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Western Australian Drug Trends 1999

**Findings from the
Illicit Drug Reporting System (IDRS)**

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LIST OF ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
ATSI	Aboriginal or Torres Strait Islander
CDHAC	Commonwealth Department of Health and Aged Care
ESB	English Speaking Background
HDWA	Health Department of WA
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug Users
KIS	Key Informant Survey
NDARC	National Drug and Alcohol Research Centre
NESB	Non-English Speaking Background
NDRI	National Drug Research Institute
WA	Western Australia
WADASO	WA Drug Abuse Strategy Office
WAPRCU	WA Pre-Hospital Care Research Unit

EXECUTIVE SUMMARY

In 1999 the Commonwealth Department of Health and Aged Care (CDHAC) commissioned the National Drug and Alcohol Research Centre (NDARC) to conduct a national trial of the Illicit Drug Reporting System (IDRS) as an expansion to the previous tri-state studies of 1997 and 1998 and the initial trial in NSW in 1996. The aim of the IDRS is to provide a method of monitoring trends in the use of illicit drugs, specifically the use of heroin, amphetamines, cocaine and cannabis. This approach provides a means by which to identify any emerging drug-related trends and potential related harms, as well as identifying areas that may require further investigation.

The National Drug Research Institute conducted the WA component of the 1999 IDRS, with the study conducted in Perth between August and October 1999. As it was the states first year of inclusion in the IDRS, the WA component consisted of only the core IDRS methodologies. This comprised of:

1. Qualitative interviews with 30 key informants. These key informants were individuals employed in health, outreach, law enforcement, research and other professions.
2. Analysis of a range of indicator data from survey, health and law enforcement sources.

The data was collated and analysed to identify trends in illicit drug use in WA, and more specifically Perth, during the July 1998 to June 1999 period.

Summary of drug trends in WA

The WA component of the 1999 IDRS identified a number of trends in illicit drug use within the six to 12 months preceding the study.

Heroin

The price and availability of heroin was considered stable throughout the 12 months prior to the study. Reports of increases in the level of recreational use of heroin were made, as were reports of the increased use of heroin by women and young people. Accompanying this younger age of initiation to the use of heroin were reports of a trend towards injection as the initial route of use of the drug. More people were also said to be regarded as having become involved in user-dealing practices.

Amphetamines

The major trend identified by key informants in relation to amphetamine use was that there appeared to be a recent re-emergence of its use. It was suggested that amphetamine was readily available, with both purity and price stable. As with heroin, there were reports of more women and young people using amphetamines.

Cocaine

Little information was available from key informants in relation to the use of cocaine among illicit drug users in WA. What information was available from indicator data suggested that the price of cocaine was stable, availability had increased, and purity levels were generally high, with an average purity of 58% for seizures analysed throughout the 1998/1999 financial year period.

Cannabis

Little change, other than the increased use of hydroponic cannabis, was reported in relation to cannabis use in WA. Price was stable with the only difference reported being the discrepancy between price paid for non-hydroponic ('bushweed') as compared to hydroponic cannabis.

Other drugs

The only trend noted in relation to the use of 'other drugs' was the reduced use of Rohypnol among illicit drug users with a shift towards the use of other, more readily available benzodiazepines.

Drug-related issues

A number of trends were identified in relation to drug-related issues over the ten years preceding the study. These included a continued increase in the number of needle and syringes distributed, a general trend of increased numbers of illicit drug-related calls to the ADIS line and an increase in the number of persons participating in WA methadone programs. A general trend of increased opioid-related fatalities was also observed over this time.

More recent trends included a change in the type of crime committed by illicit drug users within the 12 months prior the study and an increased/fluctuating level of police attention towards illicit drug users within the preceding six months.

Cannabis-related offences accounted for more of the drug-related charges laid in 1998 than any other single drug type representing 73% of the total number of these charges.

Research Implications

The findings of the WA 1999 IDRS indicate that further investigation may be required in the following areas:

1. research to determine the extent of the re-emergence of amphetamine use and identification of the associated harms as a means by which to inform the development of interventions for both regular users and service providers
2. an examination of factors influencing the heroin market and research into the efficacy of interventions to reduce the harms associated with heroin use, including overdose

3. monitoring the prevalence of cocaine use (by non-injecting routes of administration as well as injection) in WA
4. as the vast majority of drug injectors in WA access their needles through community pharmacy, conduct a survey of those accessing chemists to determine drugs used, and add to the information available about emerging trends

1.0 INTRODUCTION

In 1999 the Commonwealth Department of Health and Aged Care (CDHAC) commissioned the National Drug and Alcohol Research Centre (NDARC) to conduct a national trial of the Illicit Drug Reporting System (IDRS). This followed a pilot of the project in New South Wales in 1996 (Hando et al., 1999) and two years of the multi-state trial in 1997 and 1998 (Cormack et al., 1998; Hando & Darke, 1998; Hayes et al., 1999; McKetin, Darke & Godycka-Cwirko, 1999; Rumbold & Fry, 1998; and Rumbold & Fry, 1999). In 1999 the IDRS was expanded to include Western Australia, the Northern Territory, Tasmania, the Australian Capital Territory and Queensland.

This report presents the findings of the WA component of the IDRS in relation to the four main illicit drug types: heroin, amphetamines, cannabis and cocaine. The use of 'other drugs' is also incorporated in the report. A summary report of the findings of the 1999 National trial of the IDRS will be published (McKetin et al., in prep) and will include a comparison of state and territory results as well as a national overview of drug trends. The results of the individual states and territories will also be published as separate Drugs Trends Reports, available as NDARC Monographs.

1.1 STUDY AIMS

The specific aims of the WA component of the 1999 IDRS were to:

1. examine trends in illicit drug use in Perth; and
2. identify emerging illicit drug trends requiring further investigation

2.0 METHOD

Three methods are adopted for use in the complete IDRS, namely a survey of injecting drug users, a key informant survey of professionals working in the field and an examination of existing indicator data. As the WA component for 1999 represents only the core IDRS, no survey of injecting drug users was undertaken.

2.1 KEY INFORMANT SURVEY

Key informant interviews were conducted in August 1999. Eligibility for participation in the key informant study was at least weekly contact with illicit drug users in the six months prior to interview and/or contact with ten or more illicit drug users within that time. Participants were identified for inclusion based on discussions with the WA IDRS advisory group, membership of which is outlined in the acknowledgments section of this report, and other professionals in the field. Recruitment of interviewees was then undertaken via dissemination of an information sheet to the organisations suggested for inclusion which outlined both the study and the selection criteria for participation in it. Interested persons, who met the criteria, then contacted research staff to discuss their eligibility for interview. A suitable time for interview was then arranged with those who fulfilled the selection criteria.

Verbal rather than written consent was obtained from key informants prior to participation in the survey as all interviews were conducted over the telephone. Interviews took between 20 and 50 minutes to administer. Key informants were asked to answer questions relating to the drug use patterns, drug availability, criminal behaviour and health issues of the illicit drug users with whom they had contact. Notes were taken by the interviewer during the interview and transcribed in full as soon as practicable after its completion.

A total of 30 key informants were interviewed, comprising of 16 males and 14 females. Of these 30 individuals, nine were drug treatment workers, eight general health workers, three outreach workers, two youth workers, two police officers, two user group representatives, one researcher and three individuals classified as 'others'. These others were all employed within the criminal justice system and consisted of a lawyer, a magistrate and a community corrections officer.

Half the key informants had contact with illicit drug users between five and seven days per week. On average key informants had had contact with illicit drug users for 104 days (sd=44.84, range 26-182 days) within the last six months. The number of illicit drug users seen within this period varied with the majority (60%) having seen more than 50, over a quarter (27%) having contact with between 21 and 50 illicit drug users, and the remainder having seen between 10 and 20. The predominant means by which key informants had contact with illicit drug users was through work alone (73%) with the remainder having contact with illicit drug users both through social/personal contact and as a result of their work.

Key informants were asked to identify the main illicit drug used by the drug users with whom they had been in contact within the last six months. Over half (n=16) of the respondents reported on the use of heroin, a third (n=10) reported on the use of cannabis and the remainder reported on the use of amphetamine (n=4). None of the key informants

interviewed were able to report on the use of cocaine as the main illicit drug used by the drug users with whom they had contact.

Key informants identified contact with a range of special populations within the six months prior to interview. These populations included injecting drug users (n=10), youth (n=6), women (n=4), prisoners (n=4) and Aboriginal people (n=3). Contact with dual diagnosis patients, community-based offenders and people from non-English speaking backgrounds was also mentioned. The vast majority (93%) of key informants considered that they had either a 'good' or 'excellent' knowledge of the illicit drug users with whom they had been in contact within the last six months and were either 'very' (n=20) or 'moderately' certain (n=9) of the answers they provided at interview.

Qualitative data collected as part of the key informant survey was analysed using the word processing and table facilities of Word 98, with quantitative data analysed using SPSS for Windows, Version 8. Where Confidence Intervals are documented in relation to prevalence rates they are reported at the 95% confidence level. Where overlap exists between the Confidence Intervals it should be assumed that there is no significant difference between the reported rates. Where the Confidence Intervals do not overlap, significances have been reported at $p < 0.05$. Confidence Intervals were calculated using Pepi 3.0 and based on 'Fishers Exact' method using a Poisson distribution.

2.2 INDICATOR DATA

Secondary data was examined to complement and validate the data collected as part of the key informant survey. Data that could provide an indicator of illicit drug use and related harms was utilised. This included law enforcement data, national survey data and health data such as disease surveillance and mortality data.

The pilot study for the IDRS (Hando et al., 1997) recommended that databases to be accessed to provide indicator data should meet at least four of the following criteria:

- be available at least annually
- include 50 or more cases
- provide brief details of illicit drug use
- be collected in the main study site (i.e. in the city or State of the study)
- include details on the four main illicit drugs under investigation

Data sources that fulfilled these criteria and were included in the report were:

- telephone advisory service data from the Alcohol and Drug Information Service (ADIS)
- drug-related arrest data from the Crime Research Centre
- drug purity and seizure data from the Australian Bureau of Criminal Intelligence (ABCI)
- HIV and hepatitis prevalence data from the Communicable Disease Control Unit, Health Department of Western Australia (HDWA)
- statewide rates of opioid-related fatalities provided by the Australian Bureau of Statistics (ABS)
- data on suspected heroin-related fatalities in WA, from the WA Chemistry Centre, provided by the WA Drug Abuse Strategy Office (WADASO)

- drug overdose-related calls attended by the WA Ambulance Service provided by the WA Pre-hospital Care Research Unit (WAPCRU)
- treatment admission data from Next Step Specialist Drug and Alcohol Services
- number of patients on the methadone program (both Government and community-based programs) provided by Next Step Specialist Drug and Alcohol Services and the Pharmaceutical Services Branch of the HDWA
- needle and syringe program distribution statistics from the Sexual Health Program, Health Department of WA

3.0 CURRENT DRUG SCENE AND RECENT TRENDS

An overview of findings for each of the identified primary drug types (heroin, amphetamine, cannabis, cocaine and other drugs) is presented, including a brief demographic profile of the drug users as provided by the key informants. Summary comments and information from indicator data have also been included. This information is followed by a summary of drug-related issues.

3.1 HEROIN

Sixteen key informants, ten males and six females, reported on the use of heroin as the primary drug used by the drug users with whom they were in contact. This key informant group comprised of four drug treatment workers, four general health workers, two outreach workers, two user group representatives, a police officer, a researcher, a youth worker and one other (lawyer). Contact with illicit drug users from a variety of special populations was reported including IDU (n=8), youth (n=4), women (n=2), prisoners (n=2) and ATSI (n=1) with seven (44%) of these key informants having seen more than 100 illicit drug users in the last six months. Knowledge of heroin users was predominantly gained through work contact (69%) with the remainder reporting contact with illicit drug users on both a social and work level.

Trends in heroin use were established from the information provided by these 16 key informants, based on their contact with the heroin users outlined, as well as data from other indicators.

3.1.1 Price

Eleven of these key informants were able to comment on the price of heroin. The most commonly quoted price, mentioned by all, was \$50 for a packet (0.05gm or half a point) with \$100 packets (0.1gm or one point) also mentioned. It was suggested that the purchase price of a gram of heroin was anywhere between \$250 to \$800 depending upon the contacts available to the purchaser. Lower prices were associated with the purchase of street quantities, which are generally smaller than full amounts. These prices are, to some extent, consistent with the drug prices provided by police. According to WA Police information the price of a gram ranged from \$450-600. ABCI data indicates that although the price of a full gram was \$500-700 at the start of the 1998/1999 financial year it has since reduced to \$450-600. The price of a packet of heroin (\$50) was considered to have remained stable over the last 12 months by both the WA Police and the ABCI. Only two key informants were able to comment on the price of half grams and indicated that they were available for \$250 to \$350.

The price of heroin was considered stable by 82% (n=9) of those able to comment although again key informants indicated that the price paid was often dependent upon the sources available to the purchaser as well as the quantity of drug purchased. Two key informants considered that the price had decreased within the last six months but related this to the price paid for larger amounts of heroin. Prices provided by the WA police also suggest that the price of heroin has remained stable for the past 12 months with the exception of a change in the price of a point from a fixed \$100 to between \$70 to \$120. According to WA police information, the cost of an ounce of heroin was \$10,000-12,000 whilst ABCI suggest that the range was between \$6,000-12,000.

