

PREMIER'S DRUG PREVENTION COUNCIL

VICTORIAN YOUTH ALCOHOL
AND DRUG SURVEY 2004

ILLCIT DRUGS FINDINGS



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INTRODUCTION

Background

The 2004 Victorian Youth Alcohol and Drugs Survey (VYADS) measures the use of, and attitudes towards, alcohol and illicit drugs by young people 16–24 years of age in Victoria. This report contains survey findings and results in relation to illicit drugs. The Premier's Drug Prevention Council has also released a separate report on the findings relating to alcohol use.

To date, three VYADS surveys have been conducted—in 2002, 2003 and again in 2004. The 2002 surveys were conducted in three separate quarterly waves in March, June and September amongst a total of 4,500 young Victorians aged 16–24 years. The 2003 surveys were conducted in two waves each of approximately 3,000 respondents in February/March and November/December 2003.

The 2004 survey, which is the subject of this report, was conducted in a single wave of 6,005 interviews during the period November 2004 to January 2005.

This report covers use of a number of illicit drugs comparable to those in the 2002 and 2003 reports. In this report, reference to 'lifetime use of a drug' means a person has reported ever having tried the drug. 'Recent use' means the person reported having used the drug in the 12 months prior to interview.

While the focus of this report is on results from the 2004 survey, comparisons are drawn with the 2002 and 2003 results, where appropriate.

This report also contains discussion about attitudes and risk and protective factors associated with drug taking behaviour.

Survey methodology

As in the 2002 and 2003 surveys, the sample was of young people aged 16–24 years living in private dwellings in metropolitan and non-metropolitan Victoria. The survey methodology was computer-assisted telephone interviewing (CATI) using randomly selected telephone numbers from electronic *White Pages* listings. As a consequence, no homeless or institutionalised persons are included in the survey. Stringent privacy measures were in place for the survey and no identifying information was ever collected about respondents or their friends. Telephone numbers were stripped from the data set immediately after fieldwork was finished.

Pilot testing was undertaken prior to interviewing. Staff from the Premier's Drug Prevention Council attended some of the interviewer briefings and monitored some interviews.

The achieved sample for the 2004 survey has been compared with those of 2002 and 2003 and with relevant Australian Bureau of Statistics (ABS) estimates of the Victorian population. In keeping with previous surveys, the final 2004 sample over-represents

females and under-represents people aged 22–24. However, the 2002, 2003 and 2004 data sets are all sufficiently similar across key socio-demographic indicators to allow inter-survey comparisons to be made without the need for any weighting of the data.

To ensure that the proximity of the January interviewing to the Christmas/New Year period did not inflate usage measures, a comparative analysis of results from the pre- and post-Christmas survey period was conducted. It was clear from this analysis that the pre- and post-Christmas interviews were comparable on key usage measures and, consequently, the survey data were analysed as a single set.

The questionnaire

The 2003 questionnaire was used as the template for development of the 2004 version. There were some minor changes to question wording and code-frames; however, the questionnaire was largely unchanged from the 2003 instrument.

Demographic data available from the surveys were age, gender, ethnicity, educational and employment status, household type, whether living with one or two parents, whether living with a partner, and postcode. Postcode data allowed the derivation of an index of socioeconomic status. Each of these variables has the potential to impact on attitudes towards and use of alcohol or illicit drugs in the community.

KEY FINDINGS

- Reported lifetime and recent use of any illicit drugs fell since 2003, from 54 per cent to 50 per cent (lifetime use) and from 34 per cent to 30 per cent (recent use).
- Cannabis continues to be the most frequent and widely used illicit drug by young people.
- Reported use of cannabis showed the most significant fall, with lifetime use down 5 per cent in the last 12 months to 48 per cent and recent use down 4 per cent to 27 per cent.
- Lifetime use of ecstasy increased slightly from 16 per cent in 2002 to 18 per cent in 2004.
- There was no change from 2003 in lifetime use of amphetamines (15 per cent) and cocaine (6 per cent).
- Use of illicit drugs appears to peak at around 20–21 years of age.
- A reduction in use coincided with a change in attitudes towards the use of illicit drugs. In particular, there was an increase in the proportion of respondents (from 56 per cent to 61 per cent) who felt it was 'wrong' or 'very wrong' for young people to use cannabis.
- Eighty-four per cent of people surveyed felt the use of drugs such as ecstasy, speed and LSD was either 'wrong' or 'very wrong' (an increase from 82 per cent in 2003).

Cannabis

- Despite decline in usage levels, cannabis is still the most widely used drug with 48 per cent of young people reporting lifetime use (compared to 53 per cent in 2003).
- There was a decline in recent use across all male age groups. However, for females, substantial decreases were only evident in the 16–17 year old age group. Specifically:
 - Use of cannabis has decreased since 2003, with the most significant fall relating to lifetime use (down from 53 per cent to 48 per cent) and recent use (down from 31 per cent to 27 per cent).
 - Since 2003, a significant decrease in use of cannabis was most evident amongst 16–17 year olds (down from 25 per cent to 20 per cent).
 - Amongst 18–21 old males, use of cannabis in last 12 months decreased significantly from 38 per cent in 2003 to 33 per cent in 2004. For females, the largest decrease was evident for 16–17 year olds (23 per cent in 2003 to 18 per cent in 2004).
 - Recent use of cannabis is higher for males (31 per cent) than females (23 per cent) and people over 18 years old.
 - Alcohol (73 per cent) and tobacco (74 per cent, up from 71 per cent in 2003) were the drugs most likely to be used with cannabis, followed by ecstasy (15 per cent) and amphetamines (12 per cent).

Ecstasy

- There was no change in reported lifetime use of ecstasy (18 per cent in 2004 and 18 per cent in 2003). Also unchanged from 2003 are recent use (12 per cent) and last month use (6 per cent). Recent use was, however, higher amongst males (14 per cent) than females (10 per cent) and increased with age.

Cocaine

- No significant change was reported for “lifetime” use of cocaine (6 per cent in 2004 compared to 7 per cent in 2003).

Heroin

- Since 2003, slightly less lifetime use of heroin was reported (down from 2 per cent in 2003 to 1 per cent in 2004) and a slightly lower level of recent use was also reported.

Analgesics/tranquillisers

- Overall, 4 per cent of young people reported “lifetime” use of analgesics for non-medical purposes, while 2 per cent had done so in last 12 months.

Hallucinogens

- Use of LSD decreased from 7 per cent to 5 per cent and naturally occurring hallucinogens was down from 6 per cent to 4 per cent.

Inhalants

- Use of inhalants is down from 4 per cent in 2004 to 3 per cent in 2003.

Factors influencing decisions about drug use

Decision to first use an illicit drug

- As for previous years, the most frequently mentioned reasons for first using an illicit drug in 2004 were curiosity (65 per cent), and peer pressure (44 per cent).
- Those who reported using four or more different drugs in the last 12 months were more likely to mention curiosity (77 per cent) as a reason for their first use of illicit drugs.
- Above average use of drugs by 16–17 years old girls and by young people looking for work was reported to be in response to personal unhappiness.
- For 2004, concerns about health problems was the main factor that would influence reduced use or cessation of drug use in lifetime users of illicit drugs (39 per cent), particularly those using four or more drugs, followed by observing the negative experience of others (18 per cent), loss of interest in using drugs (15 per cent) and no longer finding drug use enjoyable (13 per cent).

Decisions not to try illicit drugs

- As in previous years, health concerns (37 per cent), lack of interest (32 per cent) and observing the negative effect of drugs on others (22 per cent) were factors mentioned most frequently for never used drugs.
- During the last 12 months, the greatest impact of school based drug education programs (up from 6 per cent to 12 per cent) and anti-drug advertising (up from 3 per cent to 6 per cent) was evident amongst 16–17 year olds.
- Religious/moral reasons and pressure from family/friends was a major reason for not trying illicit drugs amongst those young people born overseas.

Seeking help for a drug related problem

- As was the case in 2003, 'don't know' (mentioned by 20 per cent of respondents) remained the most common response in relation to questions regarding where they would go to seek help for a drug related problem.
- Other suggestions included parents (particularly by 16–17 year olds), a general practitioner (GP) (particularly by 22–24 year old females) and friends (particularly by those who had used drugs in the last 12 months).
- There was also an increase in mention of more generic telephone-based services with mention of helpline up from 4 per cent in 2003 to 10 per cent in 2004.

Effects of drugs on aspects of life

- As was the case in the 2002 and 2003 surveys, health was the area in which respondents were most likely to report a negative impact.

Attitudes to illicit drugs

Overall, there were slightly more negative attitudes towards the use of drugs than in 2003:

- In 2004, 61 per cent thought it 'wrong'/'very wrong' to use cannabis, compared to 56 per cent in 2003. This was particularly so for 16–17 year olds (80 per cent in 2004 compared to 72 per cent in 2003).
- In 2004, 84 per cent thought it 'wrong'/'very wrong' to use ecstasy, speed or LSD compared to 82 per cent in 2003.
- In 2004, a higher proportion of females than males and those born overseas thought it 'wrong' or 'very wrong' to use illicit drugs.
- Cannabis is the first drug mentioned as a problem (40 per cent). This has remained steady for the last three years.
- Cannabis and heroin were mentioned most frequently as problems by all subgroups.
- Fifty-two per cent of 16–17 year olds first mentioned cannabis as a problem drug but only 30 per cent of 22–24 year olds.

Risk factors for drug use

Variables associated with moderate and frequent users of illicit drugs include perception that alcohol and illicit drugs is not wrong; use of cannabis and alcohol before the age of 15, committing anti-social acts while under the influence of alcohol; drinking with the intention of getting drunk at least once a month; being bisexual.

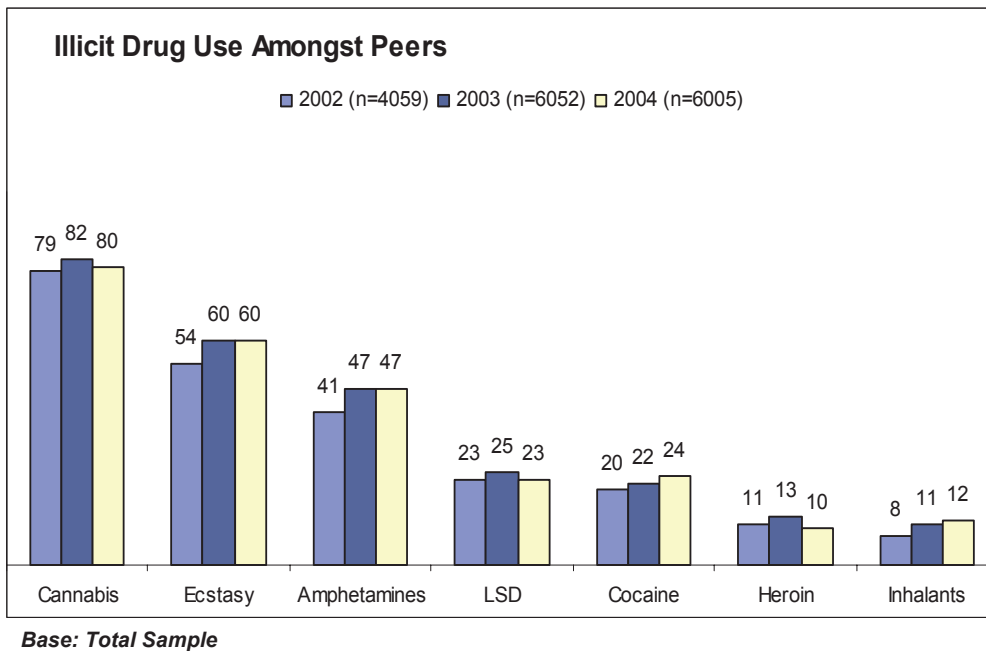
ILLICIT DRUG USE

The 2004 survey covered the same illicit drugs as in 2002 and 2003, including designer drugs (such as ecstasy), amphetamines, cannabis, heroin, cocaine, inhalants and hallucinogens. For each drug type, respondents were asked what proportion of their friends used it, whether they personally had ever used it (referred to as lifetime use) and whether they had used it in the last 12 months (referred to as recent use).

