

# WA Drug Trends 2000

Findings from the  
Illicit Drug Reporting System  
(IDRS)

Kim Hargreaves and Simon Lenton

NDARC Technical Report No.110

**ISBN 0 7334 1751 5**  
**©NDARC 2001**

# CONTENTS

LIST OF TABLES .....	iii
LIST OF FIGURES .....	iv
LIST OF APPENDICES .....	v
ACKNOWLEDGMENTS .....	vi
LIST OF ABBREVIATIONS .....	vii
EXECUTIVE SUMMARY.....	viii
<b>1.0 INTRODUCTION.....</b>	<b>1</b>
1.1 Study aims .....	1
<b>2.0 METHOD.....</b>	<b>2</b>
2.1 Survey of injecting drug users.....	2
2.2 Key informant survey.....	3
2.3 Other indicators.....	4
2.4 Data analysis .....	5
<b>3.0 AN OVERVIEW OF THE IDU SAMPLE .....</b>	<b>6</b>
3.1 Demographics .....	6
3.2 Drug use history .....	7
<b>4.0 HEROIN.....</b>	<b>10</b>
4.1 Price.....	10
4.2 Availability.....	11
4.3 Purity .....	11
4.4 Use.....	13
4.5 Other trends.....	15
4.6 Summary of heroin trends.....	15
<b>5.0 AMPHETAMINE.....</b>	<b>17</b>
5.1 Price.....	17
5.2 Availability.....	18
5.3 Purity .....	18
5.4 Use.....	20
5.5 Other trends.....	22
5.6 Summary of heroin trends.....	23
<b>6.0 COCAINE.....</b>	<b>24</b>
6.1 Price.....	24
6.2 Availability.....	24
6.3 Purity.....	24
6.4 Use.....	25
6.5 Other trends.....	26
6.6 Summary of cocaine trends.....	27

<b>7.0</b>	<b>CANNABIS.....</b>	<b>28</b>
7.1	Price.....	28
7.2	Availability.....	28
7.3	Potency.....	29
7.4	Use.....	29
7.5	Other trends.....	30
7.6	Summary of cannabis trends .....	30
<b>8.0</b>	<b>OTHER DRUGS .....</b>	<b>32</b>
8.1	Ecstasy.....	32
8.2	Methadone and other opiates.....	33
8.3	Benzodiazepines .....	34
8.4	Anti-depressants.....	35
8.5	Summary of other drug trends.....	35
<b>9.0</b>	<b>DRUG-RELATED ISSUES .....</b>	<b>36</b>
9.1	Treatment .....	36
9.2	Overdose.....	37
9.3	Crime .....	39
9.4	Needle sharing behaviour .....	42
<b>10.0</b>	<b>SUMMARY AND CONCLUSION .....</b>	<b>46</b>
10.1	Summary .....	46
10.2	Methodological considerations .....	47
10.3	Implications for research.....	48
<b>11.0</b>	<b>REFERENCES .....</b>	<b>49</b>
<b>12.0</b>	<b>APPENDICES .....</b>	<b>50</b>

## LIST OF TABLES

Table 1: Summary of drug trends in WA .....	ix
Table 2: Demographic characteristics of the IDU sample .....	7
Table 3: Frequency of injecting among IDU sample .....	8
Table 4: Drug use history of IDU sample .....	9
Table 5: Number of WA respondents in the ‘Australian Needle and Syringe Program Survey’ who indicated that the last drug they injected was heroin, 1995–1999.....	13
Table 6: Summary of trends in the price, availability, purity and use of heroin .....	16
Table 7: Number of WA respondents in the ‘Australian Needle and Syringe Program Survey’ who indicated that the last drug they injected was amphetamine, 1995–1999.....	21
Table 8: Summary of trends in the price, availability, purity and use of amphetamines .....	23
Table 9: Summary of trends in the price, availability, purity and use of cocaine .....	27
Table 10: Summary of trends in the price, availability, potency and use of cannabis .....	31
Table 11: Number of persons participating in WA methadone programs, by age and gender, for the period July 1999 to June 2000 .....	37
Table 12: Number of charges laid for drug and non-drug offences committed in WA, by quarter, 1999.....	41
Table 13: Number of charges laid in WA for possession/use offences by drug type, by quarter, 1999 .....	41
Table 14: Number of charges laid in WA for deal/traffic offences by drug type, by quarter, 1999 .....	41
Table 15: Location of most recent injection as reported by IDU.....	44
Table 16: Notifications of hepatitis B, hepatitis B and HIV in WA, by quarter, July 1999 to June 2000 .....	44

## LIST OF FIGURES

Figure 1: Purity of heroin seizures analysed by law enforcement agencies in WA, by quarter, during 1998/1999 and 1999/2000 .....	12
Figure 2: Number of heroin seizures analysed by law enforcement agencies in WA, by weight of seizure, 1999/2000 .....	12
Figure 3: Number of persons participating in WA methadone programs, for the period July 1998 to June 2000.....	13
Figure 4: Number of heroin-related calls to ADIS, 1998/1999 and 1999/2000.....	14
Figure 5: Purity of illicit amphetamine seizures analysed by law enforcement agencies in WA, during 1998/1999 and 1999/2000 .....	19
Figure 6: Number of illicit amphetamine seizures analysed by law enforcement agencies in WA, by weight of seizure, 1999/2000.....	19
Figure 7: Proportion of illicit amphetamine seizures analysed by law enforcement agencies in WA which were methamphetamine, 1999/2000 .....	20
Figure 8: Number of amphetamine-related calls to ADIS, 1998/1999 and 1999/2000 ....	21
Figure 9: Purity of cocaine seizures analysed by law enforcement agencies in WA, during 1998/1999 and 1999/2000 .....	25
Figure 10: Number of cocaine-related calls to ADIS, 1998/1999 and 1999/2000.....	26
Figure 11: Number of cannabis-related calls to ADIS, 1998/1999 and 1999/2000.....	29
Figure 12: Purity of ecstasy seizures analysed by law enforcement agencies in WA, during 1998/1999 and 1999/2000 .....	32
Figure 13: Number of ecstasy-related calls to ADIS, 1998/1999 and 1999/2000 .....	33
Figure 14: Number of calls to ADIS, by each of the four drug types studied, July 1998 to June 2000 .....	36
Figure 15: Narcotic overdose-related calls to ambulance, by month, July 1998 to June 2000 .....	38
Figure 16: Number of suspected heroin-related fatalities in WA, by quarter, January 1999 to December 2000 .....	38
Figure 17: Annual opioid overdose deaths in WA, among those aged 15-44 years, 1995–1999 .....	39
Figure 18: Rate per million population of opioid overdose deaths, among those aged 15-44 years, in 1999 .....	39

Figure 19: Number of needles and syringes dispensed in WA, 1990-1999..... 45

**LIST OF APPENDICES**

Appendix 1: Place of residence identified by IDU survey respondents ..... 50

Appendix 2: Recruitment advertisement placed in X-Press magazine ..... 51

Appendix 3: Recruitment flyer distributed through NSPs and pharmacies ..... 51

Appendix 4: Number of needle and syringes dispensed in WA, by type of outlet,  
1989-1999..... 52

Appendix 5: A summary of the major findings by drug type ..... 52

## **ACKNOWLEDGMENTS**

This research was funded by the Commonwealth Department of Health and Aged Care (CDHAC), with subsidiary funding for the IDU survey provided by the National Drug Law Enforcement Research Fund (NDLERF). The IDRS is coordinated nationally by the National Drug and Alcohol Research Centre (NDARC) and the authors would like to thank Libby Topp, the National Coordinator (IDRS), for her support and assistance throughout the study.

The authors would also like to thank the many individuals and organisations who provided assistance during the project. These include:

The injecting drug users and key informants who participated in the project, for sharing their knowledge and experience of the illicit drug scene in Perth. Thanks also go to all the agencies that provided assistance with the recruitment of IDUs for participation in the project.

The members of the WA IDRS Advisory Group: Senior Sergeant Ed Benier (Alcohol and Drug Coordination Unit, WA Police Service), Assoc Prof Steve Allsop (Next Step Specialist Drug and Alcohol Services), Mr Greg Swensen (WA Drug Abuse Strategy Office), Mr Rosco Woods (WA Substance Users Association), and Ms Harriett Pears and Mr Greg Love (Alcohol and Drug Policy and Planning Section, Health Department of WA);

The organisations who generously provided indicator data for inclusion in the report: the Australian Bureau of Criminal Intelligence (ABCI); the Disease Control Branch, Sexual Health Program of the Health Department of WA; the West Australian Pre-hospital Care Research Unit; the Pharmaceutical Services Branch of the Health Department of WA; the WA Drug Abuse Strategy Office; the Crime Research Centre, UWA; Next Step Specialist Drug and Alcohol Services, the Alcohol and Drug Information Service, the WA Police Service.

## LIST OF ABBREVIATIONS

<b>ABCI</b>	Australian Bureau of Criminal Intelligence
<b>ABS</b>	Australian Bureau of Statistics
<b>ADIS</b>	Alcohol and Drug Information Service
<b>AFP</b>	Australian Federal Police
<b>ATSI</b>	Aboriginal or Torres Strait Islander
<b>CDHAC</b>	Commonwealth Department of Health and Aged Care
<b>CRC</b>	Crime Research Centre, University of WA
<b>HDWA</b>	Health Department of WA
<b>IDRS</b>	Illicit Drug Reporting System
<b>IDU</b>	Injecting Drug Users
<b>KI</b>	Key Informant
<b>NDARC</b>	National Drug and Alcohol Research Centre
<b>NDLERF</b>	National Drug Law Enforcement Research Fund
<b>NESB</b>	Non-English Speaking Background
<b>NDRI</b>	National Drug Research Institute
<b>WA</b>	Western Australia
<b>WAPS</b>	WA Police Service
<b>WADASO</b>	WA Drug Abuse Strategy Office
<b>WAPRCU</b>	WA Pre-Hospital Care Research Unit



## **EXECUTIVE SUMMARY**

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) in 2000. This meant that, for the first time all states and territories completed the full IDRS. One year of seeding funding was secured through the National Drug Law Enforcement Fund (NDLERF) to complement core funding from The Commonwealth Department of Health and Aged Care. This funding enabled the IDU survey component to be conducted in the ‘new’ IDRS jurisdictions, WA, Tasmania, the ACT, Queensland and the NT, in 2000. The 2000 study expanded upon the first national study conducted in 1999 (during which key informant and existing indicator data components but not the IDU surveys were included in the new jurisdictions), the previous tri-state studies conducted in 1997 and 1998, and the initial trial in NSW in 1996. The aim of the IDRS remains to provide a method of monitoring trends in the use of illicit drugs, with specific emphasis on the use of heroin, amphetamines, cocaine and cannabis. The purpose of the IDRS is to provide a means by which to identify any emerging drug-related trends and potential harms associated with such trends. The IDRS can also be used as a means to identify areas requiring further investigation.

The National Drug Research Institute conducted the WA component of the IDRS in both 1999 and 2000, with the study conducted in the Perth region between August and October of both years. Although this report represents the second year of involvement in the IDRS for WA, as noted above, it represents the first year in which the three IDRS methodologies were utilised. These were:

1. Quantitative interviews with 100 injecting drug users.
2. Qualitative interviews with 30 key informants (KIs) who have regular contact with IDU and are employed in health, outreach, law enforcement, research and other professions.
3. Analysis of a range of indicator data from survey, health and law enforcement sources.

The data were collated and analysed to identify trends in illicit drug use in WA, and more specifically the Perth metropolitan region.

### ***Demographics and use patterns***

Although this report represents the first year of data collection directly from IDU in WA some trends nevertheless emerged from the data. Trends observed were that those aged 25 years or less at the time of interview reported the commencement of injecting career earlier than those aged over 25 years at time of interview. Those aged over 25 at the time of interview, however, reported injecting more frequently than those aged 25 or less, injecting on a daily basis as opposed to less frequently. Unlike other sites (McKetin et al, 2000) there was no significant difference in the drug first injected by the two age groups, with both reporting amphetamine as the drug most commonly first injected.

## Summary of drug trends in WA

The WA component of the 2000 IDRS identified a number of trends in illicit drug use within the six months preceding the study; these are reported in Table 1.

**Table 1: Summary of drug trends in WA, 2000**

	<b>Heroin</b>	<b>Amphetamine</b>	<b>Cocaine</b>	<b>Cannabis</b>
<b>Price (\$)</b>				
packet	50	50	50	25 gram
1/4 gram	150	-	-	50 bag
1/2 gram	250	150	-	200 oz (bush)
gram	450	200	250	300 oz (hydro)
Change	Stable	Stable to increasing	Stable	Stable
<b>Availability</b>	Easy to very easy Stable	Very easy Stable to increasing	Difficult Slightly easier	Very easy Stable
<b>Purity</b>	53% Stable	23% Increased	34% (v. few seizures analysed)	High potency Stable
<b>Use</b>	More accepted & increased	Increased	Uncommon & infrequent	Widespread, stable

### Heroin

As with last year, the price of heroin was reported as having remained stable in the six months prior to interview. Heroin continued to be readily available and of medium to high purity, with an average purity of 53% in 2000 and 57% in 1999. Additionally it was noted that heroin use had continued to become more acceptable among a wide range of people (more 'mainstream' users). The increased involvement of young people in heroin use was further noted. Although 1998 saw a drop in the number of fatalities due to heroin-related overdose, the trend of increased fatalities continued in 1999, the last year for which data is currently available.

### Amphetamines

As predicted to some degree in last year's report, the use of amphetamine has become more widespread as a result of the drug becoming more widely available and of higher purity than has been the case for some time. A new form of the drug has appeared in quantity in the Perth market. Methamphetamine crystal (known as 'Ice' or 'crystal meth') is a purer and more powerful form of amphetamine. A higher purchase price was associated with this crystalline form of the drug. Ready availability of crystal meth has led to the IDU rating the purity of amphetamines as medium to high in the six months prior to interview. Higher average purity levels of seizures of amphetamines may also be due to the contribution of crystal meth seizures.

### Cocaine

In 2000, as with the previous year, there was little to report on in relation to cocaine use among the IDU population surveyed. Although several IDU had used cocaine, and others

reported that there had been a slight increase in its availability in the six months preceding interview, cocaine was still generally considered difficult to obtain. The indicator data also suggests that cocaine use is far from widespread in WA with few calls made to ADIS, few seizures analysed and few charges laid in relation to the drug.

### **Cannabis**

The trend towards the use of hydroponic cannabis continued in 2000 with almost all of the IDU sample reporting that the potency of cannabis was medium to high in the six months prior to interview. Cannabis has also remained very easy to obtain with the seasonal variation in supply apparently reduced by the ready availability of hydroponically grown cannabis all year round. Use of cannabis was widespread among the sample of IDU surveyed.

### **Other drugs**

Initially identified by key informants in last year's study, there remains a high level of polydrug use among IDU. Reports of the regular and frequent use of benzodiazepines and/or anti-depressants by many of the IDU surveyed are of particular concern as these drugs increase the risk of overdose.

### **Drug-related issues**

There has been an overall increase in the number of calls made to ADIS in relation to amphetamines with this drug group now representing that most commonly discussed of the four types under consideration. This trend has been evident from January 2000 onwards. There has been a continued increase in the number of needle and syringes distributed in WA as well as a continued increase in the heroin-related fatality rate.

IDU themselves reported a high rate of problems related to injecting. Over three-quarters had experienced some form of injection-related problem in the month prior to interview, the most commonly reported being difficulty injecting with bruising/scarring also common. A high degree of criminal activity was also reported with almost half of the IDU having been arrested in the preceding 12 months and almost two-thirds committing an offence in the month prior to interview. The offence most commonly committed in the preceding month was drug dealing. Twenty-eight IDU had engaged in a crime other than dealing, such as fraud, property or violent crime, in the preceding month.

### **Research Implications**

The findings of the WA component of the 2000 IDRS suggest several areas that could be further investigated in subsequent data collections for the IDRS.

- Further monitoring and investigation into the growing use of amphetamines, particularly crystal methamphetamine and its associated problems.
- Continued high rates of sharing needles and other injecting equipment is of concern. In the next IDU survey we may pilot a module to get further information on the context and nature of this sharing.

- In the next IDU survey we will pilot a module on treatment seeking and utilisation and another on the relationship between drug use and crime, as suggested by attendees at the WA IDRS round table.
- Future IDU surveys should more closely investigate the nature of the ‘drug dealing’ reported to determine to what extent it represents dealing primarily for profit, as opposed to on-selling, or organising drugs for one’s peers for some form of payment.
- There has been a recognition among those involved in the IDRS that there are limitations on the extent to which IDU represent a sentinel group for drugs other than heroin, amphetamine and cannabis. Expanding the IDRS to include a study of designer (dance) drug users, as has been done in NSW, Qld and SA in 2000, will enable us to determine the extent to which cocaine use occurs among non-injectors, and to monitor trends among users of dance drugs who are likely to represent a group that is fairly distinct from the primary IDUs.

