



Alcohol
and Drug
Foundation

Alcohol and other drugs information.

Survey Report

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Alcohol and Drug Foundation

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Background

In 2020, it was estimated that around 284 million (5.6%) of the global population had used a drug within the previous 12 months. Of those 284 million, around 13.6% experienced significant harms from their drug use.¹ This means more than 85% of people who use drugs did so without experiencing significant harms.^{1,2}

However, for people who do experience issues from their alcohol or drug use – the effects can be damaging. Alcohol and other drug (AOD) use were jointly responsible for 4.5% of all deaths in Australia in 2015 (n= 6,660) and 6.7% of the total burden of all disease and injuries.⁴ The total burden attributable to substance use is composed of AOD-related diseases, injury, mental illness, drink and drug driving, and overdose.

The potential social impact of AOD use is diverse and far-reaching, and can include personal and family relationship issues, family violence, work problems, school disengagement, unemployment, and crime.⁵

A multifaceted strategy, spanning public policy, place/community-based approaches, as well as support at a family and individual-level, is needed to reduce the risk of Australians experiencing AOD harms.

One key tactic for such a strategy is to ensure people have access to useful and accurate AOD information, across all stages of the prevention continuum.

Specifically, information can support primary prevention efforts by helping people make informed decisions about their future AOD use and by providing guidance about how to help young people delay AOD use.

Information can also play a role in minimising short-term harms, through topics such as how to use AOD safely, and the early warning signs for when to be concerned about someone's AOD use.

Finally, information is critical for linking those experiencing AOD harms to treatment and support options and providing advice on how to support a loved one during this time.

However, for AOD information to have this positive influence at each stage of prevention, it must meet the needs of those who are seeking it.

This includes understanding what people already know about AOD, as well as **what** AOD information they are seeking, **who** they are wanting it for, **where** they look for it, and if this is where they **want** to find it. In addition, for AOD information to have an effective role within tertiary prevention, understanding the **barriers** that prevent access to information that connects people to treatment and support services is crucial.

To better understand the information needs of those who may seek AOD information for themselves or others, the Alcohol and Drug Foundation (ADF) commissioned an online survey with the following groups:

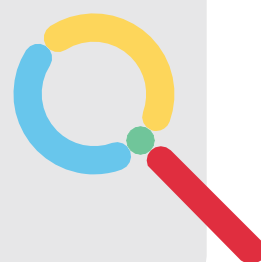
- those who regularly use alcohol and/or drugs
- those who are concerned about a friend or family member's AOD use
- those who have an influential role in their local community and want to support positive change in their neighbourhood.

{Copello, 2012 #1264} This report discusses the survey findings that can inform and guide the provision of AOD information to these key groups.

Research questions

The key research questions for this project were:

- What do people know about AOD and how many people seek AOD information?
- What AOD information do people look for, who do they want it for, where do they look for it and does this align to where they would like to obtain it?
- How helpful is the information people obtain and how often is information unavailable?
- How many people obtained support or treatment for their AOD use, and what barriers do people face?



Method

Social research organisation, Kantar Public, conducted an online, nation-wide survey to investigate the AOD information needs of the Australian community. Community members and community influencers identified as having a greater likelihood or interest in seeking information about AOD were invited to participate in the survey. Respondents could meet the inclusion criteria for either or both groups (see Table 1 for criteria).

Table 1

Inclusion criteria for community member and community influencer groups

Group	Inclusion criteria
Community member	A person who: <ul style="list-style-type: none">• is concerned about another person’s use of alcohol or other drug, or• drinks alcohol at least once per month, or• uses drugs at least once per three months.
Community influencer	Working or volunteering as a: <ul style="list-style-type: none">• information broker and disseminator (media, marketing, health promotion), or• mentor (professional or personal), or• coach (sport, life, leadership, career, personal), or• community leader (community activists, school principals, school board members, religious leaders, Aboriginal Elders, members of community groups and organisations).

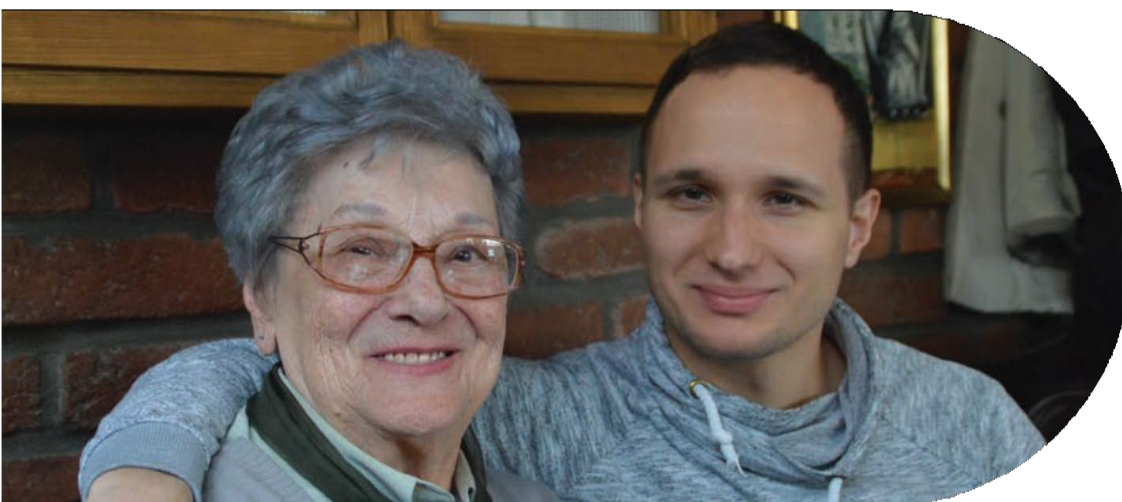


The survey collected data between June-August 2021, and most respondents were recruited via the research panels of the Online Research Unit, while a small group (n= 30) was recruited via ADF networks. Ethical clearance was provided by the internal ethics committee of the ADF. A total of 2,052 community members and/or influencers were recruited, which was broadly representative of the national population for gender and age (Table 2).

Table 2

Demographics of survey respondents

		Community members (n= 1,947)	Community influencers (n= 726)
Gender	Male	49%	54%
	Female	51%	46%
Age	18-25 years	12%	14%
	26-54 years	46%	46%
	55+ years	42%	40%
State	NSW	22%	25%
	WA	21%	21%
	SA	18%	15%
	VIC	15%	15%
	QLD	14%	13%
	TAS	6%	7%
	ACT	2%	2%
	NT	1%	2%
	Other territory	1%	1%
Region	Metro	79%	80%
	Regional	21%	20%



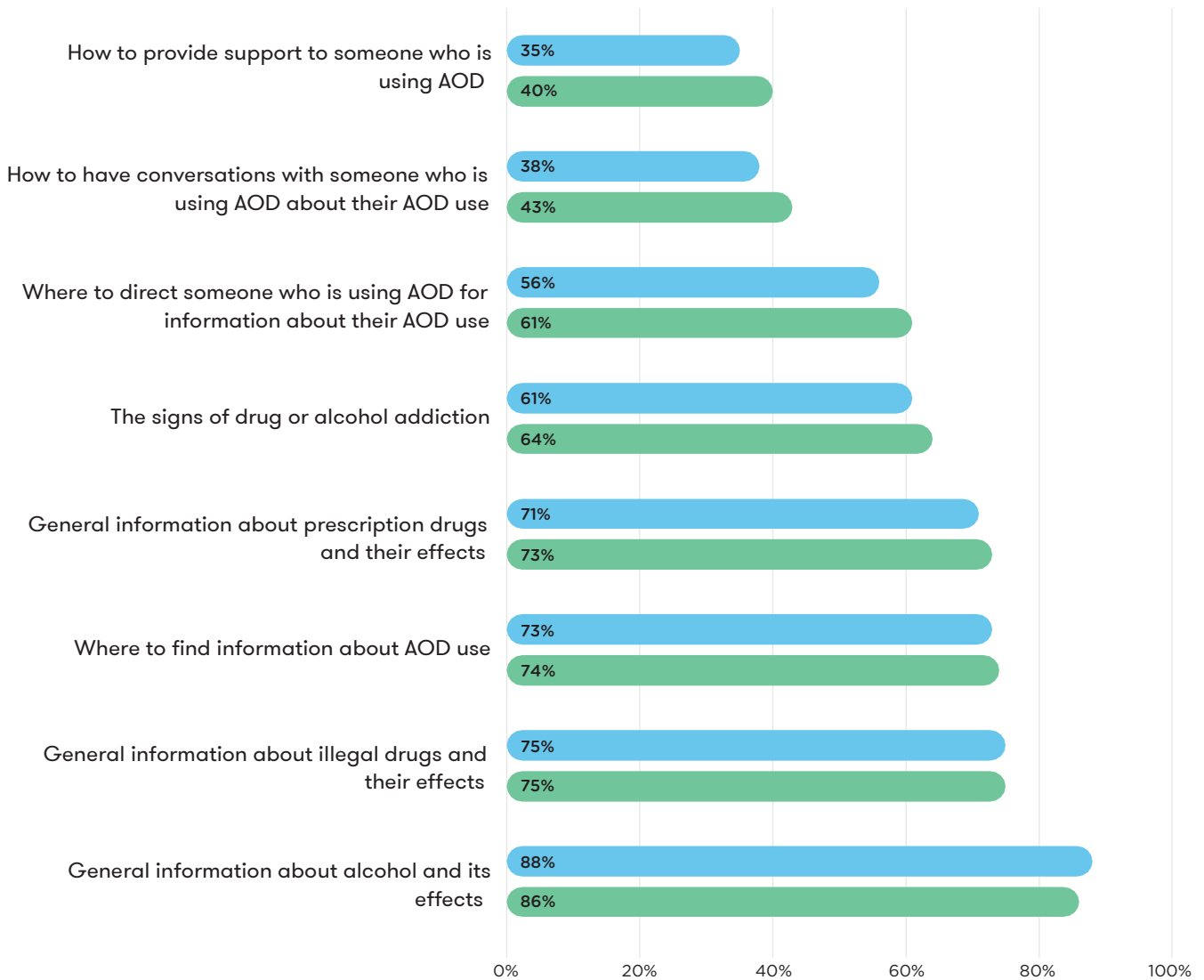
Results

What people know about AOD and how many people seek AOD information

Respondents reported having strong factual knowledge of alcohol, illegal drugs, and prescription drugs and their effects, as well as where to find information about AOD use (Figure 1). However, how to have a conversation with someone about their AOD use, or how to support someone using AOD were not commonly known by respondents.

