THE AUSTRALIA INSTITUTE

Comfortable, relaxed and drugged to the eye-balls

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The ABS's National Health Survey released late last year included an astonishing but unremarked fact. Nearly one in five Australian adults reported that in the two weeks prior to the survey they had used medication to improve their mental well-being (ABS 2002).

The National Health Survey also asked respondents about their level of psychological distress and found that 13% experience very high or high levels of psychological distress, while an additional 23% reported moderate levels.[1]

It then asked about consumption of medication for 'mental well-being'. A total of 18.1% reported that they had used such medications in the previous two weeks (see Table 1). The main types of medication used are sleeping tablets (4.1%), anti-depressants (4.7%), vitamin and mineral supplements such as Vitamin B for stress (7.8%), and natural medications such as St John's Wort for anxiety and depression (5.4%).

But prescribed or natural medicines are not the only substances Australians take in order to counter (however ineffectively) psychological distress. Alcohol and illicit drugs, when used to excess, also serve as psychological props. To obtain a fuller picture, the Institute first asked the ABS to provide data on 'risky' alcohol use, where risky use is defined for males as the consumption of 29 or more standard drinks a week (more than four a day) and for females 15 or more standard drinks a week (more than two a day) (AIHW 2002. p. 18). When we add together high-risk alcohol use and medications taken for mental well-being, we find that 27% of Australians over 18 rely on substances to cope with daily life (see Table 2).

There are significant gender differences in patterns of substance use (see Chart 1). As a generalization men are more likely to seek refuge in alcohol while women are more likely to turn to pills.

When the data are broken down by age group, it is apparent that young people are less likely to turn to legal substances to deal with the vicissitudes of daily life, with 23% of 18-34 year-olds doing so compared to 28-29% for older Australians (see Chart 2). This calls into question the comforting myth that old age ushers in a time of psychological calm, although risky alcohol use declines for over 55s.

[1] Using the Kessler Psychological Distress Scale, a scale based on 10 questions about negative emotional states in the four weeks prior to interview.

Table 1 Medication Use for Mental Well-being, by type and age group, 2001 (%)

Type	18-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Sleeping pills[a]	1.3	1.7	2.5	4.3	5.6	6.8	13.8	4.1
Pills for anxiety or nerves and tranquillisers	1.2	1.4	1.7	3.5	3.5	4.2	5.5	2.6
Antidepressants and mood stabilisers[b]	3.1	4.5	5.5	7.0	6.7	6.2	6.8	5.7
Vitamin or mineral supplements	6.7	8.0	9.1	10.0	6.7	5.3	5.1	7.8
Herbal or natural medications	5.4	5.8	6.1	6.6	5.2	3.1	3.1	5.4
Total who used medication for mental well-being[c]	12.8	15.1	17.4	20.5	20.4	19.4	26.1	18.1

a. 'Pills' includes tablets and capsules
b. Includes 'other pharmaceuticals' category taken by 0.4% of the population.
c. Components do not add to totals as persons may have taken more than one type.
Source: ABS 2002, Table 13

Table 2 Medication and alcohol use for mental well-being, by sex (%)

Type	Men	Women	Total
Medication only	11.8	19.8	15.9
Medication and risky alcohol use	1.8	2.5	2.2
Risky alcohol use only[a]	11.5	5.9	8.7
Total	25.1	28.3	26.7

a. Risky alcohol use is defined for males as the consumption of 29 or more standard drinks per week (more than four a day) and for females 15 or more standard drinks per week (more than two a day)
Source: Unpublished ABS data

Chart 1 Medication and alcohol use for mental well-being, by sex (%)

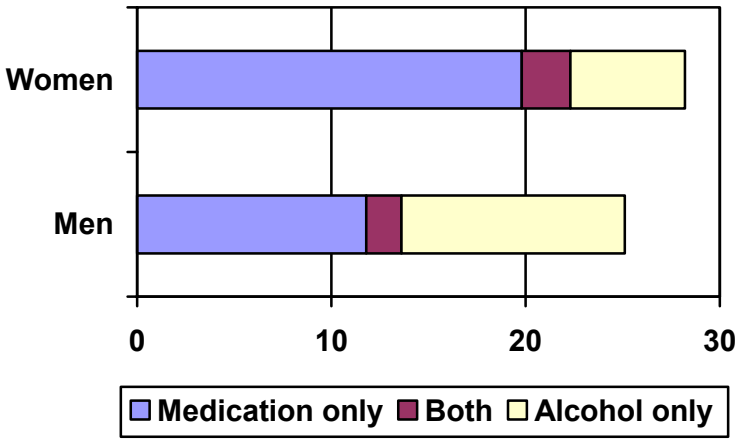
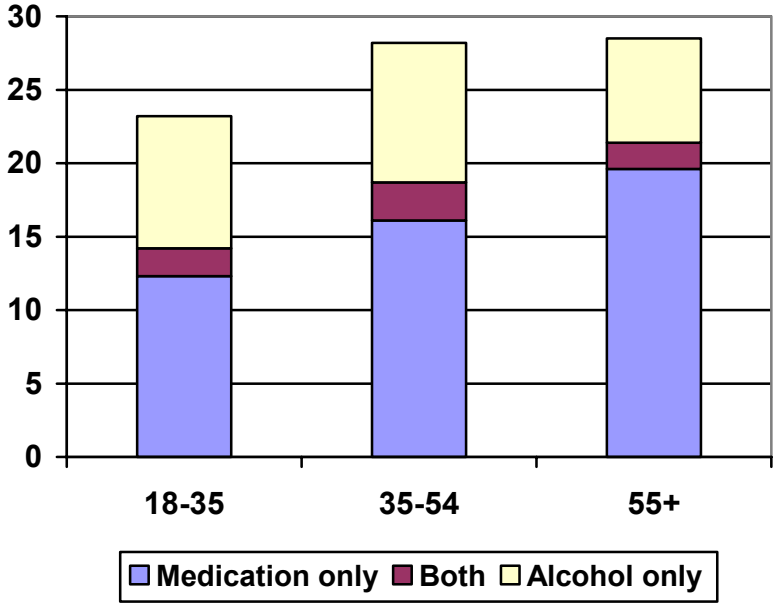


