

Review of illicit drug use among Indigenous peoples

What are drugs?

Drugs are chemical substances. Drugs that are taken recreationally are known as psychoactive drugs - they act on the brain to alter the way we think, feel or act. Psychoactive drugs include tobacco, alcohol, cannabis (gunja, weed, dope), amphetamines (speed, ice), ecstasy (E, eccy, Adam, XTC), cocaine (freebase, crack), opioids (such as heroin, morphine and methadone), and drugs prescribed for medical purposes such as analgesics (pain killers) and benzodiazepines (relaxants).

What are illicit drugs?

Illicit drugs are:

- drugs that are illegal to have and to use such as cannabis, amphetamines, cocaine and opioids
- drugs prescribed for medical purposes that are not used for the reasons they were prescribed such as analgesics and benzodiazepines

Why worry about illicit drug use?

Use of drugs that are illegal is a big concern for Australia. The use of legal drugs such as alcohol and tobacco continues to be the biggest concern, but the use of illegal drugs is also adding to ill-health, family and community problems.

In Australia in 2005-06, 8,389 people attended hospital for reasons relating to illegal drug use. The main drugs involved were heroin, amphetamine, cannabis and cocaine. In 2005, there were 410 deaths involving illegal drugs; opioids (such as heroin) accounted for the largest number of deaths (374), followed by amphetamines (26) and cocaine (10).

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More detailed information about illicit drug use in Indigenous people can be found at:

http://www.healthinonet.ecu.edu.au/illicts_review

What are the health and social costs of illicit drug use?

The health costs associated with drug use in Australia are high. In 2004-05, the total cost of ill-health relating to drug use (legal and illegal) was around \$56 billion dollars - \$8 billion was in relation to illegal drug use.

There are also high costs in relation to law enforcement, prevention, treatment and harm reduction. In 2002-03, \$3.2 billion was spent by governments in relation to illegal drugs. The largest amount was spent on law enforcement-related activity (mostly arrests of people using illegal drugs) (75%), prevention (10%), treatment (7%) and harm reduction (1%).

Why is illicit drug use more common among Indigenous people?

The higher level of drug use among Indigenous people needs to be understood in terms of their much greater level of disadvantage. This disadvantage began when Europeans took land for themselves and did not allow Indigenous people to live life the way they always had. Indigenous people were often separated from their country and their language groups and were forced to live in poor conditions in missions and settlements, where, except for the most basic roles, Indigenous people were largely excluded from colonial life.

What is known about illicit drug use among Indigenous people?

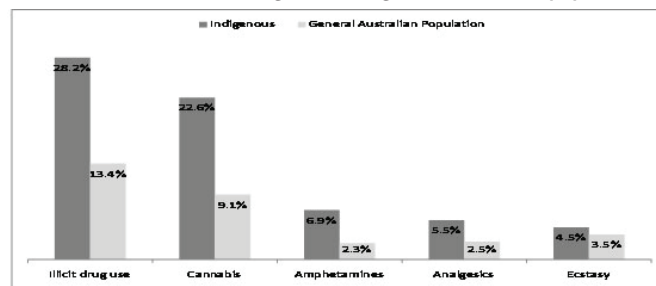
NON-REMOTE ILLICIT DRUG USE

Recent population surveys tell us that:

- the overall level of 'current' illegal drug use (drug use in the previous 12 months) among the Indigenous population (aged 15 years or older living in non-remote areas) was more than twice the level of the general Australian population (aged 14 years or older) (28% compared with 13%) (Figure 1)
- the level of drug use was higher across all drug types
- cannabis was the most commonly used illegal drug for both the Indigenous and the general Australian populations
- amphetamines, analgesics (painkillers) and ecstasy were the next most commonly used drugs among Indigenous people

According to the 2004-2005 NATSIHS, 12% of Indigenous males and 7% of Indigenous females had used three or more illegal substances in the previous 12 months.