Over the last 12 months the heroin market is considered to have remained fairly stable with differences of opinions among the key informants about what direction the price of heroin has taken over this period. With the exception of the price of a point no changes in purchase prices were reported in the prices supplied by the WA Police Service.

3.1.2 Availability

All key informants able to comment on the present availability of heroin (n=14) suggested that heroin was either 'easy' (n=2) or 'very easy' (n=12) to obtain at the moment. Only one key informant thought that heroin had become harder to get over the last six months with the remainder considering that availability was either 'stable' (n=7) or 'easier' to obtain (n=6). Police sources also indicate that heroin is widely available (Anon, 1999).

Key informants (n=3) reported that the population of dealers involved in the Perth drug market was well established consisting predominantly of older males, however, they suggest that there have been some changes in this population over the last six months. These changes include an increase in the number of people involved in the market who are user dealers (n=2), and the increased involvement of younger people (n=2) and women (n=2) in dealing activities. Another key informant, a user-group representative, suggested that higher level dealers were becoming increasingly more anonymous than they had been in the past.

3.1.3 Purity

Fourteen key informants commented on the current purity level of heroin with only one key informant suggesting that the purity of heroin was presently low. The remainder considered that heroin was of 'medium' (n=6) to 'high' (n=7) purity, however suggested that, as with the price paid, the purity was also related to size of purchase and/or contacts of the purchaser. Purity was considered to have increased over the last six months (n=4), remained stable (n=5), have decreased (n=3) or to have fluctuated (n=3). Some key informants (n=3) suggest that there has been a decrease in heroin purity over the last six months but disagree as to whether this has been accompanied by a price increase or decrease.

Figure 1 indicates that, based on information provided by the ABCI, there has been little change in the average purity level of heroin over the last financial year. However, the range of purity of the seizures analysed within this period, from <1% to 84%, indicates that there is tremendous fluctuation in the purity levels of heroin seizures. WA police information suggests that the purity of street deals has been around 30-40% with the higher purity levels of 79-82% recorded around February 1999 associated with the seizure of three large blocks of heroin (Anon, 1999).

Figure 1: Purity of heroin seizures analysed by law enforcement agencies in WA, 1998-1999 (Source: ABCI)

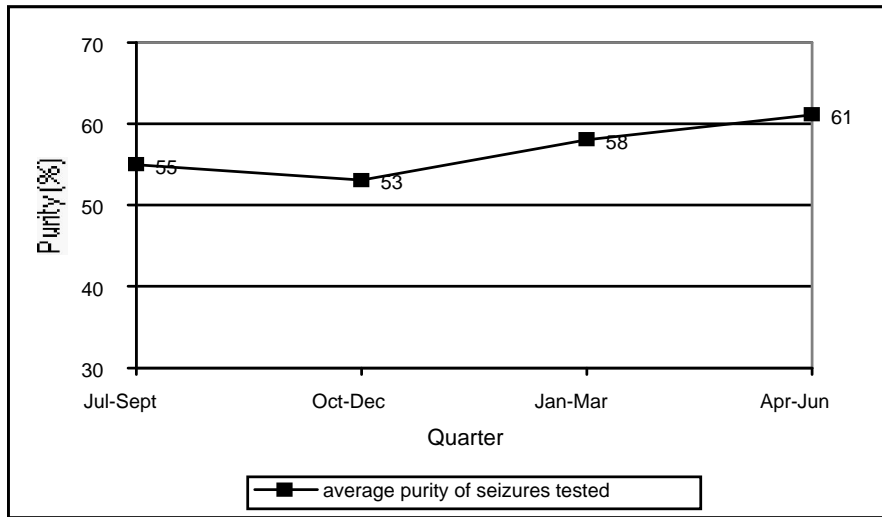
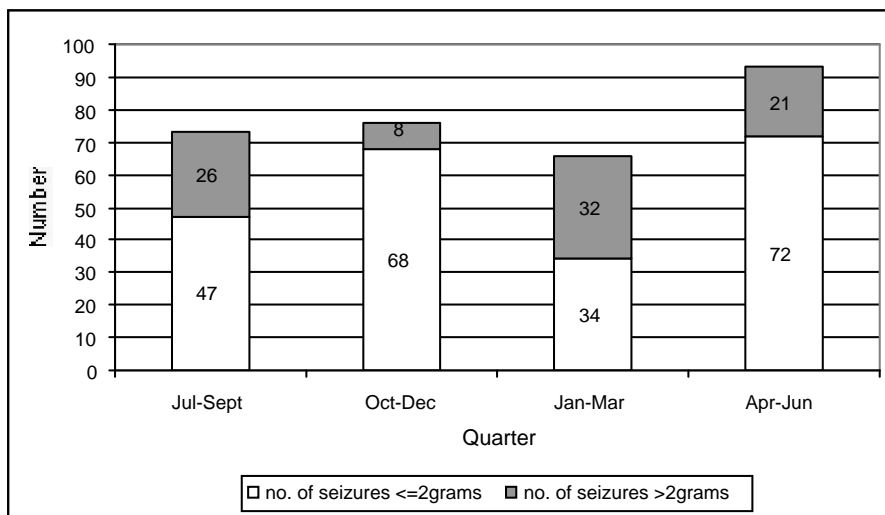


Figure 2 shows the number of seizures on which the average purity is based, by quarter, during the 1998/1999 financial year. It is important to note that these numbers do not represent the total number of seizures made, but rather the number of seizures submitted for analysis.

Figure 2: Number of heroin seizures analysed by law enforcement agencies in WA by weight of seizure, 1998-1999 (Source: ABCI)



A police officer interviewed as a key informant suggested that there had been a fairly stable market in terms of the overall number of seizures made over the last six to 12 months.

3.1.4 Use

Prevalence of heroin use among different populations

West Australians aged 14 and above

The most recent survey of heroin use among West Australians aged 14 years or over was undertaken as part of the 1998 National Drug Strategy Household Survey. Of the total number of West Australians surveyed (n=797) 3.2% (95% CI: 2.1%, 4.7%) reported that they had ever used heroin, not significantly different to the national average of 2.2% (95% CI: 1.9%, 2.5%) lifetime use. Of those who had ever used heroin 1.5% (95% CI: 0.8%, 2.6%) had used it within the last 12 months, also not significantly different from the national average of 0.7% (95% CI: 0.5%, 0.9%) (Australian Institute of Health and Welfare, 1999a; Australian Institute of Health and Welfare, 1999b).

Adults

A survey of Western Australian adults, as part of the *Tobacco, Alcohol and Illicit Drug Consumption Survey*, conducted in 1997 reported that 2% from a total of 2752 respondents reported lifetime use of heroin with <1% reporting use within the four weeks prior to survey. Males reported a significantly higher lifetime use of heroin than females (Chi Square=9.002, df=1, p=0.003), 4% (95% CI: 3.0%, 5.3%) compared to 2% (95% CI: 1.4%, 2.8%) however recent use (within four weeks prior to survey) was <1% for both groups. Whereas the lifetime prevalence of other illicit drug use reported in this survey was highest among those aged 18 to 24 years, lifetime heroin use was 4% lifetime and 1% recent use equivalent among both those aged 25-34 and those aged 18-24, (Health Promotion Services, HDWA, 1998a).

School students

The most recent survey of drug use by WA school students in Years 7 to 12 was conducted in 1996 and looked at the use of both licit and illicit drugs. Among those students aged 12 to 17 years (n=3325) the prevalence of lifetime heroin, or other narcotic use, was reported at 4% with 0.8% indicating that they had used these drugs illicitly in the last month (Health Promotion Services, 1998b; Health Promotion Services and the Centre for Behavioural Research in Cancer, 1998). However as no further breakdown of this group is made it is not possible to determine what percentage of this use related to the use of heroin specifically.

Injecting drug users

The prevalence of heroin use among injecting drug users in WA has been determined to some extent by data collected as part of the Australian Needle and Syringe Program Survey on respondents' 'last drug injected'. Heroin has been the drug most commonly reported as the 'last drug injected' since 1995, when data collection began. Table 1 represents the number of injecting drug users who reported heroin as the last drug they had injected prior to completion of the survey. Although there has been an apparent increase in the proportion of injecting drug users who report heroin as their last drug used this was not significant (Chi Square = 5.944, df=3, n.s.).

Table 1: Number of WA respondents in the ‘Australian Needle and Syringe Program Survey’ who indicated that the last drug they injected was heroin, 1995–1998 (Source: National Centre for HIV Epidemiology and Clinical Research)

Year	Numbers reporting heroin as ‘last drug used’	Percentage of responses	Total number of responses
1995	13	43	30
1996	56	67	83
1997	32	67	48
1998	101	63	161

Current patterns of heroin use

Most key informants (n=14) were familiar with heroin users from across the entire Perth metropolitan region with the remainder reporting contact with heroin users from all over the state.

All key informants had contact with users who were currently in some type of treatment. Treatments nominated were methadone (n=11), naltrexone (n=11), counselling (n=7) and detox (n=7). Six key informants (38%) had contact with heroin users who were currently in prison therefore estimates of previous criminal justice history were high, with between 10% and 90% of the heroin users described thought to have had a previous criminal justice history at either juvenile or adult level.

The use of both rock and powder heroin was mentioned by key informants with the suggestion made that individuals have little control over the form of heroin they purchase when purchasing at street level. Rock heroin has been reported as more widely available recently and as a result has become more easily accessible through street level purchases. Nearly all heroin used by the individuals with whom the key informants had contact was used intravenously, with smoking restricted to just a few individuals.

Where the level of use was reported this was predominantly daily use (n=13) however the amount used per day varied from half a point (\$50) up to several points a day dependent upon drug availability and/or finances available. Frequency of use varied from one to three or four shots a day, usually administered in half point amounts. Several key informants were in contact with users who would use heroin every other day or less.

Heroin use trends

Although just over a third (37.5%) of the key informants indicated that there were unaware of any recent changes in the demographic profile of individuals using heroin the remainder identified changes in this profile. The same number of key informants (37.5%, n=6) had observed a trend towards a younger age of initiation to heroin use and were consequently seeing a younger population of users. According to these key informants the increase in level of use among younger individuals, such as those of high school/university age, has been evident over the last 12 months and has been accompanied by an initiation straight to the injection of heroin. An increase in the recreational use of heroin has also been reported over this timeframe with heroin use seen as becoming more acceptable among a wider population.

An increase in the number of women using heroin was also mentioned by a quarter of the key informants. These key informants suggested that the increase in numbers of women using, particularly younger women, has resulted in the ratio of male to female heroin users narrowing. This information is supported to some extent by the number of individuals aged between 25-29 years receiving methadone treatment over the last financial year as indicated in Table 2 (Chi Square = 8.327, df = 1, p=0.0039).

Table 2: Number of methadone patients in WA, by age and gender, July 1998–June 1999 (Source: Next Step Specialist Drug & Alcohol Services and Pharmaceutical Services, HDWA)

Age	1998				1999				All
	Jul-Sept		Oct-Dec		Jan-Mar		Apr-Jun		
	M	F	M	F	M	F	M	F	
<20	18	26	18	26	20	26	23	29	186
20-24	131	131	157	145	170	153	193	167	1247
25-29	180	135	190	146	231	173	231	180	1469
30-34	195	164	194	167	193	153	202	156	1424
35-39	243	153	267	157	262	162	251	155	1650
40+	261	116	276	125	309	147	319	150	1703
Total	1753		1871		1999		2056		7679

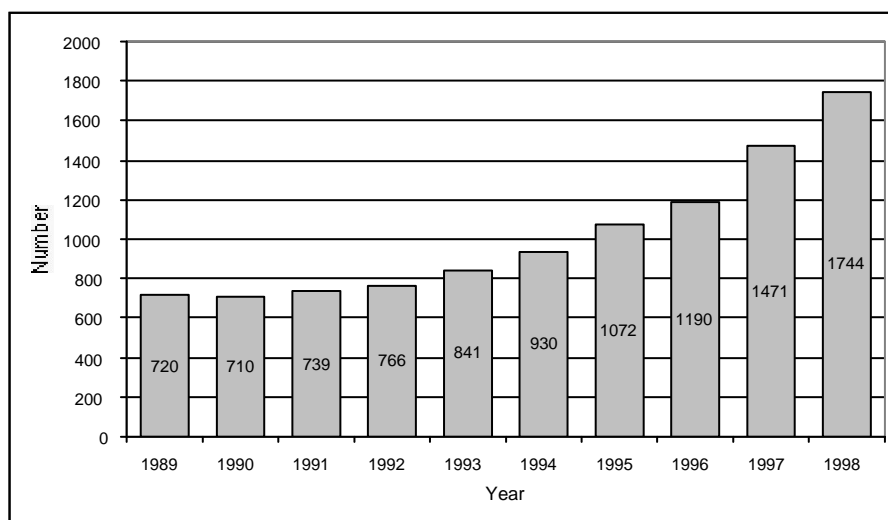
However, it is unclear at present whether this data represents the beginning of a trend towards increases in the proportions of younger heroin users, or other factors. These include differences in the demographic characteristics of groups with whom key informants had contact, or an increased acceptability of methadone treatment to younger users, perhaps resulting from an increase in the number of private general practitioner's being involved in methadone prescription.

Three key informants (19%) reported an increase in the number of Aboriginals using heroin and felt that this was reflective of an overall increase in the use of heroin within the Aboriginal community. Two other key informants indicated that there has been an increase in the number of Asian people they have seen over the last six months who were using heroin.