Illicit drug use amongst peers

Respondents were asked what proportion of their friends or acquaintances use illicit drugs. As shown in Figure 1, 80 per cent reported having at least one friend who used cannabis, 60 per cent at least one who used ecstasy or other designer drugs and 47 per cent reported at least one friend who used amphetamines.

Figure 1: Illicit drug use amongst peers - have one or more friends using each type of drug (per cent)



Changes from previous surveys include:

- a decrease since 2003 in the proportion of young people who reported one or more friends using cannabis (down from 82 per cent to 80 per cent), LSD (down from 25 per cent to 23 per cent) or heroin (down from 13 per cent to 10 per cent)
- an increase in the proportion reporting one or more friends using cocaine or inhalants (up from 20 per cent to 24 per cent and from 8 per cent to 12 per cent respectively) since 2002.

Drug of choice amongst friends/peers

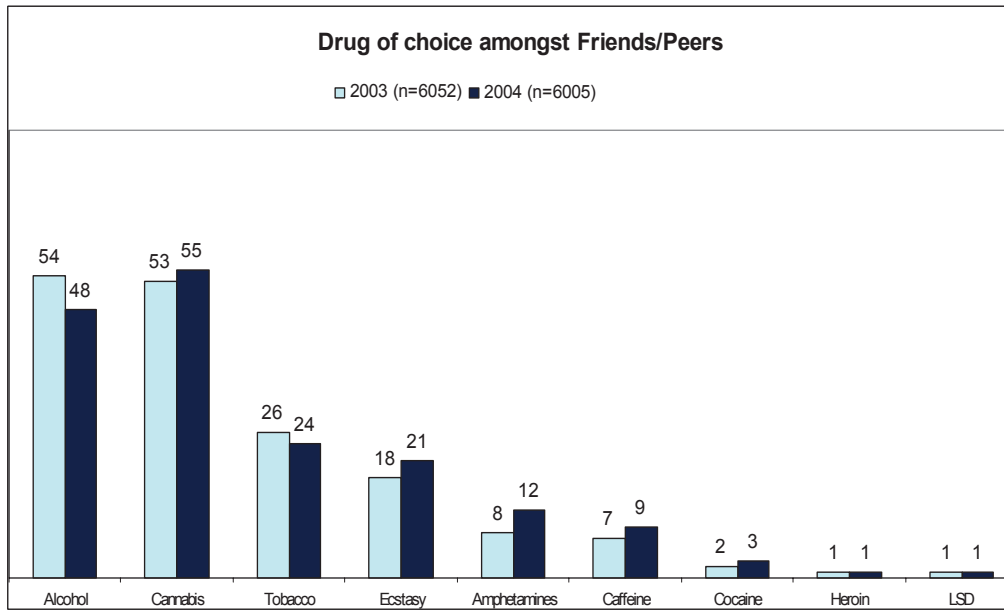
All respondents were asked what drugs they felt were most popular amongst their friends or others in their age group. Results shown in Figure 2 suggest that:

- cannabis and alcohol were most likely to be nominated as being popular amongst friends, followed by tobacco and ecstasy
- changes since 2003¹ included increased mention of cannabis (up from 53 per cent to 55 per cent), ecstasy (up 3 per cent to 21 per cent), amphetamines (up 4 per cent to 12 per cent) and caffeine (up 2 per cent to 9 per cent). There was less mention of alcohol (down 6 per cent to 48 per cent) and tobacco (down 2 per cent to 24 per cent).

The results for cannabis are interesting given the decline in use discussed earlier. They may point to the role of recent anti-drug advertising in raising the profile of this drug at the same time as discouraging its use.

¹ Question not asked in 2002

Figure 2: Most popular drugs amongst friends/peers - time series (per cent)



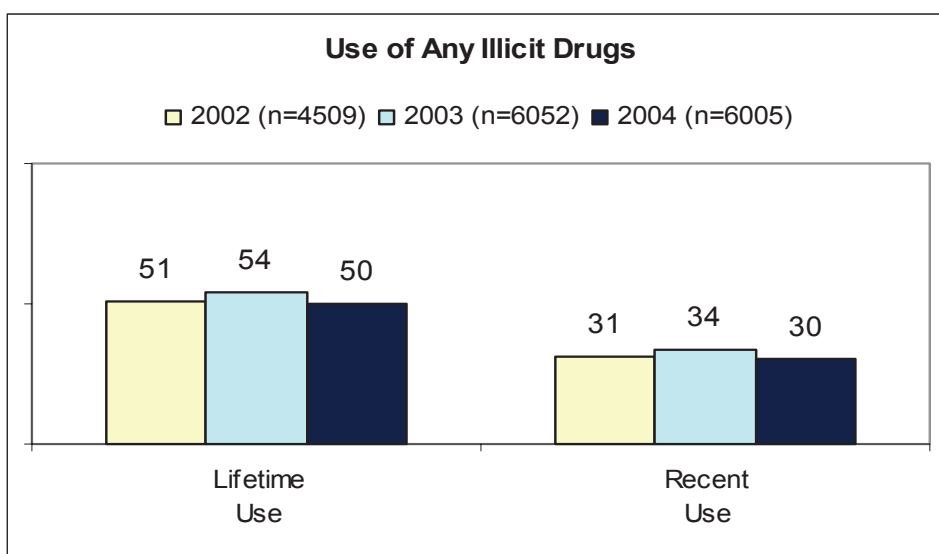
Base: Total Sample

Personal illicit drug use

For each of the selected drugs, respondents were asked whether they had ever tried drugs (lifetime use) and, if so, whether they had used them in the last 12 months (recent use).

Reported use of any illicit drugs has decreased from 54 per cent to 50 per cent for lifetime use and from 34 per cent to 30 per cent for recent use since the 2003 survey. Overall, figures for 2002 and 2004 were fairly similar, as shown in Figure 3.

Figure 3: Personal use of illicit drugs (per cent)



Base: Total Sample

There was a decline in use amongst both males and females. For males, lifetime use

was down from 57 per cent in 2003 to 52 per cent in 2004, while recent use fell from 38 per cent to 34 per cent. For females, there was a decline from 52 per cent to 47 per cent in lifetime use and from 31 per cent to 27 per cent in recent use.

As shown in Table 1, the most significant decrease since 2002 has occurred amongst 16–17 year old females, with lifetime use down from 35 per cent to 28 per cent and recent use down from 25 per cent to 20 per cent.

Table 1: Use of any illicit drugs – age/sex analysis

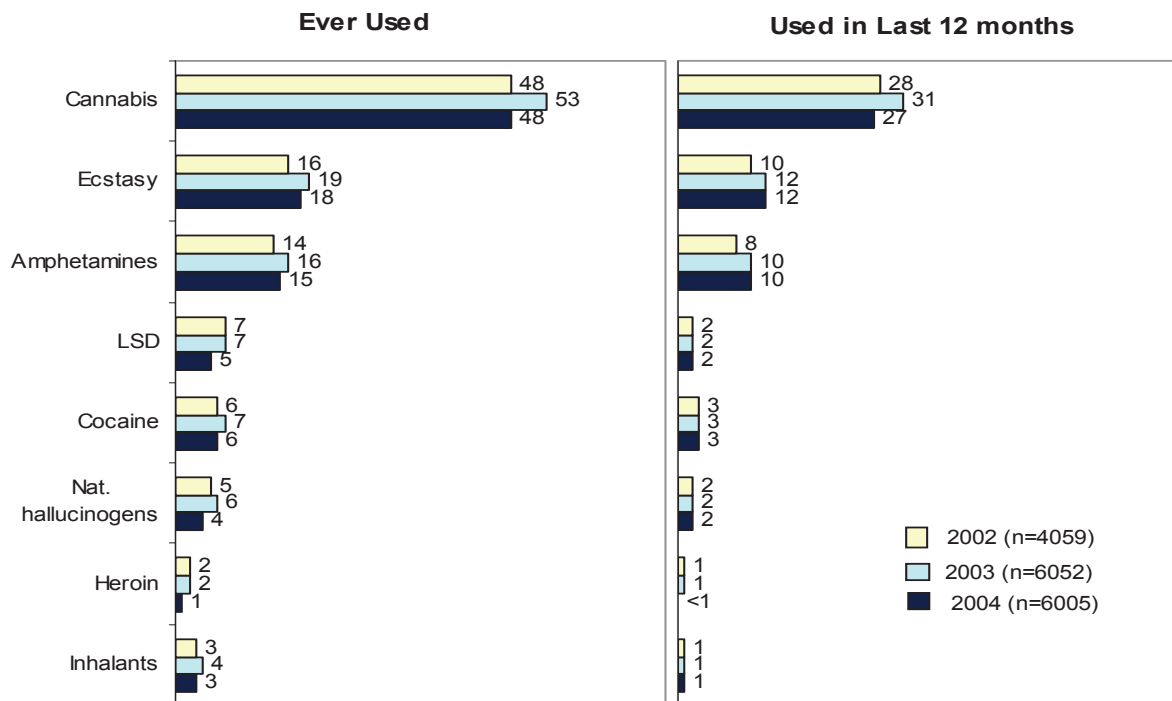
At least one occasion in the last 12 months	Lifetime use			Recent use		
	2002 per cent	2003 per cent	2004 per cent	2002 per cent	2003 per cent	2004 per cent
Total sample	51	54	50	31	34	30
Sex						
Male	53	57	52	35	38	34
Female	48	52	47	27	31	27
Age						
16–17 years	35	39	32	25	27	22
18–21 years	52	55	52	33	36	33
22–24 years	61	67	64	32	38	34
Age by sex						
<i>Males aged:</i>						
16–17 years	36	40	35	25	28	25
18–21 years	56	59	55	38	41	36
22–24 years	65	72	65	41	45	40
<i>Females aged:</i>						
16–17 years	35	38	28	25	26	20
18–21 years	49	52	49	28	32	30
22–24 years	57	63	63	26	32	29

Figure 4 provides a summary of overall changes in use by type of drug. Since 2003, a significant decline in use of cannabis has been evident, especially amongst males aged 18 years or over and amongst 16–17 year old females (from 53 per cent to 48 per cent lifetime use and from 31 per cent to 27 per cent recent use). However, cannabis still remained the most extensively used illicit drug.

In this same period, there has been a decrease in lifetime use (down from 2 per cent to 1 per cent) and recent use (down from 0.7 per cent to 0.3 per cent) of heroin and a decrease in lifetime, although not recent use, of LSD (down from 7 per cent to 5 per cent), natural hallucinogens (down from 6 per cent to 4 per cent) and inhalants (down from 4 per cent to 3 per cent). There was no increase in reported use (either lifetime or recent) of any of the other illicit drugs evaluated in the survey. These results are consistent with the increased proportion of young people who considered use of cannabis and other illicit drugs to be wrong.

The results are in contrast to 2003, when there were increases in reported lifetime and recent use of cannabis, ecstasy and amphetamines.