## 1.0 INTRODUCTION

The IDRS aims to provide a national coordinated approach to monitoring data on the use of opiates, cocaine, amphetamine and cannabis. It is intended to act as a strategic early warning system that identifies emerging drug problems of state and national concern. The IDRS is designed to be timely and sensitive to emerging drug trends rather than describe such phenomena in detail, thereby providing direction for more detailed data collection.

The primary funder of the IDRS has been the Commonwealth Department of Health and Aged Care (CDHAC). However, one years seeding funding was secured through the National Drug Law Enforcement Research Fund (NDLERF) to complement core funding from The Commonwealth Department of Health and Aged Care. This funding enabled the IDU survey component to be conducted in WA, Tasmania, the ACT, Queensland and the NT in 2000. Additional funds were also provided to NSW and Qld to pilot a survey of so called 'dance drug' users as this group were considered to be another important sentinel group with different characteristics and drug use patterns from those of the IDU. SA involvement in this additional study was made possible by funding from within that state.

This report presents the findings of the second year of data collection in WA. Results are summarised according to the four main drug types, with the use of 'other drugs' also reported. A summary report of the findings of the 2000 Australian Drug Trends will be published (Topp et al., in prep) and will provide an abbreviated national overview of illicit drug scenes and recent trends. The results of the individual states and territories will also be published as separate 'Drug Trends Reports', available as NDARC Monographs.

### 1.1 *Study aims*

The specific aims of the WA component of the 2000 IDRS were to:

- examine trends in illicit drug use in Perth for 2000; and
- identify any emerging illicit drug trends requiring further investigation.

## **2.0 METHOD**

Three methods are adopted for use in the IDRS; a survey of injecting drug users, a key informant survey of professionals working in the field and an examination of existing indicator data. These methods are utilised as they provide an effective means by which to determine drug trends. Previous IDRS research has shown injecting drug users to be a sentinel group for detecting illicit drug trends due to their increased exposure to many types of illicit drugs. They also have first hand knowledge of price, purity and availability of the main illicit drugs under study. Key informants provide contextual information on drug use patterns and other drug-related issues, including health. Indicator data provides the quantitative support for the trends in drug use detected by the other methods.

Data collected as part of this years study was compared with the findings from 1999 (Hargreaves & Lenton, 2000) to determine if any changes have occurred in WA. However, the extent to which comparisons can be made with 1999 data is limited because, as already noted, in that year only the key informant survey and analysis of existing indicator data were conducted in WA.

### **2.1 *Survey of Injecting Drug Users***

A survey of 100 IDU was conducted between August and September 2000. The sample was recruited from the Perth metropolitan area. The locations of 'place of residence' identified by the IDU sample are reported in Appendix 1.

Subjects were recruited through an advertisement in the street press (Appendix 2) and through flyers (Appendix 3) distributed through needle and syringe programs (NSPs) and pharmacies, and by using snowballing techniques. Potential participants were screened upon contact with researchers to ensure they fulfilled the entry criteria. These included having injected at least monthly in the six months prior to interview, residing in the Perth area for the six to twelve months prior to interview and being aged sixteen years or more. Preference was given to injecting drug users who were not currently involved in treatment as it was regarded that these individuals would have greater contact with the 'drug scene' than their treatment population counterparts. Interviews were conducted at a venue convenient to the IDU and included coffee shops, NSPs and shopping centres.

Some advisory group members and other reviewers have made comment as to the limitations of extrapolating findings from 100 IDU to all IDU in WA. We agree with these concerns. However, it should be noted that the data collected here is not intended to represent the IDU population as a whole, but rather provide a means by which to monitor trends in drug use over time. It is, therefore, important that the demographics of this sample remain relatively constant from year to year to provide consistency in data, rather than seek a sample more representative of the theoretical IDU population particularly in a sample of limited size such as this one.

The interview administered consisted of a standardised structured questionnaire which was used nationally for the first time this year but which had been used previously in NSW (McKetin, Darke & Kaye, 2000), SA (Humeniuk, 2000) and Victoria (Dwyer & Rumbold, 2000). Included in this questionnaire were sections on demographics, drug use, price, purity and availability of the four main drug types, crime, risk-taking, health and general drug

trends. Interviews took approximately 30 minutes to administer and participants were reimbursed \$30 for out of pocket expenses associated with attending the interview.

The characteristics of the IDU sample are presented in Section 3 below.

## **2.2 Key Informant Study**

Thirty key informant interviews were conducted in August 2000. Eligibility for participation in the 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 in that time. For consistency of data, key informants who were interviewed as part of the 1999 IDRS were interviewed again in 2000. Where former key informants were unavailable or no longer employed in the field, respondents were sought who held a similar position to those interviewed in 2000. An interview time was then scheduled for individuals who fulfilled the selection criteria. Additional key informants were provided through snowballing techniques.

Verbal rather than written consent was obtained prior to participation in the survey as key informant interviews were conducted over the telephone. Interviews took approximately 30 minutes to administer with key informants asked to answer questions about drug use patterns, drug availability, criminal behaviour, health and other issues affecting the illicit drug users with whom they had contact. Notes were made during the interview and transcribed in full as soon as practicable after its completion.

A total of 30 key informants were interviewed, with one KI reporting on two distinct groups of injecting drug users with whom she worked. The group consisted of 17 male and 13 female respondents. Of these 30 individuals there were seven drug treatment workers, seven general health workers, four outreach workers, three youth workers, three researchers and two user group representatives. Four others were employed within the law enforcement/criminal justice sector - two as police officers, one as a prosecutor and the other as a community corrections officer.

Level of contact with illicit drug users was less frequent than that reported last year with only 37% of key informants having contact with users between five and seven days per week (compared to 50% last year). Key informants had contact with illicit drug users, on average, for 87.53 days (sd=44.77, range=26-182 days) over the last six months (compared to an average of 104 days last year). Although 7 key informants (23%) had had contact with less than 20 IDU in the six months prior to interview, half (n=15) had been in contact with more than 100 IDU in that time. Contact with IDUs was predominantly through work (86.7%) with the remainder of key informants 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. Whilst heroin was still the most commonly mentioned, reported on by 12 key informants, amphetamine was far more commonly reported on as a primary drug than last year with 10 key informants able to report on amphetamine in 2000 compared to just 4 in 1999. Primary cannabis users were reported on by the remaining 8 key informants. As with last year, no key informants were able to report on clients who were primary cocaine users.

Key informants identified contact with a range of special populations within the six months prior to interview. The special populations predominantly referred to were injecting drug users (n=10) and/or youth (n=7). Women were also mentioned (n=3), as were people in custody (n=3). Aboriginals, people from a NESB, and the homeless were also mentioned but these groups represented the minority of responses. Most key informants were confident in the responses they provided, being 'moderately' (40%) to 'very certain' (57%) of the information they provided.

### **2.3 Other Indicators**

Secondary data were examined to complement and validate the data collected from both the IDU and key informant surveys. Data were utilised when they could provide indicators of illicit drug use and related harms, and included law enforcement data, national survey data and health data.

The selection criteria to determine what sort of indicator data should be included in the IDRS were developed in the pilot study (Hando et al., 1997). Note that because of time lags in collecting and analysing data at the source agencies some indicator data from the 1999 calendar year are reported. It was recommended that databases providing 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 (ie. 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)
- data on possession/use, deal/traffic, manufacture/grow and import/export charges provided by the Crime Research Centre (CRC)
- 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, HDWA

## **2.4 Data Analysis**

Qualitative data collected as part of the key informant survey was analysed using the word processing and table facilities of Word 98. Quantitative data from the IDU and key informant survey was analysed using SPSS for Macintosh, Version 6.1.1. For all quantitative analysis conducted the significance levels have been reported at  $p < 0.05$  levels. 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. Confidence Intervals were calculated using Pepi 3.0.

### 3.0 AN OVERVIEW OF THE IDU SAMPLE

#### 3.1 *Demographics*

Interviews were conducted with 102 respondents, however, two respondents were excluded from the sample as the interviewers considered their responses to many questions to be unreliable. This resulted in a final sample of 100 IDU, five per cent of whom were of ATSI descent. Mean age of this final sample was 28.3 years ( $sd=8.05$ ,  $range=16-51$  years) with the majority (71%) being male. There was no significant difference in the age of the male and female respondents (mean age 29.4 and 25.5 years respectively).

A preference was given to those IDU who were not currently in treatment, as it was considered that these individuals may be more active in the drug scene than their 'in treatment' counterparts. The majority of the sample (80%) were therefore not in treatment at the time of interview. Among the twenty who were in treatment, the majority were on methadone ( $n=11$ ), with six on naltrexone and the remaining three reporting drug counselling as their main treatment regime. Males reported significantly longer contact with treatment programs than did the females (36.5 months compared to 5.4 months,  $f=8.574$ ,  $df=18$ ,  $p=.009$ ). This was the case even when outliers (two males, in treatment for ten and twelve years), were excluded from the analysis ( $f=14.109$ ,  $df=16$ ,  $p=.002$ ). Eighteen respondents had used naltrexone in the six months prior to interview with most reporting legitimate sources of supply (78%). Only one individual (6%) identified that their supply had come from a friend with a further three (17%) not specifying the source of their naltrexone.

The majority (65%) of the IDU sample were unemployed at the time of interview, with the next most common employment status being on a casual or part-time basis (17%). All respondents had completed several years of schooling, on average 10.53 years ( $sd=1.34$ ,  $range=6-12$  years). Almost a third of the sample (30%) reported the completion of either a trade/technical certificate or a university/ college qualification. Several others (13%) indicated that they had commenced either tertiary or trade qualifications but had either withdrawn or not yet completed their study.

A third of respondents (34%) had been imprisoned at some time with no significant difference between the proportion of males and females imprisoned (39% and 21% respectively,  $Chi\ Square_{continuity}=2.44$ ,  $df=1$ ,  $p=.118$ ).

Table 2 provides an overview of the demographic characteristics of the injecting drug users surveyed as part of the 2000 study.

**Table 2: Demographic characteristics of the IDU sample**

Characteristic	n=100
Age (mean yrs)	28.3
Gender (% male)	71
Employment (%)	
Not employed	65
Full time	12
Part time / casual	17
Student	6
School education (mean yrs completed)	10.5
Tertiary education (%)	
None	70
Trade/technical	21
University/college	9
Currently in drug treatment (%)	20
Ever been in prison (%)	34

### 3.2 Drug use history

The mean age of first injection was 18.8 years (sd=5.08, range=12-41 years) with no significant difference between male and female respondents (18.4 and 19.6 respectively,  $t$  test = 1.06, df=98, n.s.). Although the range of ages for first injection was diverse, the majority of IDU (90%) had injected for the first time by the age of 25. Of those individuals who were aged 25 or less at the time of interview the age of initiation to injecting was significantly younger than for those aged over 25 years at interview (16.2 vs 20.7 years,  $t$ -test = -5.46, df = 78.70,  $p$  = .000). However, it should be noted that this data is subject to censoring as older respondents, by definition, have more years in which to have commenced injecting therefore the mean age for younger respondents is more likely to be lower than their older counterparts.

Frequency of injection among the IDU sample was varied with 58 reporting less than daily use. Of these 58 IDU, most (71%,  $n$ =41) reported that their use was more than weekly but less than daily. Where injecting occurred at least daily ( $n$ =42), most reported that use would be once per day (60%,  $n$ =25) with just over a third (36%,  $n$ =15) injecting 2 or 3 times per day. The IDU aged over 25 reported significantly higher rates of injecting than their younger counterparts ( $t$ -test = -2.96, df=98,  $p$  = .004) tending to inject daily as opposed to less than daily.

The frequency with which IDU injected in the month prior to interview is presented in Table 3.

**Table 3: Frequency of injecting among IDU sample (n = 100)**

Frequency of injection in month prior to interview	Number of respondents
Weekly or less	17
More than weekly but less than daily	41
Once a day	25
Two to three times a day	15
More than three times a day	2

Amphetamine was the drug most commonly identified (n=58) as respondents' first drug injected, a trend similar to that observed in Adelaide in 1999 (McKetin et al., 2000). This compared to 33 IDU who first injected heroin, four who injected other opiates, three who injected ecstasy and two who reported that cocaine was the first drug they injected. No significant difference was noted between those individuals currently aged 25 or less and those older than 25 in relation to the first drug they injected (Chi Square<sub>continuity</sub>=1.016, df=1, n.s.).

When asked to identify their drug of choice, heroin was the most popular, with 57 IDU preferring this drug. Twenty-three IDU identified amphetamine as their favourite drug with a further eleven nominating cannabis. Heroin and amphetamine were predominant as the most commonly injected drugs in the month prior to interview, accounting for 98% of the drugs nominated (54% and 44% respectively). One IDU nominated the injection of his medication [Largactil - chlorpromazine hydrochloride] as his most frequently injected drug but also used heroin daily and one other respondent most commonly injected other opiates, specifically morphine.

Drugs used, routes of administration and number of days used in the last 6 months are presented in Table 4.



## 4.0 HEROIN

Almost three-quarters of the IDU surveyed (n=74) were able to comment on aspects of price, purity and availability of heroin.

Thirteen key informants 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 general health workers, three drug treatment workers, two outreach workers, two user group/NSEP workers, and one each from community corrections and youth work. Frequency of contact with IDU ranged from one to six days per week, with 46% of these key informants (n=6) seeing primary heroin users five or more days per week. Almost all of the key informants surveyed about primary heroin users (12/13) gained their knowledge of these users through their work, with the one remaining key informant having both work and social contact with heroin-users.

Key informants were familiar with IDU from all over the Perth area with the most common area cited being the metropolitan area (7/13). Almost all of the key informants described heroin users with a mean age of early to late-twenties (12/13). This was only marginally younger than the mean of 30.56 years reported by those IDU who had used heroin most often in the month prior to interview (sd=7.5, range=18-49 years, n=54) and similar to the mean age of the total IDU sample (28.25 years). The demographic characteristics of the IDU with whom key informants were in contact were very similar to the demographic profile of the total IDU sample.

### 4.1 Price

The price per gram of heroin was reported on by 55 IDU with most (89%, n=49) of these putting the price between \$400 and \$600, with \$500 the single most commonly reported price (n=16). Of those who had purchased a gram of heroin in the six months prior to interview (n=16), the median price paid for that heroin was \$450 with the majority (62.5%) spending between \$400 and \$500. This price is consistent with the price reported by the three key informants able to comment on the gram price of heroin. WA Police Service data also supports this price range to some extent with their covert drug prices for a gram of heroin ranging from \$300 to \$500.

'Packets' were the most common means by which heroin was purchased by the IDU surveyed with 50 IDU reporting having purchased them in the six months prior to interview. Prices for packets were nominated by 62 IDU and 7 key informants, all of whom reported that the price of a packet of heroin in WA was \$50. This price was consistent with the price paid by those who had purchased in the six months prior to interview. Larger sized packet deals were also mentioned, with 10 IDU having purchased these larger deals for \$100. WA Police Service data suggests that a packet of heroin, which represents half a point or 0.05g, is available for \$30 to \$50 and the price of a point (0.1g) ranges from \$60 to \$80.

Although packets were the most common amount in which heroin was purchased there was variability among the IDU sample as to the size of deals they purchased. The second most commonly purchased amount of heroin was a quarter gram, purchased by 43 IDU and bought for a median price of \$150. Half-weights were also purchased (15/100) with a median price of

\$250. None of the key informants commented on these other purchase sizes and consequently no prices were provided. WAPS prices were also unavailable for these size purchases.

The price of heroin was considered stable by 77% of the 75 IDU and 9 key informants able to comment. Fourteen IDU and two key informants considered that the price of heroin had decreased within the six months preceding interview, with only one IDU reporting an increase in price in that period.

## **4.2 Availability**

Heroin was considered 'very easy' to obtain by 77.5% of the IDU who were able to comment on present availability (n=80) with a further 21% indicating that heroin was 'easy' to get. The IDU who had purchased heroin in the prior six months (n=75) did so primarily from mobile dealers (51%, n=38), with purchasing also reported from the dealer's home (20%, n=15), through a friend (13%, n=10) or from a street dealer (11%, n=8). Although most IDU considered that heroin availability had remained stable during the six months prior to the study (71%, n=55) some 21% (n=16) reported increasing availability during that period.

Additionally, all of the key informants who were able to comment on heroin availability (n=12) considered heroin to be either 'very easy' (75%) or 'easy' (25%) to purchase. Key informants were divided as to whether heroin availability had changed with equal numbers reporting a stable market (n=4) and increased availability (n=4). Only one key informant regarded heroin as having become more difficult to obtain within the preceding six months and specified that this phenomena was related to the area in which he worked (an outer metropolitan suburb) with the result that people simply went elsewhere to score.