Figure 1. Proportions (percentages) of illicit drug use in the previous 12 months for the Indigenous and general Australian populations,

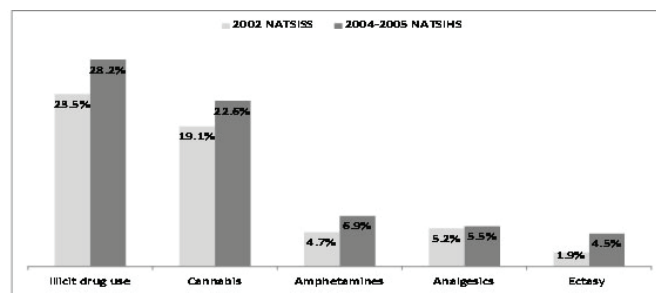


Sources: 2004-2005 NATSIHS; 2007 NDSHS

Note: Proportions are for: (1) Indigenous people aged 15 years or older living in non-remote areas; and (2) general Australian population aged 14 years or older

- the overall level of 'current' illegal drug use (drug use in the previous 12 months) by Indigenous people (aged 15 years or older living in non-remote areas) was 4.7% higher in 2004-2005 than in 2002 (Figure 2)
- this change means there has been a 20% increase in the number of Indigenous people using illegal drugs in this 2-3 year period
- the increase in cannabis use (18%) was around the same as the overall increase, but the increases in amphetamine and ecstasy use were much greater (46% and 137% respectively)

Figure 2. Changes in proportions of Indigenous people using illicit drugs, by drug type, Australia, 2002 and 2004-2005



Sources: AIHW (2007)

Note: 1 Proportions are for Indigenous people aged 15 years or older living in non-remote areas

2 Primary sources were: 2002 NATSISS and 2004-2005 NATSIHS

REMOTE ILLICIT DRUG USE

Recent research tells us that cannabis use is common among Indigenous people in remote communities:

- nearly 70% of males and over 20% of females aged 13 to 36 years currently use cannabis

This means that:

- twice as many Indigenous males from remote areas use cannabis than Indigenous males from non-remote areas
- one-third more Indigenous females from remote areas use cannabis than Indigenous females from non-remote areas

How old are people when they first use drugs?

Information on when people first use illegal drugs is based mostly on small surveys. They suggest that the average age of first use among Indigenous people is up to 6 years younger than the non-Indigenous population:

- for cannabis the average age of first use is 12 to 17 years compared with 18 years for the non-Indigenous population
- for injecting drug use the average age of first use is 17 to 18 years compared with 21 years for the non-Indigenous population

What are the health impacts of illicit drug use?

DEATHS

There is no national data on deaths related to illegal drug use for Indigenous people. We know that 'age-standardised' death rates are similar for Indigenous people and non-Indigenous people who died as a result of illegal drug use (based on information from the health department of Western Australia in the 1990s).

Age-standardisation is a way of adjusting for differences in age make-up between populations so we can make comparisons between those populations (in this instance, the Indigenous population is made up of more young people than older people compared with the non-Indigenous Australian population).

HOSPITALISATIONS

In July 2002 to June 2004, hospitalisation rates for drug-related causes were generally higher for Indigenous people than non-Indigenous people living in Queensland, South Australia, Western Australia, and the Northern Territory (accounting for about 60% of the Indigenous population). The main reasons for hospitalisation were mental/behavioural disorders due to drug use.

HEPATITIS C AND HIV/AIDS

Sharing needles is a risk for the spread of blood-borne viruses (viruses that live in the blood) such as Hepatitis C and HIV/AIDS. A report found that in the most recent five-year period (2002-2006):

- the rate of Hepatitis C diagnosis increased in the Indigenous population in the Northern Territory (though lower than that of the non-Indigenous population)
- in Western Australia, Hepatitis C notifications for the Indigenous population were between 2 and 3 times higher than the non-Indigenous rate
- in South Australia, Hepatitis C notifications for the Indigenous population were between 5 and 10 times higher than the non-Indigenous rate
- these rates are likely to be even higher because Indigenous status was not recorded for 23% of notifications

In 2007, there were three times as many HIV notifications due to injecting drug use among the Indigenous population than in 2000 (18% compared with 6%), while the non-Indigenous rate remained unchanged at 3%.