Several key informants (n=4) also mentioned that there has been an increase in the number of heroin users they are seeing who have come into contact with the criminal justice system over the last 12 months. This included an increase in the numbers being given custodial sentences and an increase in the length of sentences given. One key informant who works within the criminal justice system suggested that there has been an increase in the number of people they are seeing for detox “which is representative of the number of drug-dependent people being admitted into the criminal justice system” (KI-13). Furthermore, it was suggested that as the use of heroin is starting at an earlier age so too is the drug-related offending of these individuals.

It would appear that not only has there been an overall increase in the number of people using heroin as their primary drug, there has also been an increase in the use of heroin among other primary drug users. This increase in heroin use has been reflected in the number of people accessing methadone treatment over the last ten years, as demonstrated in Figure 3.

Figure 3: Number of persons participating in WA methadone programs between 1989-1997 (Source: Select Committee into the Misuse of Drugs Act report)



As Table 3 indicates there was also some increase in the percentage of calls made to ADIS between 1994 and 1995 which were heroin-related. However, as it is not clear what proportion of the unspecified opioids in 1996 and 1997 related to the use of heroin it is difficult to determine whether this trend has continued.

Table 3: Proportion of annual illicit drug-related calls to the WA ADIS line which were opioid-related, 1989–1997 (Source: Alcohol and Drug Information Service, Next Step Specialist Drug and Alcohol Services)

Opioids	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Heroin	731 (28%)	747 (22%)	783 (17%)	817 (16%)	768 (15%)	937 (16%)	1580 (23%)	na	na	na
Unspecified opioid	na	na	na	na	na	na	na	1911 (33%)	2399 (39%)	2436 (35%)
Methadone	na	na	na	na	na	na	na	151 (3%)	151 (2%)	286 (4%)
Total illicit calls	2,656	3,470	4,632	5,241	5,272	5,815	6,923	5,733	6,136	6,869

NB. Changes to the recording system for calls were introduced in 1996

It would appear that there has been some level of stability in the number of calls made relating to the use of illicit opioids within the period January 1998 to June 1999, as indicated in Table 4.

Table 4: Proportion of quarterly illicit drug-related calls to the WA ADIS line which were opioid-related, 1998–1999 (Source: Alcohol and Drug Information Service, Next Step Specialist Drug and Alcohol Services)

Opioids	Jan-Mar 1998	Apr-Jun 1998	Jul-Sept 1998	Oct-Dec 1998	Jan-Mar 1999	Apr-Jun 1999
Illicit opioids	546 (35%)	519 (32%)	481 (27%)	602 (32%)	594 (29%)	617 (32%)
Prescribed opioid	59 (4%)	71 (4%)	84 (5%)	74 (4%)	99 (5%)	62 (3%)
Methadone	86 (6%)	73 (4%)	60 (3%)	67 (4%)	79 (4%)	111 (6%)
Total illicit calls	1,556	1,641	1,768	1,904	2,046	1,916

3.1.5 Summary of heroin trends

A summary of trends relating to heroin use in WA during the 1998/1999 period, as established through a key informant survey and examination of indicator data, is provided in Table 5. It was indicated that some decrease in the price of larger quantities of heroin occurred within the six months prior to survey but that prices for smaller amounts had remained stable. Purity levels were also considered relative to the size of purchase made.

Table 5: Summary of trends in the price, availability, purity and use of heroin

Price	<ul style="list-style-type: none"> • \$50 a packet, stable • \$450-600 a gram, stable • Price dependent upon contacts available to purchaser as well as quantity purchased
Availability	<ul style="list-style-type: none"> • Readily and widely available, stable to increasing availability
Purity	<ul style="list-style-type: none"> • 57% seizures • Fluctuating purity levels over last 12 months with increase in average purity over last 6
Use	<ul style="list-style-type: none"> • Younger age of initiation into use with initiation straight to heroin use • Increase in heroin use particularly among the young and women • Increase in the recreational use of heroin, use seen as becoming more acceptable • Increased contact with the criminal justice system • Increase in the number of people involved as user-dealers

3.2 AMPHETAMINE

Only four key informants, two males and two females, nominated that the primary drug used by the illicit drug users with whom they were in contact was amphetamines. These four comprised of one drug treatment worker, one general health worker and two other professionals, namely a magistrate and a community corrections officer. Contact of four to five days a week was reported, with three of the four key informants having been in contact with over 50 illicit drug users within the last six months. All contact with illicit drug users among this key informant group was as a result of work contact. The use of amphetamines specifically by prisoners and Aboriginal and Torres Strait Islanders was reported on by one key informant.

As accounts of amphetamine use are limited by the size of the reporting group the information provided has been supplemented with accounts of amphetamine use provided by other key informants. Indicator data has also been utilised in order to provide an overview of trends in amphetamine use.

3.2.1 Price

Only one key informant felt able to comment on the price of amphetamine so prices reported are those provided by police. The price of a street gram, according to the WA Police was \$220 to \$250 with ABCI reporting \$200 as the price for a street deal. A price of \$150-300 for a 'weight' (gram) was reported as of January 1999 in ABCI data. .

According to police information, no changes in the price of amphetamine have been reported over the last 12 months, however a clear distinction in the price ranges of larger purchases was identified. It was indicated that price range is clearly divided according to the purity of the product required by the purchaser with prices at the lower end of the scale associated with lower level of purity (3-6%) and higher prices associated with purity of 25% or more.

3.2.2 Availability

Key informants, reporting on primary amphetamine users, indicated that amphetamine was 'very easy' to obtain at the moment and suggested that the availability had either remained stable over the last six months (n=2) or increased (n=1). Other key informants indicated that amphetamine has become increasingly available over the last six to 12 months with availability related to an increase in demand for the drug. It was further suggested that amphetamine is currently as widely available as heroin. Dexamphetamine is also reported as being more readily available than it has been in the past with an established black market and large supplies available at cheap prices.

3.2.3 Purity

Although only one of the key informants reporting on amphetamine use felt confident enough to address the issue of purity, suggesting that it was presently high, other key informants interviewed in relation to other primary drug users were able to provide information about past and present purity levels. These individuals suggested that the purity of amphetamine

has improved over the last 12 months with a particular improvement in quality within the last six months. A police officer (interviewed as a key informant) also suggested that the purity of amphetamine has increased from about 2-3% to 30-40% and is presently available 'off glass', that is directly from the manufacturer, and therefore involves no additional processing of the product. This may account for the suspected higher purity levels within the last six months.

Figure 4 indicates that the overall average purity of illicit amphetamine seizures (ie. amphetamine and methamphetamine) has remained stable over the last 12 months.

Figure 4: Purity of illicit amphetamine seizures analysed by law enforcement agencies in WA, 1998-1999 financial year (Source: ABCI)

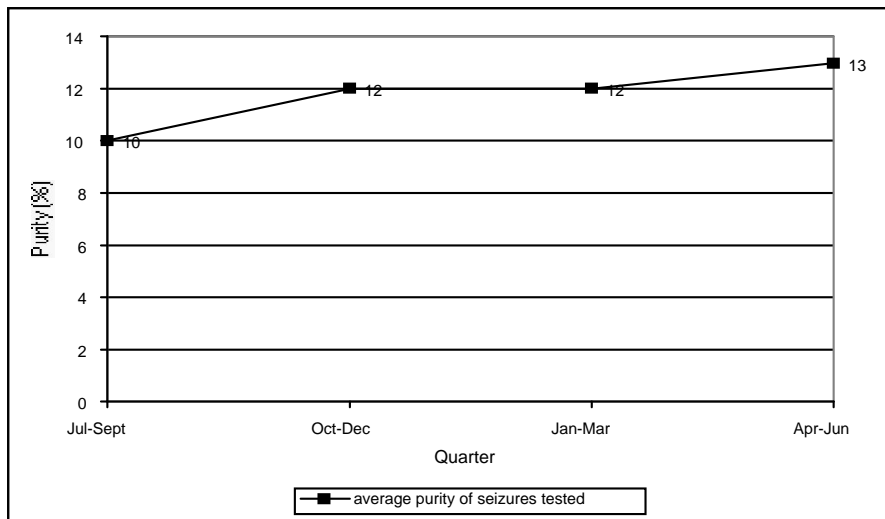
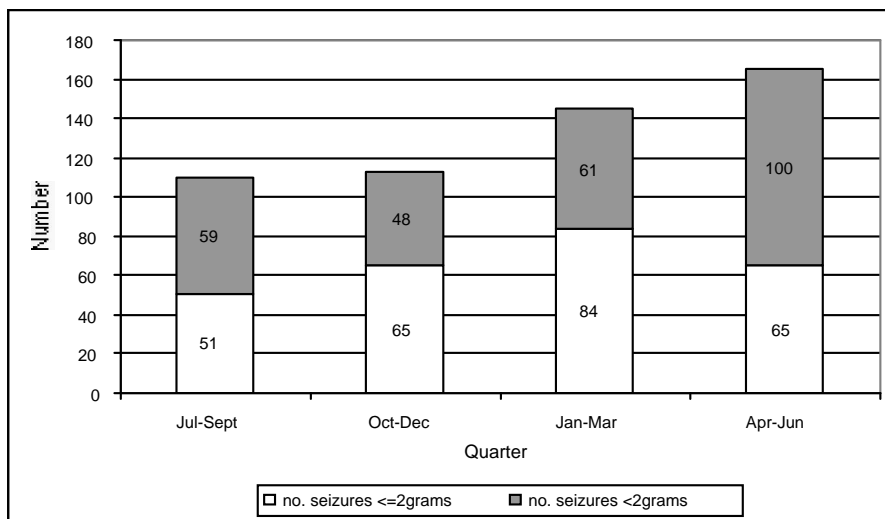


Figure 5 shows the number of seizures on which the average purity is based, by quarter, during the 1998/1999 financial year. It is important to note that these numbers do not represent the total number of seizures made, but rather the number of seizures submitted for analysis.

Figure 5: Number of illicit amphetamine seizures analysed by law enforcement agencies in WA, 1998-1999 (Source: ABCI)



3.2.4 Use

Prevalence of amphetamine use among different populations

West Australians aged 14 and above

The 1998 National Drug Strategy Household Survey provides the most recent data on the prevalence of amphetamine use among West Australians. More than one in ten respondents (10.6%; 95% CI: 8.5%, 12.9%) surveyed in WA (n=797) indicated that they used amphetamine in their lifetime, not substantially different to the national average of 8.7% (95% CI: 8.2%, 9.3%). 'Non-medical' use of amphetamine within the last 12 months was significantly higher among WA respondents (6%; 95% CI: 4.5%, 7.9%) than nationally (3.6%; 95% CI: 3.2%, 4.0%) (Chi Square=11.091, df=1, p=0.001) (Australian Institute of Health and Welfare, 1999a; Australian Institute of Health and Welfare, 1999b).

Adults

Lifetime amphetamine use among a representative sample of 2781 Western Australian adults in 1997 was found to be 9% with 1% having used within four weeks of their participation in the survey. Males reported significantly higher lifetime use of amphetamine (Chi Square=13.212, df=1, p=0.000) than the females surveyed, 11% (95% CI: 9.3%, 12.9%) compared to 7% (95% CI: 5.8%, 8.4%) lifetime use. Use within the four weeks prior to interview was reported by 2% of male respondents (95% CI: 1.3%, 2.9%) not significantly different to the 1% (95% CI: 0.6%, 1.6%) of female respondents. Younger respondents also reported significantly higher rates of recent use of amphetamine (Chi Square=9.491, df=1, p=0.002) with those aged 18 to 24 years reporting 6% (95% CI: 3.7%, 8.9%) recent use compared to 2% (95% CI: 1.0%, 3.4%) among those aged 25 to 34 years. There was no difference in the prevalence of lifetime use among these two groups with 21% of those aged 18 to 24 (95% CI: 17.0%, 25.8%) and 17% of those aged 25 to 34 years (95% CI: 14.1%, 20.3%) reporting that they had ever used amphetamines (Health Promotion Services, 1998a).

School students

Of 3325 school students, aged 12 to 17 years, surveyed about their drug use in 1996, 7% reported that they had ever used amphetamine. Among those who had ever used, 29% had used it in the month prior to being surveyed (Health Promotion Services, 1998b; Health Promotion Services and the Centre for Behavioural Research in Cancer, 1998).

Injecting drug users

Among injecting drug users accessing needle and syringe programs surveyed since 1995 amphetamine has been the second most commonly reported drug as that 'last injected'. Table 6 represents the number of people in WA reporting amphetamine use as their 'last drug injected' and the percentage of total respondents these represent. Changes in the number of injecting drug users reporting amphetamine use as their last drug injected were not significant (Chi Square=5.855, df=3, n.s.) however this could be due to the limited number of cases available for comparison.

Table 6: Number of WA respondents in the ‘Australian Needle and Syringe Program Survey’ who indicated that the last drug they injected was amphetamine, 1995 – 1998
(Source: National Centre for HIV Epidemiology and Clinical Research)

Year	Numbers reporting speed as ‘last drug used’	Percentage of responses	Total number of responses
1995	10	33	30
1996	12	14	83
1997	6	13	48
1998	35	22	161

Current patterns of amphetamine use

Although contact with amphetamine users from all over the Perth metropolitan region was reported the southern suburbs of Perth were particularly highlighted with two of the four key informants reporting on amphetamine use within this region.