## **4.3 Purity**

Seventy-four IDU commented on the current purity of heroin available in Perth with the vast majority (89%) of these considering the purity to be 'medium' to 'high' (46% and 43% respectively). The remaining 11% considered that heroin was currently of low purity. The majority opinion was supported by key informant responses with 87.5% of those able to comment on purity (n=8) indicating that the purity of heroin was 'medium' to 'high' (n=2 and n=5 respectively). One key informant (12.5%), who also reported on reduced availability, reported that heroin was of low purity in the area in which he worked.

Opinion as to whether there had been any changes in purity in the preceding six months was diverse among the IDU surveyed. Of the 73 IDU able to comment on purity, 31.5% said purity had increased, 31.5% said it had fluctuated, 26% that it had remained stable and 11% that purity had decreased over the preceding six months. This diversity was reflected among the key informant responses as well with reports that purity had increased (n=2), fluctuated (n=2), decreased (n=1) and remained stable (n=1).

ABCI data suggests that there has been little change in the average purity level of heroin seizures analysed in the last two financial years with an average of 57% reported in 1999 and 53.4% this year (n.s.). As observed last year, the purity of seizures analysed fluctuated drastically, ranging from 0.1% to 79% purity reported for WAPS seizures analysed this

financial year and from 20.9% to 76.4% for the AFP seizures for WA. Figure 1 represents the average purity of both WAPS and AFP seizures analysed from July 1998 to June 2000.

**Figure 1: Purity of heroin seizures analysed by law enforcement agencies in WA, by quarter, during 1998/1999 and 1999/2000 (Source: ABCI)**

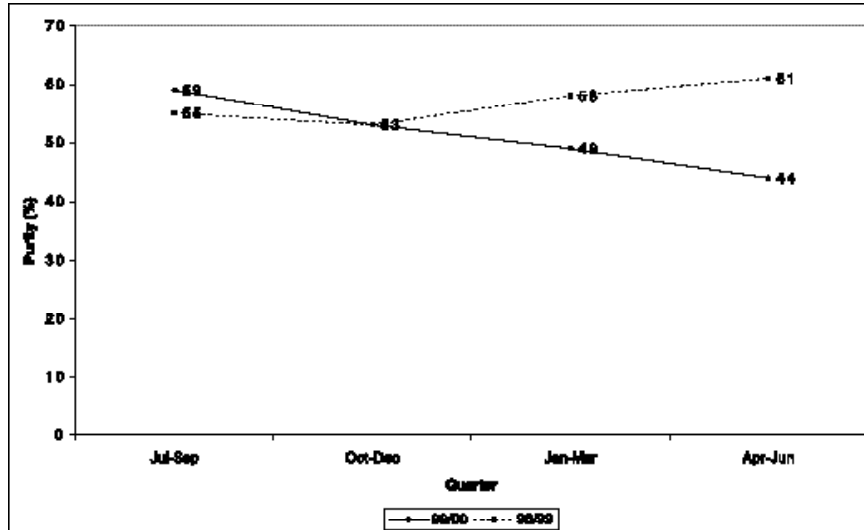
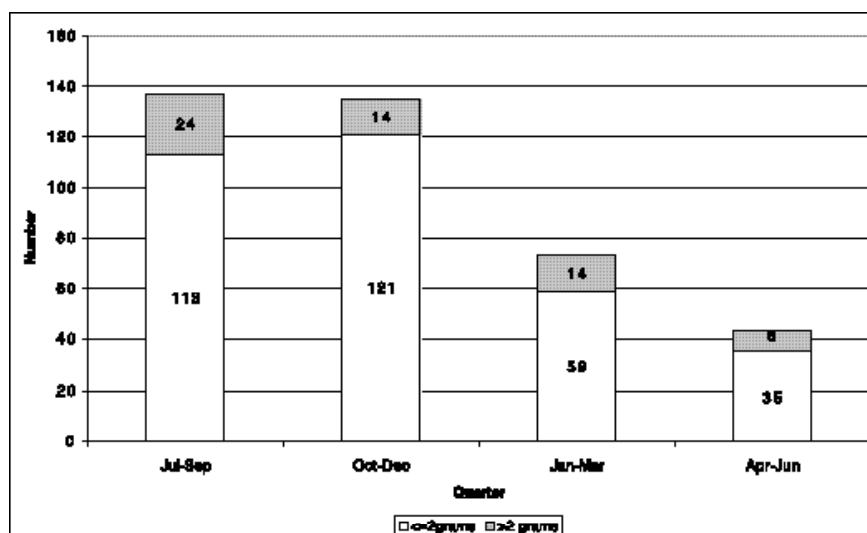


Figure 2 represents the number of seizures analysed, by quarter, during the 1999/2000 financial year, from both WAPS and AFP seizures. These seizures provide the information from which the average purity levels are calculated. It is, however, important to note that these numbers only represent the number of seizures submitted for analysis, not the total number of seizures made. Seizures analysed for purity do not represent a random sample of all drug seizures made as they often reflect needs of the judicial process. For example, seizures are more likely to be analysed where a not guilty plea is entered.

**Figure 2: Number of heroin seizures analysed by law enforcement agencies in WA, by weight of seizure, 1999/2000 (Source: ABCI)**





## 4.4 Use

### *Prevalence of heroin use*

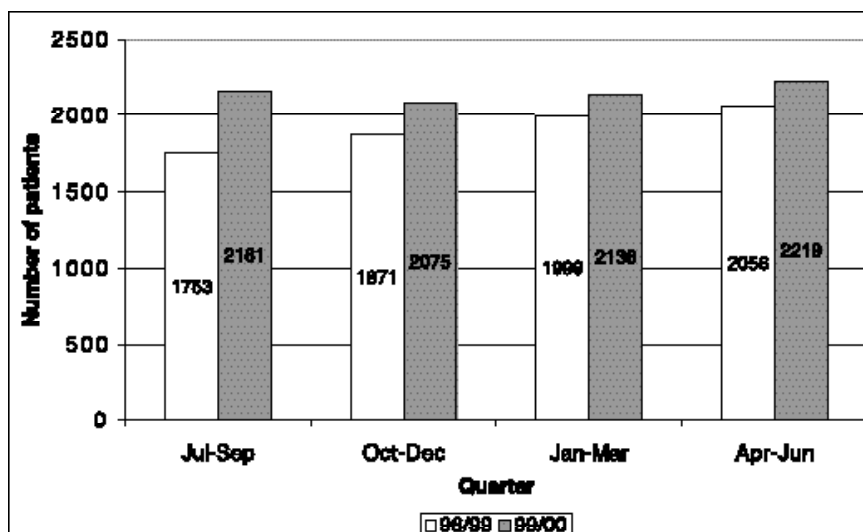
The prevalence of heroin use among injecting drug users in WA has been informed by data collected as part of the *Australian Needle and Syringe Program Survey* on respondents' 'last drug injected'. Table 5 represents the number and proportion of injecting drug users who reported that heroin was the last drug they had injected prior to completion of the survey.

**Table 5: Number of WA respondents in the *Australian Needle and Syringe Program Survey* who indicated that the last drug they injected was heroin, 1995–1999** (Source: National Centre for HIV Epidemiology and Clinical Research)

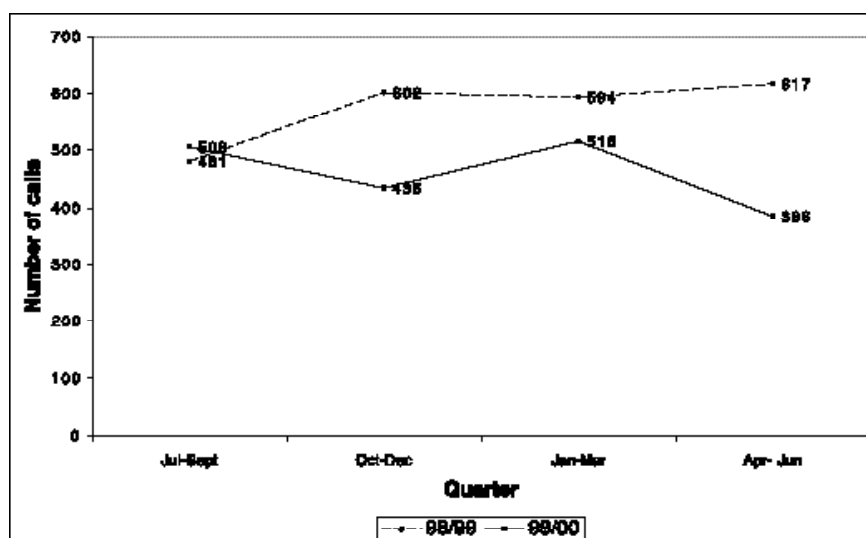
Year	Numbers reporting heroin as 'last drug used'	Number of responses	Percentage of responses (%)
1995	13	30	43
1996	56	83	67
1997	32	48	67
1998	101	161	63
1999	57	86	66

At first glance other local indicator data appear to give a somewhat contradictory picture of trends in heroin use. For example, although there has been a general increase in the number of people enrolled in a methadone program in WA (Figure 3) there has been a decrease in the number of calls made to the ADIS line in relation to heroin (Figure 4). However, as heroin users may have been using for a number of years before they attend methadone clinic for the first time, the continued increase in methadone enrolments may reflect initiates to heroin use some years previously. Calls to the ADIS line reflecting concern from users and their family members may, however, occur earlier in a users career and could therefore reflect more recent drug use trends.

**Figure 3: Number of persons participating in WA methadone programs, for the period July 1998 to June 2000** (Source: Next Step and HDWA)



**Figure 4: Number of heroin-related calls to ADIS, 1998/1999 and 1999/2000** (Source: Alcohol and Drug Information Service)



### *Current patterns of heroin use*

Key informants reported that the heroin users with whom they were in contact were almost exclusively intravenous users, with only two key informants indicating that they had any contact with heroin smokers. Where key informants knew of the regularity with which heroin users injected (n=10), most reported contact with users who injected daily (range=65%-100%), with a frequency of injecting approximately 2 to 3 times per day. This level of use was similar to that reported by the IDU who had used heroin most often in the month prior to interview (n=54), where 34 (63%) of reported daily use. Frequency of use from once a day (n=18), up to three times a day (n=15) were reported with just one IDU indicating that they had injected heroin more than three times a day in the month prior to interview.

Seven key informants nominated the form of heroin used by the users with whom they were in contact with all seven reporting on the use of powder and just two reporting on the use of rock. The IDU reported similar levels of use for both powder and rock (n=76 and n=67 respectively).

Key informants reported that the use of other drugs was common among those heroin users with whom they were in contact however the proportion of users involved and the level of use was not known. The drugs most commonly mentioned by key informants were benzodiazepines, cannabis and amphetamines. These drugs were also those reported to have been used by a large proportion of the heroin-using IDU. The use of other opiates was also mentioned by these IDU.

### *Treatment population*

As mentioned previously the number of IDU interviewed currently in treatment was restricted to 20% of the total sample by sample stratification. The treatments nominated by IDU were methadone (n=11), naltrexone (n=6) and drug counselling (n=3). These treatment regimes were also those nominated by key informants, with methadone mentioned by 12 key informants, naltrexone by 11, counselling by four and detox by three.

The majority (85%, n=17) of the IDU currently in treatment were those who identified heroin as the drug they had used most often in the month prior to interview. The remaining three IDU reported that amphetamine was the drug they had most often injected in the month prior to interview but reported that they were currently in treatment, either on methadone (n=2) or naltrexone (n=1), suggesting that they had previously been primary heroin users.

### ***Heroin use trends***

Three quarters (74%) of the 54 IDU who had used heroin most frequently in the month prior to interview suggest that there has been some change in the number and demographic profile of people using the drug. Where a specific change was reported, 22 of the 54 considered that younger people were using and 17 considered that there has been a general increase in the number of people using heroin. The general opinion among IDU was that heroin is a drug which has continued to become more acceptable within the wider community with the result that there are more 'mainstream' people now using the drug.

Key informants reported little change in the demographic profile of the IDU they had seen in the preceding six months apart from four who mentioned contact with younger heroin users.

## **4.5 Other trends**

Key informants reported on several issues relating to the heroin using IDU with whom they were in contact. Many of these related to injecting practice with conflicting reports of improved vein care and HCV awareness whilst other key informants reported a return or continuation towards the sharing of injecting equipment among the IDU with whom they were in contact.

These conflicting reports are borne out to some extent by IDU responses about sharing practice and injection-related problems. Although 78 IDU said that they had never used a needle after someone else in the month preceding interview, when asked about other injecting equipment, there were only 44 who had used no equipment after someone else in that time. The most commonly shared item was a spoon/other mixing container (n=45) or water (n=34), with filters also commonly shared (n=27). Injection-related problems were also common with over three-quarters (n=77) of the IDU sample reporting at least one problem related to injecting in the month prior to interview.

## **4.6 Summary of heroin trends**

A summary of heroin-related trends is provided in Table 6.

**Table 6: Summary of trends in the price, availability, purity and use of heroin**

<b>Price</b>	<ul style="list-style-type: none"><li>• \$50 a packet, stable</li><li>• \$400-500 a gram, stable</li></ul>
<b>Availability</b>	<ul style="list-style-type: none"><li>• Readily and widely available, with availability considered stable to slightly increased</li></ul>
<b>Purity</b>	<ul style="list-style-type: none"><li>• 53% seizures, stable</li><li>• IDUs and KIs considered heroin to be of medium to high purity with a tendency to fluctuate. Trend towards an increase in purity in last six months</li></ul>
<b>Use</b>	<ul style="list-style-type: none"><li>• General increase in the number of people using heroin</li><li>• Increase in the number of younger people using heroin</li><li>• Use reported as having become more acceptable with a more diverse population using heroin</li></ul>

## 5.0 AMPHETAMINE

The majority (85%) of IDU surveyed had used amphetamine at least once in the six months prior to interview with 81% (n=69) of these individuals able to comment on aspects of its price, purity and availability.

In 2000 ten key informants were readily able to identify contact with primary amphetamine users, compared to just four in 1999. These ten key informants reported contact with amphetamine users primarily through work contact, with only one reporting both work and social contact. A diverse range of professions were represented among this group with three drug treatment workers, two in general health, two from criminal justice/law enforcement, and one each from outreach, research and youth work. Frequency of contact with amphetamine users was, on average, three days per week (sd=1.84, range=1-7 days). Most key informants (n=8) had contact with one to twenty IDU in the week prior to interview with half (n=5) reporting contact with more than one hundred IDU in the six months prior to interview.

Key informants were familiar with primary amphetamine users of a similar demographic profile to the IDU sample interviewed.

In this section reference is made to the use of illicit amphetamine where this refers to both amphetamine and methamphetamine. Two distinct types of amphetamine were reported on by IDU, the powder form which can be either amphetamine or methamphetamine (speed), and the more potent form of the drug, crystalline methamphetamine (crystal meth). Any reference made to pharmaceutical amphetamine, specifically dexamphetamine, is made in relation to the illicit use of the product.

### 5.1 Price

IDU reported that the price of a gram of amphetamine varied dramatically with a range from \$100 to \$600 reported, however, the majority (69%) of the IDU who nominated a price (n=54) suggested that a gram cost between \$200 and \$300. IDU who had purchased grams of amphetamine reported paying a median price of \$200 for their most recent purchase prior to interview. Grams were the most commonly purchased amount in the six months prior to interview, purchased by 28 IDU. The purchase of points/packets was also common with 26 IDU having paid \$50 for these amounts in the last six months and half-weights purchased by 20 IDU at a median price of \$150 for their most recent purchase. Key informants were unable to comment on the current price of amphetamines.

It is interesting to note that the \$200 median purchase price for WA was the highest price recorded for a gram of amphetamine in all states and territories. As the specific form of amphetamine last purchased was not queried as part of the IDU survey it is not clear whether this price represents the purchase price for 'speed' or the price of the higher purity 'crystal meth'. It is suspected that in many instances this price represents that paid for the higher purity form of the drug with some IDU mentioning that 'crystal meth' can cost up to twice as much as lower quality 'speed'.

The price of amphetamine was thought to have remained stable (57%, n=39) to increasing (20%, n=14) within the preceding six months with higher prices related to the availability and

purchasing of 'crystal meth'. Key informants were divided as to whether amphetamine prices had changed over the last six months with only half able to comment (n=5). Of these, two suggested that prices had remained stable, two that they had decreased and one that prices had increased.

## **5.2 Availability**

Over three-quarters (n=78) of the IDU were able to comment on the current availability of amphetamine with nearly all of these considering it 'easy' (31%) to 'very easy' (68%) to purchase at present. As with heroin, amphetamine availability was considered stable to increasing within the previous six months (60%, n=42 & 27%, n=19 respectively). Key informants concurred with IDU comments in relation to availability by indicating that amphetamine was currently 'very easy' to obtain (n=9) with availability stable (n=3) to increasing (n=3).