Figure 1

Respondents that agree/strongly agree they have knowledge of alcohol and drug topics



Respondents were asked: "To what extent do you agree or disagree with each of the following statements? I know..."



Community members

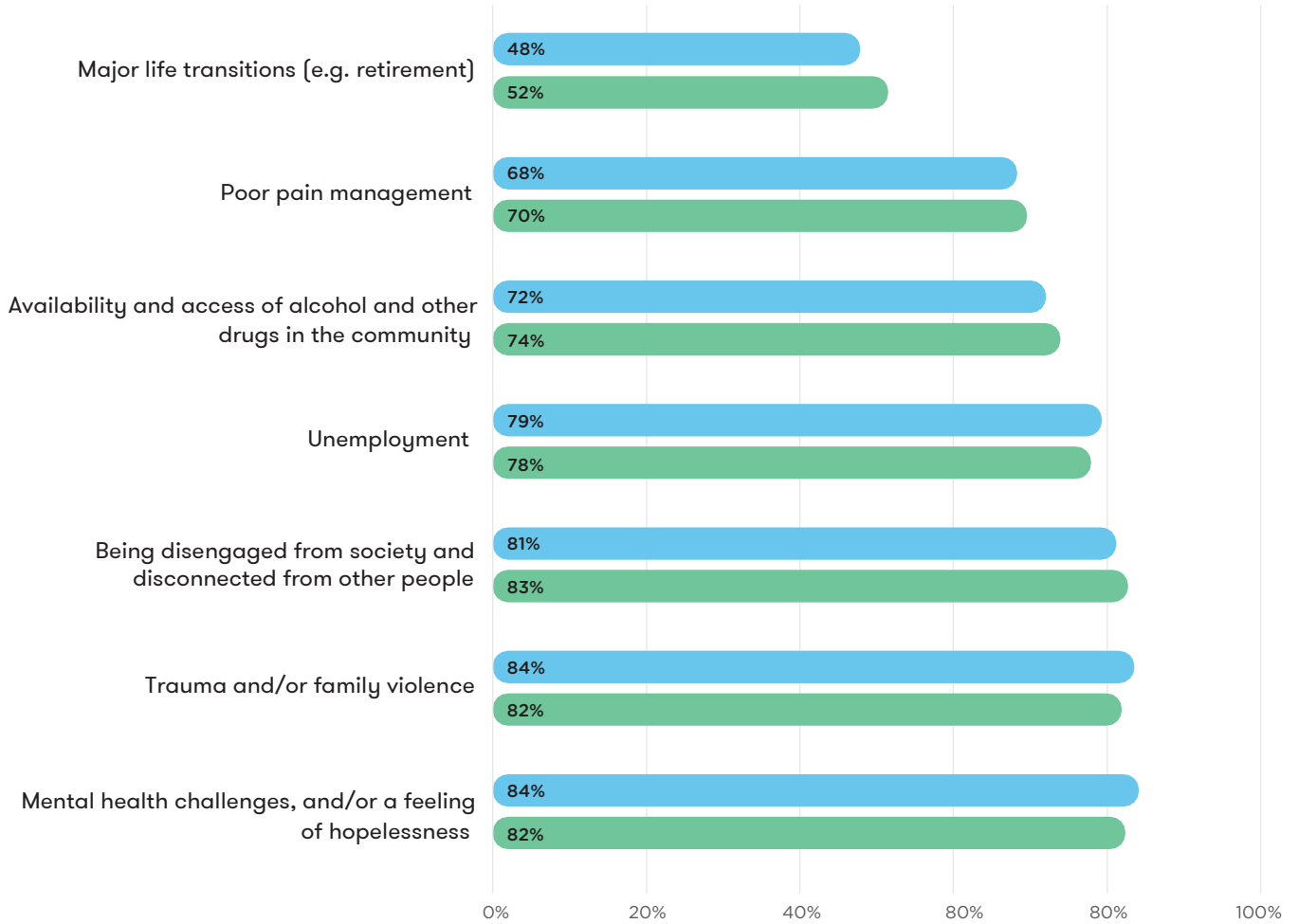


Community influencers

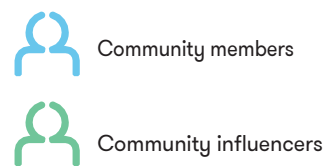
Community members and community influencers were aware of many of the risk factors associated with AOD harms. In particular, respondents knew mental health, trauma and family violence, and social disconnection could increase people’s risk of experiencing harms from AOD use (Figure 2). In contrast, only half of the respondents were aware that major life transitions, such as retirement, can also elevate a person’s risk.

Figure 2

Respondents that agree/strongly agree that these factors increase the risk of harms from AOD



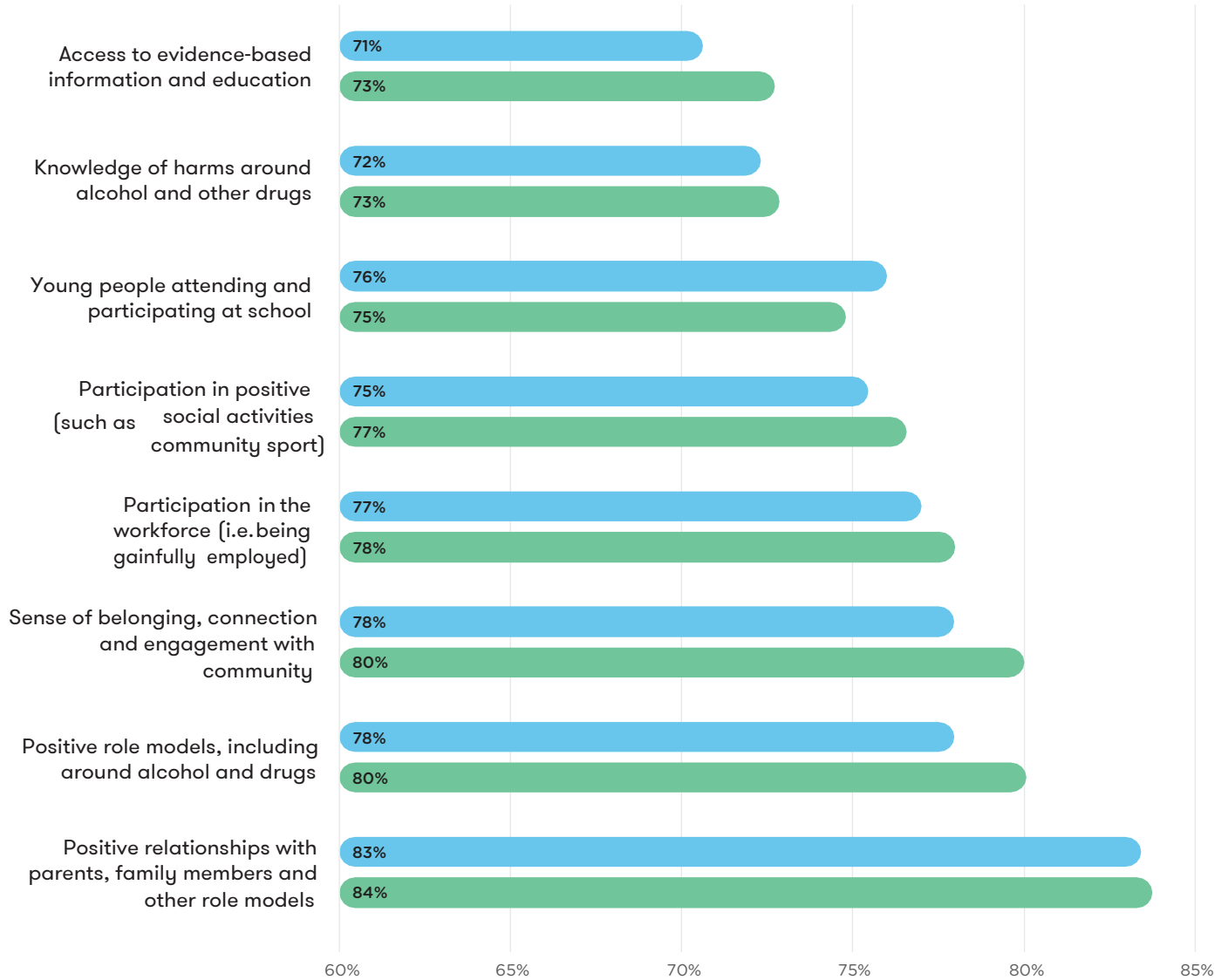
Respondents were asked: “To what extent do you feel that each of the following increase or decrease risk of people and communities experiencing harms from alcohol and other drugs?”



