

J. Fetherston & S. Lenton

**WA DRUG TRENDS 2004
Findings from the
Illicit Drug Reporting System (IDRS)**

NDARC Technical Report No. 216

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DRUG TRENDS
2004**



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(IDRS)**

James Fetherston and Simon Lenton

National Drug Research Institute, Curtin University

NDARC Technical Report No. 216

ISBN 0 7334 2213 6
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ACKNOWLEDGEMENTS

This research was funded by the Australian Government Department of Health and Ageing (AGDHA), 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 Jenny Stafford, the National Coordinator (IDRS) and her predecessor Courtney Breen for their support and assistance throughout the study.

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

The injecting drug users and key experts 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 and pharmacies throughout the Perth metropolitan area that provided assistance with the recruitment of IDUs for participation in the project.

The members of the WA IDRS Advisory Group: Sergeant Gil Wilson (Alcohol and Drug Coordination Unit, WA Police Service), Dr David Indermaur (Crime Research Centre, University of WA), Assoc Prof Steve Allsop (Next Step Specialist Drug and Alcohol Services), Mr Greg Swensen (WA Drug Abuse Strategy Office), and Mr Justin Woodruff (WA Substance Users Association).

The organisations who generously provided indicator data for inclusion in the report: the Australian Crime Commission (ACC); the West Australian Pre-hospital Care Research Unit (WAPCRU); The Drug and Alcohol Office (DAO); the Alcohol and Drug Information Service (ADIS); the Sexual Health Branch of the Health Department of WA.

Special thanks to Kati Duce, Jessica George and Alana Wilson for conducting the majority of the IDU interviews and to Phillipa Greaves for her assistance in the data entry process.

ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDHA	Australian Government Department of Health and Ageing
ATSI	Aboriginal or Torres Strait Islander
DAO	Drug and Alcohol Office
ERDU	Ecstasy and Related Drug Users
HDWA	Health Department of WA
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug Users
KE	Key Expert
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NESB	Non-English Speaking Background
NDRI	National Drug Research Institute
PDI	Party Drugs Initiative
WA	Western Australia
WAPRCU	WA Pre-Hospital Car Research Unit

EXECUTIVE SUMMARY

Demographic characteristics of injecting drug users (IDU)

Males made up 67% of the IDU sample which had an age range of 18-50 with a mean of 33 years. There were just three IDU who came from non-English speaking backgrounds and six who identified themselves as having indigenous heritage. The average number of years of schooling was 10 years with 44% not having gone on to further study. With regards to accommodation 71% lived in their own or rented homes or flats. A majority (61%) was not employed at the time of interview. There were 51% of IDU currently in treatment for their drug use, however, this apparently high figure is likely to be a function of the removal of the sample quota strategy which in previous years of IDRS data collection had limited the maximum proportion of the IDU sample currently in treatment to X%. A history of having been imprisoned was held by 37% of IDU.

Patterns of drug use among IDU

As in previous years, heroin remained the most popular drug of choice, nominated by 47% of the sample with methamphetamine once again the second most common nominated by 35%. Despite this, the various forms of methamphetamine were found to be the most commonly injected drug class of drug in the month prior to interview. The rate at which they were nominated in this context (44% of IDU) was a significant decline from the figure of the previous year (56%) while those nominating heroin as drug most injected (42% of IDU) was a significant increase thereby suggesting the margin between the popularity of these two drug classes may have narrowed substantially. The average age of first injection was 19 with an average length of injecting career of 15 years was not significantly different from the findings of 2003. Frequency of injection in the month prior to the survey ranged from 'no instances' up to 'more than three times a day' with the largest group (49%) injecting more than weekly but not daily. Injection on a daily basis was reported by 41% which was not significantly different from the 2003 figure of 40%.

Table 1 below summarised the major Western Australian drug trends for 2004.

Table 1: Summary of drug trends in WA 2004

	Heroin	Methamphetamine	Cocaine	Cannabis
Price	No significant change. \$500 gram, \$150 quarter gram, \$250 half weight. Price stable.	No significant change. \$260 gram of powder, \$250 gram of paste, \$350 gram of crystal. Prices stable for all forms.	\$350 half weight. (Based on only two purchases). Insufficient data to gauge price stability or movement.	Hydro ounce fallen to \$250, ounce of bush remains \$200. Prices stable.
Availability	Very easy to easy to obtain. Availability stable	Crystal and paste very easy to obtain. Powder easy to obtain. Availability of all forms stable.	No data due to small numbers of conflicting reports.	Hydro very easy to obtain, bush easy. Stable availability of both forms.
Potency	Low to medium by user report. Median purity analysis 25%. Purity stable.	Powder medium and stable. Paste high and stable Crystal high and stable. Median purity analysis (regardless of form) 32%.	No user data (see above). Median purity analysis (based on only four seizures) 3%	Hydro of high potency, bush medium. Stable potency of both forms.
Use	Stable rates of use. Numbers of daily users stable	Remains most commonly injected drug. Small decline in overall number of users. Number of users of powder falling, paste and crystal use stable. Significant increase in smoking of crystal methamphetamine	Small numbers of users only, no change from previous year. No reports at all of daily use.	Level of use remains very common. Hydro remains most common form, hash use relatively infrequent.

Source: IDRS IDU interviews

Heroin

Despite perceptions of some users that the price of heroin in WA had fallen, there was no evidence from prices of actual purchases to support this. The median price for a gram remained found to be \$500, which was unchanged from 2003.

The drug was reported to be 'very easy' and 'easy' to obtain, a situation which also had remained unchanged from the previous year. Despite this, numbers reporting recent use of the drug continues to remain lower than was seen in 2000 prior to the 'heroin shortage'. A significant increase was observed however in the numbers of IDU reporting heroin as the most commonly injected drug in the month preceding the interview.

Purity was reported as being 'low' to 'medium' by users, a perception supported both by median purity levels of 25% found in heroin seizures analysed by WA police and by the continuing low rates of opiate overdose.

Use of heroin amongst IDU remained relatively unchanged with recent use reported by 69% of the sample and use on a daily basis by sixteen percent of those who had recently used heroin. The trend from recent years towards the use substitute drugs such as homebake heroin and buprenorphine in situations where heroin was not readily available was observed to be continuing. Use of homebake heroin in particular remained common amongst Perth IDU, with a significant increase in IDU numbers (37 up from 27 in 2003) reporting its recent use.

Methamphetamine

Price, purity and availability of methamphetamine were all found to be influenced by the form of the drug.

A gram of powder had a median cost of \$260, base of \$250 while the price of a gram of crystal methamphetamine was \$350. These prices did not differ significantly from those reported in the previous year.

The availability of crystal and paste methamphetamine was reported as being 'very easy' while availability of methamphetamine powder was reportedly 'easy'. The availability of all forms of methamphetamine had remained unchanged over the previous six months. A minority reported ice had become 'easier' to obtain.

Purity of powder was viewed by users as being of 'medium' purity and stable while base was seen as 'high' and 'stable'. Crystal methamphetamine was reported to be consistently 'high'. Analysis of methamphetamine seized by police was not differentiated by form and revealed a median purity for the 2002/2003 period of 30% being a substantial increase on the previous year's median of 18%. Further, analysis of seizures in the most recent two quarters reveal continuing steep rises in methamphetamine purity to an unprecedented level of 52% in the second quarter of 2004.

Recent use of crystal methamphetamine was reported by 83% of IDU of the sample and continues to be the predominant form in WA. Methamphetamine was the most commonly injected drug amongst the 2004 IDU sample despite its remaining second to heroin as the most commonly nominated drug of choice. Although there had been no decrease in the numbers of IDU reporting the recent injection of crystal methamphetamine, there had been a significant increase in the numbers of IDU reporting that they had recently smoked this form of the drug. This trend was especially noticeable among younger IDU.

Cocaine

There were only fifteen IDU reporting use of cocaine in the last six months. Of this number only seven IDU and no key experts were able to provide detailed information

concerning the price, purity or availability of cocaine in Perth. The only two purchases of cocaine by IDU suggested a price of \$350 for a half weight. Where information on purity or availability was provided, it was often seen to be conflicting. Analysis of just four seizures of cocaine by WA police during the 2003/2004 financial year shows a median purity of three percent. It is apparent that cocaine remains scarce in Perth and its regular use amongst injecting drug users continues to be rare. Small numbers of key experts have suggested however that this situation may be beginning to change.

Cannabis

The price of hydroponic cannabis was found to be to have fallen somewhat from \$270 an ounce of hydros to a median price of \$250. In the case of bush or naturally grown cannabis the price of an ounce remained unchanged at \$200. Median prices of a gram (or 'bag' or 'foil') remained stable at \$25 regardless of the type of cannabis involved.

The drug was almost invariably reported as being 'easy' or 'very easy' to obtain, a situation that has remained unchanged in the last year. Similarly, the strength of hydroponic cannabis was reported by IDU as being 'high' and bush cannabis as 'medium'. The reported availability of both forms was rated as 'stable'.

Use of cannabis was widespread with 84% of the IDU sample reporting recent use of the drug and 35% (ie: 42% of recent cannabis users) consuming it on a daily basis. Hydroponically cultivated cannabis and bush were the predominant types with forms of hashish being relatively uncommon.

Illicit use of methadone

Methadone syrup had been licitly used by 30% of IDU in the preceding six months and illicit methadone syrup by 16%. More IDU used illicit (8%) than licit (1%) physeptone tablets. Injection of illicit methadone was reported by 63% (79% in 2003) of IDU who had used it. Of the eight IDU that used illicit Physeptone®, six (75%) had injected the drug in the last six months.

Illicit use of buprenorphine

There was some evidence that illicit use of buprenorphine is continuing with rates of illicit use amongst the IDU sample (23%) at the same level as licit (22%) use. Injection appeared to be the most common means of administration employed by 91% (increased from 83% in 2003) of IDU who had used the drug illicitly. Mean days of use of buprenorphine was found to have significantly increased from seven in 2003 to 44 in 2004.

Morphine

Morphine continued to be the most commonly used illicit opioid with 46% of the IDU sample reporting its recent use. Although the recent use of morphine is high, the median days of use was six. This is dramatically lower than the median days in previous years (60 days in 2003, 33 days in 2002) suggesting less intensive drug use compared to previous years. Injection of morphine was seen to almost invariably involve the MS Contin® form of the drug although small numbers of IDU mentioned the use of Kapanol® and Anamorph®. Morphine was generally viewed as being 'easy' to obtain with a 100mg tablet carrying a median price of \$50. Availability was generally viewed as being 'stable' although a substantial minority believed that the drug may have become 'more difficult' to obtain.

Other opioids

The use of other opioids in the last six months was reported by 31% of IDU, a figure not dissimilar from that reported in 2003. The average number of days of recent use was 25 which was also comparable to the previous year's findings. Other pharmaceutical opiates were also mentioned by both IDU and key experts on a primarily included codeine based preparations followed by Oxycontin®, pethidine and Tramal®. There was also one IDU who indicated that they had recently used opium.

Benzodiazepines

Benzodiazepines remained commonly used with 71% of the IDU sample having consumed these drugs within the last six months. The average of 68 days of use was not significantly different from rates reported the previous year. The licit use of these substances was more common than their illicit use. Most benzodiazepine use was by oral administration however, 17% of those who had recently used benzodiazepines reported injecting them. As in previous years the most commonly used benzodiazepine was diazepam by a substantial margin.

Associated harms

According to figures obtained from HDWA and the 2003 NSEP Survey, incidence of both hepatitis B and C appears to have increased in recent years. Rates of HIV however remain low amongst Western Australian IDU.

Rates of using reusing syringes after another person remained relatively low with 13 IDU reporting having done so and for the most part only involved sharing with one individual, generally a regular sexual partner. Rates of sharing other equipment such as spoons or water was rather more common with 44 IDU having done this recently. There were also 23 IDU who had allowed someone else to use their syringe after them. None of these figures differed significantly from those observed the previous year.

Overdose remained uncommon with four cases in the month preceding the interview reflecting the continuing lowered availability and purity of heroin in Perth. More common harms from injecting were 'scarring or bruising' reported by 56 IDU and difficulty injecting by 48. Just over a quarter of the sample had experienced a 'dirty hit' in the last month that made them feel unwell.

There were 30 IDU who had attended a health professional for problems relating to mental health, the most common of these problems being depression reported by two thirds of these IDU.

Questions about acts of aggression following drug consumption revealed methamphetamine to be the most commonly implicated substance involved in 57% of acts of verbal aggression and in 62% of cases of physically aggressive acts.

Implications

The continued widespread availability and use of methamphetamine in WA merits further attention. This strong presence, accompanied by recent substantial increases to purity and the quantity of the product being manufactured domestically will likely see the drug continue to present real challenges to both service providers and law enforcement agencies for the foreseeable future. The nature of these challenges is likely to include aspects of client behaviour, rates of drug induced psychosis, rates of violent offending

and problems associated with clandestine laboratories and the often toxic chemicals employed in the process of methamphetamine manufacture.

The recent trend towards the smoking of crystal methamphetamine may present a positive development in that it offers a lower level of risk in terms of blood borne virus transmission and other harms associated with the injection of drugs. As there has been no corresponding fall in the rates of injecting crystal methamphetamine however, the impact of these positive effects is likely to be minimal and in fact, by adding smoking to their other drug use this may actually result in a net increase in harm. It has also been suggested that some of the younger users utilising this route of administration may be under the mistaken impression that it also offers protection from other amphetamine related harms including dependence and psychosis. This may highlight a need for targeted education to raise awareness of these hazards amongst methamphetamine smokers.

It is evident that the numbers of recent heroin users amongst IDU remains lower than in years preceding 2001. That said, the significant increase in the number of recent heroin users since 2001 and the significant increase in numbers reporting heroin as the drug most injected in the month prior to interview since 2003 warrants continued monitoring of the situation. That heroin continues to be the most commonly nominated drug of choice amongst the IDU sample suggests there is an unmet demand here which in the event of heroin increasing in availability may result in rapid uptake of the drug and a return of its associated problems.

The use of pharmaceutical opiates and homebake as substitutes for heroin continues but with differences noted from year to year in the relative popularity of various preparations. The fact that much of this use involves the injection of compounds intended for oral administration is cause for concern in itself due to the potential for harm. That the market for these substances appears to be dynamic over time however, not only requires continued monitoring of the situation but also provides opportunities for research exploring the engines driving the market forces of supply and demand.

1. INTRODUCTION

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

The IDRS is funded by the Australian Government Department of Health and Ageing (AGDHA) and the National Drug Law Enforcement Research Fund (NDLERF). From 2000-2004, NDLERF has provided funding to complement the core funding from AGDHA and enables the IDU survey component to be conducted in WA, TAS, the ACT, QLD and the NT. This ensures that comparable data is collected in every jurisdiction in Australia.

This report presents the findings of the sixth year of data collection in WA. Results are summarised according to the four main drug types, with the use of 'other drugs' also reported. This report also continues the initiative commenced last year when for the first time the IDRS has attempted to collect more detailed information on the illicit markets for methadone and morphine. A summary report of the findings of the *2004 Australian Drug Trends* will be published (Stafford 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*, of which this is one, available as NDARC Monographs. Once again, in 2004 the Party Drugs Initiative (PDI) included the jurisdiction of Western Australia and the results of this study dealing more extensively with users of ecstasy and related drugs (ERDU) can be located in Chanteloup & Lenton, in prep.).

1.1. Study Aims

The specific aims of the WA component of the 2004 IDRS were to:

- examine trends in illicit drug use in Perth for 2004;
- identify any emerging illicit drug trends in Perth that warrant further investigation;
- monitor the extent to which the relative dominance of heroin and methamphetamine may be interchangeable in an environment characterised by continuing lowered supply of heroin; and
- determine the extent to which substitute drugs such as homebake heroin and pharmaceutical preparations such as morphine and buprenorphine have filled the role of heroin during this shortage.

2. METHOD

Three data collection methods are used in the IDRS: a survey of injecting drug users (IDU); a key informant (KI) survey of professionals working in the field; and an examination of existing indicator data. These methods provide an effective means to determine drug trends and the triangulation of the data sources allows validation of observed trends across the different data sources. Injecting drug users are surveyed as they are regarded as a sentinel group for detecting illicit drug trends due to their increased exposure to many types of illicit drugs. IDU, irrespective of their drug of choice, often have first hand knowledge of the price, purity and availability of the other main illicit drugs under study. Key experts are interviewed as they provide contextual information on drug use patterns and other drug-related issues, including health. Indicator data are collected as they provide the quantitative support for the trends in drug use detected by the other methods.

Data collected as part of this year's study were compared with the findings from 2003 (Fetherston & Lenton, 2004), 2002 (Fetherston & Lenton, 2003), 2001 (Hargreaves & Lenton, 2002), 2000 (Hargreaves & Lenton, 2001) and 1999 (Hargreaves & Lenton, 2000) to determine what changes have occurred in WA over this four year period. Comparisons with 1999 WA data is somewhat limited as only the key informant survey and analysis of existing indicator data were conducted in that year. Direct comparisons have been made with the 2003 data where possible.

2.1. Survey of injecting drug users (IDU)

A survey of 100 IDU was conducted throughout June and July 2004. Subjects were recruited through advertisements in the street press and through flyers distributed through needle and syringe programs (NSPs) and methadone dispensing pharmacies throughout the Perth metropolitan region. Snowballing techniques were also utilised. Potential participants were screened upon contact with researchers to ensure they fulfilled the entry criteria, namely having injected at least monthly in the six months prior to interview and residing in the Perth area for not less than 12 months prior to interview. Ethics approval was granted from the Curtin University Human Research Ethics Committee (HR5/99), which permitted interviews to be conducted with participants aged 16 years or over. With a view to facilitating recruitment, it was decided in conversation with the national project coordinator to suspend the quota of a 30% maximum of respondents in treatment for their drug use that had been employed in previous years. Interviews were conducted at a centrally located cafe convenient to the participating IDU. It cannot be ruled out that some of the changes in patterns of use from previous years may in part be due to this change in the sampling strategy.

The interview administered consisted of a standardised structured questionnaire, which was a slightly modified version of the questionnaire used nationally in 2003. Included in this questionnaire were sections on demographics, drug use, price, purity and availability of the four main illicit drug types, pharmaceutical drugs of interest, crime, risk-taking, health and general drug trends. Modifications included a new section dealing with acts of aggression and the substances implicated with them. Interviews took approximately 30 minutes to conduct 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. Survey of key experts (KES)

There were 27 key expert interviews conducted throughout August and September 2004. 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 10 or more illicit drug users in that time. For consistency of data, where possible, key experts who were interviewed as part of previous IDRS surveys were interviewed again in 2004. Where former key experts were unavailable or no longer employed in the field, respondents were sought who held a similar position to those previously interviewed and fulfilled the selection criteria. Additional key experts were provided through snowballing techniques and/or through referral by advisory group members.

As all key expert interviews were conducted over the telephone, where requested written information about the IDRS was sent by fax or email prior to participation in the survey. Interviews took approximately 30 minutes to administer with key experts 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. Responses were noted during the interview and transcribed in full as soon as practicable after its completion.

The key expert group consisted of 14 male and 13 female respondents. Of these eight identified themselves as drug treatment workers, three as outreach workers, four as youth workers, two as workers with a needle and syringe program, three as medical staff, two as counsellor / educators, three police officers, one clinical psychologist and a community development officer.

Key experts were asked to identify the main illicit drug used by the drug users they had been in contact with during the last six months. As in the previous years, the drug most commonly identified was amphetamine. The numbers of key experts able to comment on various drug types was 19 commenting on primary amphetamine users and five commenting on primary cannabis users. The remaining three provided information on users of illicit buprenorphine, heroin and other opiates respectively.

There were five key experts who indicated that they did not deal specifically with any special populations however, the remaining 22 identified a number of such populations, many of them dealing with several specialised groups. As in the last two years, the most common of these populations was young people mentioned by 10 key experts followed by IDU mentioned by eight. Persons with mental health issues, ATSI backgrounds and prisoners were each mentioned by three key experts while mandated or coerced clients and women were mentioned by two. Individual key experts also mentioned sex workers, homeless persons and manufacturers and traffickers of methamphetamine. Most key experts were 'moderately certain' (59%) to 'very certain' (41%) of the information they provided.