Two distinct groups of amphetamine users were identified with differing routes of administration reported by these two groups. The first group comprised of individuals who used more amphetamine and used on a more frequent basis. Use was reported as predominantly intravenous in nature and related to the use of powder or crystal amphetamine. Where dexamphetamine tablets were used by this population these also tend to be intravenously administered. The level of amphetamine use among this group was reported as either daily or every other day with up to half a gram used on the days where use occurred.

The other group referred to were those who only use amphetamines on a recreational basis. This group tended to use powder or tablets with administration either by snorting or swallowing, dependent upon the form of drug used. It was suggested that oral administration has become preferable to snorting among social users.

Amphetamine use trends

Although two key informants observed no changes in the population using amphetamine over the last six to 12 months one indicated that there had been an increase in the number of young people, whilst another observed an increase in the number of women using amphetamines. It was also suggested that there is an additional subset of amphetamine users, usually older, who have become involved in the use of amphetamines as a result of work pressures.

It is considered that the number of amphetamine users in general has increased and amphetamine has started to regain popularity among illicit drug users since its use last peaked. Table 7 represents the number of calls made to ADIS in relation to the use of amphetamines as the primary drug and indicates an increase in the number of calls made over the last few years relating to the use of amphetamines.

Table 7: Proportion of annual illicit drug-related calls to the WA ADIS line which were amphetamine-related, 1989–1997 (Source: Alcohol and Drug Information Service, Next Step Specialist Drug and Alcohol Services)

Psycho-stimulants	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Unspecified	406 (15%)	937 (27%)	1351 (29%)	1498 (29%)	1789 (34%)	1957 (34%)	1737 (25%)	na	na	na
Amphetamines	na	na	na	na	na	na	na	657 (11%)	750 (12%)	1177 (17%)
Amphetamines (prescribed)	na	na	na	na	na	na	na	76 (1%)	104 (2%)	141 (2%)
Total illicit calls	2,656	3,470	4,632	5,241	5,272	5,815	6,923	5,733	6,136	6,869

Table 8 demonstrates the continued increase in number of amphetamine-related calls made during the last financial year.

Table 8: Proportion of quarterly illicit drug-related calls to ADIS which were amphetamine-related, 1998–1999 (Source: Alcohol and Drug Information Service, Next Step Specialist Drug and Alcohol Services)

Psycho-stimulants	Jan-Mar 1998	Apr-Jun 1998	Jul-Sept 1998	Oct-Dec 1998	Jan-Mar 1999	Apr- Jun 1999
Amphetamines	241 (15%)	271 (17%)	315 (18%)	350 (18%)	420 (21%)	382 (20%)
Amphetamines (prescribed)	39 (3%)	20 (1%)	35 (2%)	47 (2%)	34 (2%)	39 (2%)
Total illicit calls	1,556	1,641	1,768	1,904	2,046	1,916

Problems associated with the increased use of amphetamine were noted with instances of hypertension, agitation and paranoia observed by key informants involved in the medical field.

3.2.5 Summary of amphetamine trends

A summary of the trends relating to the use of amphetamine in WA in 1999 is provided in Table 9. The only trend observed throughout the prior 12 month period was a re-emergence of amphetamine use, with the level of recreational use increasing.

Table 9: Summary of trends in the price, availability, purity and use of amphetamines

Price	<ul style="list-style-type: none">• Street gram \$200-250• Price seen as stable
Availability	<ul style="list-style-type: none">• Readily available• Increased availability of dexamphetamine
Purity	<ul style="list-style-type: none">• 12% seizures• Stable
Use	<ul style="list-style-type: none">• Two distinct groups of users identified:<ul style="list-style-type: none">• Daily/every other day users who inject• Recreational users who snort/orally administer• Increase in number of young people and women who are using

3.3 COCAINE

No key informants were able to comment on the use of cocaine as the primary drug used by any of their illicit drug using contacts. The information contained in the following section is therefore the result of comments made in relation to cocaine use by key informants reporting on users of other primary drugs as well as information obtained from indicator data.

3.3.1 Price

No key informants were able to accurately comment on the price of cocaine. Prices provided by the WA Police Service indicate that the price of one gram of cocaine is currently \$180, with the ABCI nominating a range of \$180-250. Prices provided by WA police and the ABCI indicate that the price of gram purchases of cocaine have remained constant over the last 12 months.

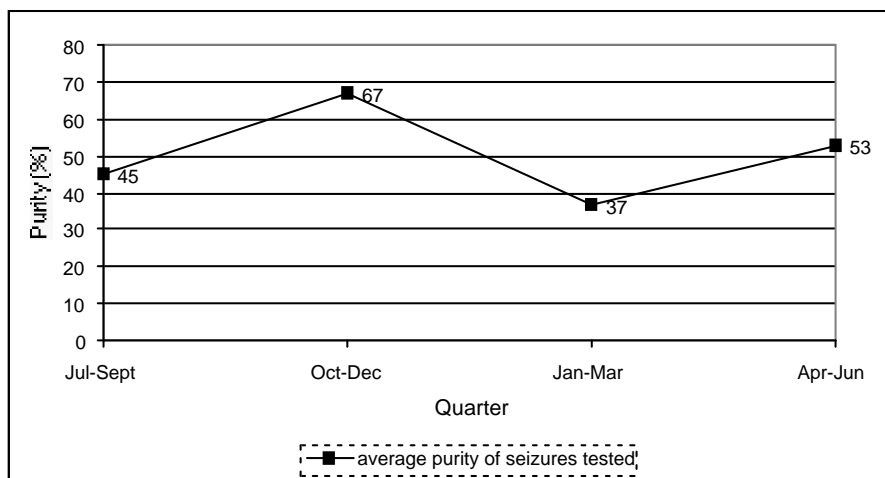
3.3.2 Availability

Three key informants (10%) referred to the present availability of cocaine. Two of these suggested that although none of the illicit drug users with whom they were in contact had reported the use of cocaine, users had indicated that its availability had increased and were familiar with people who claimed to have used it. Police reports also suggest that there is a ready supply of cocaine available.

3.3.3 Purity

Police information indicates that the purity of cocaine available in Perth, as determined by purity of seizures made, rose from 20-24% in December 1998 to 74-75% in February 1999 (Anon, 1999). However, the average purity of cocaine seizures analysed over the 1998/1999 financial year and represented in Figure 6, indicate that the October to December period registered the highest average purity for seizures analysed. The overall purity of seizures throughout the 1998/1999 period ranged from 1-80%. Caution must be used when examining these purity figures due to both the small number of samples and the non-random nature by which seizures are tested given that samples are more likely to be tested where the person charged pleads not guilty. Additionally the small number of seizures tested in the January to June period of 1999 should be noted.

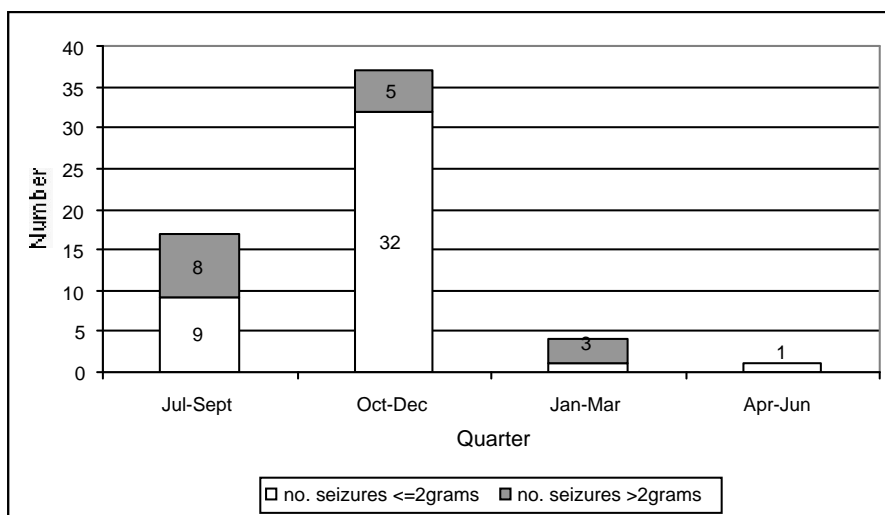
Figure 6: Purity of cocaine seizures analysed by law enforcement agencies in WA by weight, 1998-1999 (Source: ABCI)



NB. Only one seizure ≤ 2 grams made in Jan-Mar period the purity level of which was reported as 1%.

Figure 7 shows the number of seizures on which the average purity is based, by quarter, during the 1998/1999 financial year. It is important to note that these numbers do not represent the total number of seizures made, but rather the number of seizures submitted for analysis.

Figure 7: Number of cocaine seizures analysed by law enforcement agencies in WA, 1998-1999 (Source: ABCI)



3.3.4 Use

Prevalence of cocaine use among different populations

West Australians aged 14 and above

Recent information on the prevalence of cocaine use among the WA population was collected as part of the 1998 National Household Survey, which included 797 Western Australians. Of these WA respondents 4.1% (95% CI: 2.9%, 5.8%) indicated that they had ever used cocaine

with 1.3% (95% CI: 0.6%, 2.3%) having done so within the last 12 months. WA averages for cocaine use are very similar to the national average for both lifetime (4.3%; 95% CI: 3.9%, 4.7%) and recent use (1.4%; 95% CI: 1.2%, 1.6%).

Adults

The prevalence of lifetime cocaine use among Western Australian adults, as determined by the *Tobacco, Alcohol and Illicit Drug Consumption Survey* in 1997, was 4% (95% CI: 3.3%, 4.8%) of the 2771 respondents. Less than 1% (95% CI: 0.7%, 1.5%) had used the drug within a month of participating in the survey. As with other illicit drugs males reported a higher level of use with 6% (95% CI: 4.7%, 7.5%) reporting lifetime use compared to 2% (95% CI: 1.3%, 2.8%) of females. Recent use was less than 1% for both groups. The prevalence of lifetime use among those aged 25-34 years was similar to that reported among those aged 18-24, 8% (95% CI: 5.9%, 10.4%) and 6% (95% CI: 3.7%, 9.0%) respectively (Health Promotion Services, 1998a).

School students

The lifetime prevalence of cocaine use among those aged 12 to 17 years, who responded to a school survey conducted in 1996 (n=3325), had 3% (95% CI: 2.5%, 3.6%) of respondents indicating that they had ever used cocaine with 1% (95% CI: 0.7%, 1.4%) having used it within four weeks of participation in the survey (Health Promotion Services, 1998b; Health Promotion Services and the Centre for Behavioural Research in Cancer, 1998).

Injecting drug users

There is little information currently available about the incidence of cocaine injection among injecting drug users in WA. As data collected for the *Australian Needle and Syringe Program Survey* relates to the last drug injected rather than last drug used it is difficult to determine how prevalent the use of cocaine by non-injecting routes of administration may be. Additionally as only one individual from a total of 322 surveyed in WA since 1995 has ever reported cocaine as the last drug they injected it is not possible to determine what, if any, changes there have been in the prevalence of cocaine use over that time (National Centre for HIV Epidemiology and Clinical Research, 1999).

Current patterns in cocaine use

Only one key informant mentioned the use of cocaine by the illicit drug users with whom they were in contact. This key informant commented on an increase in the injection of cocaine among the users with whom they are in contact however highlighted that it is still a rare event and the use of cocaine is predominantly recreational in nature.

Table 10 indicates that there has been a consistently low proportion of calls to the WA ADIS line in relation to the use of cocaine over the past ten years.

Table 10: Proportion of annual illicit drug calls to the WA ADIS line which were cocaine-related, 1989–1997 (Source: Alcohol & Drug Information Service, Next Step Specialist Drug and Alcohol Services)

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Cocaine	69 (3%)	61 (2%)	62 (1%)	74 (1%)	54 (1%)	64 (1%)	71 (1%)	82 (1%)	37 (0.6%)	47 (0.7%)
Total illicit calls	2,656	3,470	4,632	5,241	5,272	5,815	6,923	5,733	6,136	6,869

Any recent increase in the use or availability of cocaine does not as yet appear to have impacted on the proportion or number of cocaine related calls received in the period January 1998 to June 1999 as represented in Table 11.

Table 11: Proportion of quarterly illicit drug-related calls to the WA ADIS line which were cocaine-related, 1998–1999 (Source: Alcohol & Drug Information Service, Next Step Specialist Drug and Alcohol Services)

	Jan-Mar 1998	Apr-Jun 1998	Jul-Sept 1998	Oct-Dec 1998	Jan-Mar 1999	Apr- Jun 1999
Cocaine	10 (0.6%)	10 (0.6%)	18 (1%)	9 (0.4%)	7 (0.3%)	19 (1%)
Total illicit calls	1,556	1,641	1,768	1,904	2,046	1,916

3.3.5 Summary of cocaine use trends

Although no key informants were able to report on primary cocaine users in WA, what trends in cocaine use were identified from indicator data and key informant comments for the 1998/1999 financial year are reported in Table 12.

Table 12: Summary of trends in the price, availability, purity and use of cocaine

Price	<ul style="list-style-type: none"> • \$180 – 250 a gram, stable
Availability	<ul style="list-style-type: none"> • Becoming increasingly available
Purity	<ul style="list-style-type: none"> • 58% seizures
Use	<ul style="list-style-type: none"> • Suggested that injecting has started to occur but is still a rare event

3.4 CANNABIS

Four male and six female key informants reported on the use of cannabis; four drug treatment workers, three general health workers, an outreach worker, a youth worker and a police officer. Seven of these key informants had predominantly work contact with cannabis users, with the rest reporting a combination of both work and social contact. Half of these key informants had daily contact with cannabis users with 60% having seen more than 50 individuals in the past six months. The use of cannabis by youth, Aboriginals, NESB, injecting drug users, prisoners, dual diagnosis patients and women was included.