Protective factors that reduce the probability of experiencing AOD harms were well understood across the board (Figure 3). Positive relationships with parents, family and other role models were recognised as protective factors by 83% of community members and 84% of community influencers. Having positive role models, and a sense of community connection were also well-known protective factors to respondents.

Figure 3

Respondents that agree/strongly agree that these factors protect against AOD harms



Respondents were asked: “To what extent do you agree that each of the following protect people and communities from alcohol and other drug related harms?”

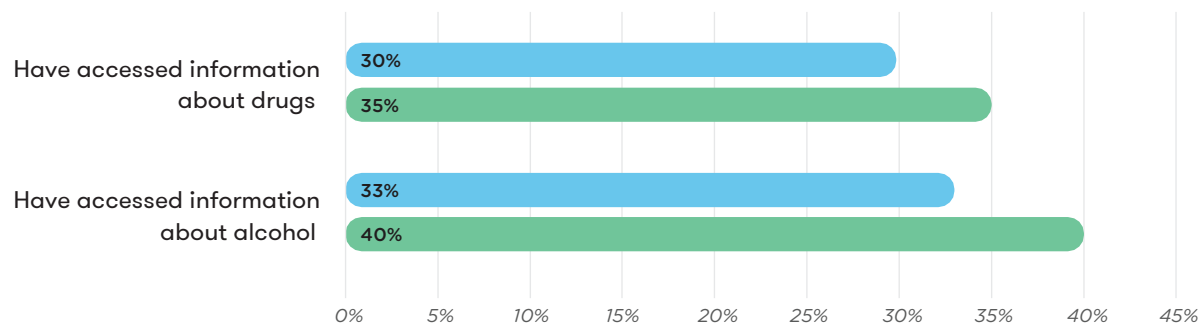
 Community members

 Community influencers



While respondents reported a relatively strong understanding of AOD facts, risk and protective factors, rates of accessing AOD information were moderate with 43% of community members and 53% of community influencers having previously accessed AOD information. Both groups were slightly more likely to have obtained information about alcohol, compared to drugs (Figure 4). Only 6% of community members and 5% of community influencers indicated they would never need to access information on AOD.

Figure 4

Proportion of community members and community influencers that have accessed information about AOD



Respondents were asked: “Have you ever accessed information about alcohol and other drugs, including illegal and prescription drugs?”

-  Community members (n=835)
-  Community influencers (n=384)

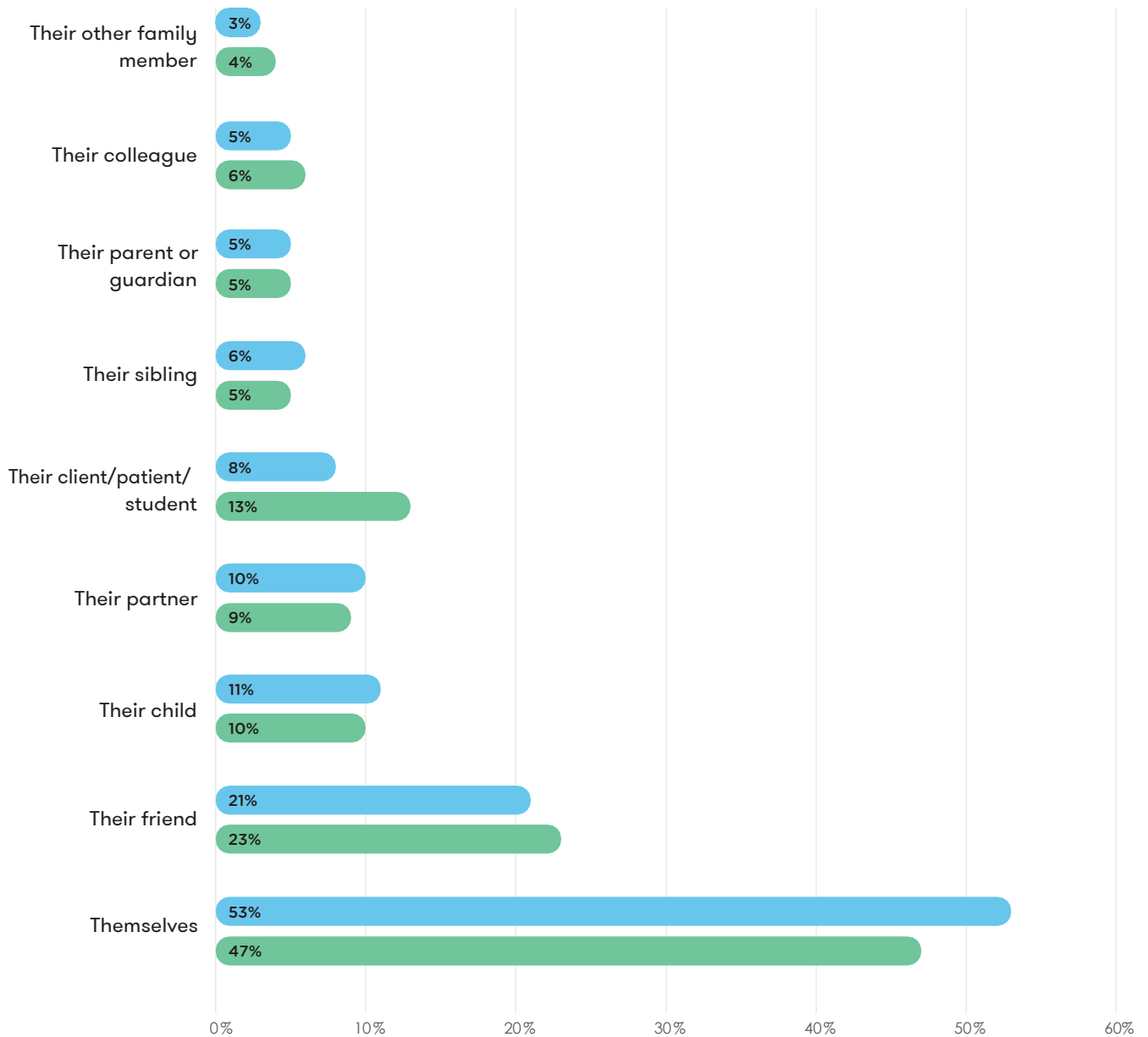


What AOD information people look for, who they want it for, where they look for it and how this aligns to where they would like to obtain it

Of those that had accessed AOD information, they most commonly wanted it for themselves, at least one family member (community members: 35%, community influencers: 33%), or a friend (Figure 5). Thirteen percent of community influencers have also obtained information for a client, patient or student.

Figure 5

Who AOD information was obtained for by community members and community influencers



Respondents who had accessed information about alcohol and/or drugs were asked: "Was the information you obtained for...?"

Note: 'Other' responses (9% of community members, 11% of community influencers) have not been included in this figure.



Community members



Community influencers

The most frequently sought AOD information topics mirror those that respondents reported having knowledge of, i.e. general information about alcohol, prescription drugs and illegal drugs and their effects (Table 3).