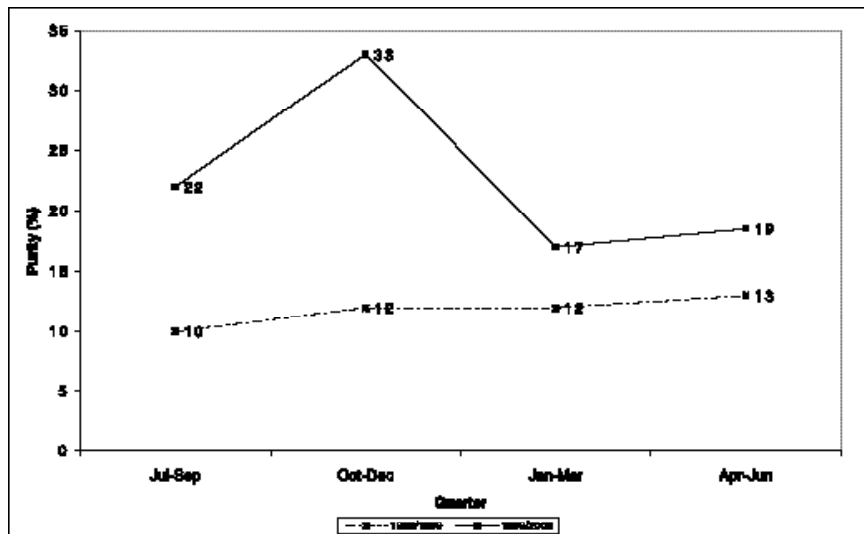
Unlike heroin purchasing, there was no obvious preference in terms of where IDU purchased their amphetamine with 31% (n=23) purchasing through a friend, a further 30% (n=22) from their dealer's home and another 28% (n=21) from a mobile dealer.

Although only two key informants specifically mentioned the use of 'crystal meth', the use of this form of amphetamine was widely reported among IDU. Over half (51%) of the total IDU sample reported the use of 'crystal meth' at least once in the six months prior to interview, this figure representing 60% of the total number of IDU who reported amphetamine use in the same period (n=85).

## **5.3 Purity**

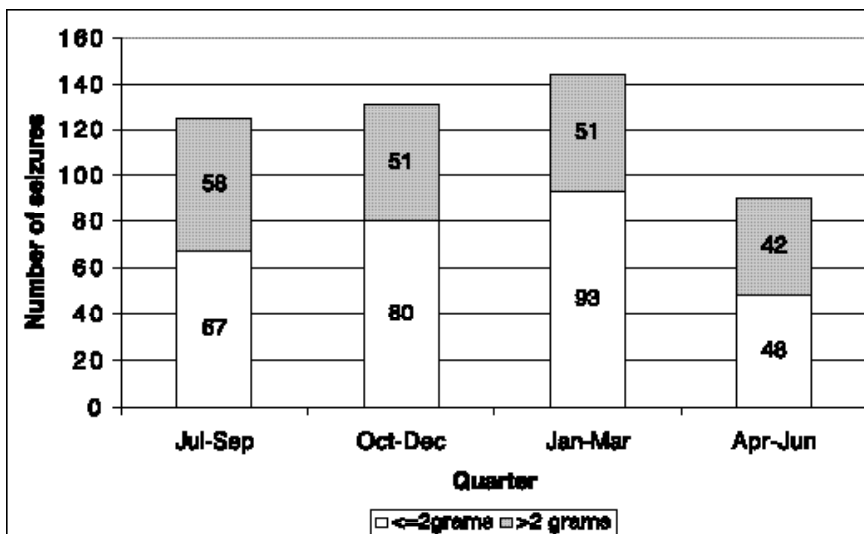
The average purity of illicit amphetamine seizures (including both amphetamine and methamphetamine seizures) analysed in WA had risen significantly since last year. The average purity of combined WAPS and AFP seizures rose from 12% in 1998/1999 to 23% in 1999/2000 (f=4.4, df=489, 532, p=.000). Figure 5 represents the average purity of illicit amphetamine seizures, both less than and equal to 2grams or more than 2 grams, which were analysed during the two financial years. Again it should be noted that seizures analysed for purity do not represent a random sample of all drug seizures made.

**Figure 5: Purity of illicit amphetamine seizures analysed by law enforcement agencies in WA, during 1998/1999 and 1999/2000 (Source: ABCI)**



The number of seizures on which the average purity is based during the 1999/2000 financial year are represented, by quarter, in Figure 6.

**Figure 6: Number of illicit amphetamine seizures analysed by law enforcement agencies in WA, by weight of seizure, 1999/2000 (Source: ABCI)**

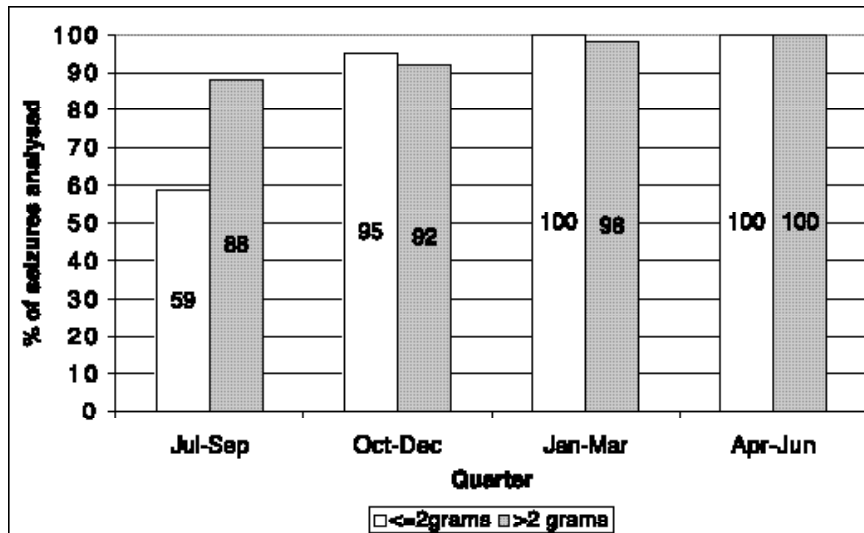


NB - these numbers do not represent the total number of seizures made, but rather the number of seizures submitted for analysis.

There has also been an increase in the proportion of methamphetamine to amphetamine seizures made in 1999/2000. Most (95%) of the illicit amphetamine seizures analysed in 1999/2000 were methamphetamine, compared to 84% in 1998/1999. Figure 7 shows the proportion of methamphetamine seizures analysed, by weight, in 1999/2000. Methamphetamine seizures continued to be of higher purity than amphetamine seizures analysed (23% compared to 12% in 1999/2000 and 12% compared to 9% in 1998/1999) which possibly reflects an increase in the proportion of ‘crystal meth’ seizures, but this cannot be determined from the data available. Although these methamphetamine seizures represent

the majority of illicit amphetamine seizures analysed it is important to note that there has also been a slight increase in the purity of amphetamine seizures analysed (from 9% to 12%).

**Figure 7: Proportion of illicit amphetamine seizures analysed by law enforcement agencies in WA which were methamphetamine, 1999/2000 (Source: ABCI)**



IDU considered that illicit amphetamine was currently of ‘medium’ (24%) to ‘high’ (60%) purity with the 4 key informants able to comment agreeing with these estimates. There was some disagreement among IDU as to what changes in purity had occurred with a quarter (25%) indicating that purity had remained stable, 23% suggesting that purity levels had fluctuated and 42% saying it had increased. Key informant responses were more unified with two-thirds of those able to comment (4/6) indicating that the purity of illicit amphetamine had increased in the last six months.

Overall the evidence suggests that although purity levels may have fluctuated over the preceding six months there has been a general trend towards increased purity. Additionally it would seem that much of the illicit amphetamine currently available in Perth is methamphetamine, which is available in both powder and crystalline form.

## 5.4 Use

### *Prevalence of amphetamine use*

Amphetamine continued to be the second most commonly reported ‘last drug injected’ by injecting drug users in WA in 1999 according to the results of the *Australian Needle and Syringe Program Survey*. Table 7 shows the percentage of respondents who reported that amphetamine was the last drug they had injected prior to completion of the survey.

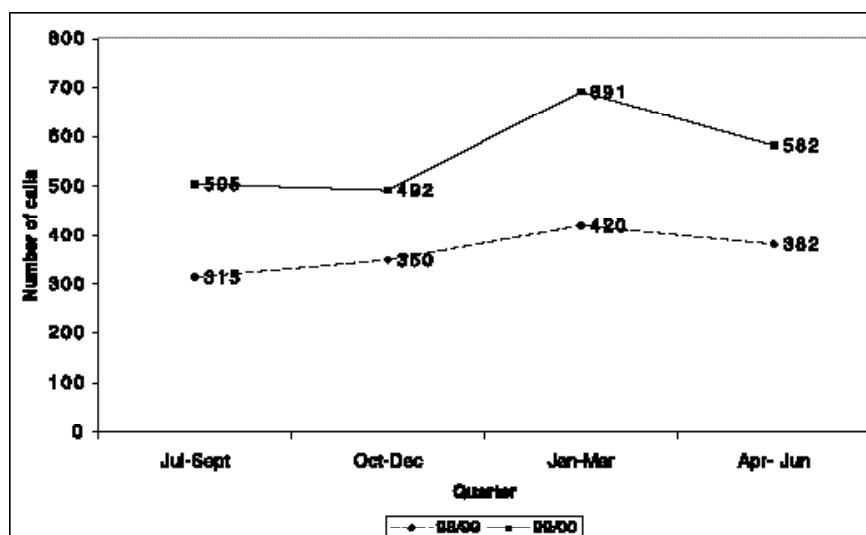


**Table 7: Number of WA respondents in the *Australian Needle and Syringe Program Survey* who indicated that the last drug they injected was amphetamine, 1995–1999**  
(Source: National Centre for HIV Epidemiology and Clinical Research)

Year	Numbers reporting speed as 'last drug used'	Total number of responses	Percentage of responses
1995	10	30	33
1996	12	83	14
1997	6	48	13
1998	35	161	22
1999	16	86	19

Although there was a slight drop in the percentage of clients reporting amphetamine as their last drug injected in 1999 other, more recent, indicator data suggests that the use of amphetamine has become more commonplace. For example, there has been not only been an increase in the number of calls to the ADIS line in relation to amphetamines (Figure 8) but also the proportion of calls relating to amphetamines has increased. Since January 2000, amphetamine has represented the most commonly inquired about drug from the four main drug types studied in the IDRS. In the 1998/1999 financial year calls about heroin or cannabis were both more common than amphetamine-related calls.

**Figure 8: Number of amphetamine-related calls to ADIS, 1998/1999 and 1999/2000**  
(Source: ADIS)



### *Current patterns of amphetamine use*

The majority (85%) of the IDU population surveyed as part of this year’s IDRS had used amphetamine at least once in the six months prior to interview. For those who reported amphetamine use, the mean number of days used was 36.85 days (sd=40.68, range=1-180 days) with a median of 20 days use in that time. Amphetamine powder was the most commonly used form of the drug in the six months with 81 IDU (95% of those who had used amphetamine) having used it in that period. The use of crystal meth was also common among the amphetamine users with 60% (n=51) reporting its use, 41% (n=35) reporting the use of

prescription amphetamine (predominantly dexamphetamine) and 20% (n=17) saying they had used liquid amphetamine.

Of those individuals who reported that amphetamine was the drug they had most often injected in the month preceding interview (n=44), the majority (70%, n=31) indicated that they injected more than weekly with seven IDU injecting amphetamine daily during that month. Among the 85 IDU who had used amphetamine at all in the six months prior to interview, most (94%, n=80) had injected, 8 had smoked, 32 had snorted and 33 had swallowed the drug.

Key informants reported contact with a similar group of amphetamine users, that is predominantly intravenous users, with a level of use ranging from recreational to daily. As mentioned earlier (in section 5.2) the use of crystal meth was not commonly reported by key informants. The predominant form of illicit amphetamine identified as that used by the illicit drug users with whom key informants were in contact was powder (n=7). Four key informants also mentioned the use of pills, predominantly dexamphetamine.

As also reported in relation to heroin users, key informants noted that polydrug use was common among the amphetamine users with whom they were in contact. Key informants reported on the use of ecstasy, heroin and benzodiazepines among the amphetamine users with whom they were in contact but the proportion of users involved and the level of such drug use varied considerably. Of the IDU who had injected amphetamine most often in the month prior to interview (n=44), high proportions had also used alcohol (n=42) and/or cannabis (n=41) in the six months before interview. The use of ecstasy (n=28), benzodiazepines (n=25), heroin (n=23) and hallucinogens (n=22) was also reported by IDU in that period.

### ***Amphetamine use trends***

The majority (82%, n=36) of IDU who identified amphetamine as the drug they had most often injected in the month prior to interview considered that there had been some change in the demographic characteristics of amphetamine users in the last six months. As with changes in heroin use, these changes related to a perceived general increase in the number of people using amphetamine with evidence to suggest that use was far more widespread than last year. Several IDU (10/44) also suggested that there has been increased use of amphetamine by younger people. Key informants also reported an increase in the number of younger users (n=3) and increased number of users in general (n=2) but further mentioned an increase in the number of ATSI users (n=2).

## **5.5 Other trends**

Key informants reported on several issues relating to amphetamine users with whom they were in contact. These tended to relate to health issues associated with the high level and/or prolonged use of amphetamines and included increased aggression/violence (n=4), poor health and nutrition (n=4), psychosis (n=1) and serious medical conditions such as tachycardia (n=1). On a more positive note it was mentioned that there had been improvement in the adoption of harm minimisation practices (n=3), such as reduced needle sharing and improved knowledge of HCV issues.

## 5.6 Summary of amphetamine trends

A summary of amphetamine-related trends is provided in Table 8.

**Table 8: Summary of trends in the price, availability, purity and use of amphetamines**

<b>Price</b>	<ul style="list-style-type: none"><li>• Gram \$200 (price somewhat dependent upon form purchased)</li><li>• Price stable to increasing</li></ul>
<b>Availability</b>	<ul style="list-style-type: none"><li>• Very easy to obtain</li><li>• Availability stable to increasing</li><li>• Increased availability of crystal meth</li></ul>
<b>Purity</b>	<ul style="list-style-type: none"><li>• 23% seizures</li><li>• Increased</li></ul>
<b>Use</b>	<ul style="list-style-type: none"><li>• Use widespread</li><li>• General increase in the numbers using</li></ul>

## **6.0 COCAINE**

Only a small proportion (n=11) of the IDUs surveyed were able to comment on aspects of price, purity and availability of cocaine. As in 1999, there were no key informants able to comment on primary cocaine users in 2000. The following section is therefore based on information provided by IDU and is supplemented, where possible, by indicator data and comments made by six key informants in relation to cocaine use by their other primary drug using contacts.

### **6.1 Price**

The gram prices provided by the 11 IDU able to comment ranged from \$200 to \$400 (n=10) with most (n=6) suggesting that the price was between \$200 and \$300. One IDU commented that very good quality cocaine was available at a cost of \$800 per gram. Only four IDU had purchased a gram of cocaine in the six months prior to interview, and had paid a median of \$250 for their last purchase. The prices reported by IDU are higher than the \$180-250 range provided by the WAPS and ABCI last year, and reported by those agencies again for this year, however the most recent period for which this data is reported was October-December 1999.

Packets, the smallest and cheapest deal size available (and usually of varying quantity), were also purchased with three IDU at a cost of \$50. Four other IDU mentioned that \$100 deals were also available. Only eight IDU were able to comment on price changes for cocaine in the prior six months with five indicating that it was stable, two reporting that price had increased and one other saying it was decreasing.

Just 8 IDU provided information on where they usually scored their cocaine. Half of these indicated they mostly purchased from their dealers home, three usually scored through a friend and one from a street dealer.

### **6.2 Availability**

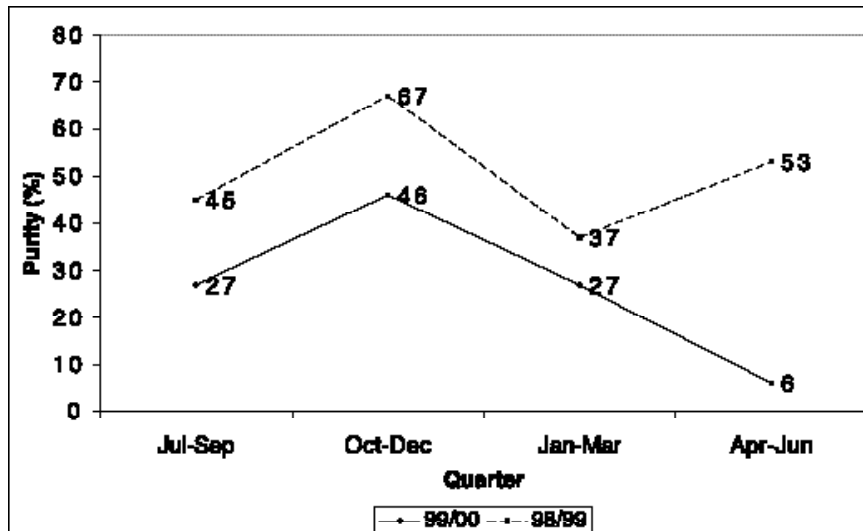
Cocaine did not appear to be readily available drug in WA during 2000 with only 16 IDU reporting on its current availability and none reporting that it was 'very easy' to obtain. Four IDU did report that cocaine was currently 'easy' to get, however, most considered that it was either 'difficult' (n=10) or 'very difficult' (n=2) to purchase at the moment. Although still generally considered a difficult drug to obtain, seven of the IDU who commented on changes to availability (n=14) believed that cocaine had become easier to obtain during the last six months.

