From:	Chris Twomey
To:	Community Affairs, Committee (SEN)
Subject:	QoN reference RE: Hansard Cashless Debit Card Bill 2017 - 12 October Kalgoorlie
Date:	Monday, 16 October 2017 6:22:34 PM
Attachments:	

Hi Carol

I took on notice a question from the Chair (as below)

Page 104 of this report has the relevant data https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028.pdf.aspx?inline=true

CHAIR: I may have misheard you, Mr Twomey, but, in answer to one of Senator Lines's questions, you seemed to say that the rate of, I guess, problem activity amongst those on income management was actually lower than the general community. Was that what you were saying?

Mr Twomey : Yes, that's correct.

CHAIR: What's the basis for that?

Mr Twomey : We were looking at a population level. I'm happy to take that on notice and supply you with data. I can't remember exactly where, but I know that I have seen that somewhere. I will take that on notice.

Citation:

Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW.

Employment status

Employment status, and unemployment in particular, is strongly related to health status. Use of some drugs is consistently higher among people who are unemployed than people who are employed.

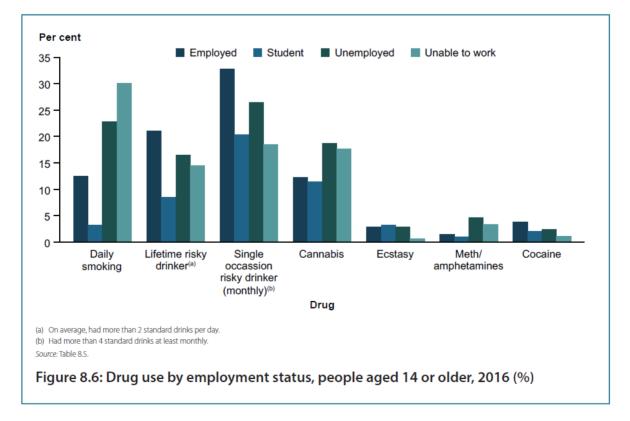
Figure 8.6 and Table 8.5 show that in 2016, people who were unemployed were:

1.8 times as likely to have smoked daily

1.5 times as likely to have used cannabis

3.1 times as likely to have used meth/amphetamines as employed people.

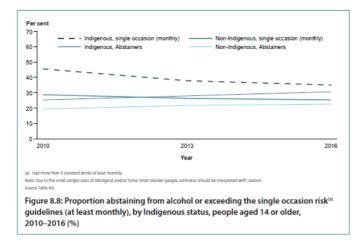
A similar pattern was also seen among people who were unable to work. But employed people were more likely to use cocaine in the last 12 months than unemployed people or people unable to work. Employed people were also more likely to exceed the lifetime risk and single occasion risk alcohol guidelines than unemployed people. However, the consumption of alcohol well in excess of the guidelines, that is, drinking 11 or more drinks at least monthly, was slightly higher among unemployed people (10.3% compared with 8.9% for employed people). There were also no significant changes between 2013 and 2016 in the drug-taking behaviours of unemployed people and people who were unable to work.



The summary chart on p18, 19 might be helpful – comparing unemployed 16.5% vs employed 21.0% lifetime risky drinking, and 26.9 % vs 32.9% single occasion risky drinking per month

Note however there are higher rates for remote areas and Aboriginal people

Aboriginal people also have both higher risky drinking AND abstinence rates



Note also page 95-96 shows improvement in lifetime risk and rates of abstinence in remote areas...

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