Table 3

Type of information sought by community members and community influencers

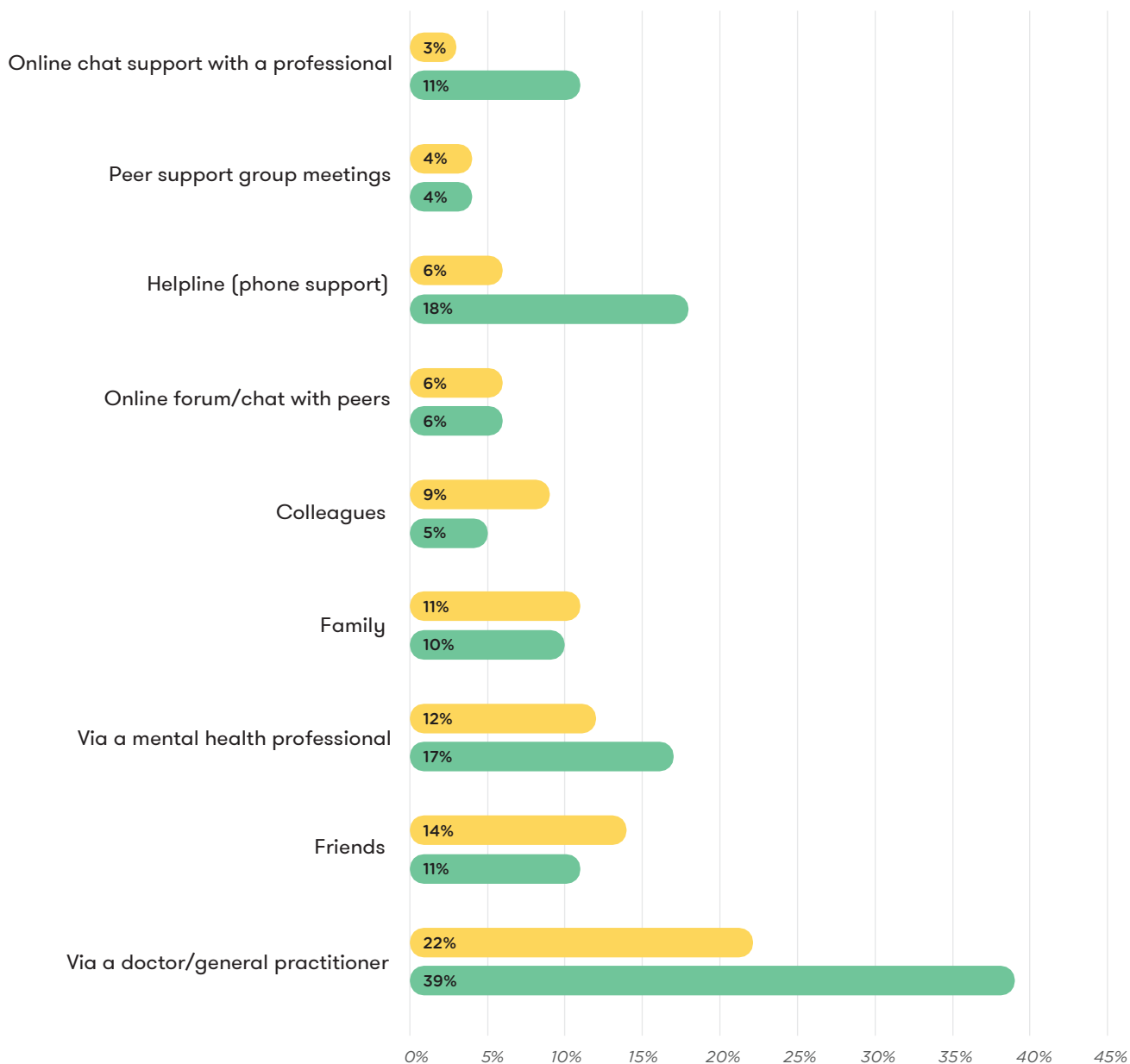
	Community members (n= 835)	Community influencers (n= 384)
General information about alcohol and its effects	51%	53%
General information about prescription drugs and their effects	45%	45%
General information about illegal drugs and their effects	42%	44%
Signs of drug or alcohol addiction	28%	31%
Where to access support services related to alcohol and/or drug use	26%	29%
Where to access treatment for alcohol and/or drug use	24%	27%
Where to get information about alcohol and/or drugs	23%	24%
How to have conversations about alcohol and/or drug use	18%	21%
To hear stories of others who have similar experiences with alcohol and/or drugs	17%	20%
Legal advice regarding alcohol and/or drug use	11%	16%
Other	2%	2%
None	1%	1%

Respondents who had accessed information about alcohol and/or drugs were asked: “What sort of information did you obtain?”

For both groups, Google was the most frequently accessed source of AOD information, followed by AOD focused websites and doctors/general practitioners (Figures 6 - 9). While these were also the top three preferred avenues for accessing AOD information, notably fewer community members and community influencers preferred to use Google. By comparison, respondents' preference to obtain information from their doctor/general practitioners far outweighed the rates of how frequently they were used. This reflects a broader pattern, whereby respondents tended to have lower rates of accessing AOD information through personalised sources compared to generic ones, yet proportionately more indicated they preferred sources that offered tailored information.

Figure 6

Community members access to and preferences of personalised AOD information sources

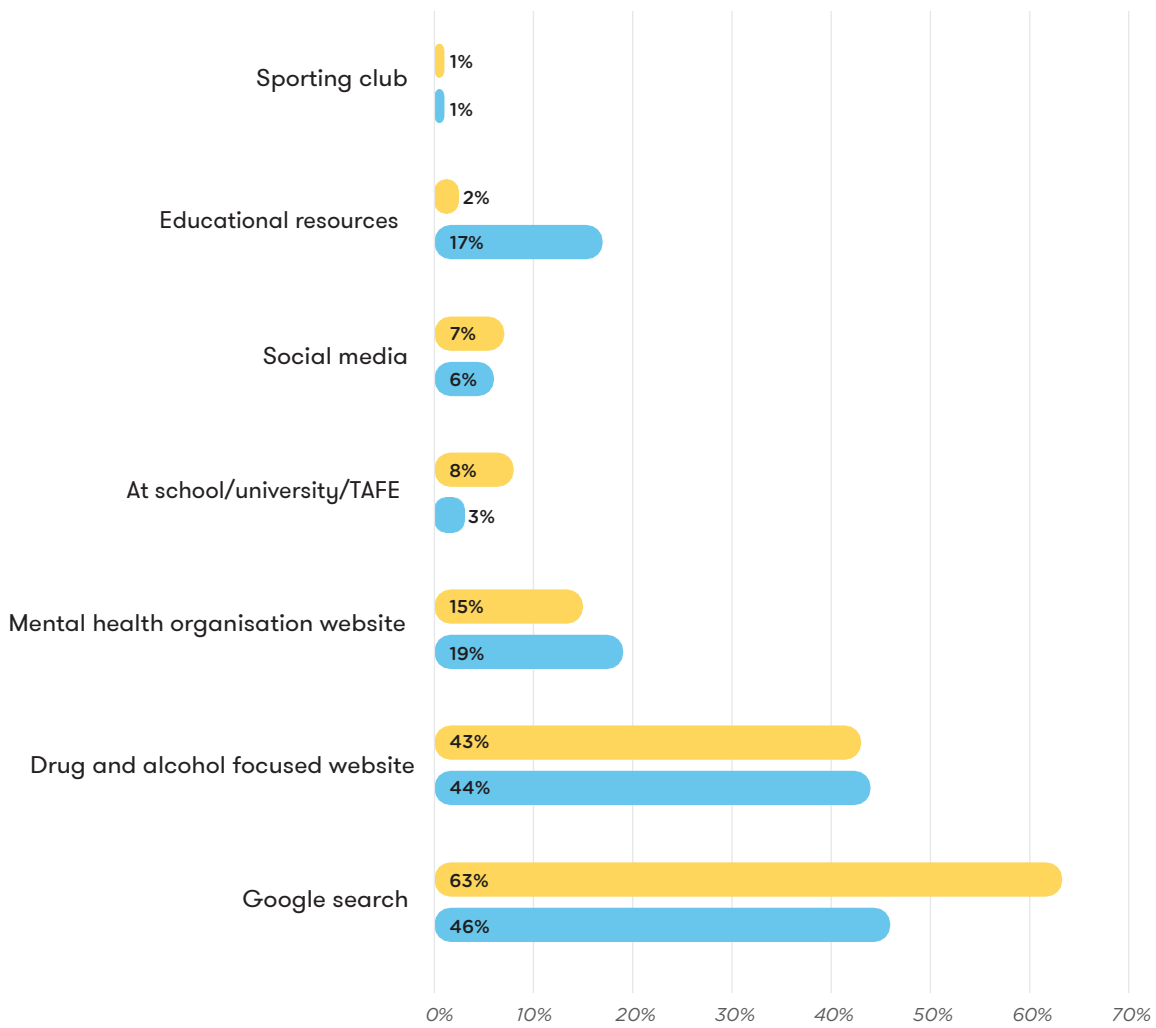


Respondents were asked: “Where did you obtain this information?” and “What would be your preferred way to find information on alcohol and other drugs if or when you need it?”

