



# ILLICIT DRUG USE IN RURAL AUSTRALIA

...good health and wellbeing in rural and remote Australia

Prevalence and patterns of illicit drug use vary between rural and metropolitan residents. Social disadvantage is a contributing factor to illicit drug use and strategies to combat illicit drug use should address its social determinants. Programs targeted at rural communities must consider their diversity and unique perspectives, and be locally tailored to maximise their chances of success.



## Background

Illicit drugs are illegal drugs (including cannabis/marijuana, ecstasy, heroin, cocaine and amphetamines), pharmaceutical drugs used for non-medical purposes (including painkillers, tranquilisers), and certain volatile substances used as inhalants (such as glue, solvents and petrol).

Illicit drug use has both short term and long term effects, and some health impacts can be severe, such as poisoning, mental illness and death by overdose. The use of inhalants may lead to brain damage, disability and death. The use of some illicit drugs by injection can cause the transmission of blood-borne viruses including HIV/AIDS, hepatitis C and hepatitis B. The social impacts of illicit drug use may include stressed relationships, domestic violence and child abuse, and assaults and crime.

The [2013 National Drug Strategy Household Survey](#) (NDSHS) shows that around 15 per cent of Australians aged 14 years and above used an illicit drug in the 12 months prior to the survey. This was a slight increase from 14.7 per cent reported in the [2010 National Drug Strategy Household Survey](#). The most commonly used illicit drugs in 2013 were cannabis (10.2 per cent), followed by ecstasy (2.5 per cent) and pain-killers for non-medical purposes (3.3 per cent). Population subgroups with high levels of recent illicit drug use include males (18.1 per cent), those who are homosexual/bisexual (34.7 per cent), those aged 20–29 years (27.3per cent), Indigenous Australians (22.8 per cent), the unemployed (24.5 per cent) and those who have never been married (25.9 per cent).

Overall, illicit drug use is estimated to cost the Australian economy \$8 billion annually through crime, productivity losses and healthcare costs. It is also responsible for two per cent of the burden of disease and injury in Australia.

## Illicit drug use in rural Australia

The [2013 NDSHS](#) shows that the proportion of those who recently used an illicit drug varies across regions: Major Cities (14.9 per cent), Inner Regional (14.1 per cent),

Outer Regional (16.7 per cent) and Remote/Very Remote areas (18.7 per cent).The types of illicit drugs being used also varies across regions. People living in Remote and Very Remote areas were twice as likely as people in Major Cities to have recently used meth/amphetamines, but less likely to have used ecstasy compared with those from Major Cities. Cannabis use and the use of pharmaceuticals not for medical purposes is higher in Remote/Very Remote areas than in Major Cites: 8 per cent compared with 11 per cent and 3.1 per cent, compared with 5.2 per cent, respectively.

Aboriginal and Torres Strait Islander people, of whom 70 per cent live in rural Australia, were 1.7 times more likely to have used illicit drugs recently compared to the general population.

## Determinants of illicit drug use

There are multiple and interrelated causes of illicit drug use in rural and remote Australia. Distance and isolation, poor or non-existent public transport, a lack of confidence in the future and limited leisure activities all contribute to illicit drug use in rural communities.

Illicit drug use is strongly associated with social disadvantage. People living in rural and remote areas generally have lower incomes (meaning less capacity to afford basic goods and services such as health care) and lower levels of education (which can mean lower health literacy). They are more likely to be living in poverty, have poorer housing and experience homelessness. Employment (a key enabler of control over one’s life) can be more difficult to come by.

Rural residents face barriers to accessing drug treatment services, including limited access to health services in general and drug treatment options in particular, greater distance from services and a lack of transport. Drug services that are particularly limited in rural areas include methadone programs, withdrawal and detoxification services as well as needle and syringe programs.

Other barriers include lack of motivation to seek treatment, unfavourable attitudes, such as resistance to treatment and

Recent(a) illicit use of drugs by ASGS remoteness areas, people aged 14 years or older, 2013 (age-standardised percentage)

Drug	Major cities	Inner regional	Outer regional	Remote/ Very remote	Australia
Illicit use of any drug	14.8	15.1	18.0	18.8	15.3
Cannabis	8.0	8.6	10.4	11.0	8.4
Ecstasy	2.6	1.6	1.7	1.6	2.4
Meth/amphetamine	1.8	1.7	2.1	4.5	1.9
Cocaine	2.2	0.8	1.0	2.0	1.9
Pharmaceuticals(b)	3.1	3.2	3.2	5.2	3.2



(a) In the previous 12 months in 2013. (b) For non-medical purposes.

fear of what may be involved, and concern about confidentiality. Rural residents may also be more reluctant to disclose their drug use to healthcare professionals who are more likely to be personally known to them.

