 1998**



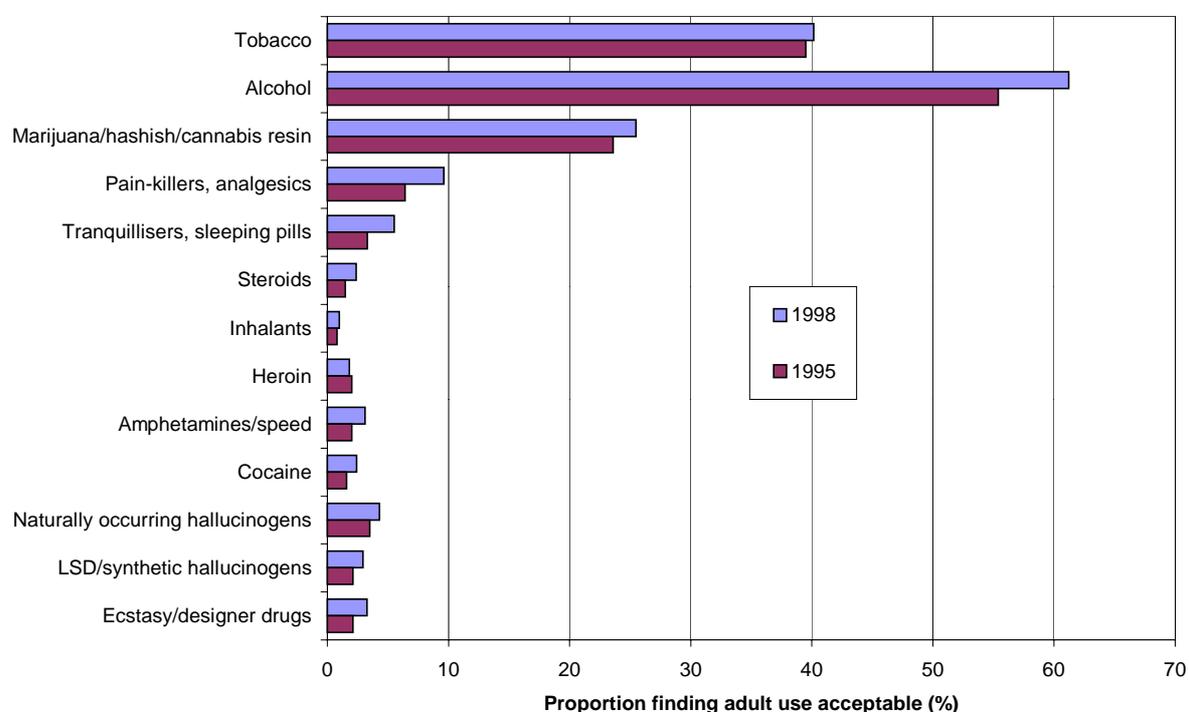
Source: 1995, 1998 National Drug Strategy Household Survey.

The National Health and Medical Research Council recommends low-risk drinking to be not more than four standard drinks per day for males and not more than two standard drinks for females complemented by two alcohol-free days each week and abstinence during pregnancy (NHMRC, 1992). As detailed by Higgins, Cooper-Stanbury and Williams (2000), respondents in the 1998 NDSHS were asked to identify the number of standard drinks that can be consumed each day before a person’s health is affected. 47% of respondents correctly identified low risk consumption patterns for females, and 56% of respondents correctly identified recommended low-risk drinking for males.

## 2.2 ATTITUDES TO DRUG USE

As shown in Figure 42, very few Australians consider regular use of illicit drugs acceptable. The proportion of Australians who found regular use by an adult of each of the substances acceptable remained relatively stable between 1995 and 1998. As indicated in Figure 42, in 1998 regular use of alcohol had the highest level of acceptability (61%), followed by tobacco (40%), which was followed by marijuana (25.5%).

**Figure 42: Proportion of the population aged 14 years and over who find regular use of specific drugs by an adult acceptable, Australia, 1995, 1998**



Source: 1995, 1998 National Drug Strategy Household Survey.