SUICIDE

Alcohol is the drug most often linked with thoughts of suicide, but a number of studies have shown that the influence of drugs other than alcohol also adds to the decision to commit suicide. In comparison with non-Indigenous males and females for the period 2001-2005, the Indigenous suicide rate was:

- 3 times higher for males aged 0-24 years and 4 times higher for males aged 25-34 years.
- 5 times higher for females aged 0-24 years.

FAMILY BREAKDOWN, VIOLENCE AND CHILD HARM

Illegal drug users are concerned about the impact of their drug use on family relationships, and cite family tensions about finding money for drug use.

Family violence is a common concern of community members in remote areas, with heavy use of cannabis believed to add to the harms arising from the use of alcohol, kava or inhalant use. The majority of police in remote areas (76%) also believed cannabis use added to domestic/family violence.

Communities in remote areas also expressed concern for child neglect and the sexual abuse of young people in relation to drug use. This concern was also expressed by police who linked cannabis use with disruption to schooling and with children trading sexual favours for money or drugs.

A Western Australian survey found that children of parents who used drugs other than alcohol or tobacco were:

- more than twice as likely to use cannabis than those children whose parents did not use illegal drugs (24% compared with 11%)

- were more likely to both smoke tobacco and to use cannabis
- were more likely to drink alcohol, and were more likely to drink alcohol to excess, than those children whose parents did not use illegal drugs

CRIME AND IMPRISONMENT

Based on age-standardised rates, Indigenous people were 13 times more likely to be in prison than non-Indigenous people. The 2002 National Aboriginal and Torres Strait Islander Social Survey (NASTSISS) found that the two most important factors relating to Indigenous prosecution and imprisonment were high-risk alcohol use and illegal drug use.

What are the factors contributing to illicit drug use among Indigenous people?

Indigenous people experience disadvantage in all socioeconomic indicators (social and economic indicators including education, income, employment and housing). These indicators are also known as social determinants of health.

The relationship between social determinants of health and behaviours that damage health is strongest between disadvantage in the social determinants of health and legal and illegal drug use. The strength of this relationship is influenced by risk and protective factors (for example risk factors such as 'absent parents' and violence, and protective factors such as strong family relationships, recreational activities and community support). Disadvantage in the social determinants of health is evident in terms of:

- much lower numbers of Indigenous students remaining at school in years 10, 11 and 12 compared to non-Indigenous children
- Indigenous young people having much lower rates of engagement in work or study than non-Indigenous people
- a much lower level of income for Indigenous people compared to non-Indigenous people (in 2006, \$362 compared with \$642)
- around one quarter of Indigenous people living in overcrowded conditions

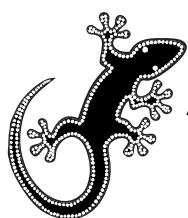
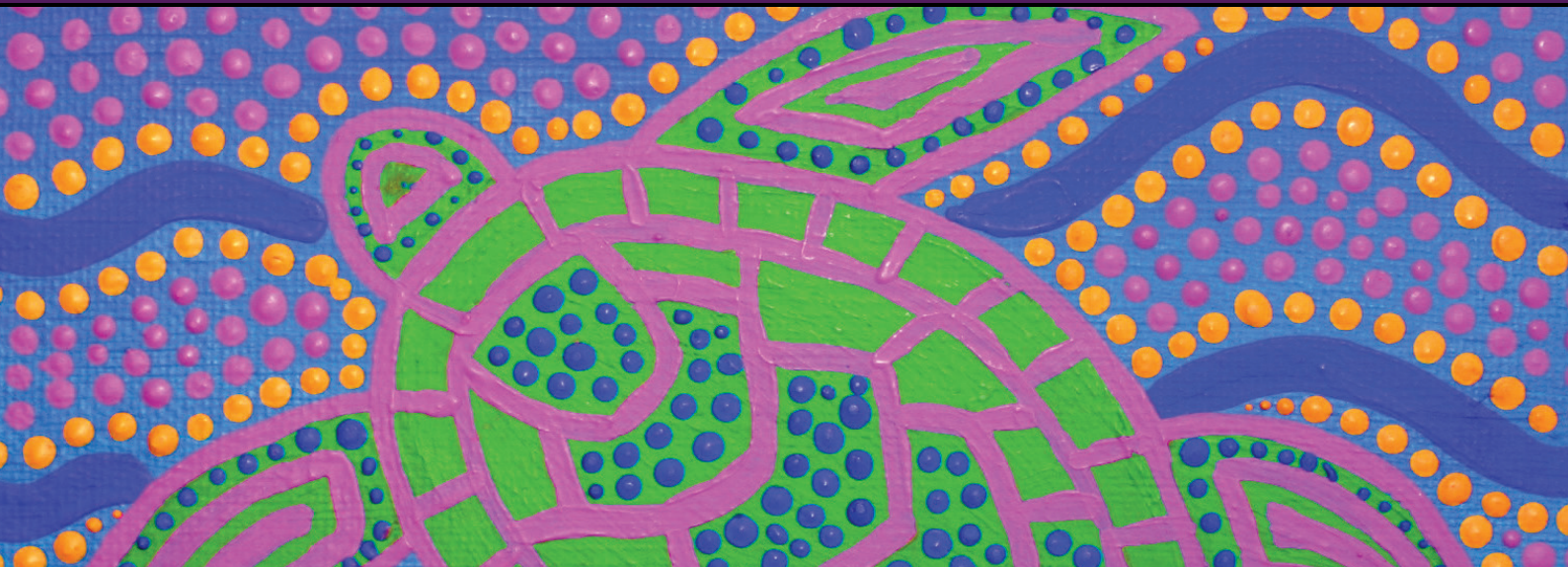
Concluding comments