2.3. Other indicators

Secondary data sources 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). Where possible, information is provided in financial year format to cover the same time period as that covered by the study. Note, however, that because of time lags in collecting and analysing data at the source agencies some indicator data from the 2003 calendar year are reported. It was recommended that sources 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

There are a number of data sources identified that meet these criteria and have been incorporated into the 2004 Illicit Drug reporting System. These include:

- telephone advisory service data from the Alcohol and Drug Information Service (ADIS)
- overdose-related calls attended by the WA Ambulance Service provided by the WA Pre-hospital Care Research Unit (WAPCRU).
- drug data on needle and syringe distribution, provided by the Sexual health Branch (HDWA).
- BBV infection rates from the Australian NSP survey, prepared by the National Centre in HIV Epidemiology and Clinical Research
- drug related offences data for WA 2003 from the Australian Bureau of Criminal Intelligence (ABCI). Purity and seizure data also normally collected annually, was not available at time of going to press

2.4. Data Analysis

Qualitative data collected as part of the key informant survey were analysed using the word processing and table facilities of Microsoft Word (Windows® 2000 Professional). Quantitative data from the IDU and key informant survey were analysed using SPSS 12.0.1 for Windows®. For all quantitative analysis alpha was set at .05. Unlike previous years 'don't know' type responses were not excluded to ensure consistency of data with that presented in the national report. Where analysis of drug types by form (eg: brand of morphine most used) was involved, only those respondents who had used the drug within the last six months were included. 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.

3. RESULTS

3.1. Overview of the IDU sample

As in previous years 100 injecting drug users were recruited as respondents in the 2004 WA Illicit Drug Reporting System. Similar to the gender distribution seen in 2003, the majority (n=67) of these were male and the entire sample had an age range from 18 to 50 with a mean of 33. Although this average age is not significantly different from that observed in 2003 of 33 ($t=-.448$, $df=99$, $p=.655$) it is nevertheless, significantly higher than the average age in the 2002 sample of 30 ($t=4.144$, $df=99$, $p=.000$) suggesting that the increment in average ages first reported in 2003 has developed into an ongoing trend for IDU in the sample to be somewhat older than those seen in previous years.

As in previous years the majority of the sample was male (67%) which was not significantly different to the proportion reported in 2003 of 68% ($\chi^2=.132$, $df=1$, $p=.716$). It was noticeable that the 2004 sample did not differ significantly from that of 2003 on most of the other major measures either. Specifically, 61% unemployed ($\chi^2=.848$, $df=1$, $p=.357$), average of 10 years of school education ($t=-.227$, $df=99$, $p=.821$), and 37% with a history of incarceration in prison ($\chi^2=2.333$, $df=1$, $p=.127$). Similarly, the six IDU who identified as possessing Aboriginal or Torres Strait Islander heritage was not significantly different from the eight in 2003 ($\chi^2=.543$, $df=1$, $p=.461$) and while there were three IDU of non English speaking background in the 2004 this does not represent any great increment from 2003 where none were found although these figures are too small to allow for formalised testing of significance.

Asked about their sources of income, the most common was a 'government pension or benefit' which was received by 83% of the sample and was the prime source of income for 61%. The next most common was a 'wage or income' received by 35% and was the main income source for 24%. Receiving income from 'criminal activity' was also common and reported by 30% of the sample, however only eight percent said that 'most of their income' was derived from illegal activities. Sex work was cited as a source of income by eight respondents (seven female, one male) and half of these indicated that it was their prime income source. Income from 'child support' was rather less common, reported by only four IDU and none indicating it to be their 'main source of income'. Being supported by their partner was cited as their prime income source by two IDU and the remaining one reported having 'no source of income at all'.

A significant increase from 33% to 44% was noted in numbers of IDU who did not possess tertiary qualifications, a shift entirely attributable to a fall in numbers with trade or technical qualifications, the number possessing university level qualifications remaining unchanged ($\chi^2=6.039$, $df=2$, $p=.049$).

With regards to accommodation, the vast majority (71%) indicated that they either 'owned or rented' their own house or flat, 14 currently resided in 'boarding houses or hostels', seven were living with their 'parents or other relatives', and one stated that they were 'house sitting'. There were five IDU who said they had either 'no fixed abode' or were 'homeless', a number not dissimilar from the number of homeless (8%) in the 2003 sample ($\chi^2=1.223$, $df=1$, $p=.269$). The remaining two IDU indicated that they were living in sheds. Although one of these described this arrangement as "lodging", it is not clear if the other was paying rent, squatting or had some other arrangement.

The most strongly significant difference in the demographic data was the increase from 40% in 2003 to 51% of IDU currently receiving treatment in 2004 ($\chi^2=5.042$, $df=1$, $p=.025$). This however is an artefact of the decision to remove the maximum number of respondents receiving treatment permitted in the sample which had been in place until 2003. Duration of time spent in treatment ranged from one week to 156 months (ie: 13 years) with an average of 31 months which was not significantly different from the 34 months reported in 2003 ($t=-.520$, $df=48$, $p=.605$). Of these respondents the most commonly reported treatment as in 2003 was 'methadone' (55%, $n=28$) followed by 'buprenorphine' (26%, $n=13$). 'Drug counselling' was being received by 16% ($n=8$) and two individuals reported either attending 'narcotics anonymous meetings' or 'detox programs' respectively. Unlike in 2003 there were no respondents currently on naltrexone. There were a further 18 respondents who reported that they had been receiving various forms of treatment for their drug use during the previous six months, but had discontinued this treatment at the time of interview.

Details of demographic data between 2003 and 2004 are displayed in Table 2 below.

Table 2: Demographic characteristics of IDU sample

Characteristic	2003 N=100	2004 N=100
Age (yrs)	34	33
Sex (% male)	68%	67%
Employment (%):		
Not employed	66%	61%
Full time	7%	15%
Part time/casual	20%	19%
Home Duties	4%	3%
Student	3%	1%
Sex Work	3%	8%^
ATSI (%)	8%	6%
NESB (%)	0%	3%
School education (yrs)	10	10
Tertiary education (%):		
None	33%	44%*
Trade/technical	51%	40%
University/college	16%	16%
Currently in drug treatment (%)	40%	51%*
Prison history (%)	30%	37%

Source: IDRS IDU interviews

* Significant at $p<.05$ ^Percentage total may exceed 100 due to the possibility of involvement in sex work whilst also falling into other employment categories.

3.2. Drug use history and current drug use

Age at first injection ranged from 12 to 42 with a mean of 19 which did not differ significantly from the average of 19 reported in the 2003 sample ($t=-.933$, $df=99$, $p=.353$). Considering this in the context of the respondents' ages at the time of interview reveals the sampled IDU to have had injecting careers ranging from one to thirty years with an average of 15 years, thereby replicating exactly the average length of injecting career found amongst the previous year's sample.

As in previous years, amphetamine remained a clear leader as the drug first injected by IDU in the sample with 57 indicating this to be the case. Heroin once again came second, reported by 34, a finding that was not significantly different from 2003 ($\chi^2=.386$, $df=1$, $p=.534$). Morphine was less commonly reported in this regard than in 2003, but the 2004 sample revealed a much wider array of substances reported as the drug first injected with small numbers reporting initiation to injection with cocaine, methadone, hallucinogens, ecstasy and benzodiazepines, none of which was reported in this context in 2003. In this respect, patterns surrounding the drugs first injected in 2004 more closely resemble those reported in 2002.

Respondents' reported drugs of choice remained similar to those seen in previous years with heroin being the most commonly nominated in this role. Although more ($n=47$) IDU nominated heroin as the preferred substance in 2004 than the 40 in 2003, this was not a significant increase ($\chi^2=2.042$, $df=1$, $p=.153$). Methamphetamines were again the second most common drug of choice with numbers reporting this ($n=35$) virtually unchanged from the 38 reporting it in 2003 ($\chi^2=.382$, $df=1$, $p=.537$). Only two IDU indicated that cocaine was their drug of choice, however this is the first time cocaine has featured in this role since 2002 when three IDU mentioned it. A variety of other substances were mentioned as their drug of choice by small numbers of IDU, nine reporting 'cannabis', two indicating 'morphine' (down from seven in 2003), two citing 'dexamphetamine', and one respondent reporting their drug of choice to be 'psilocybin' (ie: 'magic mushrooms').

Although heroin was seen to be the most commonly nominated drug of choice, as in 2003, when the drug most injected in the month prior to interview was considered methamphetamine was found to be the most commonly nominated substance. The figure of 44 IDU who reported methamphetamine as the most commonly injected drug was found to be significantly lower than the 56 % who reported this in 2003 ($\chi^2=5.365$, $df=1$, $p=.021$). Nevertheless however, it retained its position as the drug most commonly reported as most injected. The increase in numbers reporting heroin as the most injected drug from 25 in 2003 to 42 in 2004 also proved to be significant ($\chi^2=16.030$, $df=16$, $p=.000$). There were no significant changes in other drugs as the most injected substances and although more IDU ($n=4$) in 2004 reported buprenorphine as the most injected drug than the one individual in 2003, these numbers remain very small. Other drugs reported as the most commonly injected involved small numbers of IDU and included morphine ($n=3$, down from $n=10$ in 2003), other opiates ($n=1$), methadone ($n=1$), dexamphetamine ($n=2$) and homebake heroin ($n=1$).

There were 26 instances where the drug most injected did not correspond to the drug of choice (not including cases where the drug of choice was non-injectable ie: cannabis). By far the most common reason given for this (54%, $n=14$) had to do with reasons of

availability. Other reasons were much less common and included being in treatment for their drug use (15%, n=4), health effects (12%, n=3), and single IDUs whose reasons included peer influence, purity and (somewhat curiously) an IDU whose drug of choice was cocaine stating that his drug of choice was “not injectable”.

Similarly, methamphetamine was the most commonly mentioned drug class as the drug most recently injected by 41 IDU and heroin second by 36. This was not found to be significantly different from the situation reported in 2003 ($\chi^2=1.445$, $df=1$, $p=.229$). Although more IDU (n=36) reported that heroin was the drug they had most recently injected than in 2003 (n=28), this shift was not found to be significant ($\chi^2=3.175$, $df=1$, $p=.075$). Morphine was reported by significantly less IDU as the most recently injected substance with less than half (n=6) the number of IDU who indicated morphine was their most recently used drug in 2003 (n=13) ($\chi^2=4.332$, $df=1$, $p=.037$). A variety of other substances were also reported by small numbers as having been the most recently injected drug. These included buprenorphine (n=4), dexamphetamine (n=4), homebake heroin (n=4), methadone (n=2), other opiates (n=2) and one individual reporting a mixture of cocaine and amphetamine.

As in previous years, the most common rate of injection reported by 49 IDU was on a ‘more than weekly but less than daily’ basis. There were 40 IDU who indicated that they were typically injecting on at least a ‘daily’ basis if not more. This figure was not found to be significantly different from the 41 IDU injecting ‘everyday’ in the 2003 sample ($\chi^2=.041$, $df=1$, $p=.839$).

There were no differences of interest found in the number of drug classes ‘tried’ or ‘injected’ from that reported in 2003. By examining the number of drug classes injected in the last six months (thereby excluding licit drugs and drugs used according to prescription) it can be seen that the mean number of drug classes injected in that time remains unchanged from 2003 with a mean of three. Across the entire IDU sample however, the actual number of drug classes recently injected ranged from one to eight with a modal number of two types of drugs (n=21). As just 18 IDU had injected only one class of drug in the last six months and 61 IDU had injected three or more, it would appear that some degree of polydrug use is the norm among Perth IDU rather than the exception.

This data is displayed below in Table 3.

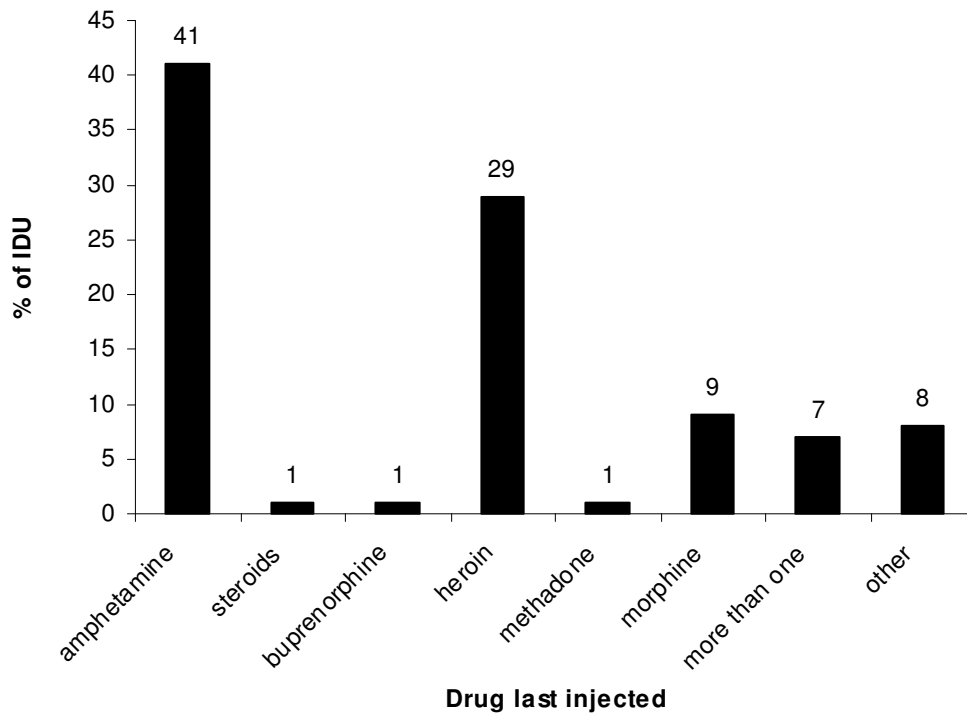
Table 3: Injection history, drug preferences and polydrug use of IDU

Variable	2003 N=100	2004 N=100
Age first injection (years)	19	19
First drug injected (%)		
Heroin	37	34
Amphetamine	56	57
Cocaine	0	2
Morphine	7	3
Methadone	0	1
Other opioids	0	0
Hallucinogens	0	1
Ecstasy	0	1
Benzodiazepines	0	1
Drug of choice (%)		
Heroin	40	47
Cocaine	1	2
Methamphetamine	38	35
Cannabis	8	9
Cocaine+heroin	0	0
Benzodiazepines	1	0
Other	12	7
Drug injected most often in last month (%)		
Heroin	25	42
Cocaine	0	1
Methamphetamine	56	44
Cocaine+heroin	0	0
Benzodiazepines	0	0
Other	17	12
No injection in last month	1	1
Most recent drug injected (%)		
Heroin	28	36
Cocaine	0	0
Methamphetamine	47	41
Cocaine+heroin	0	0
Benzodiazepines	2	0
Other	23	23
Frequency of injecting in last month (%)		
Less than daily	59	60
Once a day	23	20
2-3 times a day	14	17
>3 times a day	4	3
Polydrug use		
Number of drug classes ever tried	13 (7-17)	13 (6-17)
Number of drug classes used in last 6 months	8 (3-14)	8 (3-13)
Number of drug classes ever injected	7 (1-12)	7 (1-12)
Number of drug classes injected in last 6 months	3 (1-10)	3 (1-8)

Source: IDRS IDU interviews

A graphical representation of drugs reported as most recently injected by clients of a needle exchange in inner city Perth appears in Figure 1 below. This data was taken from the NSP Survey National Report for 1999-2003.

Figure 1: Number of respondents attending an inner city needle exchange reporting last drug injected, by drug type, 2003



Source: NSP Survey

Table 4: Polydrug use history and routes of administration of the IDU sample

Drug Class	Ever used	Ever Injected	Injected last 6 mths	Median Number days injected*	Ever smoked	Smoked last 6 mths	Ever snorted	Snorted last 6 mths	Ever Swall-owed	Swall last 6 mths	Used in the last 6 months	Median days used in the last 6 months*
1. Heroin	87	87	69	48	49	11	27	3	25	5	69	48
2. Methadone (licit)	54	24	7	20					53	28	30	180
2.a. Methadone (illicit)	43	28	10	4					33	10	16	4
2.b Physeptone (licit)	10	5	0	0	1	0	1	0	9	1	1	1
2c Physeptone (illicit)	34	21	6	8	0	0	1	0	23	2	8	6
3. Morphine	77	74	43	6	4	2	3	0	39	13	46	8
4. Homebake	68	67	37	20	2	0	1	0	5	3	37	10
5. Other opiates	57	35	13	10	5	1	2	1	36	21	31	12
6. Speed powder	93	92	58	15	26	10	55	14	42	13	61	16
7. Amphet liquid	21	20	5	2					3	0	5	2
8. Base/point/wax	69	66	45	10	8	3	7	2	21	7	45	10
9. Ice/shabu/crystal	95	94	82	25	55	42	18	7	27	13	83	28
9a. Pharmaceutical stimulants	67	41	26	9	3	0	8	3	56	32	43	5
10. Cocaine	72	56	8	3	16	1	48	7	15	2	15	2
11 Hallucinogens	85	28	1	1	4	0	1	0	84	13	13	2
12 Ecstasy	78	50	8	2	8	1	20	6	74	28	33	10
13 Benzodiazepines	86	38	12	6	10	2	7	2	83	69	71	45
14 Alcohol	97	10	0	0					96	78	78	14
15. Cannabis	99										84	120
16. Anti-Depressants	51	3	2	3					51	21	21	180
17. Inhalants	43										12	13
18 Tobacco	96										88	180
19. Buprenorphine (licit)	42	27	12	3	1	0	2	1	38	22	22	90
19a. Buprenorphine(illicit)	43	40	21	6	1	0	0	0	17	6	23	7

4. HEROIN

4.1. Price

There were 47 IDU able to report on the current price of a gram of heroin, a somewhat higher figure than the 34 in 2002 although only 21 IDU had actually purchased a gram within the last six months. Prices of grams most recently purchased ranged greatly from \$50 to \$550 with a median price of \$500 which was unchanged from the median found in 2003. The mean price of \$461 was similarly not significantly less than that of \$507 reported the previous year ($t=-1.951$, $df=20$, $p=.065$). With regards to what IDU believed that a gram of heroin *usually cost* however, the 2004 median of \$500 represents a significant fall from the \$550 figure reported in 2003 ($t=-.2.178$, $df=46$, $p=.035$) This apparent fall in the usual cost of heroin is displayed in Figure 2 below. The median price for a cap of heroin remained at \$50 regardless of whether examined by price of most recent purchase or by belief of what a cap usually cost.

With regards to other quantities of heroin purchased, the most common amount remained the quarter gram recently purchased by 38 IDU with a price ranging from \$50 to \$200 and a median of \$150, unchanged from findings in the 2003 survey. There were 28 IDU who reported purchase of a half gram with prices ranging from \$150 up to \$350 and a median of \$250 which was not found to be a significant decline from the figure of \$280 reported in 2003 ($t=-1.751$, $df=27$, $p=.091$). Purchase of one eighth of a gram was reasonably uncommon and reported by just six IDU for prices ranging between \$50 and \$100 with a median of \$88.

It was believed by 71% ($n=49$) of IDU responding that the price of heroin had remained stable in the past six months with just six percent ($n=4$) stating that it had decreased.

This data is displayed in Table 5 and Figure 2 below.