## 2.3 SUPPORT FOR MEASURES TO REDUCE THE USE OF LICIT DRUGS (ALCOHOL AND TOBACCO)

### 2.3.1 Tobacco

Tobacco remains the largest source of preventable mortality and morbidity in Australian society. Public opinion towards the policy options for tobacco is complicated by the fact that a significant minority of the population are regular smokers. In assessing which social groups are most likely to support or oppose a particular policy, use of the drug in question is usually the best indicator. (Makkai and McAllister, 1998).

A review of National Drug Strategy Household Surveys from 1985-1995 (Makkai and McAllister, 1998) shows that national public opinion on passive smoking and smoking restrictions was largely shaped in the late 1980s and early 1990s, when there was considerable publicity about passive smoking. This is consistent with data from Victoria which show that the biggest change in attitudes about smoking at work occurred between 1988 and 1989. There was a further increase of support for banning smoking in public places by 1990, with a doubling of the proportion of people supporting a total smoking ban (Mullins et al 1992). Overall, public opinion appears to differentiate pubs and clubs from other public places in their tolerance of environmental tobacco smoke (ETS).

In the 1998 NDSHS, respondents were asked to indicate how strongly they would support or oppose specific tobacco policies. The questions asked were in the context of reducing the problems associated with the use of tobacco. Nearly all policy options presented were supported by a majority of Australians.

**Table 25: Proportion of the population aged 14 years and over who support specific policy measures to reduce the problems associated with tobacco, by age and sex, Australia, 1998**

Measure	Age group				All ages
	14-19	20-29	30-39	40+	
	(per cent)				
	<b>Males</b>				
Stricter enforcement of law against selling to minors	69.0	83.1	91.4	92.8	88.1
Banning tobacco advertising at sporting events	43.8	43.6	58.3	64.6	57.1
Banning smoking in the workplace	62.8	71.6	77.7	80.4	76.3
Banning smoking in shopping centres	74.3	77.7	83.0	82.0	80.5
Banning smoking in restaurants	70.5	64.7	77.1	83.7	77.4
Banning smoking in pubs/clubs	33.1	37.3	48.4	54.5	47.7
Increase tax on tobacco products to pay for health messages	54.3	55.5	60.3	58.9	58.0
Increase tax on tobacco products to contribute to treatment costs	59.8	59.6	65.0	65.9	63.8
Increase tax on tobacco products to discourage smoking	54.9	55.2	56.6	57.6	56.6
	<b>Females</b>				
Stricter enforcement of law against selling to minors	75.5	90.5	93.7	94.7	91.8
Banning tobacco advertising at sporting events	47.7	58.5	68.8	70.1	65.5
Banning smoking in the workplace	71.8	79.6	85.1	86.7	83.6
Banning smoking in shopping centres	77.2	81.9	86.3	86.3	84.6
Banning smoking in restaurants	68.8	69.5	78.7	80.4	76.9
Banning smoking in pubs/clubs	33.7	39.0	54.4	59.3	52.1
Increase tax on tobacco products to pay for health messages	58.1	59.4	66.6	67.9	65.1
Increase tax on tobacco products to contribute to treatment costs	64.2	62.1	69.0	70.4	68.0
Increase tax on tobacco products to discourage smoking	60.1	57.5	62.8	67.4	64.0
	<b>Persons</b>				
Stricter enforcement of law against selling to minors	72.2	86.8	92.5	93.8	90.0
Banning tobacco advertising at sporting events	45.7	51.0	63.5	67.5	61.4
Banning smoking in the workplace	67.2	75.6	81.4	83.6	80.0
Banning smoking in shopping centres	75.7	79.8	84.6	84.3	82.6
Banning smoking in restaurants	69.7	67.1	77.9	82.0	77.1
Banning smoking in pubs/clubs	33.4	38.2	51.4	57.0	49.9
Increase tax on tobacco products to pay for health messages	56.2	57.4	63.4	63.6	61.6
Increase tax on tobacco products to contribute to treatment costs	61.9	60.8	67.0	68.2	65.9
Increase tax on tobacco products to discourage smoking	57.4	56.3	59.7	62.7	60.4

Source: 1998 National Drug Strategy Household Survey

As shown in Table 25:

- The measure that received the greatest support was the stricter enforcement of the law against supplying cigarettes to persons under age (supported by 88% of males and 92% of females).
- The measure with the least support was banning smoking in pubs/clubs (48% for males and 52% for females).