Trends in cannabis use reported here are based on interviews with these ten key informants, comments made by other key informants in relation to cannabis use by other primary drug users, as well as indicator data.

3.4.1 Price

The majority of key informants reported that the price of cannabis ranged from \$20 to \$50 for a foil or bag dependent upon the form of cannabis purchased and who it was purchased from. These prices equate to the drug prices provided by WA police and the ABCI which indicate that the price of a gram (foil/bag) of non-hydroponic cannabis is \$20 with hydroponic cannabis priced at \$50. Whilst half the key informants considered that the price of cannabis had not changed over the last six months, one suggested that it had decreased and one other that the purchase price fluctuated. Prices provided by both the WA Police Service and the ABCI suggest that there has been little change in the price of cannabis purchases over the last 12 months. In addition the ABCI information indicates that there is a clear distinction between the price paid for hydroponic and non-hydroponic cannabis which is irrespective of the quantity purchased. An example of this being the price paid for an ounce, \$200-300 for non-hydroponic cannabis compared to \$400-500 for an ounce of hydroponic cannabis.

3.4.2 Availability

All key informants mentioned that cannabis was readily available, commenting that it was either 'very easy' (80%) or 'easy' (20%) to obtain. Most key informants (n=7) thought that the availability of cannabis had remained stable over the last six months with the remainder remarking that the market tended to fluctuate.

The increased availability of hydroponically grown cannabis over the last 12 months was reported by key informants, with this form of cannabis being regarded as the preferred form to use by most of the cannabis users with whom they were in contact.

3.4.3 Potency

The majority of key informants (80%) considered that cannabis was of medium (n=4) to high (n=4) potency at present. Changes in potency over the last six months were reported with an increase reported by four key informants. Several key informants indicated that the potency of cannabis had fluctuated over the last six months and, as with other drugs, the potency of cannabis purchased was dependent upon the contacts available to the purchaser. There are presently no routinely reported indicators of cannabis potency available with which to refute or support this information.

3.4.4 Use

Prevalence of cannabis use among different populations

Cannabis was the most commonly used illicit drug among those surveyed as part of the 1998 National Household Survey, the 1997 *Tobacco, Alcohol and Illicit Drug Consumption Survey* and the 1996 survey of illicit drug use among WA school students.

West Australians aged 14 and above

More than two in five (44.8%) (95% CI: 41.3%, 48.3%) West Australians surveyed for the National Household Survey indicated that they had ever used cannabis, significantly higher (Chi Square=9.123, df=1, p=0.003) than the national average of 39.3% (95% CI: 38.4%, 40.3%). Recent use of cannabis was reported by more than one in five (22.3%) of the WA sample (95% CI: 19.5%, 25.4%), again significantly higher (Chi Square=9.323, df=1, p=0.002) than the national average of 17.9% (95% CI: 17.2%, 18.7%).

Adults

Prevalence of illicit drug use among WA adults in 1997 was reported as part of the *Tobacco, Alcohol and Illicit Drug Consumption Survey*. Of those surveyed who responded to questions about cannabis use (n=2786) more than two in five (42%) had used the drug in their lifetime. One in ten respondents (10%) had also used cannabis within the four weeks prior to participation in the survey (recent use). As with the other illicit drugs male respondents reported a significantly higher level of both lifetime (Chi Square=40.196, df=1, p=0.000) and recent use (Chi Square=50.143, df=1, p=0.000) than the female respondents. Lifetime prevalence was reported at 48% (95% CI: 45.1%, 50.8%) and 36% (95% CI: 33.6%, 38.4%), with use of cannabis within the four weeks prior to participation in the survey reported by 14% (95% CI: 12.1%, 16.1%) and 6% (95% CI: 4.9%, 7.3%) respectively. When the age of the respondent was taken into consideration those aged 18-24 years had a significantly higher rate of recent cannabis use than those aged 25-34 and 35-44 years (Chi Square=53.821, df=1, p=0.000). This age group reported 72% (95% CI: 67.0%, 76.6%) lifetime use and 33% (95% CI: 28.2%, 38.2%) recent use. Those aged 25-34 reported 66% (95% CI: 62.0%, 69.7%) lifetime use and 13% (95% CI: 10.5%, 16.0%) recent use, with 50% (95% CI: 46.0%, 54.0%) lifetime use and 9% (95% CI: 6.9%, 11.6%) recent use reported among those aged 35-44 years. The prevalence of lifetime use reported by the 25-34 year olds was, perhaps not surprisingly, significantly higher than that reported among the 35-44 age group (Chi Square=31.260, df=1, p=0.000) (Health Promotion Services, 1998a).

School students

A 1996 survey of drug use by WA school students, aged 12 to 17 years (n=3325), found that cannabis accounted for the majority of both lifetime and recent illicit drug use with 40% of students surveyed having ever used cannabis. Almost two in five (36%) had used it in the 12 months prior to participation in the survey, 24% in the month prior and 16% having done so in the week prior. It was suggested that the incidence of recent cannabis use increased with the age of the respondent. Males peaked at the age of 16, with 32% reporting the use of cannabis within the week prior to interview and females at 17, with a quarter having used in the previous week (Health Promotion Services, 1998b; Health Promotion Services and the Centre for Behavioural Research in Cancer, 1998).

Current patterns of cannabis use

Cannabis users were described by the key informants as a younger population than the other illicit drug users reported on elsewhere in this report, with an average age of late teens/early

twenties. Two key informants did, however, work almost exclusively with an older population of cannabis users, those aged in their thirties and forties, with three key informants reporting on the use of cannabis among special interest groups, Aboriginals (n=2) and individuals from a NESB (n=1).

Most cannabis use reported was that of hydroponically grown cannabis, with smoking principally by means of a bong. The level of use reported varied from every day use to two days a week. Those in custody were reported as smoking whenever cannabis was available for them to use. Two key informants reported on the use of bucket bongs, a means of rapidly administering a large volume of smoke, with one group using this method as their predominant means of drug administration, smoking two buckets a day three days a week. The other group using this method restricted its use to special occasions (parties, etc). Only one key informant mentioned the smoking of joints, with this method restricted to those in custody and only used when there was a lack of equipment with which to make a bong.

Cannabis use trends

Four of the ten key informants mentioned that there had been a decrease in the age of the cannabis users with whom they were in contact. An increase in the number of NESB clients seen by one key informant working in this area was also reported. . They suggested that the increase was, however, probably more related to an increase in panic among the parents, due to a limited knowledge of drug use and a resultant push to get their children into treatment, rather than an actual increase in numbers.

3.4.5 Summary of cannabis trends

A summary of cannabis trends as identified by key informants and indicator data are represented in Table 13. Prices had remained stable throughout the 1998/1999 financial year and were dependent upon the form of cannabis purchased. The use of hydroponic cannabis has increased over this period with this being the form of cannabis preferred for use by most users.

Table 13: Summary of trends in the price, availability and use of cannabis

Price	<ul style="list-style-type: none"> • Gram price \$20 for non-hydroponic \$50 for hydroponic • Ounce price \$200-300 for non-hydroponic \$400-500 for hydroponic • Stable
Availability	<ul style="list-style-type: none"> • Readily available • Fairly stable
Use	<ul style="list-style-type: none"> • Younger population of users than other illicit drugs and becoming younger • Increased use of hydroponic cannabis

3.5 OTHER DRUGS

3.5.1 Benzodiazepines

The majority of key informants (60%, n=18) reported on the use of benzodiazepines with these drugs being used by primary heroin (n=12) and primary cannabis (n=6) users. Use of these drugs was predominantly oral in nature, however, the intravenous administration of benzodiazepines was mentioned by two key informants, with one stating that this related specifically to the use of temazepam. Use of benzodiazepines was reported to occur among 20-100% of the primary heroin users and 20-70% of the primary cannabis users dependent upon the key informant reporting on use. These broad ranges are more likely to reflect the diversity of clients seen by key informants rather than provide an accurate reflection of the level of polydrug use among the population of drug users.

Among primary heroin users two uses of benzodiazepines were reported, either as a substitute for heroin or in conjunction with heroin. When heroin was unavailable, due to limited finances or a restriction in supply, benzodiazepines were used to relieve the symptoms of withdrawal. When used in conjunction with heroin this was to heighten the effects of the heroin used.

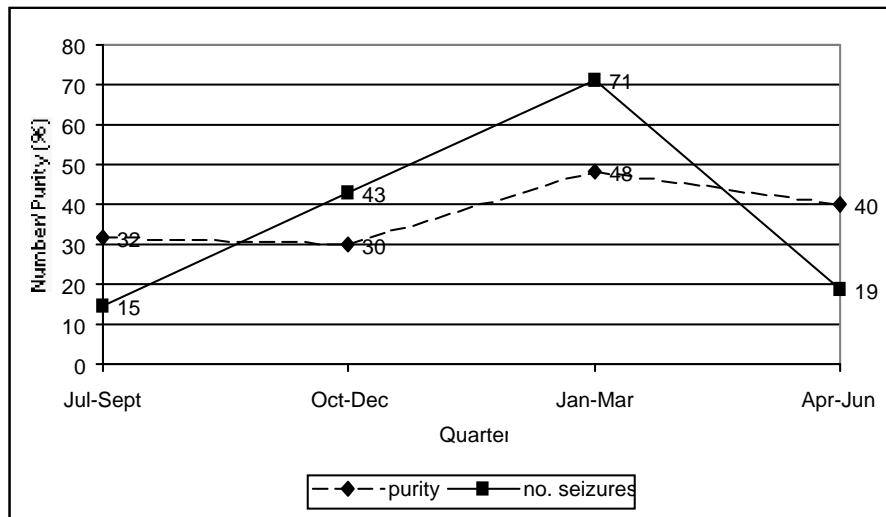
Twelve key informants (40%) nominated the use of Rohypnol specifically, with the suggestion that this had been the most commonly used benzodiazepine until the changes to its scheduling in July 1998. Since the rescheduling from an S4 to an S8 there has been reduced availability of Rohypnol on the black market and a resultant price increase. This has resulted in a move to the use of cheaper, more readily accessible benzodiazepines, such as Rivotril, Temazepam and Serepax, in their place.

Most benzodiazepine use reported was illicit in nature with only two key informants indicating that any proportion of their illicit drug using contacts would be using benzodiazepines as prescribed.

3.5.2 Ecstasy and LSD

Sixteen key informants (53%) reported on the use of ecstasy with nine (30%) also reporting on the use of LSD. The use of both these drugs was reported among a wide range of illicit drug users. Use of ecstasy was reported almost exclusively as being occasional in nature, predominantly orally administered, generally used by younger illicit drug users and associated with recreational activities such as dance parties. LSD use was even less frequent in nature than the use of ecstasy.

Figure 8: Number and purity of ecstasy seizures analysed by law enforcement agencies in WA, 1998-1999 (Source: ABCI)



3.5.3 Other opioids

The illicit use of morphine and other opioids was mentioned by six key informants (20%). Morphine was considered preferable to heroin use, for some illicit drug users, as it was both cheap in price and of known purity. For others the use of these drugs was restricted to times when heroin availability was low. It was also suggested that the availability of these drugs had increased.

3.5.4 Anti-depressants

The use of anti-depressants was reported by eight key informants (27%) and was observed among both primary heroin and primary cannabis users. Only one of these key informants suggested that the use of these drugs might be illicit in nature with the remainder indicating use would be in accordance with prescription and used as part of treatment.

3.5.5 Volatile substances

Only two reports of the use of volatile substances were made. In one instance this related to the use of petrol, glue or toluene as a substitute to heroin whenever heroin availability was affected and used in preference to other substitute drugs. The other report was made by a key informant working exclusively with Aboriginal clients who highlighted the daily use of aerosols by a small proportion (<5%) of their cannabis using clients.

3.5.6 Summary of other drug trends

The only trend noted in relation to the use of 'other drugs' was that relating to the use of benzodiazepines, in particular the reduced use of Rohypnol and an increased use of other, more readily available benzodiazepines.

3.6 DRUG-RELATED ISSUES

3.6.1 Key informant survey

Heroin-related issues

An overall increase in the number of heroin users seeking to access services over the last 6 months was reported, although it was not clear if this demand related to an improved profile of some of the newer services available or an actual increase in the number of people using heroin. Reasons provided by key informants for the heroin users demand on services included increased rates of overdose, mental health concerns, and detox requirements among the users with whom they had contact.

There were reports that the level of knowledge among heroin users, in particular relating to blood borne viruses and associated risk practices, vein care, and other health-related matters had improved over the last 6 months. It was suggested that where risky practices do occur they tend to result from a lack of planning in relation to accessing equipment or inability to access this equipment rather than a lack of knowledge about the potential risks.