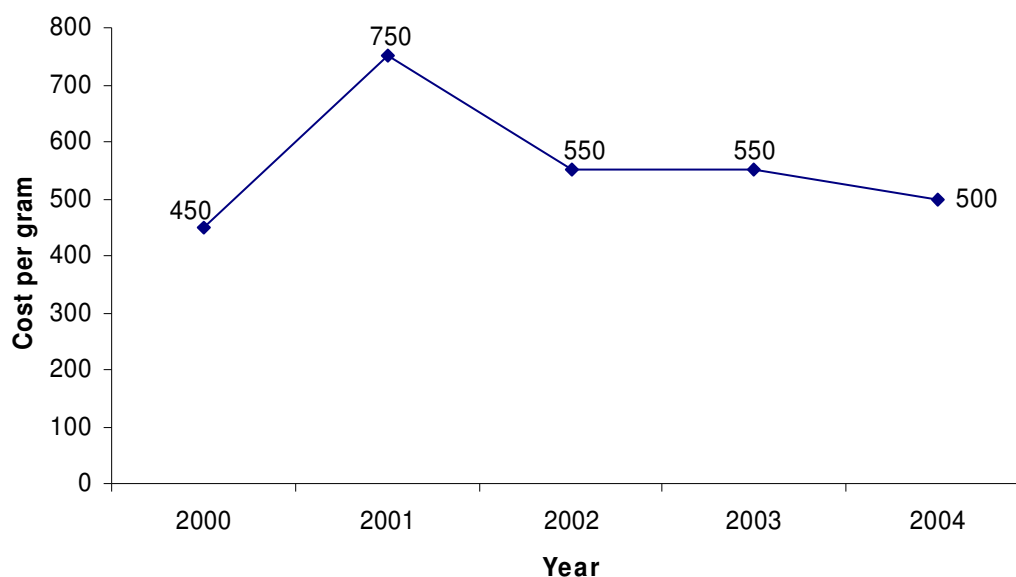
Table 5: Price of most recent heroin purchases by IDU, 2003-2004

Amount	Median price*	Number of purchasers*
Gram	\$500 (\$500)	21 (13)
Cap	\$50 (\$50)	7 (11)
Half gram	\$250 (\$280)	28 (13)
Quarter gram	\$150 (\$150)	38 (25)

Source: IDRS IDU interviews

* 2003 data is presented in brackets

Figure 2: Median price of usual gram of heroin estimated by IDU, 2000 – 2004



Source: IDRS IDU interviews

Price data from the ACC indicates that heroin in WA currently costs \$500-\$650 a gram. Other amounts with information available include \$200 a quarter gram, \$300 for a half weight and \$10,000-\$12,000 for an ounce of heroin.

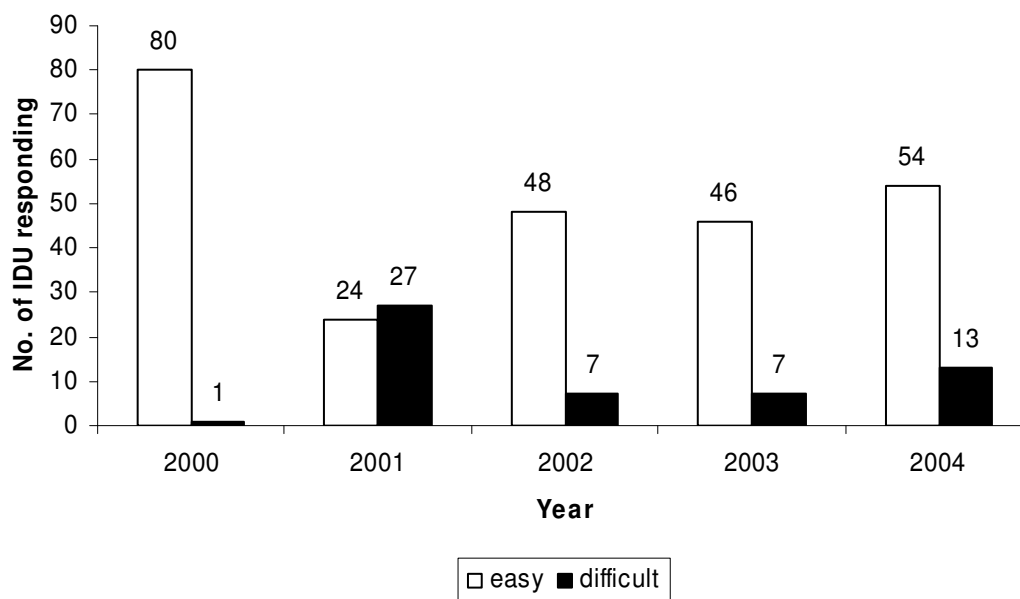
There was only one key expert who talked specifically about heroin users in the 2004 sample. This person, an NESP worker indicated that a gram of heroin currently cost \$600, a half gram \$300 and a point \$100. They stated that this price had been stable for the last six months. One key expert who had noted occasional heroin use amongst amphetamine using clients believed that they would spend from \$50-\$150 a time.

4.2. Availability

There were 69 IDU able to comment on the availability of heroin, up from 53 in 2003. The most common perception held by 46% (n=32) was that it was 'very easy' to obtain, which does not appear dissimilar to the 43% expressing this view in 2003. With regards to IDU reporting access to the drug as 'easy' however 32% (n=22) gave this response which was somewhat less than the 43% found in the previous year. Of those who reported that obtaining heroin was 'difficult', 15% (n=10) gave this response which appears comparable to the 13% in 2003, however, there were also four percent (n=3) who indicated that access to heroin was currently 'very difficult', a response that was not found at all in the 2003 survey. Just three percent (n=2) indicated that they 'didn't know'. A graphical representation of this data dichotomised into 'easy' and 'difficult' is shown in Figure 3 below.

As to whether availability of heroin in Perth had changed, more than half IDU (57%, n=39) believed that it was 'stable'. Opinions as to if it had become 'easier' or 'more difficult' were evenly split with each response being given by 17% (n=12) IDU.

Figure 3: IDU reports of ease of availability of heroin in the past six months, 2000 – 2004



Source: IDRS IDU interviews

The most common source of heroin was purchase from ‘a dealer’s home’ reported by 30% (n=21) IDU. This was followed by purchase from ‘a friend’ by 26% (n=18). Purchase from ‘a mobile dealer’, the most common location reported in the 2003 survey, was found to have fallen to a relatively modest third place reported by 16% (n=11) IDU. Time taken to obtain heroin ranged from instantaneous (ie: an impulse buy upon the drug being offered) up to 240 minutes with a median of 30 minutes and a mean of 41 which was not found to be significantly different from the 44 minutes reported in 2003 ($t=.266$, $df=60$, $p=.791$).

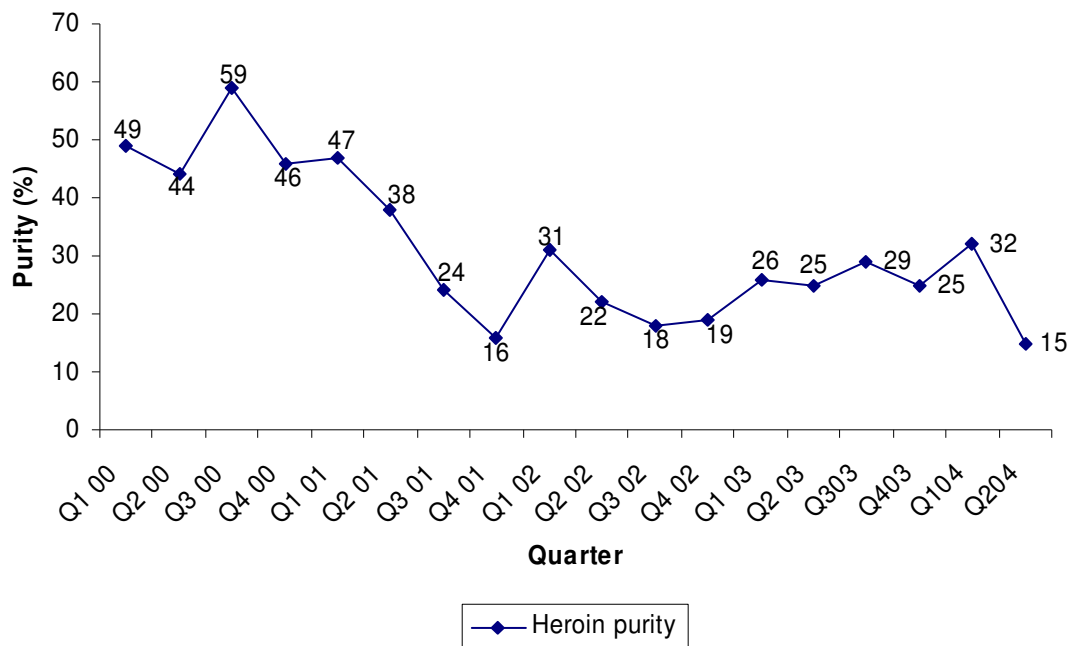
The sole key expert who referred to primary heroin users said that heroin was currently ‘easy’ to obtain and like price and purity this had also remained unchanged in the last six months. She also suggested however, that the increased number of Fitpacks® being distributed through her service provider (sex worker support) may indicate that heroin was becoming more available to this group of users. One other key expert, an outreach worker believed that heroin may be becoming more available.

4.3. Purity

Of the 69 IDU able to answer questions about current levels heroin purity, opinion was evenly divided as to whether it was ‘medium’ or ‘low’ with both of these responses coming from 38% (n=26). Although this would seem to suggest an increase from the IDU rated purity levels of 2003 where almost half (48%) reported that purity was ‘low’. Opinions on recent changes in heroin purity show 30% (n=21) believing that it had been ‘stable’ over the last six months. That it had ‘increased’ was a view held by 20% (n=14) while it was thought to have ‘decreased’ by 28% (n=19). Thus, it must be assumed that if this IDU rated increase in purity from 2003 has indeed occurred then this probably took place in the second half of 2003.

Purity data obtained from the ACC revealed that the median purity of heroin available in WA has yet to even begin to approach those levels seen in 2000. It is worth noting that the median purity of 32% seen in the first quarter of 2004 was the highest recorded in two years. This figure however was based upon a single case. Actual purity of samples analysed in the last financial year ranged from 12% in the second quarter of 2004 up to 79% in the same quarter. The median purity for the entire financial year was 25%. This forensic analysis of purity data is presented in Figure 4 below.

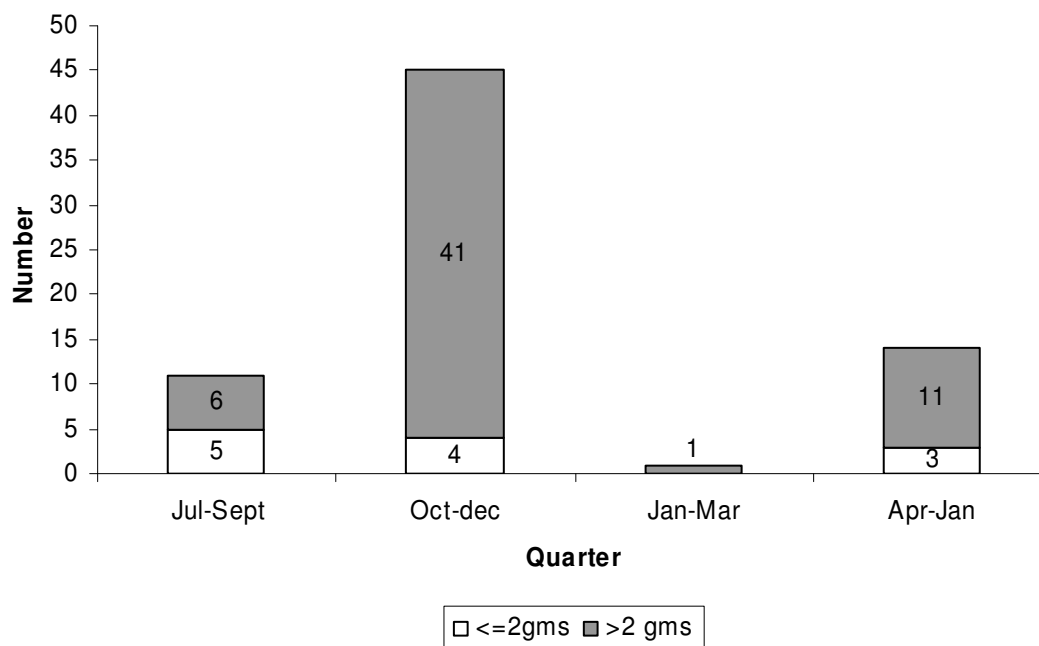
Figure 4: Purity of heroin seizures analysed in WA, by quarter, Jan 2001 – June 2004



Source: ACC

The ACC reported relatively few seizures of heroin being analysed in the first half of 2004 and of these 15, 12 were seizures of more than two grams. There were a total of 71 seizures analysed in the 2003/2004 financial period, which is very much higher than the total of 39 in the previous financial year, largely due to the 45 seizures reported in the second quarter of 2003. It is likely that this may be a reflection of increased police activity around this time rather than elevated availability of heroin however. Data relating to heroin seizures is shown in Figure 5 below.

Figure 5: Number of heroin seizures analysed in WA, by quarter, 2003 – 2004



Source: ACC

The sole key expert who spoke specifically about heroin indicated that the heroin in Perth was currently ‘medium’ purity, a situation that had remained stable for at least six months.

4.4. Use

Heroin use among IDU

There were 87 IDU who reported having ever used heroin at some point in their lifetime, a figure that was not found to be significantly different from the 90 IDU in the 2003 survey ($\chi^2=1.000$, $df=1$, $p=.317$).

4.5. Current patterns of heroin use

The age of recent users of heroin ranged from 19 to 50 with a mean of 35 which was not significantly less than the average age of 36 in the 2003 sample ($t=-.974$, $df=68$, $p=.333$). The length of their injecting careers ranged from three to 30 with a mean of 16 years which again was not significantly different from the 2003 average of 17 years ($t=.843$, $df=68$, $p=.402$).

With regards to use of the drug in the last six months, 69 IDU reported having done so which was not found to represent a significant increase on the 63 who reported having recent use of heroin the previous year ($\chi^2=1.544$, $df=1$, $p=.214$). It is however a significant increase on the 55 regular users found in the IDU sample of 2001 when the heroin shortage first became apparent ($\chi^2=7.919$, $df=1$, $p=.005$). All 69 (100%) of these recent users of heroin reported having injected the drug in the last six months, a figure that was not significantly different to the 87 IDU who reported recent injection of the

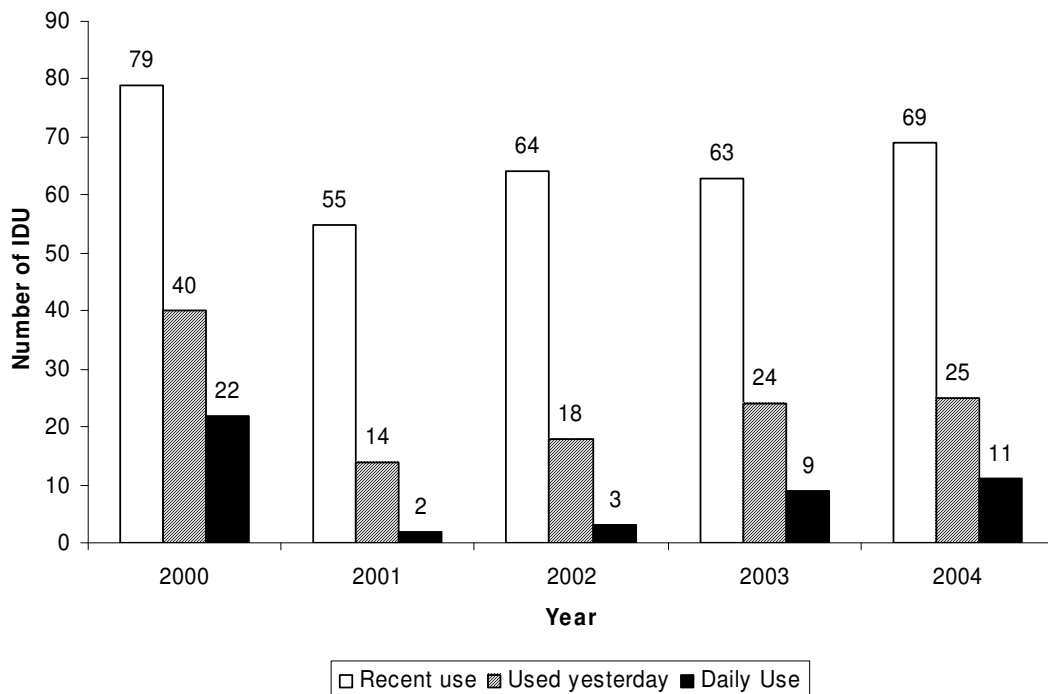
drug in 2003 ($\chi^2=.250$, $df=1$, $p=.617$). As in previous years, other methods of recent use were found to be relatively unusual with 11 reports of recent smoking, five reports of swallowing and just three of having recently smoked the drug.

In 2004 the median days of heroin use was 48 with a mean of 69 which was not significantly different from the 2003 mean of 61 days ($t=1.050$, $df=68$, $p=.298$). Heroin was used on a daily basis by 16% ($n=11$) of recent heroin users which did not represent a significant change from the 14% ($n=9$) found in the 2003 sample ($\chi^2=.152$, $df=2$, $p=.697$).

The total number of IDU in the 2004 sample reporting recent use of homebake heroin was 37, a significantly higher figure than the 27 reporting recent use of this form of heroin in 2003 ($\chi^2=5.405$, $df=1$, $p=.020$). All (100%, $n=37$) of these IDU reported that they had injected homebake within the last six months, the only other recent mode of administration that was reported being orally by three IDU. The average number of days of homebake use remained relatively unchanged at 44 up from 39 in 2003 ($t=.483$, $df=36$, $p=.632$).

Figure 6 below displays information relating to IDU patterns of heroin use

Figure 6: Proportion of IDU reporting recent use, use on the day preceding interview and daily use of heroin in preceding six months, and heroin use on the day preceding interview, 2000-2004



Source: IDRS IDU interviews

When asked to identify forms of heroin used, 'heroin powder' was again the form that most IDU responding to this section reported that they had used (96%, n=66), followed by 'heroin rock' (84%, n=45) and then 'homebake heroin' (45%, n=31). When asked what form they had *most* used however, there was little difference between 'heroin rock' (43%, n=29) and heroin in its powder form (41%, n=28). Homebake heroin was reported as the most used form by 16% (n=11) which was not significantly different from the 13 IDU reporting this the previous year ($\chi^2=.607$, df=1, p=.436). Of these 11 homebake users, six had not used any other form of heroin in the last six months.

The one key expert who spoke specifically about primary heroin uses indicated that the people typically encountered were around 60% male and generally aged between 20 and 30 but possibly the average age may be falling. It was noted that these drug users were predominantly from English speaking backgrounds, but also included a few persons of Asian descent. The types of heroin used were primarily 'a beige powder' but there was reportedly some 'rock' around. Homebake heroin was also available in "bibs and bobs". This use was invariably intravenous, however this key expert was not able to comment on the frequency or quantity with which this drug was used. This key expert dealing primarily with sex workers also noted that heroin appeared to be being used by increasing numbers of young girls and especially amongst those of Aboriginal descent. .