Figure 4: Lifetime and recent use of different drug types (per cent)

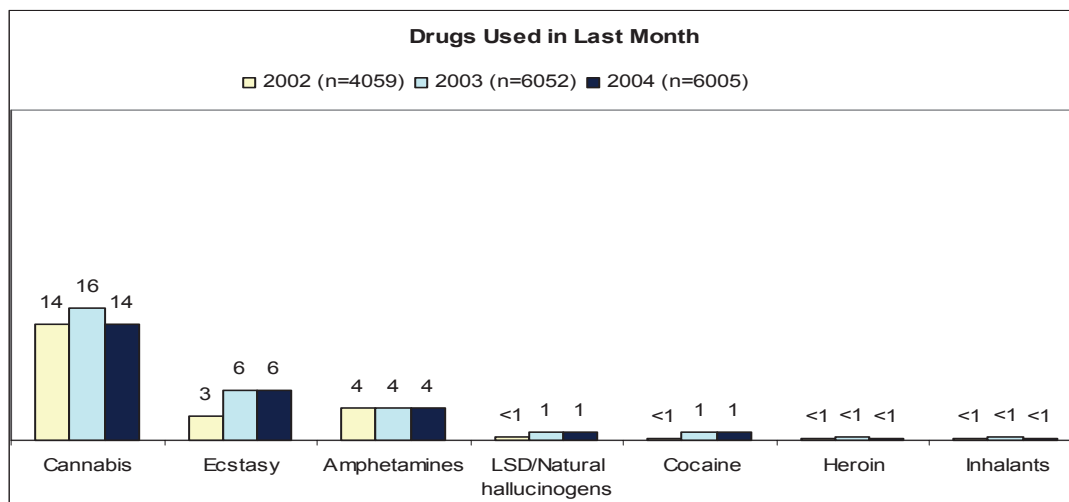


Base: Total Sample

Regular use

In addition to lifetime and recent use of illicit drugs, respondents were also asked about more recent use in the last month or last week. Figure 5 provides a summary of selected drugs used in the last month. Once again, there was evidence of less use of cannabis and no sign of an increase in the use of any other illicit drug.

Figure 5: Use of different drug types in the last month (per cent)



Base: Total Sample

Comparison with National Drug Strategy Household Survey 2001

Table 2 provides a comparison of results from the VYAD surveys for 2002, 2003 and 2004 with the National Drug Strategy Household Survey (NDSHS) results for 2001 amongst young people in the relevant age range in Victoria.

Despite the difference in methodology², the results from the two surveys are fairly consistent. A comparison of drug usage figures against 2001 suggests that in 2004 there was slightly higher lifetime use of cannabis, ecstasy, amphetamines and natural hallucinogens and higher recent use of amphetamines. Lifetime use appeared to be lower than in 2001 for LSD and heroin as well as recent use of LSD and cannabis.

Table 2: Illicit drug use estimates from NDSHS 2001 and VYADS 2002–2004

	Use	NDSHS	VYADS	VYADS	VYADS
		Victorian sample 2001	2002	2003	2004
		%	%	%	%
Cannabis	<i>Ever</i>	46	48	53	48
	<i>In last 12 months</i>	30	28	31	27
Ecstasy / Designer drugs	<i>Ever</i>	16	16	19	18
	<i>In last 12 months</i>	11	10	12	12
Amphetamines	<i>Ever</i>	13	14	16	15
	<i>In last 12 months</i>	7	8	10	10
LSD	<i>Ever</i>	9	7	7	5
	<i>In last 12 months</i>	4	2	2	2
Cocaine	<i>Ever</i>	6	6	7	6
	<i>In last 12 months</i>	4	3	3	3
Natural Hallucinogens	<i>Ever</i>	3	5	6	5
	<i>In last 12 months</i>	1	2	2	2
Heroin	<i>Ever</i>	3	2	2	1
	<i>In last 12 months</i>	1	1	1	<1
Inhalants	<i>Ever</i>	3	3	4	3
	<i>In last 12 months</i>	1	1	1	1

² NDSHS used a self-completion questionnaire delivered to people's home and returned by mail

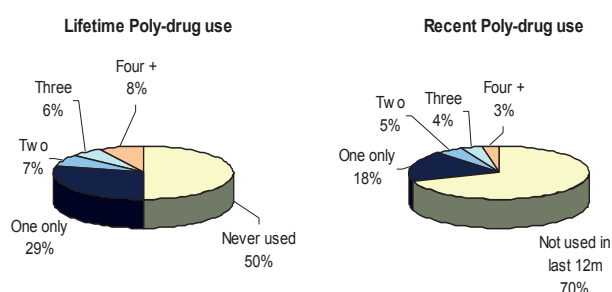
Poly-drug use

On a lifetime basis, some 14 per cent of young people report having used three or more different drugs (as shown in Figure 6), falling to 7 per cent for use of three or more drugs in the last 12 months.

The characteristics of those who have used three or more drugs in the last 12 months include more males than females (57 per cent are male compared to 48 per cent of all lifetime users of drugs); they are older (18 years old and over); and they are significant recent users of alcohol (99 per cent), ecstasy (97 per cent), cannabis (95 per cent), amphetamines (91 per cent) and cocaine (34 per cent).

While poly-drug users began using most drugs at about the same age as other drug users, they appear to be early starters on cannabis (median commencement age of 14.5 years versus 15.5 for lifetime cannabis users) and alcohol.

Figure 6: Lifetime and recent poly-drug use (per cent)



Base: Total Sample 2004 (n=6005)

Cannabis

Despite a decline in usage levels, cannabis was still the most widely used drug, with 48 per cent of young people reporting lifetime use (versus 53 per cent in 2003). There were decreases against the 2003 results (not against the 2002 results) on all usage measures. In 2004, there was a decrease in recent use of cannabis from 31 per cent to 27 per cent. Use in the last month was 14 per cent, a decrease from 16 per cent and use in the last week was 8 per cent, down from 10 per cent.

The median age for first use of cannabis was 15.5 years.

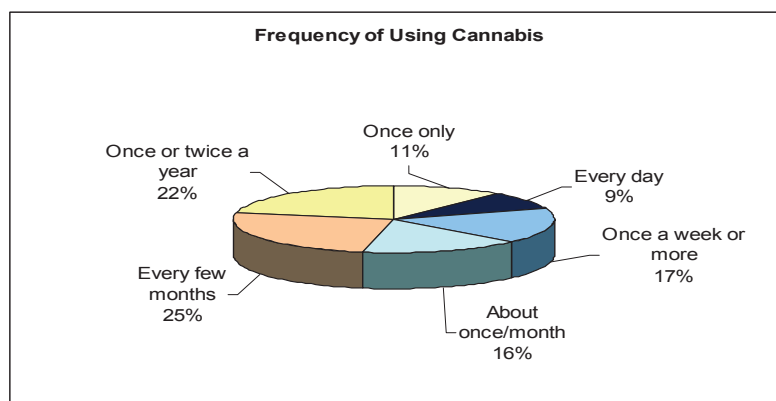
While there was an overall decline in recent use across all male age groups, recent use of cannabis was still higher amongst males (31 per cent) than females (23 per cent) and amongst those aged 18 or over. Only 16–17 year old females showed a substantial drop since 2002, as shown in Table 3.

Table 3: Use of cannabis in the last 12 months – age/sex analysis

At least one occasion in the last 12 months	2002	2003	2004
	%	%	%
Total sample	28	31	27
Sex			
Male	32	36	31
Female	24	26	23
Age			
16–17 years	23	25	20
18–21 years	30	32	29
22–24 years	27	33	30
Age by sex			
<i>Males aged:</i>			
16–17 years	24	26	23
18–21 years	36	38	33
22–24 years	33	40	35
<i>Females aged:</i>			
16–17 years	23	23	18
18–21 years	25	27	25
22–24 years	23	27	26

As shown in Figure 7, of those who have used cannabis in the last 12 months, 9 per cent reported using it every day, while 42 per cent used it about once a month or more. This represents a slight decrease from 45 per cent in both 2002 and 2003.

Figure 7: Frequency of cannabis use amongst recent users (n=1604) (per cent)



How cannabis is used

Usage patterns were similar to those seen in previous surveys, with the great majority of lifetime cannabis users smoking it in a joint or reefer (85 per cent) or using a bong or pipe (59 per cent). Heads or buds (57 per cent) and leaf (26 per cent) were the parts of the plant most likely to be used.

Other drugs used at the same time as cannabis

Alcohol (73 per cent) and tobacco (74 per cent, up slightly from 71 per cent in 2003) were, by far, the drugs most likely to be used with cannabis. Others mentioned by more than one in 10 users included ecstasy (15 per cent) and amphetamines (12 per cent). Nine per cent used no other drugs in combination with cannabis, a result down slightly on the 12 per cent recorded in 2003 and on par with the 8 per cent of 2002.

Ecstasy or other 'designer' drugs

Ecstasy has been used by 18 per cent of all young people in the 2004 survey, a result not significantly different from the 2003 figure of 19 per cent and 16 per cent in 2002.

In 2004, recent use of ecstasy was 12 per cent; use in the last month was 6 per cent; and use in the last week was 2 per cent. These figures were unchanged since 2003, although slight increases were evident since 2002 for recent use (up from 10 per cent) and monthly use (up from 4 per cent).

Median age for first use of ecstasy was 17.4 years in 2004, not significantly different from the 2003 (17.3 years) and 2002 (17.5 years) figures.

There was no significant difference between male and female recent use of ecstasy in this age group. Recent use of ecstasy was higher amongst males (14 per cent) than females (10 per cent) and increased with age, as shown in Table 4. However, while males aged 18 plus were more likely to be recent users of ecstasy than 18 plus females, this was not so for 16–17 year olds.

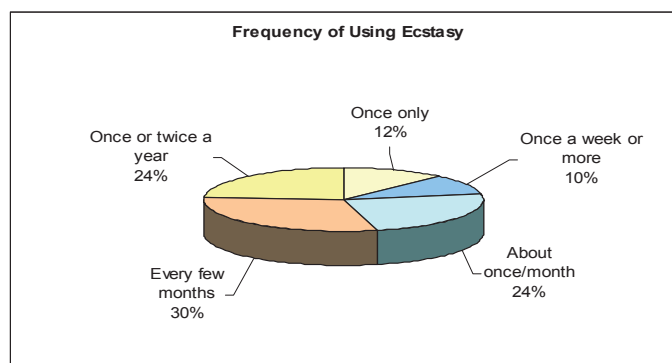
Table 4: Use of ecstasy in the last 12 months – age/sex analysis

At least one occasion in the last 12 months	2002	2003	2004
	%	%	%
Total sample	10	12	12
Sex			
Male	12	14	14
Female	18	11	10
Age			
16–17 years	4	3	3
18–21 years	11	14	14
22–24 years	14	18	17
Age by sex			
<i>Males aged:</i>			
16–17 years	3	3	4
18–21 years	13	16	16
22–24 years	20	22	21
<i>Females aged:</i>			
16–17 years	4	4	3
18–21 years	9	13	11
22–24 years	9	14	14

Of those who used ecstasy in the last 12 months, approximately one in three (34 per cent) reported using it about once a month or more, as shown in Figure 8. Thirty per cent used it every few months, 24 per cent once or twice a year, and 12 per cent only once.

These results are consistent with those from previous surveys (33 per cent once a month or more in 2003, 28 per cent in 2002).

Figure 8: Frequency of ecstasy use amongst recent users (n=693) (per cent)



How ecstasy is used

As in previous surveys, most (97 per cent) ecstasy users reported having taken it in tablet form.

Other drugs used

As with cannabis use, alcohol (79 per cent up slightly from 75 per cent in 2003) and tobacco (71 per cent) and cannabis (50 per cent) are the predominant drugs used at the same time as ecstasy.

There was also an increased use of amphetamines (40 per cent compared to 34.7 per cent in 2003) at the same time as ecstasy. Other drugs used in conjunction with ecstasy included cocaine (13 per cent), ketamine (10 per cent) and LSD (10 per cent), all of which were consistent with 2002 and 2003.

Amphetamines

Fifteen per cent of all young people reported ever using amphetamines, not significantly different from the previous results (16 per cent in 2003 and 14 per cent in 2002).