### Interventions to reduce illicit drug use and associated harms

Addressing illicit drug use in the general population tends to involve primary, secondary or tertiary prevention. Primary prevention aims to prevent the onset of drug use among non-drug or new drug users. Secondary prevention strategies aim to reduce problems among current drug users at an early stage and includes targeted information dissemination programs, needle and syringe programs and medically supervised injecting centres. Tertiary prevention strategies provide treatment for problematic drug use and include detoxification programs and pharmacological and psychological interventions.

Australian governments use a range of measures to minimise alcohol-related harm in the community, including legislation such as placing restrictions on the times and places that alcohol can be purchased, taxation on alcoholic products, regulating promotion and advertising, providing education and information, and supporting treatment programs.

The [National Drug Strategy 2010–2015](#) provides a comprehensive framework to minimise harms from drug misuse and encompasses three strategies: demand reduction, supply reduction, and harm reduction. The National Drug Strategy also recommends priority settings for drug misuse interventions, including families, educational settings, licensed premises, communities and workplaces.

Given that social disadvantage is strongly associated with illicit drug use, strategies to address the underlying social determinants of health are also required. These strategies should be aimed at promoting social inclusion, building individual and community resilience, enhancing protective factors, reducing risk factors and providing support to families affected by illicit drug use.

Interventions designed to target illicit drug use among rural residents will require strong community consultation so as to engage and empower rural communities. It is important to recognise that rural communities have diverse characteristics and interventions will need to be localised rather than follow a one-size-fits-all approach. Program design should also address the barriers faced by rural residents in receiving drug treatment.

While there are limited evaluations of existing interventions targeting illicit drug use in rural areas, a [review](#) of the drug treatment service system in regional and rural Victoria recommended the development of the nurse practitioner model to enhance and extend existing drug treatments.

### ‘Ice’- an emerging problem

The [2013 NDSHS](#) shows that the use of powder methamphetamine fell significantly between 2010 and 2013 (from 51 per cent to 29 per cent) but the use of crystal methamphetamine or ‘ice’ more than doubled (from 22 per cent to 50 per cent). Ice is usually the most pure form and the ‘high’ experienced from it is much more intense, and with intense reactions come powerful responses including comedown, the potential for dependence (addiction) and chronic physical and mental problems. Amongst those reporting recent use, frequency of use also increased; the proportion of users using daily or weekly increased from 9.3 per cent in 2010 to 15.5 per cent in 2013. In 2013, people living in Remote and Very Remote areas were twice as likely as people in Major cities to have recently used meth/amphetamines.

The [NSW Bureau of Crime Statistics and Research](#) report on crime statistics (October 2004 to September 2014) indicates that ice use is increasing rapidly, particularly so in rural and regional areas such as the Central West, Coffs Harbour - Grafton, the Hunter Valley (excluding Newcastle), the Riverina, and on the Central Coast; in these regions the annual percentage increase (over the two years ending September 2014) in the number of incidents of possession/use of amphetamines was 54, 194, 71, 80 and 112 respectively.

### Information and support

**Counselling Online** provides a telephone (24/7) and online counselling for people using alcohol and other drugs, their family members and friends. Call 1800 888 236 or visit [www.counsellingonline.org.au](http://www.counsellingonline.org.au)

**Family Drug Support** provides a telephone support service (24/7) for families affected by alcohol and other drug issues. Call 1300 368 186 or visit [www.fds.org.au](http://www.fds.org.au)

**Lifeline** provides telephone (24/7) and online (7pm - 4am AEST) counselling for anyone experiencing depression and anxiety, domestic and family violence, family and relationship problems, financial problems, loneliness and isolation, grief or loss, panic attacks, problem gambling, recovering from a natural disaster, self-harm, stress, substance abuse and addiction, and suicide bereavement. Call 13 11 14 or visit [www.lifeline.org.au](http://www.lifeline.org.au)