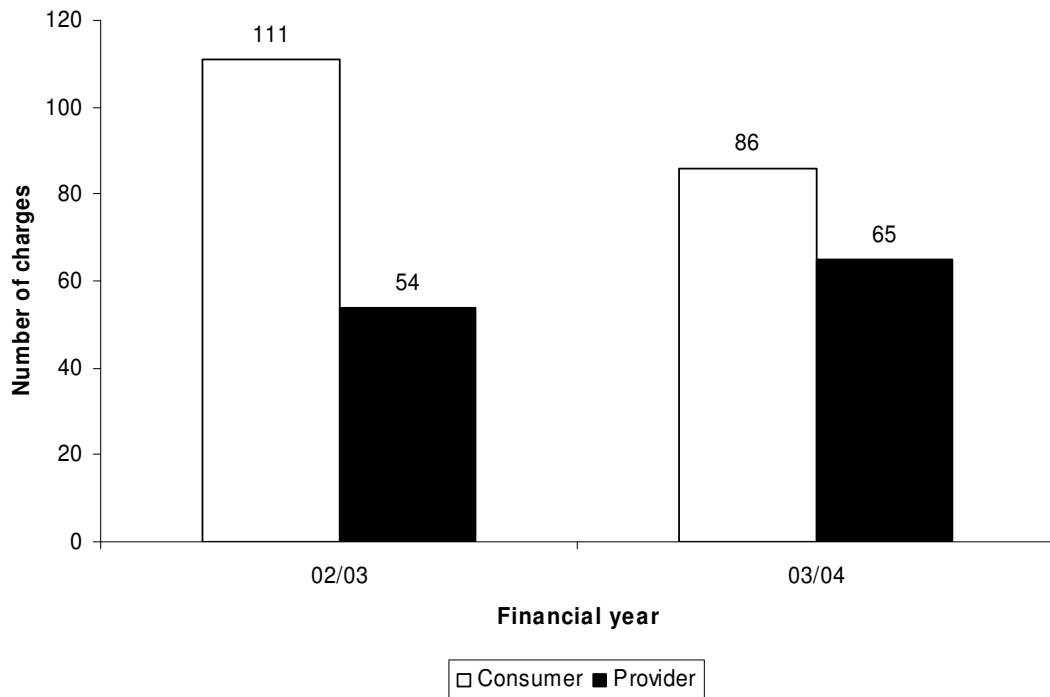
Amongst key experts who spoke about other types of drug users, the use of heroin amongst the illicit drug users with which they had contact was noted by nine key experts but except in two cases (one citing use amongst 30% of drug users seen and one citing figures of 60%) this was not a typical trend generally involving either individuals or 10-15% of drug users seen. One key expert, a clinical psychologist noted that amongst many amphetamine users heroin was perceived as "dangerous" and many in that community would refuse to touch it. Invariably this use was seen as opportunistic / recreational or very occasionally used as a means to come down following binges of methamphetamine. Where route of administration was mentioned this was invariably intravenous. There was just one key expert dealing primarily with amphetamine users who had occasionally seen dependent heroin use amongst this group. Another key expert from the law enforcement sector expressed the opinion that while there was not a great deal of heroin per se. around, there was nevertheless a great deal of homebake. This use of homebake was also mentioned by three other key experts all use being by injection, commonly from a preloaded syringe. A key expert reporting specifically on users of other opioids noted that around 25% of users she had been in contact with were using homebake heroin, often baking for themselves rather than buying it. Another key expert observed that while homebake appeared to be mainly among "old school" users of heroin that some younger amphetamine users may be starting to use it.

4.6. Heroin related harms

Law enforcement

Offences related to heroin and other opioids resulted in 151 charges being laid in WA in the 2003/2004 financial year. Of these 86 were consumer offences and 65 provider offences. This does not appear dissimilar from the previous financial period which saw 117 consumer offences related to heroin and 67 provider offences. This data is displayed in Figure 7 below.

Figure 7: Incidents of heroin offences in WA area, 2002/2003-2003/2004



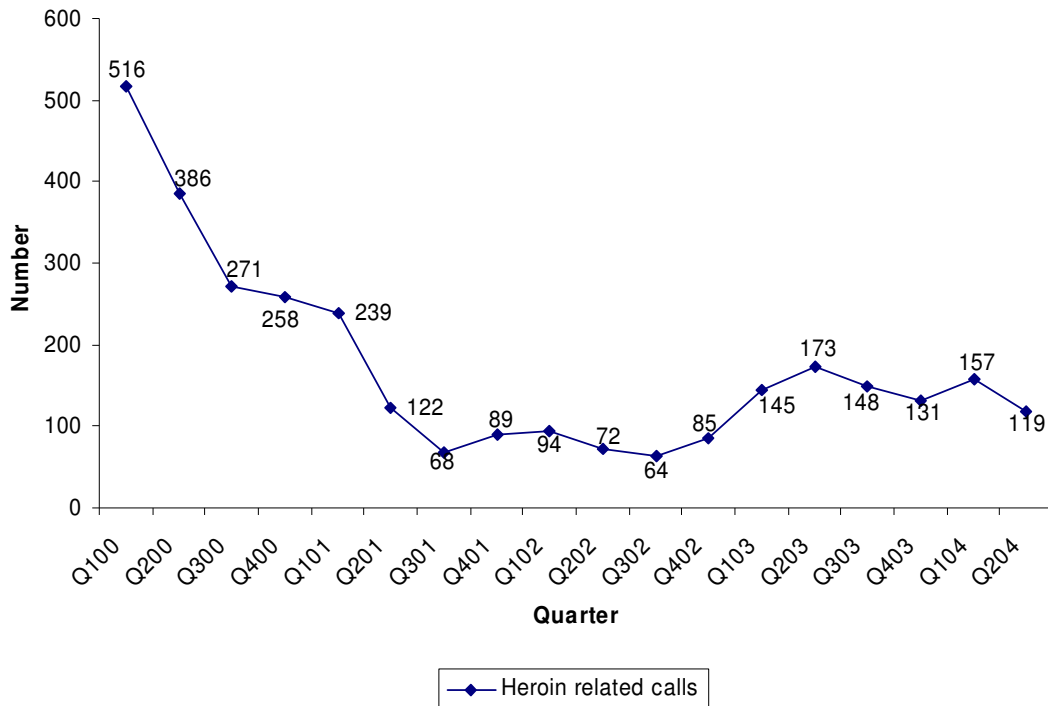
Source: ACC

A key expert from the law enforcement sector indicated that heroin was not currently a big problem with perhaps “only one significant seizure in the last six months”.

Health

Using the number of calls to the Alcohol and Drug Information Service as a guide of level of community concern surrounding heroin reveals that, even after the rise in the previous year generated by ADIS taking on the role of first point of screening for admission to withdrawal and community pharmacotherapy programs, the number of heroin related calls remains substantially lower than was the case at the start of 2001. In the last financial year ADIS received a total of 555 calls from or about current users of heroin making up from four to six percent of calls received in each quarter. The number of heroin related calls received by ADIS since January 2000 is shown in Figure 8 below.

Figure 8: Number of inquiries to ADIS regarding heroin, Jan 2000 – Jun 2004



Source: ADIS

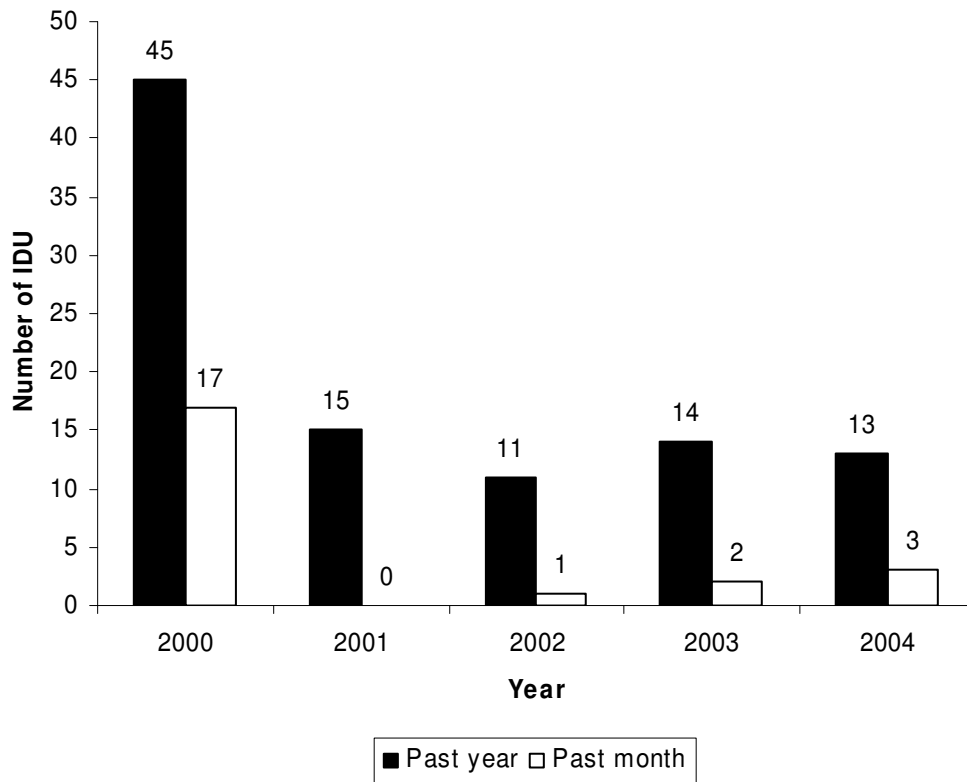
Overdose

There were 47 IDU who reported that they had ever experienced an overdose associated with their heroin use, representing 54% of the 87 IDU who had ever used the drug, thereby suggesting a situation largely unchanged from the 53% of IDU who had ever used heroin and experienced an overdose in the 2003 sample ($\chi^2=.180$, $df=1$, $p=.672$). The number of heroin overdoses experienced ranged from 1 ($n=18$) to 15 ($n=2$, $sd=4.0$) with a median of two and a mean of four overdoses. This was found to be significantly less than the average of six overdoses reported amongst the 2003 sample ($t=-3.371$, $df=46$, $p=.002$).

The length of time since the last heroin related overdose ranged from one month up to 312 months (ie: 26 years, $sd=74.9$) with a mean of 63 months which was not found to be significantly greater than the 48 months reported in the 2003 sample ($t=1.302$, $df=46$, $p=.199$). There were just two heroin related overdoses reported as having occurred in the month directly prior to the survey, a figure identical to that reported in 2003. Additional drugs other than heroin were implicated in both of these overdoses, one involving methamphetamine, and the other the use of benzodiazepines.

Figure 9 below displays the number of self reported heroin overdoses amongst the IDU sample since 2000.

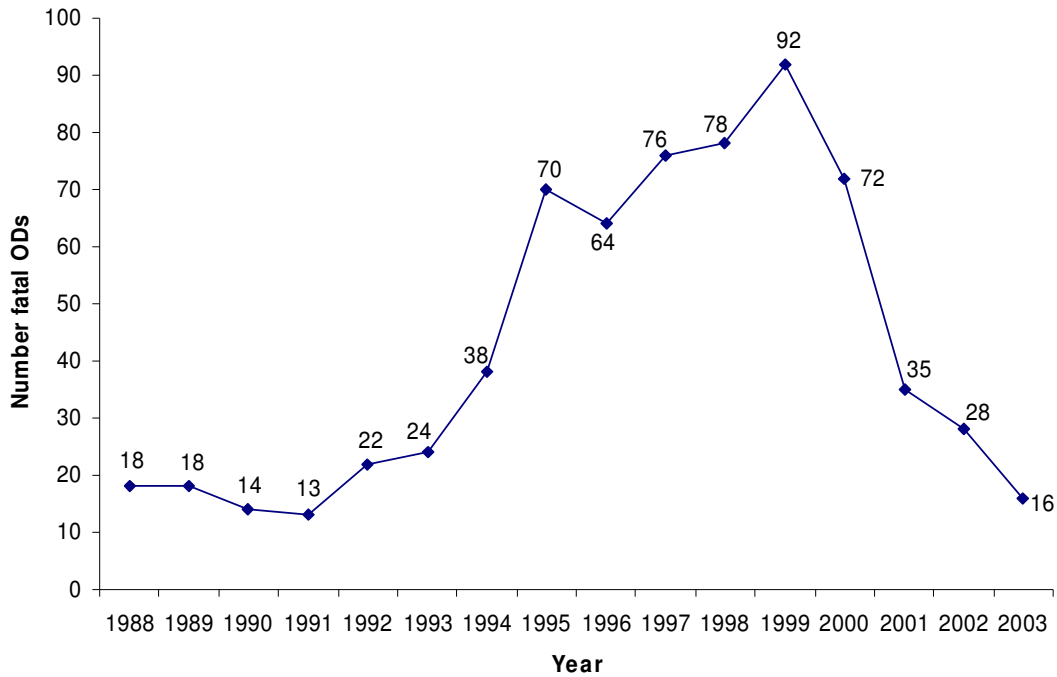
Figure 9: Proportion of heroin users who have ever overdosed, overdosed in the past 12 months, and the past month, 2000 - 2004



Source: IDRS IDU interviews

Figure 10 below displays the number of accidental deaths due to opioids as documented by the Australian Bureau of Statistics. The relatively low rates of opioid related deaths in recent years as compared to that prior to 2001 represents a clear reflection of the relative unavailability and low purity of heroin currently in Perth.

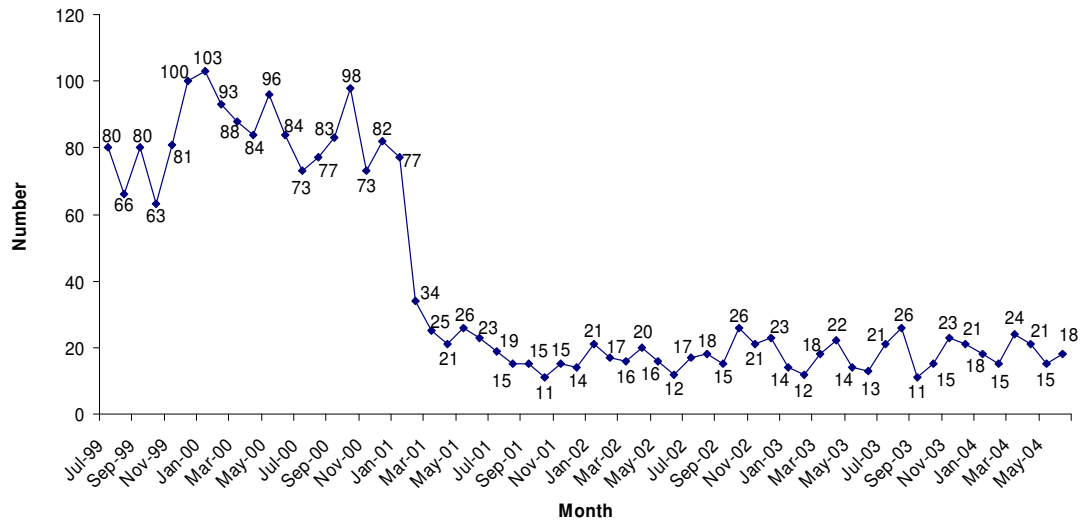
Figure 10: Number of accidental deaths due to opioids among those aged 15-54 years in WA, 1988 – 2003



Source ABS

The number of callouts to narcotic overdoses recorded by St John’s Ambulance Service also remained quite low and at nowhere near to approaching the rates recorded prior to 2001 when heroin greatly decreased in availability. This data is shown in Figure 11 below.

Figure 11: Number of ambulance callouts to overdoses, Jul 2000 – Jun 2004



Source: WAPCRU

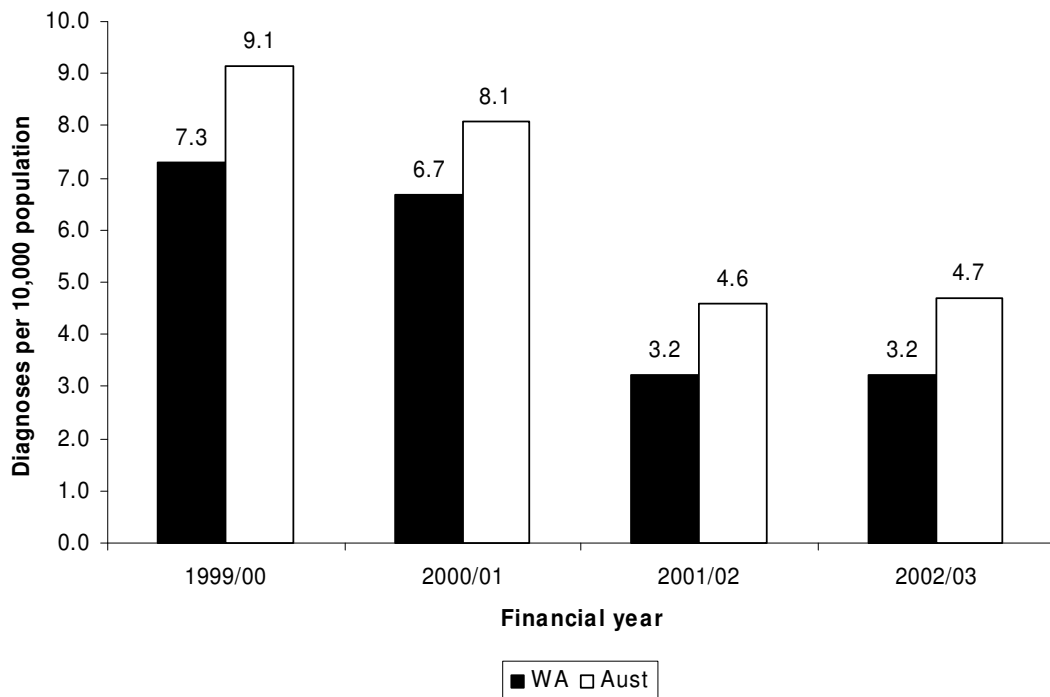
Just one IDU made qualitative comments specific to heroin overdose, noting the importance of providing education to young people on managing overdose and also making the observation that ambulance staff appeared to have become increasingly reluctant to administer Narcan as a response to opiate overdose. Another IDU made the observation that a supervised injecting facility in Perth would be useful.

Among key experts dealing primarily with amphetamine users, three spoke about heroin related overdose. Of these two indicated that such overdoses had reduced and the other only that they were aware of some overdoses amongst amphetamine users who dabbled with heroin.

Treatment

Health department data concerning admissions to pharmacotherapy treatments for opioid dependence was not available at the time of writing. Therefore, with the exception of hospital admissions, all information presented in this section is derived from IDU self report and qualitative interviews with key experts. Hospital admissions for opioid related primary diagnosis are shown in Figure 12. It will be observed that Western Australia has consistently had a lower rate of admissions than the national rate, even when heroin was much more widely available prior to 2001. In the 2002/2003 financial period there were 364 such diagnosis, a figure almost identical to the 365 the preceding year.

Figure 12: Admissions to WA hospitals with an opioid related primary diagnosis, 1999/2000 –2002/2003



Source: Australian Institute of health and Welfare and Health Department of WA

Methadone treatment

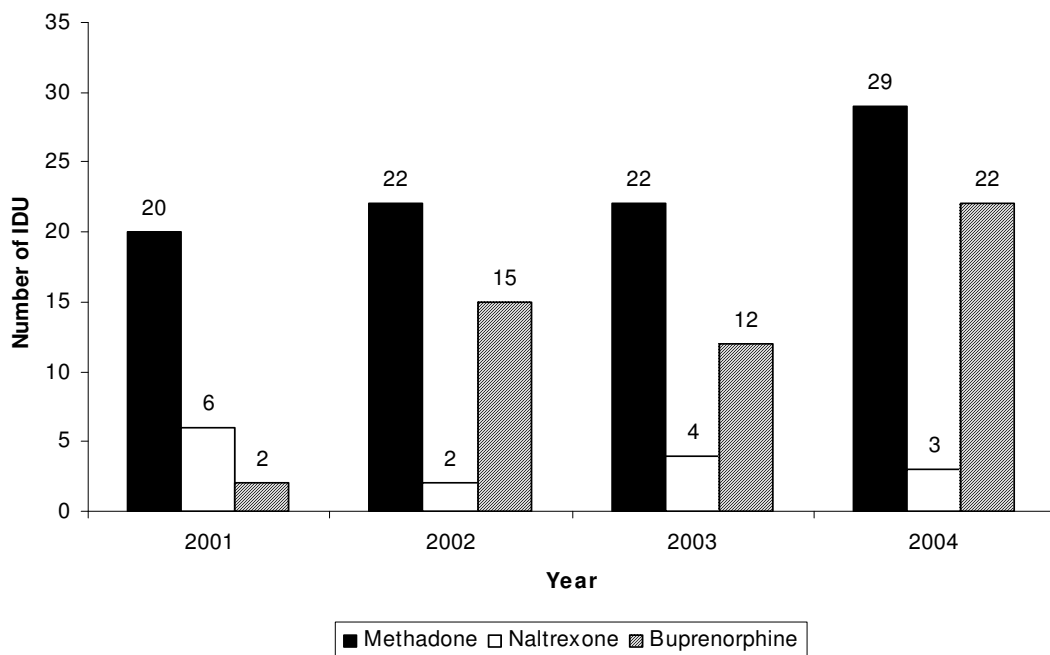
The IDU survey revealed 28 IDU to be currently receiving methadone maintenance treatment, an apparent increase from the 19 in 2003, however this is almost certainly an artefact of the removal in 2004 of limits on numbers of IDU currently engaged in treatment allowed to be recruited to the sample. Time spent on methadone ranged from two months up to 156 months (ie: 13 years) (sd=43.04) with a mean duration of 47 months which was not significantly different from the 46 months reported in 2003 ($t=.155$, $df=25$, $p=.878$). There was one additional IDU who reported having received methadone maintenance therapy within the last six months, but had discontinued this treatment prior to the interview.