Chart 2 Medication and alcohol use for mental well-being, by age (%)



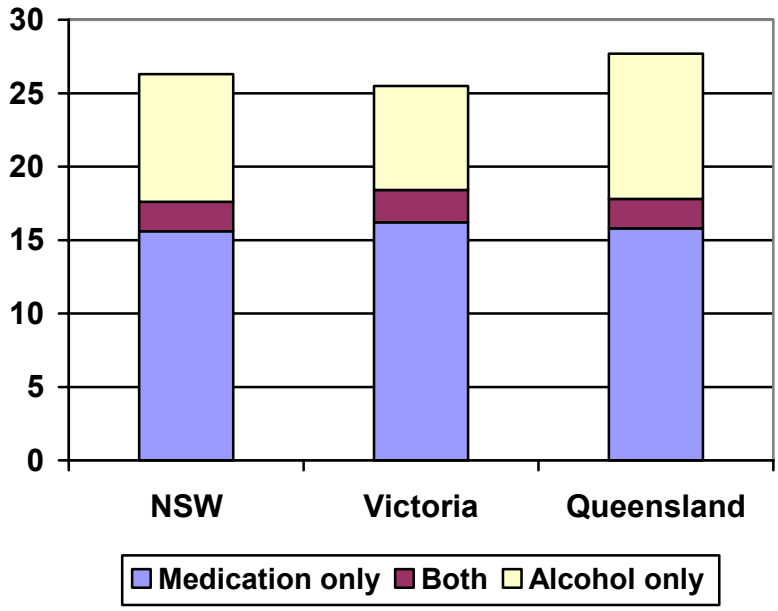
The data show little variation between the major states although Victorians are less likely to rely on risky alcohol use than those in NSW or Queensland (see Table 3 and Chart 3).

Table 3 Medication and alcohol use for mental well-being, by state (%)

Type	NSW	Victoria	Queensland	Australia
Medication only	15.6	16.2	15.8	15.9
Medication and risky alcohol	2.0	2.2	2.0	2.2
Risky alcohol use only	8.7	7.1	9.9	8.7
Total	26.4	25.5	27.7	26.7

Source: Unpublished ABS data

Chart 3 Medication and alcohol use for mental well-being, by State (%)



While total use of medications and alcohol varies little by income group, it is clear from Table 4 that low-income people are much more likely to rely on medications and higher income people are more likely to rely on alcohol. Overall, both low-income and high-income people report slightly higher levels of substance use for mental well-being than those in the middle.

Table 4 Medication and alcohol use for mental well-being, by income quintile (%)

Type	First Lowest	Second	Third	Fourth	Fifth Highest	Total
Medication only	20.3	18.8	14.7	14.2	12.9	15.9
Medication and risky alcohol	1.9	1.8	1.9	1.8	2.5	2.2
Risky alcohol use only	5.6	5.9	9.4	8.9	11.7	8.7
Total	27.9	26.5	26.0	24.9	27.1	26.7

Around 24% of respondents did not provide their income.
Source: Unpublished ABS data

Illicit drugs

Of course, these figures take no account of the third major source of pharmaceutical response to mental distress, illicit drugs. Most people who take illicit drugs do so only occasionally and for recreation, but some rely on them as a means of coping with life. This is most apparent in the case of addictive drugs (notably heroin) but also for that minority of heavy marijuana users who cannot get by without daily use.