### **6.3 Purity**

The average purity of cocaine seizures analysed for WA in the 1999/2000 financial year was 34%, lower than the 58% purity reported last year. Quarterly comparisons of average purity for both years are represented in Figure 9. Meaningful comparisons between the two years are, however, difficult due to the very low numbers of cocaine seizures analysed in both years (11 in 1999/2000 and 59 in 1998/1999). Those IDU able to comment (n=11) considered that

cocaine was currently of medium to high purity and stable to increasing in the six months prior to interview. No key informants were able to comment on aspects of purity.

**Figure 9: Purity of cocaine seizures analysed by law enforcement agencies in WA, during 1998/1999 and 1999/2000 (Source: ABCI)**



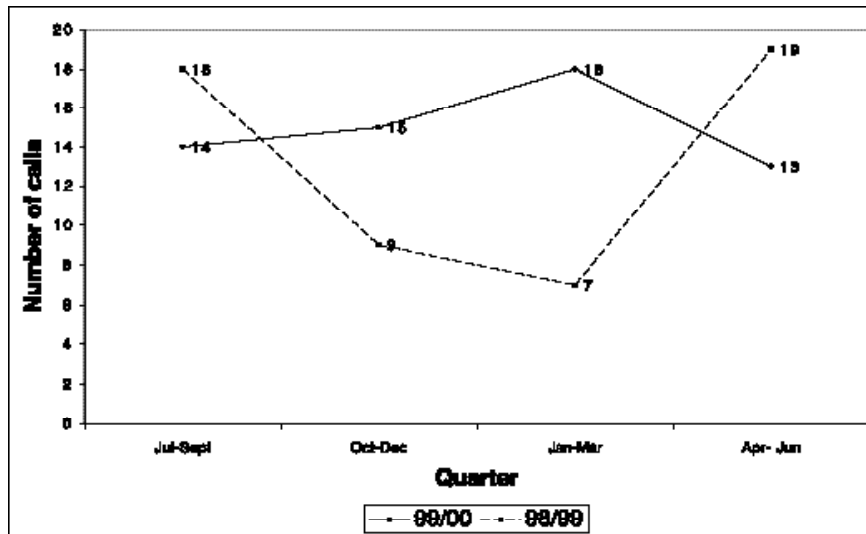
## 6.4 Use

### *Prevalence of cocaine use*

As with last year there is little information currently available about the incidence of cocaine injection among injecting drug users in WA. Data collected for the *Australian Needle and Syringe Program Survey* identifies the last drug injected by respondents prior to completion of the survey. Of the 86 injecting drug users surveyed in 1999, not one identified cocaine as the last drug they had injected, either as a drug administered individually or in combination with other drugs. Furthermore there has only been one IDU, from a total of 408 surveyed in WA, who has as yet identified cocaine as their last drug injected.

What little information is available relates to the number of calls made to the ADIS line in relation to cocaine. As shown in Figure 10 the number of these calls made was consistently low in both the 1998/1999 and 1999/2000 financial years.

**Figure 10: Number of cocaine-related calls to ADIS, 1998/1999 and 1999/2000** (Source: ADIS)



***Current patterns of cocaine use***

Twenty-one IDU had used cocaine at least once in the six months prior to interview. Cocaine use related predominantly to the use of powder with twenty (95%) IDU having used this form in the previous six months. Over a quarter (29%, n=6) of those who had used cocaine suggested that they had used crack in that same period.

Cocaine use was infrequent in the six months preceding interview, ranging from one to twenty-one days, with a median of five days use. Eight IDU reported that intravenous administration was the sole route they had used to administer cocaine in that time, with a further six IDU indicating that snorting was their sole route. The remaining IDU utilised multiple methods of drug administration.

Only six of the key informants (20%) made any mention of cocaine use in relation to the clients with whom they were in contact. Four of these stated that although their clients had mentioned cocaine not much use was reported. One key informant reported on their social contacts suggesting that, for this group, cocaine was readily available with use occurring predominantly on weekends, and both intravenous use and snorting were reported. The remaining key informant suggested that they were seeing more clients who were now using cocaine and who had moved from amphetamine to cocaine use.

***Cocaine use trends***

No trends in cocaine use were identified by either the IDU sample or key informants surveyed. It may be that these two groups are not those most ideally suited to comment on trends in relation to cocaine use and a more concerted effort to access those who use cocaine with any regularity may be required.

**6.5 Other trends**

No other trends in relation to the use of cocaine were identified by key informants, IDU or the indicator data.

**6.6 Summary of cocaine trends**

Although data was limited, what trends were identifiable in relation to the price, availability, purity and use of cocaine are reported in Table 9.

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

<b>Price</b>	<ul style="list-style-type: none"> <li>• \$250 a gram</li> <li>• \$50 and \$100 deals are also available</li> </ul>
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Difficult</li> <li>• Although still difficult to obtain some suggestion that availability may have increased over previous six months</li> </ul>
<b>Purity</b>	<ul style="list-style-type: none"> <li>• 34% seizures (but probably unreliable as very few seizures analysed)</li> <li>• Considered stable to increasing</li> </ul>
<b>Use</b>	<ul style="list-style-type: none"> <li>• One in five IDU surveyed had used at least once in last six months although level of use was low</li> <li>• Injecting does occur</li> <li>• Use of crack cocaine reported</li> </ul>

## **7.0 CANNABIS**

Most IDU (95%) were able to comment on aspects of price, potency and availability of cannabis. Eight key informants also reported on the use of cannabis, of these two each were employed in general health and research, and one each employed in drug treatment, outreach, youth work and law enforcement.

### **7.1 Price**

IDU were asked to nominate the price for various amounts of cannabis. The most commonly reported price was \$25 for a foil, stick or sachet, with the terminology associated with such deals relating to the manner in which they are packaged. The amount of cannabis contained in these packages varies but is generally 1 to 2 grams. Thirty-one IDU nominated the price of these deals as \$25, which was the same price as that paid by the 30 IDU who had purchased these types of deals in the six months prior to interview.

The deal most commonly purchased by IDU in the six months prior to interview was that of bags of cannabis. Again this terminology refers to the packaging in which the cannabis is provided and relates to cannabis provided in plastic cash change bags. Thirty-six IDU had purchased such size deals in the last six months, paying a median price of \$50 for them.

Five of the key informants (62.5%) were able to provide prices for foil and packet deals and their prices were consistent with those reported by IDU.

Prices for ounces of cannabis were clearly divided and dependent upon whether the IDU were purchasing hydroponic or non-hydroponic cannabis. The median price paid for an ounce of hydroponic cannabis was \$300 with a median price of \$200 for non-hydroponic cannabis. In 1999 the price for an ounce of hydroponic cannabis was reported as \$400 to \$500 and an ounce of non-hydroponic was \$200 to \$300. As 1999 prices were based on key informant and indicator data alone, both of which can be restricted by time lags in reporting, it is not possible to determine whether this represents an actual decrease in the price of cannabis since 1999 or not. For example, prices provided by the ABCI this year suggest that an ounce of hydroponic is \$400 and non-hydroponic is \$300 to \$350, however, as mentioned earlier, the most recent ABCI data available for WA is from the period October to December 1999.

The majority of IDU (79%, n=71) and all key informants able to comment considered that the price of cannabis had remained stable in the six months prior to interview.

### **7.2 Availability**

Cannabis was considered 'very easy' to obtain at present by the majority of IDU (72%, n=68) and key informants (86%, n=6) able to comment. Availability was considered stable by most IDU (72%, n=69) and key informants (80%, n=4).

For those who did purchase cannabis in the six months prior to interview (n=90) the majority bought through a friend (32%) or direct from a dealers home (28%). Several IDU (n=13) report that the cannabis they use is predominantly a gift from friends whilst others generally scored from a street dealer (n=10).



### 7.3 Potency

The potency of cannabis was reported as medium to high (25% and 75% respectively) by the 89 IDU able to comment. Most IDU (67%, n=61) also considered that cannabis potency had remained stable during the preceding six months. Some IDU differed in their opinion, however, as 17 (19%) reported an increase in potency and 12 (13%) indicated that potency had fluctuated. Only one IDU considered there to have been a decrease in cannabis potency over the six months period.

Only two key informants were able to comment on cannabis potency, both reporting that it was currently high, and just one commented on changes to potency in the last six months suggesting that it had increased in that period.

As reported in 1999 there are presently no routinely reported indicators of cannabis potency available with which to refute or support these perceptions.

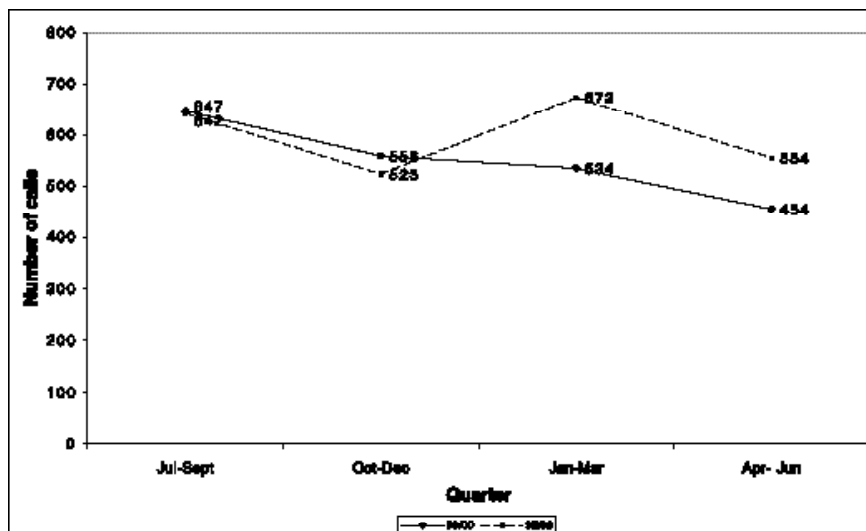
### 7.4 Use

#### *Prevalence of cannabis use*

Cannabis is by far the most commonly used illicit drug in WA, as it is nationally. Data from the 1998 National Household Survey show that WA respondents, aged 14 years and over, reported significantly higher levels of lifetime (44.8%) (Chi Square=9.123, df=1, p=.003) and recent (22.3%) (Chi Square=9.323, df=1, p=.002) use of cannabis compared to the national average (39.3% and 17.9% respectively). Cannabis-related offences comprised the vast majority of all illicit drug-related charges laid in 1998 and 1999 in WA (see Section 9.3), as they do in other Australian jurisdictions.

More recent indicator data suggests that there has been an apparent decline in the number of calls to ADIS relating to cannabis since July 1999 (Figure 11). It is too early to determine whether this represents a true trend or random variation. Data collected in next year's IDRS will hopefully provide more evidence by which to determine this.

**Figure 11: Number of cannabis-related calls to ADIS, 1998/1999 and 1999/2000** (Source: ADIS)



### ***Current patterns of cannabis use***

Cannabis was the illicit drug most commonly and frequently used by individuals interviewed as part of the IDU survey. Use of cannabis was only matched by that of tobacco with equal numbers of IDU (n=90) reporting that they had used one or both of these drugs in the last six months. Although tobacco use was more frequent than cannabis use (median use of 180 and 130 days respectively) a third of those who had used cannabis in the last six months had done so on a daily basis.

Where IDU reported the type of cannabis they had used (n=48) the majority (94%) indicated that they used hydroponic either exclusively, or used both hydroponic and non-hydroponic cannabis, depending upon supply or sources available to them. Over a quarter (29%) of the IDU had also used hash in the six months prior to interview and 21 (23%) had used hash oil.

Four key informants reported contact with cannabis users whose use ranged from weekly to daily and who indicated a preference for hydroponic cannabis. Key informants also reported that the method by which the cannabis users with whom key informants were in contact administered their drugs depended to some degree upon the environment in which they administered their drugs. Those who used in situations where they were more visible reported a preference for using pipes or joints and those who used in less public surroundings reported a preference for bong and/or buckets.

### ***Cannabis use trends***

No IDU or key informants reported trends specific to the number or type of people using cannabis over the preceding six month period. There was some suggestion that, as reported in 1999, the use and availability of hydroponic cannabis has continued to increase. Some IDU also made reference to the availability of different strains and varieties of hydroponic cannabis that are grown for specific effect. As no testing is presently available for cannabis there is no means by which to assess the accuracy of these perceptions.

## **7.5 Other trends**

Only two key informants reported issues specific to the cannabis users with whom they were in contact. Both of these key informants referred to concerns about the mental health status of their clients, specifically in relation to psychosis and anxiety/social phobia related problems. One of these key informants perceived there to be an increased risk of such problems related to the use of hydroponic cannabis.

## **7.6 Summary of cannabis trends**

A summary of cannabis trends as identified by IDU, key informants and indicator data are represented in Table 10.

**Table 10: Summary of trends in the price, availability, potency and use of cannabis**

<b>Price</b>	<ul style="list-style-type: none"> <li>• Gram price                  \$25 a foil/stick (usually containing a minimum of a gram)                  \$50 a bag (more common size purchase)</li> <li>• Ounce price                  \$200for non-hydroponic                  \$300 for hydroponic</li> <li>• Stable</li> </ul>
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Very easy to obtain</li> <li>• Stable</li> <li>• Available all year round with availability of hydroponic cannabis</li> </ul>
<b>Potency</b>	<ul style="list-style-type: none"> <li>• Medium to high</li> <li>• Stable to increasing</li> </ul>
<b>Use</b>	<ul style="list-style-type: none"> <li>• Use widespread</li> <li>• Continued increase in use of hydroponic cannabis</li> <li>• Different strains/varieties of hydro available</li> </ul>

## 8.0 OTHER DRUGS

### 8.1 Ecstasy

As IDU and key informants were not asked specifically about aspects of price, purity and availability of ecstasy, local indicator data was used to provide information on these aspects of ecstasy trends in WA.

#### Price

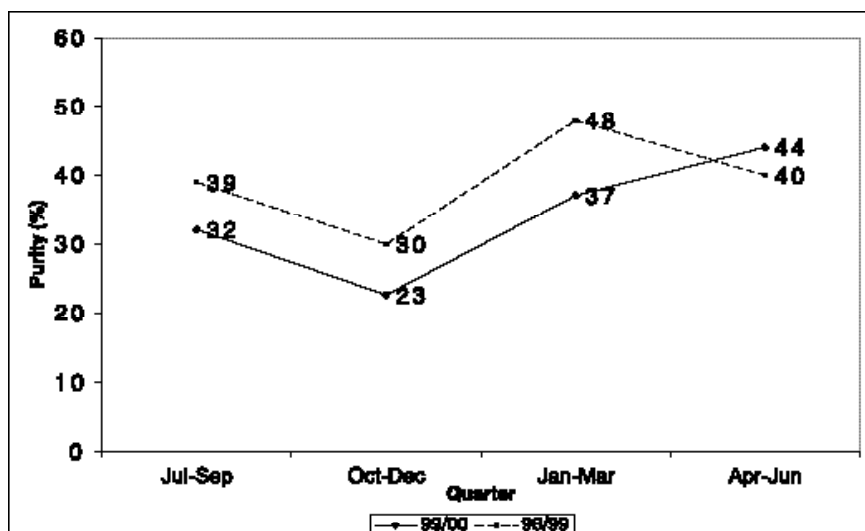
Information from the WAPS and AFP, in relation to the price of covert ecstasy purchases, suggests that ecstasy is priced at \$30 to \$70 (WAPS) or \$25 to \$40 (AFP) per tablet. Both sources report that a discounted price is available when ecstasy is purchased in bulk lots, which is more than 25 tablets according to the ABCI, with prices then dropping to \$15 to \$25 per tablet.

One key informant did make comment on the current price of ecstasy and indicated that good quality ecstasy was available for \$60 to \$75 a tablet.

#### Purity

The data suggests that there has been a decrease in the purity of ecstasy seizures analysed in WA from 40% in 1999 to 31% in 2000. However, meaningful comparisons of the two years' data is difficult given that there were over twice as many seizures analysed in 1999 than in 2000 (148 and 68 respectively). Purity ranged from less than 1% to 63% in 1999 and from 1.4% to 70% in 2000. Figure 12 represents the average purity of seizures analysed, by quarter, for the last two financial years. This figure suggests that there may be a cycle in purity moving from low purity in spring to increased purity in summer. Monthly data was not available so a more in depth analysis into determining a seasonal trend was not possible.