Buprenorphine treatment

There were 13 IDU who reported that they receiving treatment with buprenorphine at the time of the survey, a figure slightly higher than the 10 found in the 2003 survey. As discussed above, this increase is almost certainly a reflection of changes to procedure for recruitment of respondents in 2004. Duration of time spent in treatment ranged from two months to 35 months (sd=10.65) with a mean duration of 13 months, a figure that was not significantly different to the 14 months reported in 2003 ($t=-.091$, $df=12$, $p=.929$). There were an additional nine IDU who reported that they had been receiving buprenorphine treatment in the previous six months, but were no longer receiving this treatment at the time of the survey.

The number of treatment episodes reported by IDU in the six months preceding the survey is shown in Figure 13 below. A clear increase in number of IDU entering buprenorphine treatment since its introduction is readily apparent while naltrexone treatment has not been experienced by more than a small minority of active IDU surveyed by the IDRS in any year.

Figure 13: Number of heroin treatment episodes by treatment type, 2001– 2004



Source: Australian Institute of health and Welfare and Health Department of WA

4.7. Trends in heroin use

Although a large number of IDU did comment about trends related to heroin, these comments for the most part related not to the use of heroin per se as to movement towards alternative drugs in the continuing absence of heroin. Methamphetamine, and especially in its crystalline form was most commonly discussed in this regard. Also common was the use transition to homebake and to a lesser extent buprenorphine and morphine. There were however, 11 IDU who believed that numbers of heroin users may be increasing and three of these indicated that this was particularly true of older injectors. There was also one IDU who suggested that younger users may be graduating directly from smoking cannabis to injection of speed and probably heroin. There was one IDU who believed that younger heroin users may be increasing in number. Another individual noted that the relative difficulty of obtaining heroin of quality in WA had led to “drug tourism” to other jurisdictions where more pure heroin was obtainable leading to a number of overdoses, presumably due to the lowered tolerance towards opiates of WA IDU. One IDU proposed that the practise of smoking heroin (“chasing the dragon”) may be increasing.

4.8. Summary of heroin trends

A summary of heroin trends is located in Table 6.

Table 6: Summary of heroin trends

Price	<ul style="list-style-type: none">• No significant change. \$500 gram, \$150 quarter gram, \$250 half weight• Price stable
Availability	<ul style="list-style-type: none">• Very easy to easy to obtain• Availability stable
Purity	<ul style="list-style-type: none">• Low to medium by user report• Median purity analysis 25%• Purity stable
Use	<ul style="list-style-type: none">• Stable rates of use• Numbers of daily users stable

5. METHAMPHETAMINE

5.1. Price

Asked about the current price of a gram of speed powder produced prices ranging from \$170 to \$400 (one figure of \$1100 was excluded from the dataset as being unreliable) with a median of \$275 and a mean of \$269 which appeared to be a significant decline from the previous year's mean price of \$292 ($t=-2.757$, $df=38$, $p=.009$). This change was not manifest however in actual purchases by IDU of methamphetamine powder the median and mean cost of most recent purchases being \$263 which was not significantly different from 2003 ($t=.684$, $df=17$, $p=.503$)

When asked if the price of powder methamphetamine had changed in the last six months, 60% ($n=33$) of IDU responding indicated that it had remained stable. That it may have increased was a view held by 20% ($n=11$) while seven percent ($n=4$) thought it had fluctuated, six percent ($n=3$) thought it had decreased and seven percent ($n=4$) didn't know.

IDU responding to what they believed the current cost of a gram of base or paste methamphetamine provided prices ranging from \$200 to \$500 with a median price of \$300 and a mean of \$291 which did not differ significantly from the 2003 mean price of \$282 ($t=.813$, $df=25$, $p=.424$). Similarly costs of IDUs' most recent purchases of a gram of paste methamphetamine ranged from \$200 to \$500 with a median price of \$250 and a mean of \$288 which was not found to be a significant increase on the 2003 average price of \$270 ($t=.899$, $df=14$, $p=.384$).

Over two thirds (69%, $n=25$) of IDU responding believed that the price of base methamphetamine had remained stable over the last six months. There was also 14% ($n=5$) who thought it had increased and six percent ($n=2$) who thought it had decreased and another six percent who believed the price may have been fluctuating. An additional six percent said they didn't know.

In the case of crystal methamphetamine or ice, IDU indicated that they believed the current prices of a gram to range from \$100 to \$700 with a median of \$350 and a mean of \$345 which was not significantly different from the mean of \$354 reported in 2003 ($t=-.812$, $df=55$, $p=.409$). With regards to actual purchases of a gram, prices ranged from \$150 to \$450 with a median price of \$350 and a mean price of \$345 which was also not significantly different to the mean price paid in 2003 of \$323 ($t=1.820$, $df=26$, $p=.080$).

As with base and powder a substantial majority (62%, $n=49$) of IDU responding indicated that the price of crystal methamphetamine had remained unchanged in the last six months. There was also 24% ($n=19$) who thought it had increased, six percent ($n=5$) who felt it had been in a state of flux and just one percent ($n=1$) who said the price had decreased. Finally there remained six percent ($n=3$) who didn't know.

The prices of the more commonly purchased deals of methamphetamine and the number of purchasers for 2003 and 2004 are shown in Table 7 below.

Table 7: Price of most recent methamphetamine purchases by IDU, 2004

Amount	Median price* \$	Number of purchasers*
<i>Speed</i>		
Gram	260 (260)	18 (22)
Half gram	150 (150)	29 (25)
"Eightballs" (3.5 gms)	800 (800)	10 (11)
Point (0.1 gram)	50 (50)	32 (63)
<i>Base</i>		
Gram	250 (275)	15 (10)
Half gram	160 (150)	18 (14)
Point	50 (50)	19 (17)
<i>Ice</i>		
Gram	350 (300)	27 (23)
Half Gram	200 (195)	49 (34)
Point (0.1 gram)	50 (50)	55 (45)

Source: IDRS IDU interviews

* 2003 data is presented in brackets

Data from the ACC does not distinguish between the various forms of amphetamine and thus tends to provide a considerable range of prices. Thus, it suggests that a point costs between \$50-\$80, a gram from \$200-\$400, an eightball from \$1200 to \$1500 and an ounce of amphetamine between \$4800-\$8000.

There was great variation in prices of amphetamine provided by key experts, several noting that these were dependant on both quality of the methamphetamine involved and also how well networked the buyer was.

Prices for a point of methamphetamine varied somewhat between the five key experts who commented, one noting that this could range anywhere from gratis up to \$200.

Others were more restrained in their estimations, one suggesting \$20-\$100 for a couple of points, and another citing \$50-\$100 per point. Another suggested that a point usually cost \$50, but occasionally \$50 would only buy half a point. The remaining key expert stated that a point for powder methamphetamine would cost from \$60-\$80, while crystal methamphetamine tended to be somewhat more expensive costing from \$80 to \$120 a point.

Only one key expert discussed prices for a half weight of methamphetamine indicating that this quantity generally cost from \$150-\$200.

Generally prices for a gram ranged from \$180 up to \$350, but two key experts did note that a gram of very high quality methamphetamine could cost \$500 or \$550.

The price of an eightball was provided by just one key expert who indicated that an eightball of paste or base methamphetamine would cost \$850 while an eightball of crystal would cost in the region of \$1100.

Prices for very large quantities of methamphetamine were provided by two key experts both from the law enforcement sector. The first of these indicated that a high quality ounce of the drug would cost \$7000 while a less pure street level deal would cost around \$500-\$6000. The other key expert indicated that a half kilo of methamphetamine would carry a price tag of \$102,000.

As to recent movements in the price of amphetamine, of those key experts who commented, five believed the price had remained stable while three thought it had decrease and three believed it had fluctuated. An increase was indicated by one the remaining key expert said that the price of crystal methamphetamine had increased, but the price of base or paste had remained stable.

5.2. Availability

As in the 2003 sample for all forms of methamphetamine the prevailing view amongst the IDU sample was that these drugs were 'very easy' or 'easy' to obtain.

In the case of powder methamphetamine, of those responding 46% (n=25) reported that obtaining it was 'very easy' and 38% (n=21) that it was 'easy' and 13% (n=7) who said it was difficult. There were also four percent (n=2) who didn't know. This availability was believed to be stable in the last six months by 62% (n=27) of respondents. Much smaller numbers (16%, n=9) thought it may have become 'easier' to obtain and 13% (n=7) that it had become 'more difficult'. That this availability may be fluctuating was the view of six percent (n=3) and there were also four percent (n=2) who didn't know.

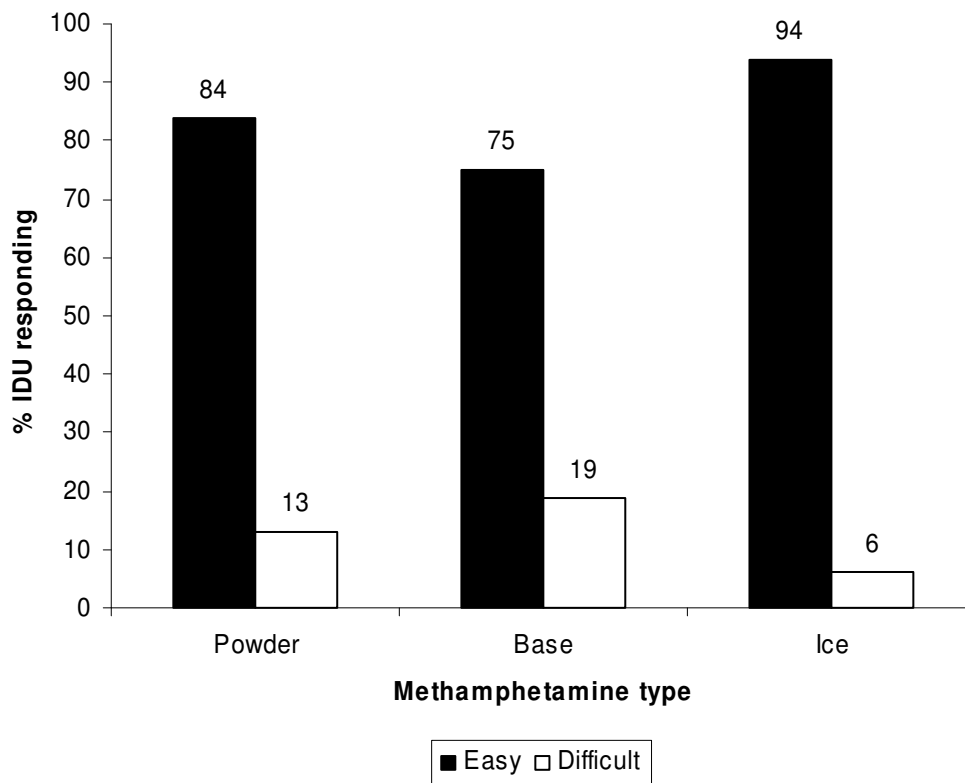
With regards to methamphetamine base 53% (n=19) stated that this form was 'very easy' to obtain, 22% (n=8) that it was 'easy' and 19% (n=7) that it was difficult. There were also six percent (n=2) who didn't know. Most respondents (55%, n=20) thought that this availability had not changed in the last six months. Equal numbers (19%, n=7) thought it had either become easier or more difficult to obtain and six percent (n=2) didn't know.

Crystal methamphetamine was thought to be 'very easy' to obtain by 52% (n=41) of those responding. A further 42% (n=33) thought it 'easy' and just six percent (n=5) found it difficult. That this situation had not recently changed was the view of 57% (n=45) who indicated availability of ice had been stable over the last six months. That it

had become easier was the view of 23% (n=18) while 11% (n=9) actually felt it had become more difficult. There was also four percent (n=3) who didn't know.

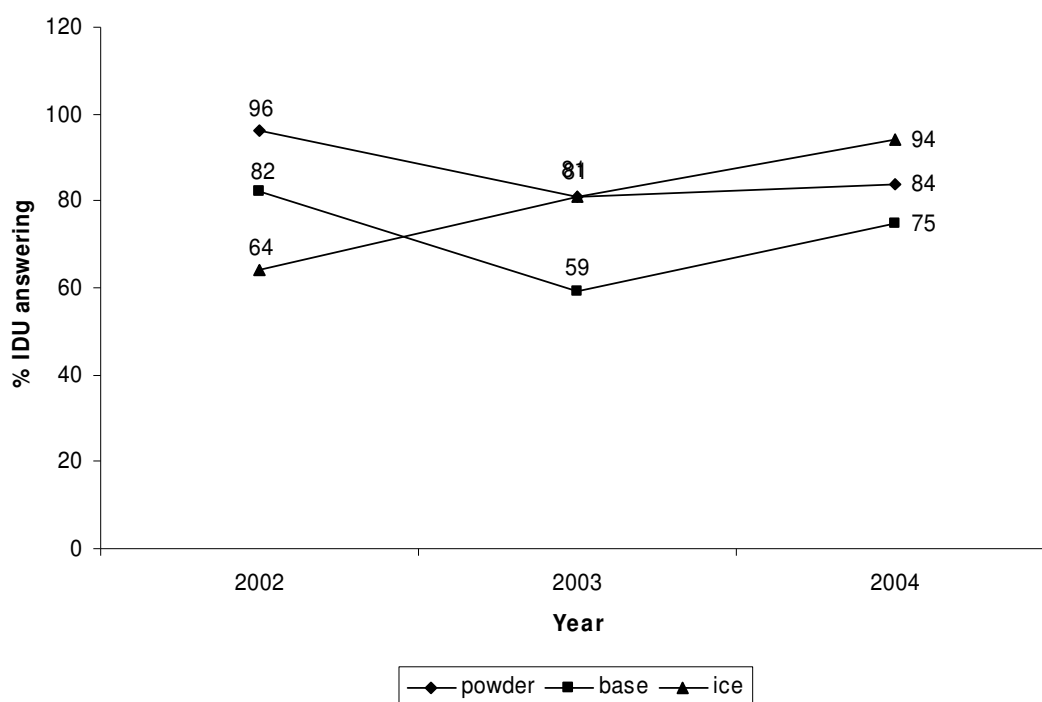
By dichotomising this availability data into either 'easy' or difficult, it becomes apparent that the proportion of respondents finding crystal methamphetamine 'easy' to obtain has steadily increased over the last three years with 64% reporting it as 'easy' in 2002, 81% in 2003 and 94% in 2004, making this the first year in which the crystalline form of methamphetamine has exceeded all other forms in terms of ease to obtain. In contrast, 96% thought powder 'easy' to obtain in 2002, falling to 81% in 2003 and remaining relatively unchanged in 2003 at 84%. The base form was thought 'easy' to obtain by 82% in 2002, but this then fell to just 59% in 2003. It has since returned to 75% in 2004 but nevertheless remains the least available of the three forms. This dichotomised availability data for 2004 is displayed in Figure 14 below and across years in Figure 15.

Figure 14: IDU reports of ease of availability of speed, base and ice in the past six months, 2004



Source: IDRS IDU interviews

Figure 15: IDU reports of ease of availability of methamphetamine by type in the past six months, 2002 – 2004



Source: IDRS IDU interviews

As the question of where IDU obtained methamphetamine, as in previous years, for all forms of the drug the most common source by a sizeable margin was ‘purchased from’ or ‘a gift’ from ‘friends’. Specifically with regards to powder methamphetamine 41% (n=22) of IDU answering indicated that they usually obtained the drug through ‘friends’. Other responses were much less common. From ‘a mobile dealer’ was the usual source for 19% (n=10) IDU, 15% (n=8) obtained it from the ‘dealers home’, nine percent (n=5) used the services of a ‘street dealer’ and six percent (n=3) had their speed ‘home delivered’. Time taken to obtain speed powder ranged from five minutes to 180 minutes (ie: three hours) with a mean of 34 minutes which was significantly shorter than the 2003 mean of 110 minutes ($t=-16.587, df=45, p=.000$)

In the case of base or paste methamphetamine, 47% (n=17) IDU obtained the drug through ‘friends’, 14% (n=5) used a ‘mobile dealer’, 11% (n=4) had it ‘home delivered’ and a similar proportion (11%, n=4) went to the ‘dealer’s home’, and three percent (n=1) purchased through a ‘street dealer’. Times taken to obtain paste methamphetamine ranged from five to 120 minutes (ie: two hours) with a mean of 44 minutes which was significantly less time than the 2003 average of 101 minutes ($t=-8.986, df=29, p=.000$).

Crystal methamphetamine was reportedly obtained through ‘friends’ by 47% (n=37) of IDU responding. This was followed by 15% (n=12) who obtained the drug from a dealer’s home, 14% (n=11) who bought from a ‘mobile dealer’, nine percent (n=7) who had the drug ‘home delivered’, eight percent (n=6) who used the services of a ‘street dealer’ and a single IDU who purchased ice from a relative. Time taken to obtain crystal methamphetamine ranged from one minute to 180 minutes (ie: three hours) with a mean

time of 35 minutes which was found to be significantly less than the 2003 mean time of 62 minutes ($t=-6.298$, $df=70$, $p=.000$).

There were no key experts who perceived any difficulty amongst users in obtaining methamphetamine. That this ease of access was 'very easy' was expressed by 15 key experts while the remaining three described it as 'easy'.

Asked whether this availability had recently changed nine key experts thought it had remained 'stable' while four thought it may have become 'easier'. There was one who thought availability had been 'fluctuating' and one who believed crystal was 'more difficult' to obtain while the availability of paste was unchanged.

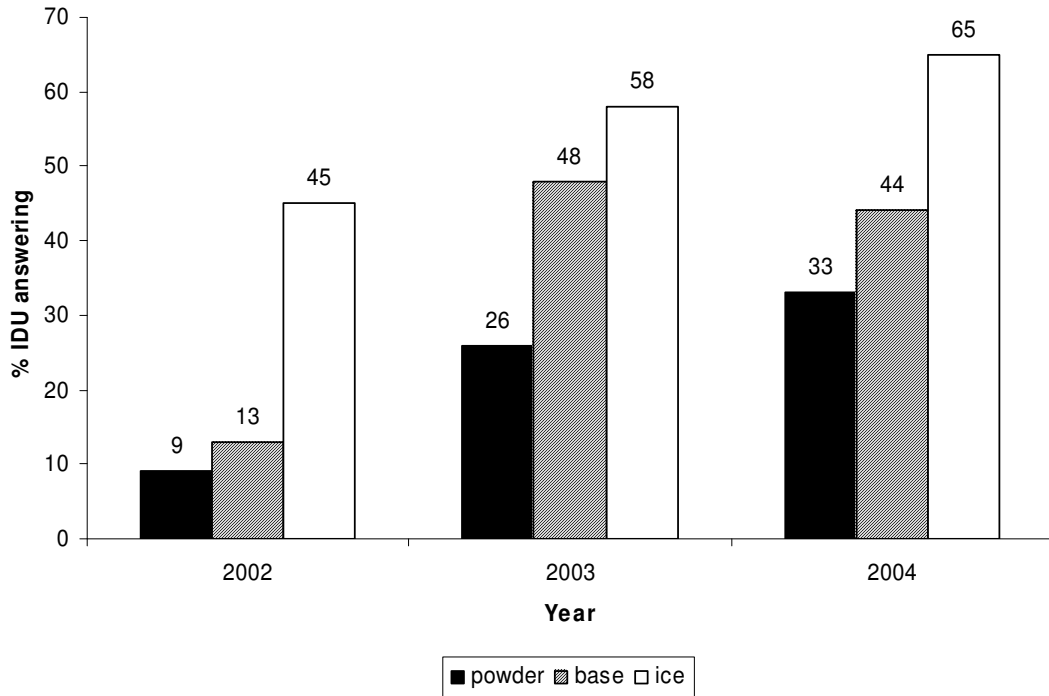
5.3. Purity

Some 36% ($n=20$) of respondents rated the purity of methamphetamine powder as 'medium'. This was closely followed however by 33% ($n=18$) who believed that it was 'high'. Just nine percent thought it 'low' and another nine believed it to be 'fluctuating'. There were also 13% who 'didn't know'. Most respondents (33%, $n=18$) did not believe that this purity had changed in the last six months. That purity had recently been 'fluctuating' was indicated by 22% ($n=12$) while 20% ($n=11$) held the view that purity had 'increased'. There were also 13% ($n=7$) who thought it may have 'decreased' and another seven respondents who 'didn't know'.