● Accessed
● Preferred

Figure 7

Community members access to and preferences of generic AOD information sources



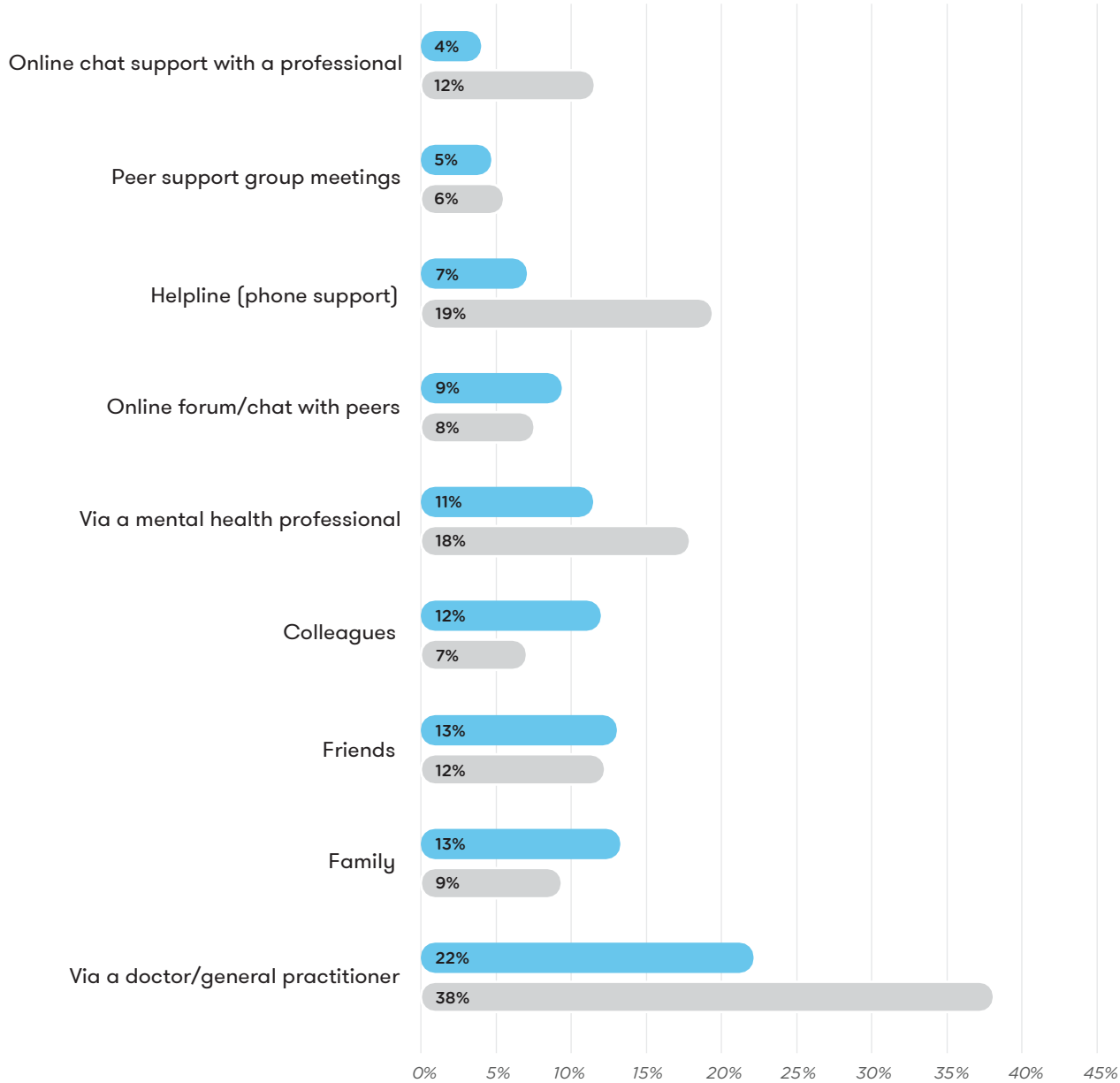
Respondents were asked: “Where did you obtain this information?” and “What would be your preferred way to find information on alcohol and other drugs if or when you need it?”

● Accessed
● Preferred

Note: ‘Other’ (5% of accessed, 1% of preferred) and ‘I would never need to access information on alcohol or other drugs’ (6%) responses have not been included in this figure.

Figure 8

Community influencers access to and preferences of personalised AOD information sources

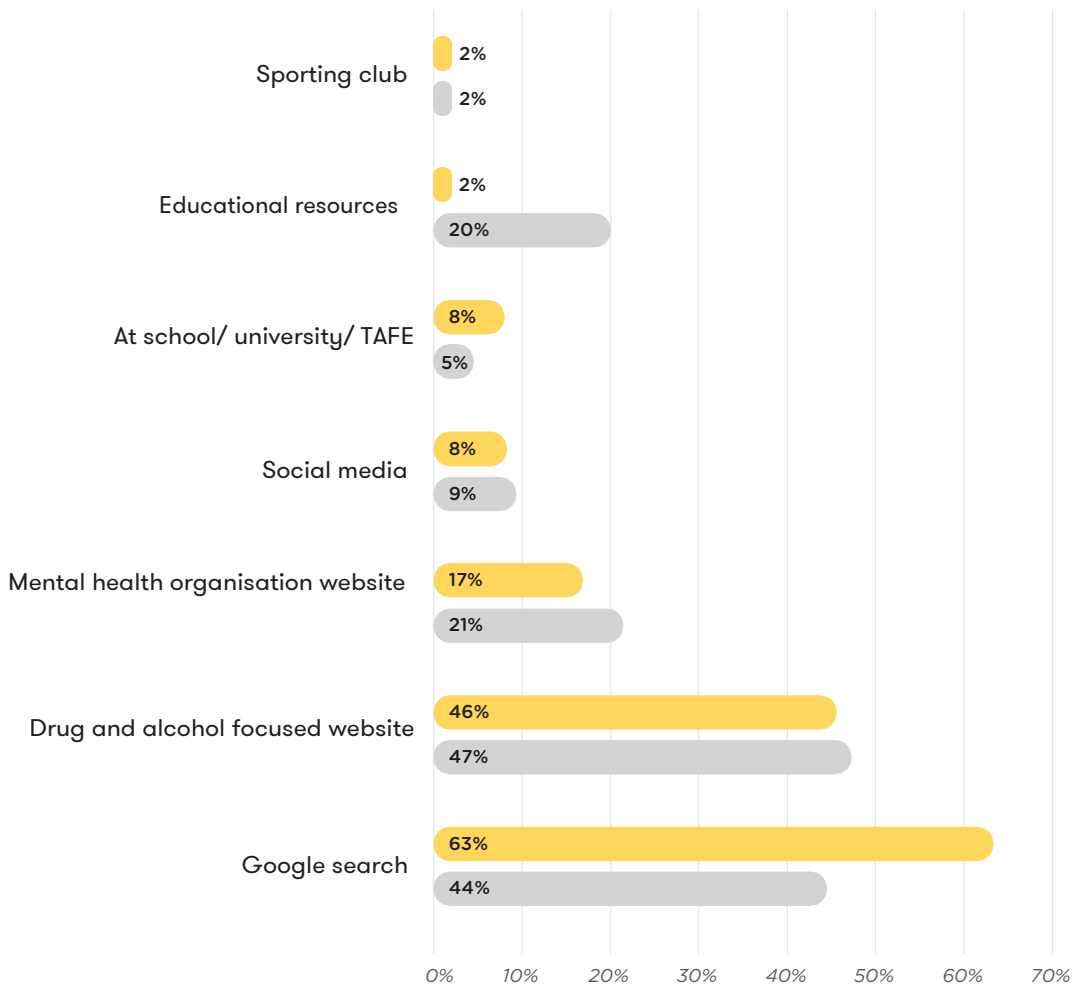


Respondents were asked: “Where did you obtain this information?” and “What would be your preferred way to find information on alcohol and other drugs if or when you need it?”

● Accessed
● Preferred

Figure 9

Community influencers access to and preferences of generic AOD information sources



Respondents were asked: “Where did you obtain this information?” and “What would be your preferred way to find information on alcohol and other drugs if or when you need it?”

● Accessed
● Preferred

Note: ‘Other’ (5% of accessed, 1% of preferred) and ‘I would never need to access information on alcohol or other drugs’ (5%) responses have not been included in this figure.

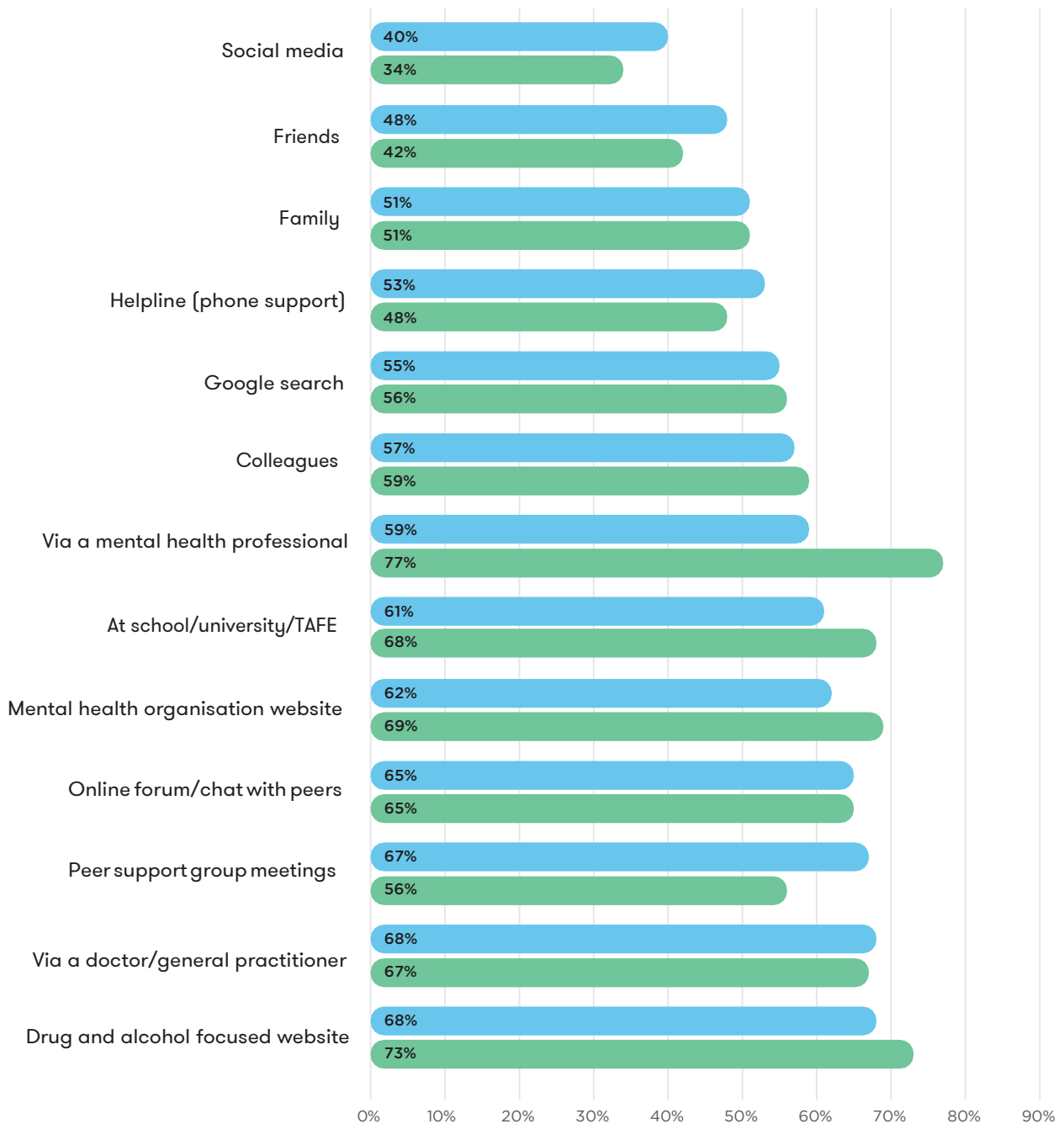
Helpfulness of the information and how many people are unable to find what information they wanted

The majority of respondents were able to find and access the information they needed with 12% of community members and 14% of community influencers reporting the information they were seeking was missing.