In the 1998 NDSHS respondents were also asked how they would distribute a hypothetical \$100 for reducing tobacco use.

**Table 26: Preferred distribution of a hypothetical \$100 for reducing tobacco use, by age and sex, Australia, 1998**

Measure	Age group				All ages
	14–19	20–29	30–39	40+	
	(\$)				
	<b>Males</b>				
Education	43.56	51.87	52.34	54.03	52.18
Treatment	32.38	28.82	29.90	27.39	28.68
Law enforcement	24.06	19.31	17.75	18.57	19.13
	<b>Females</b>				
Education	42.14	47.22	49.43	49.42	48.31
Treatment	32.55	31.73	30.97	32.58	32.11
Law enforcement	25.31	21.06	19.60	18.00	19.58
	<b>Persons</b>				
Education	42.87	49.55	50.89	51.66	50.22
Treatment	32.46	30.27	30.44	30.07	30.42
Law enforcement	24.67	20.18	18.68	18.28	19.36

Source: 1998 National Drug Strategy Household Survey

As shown in Table 26:

- The amount (\$50) nominated to be spent on education exceeds amounts for both treatment and law enforcement.
- Almost one-third of the budget was allocated to treatment ahead of law enforcement.

### 2.3.2 Alcohol

As for tobacco, the 1998 NDSHS asked respondents to indicate their support for a range of policy measures to reduce alcohol consumption.

**Table 27: Proportion of the population aged 14 years and over who support specific policy measures to reduce the problems associated with alcohol, by age and sex, Australia, 1998**

Measure	Age group				All ages
	14–19	20–29	30–39	40+	
	(per cent)				
	<b>Males</b>				
Increasing the price of alcohol	20.4	12.8	17.4	22.4	19.4
Reducing the number of outlets	19.4	16.3	22.5	35.3	27.5
Reducing trading hours	19.2	16.8	26.9	38.0	29.8
Raising the legal drinking age	18.3	25.1	36.7	43.6	36.0
Increasing the number of alcohol-free events	42.4	45.5	62.1	68.1	59.9
Increasing the number of alcohol-free dry zones	43.6	51.7	65.9	71.7	63.7
Stricter enforcement of law against serving minors	65.2	70.5	82.7	90.3	82.4
Serving only low-alcohol beverages at sporting events	45.2	47.6	62.3	75.8	64.5
Limiting TV advertising until after 9.30 p.m.	43.9	54.7	69.6	73.6	66.0
Banning alcohol sponsorship of sporting events	22.9	24.4	34.9	45.2	36.9
More severe penalties for drunk drivers	84.4	85.1	80.5	85.6	84.4
	<b>Females</b>				
Increasing the price of alcohol	25.1	23.7	29.2	40.9	33.9
Reducing the number of outlets	24.0	27.2	35.5	51.0	41.0
Reducing trading hours	20.9	22.6	36.5	51.3	40.2
Raising the legal drinking age	17.9	37.0	50.0	54.7	46.9
Increasing the number of alcohol-free events	50.8	60.6	75.1	81.0	73.1
Increasing the number of alcohol-free dry zones	55.4	64.5	76.5	78.3	73.2
Stricter enforcement of law against serving minors	78.2	86.2	90.8	93.3	90.0
Serving only low-alcohol beverages at sporting events	60.4	65.5	76.8	85.6	77.7
Limiting TV advertising until after 9.30 p.m.	54.3	71.4	84.2	84.4	79.0
Banning alcohol sponsorship of sporting events	35.1	38.3	52.9	60.9	52.7
More severe penalties for drunk drivers	87.3	91.4	93.8	94.5	93.1
	<b>Persons</b>				
Increasing the price of alcohol	22.6	18.2	23.3	31.9	26.7
Reducing the number of outlets	21.6	21.7	29.0	43.4	34.3
Reducing trading hours	20.1	19.7	31.7	44.9	35.0
Raising the legal drinking age	18.1	31.1	43.3	49.3	41.5
Increasing the number of alcohol-free events	46.5	53.1	68.6	74.7	66.6
Increasing the number of alcohol-free dry zones	49.3	58.1	71.2	75.1	68.5
Stricter enforcement of law against serving minors	71.5	78.4	86.8	91.9	86.3
Serving only low-alcohol beverages at sporting events	52.6	56.6	69.6	80.9	71.2
Limiting TV advertising until after 9.30 p.m.	48.9	63.0	76.9	79.2	72.6
Banning alcohol sponsorship of sporting events	28.8	31.4	43.9	53.3	44.9
More severe penalties for drunk drivers	85.8	88.3	87.1	90.2	88.8