**Figure 12: Purity of ecstasy seizures analysed by law enforcement agencies in WA, during 1998/1999 and 1999/2000 (Source: ABCI)**



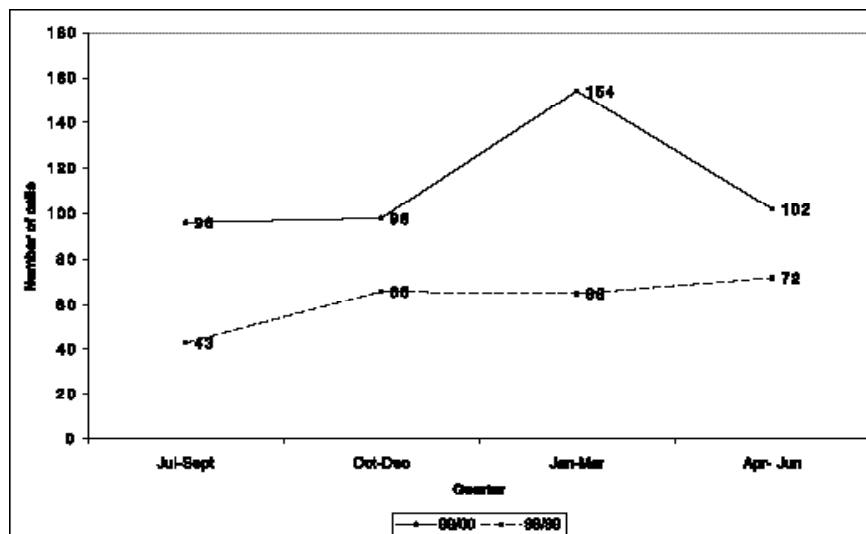
## Use

Three IDU nominated that ecstasy was the first drug they had injected and three nominated ecstasy as their drug of choice, either for use individually or mixed with cocaine. Almost half (45%) of the IDU sample had used ecstasy at least once within the six months preceding their interview, with 82% having used at least once during their lifetime. The median number of days used in the six-month period was 5 days, with a mean number of 11 days use (sd=14.59, range=1-65 days).

The most common route of administration used, by those who had used ecstasy in the six months prior to interview, was oral administration (91%, n=41) with over half (53%, n=24) reporting intravenous use in that period. Snorting and smoking of ecstasy was also reported although much less frequently (by 20% and 4% respectively). Where key informants reported the route of administration used by the illicit drug users with whom they were in contact (n=4) all referred to oral administration of the drug.

Five IDU made spontaneous comment that they perceived there had been an increase in the use of ecstasy in the last six to twelve months. These perceptions appear to be supported to some extent by the increased number of calls made to the ADIS line in relation to ecstasy. Calls rose from 246 in 1998/1999 to 450 in 1999/2000. Figure 13 represents the number of calls made per quarter over this two-year period.

**Figure 13: Number of ecstasy-related calls to ADIS, 1998/1999 and 1999/2000** (Source: ADIS)



## 8.2 Methadone and other opiates

### Methadone

Methadone had been used by 24 IDU in the preceding six months, which includes the eleven individuals currently enrolled in methadone maintenance. Over half (53%) of the IDU had ever used methadone, however, it is unclear what proportion of these had ever been enrolled in a methadone treatment program.

Use of methadone was for a median of 60 days, with a mean number of 75 days use (sd=70.7, range=1-180 days) in the preceding six months. Five IDU identified that they had used methadone daily in that six-month period and all were currently on a methadone maintenance program.

All 24 IDU who had used methadone in the six months reported the use of methadone syrup with one in five (21%) having also used Physeptone<sup>®</sup> tablets. Most (79%) of these 24 IDU administered methadone via the oral route although a third reported injecting methadone at least once in the previous six months.

### **Other opiates**

The use of opiates other than heroin and methadone was prevalent among the IDU sample. Over half (51%) of the sample had used other opiates in the six months prior to interview, on a median of 16.5 days and a mean of 36 days (sd=54.4, range=1-180 days). Of these, 71% had injected, 63% had swallowed, 4% had snorted and 4% had smoked the other opiates they had used in that time.

Morphine preparations were the most commonly used other opiate with 69% (n=37) of other opiate users reporting its use. Whilst 20 IDU nominated morphine in general, 13 identified MS Contin<sup>®</sup> specifically as the brand they most often used with the remaining 4 morphine users identifying Kapanol<sup>®</sup> as their most often used brand. The use of codeine phosphate was also identified (n=5) with 3 of these identifying Panadeine Forte<sup>®</sup> as the specific brand they most often used. Less frequently identified was Doloxene<sup>®</sup> [dextropropoxyphene] (n=2), Proladone<sup>®</sup> [oxycodone pectinate] (n=1) and Temgesic<sup>®</sup> [buprenorphine hydrochloride] (n=1). The remaining five IDU were unable to identify the main brand or form of other opiates they most often used.

One key informant reported contact with a group of IDU whose primary drug use was that of MS Contin<sup>®</sup>. These users were all identified as intravenous users who used between 100mg and 200mg of MS Contin<sup>®</sup> per day. One IDU surveyed identified morphine as their drug of choice and indicated this was the drug they had injected most often in the month prior to interview. A further three IDU identified that the last drug they had injected prior to interview was other opiates.

### **8.3 Benzodiazepines**

Benzodiazepine use was common among the IDU sample with 81 IDU having ever used them and 72 of these (89%) having used them in the last six months. The number of days used in that period ranged from 1-180 days, with 15 IDU identifying daily use. The main route of administration reported was swallowing (n=67) but more than a quarter (29%) reported the intravenous use of these drugs. Forty-one of those who had ever used benzodiazepines had injected them at some time in their benzodiazepine using careers.

The most commonly identified brand was Valium<sup>®</sup> [diazepam] (n=16) with a further six IDU reporting the use of other diazepam preparations. Temazepam<sup>®</sup>, Mogadon<sup>®</sup> [nitrazepam] and Rohypnol<sup>®</sup> [flunitrazepam] were also reported as the main brand of benzodiazepine used by 8 IDU each. Six IDU identified Serepax<sup>®</sup> [oxazepam] as their main brand and just one IDU nominated Rivotril<sup>®</sup> [clonazepam] as the benzodiazepine they most often used. Thirteen IDU were unable to nominate just one main brand of benzodiazepine so mentioned the brands they often used either in conjunction with other brands or individually. Eleven of these IDU reported the use of Valium<sup>®</sup>, 9 the use of Temazepam<sup>®</sup> use, 8 Serepax<sup>®</sup> and 8 Rohypnol<sup>®</sup>, and

two each reporting the use of Rivotril<sup>®</sup> and Mogadon<sup>®</sup>. Seven of the IDU were unable to specify the particular brands they used.

Almost two-thirds (63%) of the key informants were able to report on the benzodiazepine use of the illicit drug users with whom they were in contact. The main route of administration reported was oral with intravenous use related predominantly to the administration of Temazepam<sup>®</sup>. The injection of Valium<sup>®</sup> was also mentioned although less frequently.

#### **8.4 *Anti-depressants***

The use of anti-depressants was prevalent among the IDU sample with more than half (54%) having ever used them. Almost a third of the IDU (n=32) reported their use in the last six months, with 11 of these using anti-depressants on a daily basis. The median number of days used was 90 days with a mean of 100 days use (sd=76.7, range=1-180 days).

The type of anti-depressants most commonly identified were the serotonin specific reuptake inhibitors (SSRIs), with 18 of the 28 IDU (64%) able to nominate the type of anti-depressant they had used in the last six months identifying drugs belonging to this group. The remaining 10 IDU (36%) able to specify the brand they used reported on the use of tricyclic anti-depressants. This is of concern given that this type of anti-depressant is more toxic than the newer SSRIs and has been found to relate to a higher rate of heroin overdose (Darke et al, 1999).

#### **8.5 *Summary of other drug trends***

The most striking finding in relation to the use of 'other drugs' was the notable level of use of prescription drugs among the IDU sample. Benzodiazepines were the most commonly used prescription drug in the six months prior to interview (n=72), followed by other opiates (n=51), anti-depressants (n=32) and then methadone (n=24).

Intravenous use was most commonly associated with the use of other opiates, however, intravenous use of ecstasy was also common. The injection of Temazepam<sup>®</sup> was also noted with key informants reporting that most use of this benzodiazepine among their client group was intravenous in nature.

## 9.0 DRUG-RELATED ISSUES

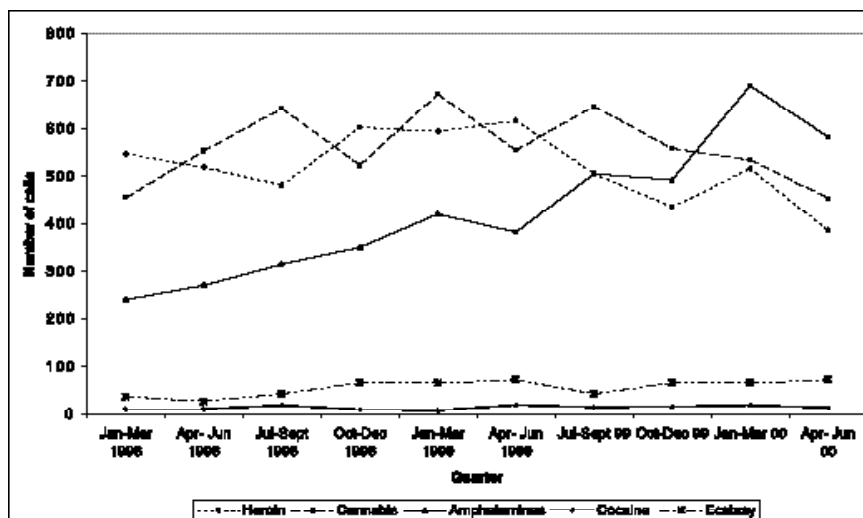
### 9.1 Treatment

In the 1998/1999 financial year ADIS received a total of 6361 telephone calls regarding the four main drug types under investigation. A similar number of calls were logged in the 1999/2000 financial year (n=6366), however, the proportions of calls relating to each drug type had changed. Cannabis was the drug to which most calls related in 1998/1999, representing 38% (n=2392) of these calls. In 1999/2000 cannabis-related calls were only the second most common, representing 34% (n=2193) of the calls made about the four drug types. Heroin was the second most commonly called about drug in 1998/1999 comprising 36% of the calls, but fell to third place in 1999/2000 representing 29% of the calls for that period.

Amphetamine-related calls became the most common call of these four drug types in 1999/2000 representing 36% of the calls made in that period compared to just 25% of the calls made in 1998/1999. As indicated in Figure 14 there has been a continued increase in the number of calls relating to amphetamine over this period with a sharp peak early in 2000. Cocaine-related calls remained the least common representing just 1% of calls made about these four drug types in both periods. Figure 14 represents the number of calls for each of the four main drug types, by quarter, from July 1998 to June 2000.

The number of ecstasy-related calls are also included in Figure 14 as there was a dramatic increase in the number of calls relating to ecstasy in this period, rising from 246 calls in 1998/1999 to 450 in 1999/2000. However, it would appear that this represents a continued overall increase in the number of calls relating to ecstasy over time.

**Figure 14: Number of calls to ADIS, by each of the four drug types studied, July 1998 to June 2000 (Source: ADIS)**



Although there has been a decline in the proportion of calls relating to heroin there does continue to be an increase in the number of people receiving methadone maintenance treatment. As mentioned earlier, enrolment in methadone tends to occur several years after the commencement of heroin use and as such these figures more likely represent initiates to injecting several years ago. The number of patients, by age and gender, enrolled in both



government and community methadone programs are represented in Table 11. Females represented 40-41% of those enrolled throughout in the 1999/2000 period, the same proportion as enrolled in 1998/1999.

**Table 11: Number of persons participating in WA methadone programs, by age and gender, for the period July 1999 to June 2000** (Source: Next Step Specialist Drug & Alcohol Services and Pharmaceutical Services, HDWA)

Age	1999				2000			
	Jul-Sept		Oct-Dec		Jan-Mar		Apr-Jun	
	M	F	M	F	M	F	M	F
<20	28	40	26	36	18	40	27	48
20-24	234	203	217	188	215	196	226	196
25-29	260	208	245	205	260	213	261	215
30-34	265	187	265	178	269	183	274	185
35-39	261	144	243	156	253	157	258	159
40+	239	94	233	86	245	90	277	96
<b>Total 99/00</b>	<b>2163</b>		<b>2078</b>		<b>2139</b>		<b>2222</b>	
Total 98/99	1753		1871		1999		2056	

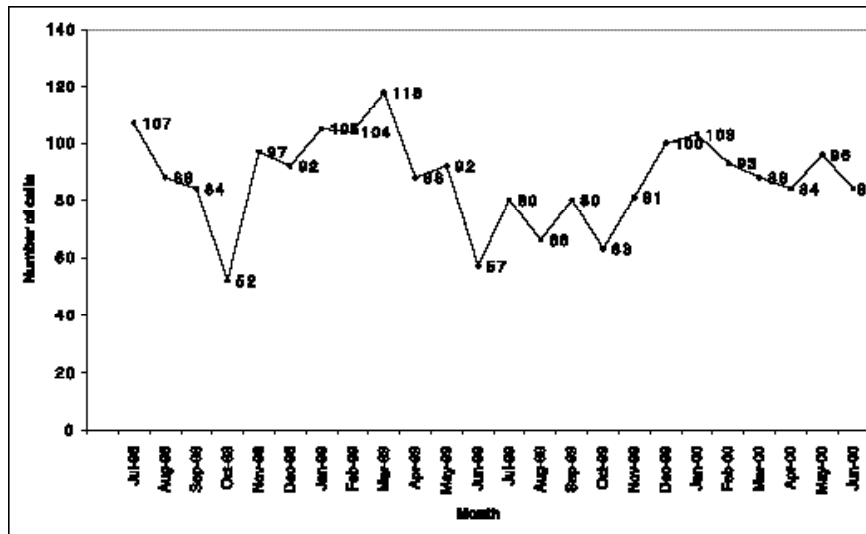
## 9.2 Overdose

It is important to note that in 2000, 12 of the IDU sample were recruited from another study being conducted at NDRI on experience of non-fatal heroin-related overdose. A comparison of this group with the other 78 respondents who had ever used heroin revealed, not surprisingly, that they had experienced significantly higher numbers of lifetime overdose (Chi Square<sub>continuity</sub>=8.702, df=1, p=.003), and recent overdose (Chi Square<sub>continuity</sub>=18.93, df=1, p=.00001), with 9 of the 12 having overdosed in the month prior to interview. Experience of naran administration was also significantly higher (Chi Square<sub>continuity</sub>=10.115, df=1, p=.0015). Thus, in order to avoid biasing the results, percentages reported in this section on drug overdose exclude data collected from the subjects recruited through the overdose study.

Experience of overdose was common among IDU who had ever used heroin with almost half (47%) reporting at least one overdose event. Of those who had overdosed 14% reported that they had done so in the month prior to interview. Naran had been administered to 28% of the IDU who had ever overdosed. Experience of other's overdose was also common among the IDU sample with 73% having witnessed at least one overdose event and 22% having witnessed the overdose of another in the month prior to interview.

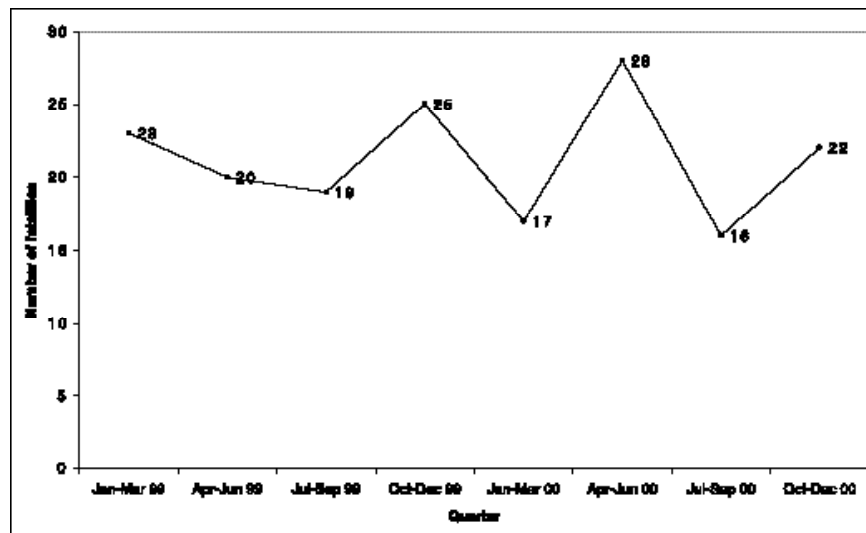
Figure 15 represents the number of calls made to the WA Ambulance Service for ambulance attendance at a narcotic overdose-related event.