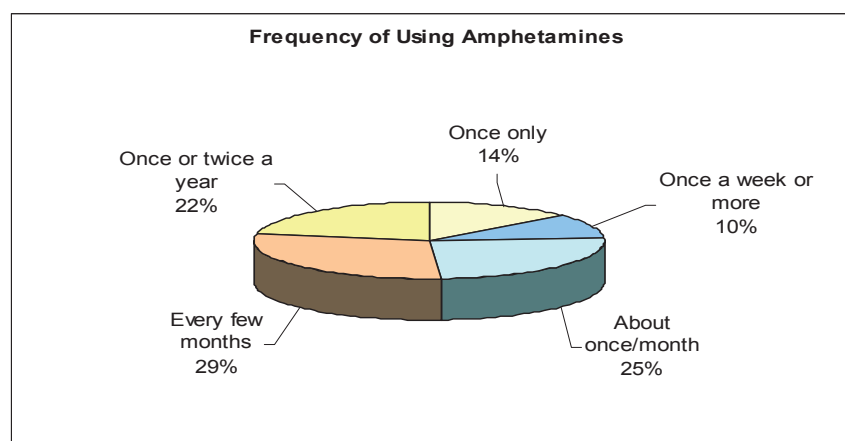
Amongst those who have ever used amphetamines, 10 per cent have used in the last 12 months, 4 per cent in the last month and 2 per cent in the week before interview, largely consistent with results from previous surveys and similar to ecstasy use results. As with ecstasy, more males (11 per cent) than females (8 per cent) reported recent use of amphetamines as shown in Table 5. Use increased with age.

Table 5: Use of amphetamines in the last 12 months -age/sex analysis

At least one occasion in the last 12 months	2002	2003	2004
	%	%	%
Total sample	8	10	10
Sex			
Male	10	12	11
Female	6	9	8
Age			
16–17 years	3	4	3
18–21 years	9	12	11
22–24 years	10	14	14
Age by sex			
<i>Males aged:</i>			
16–17 years	3	3	3
18–21 years	11	14	12
22–24 years	15	18	18
<i>Females aged:</i>			
16–17 years	4	4	3
18–21 years	7	10	10
22–24 years	7	10	11

As Figure 9 depicts, amongst recent users of amphetamines, 35 per cent reported using this drug about once a month or more, a slight increase over the 2003 figure of 29 per cent using at this frequency. Twenty-nine percent had used amphetamines every few months, 22 per cent once or twice a year and 14 per cent only once.

Figure 9: Frequency of amphetamine use amongst recent users (n=569) (per cent)



How amphetamines are used

Consistent with previous results, powder (87 per cent) and crystal (19 per cent) were the main forms of amphetamine used. Amphetamines are most commonly used by snorting (72 per cent), swallowing (59 per cent) or smoking (23 per cent).

Other drugs used at the same time as amphetamines

At the same time as using amphetamines, alcohol (80 per cent), tobacco (73 per cent), and cannabis (51 per cent) were the drugs most likely to be used. Other drugs used in conjunction with amphetamines include cocaine (10 per cent), ketamine (10 per cent) and LSD (8 per cent), while 6 per cent used no other drugs with amphetamines. These results were all consistent with those obtained in the previous VYAD surveys.

Cocaine

Overall, there has been no significant change in the level of “lifetime” use cocaine use since 2002, with 6 per cent of all young people reported using cocaine in 2004. As illustrated in Table 6, as in previous years, 3 per cent of young people reported using cocaine in the last 12 months, 1 per cent in the last month and 0.3 per cent in the week before interview. Median age for first use of cocaine was 18.5 years.

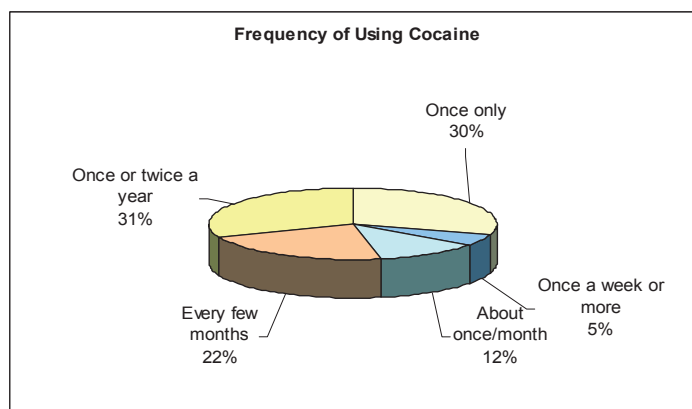
Table 6: Use of cocaine in the last 12 months – age/sex analysis

At least one occasion in the last 12 months	2002	2003	2004
	%	%	%
Total sample	3	3	3
Sex			
Male	4	4	1
Female	2	2	4
Age			
16–17 years	1	1	<1
18–21 years	4	3	3
22–24 years	5	6	5
Age by sex			
<i>Males aged:</i>			
16–17 years	1	1	1
18–21 years	5	4	4
22–24 years	6	8	7
<i>Females aged:</i>			
16–17 years	1	1	<1
18–21 years	3	2	2
22–24 years	3	4	4

Consistent with previous years, and as shown in Figure 10, 22 per cent used cocaine every few months, 31 per cent once or twice a year and 30 per cent just once in the last year. Of those who used cocaine in the last 12 months, 17 per cent reported using it about once a month or more, a lower frequency of use than that seen for cannabis, ecstasy and amphetamines.

Males in the 22–24 year age group, more than females, continue to more likely have recently used cocaine, with little difference in use between 16–17 year old males and females.

Figure 10: Frequency of cocaine use amongst recent users (n=171) (per cent)



How cocaine is used

Consistent with the two previous surveys, cocaine was most commonly (95 per cent) used in powder form, however, 7 per cent reported having used crack cocaine (smokable crystals). The drug is usually snorted (91 per cent).

Other drugs used at the same time as cocaine

Cannabis and ecstasy are the drugs most likely to be used with cocaine after alcohol (78 per cent) and tobacco (71 per cent). Others included ketamine (8 per cent) and LSD (6 per cent), while 8 per cent used no other drugs with amphetamines.

Inhalants

Inhalant use continues to be relatively low, with 3 per cent of all young people reported having used inhalants, slightly fewer than in 2003 and the same as in 2002. One per cent of young people reported using inhalants in the last 12 months and less than 1 per cent in the month and in the week before the survey. The median age for first use of inhalants was reported as 14.8 years.

How inhalants are used

Inhalants were most frequently used with tobacco (49 per cent), alcohol (38 per cent) and cannabis (27 per cent); 34 per cent of lifetime users used no other drugs at the same time.

LSD and other hallucinogens

Respondents were asked about their use of both synthetic hallucinogens, such as LSD, and naturally occurring hallucinogens, like magic mushrooms. There has been a slight decline in the number of young people reporting ever having used LSD from 7 per cent in both 2002 and 2003 to 5 per cent in 2004.

However, there was no change in recent use of LSD from previous results, remaining at 2 per cent, as shown in Table 7. The familiar pattern of increasing LSD use with age and slightly higher use amongst males than females was once again evident.

Table 7: Use of LSD in the last 12 months – age/sex analysis

At least one occasion in the last 12 months	2002	2003	2004
	%	%	%
Total sample	2	2	2
Sex			
Male	2	3	2
Female	1	2	1
Age			
16–17 years	1	1	<1
18–21 years	1	3	2
22–24 years	3	3	2
Age by sex			
<i>Males aged:</i>			
16–17 years	<1	1	<1
18–21 years	2	4	3
22–24 years	4	4	4
<i>Females aged:</i>			
16–17 years	2	1	<1
18–21 years	1	2	1
22–24 years	2	2	1

Lifetime use of naturally occurring hallucinogens was reported by 4 per cent of young people, also a slight decline on the results of 5 per cent and 6 per cent in 2002 and 2003 respectively. However, at 2 per cent, the level of recent use was unchanged.

Frequency of use amongst recent users of any hallucinogens was consistent with the previous surveys – 30 per cent used hallucinogens about once a month or more, 32 per cent once or twice a year and 37 per cent once only in the 12 months before interview.

How hallucinogens are used

Around half (47 per cent) of lifetime users used hallucinogens in tablet form, 24 per cent in liquid form and 58 per cent reported using magic mushrooms.

Other drugs used at the same time as hallucinogens

Tobacco was used at the same time as hallucinogens by two thirds (68 per cent) of all recent hallucinogens users. Sixty per cent use cannabis and 59 per cent use alcohol.

Heroin

Lifetime use of heroin was reported by 1 per cent of young people in 2004 as shown in Table 8 below, a slight decline on the 2 per cent recorded in both previous surveys. There were slightly higher levels of recent use of heroin reported amongst males 18 plus and 22–24 year old females.

Table 8: Use of heroin in the last 12 months – age/sex analysis

At least one occasion in the last 12 months	2002	2003	2004
	%	%	%
Total sample	1	1	<1
Sex			
Male	1	1	<1
Female	<1	1	<1
Age			
16–17 years		<1	<1
18–21 years	<1	1	<1
22–24 years	1	2	1
Age by sex	1		
<i>Males aged:</i>			
16–17 years	<1	<1	<1
18–21 years	1	1	1
22–24 years	1	2	1
<i>Females aged:</i>			
16–17 years	<1	<1	<1
18–21 years	<1	1	<1
22–24 years	1	1	1

There was also a slight decline in recent use of heroin from 0.7 per cent in 2003 to 0.3 per cent in the current survey. Heroin use reported in both the month and week prior to interview was also very low with just 0.1 per cent of young people reporting use of the drug.

How heroin is used

Patterns of use were slightly lower to those reported in previous years, with 61 per cent of lifetime users reporting use of heroin rock and 42 per cent powder. Sixty-one per cent reported smoking the drug and 55 per cent injecting.

Other drugs used at the same time as heroin

Tobacco is the drug most commonly used at the same time as heroin (77 per cent). Other drugs used in conjunction with heroin are cannabis (55 per cent) and alcohol (47 per cent).

Young people also reported using other different drugs with heroin, including amphetamines (24 per cent), tranquillisers (16 per cent), anti-depressants (15 per cent) ecstasy (14 per cent) analgesics 11 per cent and LSD (5 per cent), in conjunction with heroin.

Analgesics/tranquillisers

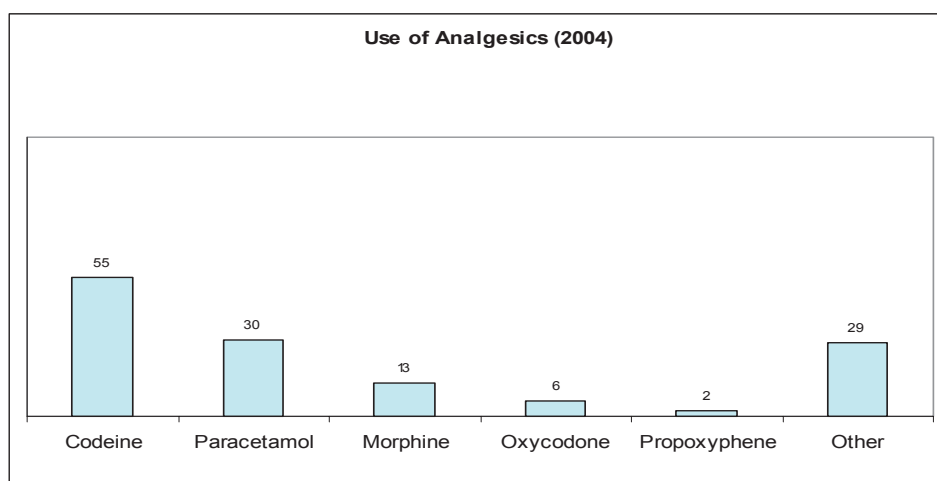
As in previous surveys, respondents were asked if they had ever used analgesics or tranquillisers for non-medical purposes. In line with 2002 and 2003 results and as shown in Table 9, overall, 4 per cent of young people reported ever using analgesics in this way and 2 per cent in the last 12 months. Little difference between males and females on either lifetime or recent use of analgesics was evident. While there was a clear relationship between age and lifetime use of analgesics in 2003, this is less evident in 2004, in particular for females, and no differences across age groups for recent use.