Source: 1998 National Drug Strategy Household Survey

As shown in Table 27:

- Only those policy options that did not directly affect the availability of alcohol were supported by a majority of Australians.
- Across all policy measures, support generally increased with age, with females being more supportive than males.
- The intervention with the lowest level of support was ‘Increasing the price of alcohol’, at 27%.



- The intervention with the highest level of support was ‘More severe penalties for drunk drivers’, at 89%.

The 1998 NDSHS also asked respondents how they would distribute a hypothetical \$100 for reducing alcohol use.

**Table 28: Preferred distribution of a hypothetical \$100 for reducing alcohol use, by age and sex, Australia, 1998**

Measure	Age group				All ages
	14–19	20–29	30–39	40+	
	(\$)				
	<b>Males</b>				
Education	36.20	45.28	46.15	47.52	45.62
Treatment	33.13	28.41	28.65	27.01	28.25
Law enforcement	30.67	26.31	25.21	25.48	26.14
	<b>Females</b>				
Education	38.53	42.17	43.65	41.98	41.99
Treatment	34.62	31.77	31.51	33.74	33.04
Law enforcement	26.85	26.06	24.84	24.29	24.97
	<b>Persons</b>				
Education	37.33	43.73	44.90	44.65	43.78
Treatment	33.85	30.08	30.08	30.49	30.68
Law enforcement	28.82	26.18	25.02	24.86	25.54

Source: 1998 National Drug Strategy Household Survey

As shown in Table 28:

- The amount nominated (\$44) to be spent on education exceeds amounts for both treatment and law enforcement.
- Almost one-third of the budget was allocated to treatment ahead of law enforcement.

## 2.4 SUPPORT FOR MEASURES IN RESPONSE TO ILLICIT DRUG USE

For the first time, in 1998 the National Drug Strategy Household Survey included questions on support for specific measures to reduce the problems associated with heroin use. In interpreting the results it is important to note that these measures were not explained in any detail to survey respondents. As shown in Table 29, all measures, apart from regulated injecting rooms, were supported by more than half of the survey respondents.

**Table 29: Proportion of the population aged 14 years and over who support specific policy measures to reduce the problems associated with heroin, by age and sex, Australia, 1998**

Measure	Age group				All ages
	14–19	20–29	30–39	40+	
	(per cent)				
	<b>Males</b>				
Free needle/syringe exchanges	34.5	58.2	57.7	39.9	46.3
Methadone maintenance programs	51.9	57.4	61.0	56.2	56.9
Treatment with drugs other than methadone	52.3	55.3	60.3	51.9	54.2
Regulated injecting rooms	28.9	38.9	36.5	29.0	32.3
Rapid detoxification therapy	55.7	65.9	61.9	60.5	61.3
	<b>Females</b>				
Free needle/syringe exchanges	47.1	62.2	60.1	49.4	53.6
Methadone maintenance programs	58.9	62.4	61.6	56.2	58.6
Treatment with drugs other than methadone	53.1	58.0	54.5	53.3	54.4
Regulated injecting rooms	30.3	35.4	36.6	33.0	33.9
Rapid detoxification therapy	52.7	63.2	60.1	58.8	59.2
	<b>Persons</b>				
Free needle/syringe exchanges	40.7	60.2	58.9	44.8	50.0
Methadone maintenance programs	55.3	59.9	61.3	56.2	57.8
Treatment with drugs other than methadone	52.7	56.6	57.4	52.6	54.3
Regulated injecting rooms	29.6	37.2	36.6	31.0	33.1
Rapid detoxification therapy	54.2	64.5	61.0	59.6	60.3

Source: 1998 National Drug Strategy Household Survey.