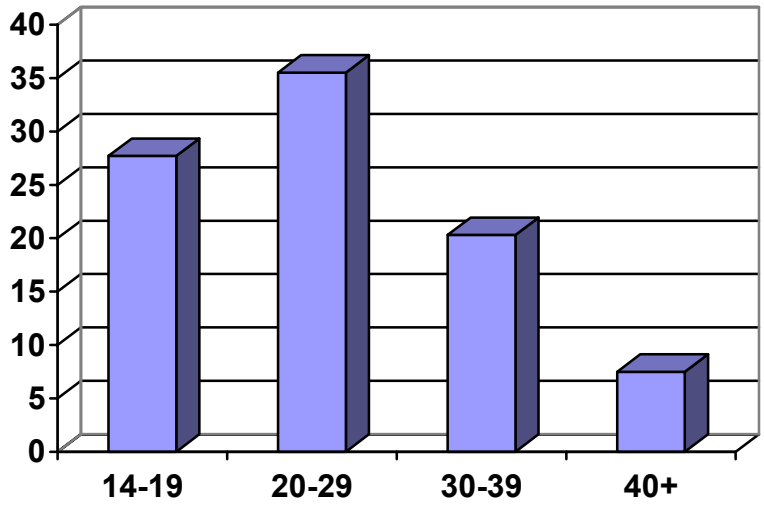
In recent years, illicit drugs appear increasingly to have replaced alcohol as a social risk. A third of drivers killed on Victorian roads test positive to illicit drugs (especially opiates and speed), more than the proportion that have alcohol in their blood.[2] Most experts believe that more than half of prison inmates are incarcerated for crimes linked to drugs.

The data do not allow us to separate out 'therapeutic' from recreational use of illicit drugs. Nor do they allow us to distinguish those who use illicit drugs only from those who use them in combination with alcohol or medications such as anti-depressants. We do know that illicit drug use is very widespread in Australia, with 17% of those over 14 having used an illicit drug in the last 12 months (20% for males and 14% for females) and nearly two in five having used them at sometime in their lives (AIHW 2002, p. 36). The lower reliance of young people on medications and alcohol is offset by their heavier

[2] *Herald Sun*, 12 November 2002, p. 15

use of illicit drugs. Among 20-29 year-olds 36% have used illicit drugs over the previous 12 months, compared to only 8% for those over 40 – see Chart 4 (AIHW 2002, p. 36).

Chart 4 Use of any illicit drug in the last 12 months, by age (%)



Source: AIHW 2002, Table 6.1

Only a minority of illicit drug users may be said to take the drug to enhance their mental well-being (or, more likely, to prevent falling into varying forms of despair). However, given that 17% of adults have used illicit drugs in the previous 12 months, it seems reasonable to conclude that if 27% of Australian adults depend on medications or alcohol for mental well-being then adding illicit drug use would take the total to over 30%, close to one third of the population.

The drugged culture

Social problems are frequently turned into private travails by being medicalised. The extraordinary rise in prescription of Ritalin to control Attention Deficit Hyperactivity Disorder, especially among teenage boys, is a good illustration of the phenomenon. Another example is the growth of medical and surgical procedures to deal with obesity; the medicalisation of the problem not only provides work for doctors and markets for drug companies but also allows us to avoid conceding that perhaps we have created an 'obesogenic' environment.

It is convenient to interpret and deal with social pathologies as personal disorders. After all, we are all supposed to be happy. Economists and politicians have been promising for decades that expansion of material wealth will create a better society. Australia today, like all rich countries, is obsessed with economic growth and higher incomes. But if we are in real terms three times richer than Australians in the 1950s why is our society

characterised by an epidemic of mental disorders and an extraordinary dependency on ingested substances? As we saw in Table 4, high-income earners are just as dependent on legal and illegal substances for mental well-being as low-income earners.

We do not have enough evidence to draw robust conclusions about trends in psychological disorders. In a 1998 survey, the ABS reported that nearly one in five adult Australians had had a mental disorder at some time in the previous twelve months and around the same proportion are expected to have a major depressive episode at some time in their lives (ABS 1999, Table 9.11). According to the World Health Organization the burden of psychiatric disorders in rich countries has been greatly underestimated. Major depression is expected to leap from being the fourth most burdensome disease in the world in 1990 to second in 2020 (Murray and Lopez 1996).

What do we make of the fact that up to a third of adult Australians depend on drugs or other substances to get them through the day? It is a fact that stands in stark contrast to our imagined identity as a carefree nation of people who take life in their stride. A large section of the population appears to go through life in a substance-induced state designed to cope with or shut out the stresses of modern life.

This fact also clashes with the picture painted by the marketers showing smiling customers who have found bliss by consuming this brand of shampoo or that brand of car. For decades we have all been striving for the good life. Now that most of us have it, a large proportion of the population seems to be dependent on medications and other substances to avoid falling into a more or less permanent state of anxiety, depression and despair.

When our political leaders talk of ‘families doing it tough’ and ‘struggling Australians’ they can’t be talking about material deprivation. Without dismissing the genuine hardship experienced by 10-20% at the bottom, after decades of economic growth most Australians are doing very well. Subliminally, the rhetoric of struggle may be appealing to the psychological distress that appears to be so widespread and deep-rooted in this affluent land of ours. It is hard to avoid the conclusion that the epidemic of psychological disorders is, at least in part, the price we have had to pay for two decades of economic reform and its relentless promotion of market values and the erosion of traditional supports in family and community.

References

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