Table 9: Use of analgesics – age/sex analysis

Lifetime and recent use	Lifetime use			Recent use		
	2002 %	2003 %	2004 %	2002 %	2003 %	2004 %
Total sample	4	4	4	1	2	2
Sex						
Male	4	4	3	1	2	2
Female	4	4	4	1	2	2
Age						
16–17 years	3	2	3	1	1	2
18–21 years	4	4	3	1	2	2
22–24 years	4	7	5	1	3	2
Age by sex						
<i>Males aged:</i>						
16–17 years	2	2	2	1	1	2
18–21 years	4	3	3	2	2	2
22–24 years	5	8	6	2	3	2
<i>Females aged:</i>						
16–17 years	4	3	4	2	2	2
18–21 years	4	4	3	1	2	2
22–24 years	3	5	5	1	3	2

As depicted in Figure 11, codeine, paracetamol and morphine were the types of analgesics used most frequently by recent users of these drugs, consistent with results seen in 2002 and 2003.

Figure 11: Types of analgesics used by recent users (n=110) (per cent)



How tranquillisers are used

Overall, 3 per cent of young people reported ever using tranquillisers for non-medical purposes while 2 per cent had done so in the last 12 months.

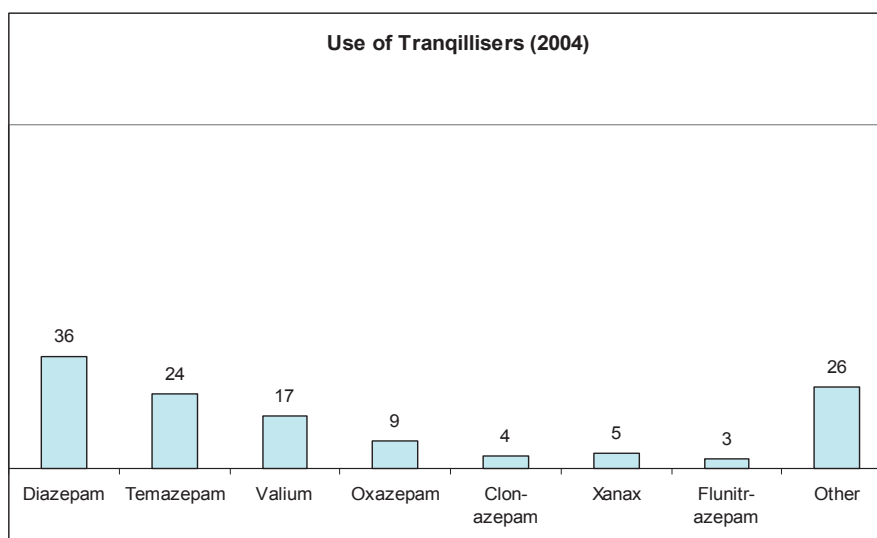
This represented a slight decrease on the lifetime use figure of 4 per cent obtained in 2003 and reflected a fall in lifetime use by females. However, there has been no overall

change in the level of recent use.

As with analgesics, overall, there was little difference in usage patterns of males and females.

Diazepam, temazepam, valium and oxazepam were the types of tranquillisers used most frequently by recent users, as shown in Figure 12.

Figure 12: Types of tranquillisers used by recent users (n=110) (per cent)



Effect of drug use on behaviour

Where drugs are used

For each illicit drug ever used, respondents were asked where they had used the drug.

As shown in Table 10, and broadly consistent with the 2003 survey, the most commonly mentioned place for illicit drug use is a friend's house. This was the case for cannabis, heroin, inhalants and hallucinogens users.

A friend's house was the most frequent venue reported by 16–17 year olds for use of ecstasy and amphetamines. However, ecstasy, amphetamines and cocaine were most likely to be used at licensed premises, with less reported use at raves or dance parties.

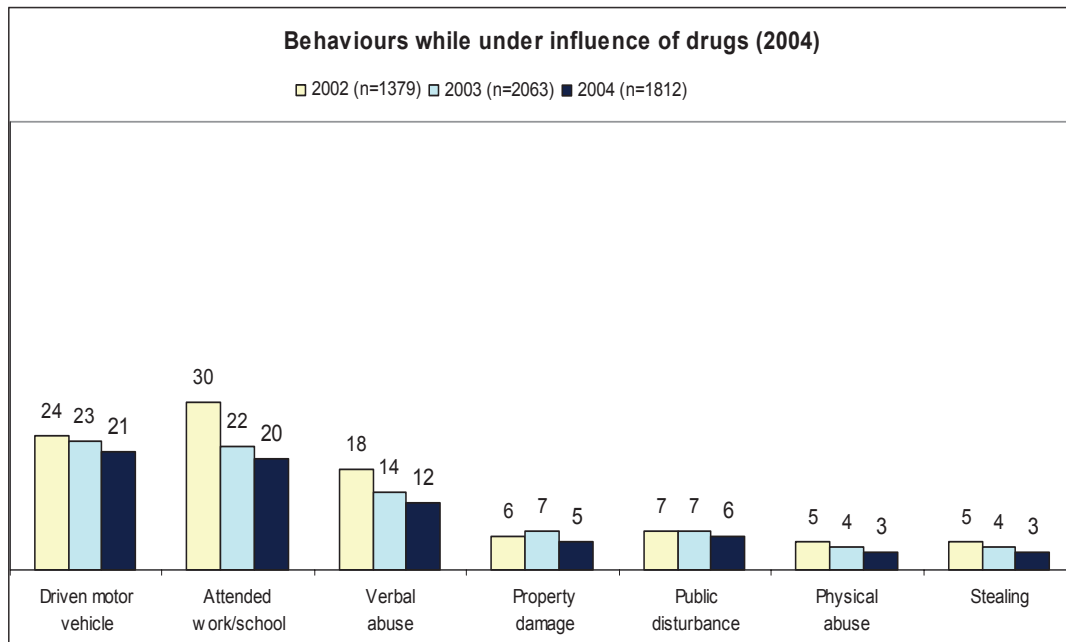
Table 10: Places where each illicit drug is used (2004)

	Ecstasy	Amphet- amines	Cannabis	Heroin	Cocaine	Inhalants	Hallucino gens
	%	%	%	%	%	%	%
At a friend's house	18	24	60	49	29	33	39
In my own home	12	18	29	43	18	27	30
At licensed premises (eg. pubs/clubs)	55	50	5	3	40	8	12
At private parties	23	25	26	4	22	7	22
At raves/dance parties	30	23	3	3	13	6	20
In public places (eg. parks)	5	4	12	24	4	17	14
Or somewhere else	1	1	1	1	2	3	3
In a car or other vehicle	2	3	5	12	4	3	4
At school/TAFE/ university etc	1	2	3	1	1	16	1
At restaurants/cafes	1	1	1	-	1	-	-
At my workplace	<1	2	1	1	1	1	-
<i>Base: Lifetime users</i>	<i>n=1050</i>	<i>n=901</i>	<i>n=2882</i>	<i>n=74</i>	<i>n=360</i>	<i>n=187</i>	<i>n=148</i>

Behaviour while under the influence of drugs

Respondents were asked if they had engaged in anti-social behaviours while under the influence of drugs during the last 12 months, as shown in Figure 13. The results indicate decreases in most of these types of behaviour since 2002, particularly in attending work or school while under the influence of illicit drugs (down from 30 per cent in 2002 to 20 per cent) and verbally abusing someone (down from 18 per cent to 12 per cent since 2002). However, over the last year or so, there was no significant improvement in respect of 'creating a public disturbance'.

Figure 13: Behaviours while under the influence of drugs – time series (per cent)



Base: Recent users of illicit drugs

The age/sex analysis presented in Table 11 confirms the patterns seen in previous years with males more likely than females to have engaged in all forms of anti-social behaviour. Apart from driving a motor vehicle and attending school or work, 16–17 year olds were more likely to be involved in such behaviours than those aged over 18 and, in particular, those over 21 years old.

Table 11: Behaviours while under the influence of drugs – age/sex analysis 2004

	Driven motor vehicle %	Attended work/school %	Verbal abuse %	Property damage %	Public disturbance %	Physical abuse %	Stealing %
Sex							
Male	26	23	16	6	7	5	5
Female	15	17	8	3	4	2	2
Age							
16–17 years	6	17	17	9	8	6	5
18–21 years	24	21	13	5	7	3	4
22–24 years	26	21	9	2	3	2	2
Age by sex							
<i>Males aged:</i>							
16–17 years	7	16	22	11	10	9	6
18–21 years	30	23	17	7	8	5	5
22–24 years	33	28	13	3	4	2	3
<i>Females aged:</i>							
16–17 years	4	18	12	7	6	4	3
18–21 years	18	19	8	3	5	2	2
22–24 years	18	13	5	1	3	1	2

Effects of drug use on aspects of life

Young people who reported lifetime use of any illicit drug were asked whether or not their drug use had any effect on their relationships, work/education, lifestyle or health.

Respondents believed their drug use had no effect on their employment/education and family relationships. However, males were more likely than females to perceive their drug use had a positive effect on their relationships with friends and on their lifestyle, and a negative effect on their health, as shown in Table 12. These results were broadly consistent with previous surveys.

Table 12: Effects of drug use on aspects of life, males v females – 2004 results

Effect of drugs on ...	Total Sample	Males	Females	Effect of drugs on ...	Total sample	Male s	Female s
	%	%	%		%	%	%
Lifestyle	(n=2969)	(n=1437)	(n=1532)	Education/employment	(n=2973)	(n=1440)	(n=1533)
Positive	11	13	9	Positive	2	3	2
Negative	14	14	13	Negative	14	16	12
No effect	75	73	77	No effect	84	80	86
Friends	(n=2971)	(n=1439)	(n=1532)	Health	(n=2968)	(n=1438)	(n=1530)
Positive	13	16	9	Positive	2	2	1
Negative	10	9	10	Negative	29	31	27
No effect	78	75	81	No effect	69	67	72
Family	(n=2968)	(n=1436)	(n=1532)				
Positive	4	5	3				
Negative	13	14	11				
No effect	83	80	86				

Base: Ever used illicit drug (excludes 'don't know/refused' responses)

Use of illicit drugs in metropolitan and regional Victoria

A comparison was made between those respondents living in metropolitan Melbourne and those resident in regional Victoria. Two important differences were apparent in the socio-demographic characteristics of these two groups. Firstly, the regional sample had a higher proportion of 16–17 year olds and a lower proportion of those aged 22–24 than the metropolitan sample. Secondly, it had a lower proportion of respondents born overseas.

As these two variables (age and country of birth) are strongly related to illicit drug use, it was considered necessary to control for these biases before undertaking a comparative analysis of alcohol and drug use. Therefore, the metropolitan and regional samples were weighted in line with ABS age and sex population figures³ for these two geographic areas. In addition, respondents born overseas were excluded from this metropolitan/regional analysis.

Use of illicit drugs (in particular cannabis, ecstasy, amphetamines and cocaine) as indicated in Table 13, is more prevalent amongst those living in metropolitan Melbourne than regional Victoria. This applies to both lifetime and recent use of any illicit drug and specifically to the use of cannabis, ecstasy, amphetamines and cocaine.