**Figure 15: Narcotic overdose-related calls to ambulance, by month, July 1998 to June 2000 (Source:WAPCRU)**



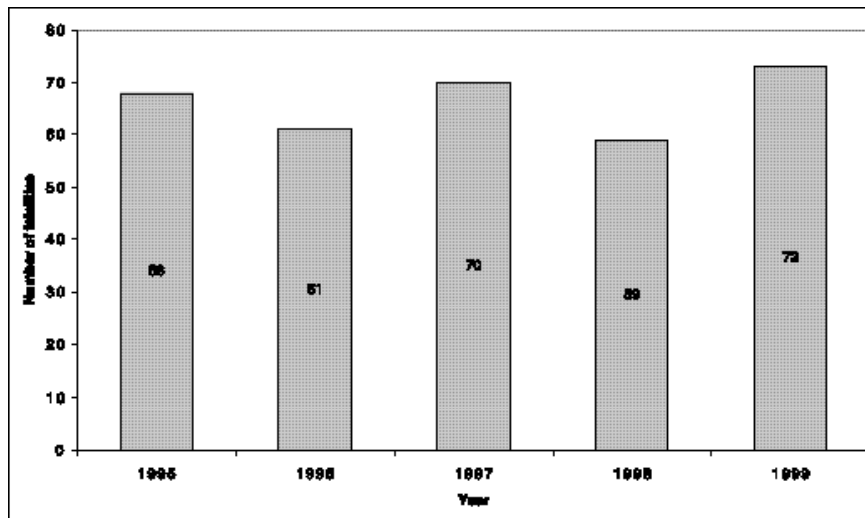
The number of suspected heroin-related fatalities throughout the period January 1999 to December 2000 are indicated in Figure 16. It is important to note that these figures represent ‘suspected’ fatalities and are based on initial investigations by police. As these figures are subject to change following coronial investigation it is difficult to determine what trends, if any, may exist.

**Figure 16: Number of suspected heroin-related fatalities in WA, by quarter, January 1999 to December 2000. (Source: WADASO)**



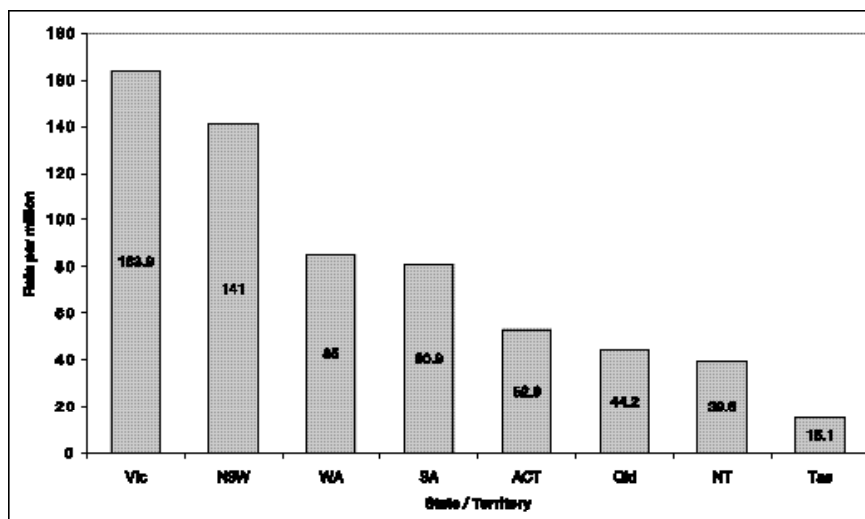
Annual figures on the number of opioid overdose deaths, among those aged 15-44 years, are presented in Figure 17. There has been a continued overall increase in the number of such fatalities over time.

**Figure 17: Annual opioid overdose deaths in WA, among those aged 15-44 years, 1995-1999 (Source:ABS)**



Of particular concern is the rate per million population of opioid overdose deaths among those aged 15-44 years. WA recorded the third highest rate in 1999 only exceeded by NSW and Victoria. Rates by jurisdiction are illustrated in Figure 18.

**Figure 18: Rate per million population of opioid overdose deaths, among those aged 15-44 years, in 1999 (Source: ABS)**



### 9.3 Crime

#### IDU and key informant reports

Involvement in criminal activity was common among the IDU sample with 61 IDU having committed an offence in the month prior to interview. Of these 61, however, over half (54%, n=33) indicated that drug dealing was the only offence they had committed in that time. A total of 52 IDU reported drug dealing in that period, however, the nature of their ‘drug dealing’ was not queried as part of the survey. As a result it is not clear how many of these reports may refer to the selling of drugs as a major income generating activity, the ‘on-selling’ of drug purchases to friends/acquaintances as part of shared deals, or the facilitation of drug

purchasing for others by such things as phoning the mobile dealer and arranging a deal in exchange for some of payment. Although dealing was the most commonly reported criminal activity in the month prior to interview there were also reports of fraud (n=15), property offences (n=14) and violent crime (n=11) from the IDU surveyed. There was no significant difference between the amount of crime committed by male and female respondents ( $t=-1.50$ ,  $df=98$ , n.s).

A third (34%) of the IDU sample had previously been convicted of an offence and almost half (46%) had been arrested in the last 12 months. Males were proportionately more likely to report being arrested than females (51% and 34% respectively), however, this failed to reach significance at the  $p<.05$  level (Chi Square=2.18,  $df=1$ , n.s). Thirty-five (76%) of these IDU reported they had been arrested in relation to just one offence, with the remainder arrested for multiple offences. Possession/use offences were those for which IDU were most commonly arrested in the last 12 months, with 15 respondents having been arrested for this offence. Thirteen people reported arrests relating to property offences, nine were arrested in relation to violent crime, nine for traffic offences (particularly driving under the influence or whilst suspended), five were arrested for fraud offences and four were arrested in relation to other offences.

The majority of IDU able to comment on police activity (n=89) perceived that this activity had been stable (34%) to increasing (61%) in the six months preceding interview. Only 5 IDU reported less police activity in that time period. Even though there was a perception of increased activity by the majority of IDU, only 22 IDU reported that police activity had made it more difficult to score drugs recently, and 29 IDU reporting that more of their friends had been 'busted' recently. Just less than a quarter (n=4) of the key informants able to comment on police activity (n=17) indicated that such activity had increased in relation to the illicit drug users with whom they were in contact during the previous six months. Five key informants indicated that police activity had decreased in relation to their contacts and eight considered it stable.

### **Expenditure on drugs**

The amount of money IDU spent on illicit drug purchases on the day prior to interview was queried to provide an average expenditure. Interviews were conducted on both weekdays and weekends to avoid bias towards purchases made on any particular days. Almost half (n=47) of the injecting drug users surveyed had not purchased illicit drugs on the day prior to their interview. Of those who did make a purchase, the median amount spent was \$100 with a mean of \$103 (sd=78.8, range=\$20-\$300). Six IDU indicated that they had spent more than \$200 on drugs the previous day.

### **Law enforcement data**

The number of drug charges laid during 1999 was examined in relation to all charges laid over that same period. In 1999 drug charges represented 12.2% of all charges laid similar to the 11.5% of all charges laid in 1998. As in 1998 there was a difference in the proportion of drug and non-drug charges laid, particularly in the April-June quarter where drug-related charges comprised a higher proportion of charges than at any other time during the year. It is not clear why this anomaly exists, but it may relate to police operations or market variability around this time. Table 12 represents the quarterly data for drug charges and all charges laid.

**Table 12: Number of charges laid for drug and non-drug offences committed in WA, by quarter, 1999** (Source:CRC)

Quarter	Drug charges	All charges	% drug charges
Jan – Mar	2577	21924	11.75
Apr – Jun	2575	18228	14.13
Jul – Sep	2465	19593	12.58
Oct - Dec	2040	19649	10.38
<b>Total</b>	<b>9657</b>	<b>79394</b>	<b>12.16</b>

Cannabis was again the drug for which most possession/use charges were laid. Table 13 represents the number of charges laid by each of the drug types under investigation. Although one charge was laid in relation to the possession/use of cocaine in 1998 there was no such charge laid in relation to cocaine in 1999.

**Table 13: Number of charges laid in WA for possession/use offences by drug type, by quarter, 1999** (Source: CRC)

Drug type	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Nov	Year total
Cannabis	679	754	608	438	2479
Specified drugs	36	55	54	38	183
Opiates	35	29	33	23	120
Unspecified (narcotic)	9	11	5	13	38

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

Cannabis was also the drug to which most deal/traffic charges related (see Table 14), although more deal/traffic charges were laid in relation to unspecified other drugs (n=370) these related to multiple, as opposed to single, drug types.

**Table 14: Number of charges laid in WA for deal/traffic offences by drug type, by quarter, 1999** (Source: CRC)

Drug type	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Nov	Year total
Cannabis	90	75	78	63	306
Specified drugs	35	40	32	27	134
Opiates	17	20	32	27	96
Cocaine	3	0	1	2	6

### ***Opiates***

A total of 217 opiate-related charges were laid throughout 1999 compared to 251 charges in 1998. Of these charges over half (55%) related to possession/use with 44% relating to deal/traffic offences. Just one charge was laid in 1999 in relation to the import/export of opiates. Opiate-related charges represented 2.4% of possession/use and 10.5% of deal/traffic charges in 1999 similar to the proportions recorded in 1998 (3% and 11% respectively).

### ***Specified drugs (including amphetamines)***

A total of 324 charges were laid in 1999, a similar number to the 313 charges laid in 1998, in relation to specified drugs (namely amphetamines, MDMA, LSD and steroids). Of these 324 charges 183 related to possession/use representing 3.6% of all possession/use charges. Amphetamine possession/use charges represented the majority of these specified drug possession/use charges (81%, n=149) (95% CI: 74.4%, 86.3%), not significantly different to 1998 (86%, n=167) (95% CI: 80.4%, 90.6%). Specified drugs-related charges accounted for 15% of deal/traffic charges (n=134) of which 110 (82%) (95% CI: 74.5%, 88.2%) such charges were attributed directly to deal/traffic amphetamine again not significantly different to 1998 (76%, n=88) (95% CI: 67.8%, 83.6%). Half of the import/export (n=3) charges and 0.5% of manufacture/grow charges (n=4) laid in 1999 were in relation to specified drugs also.

### ***Cocaine***

Only six (0.06%) of the total 9657 drug-related charges laid in 1999 related to cocaine with all of these charges laid in relation to deal/traffic offences, compared to 14 such charges in 1998.

### ***Cannabis***

Cannabis-related offences accounted for more of the charges laid than any other single drug type in both 1998 and 1999, which is to be somewhat expected given that cannabis is illicit drug most commonly used in WA and Australia. Not surprisingly, cannabis was the drug for which the highest proportion of manufacture/grow charges were laid representing 94% (n=677) of these charges. It should be noted that typically, most cannabis manufacture/grow charges are for small amounts/numbers of plants (Lenton, 1999; Lenton, Ferrante & Loh, 1996). Additionally cannabis accounted for almost half (49%) of the possession/use charges (n=2479), a third (34%) of deal/traffic charges (n=306) and accounted for one of the six import/export charges laid. In 1998 the rates were 98% of manufacture/grow (n=892), 61% of possession/use (n=2955) and 36% of deal/traffic charges (n=315). It is not possible to determine if this represents an actual reduction in the number of charges laid in relation to the possession/use of cannabis as there were an additional 2226 charges laid for unspecified 'other' drugs which may have included cannabis products.

As in 1998 cannabis accounted for the majority of 'other drug offence' charges laid, representing 97% (n=2886) of these charges in 1999 and 96% (n=2741) in 1998. These 'other drug offences relate primarily to the possession of implements associated with drug use but also include offences related to forged prescriptions and similar offences.

## **9.4 Needle Sharing Behaviour**

IDU were asked to comment on their needle risk-taking behaviour in the month preceding interview with more than one in five (22%) indicating that they had used a needle after someone else had already used it. Frequency with which needle sharing occurred was once

(n=9), twice (n=5), three to five times (n=4), six to ten times (n=1) and on more than ten occasions (n=3).

Of the respondents who had shared needles almost all (95%) indicated that they had used the needle after just one other person. Of concern is that one IDU said that they had used a needle after 6-10 other people had already used it. Most IDU had shared a needle with their regular sex partner (n=13) or close friend (n=7), with two having shared with acquaintances and one reported sharing with their ex sexual partner. 'Passing on' was slightly more commonly reported with 28 IDU indicating that they had lent their needle to someone else, after they had already used it, in the preceding month. Frequency with which this occurred varied with 8 IDU reporting that they had done so once, 7 having done so twice, 7 having done so 3-5 times, 2 on 6-10 occasions and 4 more than 10 times.

Of considerable concern is that over half (n=55) of the IDU sample reported the use of other types of injecting equipment after someone else had already used them in the month prior to interview. The most commonly shared equipment was spoons or other mixing containers, with 45 IDU having shared these in that one-month period. Water was the next most commonly shared item (n=34) then filters (n=27), with tourniquets the least commonly shared item (n=15).

It is important to point out that many IDU highlighted the fact that they were not actually sharing contaminated equipment. For example, many noted that only one person was responsible for the 'mix' so nobody else touched the equipment, or pointed out that all the equipment was clean and unused. However, notwithstanding these views it is important to note that recent research (Carruthers, 2001) suggests that many injectors may unwittingly be engaging in behaviours where there is a risk of BBVI transmission when using with others. Even though many subjects in this research believed that there was minimal risk of infection in their injecting practices, careful video filming of the events revealed that on many occasions there was ample opportunity for infection to occur.

The majority of the IDU sample had experienced at least one injection-related problem in the month preceding interview. Of these problems, the most common related to having experienced some difficulty carrying out the injection (n=53). More specific problems related to prominent scarring or bruising from injecting (n=42), experiencing a 'dirty hit' (n=19), suffering a thrombosis (n=12) or experiencing an abscess or infection as a result of injecting (n=11).

Intravenous administration of a drug in a public location could exacerbate the occurrence of difficulties associated with injecting given that these environments will often be far from ideal conditions in which to inject. Among the IDU sample there were 30 IDU who identified that their most recent injection had occurred in a public place. The locations in which IDU had administered their most recent injection are represented in Table 15.

**Table 15: Location of most recent injection as reported by IDU**

Location	Number of IDU
Private home	64
Car	13
Street, park or beach	12
Public toilet	5
'Shooting room'	2
Workplace	2
Other venue	2

**Blood borne viruses**

The notifications of hepatitis B, hepatitis C and HIV reported to the HDWA are presented in Table 16. Comparisons between data reported last year and data collected this year are not possible as there have been changes to reporting procedures resulting in higher rates of reporting since the beginning of the year 2000. The increased reporting rates are evident in the table below.

**Table 16: Notifications of hepatitis B, hepatitis C and HIV in WA, by quarter, July 1999 to June 2000 (Source: HDWA)**

Quarter	Hepatitis B	Hepatitis C	HIV
Jul - Sept	97	312	5
Oct - Dec	77	305	11
Jan - Mar	260	492	15
Apr - Jun	254	507	7
<b>Total</b>	<b>688</b>	<b>1616</b>	<b>38</b>

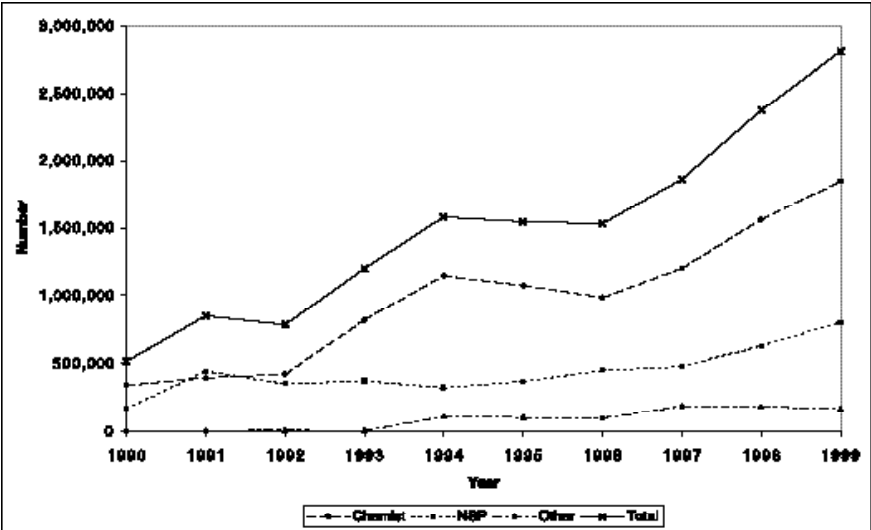
Due to the change in reporting methods, notifications by risk factor are unavailable for hepatitis C at this time, however, injecting drug use was identified as the single major risk factor for HCV infections in the period July to December 1999. A history of injecting drug use was identified as the major risk factor for almost half (49%) of the 617 HCV notifications in this period. This is higher than the 40% of HCV notifications where injecting drug use was identified as the major risk factor among the cases reported from July 1998 to June 1999. As multiple risk factors can be nominated it is not clear to what extent injecting drug use was the sole risk factor therefore direct comparison cannot be made.