Most respondents (44%, $n=16$) felt the purity of paste methamphetamine to be 'high' followed by 28% ($n=10$) who thought it was 'medium'. There were also 14% ($n=5$) who thought it 'low', six percent ($n=2$) who believed it tended to 'fluctuate' and eight percent ($n=3$) who 'didn't know'. That these purity levels had remained 'stable' over the last six month was a view held by a third of those who responded (33%, $n=12$). That it may have 'increased' was suggested by 28% ($n=10$) while 19% ($n=7$) thought purity levels had been 'fluctuating'. Just 11% ($n=7$) thought it may recently have 'decreased'.

A substantial majority of those responding (65%, $n=51$) thought crystal methamphetamine purity to currently be 'high'. That it was 'medium' was the view held by 20% ($n=16$), eight percent ($n=6$) believed it 'fluctuated', five percent ($n=4$) that it was 'low' and the remaining three percent ($n=2$) 'didn't know'. Although the prevailing view was that these purity levels had remained 'stable' (37%, $n=29$) there was a quarter of those responding (25%, $n=20$) who believed they had recently 'increased'. That they may have been 'fluctuating' was a view held by 19% ($n=15$) and 17% ($n=13$) thought that purity levels may have 'decreased'. There was also three percent ($n=2$) who 'didn't know'. Numbers of respondents indicating that methamphetamine purity was 'high' are shown in Figure 16 below.

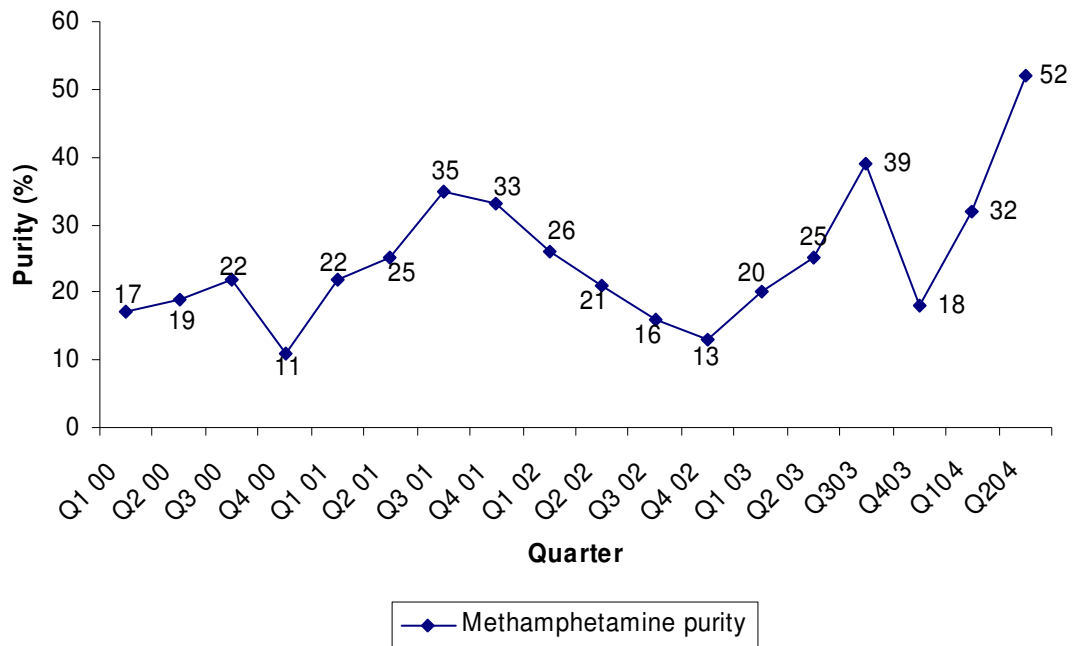
Figure 16: Proportion of IDU reporting speed, base and ice purity as 'high', 2002 - 2004



Source: IDRS IDU interviews

As forensic data from the ACC does not distinguish between the various forms of methamphetamine, it is not easy to compare this data with findings from the IDU and key expert components of the survey. Nevertheless, this analysis of methamphetamine purity by the WA Police Service reveals major increases in methamphetamine median purity levels in the first half of 2004 with the figure of 52% recorded in April to June 2004 representing the highest yet recorded. Actual ranges of purity of methamphetamine analysed in the 2003/2004 financial year varied greatly from just 0.1% in the later half of 2003 up to 85% during the second quarter of 2004. The median purity for the entire financial year was 32%. This information is shown in Figure 17 below.

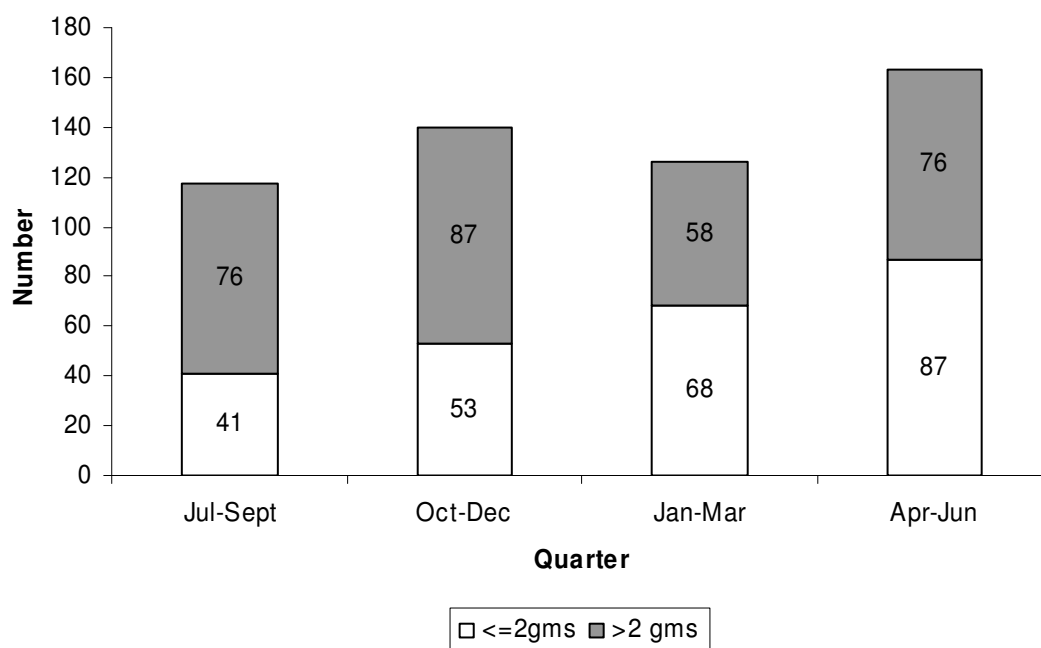
Figure 17: Purity of methamphetamine seizures analysed in WA, by quarter, Jan 2000 – Jun 2004



Source: ACC

The ACC recorded a total of 546 seizures of methamphetamine analysed in the 2003/2004 financial year. Of these 249 were seizures of two or less grams and 297 were of larger amounts. That the total figure of seizures analysed is somewhat higher than the 435 reported in the 2002/2003 period is likely in part a result of the increased number of clandestine laboratories in WA which in turn is in part reflective of the increased levels of police attention being directed towards the manufacture and trafficking of methamphetamine. This data is displayed in Figure 18 below.

Figure 18: Number of methamphetamine seizures analysed in WA, by quarter, Jul 2003 – Jun 2004



Source: ACC

The most commonly expressed opinion among key experts commenting directly on methamphetamine was that of five who stated that purity of the drug tended to be ‘fluctuating’. There were also three who said current purity was high, two citing it as ‘medium’ and one who believed it was ‘low’.

As to whether the purity of methamphetamine had recently changed, three key experts said it had remained stable and another three believed it had fluctuated. Of these one key expert from the law enforcement sector attributed this fluctuation to the restrictions imposed on precursor chemicals. There were also two key experts who thought purity in the last six months may have increased and one who thought it had decreased. The remaining key expert believed that crystal methamphetamine had tended to fluctuate in purity while that of base or paste had been falling.

5.4. Use

Methamphetamine use among IDU

As in 2003 a history of amphetamine use amongst the IDU sample was found to be widespread. Amphetamines of various forms had been used by 97 of the IDU sample at some point in their lives.

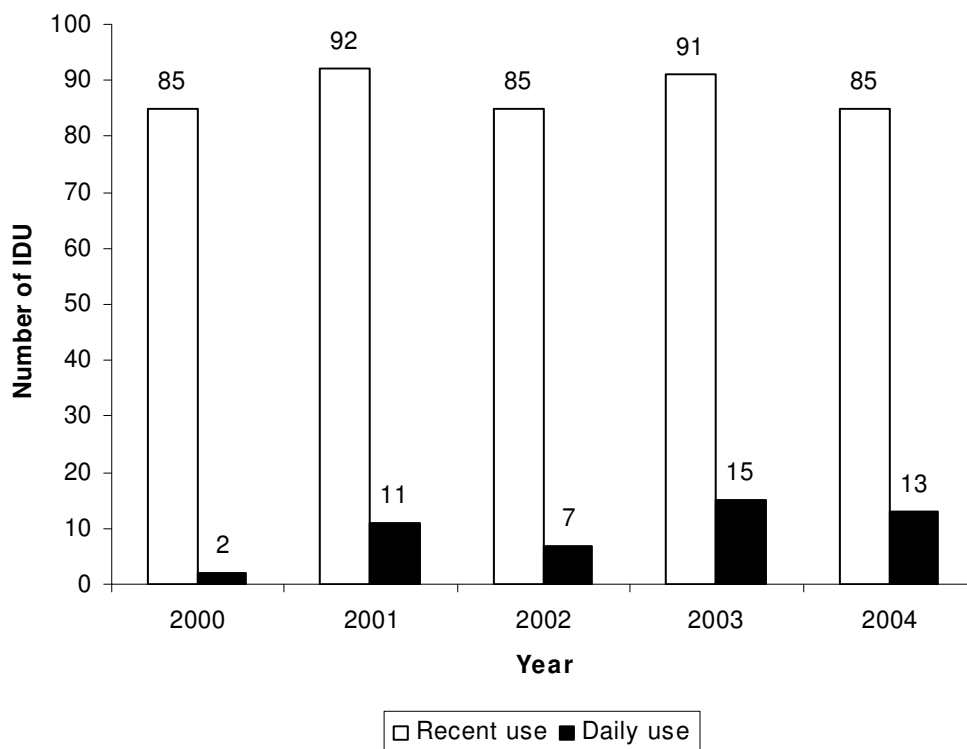
Current patterns of methamphetamine use

There were 85 IDU who reported having used some form of amphetamines in the last six months which was a small albeit significant fall from the 91 who reported having recently used these drugs in 2003 ($\chi^2=4.396$, $df=1$, $p=.036$). The average age of these

recent users of amphetamine was 33. The average age of those 35 IDU who indicated that their drug of choice was methamphetamine however, was 32 which proved to be a significantly lower age than the 35 years of those IDU whose professed drug of choice was heroin ($t=-2.065$, $df=34$, $p=.047$).

Days of use ranged from one to 180 with a mean of 83 which was not significantly different from the 2003 mean of 82 ($t=.075$, $df=84$, $p=.506$). There were 13 IDU who reported the use of some form of amphetamine on a daily basis. This was not a significant fall from the 15 daily users reported in 2003 ($\chi^2=.314$, $df=1$, $p=.575$). These patterns of recent and daily amphetamine use are shown in Figure 19.

Figure 19: Proportion of IDU reporting amphetamine use in the past six months and daily use, 2000 - 2004



Source: IDRS IDU interviews

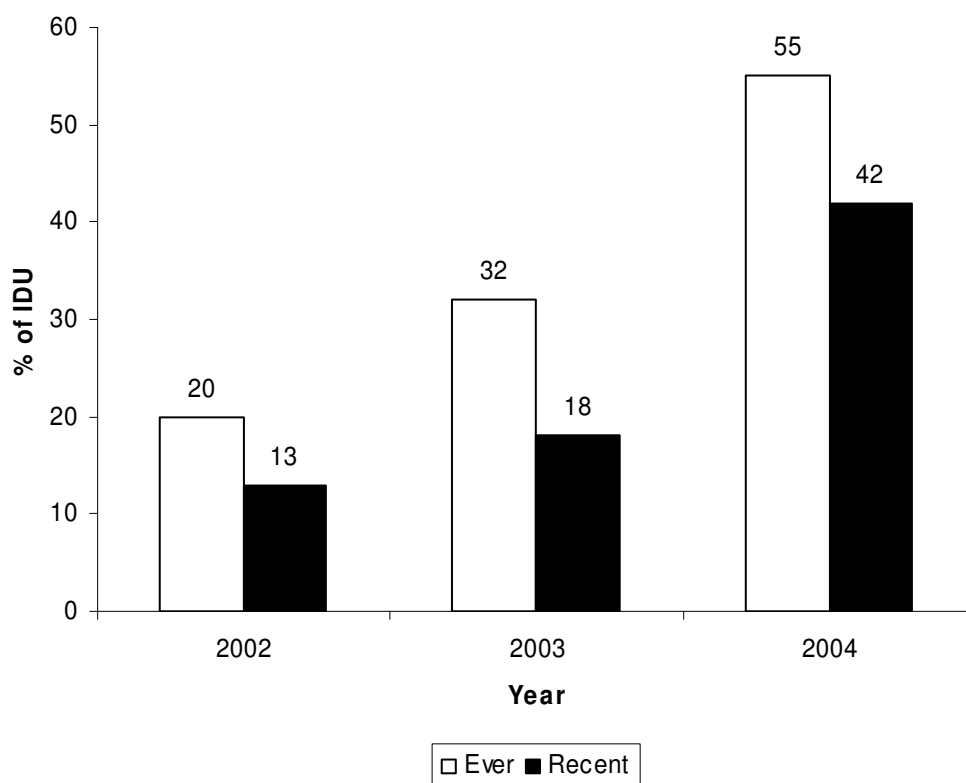
There were 61 IDU who reported that they had used speed powder within the last six months which represented a significant decline from the 71 who reported having recently used power in the 2003 sample ($\chi^2=4.897$, $df=1$, $p=.028$). Number of days of use ranged from one to 180 with a mean of 29 which did not differ significantly from the 2003 average of 30 days of use ($t=-.244$, $df=59$, $p=.808$).

Paste or base methamphetamine had been recently used by 45 IDU which was not a significant increment on the 40 who reported having done so in the 2003 survey ($\chi^2=1.042$, $df=1$, $p=.307$). Number of days of use spanned from one to 120 days with a mean of 21 which was not found to be significantly greater than the 15 days average from 2003 ($t=1.485$, $df=44$, $p=.384$).

Crystal methamphetamine or ice had been recently used by 83 IDU which was not a significant deviation from the 80 recent users identified the previous year ($\chi^2=.563$, $df=1$, $p=.418$). The number of days used ranged from one to 180 with a mean of 50 days of use which did not differ significantly from the 55 day average found in 2003 ($t=-.814$, $df=77$, $p=.418$).

A particularly noticeable change in the use of crystal methamphetamine was the increase in numbers reporting recent administration of this drug by means of smoking. This practice was reported by 42 IDU up from just 18 the previous year ($\chi^2=30.250$, $df=1$, $p=.000$). It was also significant that IDU age and length of injecting career were influential in this regard with younger users (ie: 30 or under) being significantly more likely to have recently smoked crystal methamphetamine than older users (58%, $n=23$ vs 32%, $n=19$) ($\chi^2=6.575$, $df=1$, $p=.010$). Similarly it was found that 71% ($n=12$) of IDU who had been injecting for five or less years had recently smoked crystal methamphetamine whereas just 36% ($n=30$) of those who had been injecting for longer periods of time had done so ($\chi^2=6.872$, $df=1$, $p=.009$). This increase in smoking was not apparent for other forms of methamphetamine. Numbers ($n=82$) reporting the recent injection of crystal had not significantly changed from the 80 reporting having done so in 2003 ($\chi^2=.563$, $df=1$, $p=.453$), and similarly the mean of 48 days injecting crystal was not a significant decline on the 53 the previous year ($t=-.877$, $d=80$, $p=.383$). This would suggest that while smoking of crystal methamphetamine has increased, it does not appear to be replacing the injection of the drug. The increase in the practice of smoking crystal over the past three years is depicted in Figure 20.

Figure 20: Rates of smoking crystal methamphetamine, 2002-2004



Source: IDRS IDU interviews

The use of amphetamine liquid amongst the IDU sample remained uncommon with only five reporting having used it in the last six months, a finding not significantly different from the seven who reported having done so in the 2003 survey ($\chi^2=.614$, $df=1$, $p=.433$). Days of use were found to be infrequent ranging from one to three with a mean and median of two days. This represents a very substantial fall in mean days of use from the 22 day average found amongst the 2003 IDU sample ($t=-63.246$, $df=4$, $p=.000$).

Far more common was the use of pharmaceutical stimulants such as dexamphetamine which had been recently used by 43 IDU, a figure not found to be significantly different from the 46 IDU who had recently used these drugs in the previous year's survey ($\chi^2=.362$, $df=1$, $p=.547$). Days of use ranged from one to 180 with a mean of 38 days which was not found to be a significant decline from the 2003 average of 41 days of use ($t=-.352$, $df=42$, $p=.727$).

There were four IDU who had used pharmaceutical stimulants on a daily basis. Of these, three reported having valid prescriptions for these drugs and that these licit pharmaceutical stimulants were the type of amphetamine they had used most in the last six months. The remaining individual (an 18 year old male) reported that all the pharmaceutical stimulants he had taken were illicit and that the most common type of amphetamine was crystal methamphetamine, also used on a daily basis.

As in 2003, the use of illicit pharmaceutical stimulants was found to be far more common amongst the IDU sample than licit use with just seven IDU stating that they held valid prescriptions for these drugs, but 42 IDU reporting consuming these drugs illicitly which was not significantly different from the 42 IDU who reported consuming these drugs illicitly in 2003 ($\chi^2=1.917$, $df=1$, $p=.166$). Injection of pharmaceutical stimulants in the last six months was reported by 26 IDU a figure not significantly different from the 24 IDU who reported having recently engaged in this practise in 2003 ($\chi^2=.219$, $df=1$, $p=.640$).

With regards to what type of amphetamine had been used most often in the past six months, crystal methamphetamine was once again found to be the dominant form with 68% ($n=58$) of IDU who had used amphetamines recently indicating this to have been their main form. This was followed by 12% ($n=10$) who had mostly used methamphetamine powder. Licit and illicit pharmaceutical stimulants were each nominated as the most used form by seven percent ($n=6$), and just six percent ($n=5$) indicated that their most used form of amphetamine was base or paste. There were no IDU in the 2004 sample who reported amphetamine liquid as having been the most commonly used form.

Crystal methamphetamine was the most commonly mentioned form among key experts who discussed primary users of methamphetamine with 15 key experts mentioning it. This was followed by nine mentions of methamphetamine powder, five of base or paste and four mentions of dexamphetamine.

It was relatively uncommon for key experts to be able to describe the colour or texture of the methamphetamine currently available, but of those who did, two described powders of 'white to off-white' or a 'brownish-white', and two made mention of 'a very oily paste', one describing this as "like Vaseline but lumpy and gluggy". Good quality clear crystal was evidently still available, but two made mention of the recent appearance of less well made 'yellowish grainy crystals'.

Although almost all of those key experts who spoke about primary methamphetamine users indicated that while administration by injection was the most common means observed there were also numbers of users snorting or more rarely swallowing. There were nine key experts who indicated that there appeared to be recent trends amongst the users they were seeing towards the smoking of crystal methamphetamine, but all except one indicated that this practise only involved a minority of users.