A quarter (n=4) of the key informants who reported on primary heroin users (n=16) reported that there had been increased participation in dealing among the illicit drug users with whom they were in contact, particularly in regards to user-dealing. It was also indicated that there has been a shift in property offences away from residential burglaries and a subsequent increase in the number of commercial burglaries (n=2) and thefts from motor vehicles (n=1). An increase in violent offences was also reported including more bag-snatches (n=3) and armed hold-ups/robberies of individuals and small businesses (n=4). A possible explanation for the changes in type of offences committed could relate to amendments made to the *Pawnbrokers and Second-hand Dealers Act 1994*, the *Sentencing Act 1995* and the *Criminal Code*. Amendments to the *Sentencing Act 1995* and *Criminal Code* have resulted in an increase in penalties associated with aggravated burglaries, those most commonly associated with residential burglaries, whilst changes to the *Pawnbrokers and Second-hand Dealers Act 1994* have made the disposal of stolen property more difficult. With proceeds from residential property more difficult to sell, the theft of cash would appear to have become a more viable option. This, therefore, may account for increased reports of bag snatches and armed robberies/hold-ups. Residential properties may have also become harder targets as insurance company practices encourage home owners to improve security as a crime prevention measure.

Seven of the key informants thought that there had been an increase in police activity towards the heroin users with whom they were in contact over the past six months, three felt that police attention fluctuated and two thought that it had decreased. Most of the increased or fluctuating police activity related to the crackdown on street prostitution in Northbridge (an inner city suburb of Perth which has a high density of pubs, clubs and other entertainment venues) where many of the services accessed by users, including needle exchanges, are located. As a result of this increased police activity in the area key informants' accounts of police interactions with illicit drug users were conflicting with some seeing an improvement in relationships between police and sex workers, or police and young people, whilst others suggest that there the relationship may have deteriorated. One key informant expressed concern about the role railway police appear to have developed in detaining people for possession offences, as it is unclear what their exact authority in these matters is.

An improvement in police attitudes towards a harm minimisation approach was acknowledged particularly in relation to their policy not to attend at overdoses. It was also suggested that there has been an increase in the number of police officers who are willing to explore possible treatment options available for those they are charging.

Amphetamine-related issues

Key informants reporting on primary amphetamine users suggested that there had been a gradual yet consistent increase in the number of amphetamine users they had seen over the last six months. Three of these key informants (75%) reported that they had also seen an increase in the number of users presenting with physiological, psychological and psychiatric problems associated with their amphetamine use such as hypertension, paranoia, and agitation as well as more general overdose/over-use problems. A reduction in the occurrence of risk behaviours such as needle sharing was highlighted by a medical officer interviewed as a key informant.

A lower level of involvement in criminal activity among social amphetamine users was generally reported as it was suggested that this drug generally tends to be used for less time than other drugs so precludes involvement in criminal activity specifically to fund its use. Where involvement in crime did occur it was suggested that, as with heroin users, there had been an increase in the number of people involved in user-dealing (n=2). Increases in the incidences of bag snatching by this group and a move to commercial burglaries from residential burglaries were also reported. One key informant suggested that there have also been increased incidents of violent crime, particularly armed robbery, which they suggest was related to a progression in the criminal career of these individuals rather than related to their drug user per se. As mentioned above these changes may also relate to amendments in WA legislation.

Cannabis-related issues

An overall increase in demand for services by primary cannabis users was observed, however, in some instances it was suggested that the increased demand could relate to an increased awareness of existing services or the promotion of newer services. Most increase in demand was made on those agencies offering counselling services.

Key informants reported on a range of health, social and relationship problems among the cannabis users with whom they were in contact. One key informant, a psychiatric registrar, reported on the increased number of psychiatric admissions observed whilst another key informant identified an increase in aggression and depression among many of the cannabis users they had seen in the last six months, however, it was not clear that this behaviour was *caused* by the cannabis use. Whilst an increased level of awareness about the potential problems associated with cannabis use and strategies to reduce them was observed by two key informants there were others (n=3) who were particularly concerned about the risk-taking among their cannabis using contacts. These concerns related to risk-taking and/or self-harm when intoxicated. It was also suggested, by another key informant, that there is a lack of concern about the risks associated with drug use among some Aboriginal users with high-risk practices viewed as a bonding or communal experience.

The main types of crime committed by the cannabis users with whom key informants were in contact were handbag snatches, shoplifting, mobile phone theft and burglaries. Three key informants referred to an increase in armed robberies with a further reporting on the increased occurrence of home invasions. Again these changes may relate to amendments in

WA legislation. It was suggested that most of the criminal activity reported among cannabis users occurred among those who also used other drugs or the result of a forensic history unrelated to their cannabis use.

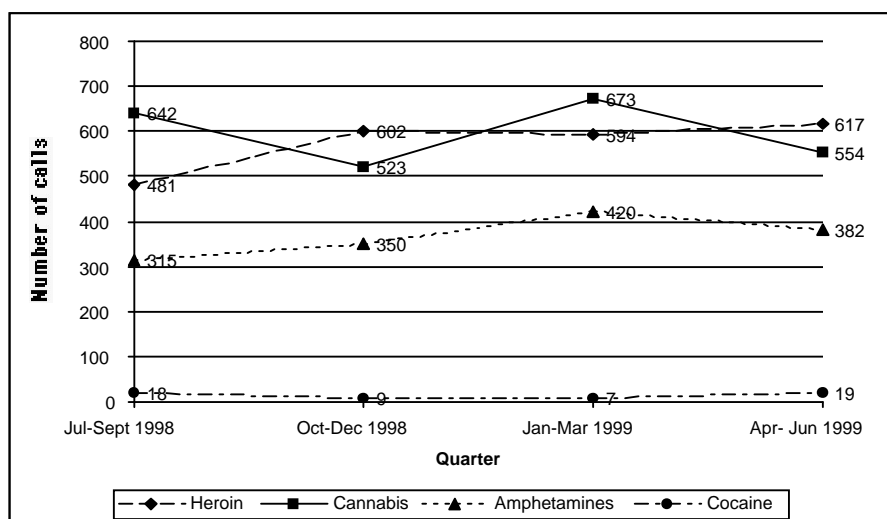
Two key informants considered that there has been an increase in the level of police activity focused on cannabis users within the last six months with a further key informant suggesting that it had fluctuated over that time. It was indicated that more attention was focused on younger users as they were often within a public space and therefore come to the attention of police by means of increased surveillance in the areas they frequent. It was suggested that there was a lack of understanding among police about drug use, especially in relation to the management of individuals under the influence of drugs. Two key informants, however, commented on the improvement there has been among police in terms of their handling of situations, particularly where there was suspicion of some associated mental health issue.

3.6.2 Other indicators

ADIS calls

The WA Alcohol and Drug Information Service (ADIS) received a total of 7,634 illicit drug-related calls over the period July 1998 to June 1999. Although ADIS receives calls from members of the general public requesting information about specific drugs it has been suggested that the majority of calls received by the service are made in relation to the drug use of an individual. The call may be made by drug users themselves or by a concerned party such as a parent or partner. Of the calls made almost a third (31%) related to cannabis (n=2392), with a further 30% (n=2294) relating to illicit opioids predominantly heroin, 19% (n=1467) to amphetamines with an additional 2% (n=155) relating to the illicit use of prescribed amphetamines. Just 53 (0.7%) of the calls received over the last financial year related to cocaine. Figure 9 represents the number of calls to ADIS by drug type made per quarter from July 1998 to June 1999.

Figure 9: Number of illicit drug-related calls made to the WA ADIS line, by drug type, July 1998–June 1999 (Source: Alcohol & Drug Information Service, Next Step Specialist Drug and Alcohol Services)

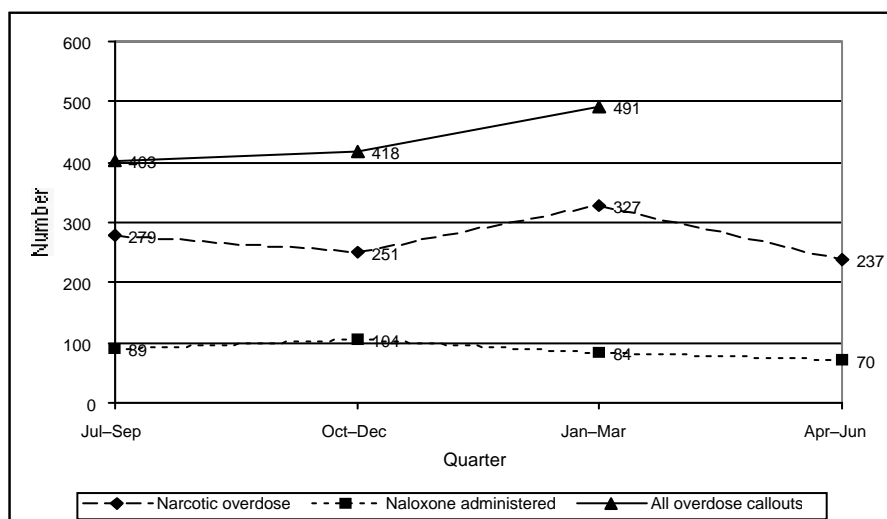


As indicated in Figure 9 there has been a gradual increase in the number of calls relating to the use of amphetamine over this period, calls about heroin have remained fairly stable with heroin alternating with cannabis as the drug most commonly discussed. Calls about cocaine have remained consistently low throughout the period.

Heroin overdose

Information on the number of non-fatal overdoses attended by the WA Ambulance Service is routinely collected as part of a database maintained by the WA Pre-hospital Care Research Unit (WAPCRU). Figure 10 shows the number of calls made per month for ambulance attendance to overdoses, including narcotic overdoses, and the number of occasions on which naloxone was administered at the narcotic overdoses attended.

Figure 10: Overdose-related calls to ambulance and number of naloxone administrations made in WA, July 1998 to June 1999 (Source: WA Pre-hospital Care Research Unit)

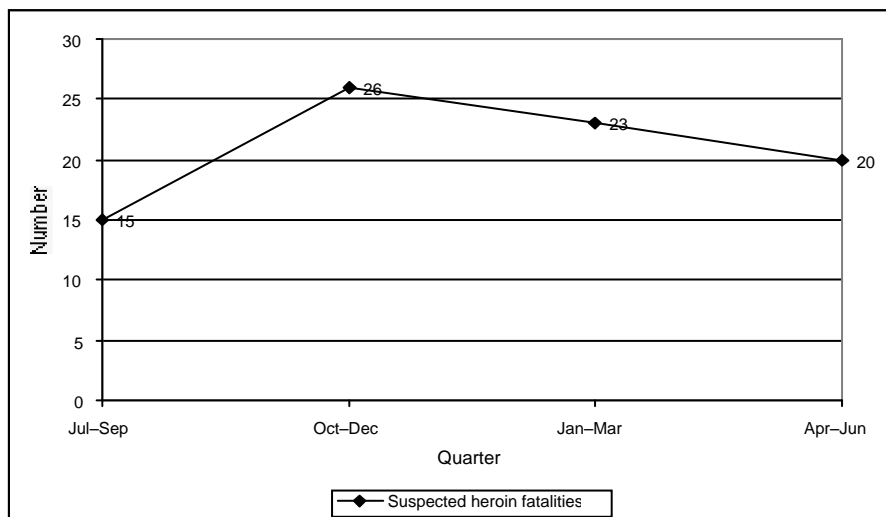


NB. Data for all overdose callouts unavailable for the April-June quarter at time of writing

The data indicates that there has been some fluctuation in the number of calls made to the ambulance service in relation to overdose. It appears that most of the fluctuation in total overdose is a function of the changes in the numbers of opioid overdoses. The number of naloxone administrations in this period appear to have remained fairly constant.

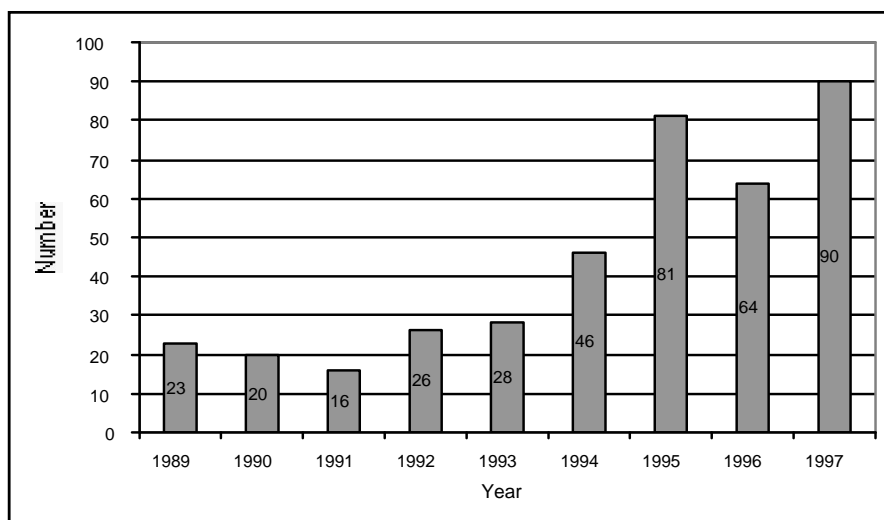
The number of suspected heroin-related fatalities throughout the period July 1998 to June 1999 are indicated in Figure 11. It is important to note that these figures are based on the initial investigations made by police and are therefore subject to change, as a result it is difficult to determine what trends may exist.

Figure 11: Number of suspected heroin-related fatalities in WA, by quarter, 1998-1999
(Source: WA Drug Abuse Strategy Office)



Annual figures on trends in heroin-related mortality in WA over the period 1989 to 1997 are summarised in Figure 12 which indicates that there has been a general increase in the total number of fatalities.