**NSP data**

There has been a continued increase in the number of needles and syringes distributed in WA as indicated in Figure 19. Although the majority of injecting equipment (66%) is still distributed through pharmacies in WA the proportion distributed through other sources is gradually increasing. A more detailed breakdown of the distribution for January 1999 to June 2000, by quarter, is provided in Appendix 4.



**Figure 19: Number of needles and syringes dispensed in WA, 1990-1999** (Source: HDWA)



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

## **10.0 SUMMARY AND CONCLUSION**

### **10.1 Summary**

The main trends to emerge from the 2000 IDRS are reported below by drug type. General trends were also evident and included the initiation to injecting at a younger age with amphetamine still the drug most commonly first injected. The rate of opioid-related fatalities among those aged 15-44 continued to increase, rising from 69.4 per million in 1998 to 85.0 per million in 1999. WA recorded the third highest rate per million population in 1999. A continuation in the increase of needles and syringes distributed was also observed with pharmacies still the most common outlet through which injecting equipment is distributed.

#### **Heroin**

As initially reported in the 1999 study, there has been a continuation of the trend towards a wider acceptability of heroin use in 2000 with key informants and IDUs reporting that a demographically more diverse population now use it. An increase in the number of people using heroin generally, and young people specifically, is also similar to the trend reported in 1999. With the exception of these continuing trends, the price, purity, availability and use of heroin remained largely unchanged.

#### **Amphetamines**

The most evident trend observed in 2000 was the increased availability and use of amphetamine, and the emergence of significant amounts of crystal meth in the WA market. Although the re-emergence of amphetamine was identified by key informants in 1999, the extent to which the drug has regained popularity was not. Evidence of this popularity was found among the IDU sample with 85% having used it in the six months prior to the study. Key informants were also more readily able to identify the use of amphetamines among their client group. Additionally amphetamine-related calls became the most common of the four drug types studied as of January 2000, representing 36% of the calls in 1999/2000 compared to just 25% in 1998/1999.

Purity of amphetamine seizures analysed significantly increased between the 1999 and 2000 study, with higher purity levels associated with the increased availability of crystal meth. The median price of a gram of amphetamine in WA was the highest recorded nationally and is thought to reflect increased prices related to the purchase of the more potent crystalline form of the drug. The increased purity and wider variety of amphetamine types currently available in WA warrant further investigation, particularly in relation to the potential problems associated with use of higher purity forms of the drug. The information gathered could then be used to advise IDU and key informants of some of the possible inherent risks of such use and inform harm reduction strategies for this drug.

#### **Cocaine**

The prevalence of cocaine use among IDU was low with just 21 IDU having used it in the last six months and most reporting low level use of the drug (less than 10 occasions of use) in that time. Injection of cocaine was even less frequent with just 12 IDU having injected cocaine in the last six months. This suggests that the IDU sample, although able to detect market trends, may not be the most appropriate sentinel group for drugs other than cannabis, heroin and amphetamines. Moves to redress this have commenced with the implementation of a tri-state trial of a designer drugs module of the IDRS (see earlier). It is envisaged that this module will

provide access to a different group of illicit drug users, not necessary intravenous drug users, who may more readily identify trends in the use of drugs such as cocaine.

### **Cannabis**

The continued widespread use of cannabis by illicit drug users was reported, initially by key informants in 1999 and by both IDU and key informants in 2000. Most (90%) of the IDU sample had used cannabis in the preceding six months and 60% of these had used it on the day prior to interview. A continuation of the trends reported in 1999, namely the increased use and availability of hydroponically grown cannabis, was observed in 2000. In addition some reference was made in this years study to the availability of different strains and varieties of hydroponic cannabis grown for specific effect. Although slight decreases in the price of cannabis were reported this year, particularly in relation to ounces, it is not clear whether these represent an actual decrease in price or the effect of different information sources. With the exception of these continuing trends, the price, purity, availability and use of cannabis remained largely unchanged in 2000.

### **Other drugs**

The notable use of prescription drugs by IDU, particularly benzodiazepines, was an observation made by key informants in 1999. Prescription drug use continued to be a feature of use reported by both IDU and key informants in 2000. IDU were able to comment on other prescription drug use with the use of other opiates, anti-depressants and methadone all reported. A continued preference for intravenous administration of Temazepam<sup>®</sup> was also noted.

## **10.2 Methodological considerations**

The 2000 IDRS represents the second year of data collection in WA but only the first year in which data was collected directly from an IDU sample, as a result direct comparisons between the two years were not always possible. It is envisaged that the continuation of the IDRS, and specifically the IDU survey, will provide more comparable data and improve the ability to confidently identify emerging trends.

A presentation of the IDRS findings and round table discussion with key WA stakeholders was held on the 9<sup>th</sup> January 2001. This event was held, not only as a means by which to disseminate information gathered as part of the 2000 study, but also as an opportunity for these key stakeholders to provide feedback on the study itself. From this forum several suggestions were made about ways in which the study might be improved. A representative of the government's peak treatment service provider indicated that little information was currently gathered in the IDRS about treatment. It was suggested that data could be collected on users' experiences of previous treatment experiences and/or their expectations of treatment agencies. This information could then be used to best tailor service delivery.

Police representatives at the forum said that they would like to see more emphasis placed on exploring the relationship between drug use and criminal activity, referring specifically to whether the criminal activity in which IDU were involved was a means by which to fund their drug purchases. As high rates of criminal involvement were reported, it was considered that this issue was worthy of further attention in subsequent IDU surveys.

### **10.3 Implications for research**

The findings of the WA component of the 2000 IDRS suggest several areas that could be further investigated in subsequent data collections for the IDRS.

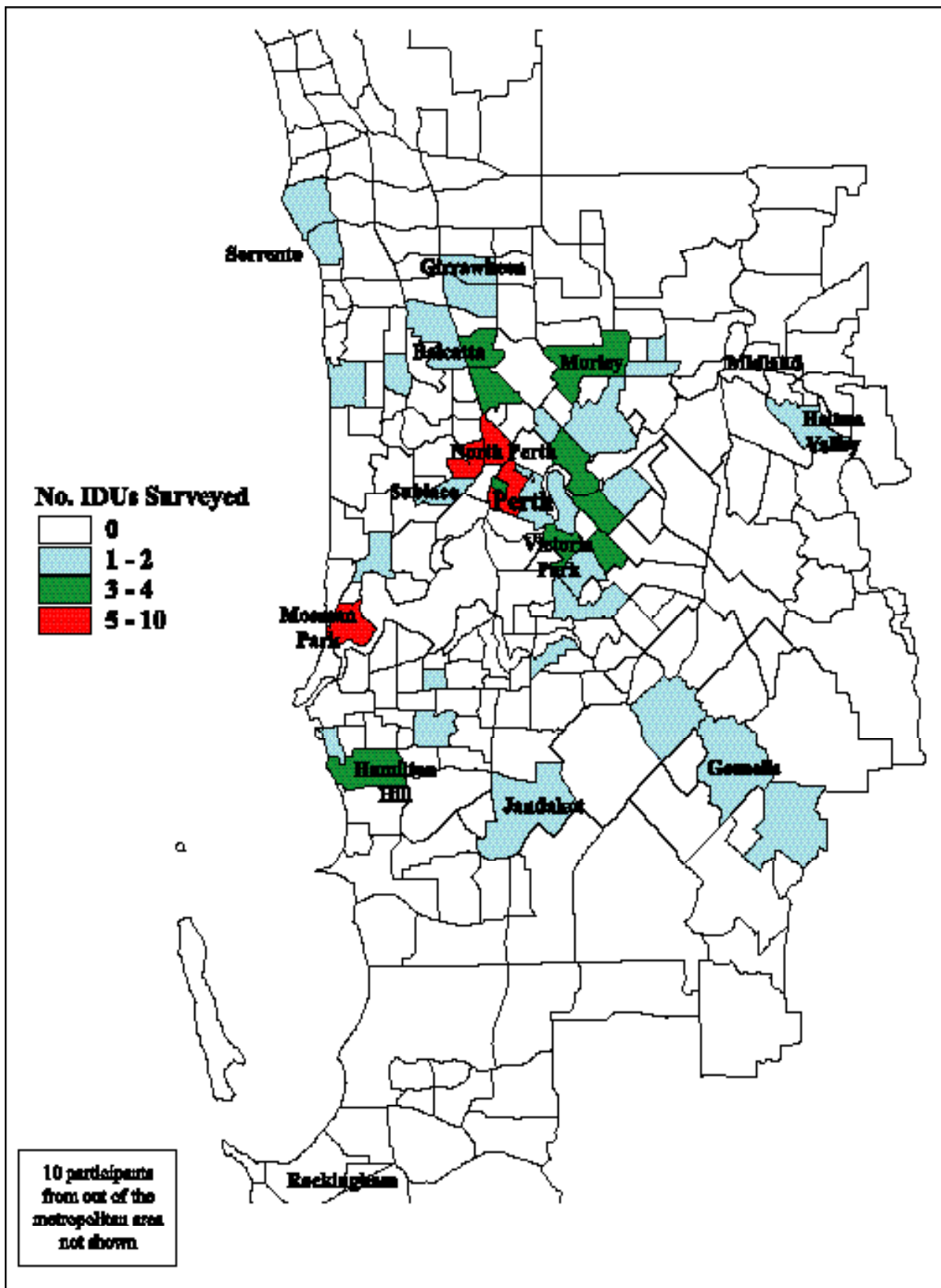
- Further monitoring and investigation into the growing use of amphetamines, particularly crystal methamphetamine and its associated problems.
- Continued high rates of sharing needles and other injecting equipment is of concern. In the next IDU survey we may pilot a module to get further information on the context and nature of this sharing.
- In the next IDU survey we will pilot a module on treatment seeking and utilisation and another on the relationship between drug use and crime, as suggested by attendees at the WA IDRS round table.
- Future IDU surveys should more closely investigate the nature of the 'drug dealing' reported to determine to what extent it represents dealing primarily for profit, as opposed to on-selling, or organising drugs for one's peers for some form of payment.
- There has been a recognition among those involved in the IDRS that there are limitations on the extent to which IDU represent a sentinel group for drugs other than heroin, amphetamine and cannabis. Expanding the IDRS to include a study of designer (dance) drug users, as has been done in NSW, Qld and SA in 2000, will enable us to determine the extent to which cocaine use occurs among non-injectors, and to monitor trends among users of dance drugs who are likely to represent a group fairly distinct from the primary IDUs.

## 11.0 REFERENCES

- Australian Institute of Health and Welfare (1999) *National Drug Strategy Household Survey: Technical Report*. Canberra: AIHW, Department of Health and Aged Care
- Carruthers, S. (2001) Unpublished data.
- Darke, S. & Ross, J. (1999) *The use of anti-depressants among injecting drug users*. NDARC Technical Report No. 70. Sydney, University of New South Wales.
- Dwyer, R. & Rumbold, G. (2000) *Victorian Drug Trends 1999. Findings from the Illicit Drug Reporting System (IDRS)*. NDARC Technical Report No. 89. Sydney, University of New South Wales.
- Hando, J., O'Brien, S., Darke, S., Maher, L. & Hall, W. (1997). *The Illicit Drug Reporting System Trial: Final Report*. NDARC Monograph No. 31. Sydney, University of NSW.
- Hargreaves, K. & Lenton, S. (2000) *Western Australian Drug Trends 1999. Findings from the Illicit Drug Reporting System (IDRS)*. NDARC Technical Report No. 85. Sydney, University of New South Wales.
- Humeniuk, R. (2000) *South Australian Drug Trends 1999. Findings from the Illicit Drug Reporting System (IDRS)*. NDARC Technical Report No. 88. Sydney, University of New South Wales.
- Lenton, S. (1999) *Cannabis offenders in the Western Australian criminal justice system 1994-1996*. National Centre for Research into the Prevention of Drug Abuse, Curtin University of Technology: Perth.
- Lenton, S., Ferrante, A., Loh, N. (1996) Dope busts in the West: Minor cannabis offences in the Western Australian criminal justice system. *Drug and Alcohol Review*, 15(4), 335-341.
- McKetin, R., Darke, S. & Kaye, S. (2000) *NSW Drug Trends 1999. Findings from the Illicit Drug Reporting System (IDRS)*. NDARC Technical Report No. 86. Sydney, University of New South Wales.
- McKetin, R., Darke, S. et al. (2000). *Australian Drug Trends 1999*. NDARC Monograph No. 43. Sydney, University of New South Wales.
- National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs (1999) *Australian Needle and Syringe Program (NSP) Survey - Prevalence of "last drug injected", 1995-1998*. Canberra: National Centre in HIV Epidemiology and Clinical Research.
- Topp, L., Darke, S. et al. (in prep) *Australian Drug Trends 2000: Findings of the Illicit Drug Reporting System*. NDARC Monograph. Sydney: NDARC.

## 12.0 APPENDICES

### Appendix 1: Place of residence identified by IDU survey respondents



**Appendix 2: Recruitment advertisement placed in X-Press magazine** (a street magazine with a distribution of 40,000)

**Curtin**  
UNIVERSITY OF TECHNOLOGY

**National Drug Research Institute**

**Illicit Drug Use Survey**

**Been injecting illicit drugs, in WA, for the last six months?**  
**Interested in being anonymously interviewed about your experiences?**  
**Want to earn \$30 for your efforts?**  
**Telephone Kim on 9426 4215.**

*This study has been approved by the Curtin University of Technology Human Research Ethics Committee.*



**Appendix 3: Recruitment flyer distributed through NSPs and pharmacies**

**Curtin**  
UNIVERSITY OF TECHNOLOGY

NATIONAL DRUG RESEARCH INSTITUTE

**ILLICIT DRUG USE SURVEY**

- **Been injecting illicit drugs, in WA, for the last six months?**
- **Interested in being anonymously interviewed about your experiences?**
- **Want to earn \$30 for your efforts?**

**Phone Kim on 9426 4215.**

*This study has been approved by the Curtin University Human Research Ethics Committee.*

**Appendix 4: Number of needle and syringes dispensed in WA, by type of outlet, 1989-1999** (Source: Disease Control Branch, Sexual Health Program, HDWA)

Year	Chemist	NSPs	Hospital	Community Health Centre	Vending Machine	Other	Total
1989	120,260	42,648					<b>162,908</b>
1990	340,355	171,031		250			<b>513,626</b>
1991	394,820	444,225	2,560	1,000	2,385	200	<b>845,190</b>
1992	420,150	349,806	7,400		1,920		<b>781,268</b>
1993	817,025	372,234	3,570	750		530	<b>1,196,102</b>
1994	1,144,710	322,983	39,985	6,605	63,535	2500	<b>1,580,318</b>
1995	1,070,550	369,671	36,960	3,000	61,030	2770	<b>1,543,981</b>
1996	983,325	447,750	45,775	4,500	45,960	4540	<b>1,531,850</b>
1997	1,198,680	477,507	89,180	3,800	83,340	9806	<b>1,862,313</b>
1998	1,560,711	626,882	92,985	9,500	70,960	12,065	<b>2,373,103</b>
1999	1,848,370	798,656	86,800	15,700	45,590	18,151	<b>2,813,267</b>

**Appendix 5: A summary of the major findings by drug type**

The table below summarises the key drug trends by drug type and indicates the main source of this information (X).

Drug trend	IDU	KIS	Other
<b>Heroin:</b>			
Price stable	X	X	X
Readily and widely available	X	X	
Purity (medium to high)	X	X	X
Increase in heroin use	X		
More diverse population of users	X		
<b>Amphetamine:</b>			
Higher prices associated with crystal meth	X		
Very readily available	X	X	
Purity increasing	X	X	X
Increased availability of crystal meth	X		
Use widespread	X	X	X



<b>Drug trend</b>	<b>IDU</b>	<b>KIS</b>	<b>Other</b>
<b>Cocaine:</b>			
Price stable	<b>X</b>		<b>X</b>
Still difficult to obtain	<b>X</b>		
Use not common	<b>X</b>	<b>X</b>	<b>X</b>
<b>Cannabis:</b>			
Price determined by form of cannabis purchased (but stable)	<b>X</b>	<b>X</b>	
Very readily available	<b>X</b>	<b>X</b>	
Medium to high potency and increasing	<b>X</b>	<b>X</b>	
Use common	<b>X</b>	<b>X</b>	<b>X</b>
Continued increase in the use of hydroponic cannabis	<b>X</b>	<b>X</b>	
Different strains/varieties of hydro available	<b>X</b>		