AOD focused websites and doctors/general practitioners were equally rated the most helpful source of AOD information by community members (Figure 10). These were closely followed by peer support group meetings and online forums/chats with peers. In contrast, community influencers rated mental health professionals most helpful, followed by AOD focused and mental health organisation websites. Although most commonly accessed, Google searches were only rated helpful by half of the respondents.

Figure 10

Respondents who reported information obtained from different sources was very/extremely helpful



Respondents who had accessed information about alcohol and/or drugs were asked: "How helpful was the information that you accessed?"

Note: 78% of both cohorts also rated 'Other' sources as very/extremely helpful.



Community members



Community influencers

Access to support or treatment for AOD use and the barriers to accessing these

A small proportion of respondents who drank alcohol at least monthly said they had wanted support for their alcohol use, with almost two-thirds reporting they had accessed it (Figure 11). Similarly, a small proportion reported wanting treatment for their use of alcohol, however, less than half were able to obtain treatment (Figure 12).

Figure 11

Respondents who have wanted and accessed support for their alcohol use



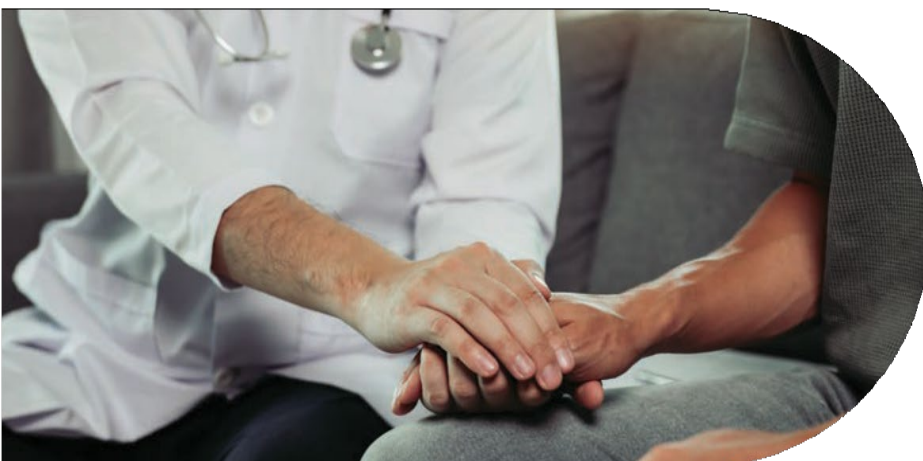
Respondents in the community member cohort who have consumed alcohol at least on a monthly basis were asked: "Have you ever wanted support for your use of alcohol?" Those who wanted support were asked: "Were you able to get support for your use of alcohol?"

Figure 12

Respondents who have wanted and accessed treatment for their alcohol use



Respondents in the community member cohort who have consumed alcohol at least on a monthly basis were asked: "Have you ever wanted treatment for your use of alcohol?" Those who wanted treatment were asked: "Have you ever received treatment for your use of alcohol?"



Of the respondents who used drugs at least every three months, one-fifth had wanted support for their drug use. Two-thirds of those who wanted support were able to access it (Figure 13). One-fifth also wanted treatment, with only half of those being able to access support for their drug use (Figure 14).

Figure 13

Respondents who have wanted and accessed support for their use of drugs



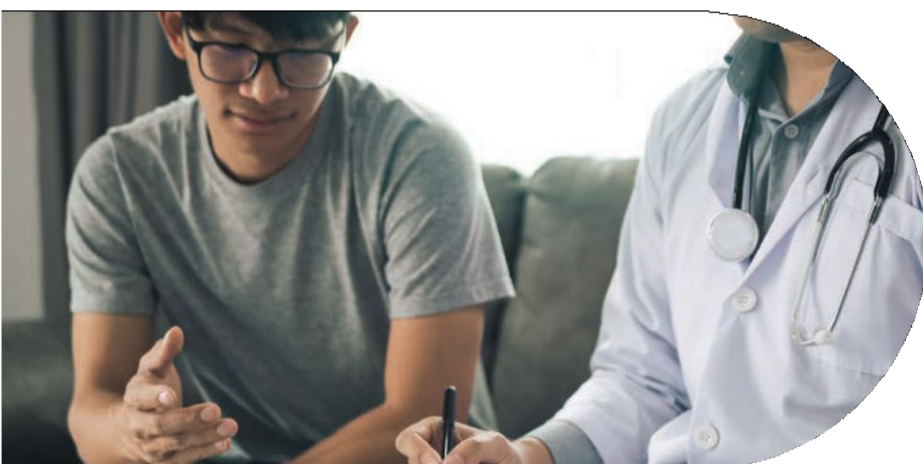
Respondents in the community member cohort who use drugs on at least a 3-month basis were asked: “Have you ever wanted support for your use of drugs?” Those who wanted support were asked: “Were you able to get support for your use of drugs?”

Figure 14

Respondents who have wanted and accessed treatment for their use of drugs



Respondents in the community member cohort who use drugs on at least a 3-month basis were asked: “Have you ever wanted treatment for your use of drugs?” Those who wanted treatment were asked: “Have you ever received treatment for your use of drugs?”



Being concerned that people would find out about their alcohol use was the most common barrier to accessing support by those who wanted it but did not obtain it (Figure 15). This was closely followed by worries of judgement from the people they would seek help from, judgement from friends and family, and competing life priorities.

Figure 15

Factors that prevented respondents from gaining support for their use of alcohol (n= 49)

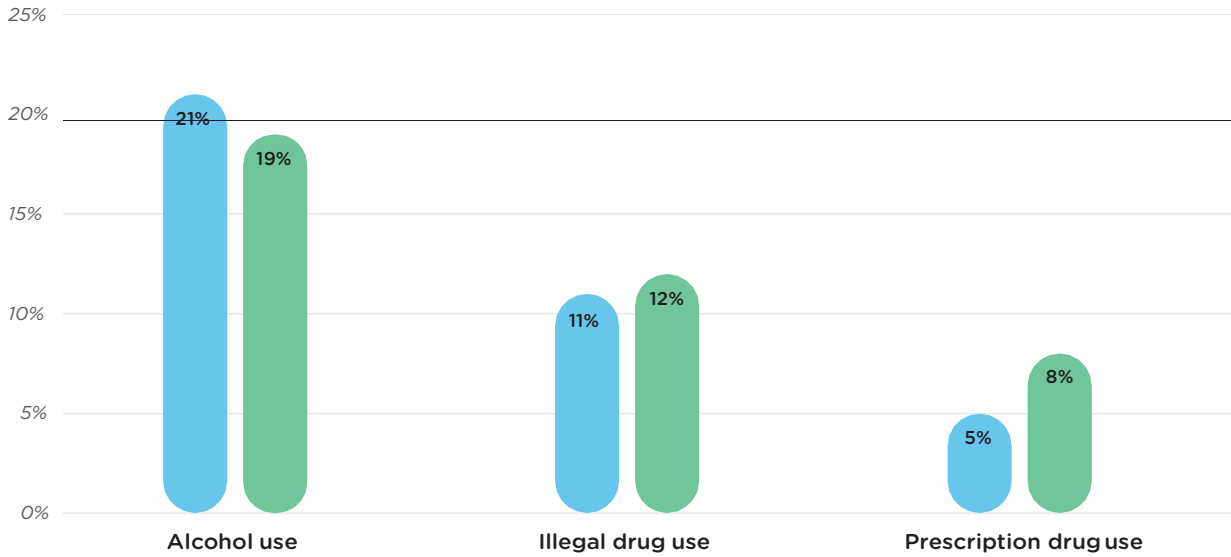


Respondents in the community member cohort who wanted support for their use of alcohol, but were unable to get it, were asked: "Is there anything that has prevented you from gaining support for your use of alcohol?"



Feeling judged or disapproved of by others because of their own or another’s AOD use was also experienced by both community members and community influencers. Experiences of stigma were reported for alcohol use (one-fifth), illegal drug use (one-tenth), and non-medical use of prescription drugs (5% of community members; 8% of community influencers) (Figure 16).