As indicated in Table 29:

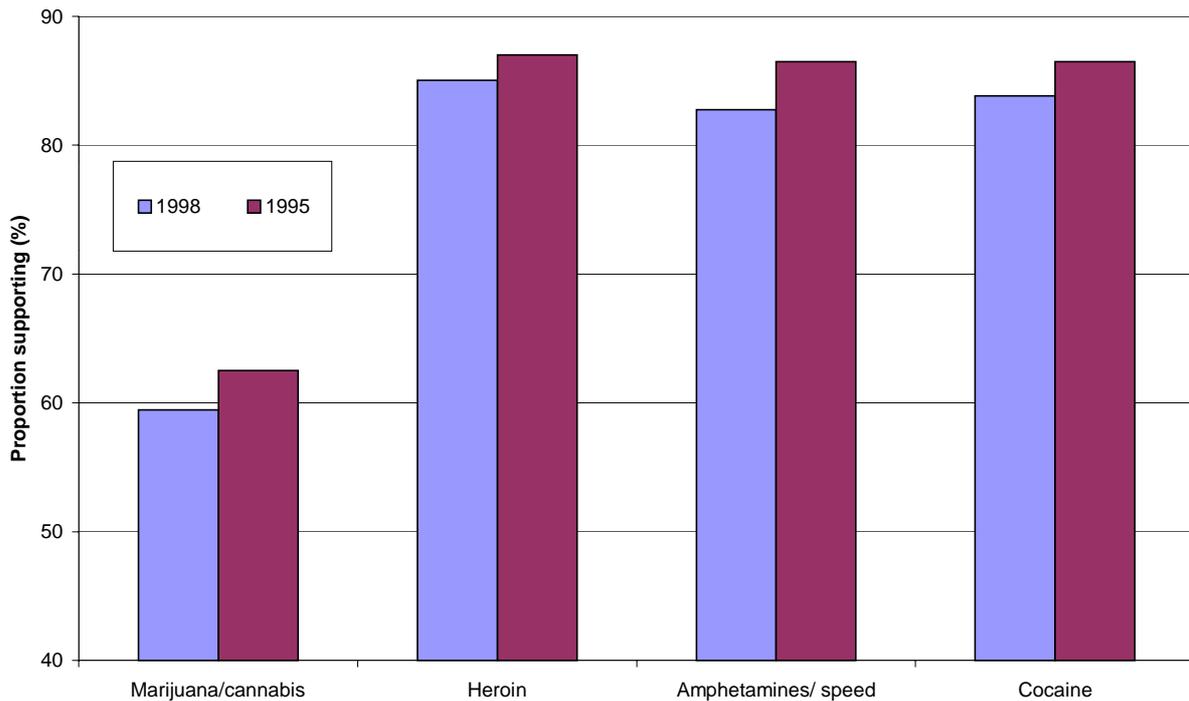
- The intervention with the lowest level of support was ‘regulated injecting rooms’, which was only supported by 33.1% of all respondents
- The intervention with the highest level of support was ‘rapid detoxification therapy, which was supported by 60.3 % of all respondents, followed by methadone maintenance programs, which were supported by 57.8% of respondents.

Turning to support for increased penalties for sale or supply of illicit drugs, as shown in Figure 43, the majority of Australians support increased penalties, although the percentages vary for different drug types. That is, while just under 60% of respondents supported increased penalties for the sale or supply of cannabis, approximately 85% supported increased penalties for sale or supply of heroin. As detailed in the survey report (AIHW, 1999), between 1995 and 1998 there was a slight decline in the level of support for increased penalties for the sale or supply of illicit drugs. That is, support for increased penalties in respect of:

- cannabis declined from 63% in 1995 to 59% in 1998;

- heroin declined from 87% in 1995 to 85% in 1998;
- amphetamines declined from 87% in 1995 to 83% in 1998; and
- cocaine declined from 87% in 1995 to 84% in 1998.