Rates of use varied considerably with some key experts reporting occasional use over a week or even a fortnight, others several days a week and a few reporting multiple injections daily (up to \$800 in one case). Actual citing of monetary quantities spent were unusual although four mentioned amounts of \$50-\$100 as being typical. One other key expert dealing specifically with young people mentioned weekend binge use that in some cases could be as much as \$1000 per weekend.

Of the four key experts who spoke about the use of dexamphetamine it was evident that although only a small minority of this use was licit these drugs were generally taken orally. This use appeared to be primarily on a binge basis although the magnitude of these binges differed considerably, one key expert citing a figure of two or three pills a time, while another believed that it could involve up to 20.

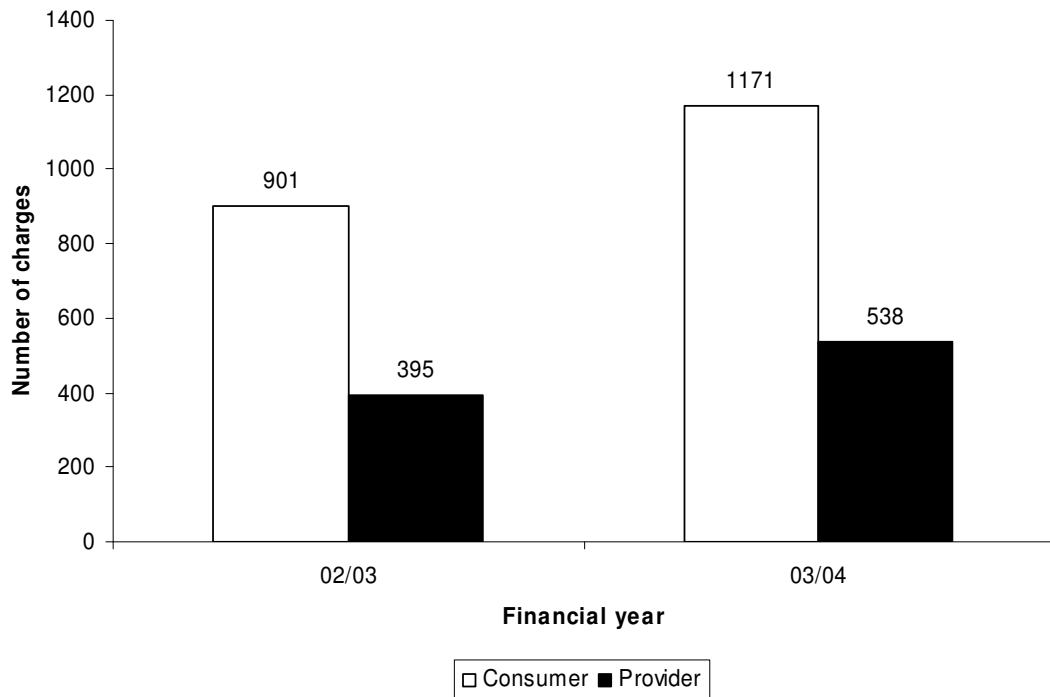
All key experts speaking about users whose prime drug was not methamphetamine were nevertheless aware of the use of a variety of forms of methamphetamine amongst those drug users they had contact with. In all cases bar one, this use was both widespread and where frequency of use was discussed, considerably beyond recreational levels being either daily or every couple of days. Of these eight key experts, five indicated that injection was the typical mode of administration. Cash amounts spent when these drugs were consumed ranged from \$50 a packet up to \$300 daily.

5.5. Methamphetamine related harms

Law enforcement

There was a total of 1711 amphetamine related charges laid in the 2003/2004 financial year. Of these 1171 were consumer offences and 538 were provider offences. In both offence types these figures represent a substantial increase on those reported in the previous financial year, although it must be considered that this increase is at least in part a product of the increased levels of attention amphetamines in WA are receiving from the Police Service. This data is displayed in Figure 21 below.

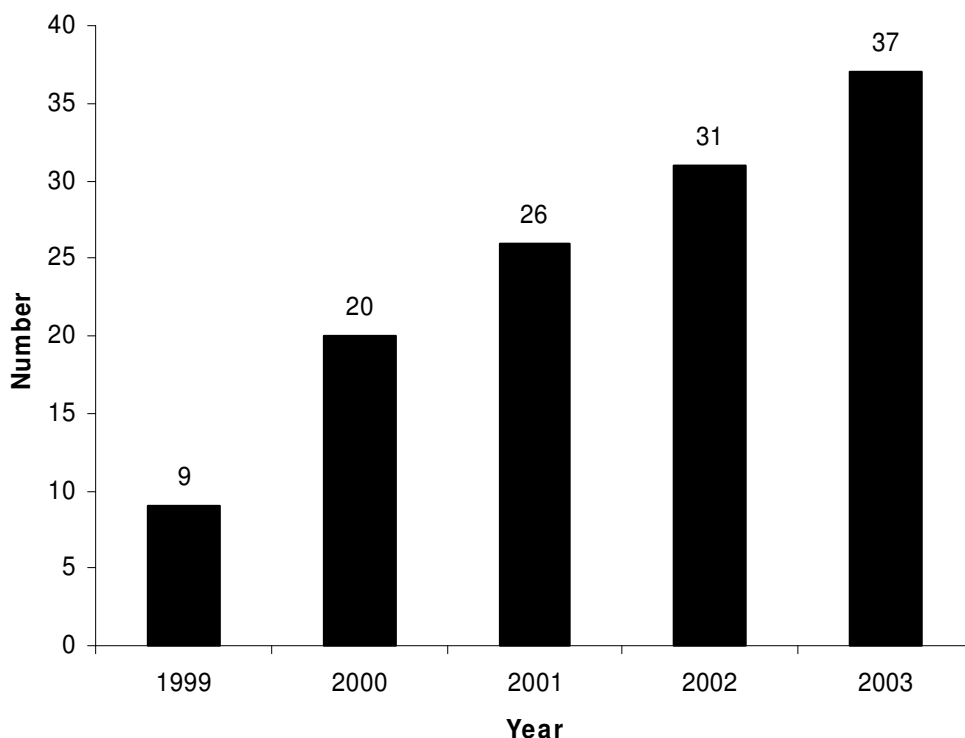
Figure 21: Incidents of amphetamine offences in WA, 2002/2003 –2003/2004



Source: ACC

The number of clandestine laboratories manufacturing methamphetamine in WA has consistently increased on a yearly basis from just nine in 1999 to 37 in 2004. One key expert from the organised crime investigation noted that this was indicative of both increased levels of police attention being directed towards methamphetamine manufacture and trafficking, but also of the increasing amounts of this drug being manufactured locally within Western Australia. This data is presented in Figure 22 below.

Figure 22: Number of clandestine methamphetamine and MDMA laboratories detected by WA Police, 1999-2003



Source: WAPS

The three key experts from the law enforcement sector all made comments on trends surrounding the manufacture and trafficking of methamphetamine

The first observed that there had been variations on the method employed. While the 'NAZI method' apparently remained the most common, some manufacturers had begun using ammonia gas in situ. This key expert also noted an increase in the employment of people to buy or steal pseudoephedrine, presumably as a precursor to methamphetamine manufacture.

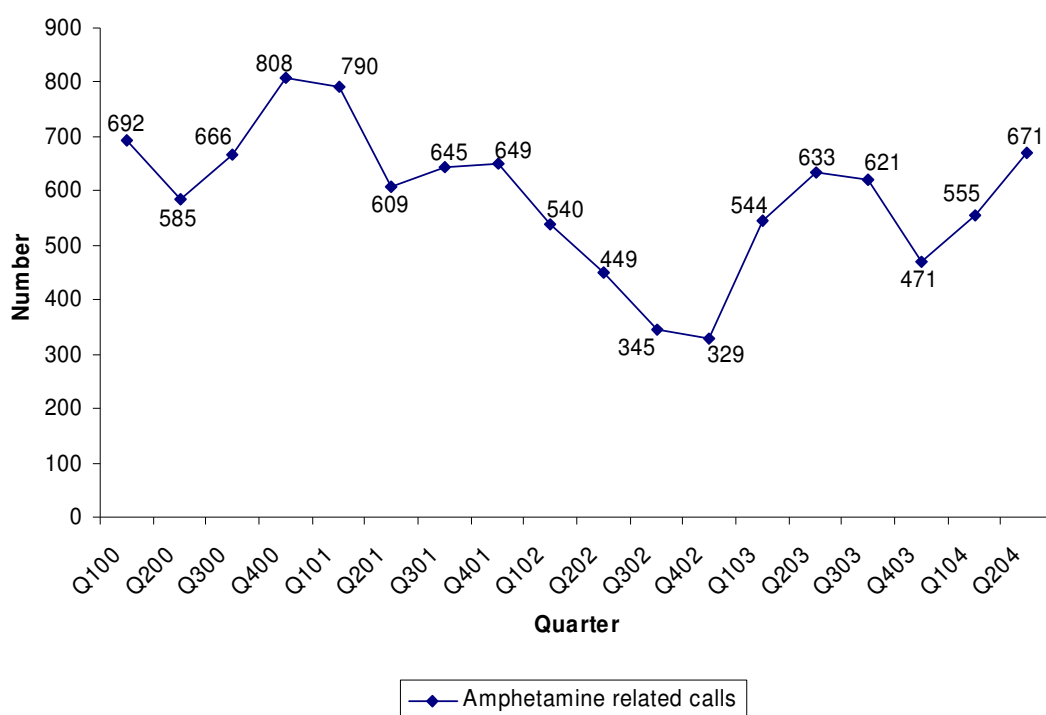
The second noted that there had been a rise in both local product and imports driven by the popularity of the drug. Lack of precursor chemicals however had led to greater experimentation in recipes used. This had resulted in the seizures of new compounds including the first seizures in WA of 2PCP.

The third key expert agreed that there had been an increase in production of methamphetamine in domestically located clandestine laboratories, but stated that there had been no change to the rates of importing the drug into WA.

Health

During the 2003/2004 financial year, calls to ADIS from or about amphetamine users have consistently remained the most commonly illicit drug related call. In this period ADIS received 2318 amphetamine calls which appears to be something of an increase on the 1851 received the previous financial year. This however is likely a reflection of changes made to ADIS method of recording data during the 2002/2003 financial period. Certainly, by quarter, calls to ADIS from or about amphetamine users made up from 17% to 23% of all calls received which is consistent with rates seen in the previous financial year. This data is shown in figure 23 below.

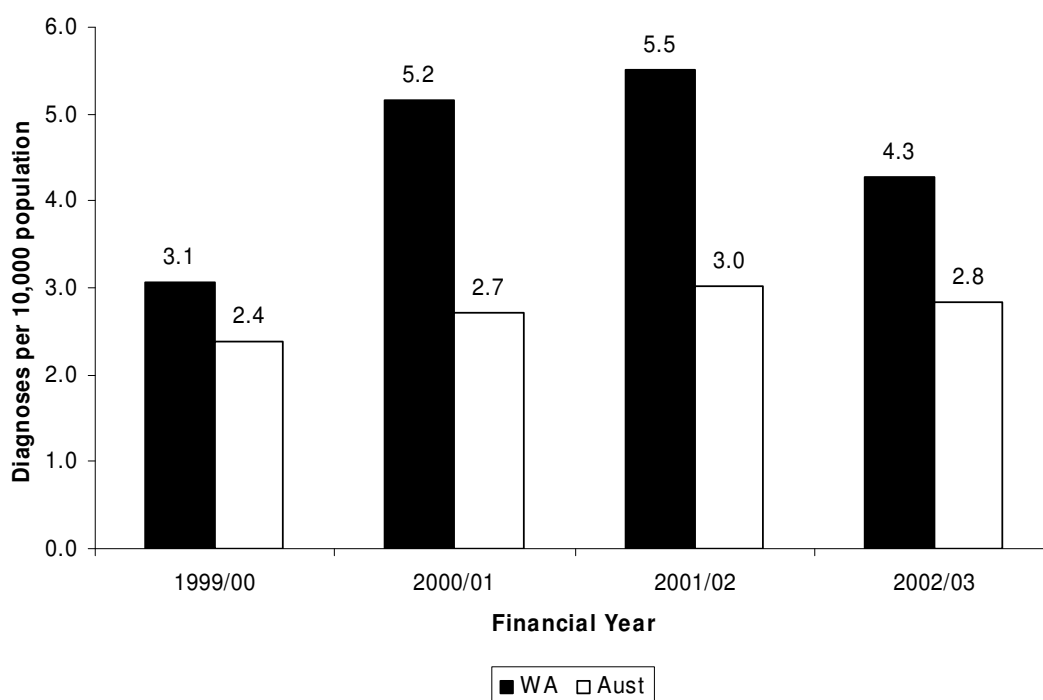
Figure 23: Number of inquiries to ADIS regarding amphetamines, Jan 2000 – Jun 2004



Source: ADIS

With regards to admissions to hospitals for diagnoses primarily related to amphetamines, the 2002/2003 financial year saw 485 in WA which was substantially less than the previous financial year which had 621. It is noticeable that across years admissions in Western Australia have consistently outstripped national rates by a substantial margin. These diagnoses per 10,000 head of population are provided in Figure 24 below.

Figure 24: Amphetamine related primary diagnoses per 10,000 of population admitted to WA and Australian hospitals, 1999/2000 – 2002/2003



Source: Australian Institute of Health and Welfare and Health Department of WA

There were a total of 50 deaths during 2003 in which methamphetamine was mentioned amongst people aged 18 – 54 years. Of these, 18% (n=9) occurred in Western Australia (Degenhardt, Roxburgh, Black, 2004).

Most key experts reported the problems related to amphetamine users to still be present but unchanged. There were however, three key experts who had observed an increase in frequency and two an increase in severity of problems related to mental health amongst primary methamphetamine users, one of these noting that problems of psychosis and schizophrenia were “increasing out of hand and actually frightening clients themselves”.

Other health problems noted by key experts amongst primary users of methamphetamine include one reporting increased rates of endocarditis and two reporting increased sharing of injecting equipment, one of whom attributed this development to the recent cap (since removed) placed by the WA Health Department on numbers of syringes allowed to be exchanged through needle and syringe programs.

5.6. Trends in methamphetamine use

Numerous IDU mentioned the continuing increase in the use and popularity of methamphetamine, especially in its crystalline form. Many of these made specific reference to the recruitment of new users from younger people and also from IDU whose drug of choice had previously been heroin. There were also two IDU who noted that another source of recruitment to methamphetamine use had come from people engaged in professional or white collar occupations. Another observed that as former heroin users had moved to amphetamine use, this class of drugs while previously unpopular amongst heroin users had become increasingly accepted in that subculture.

There were also two IDU who made reference to the increased practise of smoking crystal methamphetamine, both of these noting that many of these users referred to the drug as “crack” and had a perception that this method of administration was less harmful. One other IDU believed that the methamphetamine currently available appeared to have more addictive qualities possibly due to “additives”.

5.7. Summary of methamphetamine trends

A summary of methamphetamine trends is located in Table 8.

Table 8: Summary of methamphetamine trends

Price	<ul style="list-style-type: none"> • No significant change. \$260 gram of powder, \$250 gram of paste, \$350 gram of crystal • Prices stable for all forms.
Availability	<ul style="list-style-type: none"> • Crystal and paste very easy to obtain. Powder easy to obtain • Availability of all forms stable
Purity	<ul style="list-style-type: none"> • Powder medium and stable • Paste high and stable • Crystal high and stable • Median purity analysis (regardless of form) 32%
Use	<ul style="list-style-type: none"> • Remains most commonly injected drug • Small decline in overall number of users. Number of users of powder falling, paste and crystal use stable • Significant increase in smoking of crystal methamphetamine

6. COCAINE

6.1. Price

It was extremely uncommon in the 2004 survey to find IDU who were able to provide information concerning the price of cocaine. Asked what they believed the current price of a gram of cocaine to be, just three IDU responded with answers ranging from \$250 to \$450 and a mean and median of \$350, thereby replicating the findings of the 2003 survey which also suffered from the extremely small number of respondents on this issue. There were no IDU able to provide price information on a 'cap' of cocaine.

With regards to actual purchases of cocaine only two IDU reported having brought any of the drug within the last six months. Both of these purchases involved a half weight for the price of \$350. Lack of 2003 price data does not readily permit comparisons of this price to be made with those from the previous year. Asking IDU if they believed there had been recent changes to the price of cocaine proved similarly unenlightening with four of the seven responding indicating that they didn't know. Of the remainder, two thought the price may have decreased and one thought it had remained stable.

Information on the price of cocaine in Perth between 2003 and 2004 is located in Table 9 below, although, given the small numbers of respondents upon which these figures are based, they should be treated with caution.

Table 9: Price of most recent cocaine purchases by IDU

Amount	Median price* \$	Number of purchasers*
Gram	- (250)	0 (1)
Cap	- (-)	0 (0)
Half gram	350 (-)	2 (0)
Quarter gram	- (-)	0 (0)

Source: IDRS IDU interviews

*2003 data is presented in brackets

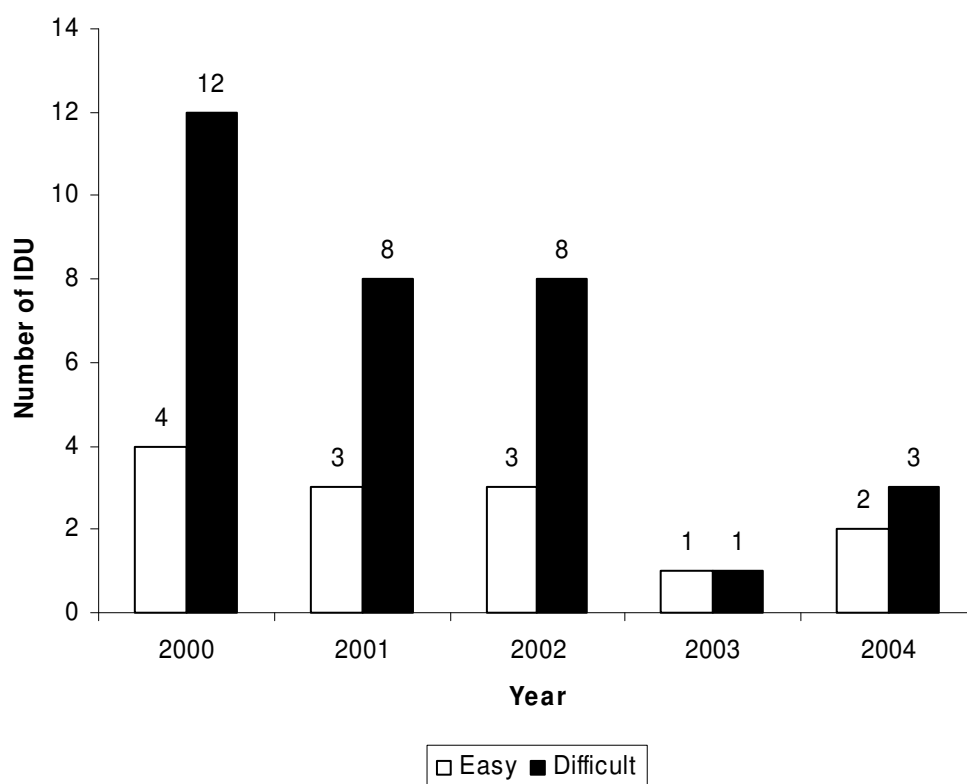
Information sourced from the ACC suggested that a gram of cocaine in WA was currently selling for \$250-\$350 or a pound of the drug for from \$80,000-\$150,000.

As there were no key experts who commented directly about cocaine users, there is little key expert data available on the price of cocaine in Perth. The only mention by a key informant on the price of cocaine came from an outreach worker who observed that some amphetamine dealers had recently begun dealing cocaine as well for around \$400-\$500 a gram. He also believed that the price of cocaine may be decreasing.

6.2. Availability

As in 2003, the very small number of IDU able to provide information on the availability of cocaine and the disparate nature of answers provided makes it difficult to interpret this information meaningfully. Of the seven IDU responding, two rated cocaine availability easy, two as very difficult, one as difficult and the remaining two didn't know. This information is presented in Figure 25 below, however, for both 2003 and 2004 this figure needs to be viewed in the light of the very small numbers of respondents providing what was often conflicting information.