Figure 12: Annual opioid-related deaths in WA, 1989-1997 (Source: Select Committee into the Misuse of Drugs Act report)



Blood borne viruses

Over the period January 1989 to December 1998 a total of 766 West Australians tested positive to HIV infection. Table 14 shows that injecting drug use alone was identified as a risk factor on only 49 (6%) occasions and in conjunction with other possible risk factors on a further 45 (6%) occasions. A more detailed breakdown, by risk factor, is available in Appendix 1.

Table 14: Annual HIV/AIDS notifications in WA, where IDU identified as risk factor, 1989–1998 (Source: Disease Control Branch, Sexual Health Program, HDWA)

Risk group	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	Total
IDU only	8 (9%)	5 (6%)	9 (8%)	4 (6%)	3 (5%)	2 (3%)	6 (8%)	3 (4%)	4 (6%)	5 (7%)	49 (6%)
IDU + Homosexual/bisexual	8 (9%)	6 (7%)	4 (4%)	3 (5%)	4 (6%)	3 (4%)	5 (7%)	2 (3%)	8 (11%)	2 (3%)	45 (6%)
Other risk factors	74 (82%)	76 (87%)	92 (88%)	57 (89%)	58 (89%)	65 (93%)	62 (85%)	68 (93%)	59 (83%)	61 (90%)	672 (88%)
All categories	90	87	105	64	65	70	73	73	71	68	766

In contrast injecting drug use was identified as the single major risk factor among those individuals who tested positive to HCV infection between July 1998 and June 1999. Of the 1553 cases notified over this 12 month period, 617 (40%) had IDU nominated as an identified risk factor. This proportion remained fairly constant throughout the period. It is important to note that multiple risk factors could be nominated, therefore, it is not possible to determine the exact extent to which injecting drug use was the sole risk factor. Table 15 represents the number of HCV notifications in this period where IDU was a nominated risk factor. A more detailed breakdown of notifications by risk factors is available in Appendix 2.

Table 15: Number of HCV notifications in WA, July 1998 to June 1999, where IDU identified as a risk factor (Source: Disease Control Branch, Sexual Health Program, HDWA)

Risk factor	1998		1999		Total
	Jul-Sept	Oct-Nov	Jan-Mar	Apr-Jun	
IDU	161 (40%)	182 (41%)	154 (40%)	120 (38%)	617 (40%)
Other	245 (60%)	264 (59%)	234 (60%)	193 (62%)	936 (60%)
All risk factors	406	446	388	313	1553

NB. Multiple risk factors can be identified

It is not possible to determine what trends, if any, exist in relation to annual HCV notifications other than to note that the number of notifications since 1993 have remained fairly constant and there has been no significant change in the gender breakdown over this period (Chi Square = 6.766, df=5, n.s.). Table 16 provides an overview of the annual HCV notifications, by gender for the years 1993 to 1998.

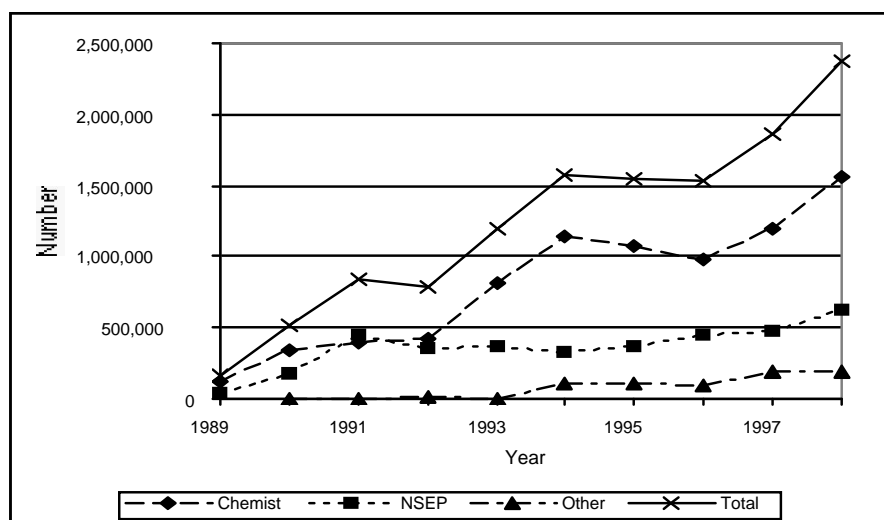
Table 16: Annual HCV notifications in WA, 1993–1998 (Source: Disease Control Branch, Sexual Health Program, HDWA)

Year	Male	Female	Unknown	All notifications
1993	737	370		1,107
1994	828	491		1,319
1995	760	420		1,180
1996	777	452		1,229
1997	670	416		1,086
1998	790	457	17	1,264
Total	4,562	2,606	17	7,185

NSP data

Figure 13 shows that there has been a general overall increase in the number of needle and syringes distributed as part of the WA Needle and Syringe Program. This figure also shows that the majority of injecting equipment distributed in WA has occurred through chemists/pharmacies. A more detailed breakdown of the distribution is provided in Appendix 3.

Figure 13: Number of needles and syringes dispensed in WA, 1989-1998 (Source: Disease Control Branch, Sexual Health Program, Health Department of WA)



NB. 'Other' in this instance includes hospitals, community health centres, vending machines and other outlets.

Law enforcement data

Data relating to the number of drug charges laid during 1998 was examined and quarterly data is provided in Table 17. There was a significant difference between the number of drug and non-drug related apprehensions made throughout the year (Chi Square = 115.917, df=3, p=0.0001). Further analysis on a quarterly basis indicated that this difference, when tested at the $\alpha=0.001$ significance level, related to the period April to June 1998 where drug-related apprehensions represented a higher proportion of the total number of apprehensions.

Table 17: Apprehension figures for drug and non-drug charges made in WA, 1998
(Source: Crime Research Centre, University of WA)

Month	Drug charges	All charges	% drug charges
Jan - Mar	2402	22519	10.7
Apr – Jun	3008	22320	13.5
Jul – Sep	2251	20360	11.1
Oct - Dec	1791	16779	10.7
Total	9452	81978	11.5

As indicated in Table 18 cannabis is the drug for which the majority of possession/use charges apply. There appears to have been a peak in the number of the possession/use charges laid in the April to June period of 1998 however it is unclear what, if anything, this anomaly represents. It is perhaps interesting to note that only one charge for the possession/use of cocaine was laid throughout the entire 1998 year.

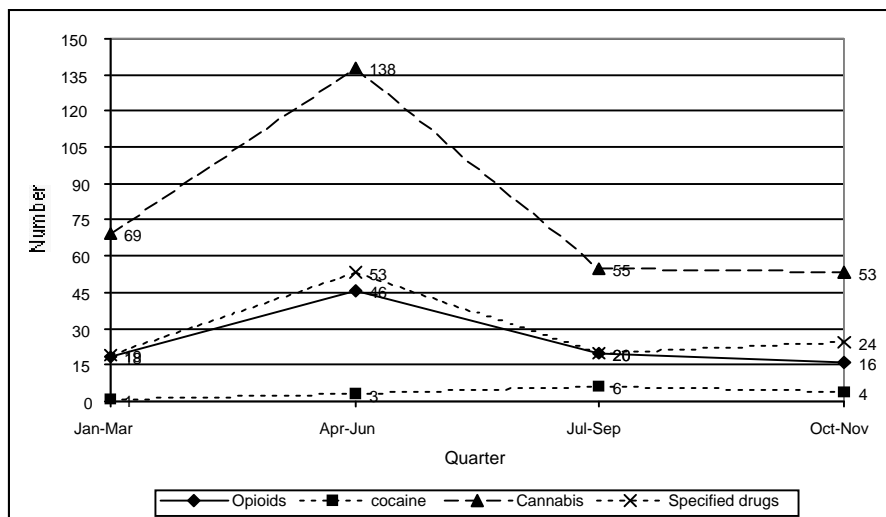
Table 18: Number of charges laid in WA for possession/use offences by drug type, per quarter of 1998 (Source: Crime Research Centre, University of WA)

Drug type	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Nov	Year total
Opioids	37	57	32	23	149
Cocaine	0	0	1	0	1
Cannabis	754	966	709	526	2955
Specified drugs	47	62	49	37	195

NB. Specified drugs relate to psychotropic substances and include amphetamines, MDMA, LSD and steroids.

The increase in the number of charges laid over the April to June period of the year has persisted in relation to the number of ‘deal/traffic’ offences processed over that period, as detailed in Figure 14.

Figure 14: Number of charges laid in WA for deal/traffic offences in 1998, by drug type
(Source: Crime Research Centre, University of WA)

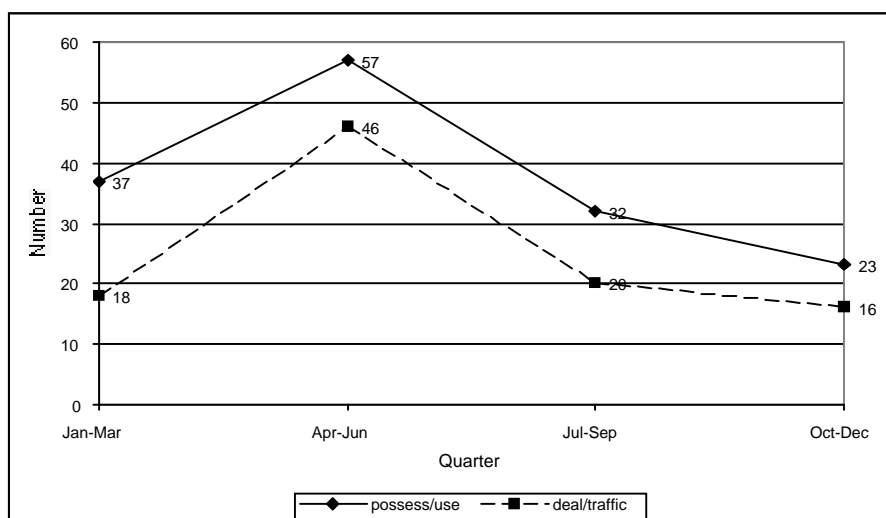


NB. Specified drugs relate to amphetamines, MDMA, LSD and steroids

Opioids

A total of 251 opioid-related drug charges were laid throughout 1998, of these 149 (59%) related to the possession and/or use of opioids and 100 (40%) to the dealing/trafficking of opioids. The remaining charges (n=2) relate to one import/export charge in June and one manufacture charge in January. Opioids accounted for 3% of overall possession/use and 11% of overall dealing/trafficking charges. Figure 15 represents the quarterly charges laid for 'possession/use' and 'deal/traffic' of opioids.

Figure 15: Number of charges laid in WA for 'possession/use' and 'deal/traffic' of opioids, 1998
(Source: Crime Research Centre, University of WA)

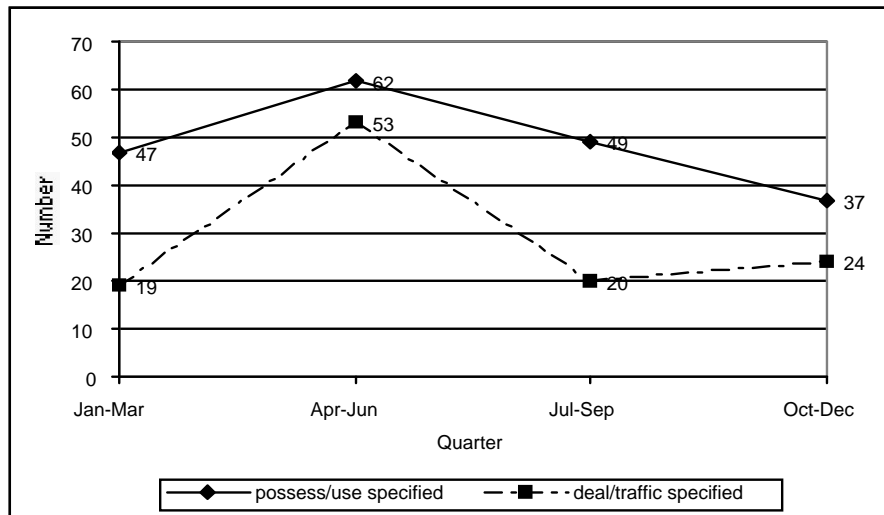


Amphetamines

Of the 313 charges laid relating to specified drugs (namely amphetamines, MDMA, LSD and steroids) in 1998, 195 related to 'possess/use' charges, 116 to 'deal/traffic' charges and 2 to

'manufacture' charges. Amphetamines accounted for 167 (86%) of the 'possess/use', 88 (76%) of the 'deal/traffic' and both the manufacturing charges and represented 3.5%, 10% and 67% respectively of the total number of these charges laid. Figure 16 indicates the number of 'specified drugs' possession/use and dealing/trafficking charges laid.