**Figure 43: Proportion of the population aged 14 years and over who support increased penalties for the sale or supply of selected illicit drugs, by age and sex, Australia, 1995, 1998**

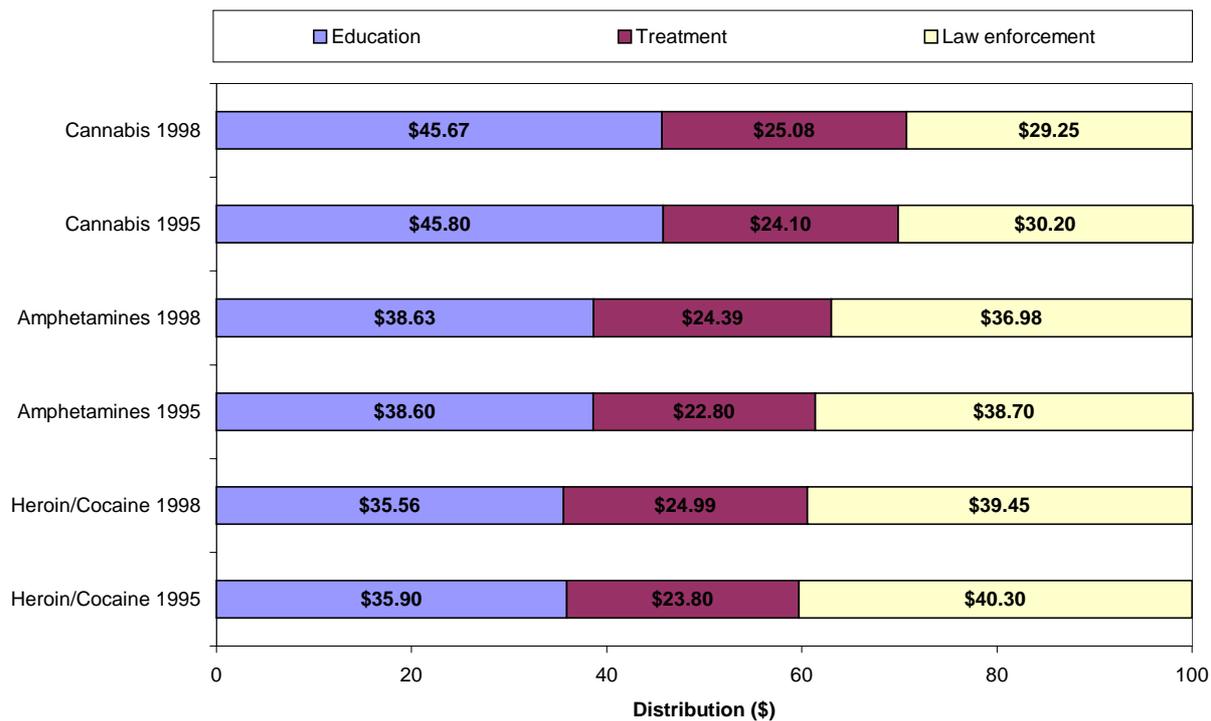


Source: 1995, 1998 National Drug Strategy Household Survey.

As with tobacco and alcohol, the 1998 NDSHS also asked respondents how they would distribute a hypothetical \$100 for reducing illicit drug use. This question was asked with regard to cannabis/marijuana, amphetamines, and heroin/cocaine. As shown in Table 44, in comparison to 1995, the nominated distribution of \$100 by 1998 respondents did not change substantially.

In respect of cannabis, there was support for the majority of funding (approximately \$70) to be spent on education (\$46) and treatment (\$25), with the remainder (\$29) allocated to law enforcement. In respect of heroin/cocaine, in 1998 respondents allocated approximately \$36 to education, approximately \$25 to treatment, and the remainder (\$39) to law enforcement.

**Figure 44: Preferred distribution of a hypothetical \$100 for reducing cannabis use, amphetamines use and heroin/cocaine use, Australia, 1995, 1998**



Source: 1995, 1998 National Drug Strategy Household Survey.