Figure 16

Respondents that felt others judged or disapproved of their own or a family member’s/friend’s alcohol, illegal drug, or prescription drug use (n= 726)



Respondents were asked: “Have you ever felt that others have judged or disapproved of you because of your or a family member’s/friend’s alcohol use?”; “Have you ever felt that others have judged or disapproved of you because of your or a family member’s/friend’s illegal drug use?” and “Have you ever felt that others have judged or disapproved of you because of your or a family member’s/friend’s use of prescription drugs for non-medical purposes (such as pain-killers and opioids like oxycodone or codeine, tranquillisers and sleeping pills)?”

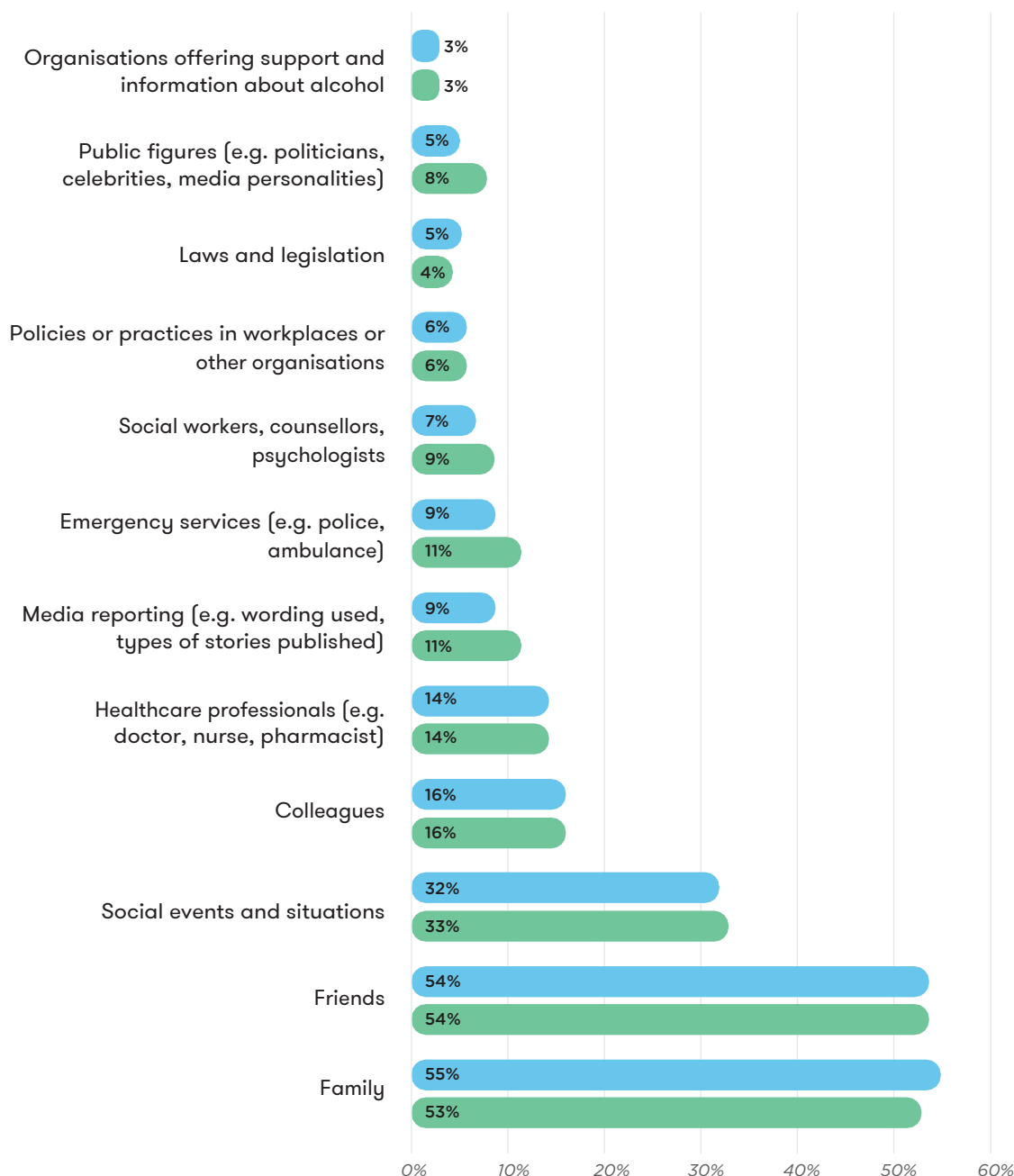
-  Community members
-  Community influencers




Primarily, family and friends made respondents feel uncomfortable, embarrassed, judged, or disapproved of due to their or their loved one's AOD use (Figures 17 - 19). A similar proportion of community members and community influencers identified their family and friends were the source of judgement for alcohol use, however, more community members reported judgement from these people with regards to illegal drug use and non-medical use of prescription drugs compared to community influencers. Other common sources of discomfort were social events and situations (concerning alcohol and drug use) and colleagues (for non-medical use of prescription drugs).


Figure 17

Source that made respondents feel uncomfortable, embarrassed, judged, or disapproved of because of their own or a family member's/friend's alcohol use



Respondents who have felt judged or disapproved of because of their own or their family member's/friend's alcohol use were asked: "Who or what made you feel uncomfortable, embarrassed, judged or disapproved of because of your or a family member's/friend's alcohol use?"

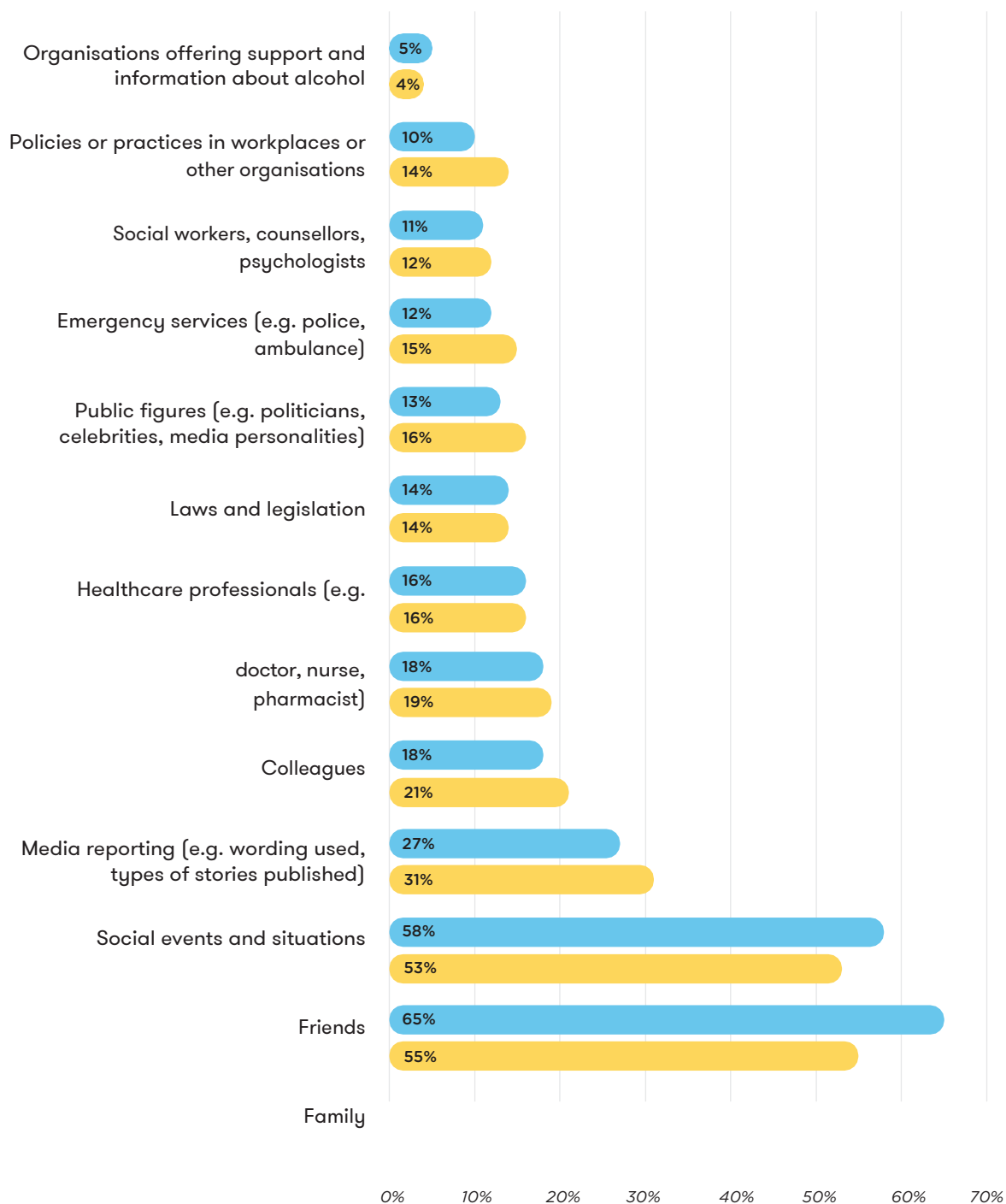
 Community members (n= 401)

 Community influencers (n= 140)

Note: 'Other' (2% of each cohort), 'I don't know' (3% of community members, 4% of community influencers), and 'I prefer not to say' (2% of community members, 3% of community influencers) responses have not been included in the figure.