³ 2001 Census data

**Table 13: Use of illicit drugs in metropolitan and regional areas
(2004 data weighted by age/sex/location excluding overseas born)**

	Metropolitan (n=3591) %	Regional (n=1412) %
Any illicit drug		
Lifetime use	56	48
Recent use	35	26
Cannabis		
Lifetime use	54	46
Recent use	31	23
Ecstasy		
Lifetime use	22	14
Recent use	15	9
Amphetamines		
Lifetime use	19	13
Recent use	13	7
Cocaine		
Lifetime use	8	5
Recent use	4	2
LSD/synthetic hallucinogens		
Lifetime use	7	4
Recent use	2	2
Natural hallucinogens		
Lifetime use	5	4
Recent use	2	1
Heroin		
Lifetime use	1	1
Recent use	<1	<1
Analgesics		
Lifetime use	4	4
Recent use	2	2
Tranquillisers		
Lifetime use	4	3
Recent use	2	2
Inhalants		
Lifetime use	4	2
Recent use	1	1

RISK AND PROTECTIVE FACTORS ASSOCIATED WITH ILLICIT DRUG USE

This section explores the factors that are most strongly associated with illicit drug use. To do this, the total population of 16–24 year olds was first divided into sub-groups based on levels of illicit drug use. Various possibilities were considered. However, the following scheme was chosen as it offered a reasonably simple approach incorporating ‘frequency of use’ as well as ‘use/non-use’ of illicit drugs into the classification scheme.

Four groups were defined:

- *Non-users*: young people who had never tried illicit drugs and who made up some 50 per cent of the total sample (n=3,029).
- *Former users*: those who had tried illicit drugs but had not used any of them in the last 12 months. Nineteen per cent of the sample (n=1,164) fell into this category.
- *Moderate users*: those who had used illicit drugs in the last 12 months but who did not use any illicit drug more frequently than about once a month. This group comprised 23 per cent of the total sample (n=1,352).
- *Frequent users*: those who had used illicit drugs in the last 12 months and who used one or more drugs with a frequency of at least once a week. Eight per cent of the sample (n=460) were classified as frequent users on this basis.

Analysis of variance was then used with the 2004 data to identify the variables that showed the greatest amount of variation between these four groups.

A series of analyses was used to assess variables from the broad areas of socio-demographics—use of alcohol (including age at which alcohol and cannabis were first used), sexual orientation and a set of risk and protective factors developed by the Centre for Adolescent Health. Those variables showing the greatest amount of variation were then combined in a final discriminant analysis to establish which ones, out of all those considered, were best able to classify young people as frequent, moderate, former and non-users of illicit drugs.

Socio-demographic variables

Table 14 shows the outcome from analyses of variance assessing the amount of variation between illicit drug use groups on a range of socio-demographic variables. Those variables showing the greatest variation between groups were carried forward to the final overall discriminant analysis. The F ratio indicates the extent to which scores on the particular variable differ between groups; the larger the F ratio, the greater the difference between groups on this variable and, hence, the better it is likely to be at differentiating between them.

Table 14: Differentiating variables 2004 – socio-demographics

	F-ratio
Work/education status	
Still attending school	123
Working full time	92
Highest education was trade certificate	33
Age/sex	
Female age 16–17years	69
Female age 22–24years	50
Male age 16–17years	27
Male aged 22–24 years	29
Level of disposable income	
Over \$80 per week	91
Less than \$20 per week	41
Other	
Living as married/defacto couple	25
Born overseas	19

Sexual orientation

Use of the same approach, based on analysis of variance, indicated a significant ($F=32$) difference between the drug usage groups on the presence of those with a bisexual orientation. Homosexual or heterosexual orientation showed less association with group membership and neither of these variables was carried forward.

Use of alcohol

Three variables related to alcohol use appeared to differ significantly between the drug usage groups:

- Age at which alcohol was first consumed. First using alcohol before turning 15 showed considerable ($F=221$) variation between the drug usage groups
- Other alcohol usage variables with significant differences between groups were:
 - the reporting of more extreme anti-social behaviour⁴ while under the influence of alcohol
 - drinking until unable to remember what happened with a frequency of at least once a month ($F=102$).

⁴ Property damage, stealing or physically abusing another person

First use of cannabis

As the dependent variable (illicit drug use group) for the final discriminant analysis was derived from frequency of drug use, it was, for the most part, considered inappropriate to use direct measures of drug use as independent predictor variables. However, given its importance in identifying poly-drug users, the variable 'first use of cannabis before 15 years of age' was tested. This showed a high degree of variation ($F=450$) between the illicit drug usage groups.

This variable, as well as the three alcohol usage variables, were carried forward to the final stage of the analysis.

Risk and protective factors

The final set of variables tested were those based on a set of risk and protective factors developed by the Centre for Adolescent Health. Four measures were tested as follows:

- favourable attitudes to alcohol and drug taking (peer-individual risk factor)
- a measure of mobility (community risk factor)
- a measure of family conflict (family risk factor)
- a measure of opportunities for pro-social involvement in school (school protective factors).

The measure of attitudes towards alcohol and drug taking (that is, the extent to which these activities are perceived to be wrong) showed considerable variation ($F=877$) between illicit drug usage groups. This was less evident for the other factors, with significant differences between groups ($F=43$) only evident for the family conflict measure.

Those variables showing the greatest difference between the drug usage groups were then combined in a discriminant analysis, producing a solution which was able to account for approximately 47 per cent of the variation between groups (a strong result for survey-based data, as results of around 30 per cent variance explanation are more typical). The variables used, shown in Table 15, are ordered by their F values.

Table 15: Variables with the greatest ability to differentiate between illicit drug usage groups, 2004

	F-ratio
Attitude towards illicit drugs	877
First used cannabis before 15 years	450
First used alcohol before 15 years	221
Involved in anti-social behaviour while under influence of alcohol	186
Still attending school	123
Drink to get drunk at least once/month	102
Working full time	92
Disposable income over \$80/week	91
16–17 year old female	69
22–24 year old female	50
Level of family conflict	43
Disposable income less than \$20/week	41
Highest education trade certificate	33
Bisexual orientation	32
22–24 year old male	29
16–17 year old male	27
Living as married/defacto couple	25
Born overseas	19

Data are presented in the form of a discriminant map⁵ (Figure 14) to aid interpretation. The map has two basic dimensions:

- x-axis (horizontal axis) discriminates between the two ‘extreme’ groups insofar as frequency of using illicit drugs is concerned. The non-user group is positioned at the left hand end of this axis while the frequent users are positioned to the right
- y-axis (vertical axis) is largely age-based and, in particular, appears to discriminate between former users and those currently using illicit drugs at a moderate level.

The variables that best predict membership of a particular group are generally those positioned closest to that group⁶ in the map space.

Figure 14 shows that moderate and frequent users of illicit drugs are associated with the variables in the top right quadrant, and these variables include perceptions that the use of alcohol and illicit drugs is not wrong; use of cannabis and alcohol before the age of 15; committing anti-social acts while under the influence of alcohol; drinking with the intention of getting drunk at least once a month; being of bisexual orientation; and coming from a home with a high level of family conflict.

⁵ The map is based on plotting the correlations between each variable and the first two discriminant functions.

⁶ Indicated by the ovals drawn on the map.

Figure 14: Discriminant map of differentiators between illicit drug user groups – 2004 data



It is also noteworthy of mention that:

- Attitudes towards use of alcohol and illicit drugs and using cannabis before the age of 15 stand out as the two variables most strongly associated with frequent users of illicit drugs.
- Non-use of drugs is associated with being born overseas, limited disposable income, being relatively young and, as a result, still attending school.
- Former users are most closely associated with older people in the 22–24 years age range, working full-time, being in a married or de-facto relationship and the completion of a trade certificate as the highest level of education attainment.

This final element of profiling data is interesting as it suggests that, while a broad trend of increasing drug use with age has been observed, this may tail-off to some degree towards the end of the 16–24 years age range.

Further analysis provides some support for the view that drug use decreases towards the end of the 16–24 age range. In Figure 15, recent use of any illicit drug is plotted against detailed respondent age. Various lines were fitted to this drug use/age plot. However, the best fit ($R^2 = 0.95$) was achieved by the curve shown as a broken line, which implies that, for people in the age range of 16–24 years, a peak in recent drug use is reached around 21–22 years of age and a decline in use begins after that point.

Figure 15: Recent use of any illicit drug by age – actual and ‘fitted’ patterns

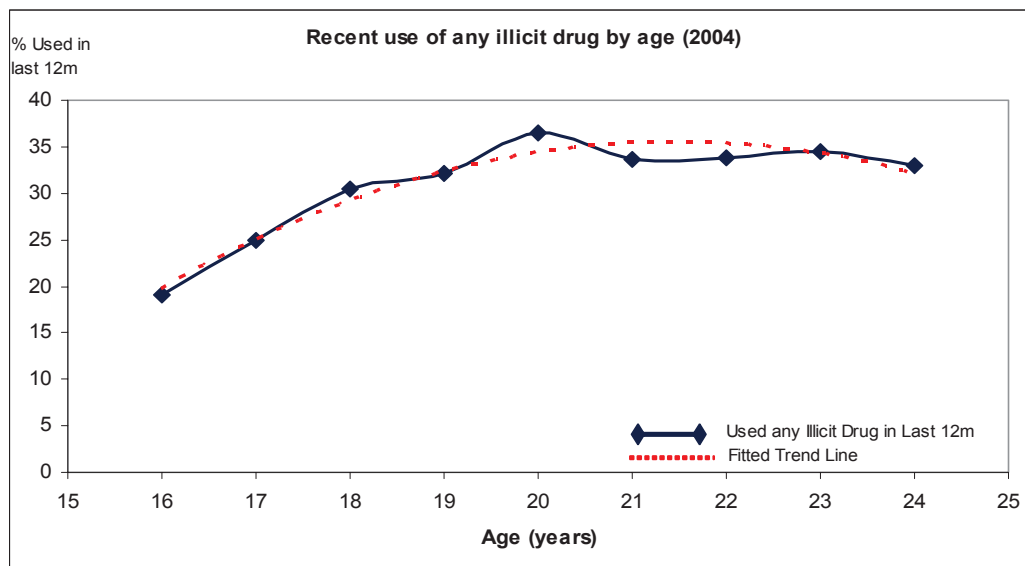


Figure 16 shows the proportion of non-users, former users, moderate users and frequent users of illicit drugs in each of three age categories.

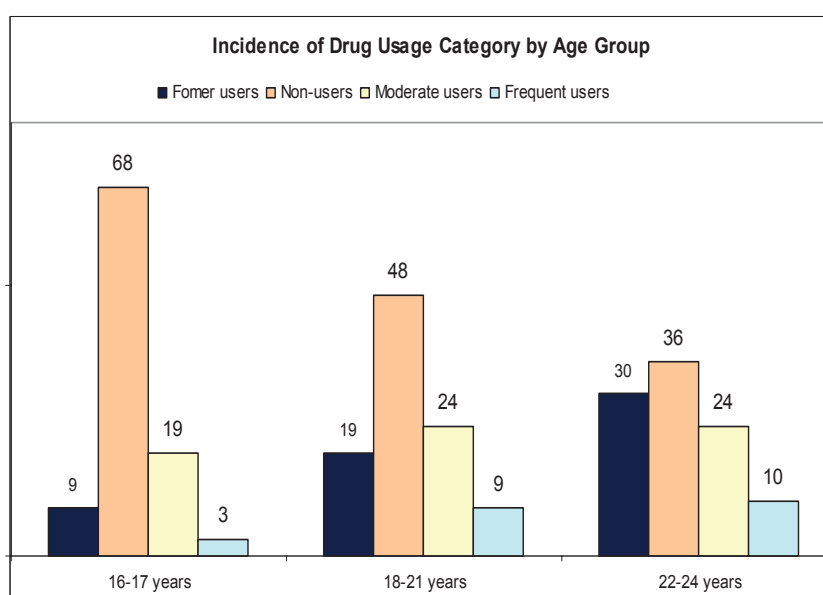
Overall, the results indicate a steady increase in the presence of former users from just 9 per cent in the 16–17 years age group up to 30 per cent amongst those aged 22–24 years.