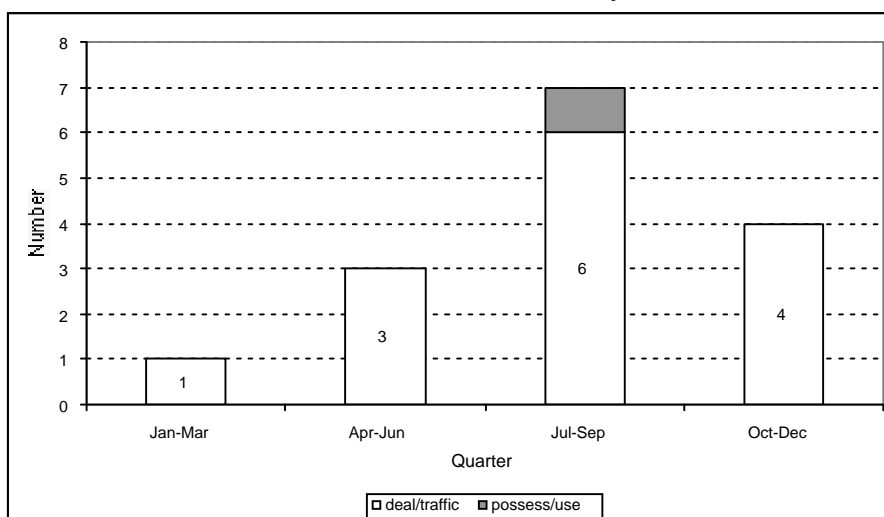
Figure 16: Number of charges laid in WA for 'possession/use' and 'deal/traffic' of amphetamines and other specified drugs, 1998 (Source: Crime Research Centre, University of WA)



Cocaine

Cocaine accounted for only 1 (0.02%) of the 'possess/use' charges laid in 1998 (n=4813) and 14 (1.6%) of the 'deal/traffic' charges. The breakdown of number of cocaine-related charges laid by quarter in 1998 are represented in Figure 17.

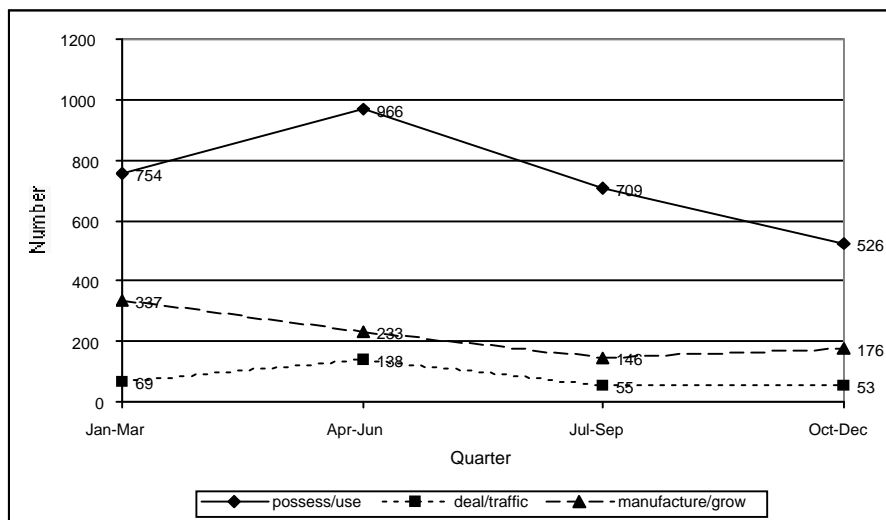
Figure 17: Number of charges laid in WA for 'possession/use' and 'deal/traffic' of cocaine, 1998 (Source: Crime Research Centre, University of WA)



Cannabis

Cannabis-related offences accounted for more of the charges laid than any other single drug type representing 73% (n=6903) of the total number of drug-related charges laid in 1998. This included 61% (n=2955) of 'possession/use', 36% (n=315) of 'dealing/trafficking' and almost all (98%) of the 'manufacture/grow' charges. Cannabis also accounted for the majority (96%, n=2741) of 'other drug offences' (n=2844), where these relate primarily to the possession of implements associated with the use of drugs but also include forged prescriptions and similar offences. Figure 18 represents the number of cannabis-related charges laid per quarter for possess/use, deal/traffic and manufacture/grow offences.

Figure 18: Number of cannabis-related charges laid in WA, 1998 (Source: Crime Research Centre, University of WA)



3.6.3 Summary of drug-related issues

Table 19 represents a summary of the main drug-related issues identified from interviews with key informants and an examination of indicator data.

Table 19: Summary of drug-related issues over the last 12 months

General	<ul style="list-style-type: none"> • Reports of an increase in the level of awareness among illicit drug users in relation to the potential problems associated with drug use and the strategies by which to reduce them • Continued increase in the number of needles and syringes distributed • General trend of increased illicit drug-related calls made to the WA ADIS line
Health	<ul style="list-style-type: none"> • Reports of physiological, psychological and psychiatric problems among amphetamine users • Reports of psychological and psychiatric problems among cannabis users • General trend of increased opioid-related mortality over the last ten years
Crime	<ul style="list-style-type: none"> • Reports of changes in type of crime committed by the illicit drug users with whom key informants were in contact included: <ul style="list-style-type: none"> - increased participation in user-dealing, - a shift from residential burglaries to commercial burglaries, - an increase in mobile phone theft and; - an increase in the instances of bag snatches, hold-ups and armed robberies. <p>It is considered that some of these shifts may relate to changes in WA legislation, including amendments to the Pawnbroker’s Act as outlined elsewhere in the report</p>
Police	<ul style="list-style-type: none"> • Reports of increased and fluctuating police attention towards both heroin and cannabis users within the last six months (considered a likely consequence of a crackdown on street prostitution in the Northbridge area) • Reports of an improvement in police attitudes towards harm minimisation including their non-attendance at overdoses
Arrests	<ul style="list-style-type: none"> • An overall increase in the number of heroin, amphetamine and cannabis related arrests made for ‘possess/use’ and ‘deal/traffic’ offences during the April-June quarter of 1998 although reason for increase is not clear

3.7 SUMMARY OF TRENDS BY DRUG TYPE

Table 20 summarises the key drug trends by drug type and indicates the main source of this information (X). The absence of any IDU survey means that in many instances the information provided by key informants is unable to be verified as indicator data is often not available in that specific area.

Table 20: A summary of the major findings by drug type

	Key informant study	Indicator data
Heroin:		
Price stable	X	X
Readily and widely available	X	X
Purity (medium to high)	X	X
Younger age of initiation into heroin use	X	
Increase in heroin use	X	X
Increase in the number of people involved as user-dealers	X	
Amphetamine:		
Price stable		X
Readily available	X	X
Purity increasing	X	X
Increased availability of dexamphetamine	X	
Increase in number of people using (particularly women and young people)	X	X
Change to oral administration from snorting among non-injectors	X	
Cocaine:		
Price stable		X
Becoming increasingly available	X	
Purity increasing		X
Injecting still rare	X	

Table 20 continued

	Key informant study	Indicator data
Cannabis:		
Price determined by form of cannabis purchased (but stable)	X	X
Readily available	X	
Medium to high potency and increasing	X	
Younger population of users than other illicit drugs and becoming younger	X	
Increased use of hydroponic cannabis	X	
Other drugs:		
Benzodiazepine use common (particularly among heroin users)	X	
Reduced use of Rohypnol	X	
Ecstasy and LSD use predominantly by younger illicit drug users and recreational in nature	X	
Drug-related issues:		
Changes in type of crime committed (from residential to commercial burglary, property to crimes against person etc)	X	
Increased police attention towards heroin and cannabis users	X	
Improved police practices with respect to overdose situations and harm minimisation	X	

5.0 DISCUSSION

Summary of main findings

Given that this is the first year in which the IDRS has been conducted in WA it is not possible to compare the key informant and indicator data provided for the 1998/1999 financial period with earlier years. However, the WA component of the IDRS did reveal some trends in illicit drug use in Perth and WA more generally. One readily identified trend was an apparent increase in the number of heroin users in general, including more young people, women, ATSI and NESB. There also appears to have been an increase in the number of heroin users who have become involved in dealing. Heroin seems to have become the first drug injected by many, with initiation straight to injecting more common, rather than a gradual transition from other drugs or via different routes of administration. The use of heroin also appears to have become more acceptable with an increase in its popularity as a recreational drug among certain age groups. This probable increase in heroin use over recent times appears to have been reflected by the increasing number of opioid-related fatalities observed.

The recent re-emergence of amphetamine use was identified by key informants with the suggestion that increased availability over recent times has been related to an increased demand for the drug. An established black market for dexamphetamine, with large supplies available at cheap prices, was also acknowledged, as was a higher than national average level of non-medical use of amphetamines in WA as reported in the most recent household survey. A clear distinction between recreational and regular users of amphetamines was made with differing routes of administration adopted for use by both groups and health problems associated with increased levels of use.

A prevalence of cannabis use significantly higher than the national average, for both lifetime use and use within the last 12 months, was also reported by WA respondents in the latest national household survey. The cannabis market in WA was considered to have remained fairly constant with the price stable and potency medium to high. Cannabis continues to be readily available, with hydroponic cannabis becoming increasingly so. Concern about the risk-taking behaviour and instances of self-harm among some cannabis users when intoxicated was raised by key informants.

Polydrug use among the individuals with whom key informants were in contact was common. The illicit use of benzodiazepines was widely reported, however most use was considered to be oral in nature with only a few reports of intravenous administration.

Study limitations

As mentioned elsewhere in the report, the data collected for inclusion in the WA component of the IDRS consisted of a key informant survey and analysis of existing indicator data. Whilst attempts have been made to support key informant reports with indicator data where possible, this has not always been available and therefore in some instances the reports provided have been based on the subjective perceptions of key informants only. The lack of an IDU survey also meant that where no indicator data existed there were no other means by which to attempt to verify key informant comments.

The lack of recent indicator data in many areas has also meant that it was not always possible to report information based on the same time frame as that under consideration for the IDRS report, namely the 1998/1999 financial year. Several key areas where indicator data would have been valuable but were currently unavailable also restricted the validity of reports to some extent. For instance, the client data collection system for community-based alcohol and drug treatment services, otherwise known as the Drug and Alcohol Information System (DAISy), was undergoing review and as such data was unavailable for inclusion. When available this information should assist in the identification of emerging trends in drug-related harms and any increase in the incidence of drug use.

Implications for research

The findings of the WA component of the 1999 IDRS suggest that the following areas require further investigation:

1. research to determine the extent of the re-emergence of amphetamine use and identification of the associated harms as a means by which to inform the development of interventions for both regular users and service providers
2. an examination of factors influencing the heroin market and research into the efficacy of interventions to reduce the harms associated with heroin use, including overdose
3. monitoring the prevalence of cocaine use (by non-injecting routes of administration as well as injection) in WA
4. as the vast majority of drug injectors in WA access their needles through community pharmacy, conduct a survey based on the 'Fitpack study' (Lenton & Tan-Quigley, 1997) of those accessing chemists to determine drugs used, and add to the information available about emerging trends

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Appendix 1: Annual HIV/AIDS notifications in WA, by gender and risk group, 1989 – 1998 (Source: Disease Control Branch, Sexual Health Program, HDWA)

Risk group	1989		1990		1991		1992		1993		1994		1995		1996		1997		1998		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Homosexual	58		61		75		41		42		37		31		41		31		25		442
Bisexual	6				5		1		1		5		3		3		6		3		33
Heterosexual	4	2	6	4	5	3	2	8	10	2	8	10	13	11	9	9	11	8	10	13	148
IDU	7	1	4	1	9		4		2	1	1	1	4	2	3		4		3	2	49
Homosexual/ bisexual + IDU	8		6		4		3		4		3		5		2		8		2		45
Blood products	2		3		1		1	1			1								1	1	11
Vertical								1							1				2		4
Unknown	2		2		2		2		3		4		2	1	3	2	3		6		32
Transsexual (homosexual)					1								1								2
All categories	90		87		105		64		65		70		73		73		71		68		766

Appendix 2: Number of hepatitis C notifications in WA, January 1998 to June 1999
 (Source: Disease Control Branch, Sexual Health Program, HDWA)

Risk factor	1998												1999						Total
	Jan-Mar			Apr-Jun			Jul-Sep			Oct-Nov			Jan-Mar			Apr-Jun			
	M	F	U	M	F	U	M	F	U	M	F	U	M	F	U	M	F	U	
IDU	93	51		95	49	5	103	53	5	115	64	3	104	50		74	46		910
Sexual partner HCV positive	14	16		11	21		9	21		20	6		13	12		12	10		165
Blood products	10	6		19	2		12	8		9	7		8			3	9		93
Skin penetration /acupuncture	11	8	1	13	10		9	6		11	10		7	4		5	3		98
Surgical procedure	7	8		11	9		18	5		11	9		6	6		5	9		104
Tattoo	39	14		34	9	1	37	8	2	45	18		31	15		18	9		280
Unknown	85	37		70	45		64	46		75	43		78	54		68	42		707
Total	259	140	1	253	145	6	252	147	7	286	157	3	247	141		185	128		
All risk factors	400			404			406			446			388			313			2,357

NB Multiple risk factors per individual can be identified

Appendix 3: Number of needle and syringes dispensed in WA, 1989-1998 (Source: Disease Control Branch, Sexual Health Program, HDWA)

Year	Chemist	NSEP	Hospital	Community Health Centre	Vending Machine	Other	Total
1989	120,260	42,648					162,908
1990	340,355	171,031		250			513,626
1991	394,820	444,225	2,560	1,000	2,385	200	845,190
1992	420,150	349,806	7,400		1,920		781,268
1993	817,025	372,234	3,570	750		530	1,196,102
1994	1,144,710	322,983	39,985	6,605	63,535	2500	1,580,318
1995	1,070,550	369,671	36,960	3,000	61,030	2770	1,543,981
1996	983,325	447,750	45,775	4,500	45,960	4540	1,531,850
1997	1,198,680	477,507	89,180	3,800	83,340	9806	1,862,313
1998	1,560,711	626,882	92,985	9,500	70,960	12,065	2,373,103
Total	8,050,586	3,624,737	318,415	28,155	324,825	32,211	12,390,659