Figure 18

Source that made respondents feel uncomfortable, embarrassed, judged, or disapproved of because of their own or a family member's/friend's illegal drug use



Respondents who have felt judged or disapproved of because of their own or their family member's/friend's illegal drug use were asked: "Who or what made you feel uncomfortable, embarrassed, judged or disapproved of because of your or a family member's/friend's use of illegal drugs?"

Note: 'I don't know' (2% of community members, 4% of community influencers) and 'I prefer not to say' (1% of community members, 2% of community influencers) responses have not been included in the figure.

 Community members (n= 214)


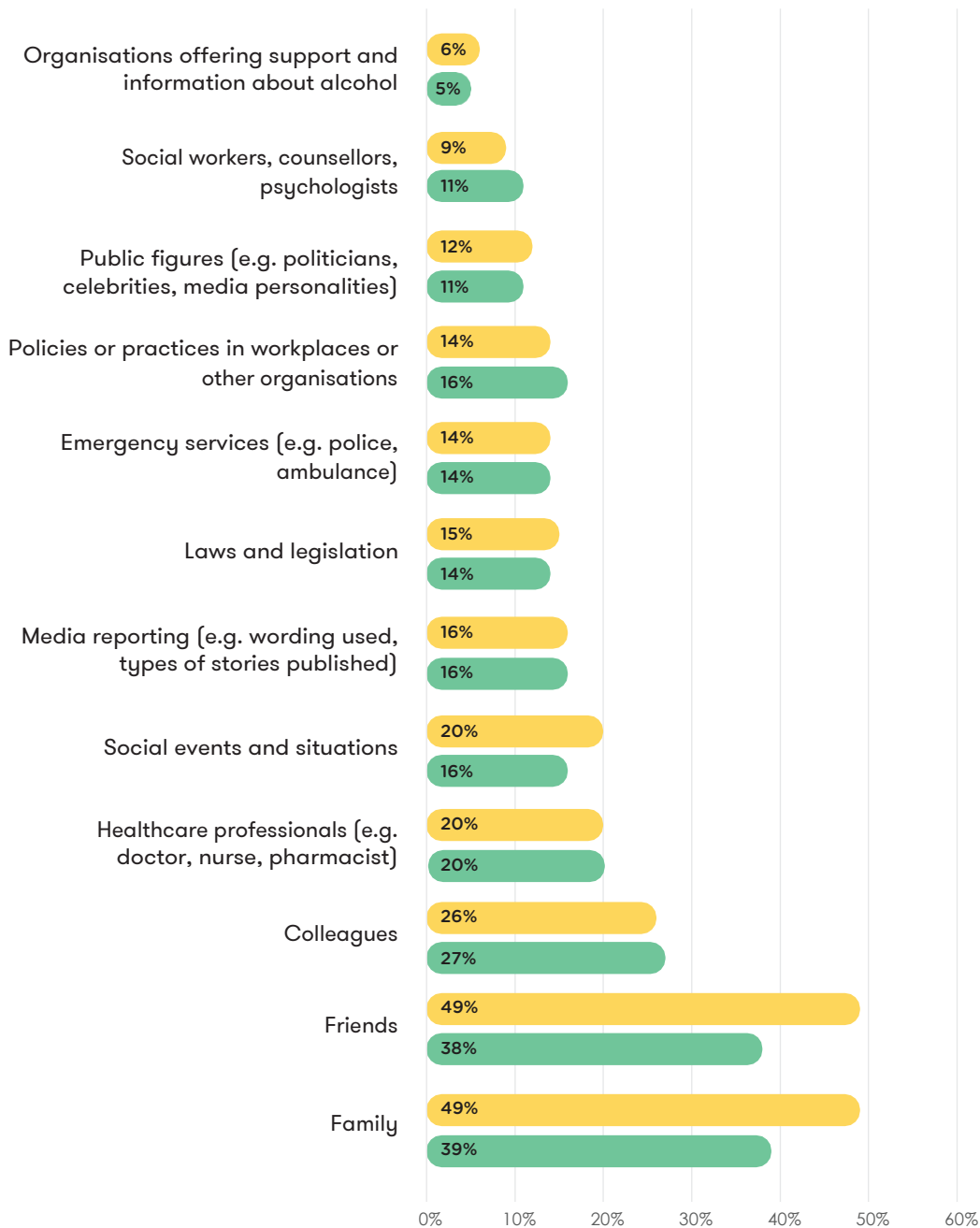
 Community influencers (n= 85)

Figure 19

Source that made respondents feel uncomfortable, embarrassed, judged, or disapproved of because of their own or a family member's/friend's use of prescription drugs for non-medical purposes



Respondents who have felt judged or disapproved of because of their own or their family member's/friend's prescription drug use were asked: "Who or what made you feel uncomfortable, embarrassed, judged or disapproved of because of your or a family member's/friend's use of prescription drugs for non-medical purposes?"

Note: 'I don't know' (6% of community members, 4% of community influencers) and 'I prefer not to say' (1% of community members) responses have not been included in the figure.



Community members (n= 101)



Community influencers (n= 56)

Discussion

This report provides insight into community members' and community influencers' reasons for wanting AOD information, and their experience of searching for it, finding it, using it, and assessing its perceived helpfulness. It also identifies barriers that can deter people from accessing AOD support and treatment services.

Community members and community influencers report relatively high knowledge of AOD and know protective factors and risk factors that influence the probability of experiencing AOD harms.

However, this did not extend to topics related to supporting or talking to someone when concerned about their AOD use.

Major life transitions and pain mismanagement were also not commonly recognised as potential situations that may lead to AOD-related problems. This pattern was also reflected in the findings regarding the AOD information topics respondents had previously accessed with factual AOD information more commonly sought than information about how to support others.

Information seeking was moderate among respondents, but nearly all respondents indicated they may need to access AOD information in the future.

Among the respondents that had previously accessed AOD information, Google and AOD focused websites were the most common sources for obtaining this. Interestingly, despite the popularity of Google, community members and community influencers indicated they would prefer to access AOD information from other sources too. For example, relatively more respondents would like to obtain AOD information from personalised professional sources (such as doctors/general practitioners, mental health professionals, helplines, online chat).

This pattern may be partially shaped by how helpful community members and community influencers rated different sources of AOD information. The helpfulness of the source may either strengthen or reduce respondents' preference to continue to access it. Google was considered helpful by approximately half of the sample, which may have contributed to a drop in it being a preferred source. Whereas two thirds found their doctor/general practitioner to be helpful, which may help explain its high ranking as a preferred source for accessing AOD information.

Very few community members in the survey who drank alcohol or used drugs regularly wanted support or treatment for their AOD use.

Yet a concerning large proportion of respondents who did want support or treatment did not access these options, with issues regarding privacy and perceived judgment commonly being cited as the reasons for this.

Stigma, in the form of feeling judged or disapproved of by others, was most commonly experienced in relation to alcohol use, followed by illegal drugs then prescription drugs. This finding may in part be explained by alcohol consumption being more commonplace than other drug use in Australia.

Regardless of the drug category, family and friends are consistently the two most common sources of stigma. This may present a notable challenge, as those with an AOD-related problem may be less receptive to ask for - or accept - assistance from their friends and/or family. Further, this finding reinforces the potential benefit of connecting family and friends to less understood topics such as how to support or talk to someone when concerned about AOD use.



Implications and Recommendations

Organisations that provide AOD information can draw on the findings from this survey to amplify reach and impact.

The results highlight gaps and opportunities for organisations to expand their offerings through new funding opportunities to support digital innovations, human centred design, and/or academic partnerships.

For example:

- **Digital innovations:** Funding for digital innovations could support the development of new products to connect people with targeted AOD information.
- **Human centered design:** Funding could explore strategies and tactics for connecting people to information that is less readily known, such as topics focused on having conversations or helping those they are concerned about.
- **Research partnerships:** Community members and community influencers had strong factual knowledge of AOD, suggesting AOD information is communicated effectively within the primary prevention landscape. Research partnerships could explore how such information may influence primary prevention behaviours, including whether grounded AOD knowledge is linked to delayed initiation of AOD use, reduced AOD use and positive role modelling behaviours.

Other opportunities of note include:

- **Promotional activities:** Organisations could also invest in and/or amplify promotional activities to ensure people looking for AOD information and advice are aware of current resources. This can assist with reach and also encourage people to try sources known to be helpful, rather than only rely on the sources known to them. This could include both broadcast and narrowcast campaigns to reach generalist and specialist audiences of interest.
- **Targeted information:** A notable proportion of community members and community influencers prefer to receive personalised information from a health professional. There's opportunity to explore how trusted and tailored information could be provided via a less resource and time-intensive manner for the consumer, such as videos of communication strategies, including demonstrating non-stigmatising language and behaviours.
- **Strengthening treatment access:** Information that connects people with support and treatment options is key to reducing AOD harms. However, many people struggle to identify and access services to support themselves or someone they are concerned about. Tailored information may help to reduce key barriers that deter people from accessing such services, such as concerns about privacy and feeling judged.

Helping individuals and their families to access high-quality AOD information can help to reduce AOD-related harm.

Individuals experiencing AOD issues can learn harm reduction strategies, reduce feelings of stigma and find pathways to help and support. For friends and family, it can help them to better support a loved one experiencing AOD issues and enable them to have those difficult conversations.

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