However, the proportion of young people who have never tried illicit drugs declined steadily from 68 per cent amongst those aged 16–17 years to 36 per cent amongst 22–24 year olds.

Moderate and frequent users both appear to peak at around 24 per cent and 10 per cent respectively.

Broadly, these results indicate that, by the time young people reach early to mid-20s, around one in three will have had no experience at all of illicit drugs. Another one in three will have used illicit drugs but will have stopped using them, and the remaining one in three will still be using. Of these users, approximately one in three (around 10 per cent of all young people) will be frequent users while the remainder are moderate users.

Figure 16: Illicit drug usage category by age group (per cent)



ATTITUDES TO ILLICIT DRUG USE BY YOUNG PEOPLE

This section reports on young people’s attitudes towards the use of illicit drugs, the profiles of various drugs as ‘problems’, factors influencing use (and non-use of drugs), and awareness of support services available to those experiencing difficulties with drug use.

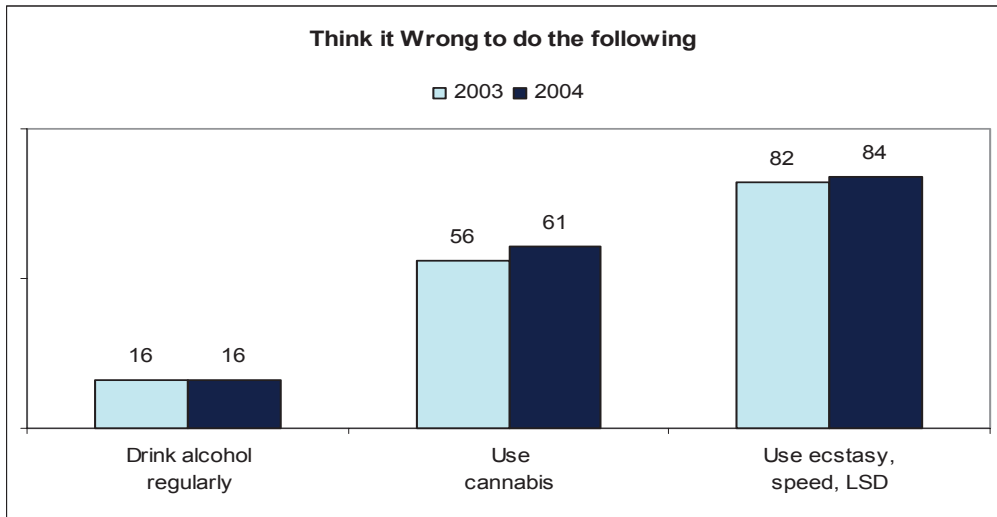
Three questions were asked seeking young people’s views on whether or not they felt the use of alcohol, cannabis and drugs such as ecstasy was *‘wrong for people your age’*⁷.

Figure 17 shows a slight shift in attitudes towards the use of cannabis and of drugs such as ecstasy, LSD and speed. Use of these drugs was seen as wrong or very wrong by more young people in 2004 than in 2003. In the 2004 survey, 61 per cent of respondents felt use of cannabis was either wrong or very wrong (versus 56 per cent in 2003), while

⁷ These questions were only asked in the 2003 and 2004 VYAD surveys

84 per cent felt this way about the use of illicit drugs such as ecstasy, LSD and speed (versus 82 per cent in 2003).

Figure 17: Attitudes⁸ towards use of alcohol, cannabis and other illicit drugs (per cent)



⁸ Proportion who feel it is either 'wrong' or 'very wrong' to do each of these things

These results point to the development of a slightly more negative attitude amongst young people towards use of these drugs during the last 12 months, in particular towards the use of cannabis, as shown in Table 16.

Table 16: Attitudes towards use of alcohol, cannabis and other illicit drugs – detailed responses

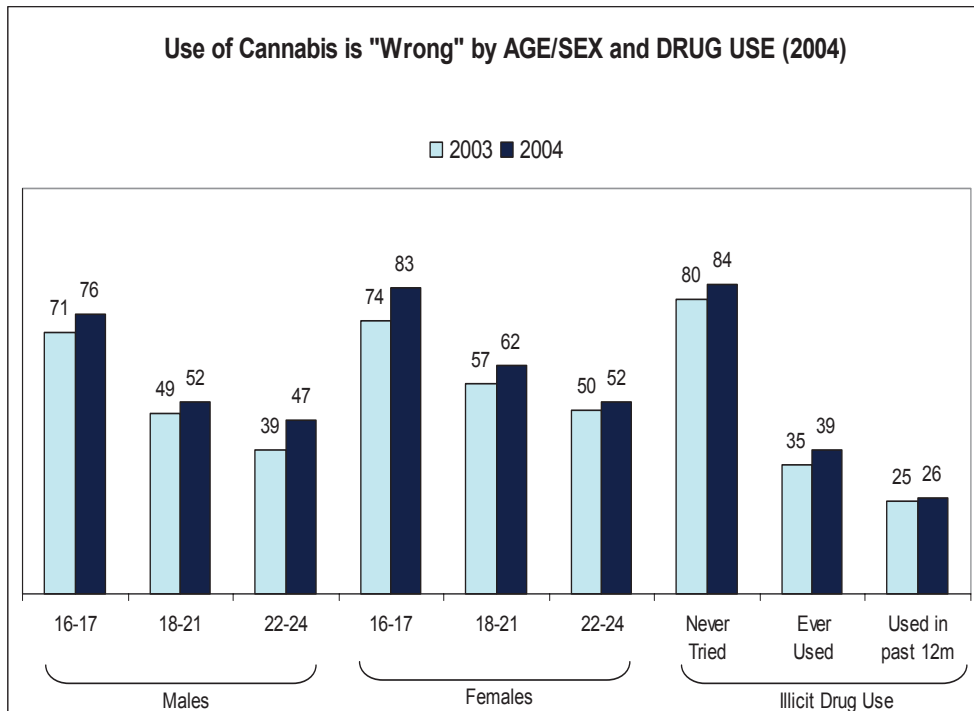
	Total sample 2003 (n=6052)	Total sample 2004 (n=6005)
	%	%
Alcohol		
Very wrong	6	6
Wrong	10	10
A little bit wrong	33	36
Not wrong at all	51	47
Unsure	<1	1
Cannabis		
Very wrong	36	40
Wrong	20	21
A little bit wrong	29	27
Not wrong at all	14	11
Unsure	1	1
Ecstasy, LSD, Speed, etc		
Very wrong	64	68
Wrong	18	16
A little bit wrong	13	12
Not wrong at all	5	3
Unsure	<1	1

Cannabis/marijuana

There was an increase from 56 per cent to 61 per cent in the proportion of young people who believed the use of cannabis was wrong or very wrong. This was reflected in relatively consistent increases across most subgroups apart from those who reported using illicit drugs during the last 12 months. For this group, virtually no change was evident in the extent to which using cannabis was perceived to be wrong – 25 per cent in 2003, 26 per cent in 2004.

Apart from these changes, analysis of differences between subgroups, as shown in Figure 18, continued to show more negative attitudes amongst those who have never tried illicit drugs (84 per cent wrong), females (65 per cent wrong versus 57 per cent of males), 16–17 year olds and those born overseas (68 per cent wrong).

Figure 18: Attitudes towards use of cannabis – subgroup analysis

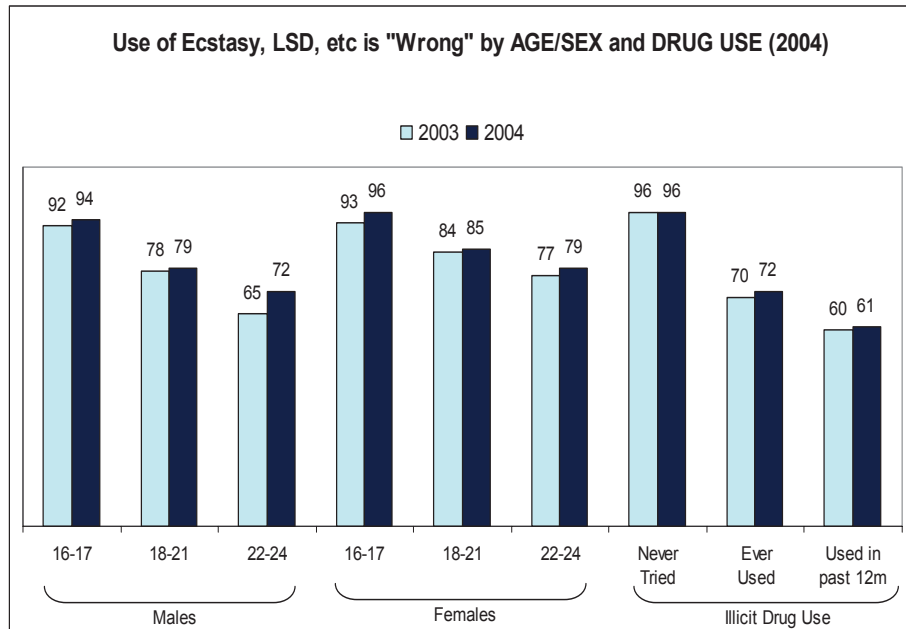


Ecstasy, LSD, speed or other illicit drugs

As seen with cannabis, there was a change in attitude towards the use of ecstasy, LSD, speed and other illicit drugs, as shown in Figure 19. The proportion who felt that using these drugs was wrong or very wrong was up from 82 per cent to 84 per cent and was consistently negative across most subgroups. Slightly more negative views were evident amongst 22–24 olds, particularly males (up from 65 per cent to 72 per cent).

Those who used an illicit drug thought it wrong or very wrong in 72 per cent of cases, compared to 96 per cent of those who had never used an illicit drug.

Figure 19: Attitudes towards use of ecstasy, LSD, speed – subgroup analysis

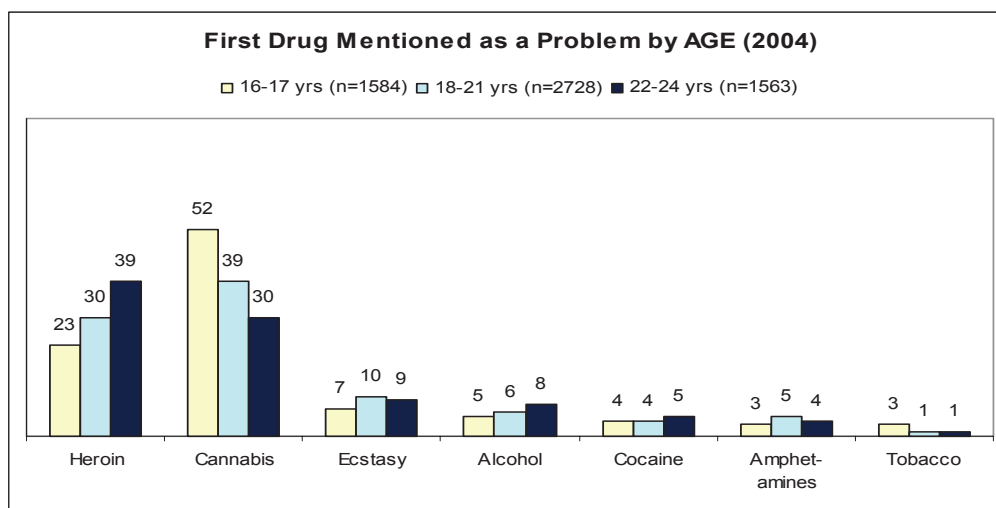


Perceptions of problem drugs

As in previous surveys, the topic of illicit drug use was introduced by asking respondents, without prompting, which drugs they think of when thinking of 'a drug problem'.