According to available evidence, the use of illegal drugs among the Indigenous population is more than twice that of the non-Indigenous population, and the use among Indigenous people has increased in recent years for all types of illegal drugs. The use of cannabis among Indigenous people living in remote areas is much greater than that of Indigenous people living in urban areas.

The use of illegal drugs has major impacts on Indigenous people, families and communities in terms of violence (including family violence), child neglect, sexual abuse, crime and imprisonment.

The much greater disadvantage experienced by Indigenous people in the areas of education, employment, income, and housing are important contributors to the use of illegal drugs.

As with many of the health and related problems experienced by Indigenous people, reducing illegal drug use and its impacts requires a holistic approach: programs addressing illegal drug use in combination with a range of general programs aimed at 'closing the gap' between Indigenous people and other Australians in the areas of education, employment, income and housing.



Australian Indigenous HealthInfoNet

The Australian Indigenous HealthInfoNet is an innovative Internet resource that contributes to 'closing the gap' in health between Indigenous and other Australians by informing practice and policy in Indigenous health.

Two concepts underpin the HealthInfoNet's work. The first is evidence-informed decision-making, whereby practitioners and policy-makers have access to the best available research and other information. This concept is linked with that of translational research (TR), which involves making research and other information available in a form that has immediate, practical utility. Implementation of these two concepts involves synthesis, exchange and ethical application of knowledge through ongoing interaction with key stakeholders.

The HealthInfoNet's work in TR at a population-health level, in which it is at the forefront internationally, addresses the knowledge needs of a wide range of potential users, including policy-makers, health service providers, program managers, clinicians, Indigenous health workers, and other health professionals. The HealthInfoNet also provides easy-to-read and summarised material for students and the general community.

The HealthInfoNet encourages and supports information-sharing among practitioners, policy-makers and others working to improve Indigenous health – its free on line yarning places enable people across the country to share information, knowledge and experience. The HealthInfoNet is funded mainly by the Australian Department of Health and Ageing. Its award-winning web resource (www.healthinfo.net.ecu.edu.au) is free and available to everyone.

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FEATURED ARTWORK

The tutakalani

by Donna Lei Rioli



The art featured on this issue of the Australian Indigenous HealthReviews was painted by Donna Lei Rioli - a Western Australian Indigenous artist. Donna is a young Tiwi/ Nyoongar woman who enjoys painting because it enables her to express her Tiwi (father, Maurice Rioli) and Nyoongar (mother, Robyn Collard) heritage and she combines the two in a unique way.

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CORE FUNDING



Australian Government
Department of Health and Ageing