As shown in Figure 20, and in line with 2003 results, cannabis was the drug mentioned most frequently by 16–17 year olds. Cannabis is now clearly more likely to be mentioned in this context than heroin, the association of which with a drug problem has declined steadily from 39 per cent in 2002 to 30 per cent in 2004.

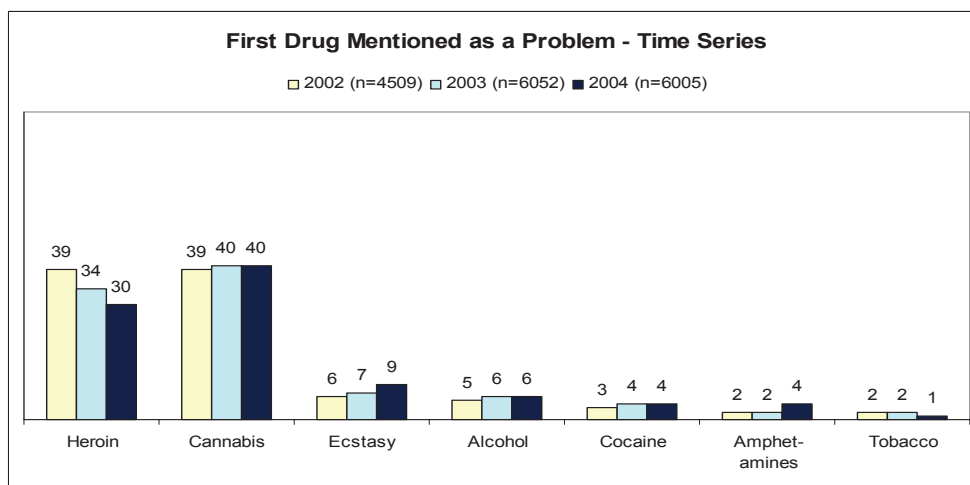
Figure 20: Drug first thought of as a problem in 2004 – age group analysis (per cent)



Base: Total sample (2004 Survey)

The 2004 results also indicated further increases in ecstasy as a first drug mentioned as a problem (up from 6 per cent in 2002 to 9 per cent in 2004), and amphetamines, up from 2 per cent to 4 per cent during the last two years, as shown in Figure 21.

Figure 21: First drug mentioned as a problem – time series (per cent)



The greatest variation in types of drug mentioned in 2004 survey was between different age groups as follows:

- Cannabis and heroin were mentioned most frequently as 'problems' by all subgroups.
- Mention of ecstasy increased most amongst those aged 18–21 years (particularly females in this age group), and amongst those born overseas.
- Increased mention of amphetamines was also most evident amongst 18–21 year old females and those who had used illicit drugs in the last 12 months. In addition, 22–24 year old males were more likely to mention amphetamines as a problem than they were in 2003.
- Decreased mention of heroin was most evident amongst those aged over 18, particularly 18–21 year old females and 22–24 year old males, young people who have never tried illicit drugs and those born overseas.
- In line with previous years, while 52 per cent of 16–17 year olds first mentioned cannabis as a problem drug, only 30 per cent of 22–24 year olds mentioned it in this way. This group was more likely to first think of heroin in this context.
- More young people born outside of Australia mentioned cocaine as a problem drug than young people born in Australia (10 per cent compared with 4 per cent of the total sample).

Table 17 below contains more detailed subgroup analysis in this regard.

Table 17: Drug first thought of as a problem in 2004 – detailed subgroup analysis

	Heroin %	Cannabis %	Ecstasy %	Alcohol %	Cocaine %	Amphetamines %	Tobacco %
Sex							
Male	29	41	8	7	5	3	2
Female	31	39	10	6	4	4	1
Age							
16–17 years	23	52	7	5	4	3	3
18–21 years	30	39	10	6	5	5	1
22–24 years	39	30	9	8	5	4	1
Age by Sex							
<i>Males aged:</i>							
16–17 years	22	52	6	6	5	2	3
18–21 years	30	40	8	7	5	3	1
22–24 years	37	32	8	8	4	4	1
<i>Females aged:</i>							
16–17 years	24	51	8	5	2	3	2
18–21 years	29	38	11	6	4	6	1
22–24 years	40	28	9	7	6	4	<1
Use of illicit drugs							
Never tried	25	43	8	7	6	3	2
Ever tried	35	37	9	6	3	5	1
Used in last 12 months	39	34	9	6	3	5	1
Country of birth							
Australia	31	42	8	7	4	4	1
Overseas	28	30	11	6	10	3	2

FACTORS INFLUENCING DECISIONS ABOUT DRUG USE

Respondents who had used an illicit drug on at least one occasion were asked what factors influenced their decision to first use it and what would encourage them to stop or reduce their use of such drugs.

Decision to first use an illicit drug

In line with 2002 and 2003 results, curiosity (65 per cent) was the reason given most frequently for first using an illicit drug, as reflected in Table 18, followed by peer pressure (44 per cent).

- Those who reported using four or more different drugs in the last 12 months were more likely to mention curiosity (77 per cent) as a reason for their first use of illicit drugs and less likely to mention peer pressure (33 per cent). This group was also more likely than average to mention excitement and personal unhappiness as reasons for first using illicit drugs.
- There was also above average mention of drugs being used in response to personal unhappiness by 16–17 years age group and by those young people who were currently looking for work.

Table 18: Reason for trying illicit drugs

Reason	Total sample 2004 (%)	Subgroups above total sample proportion
Wanted to see what it was like (curiosity)	65	<i>Used 4+ drugs last 12m (77%); 22–24 Male (71%)</i>
Friend used/offered drug (peer pressure)	44	
To do something exciting	10	<i>Used 4+ drugs last 12m (22%)</i>
To feel better/to stop feeling unhappy	5	<i>Used 4+ drugs last 12m (10%); Unemployed (8%); 16–17 Female (8%)</i>
To take a risk	3	
Family problems	1	
Traumatic experience	1	
Drunk	2	
Other	3	
Refused	<1	
Can't say	1	
<i>Base: Ever used an illicit drug</i>	<i>n=2976</i>	

Factors influencing reduced drug use

In response to questions about what factors would encourage lifetime users of illicit drugs to 'stop or reduce' their drug use, concerns about health problems (39 per cent)

continued to be the factor mentioned most often. As in 2003, this was followed by 'observing the negative experience of others' (18 per cent) and 'loss of interest' in using drugs (15 per cent). However, as shown in Table 19, in 2004 a smaller proportion (13 per cent compared to 17 per cent in 2003) said they would reduce or stop drug use if they no longer found it enjoyable.

In terms of subgroup differences:

- Those using four or more drugs in the last 12 months were more likely to feel they could be influenced by health concerns, the costs of drug use and having others (family, employers, teachers) find out about their use of drugs.
- Those still attending school felt they were more likely to be influenced by pressure from friends or family with 16–17 year old girls feeling the negative experiences of others would also be a factor for them.
- Fear of addiction was more likely to be mentioned as a potential influence by all those who had used illicit drugs in the last 12 months.

Table 19: Factors that would influence reduced use of illicit drugs

Reason	Total sample 2004 (%)	Subgroups above total sample proportion
Worry about health problems	39	<i>Post-school educn (44%); Used 4+ drugs last 12m (50%)</i>
Observing the negative experience of others	18	<i>16–17 female (24%)</i>
If didn't find it enjoyable	13	<i>Lifetime used 1 drug (16%)</i>
Just not interested in using drugs again	15	
Didn't want to become addicted	9	<i>Used in last 12m (11%)</i>
Pressure from family or friends	7	<i>16–17 yrs (10%); at school (12%)</i>
Financial reasons	6	<i>22–24 male (11%); Used 4+ drugs last 12m (13%)</i>
Didn't like to feel out of control	5	
Didn't want family/friends to find out	4	<i>Used 4+ drugs last 12m (7%)</i>
Friends didn't use or stopped using	4	
Fear of being caught by police	3	
Didn't want employer or teacher to find out	2	<i>Used 4+ drugs last 12m (5%)</i>
<i>Base: Ever used an illicit drug</i>	<i>n=2976</i>	

Factors influencing not to try illicit drugs

Those who had never used an illicit drug were asked what factors had influenced their decision not to try illicit drugs. Consistent with 2002 and 2003 results, health concerns (37 per cent) and observing the negative effect of drugs on others (22 per cent) were the factors mentioned most frequently, as depicted in Table 20. Lack of interest remained fairly consistent with 2003 and was mentioned by 32 per cent of respondents (34 per cent in 2003 compared to 20 per cent in 2002).

However, there has been a significant increase during the last 12 months in mention of school-based drug education programs (up from 6 per cent to 12 per cent) and anti-drug advertising (up from 3 per cent to 6 per cent), particularly amongst 16–17 year olds.

Table 20: Factors influencing the decision never to try illicit drugs

Reason	Total sample 2004 (%)	Subgroups above total sample proportion
Worry about health problems	37	
Just not interested	32	
Observing the negative experience of others	22	<i>16–17 yrs female (25%); FT work (28%)</i>
Religious/moral reasons	13	<i>22–24 yrs male (19%); Overseas born (18%)</i>
Pressure from family or friends	12	<i>Overseas born (16%)</i>
Didn't want to become addicted	7	
Didn't like to feel out of control	7	
Drug education at school	12	<i>16–17 yrs (15%)</i>
Didn't think it would be enjoyable	5	
Friends didn't use or stopped using	4	<i>22–24 yrs female (8%)</i>
Never had the opportunity to try illicit drugs	3	
Advertising (TV and elsewhere)	6	<i>16–17 yrs (8%); 16–17 yrs male (9%)</i>
<i>Base: Never used an illicit drug</i>	<i>n=2976</i>	

Seeking help for a drug related problem

Respondents were asked where they would go to seek help for a drug related problem. As in 2003, 'don't know', mentioned by 20 per cent, remained the most common

response, followed by parents (particularly by 16–17 year olds), a GP (particularly by 22–24 year old females) and friends (particularly by those who had used drugs in the last 12 months) (see Table 21).

Table 21: Where to get help about a drug related problem

Reason	Total sample 2004 (%)	Subgroups above total sample proportion
Don't know	20 ¹	
GP	16	22–24 female (27%); post-school (18%); FT work (20%)
Friends	14	Used drugs in last 12m (20%)
Parents	17	16–17 yrs (24%); Never used drugs (19%)
Welfare officer	8	22–24 female (11%); Used 4+ drugs last 12m (16%)
Student counsellor	11	16–17 yrs (23%); non-metro (14%)
Helpline/ kids helpline/ drug helpline	10	22–24 male (14%)
Lifeline	1	Used drugs in last 12m (2%)
Drug clinic/ rehab/ community health/ youth centres	12	Non-metro (16%); PT work (16%); Used 4+ drugs last 12m (16%)
Teacher	2	16–17 yrs (4%); never used drugs (2%)
Siblings	3	
Directline	1	
Support groups	2	22–24 yrs female (3%); Used 4+ drugs last 12m (6%)
Other	4	
Base: Total Sample	n=6005	

¹ This figure includes those who were unable to nominate a problem drug at A23

Spontaneous mention of Directline was down slightly on previous results, being mentioned by 1 per cent compared to 2 per cent in 2003. Those who did not mention Directline were then asked if they had ever heard of it. After prompting in this way, a total of 16 per cent had heard of Directline, down slightly on the 21 per cent in 2003. The corresponding figure amongst those who had used four or more different drugs in the last 12 months was 24 per cent and, amongst 22–24 year olds, 19 per cent.