Figure 25: IDU reports of ease of availability of cocaine in the past six months, 2000 – 2004



Source: IDRS IDU interviews

Similarly, low numbers of IDU responding ($n=7$) render it difficult to determine if there has been a perceived change to the price of cocaine. The price had not changed was the view held by two IDU, while increases, decreases and fluctuations of availability were each suggested by individual IDU. The remaining two respondents didn't know.

As was the situation with price data, the lack of key experts able to discuss cocaine users means that there is very little data concerning the availability of cocaine with the exception of the outreach worker mentioned earlier who stated that cocaine in Perth had become easier to obtain. One again, as these figures are based on reports from small numbers of respondents they should be treated with caution.

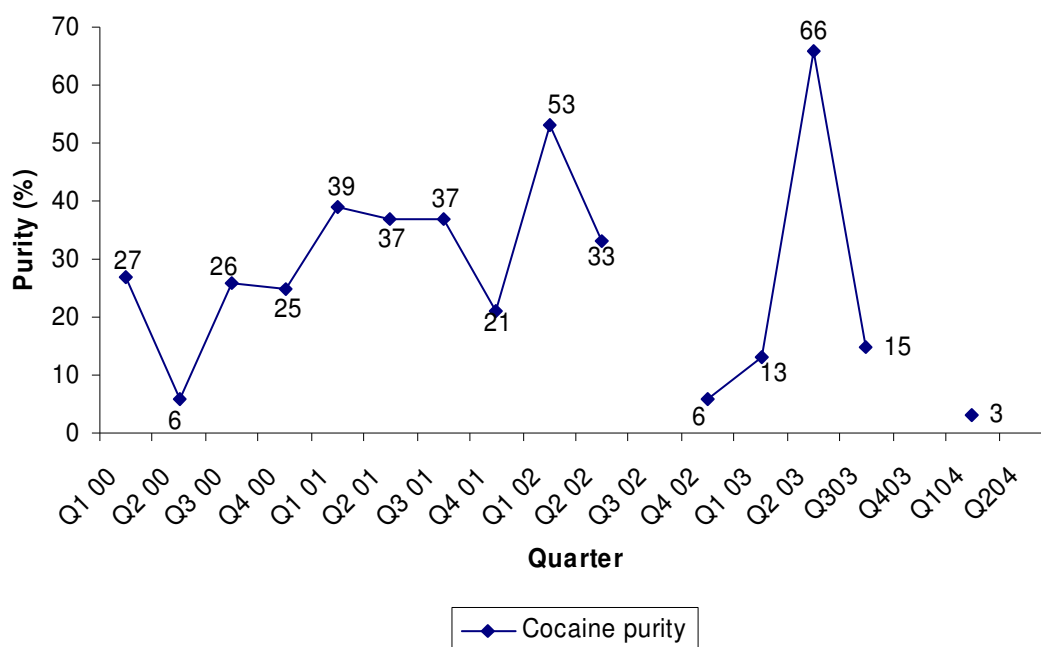
6.3. Purity

As was the case with availability and price, only seven IDU responded to questions about the current purity of cocaine in Perth and of these, three indicated that they ‘didn’t know’. That it was ‘medium’ was the view held by two IDU while another thought it was ‘high’ and the remaining IDU indicated it was ‘low’. Although this represents a substantially larger number of respondents than in 2003, the numbers nevertheless remain low and the disparity of the answers necessitates caution in drawing comparisons to the previous year where the sole IDU able to answer indicated that purity was ‘high’.

As to whether the purity of cocaine had recently changed, once again of the seven respondents, three ‘didn’t know’. That it had ‘increased’ was the view expressed by two and individual IDU indicated that it may have ‘decreased’ or be ‘fluctuating’.

Forensic analysis of cocaine in WA continue to be based on very small numbers of seizures with neither the fourth quarter of 2003 or the second of 2004 having any data at all. What data is available however suggests that cocaine median purity has slipped from the high point of 66% in the second quarter of 2003 (itself recorded following analysis of just one seizure) to just three percent in the third quarter of 2004 and representing a new low. The range of purity for the 2003/2004 financial year spanned three percent up to 15% with three percent the median for the entire period. This data is presented in Figure 26 below.

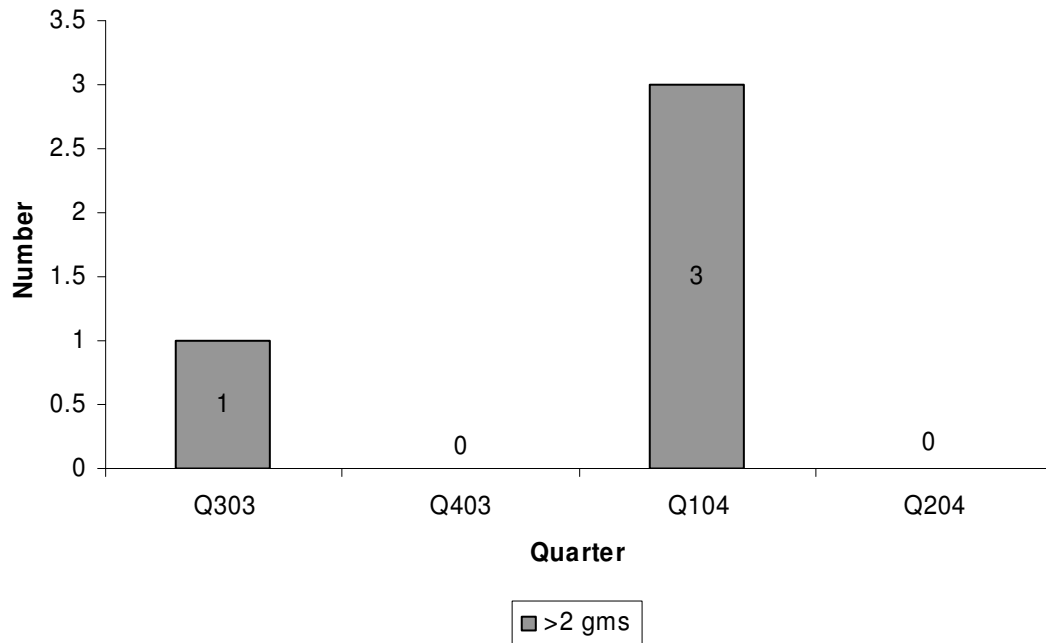
Figure 26: Purity of cocaine seizures analysed in WA, by quarter, Jan 2000 – Jun 2004



Source: ACC

As noted above there were no seizures of cocaine analysed at all for two quarters of the 2003/2004 financial year. This leaves just four seizures of the drug on which forensic analysis of purity is based. All of these were of seizures in excess of two grams. These low figures are not untypical of those reported in the past, the 2002/2003 financial year for example, having just six. This data is displayed in Figure 27.

Figure 27: Number of cocaine seizures analysed in WA, by quarter, July 2003 – June 2004



Source: ACC

There was just one key expert interviewed in 2004 who was able to provide information concerning the current purity of cocaine in Perth. This person, an outreach worker expressed the opinion that the purity of cocaine available had ‘increased’.

6.4. Use

Cocaine use among IDU

- 1 A lifetime history of cocaine use was reported by 72 IDU which was an identical figure to that found in the 2003 sample. There were just two IDU in the 2004 survey who cited cocaine as being their drug of choice as compared to just one the previous year.

Current patterns of cocaine use

Ages of recent users of cocaine ranged from 18 to 48 with an average age of 28. Recent use of cocaine was reported by 15 IDU which was not found to be significantly different from the 10 who reported having recently used the drug in the previous year’s survey ($\chi^2=2.778$, $df=1$, $p=.096$). Number of days of use in the last six months ranged from one to 90 with a mean of nine which was not found to differ significantly from the 2003 mean of 12 days of recent use ($t=-.490$, $df=14$, $p=.632$).

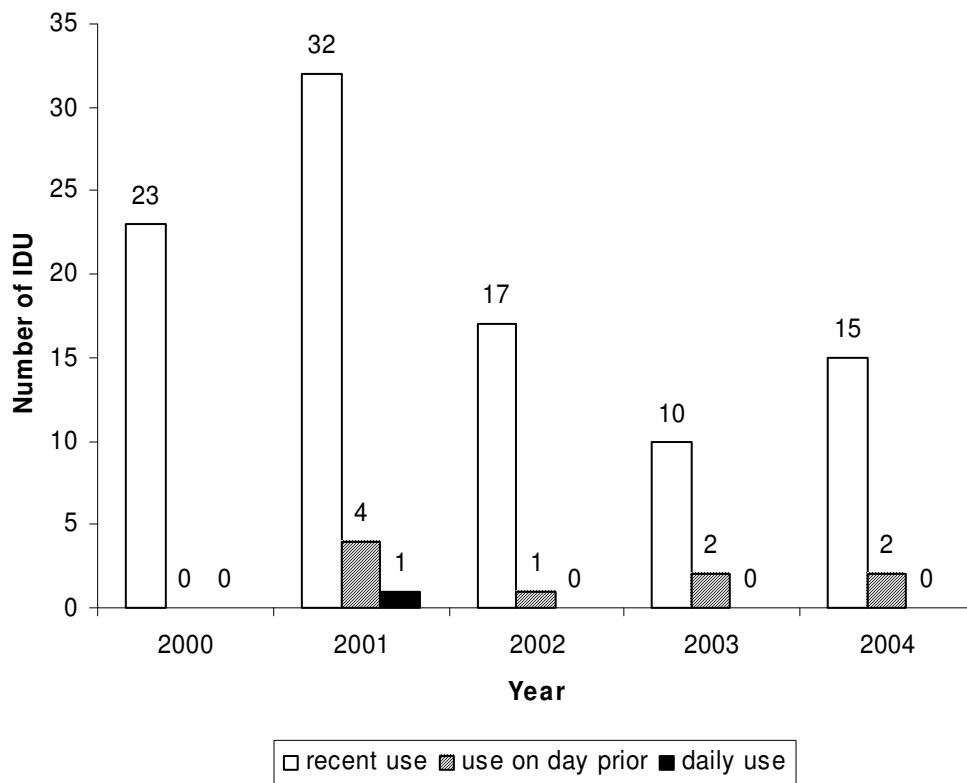
Recent injection of cocaine was reported by eight IDU, a figure which was not found to be significantly less than the 10 IDU who reported doing so in the 2003 survey. Number of days of recent cocaine injection ranged from one to 45 with a mean of nine which was

not significantly at variance with the average of eight days found in 2003 ($t=.220, df=7, p=.832$).

Asked what types of cocaine they had been using in the last six months most IDU ($n=12$) answered that they had been using cocaine in its powder form. There were just three IDU who indicated that they had taken crack cocaine and only one who indicated that crack cocaine was the *main* form they had been using. As there have been no police seizures of crack cocaine in Perth to support the hypothesis that use of this form of the drug has taken hold in WA, it is likely that these users are in fact referring to the increasingly common practise of smoking crystal methamphetamine.

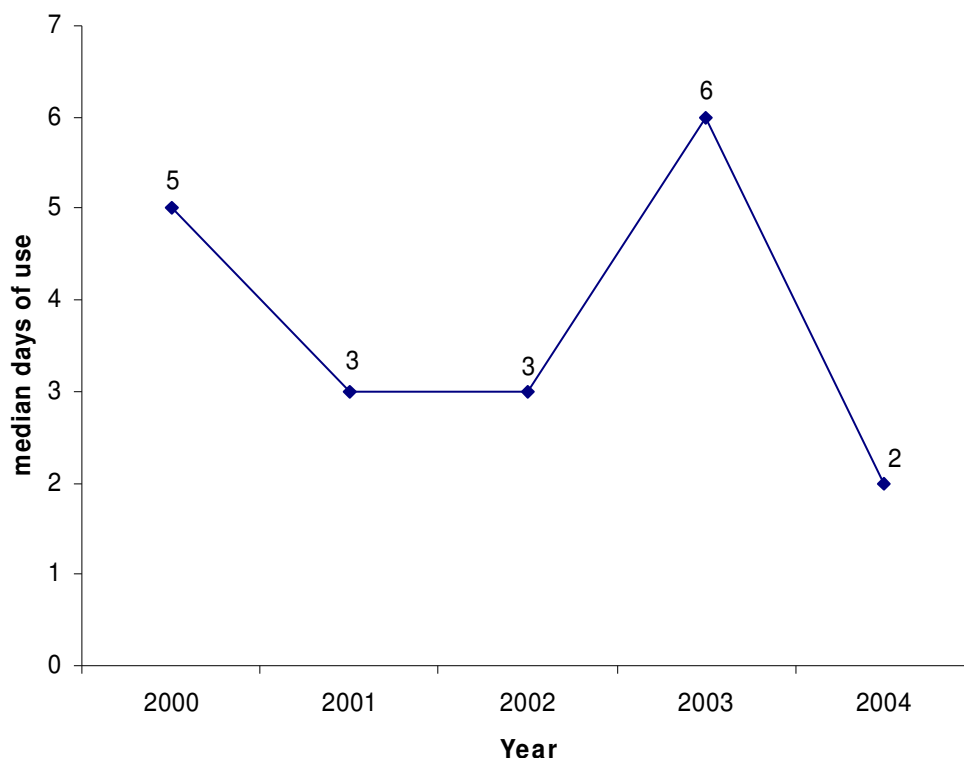
Recent patterns of cocaine use are displayed below in Figures 28 and 29.

Figure 28: Proportion of IDU reporting cocaine use in the past six months, daily use, and use on the day preceding interview, 2000 - 2004



Source: IDRS IDU interviews

Figure 29: Median days cocaine use in the past six months, 2000-2004



Source: IDRS IDU interviews

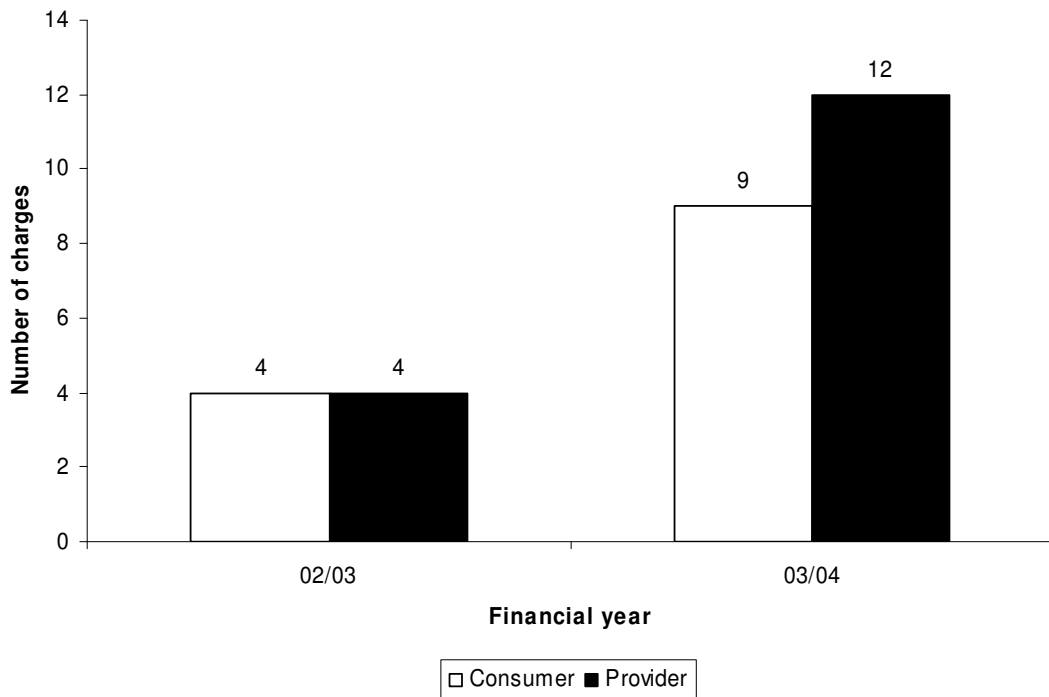
Although there were no key experts who spoke about primary users of cocaine, there were small numbers who mentioned having observed its use amongst other types of illicit drug users that they had had contact with. One, an emergency department worker indicated an awareness of cocaine use amongst some of the amphetamine users who had recently been admitted to the hospital. Another, an outreach worker, made the observation that cocaine use appeared to be increasing amongst the “more affluent” amphetamine users. He suggested that this trend may have begun as early as mid 2003. Finally, a key informant dealing primarily with cannabis using indigenous clients noted that just in the previous month he had become aware of small numbers of this client group using cocaine and speculated that “there may be more cocaine out there than we think”.

6.5. Cocaine related harms

Law enforcement

Charges relating to cocaine remained uncommon in WA with the 2003/2004 financial period seeing a total of 21 charges of which 12 were provider offences and nine were consumer offences. This is however somewhat more than the previous year in which were recorded a total of eight charges relating to cocaine use, possession or supply. This data is displayed in figure 30 below.

Figure 30: Incidents of cocaine offences in WA by offence type, 2002/2003-2003/2004



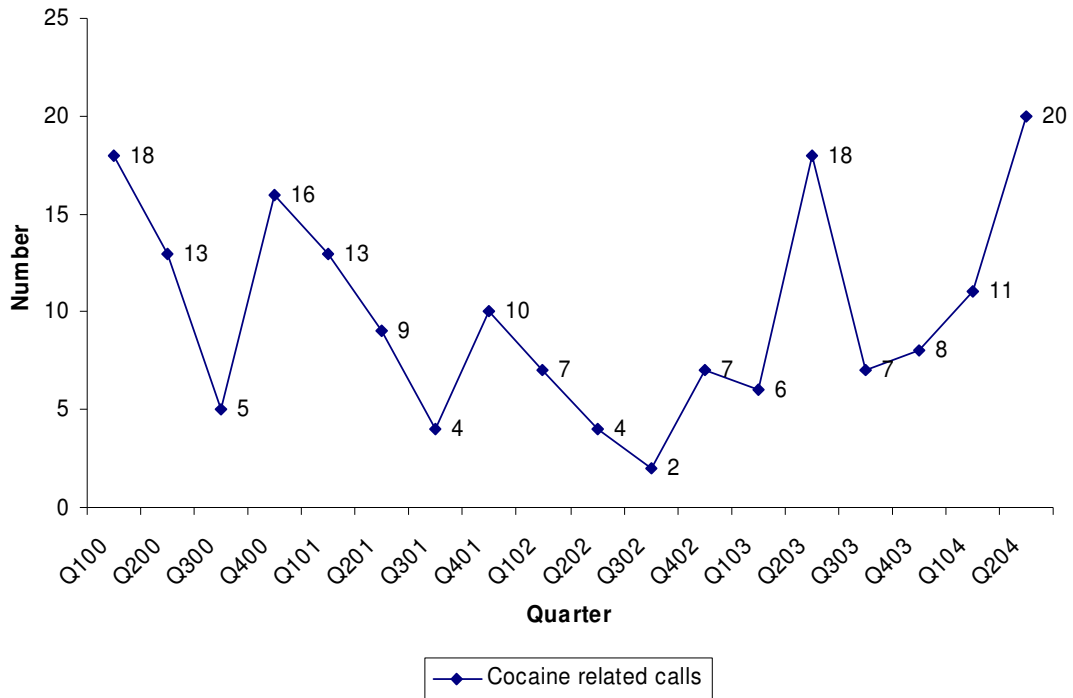
Source: ACC

Health

There were no reports of injection related harm linked to the consumption of cocaine by any IDU. Similarly, there were no key experts interviewed in 2004 who made any comments on harms injection related or otherwise deriving from the use of cocaine.

Some indication of the level of concern in the community over the use of cocaine can be gauged from the number of calls about the drug received by the Alcohol & Drug Information Service. This data is displayed in Figure 31 below. As can be seen, relative to calls related to other drugs of concern, notably cannabis and amphetamines, the number of calls about cocaine remain extremely low with a total of only 46 calls received during the 2003/2004 financial year. Proportionally speaking, the largest number of calls received in this period was during the second quarter of 2004 when cocaine accounted for just 0.7% of all calls received by the service.

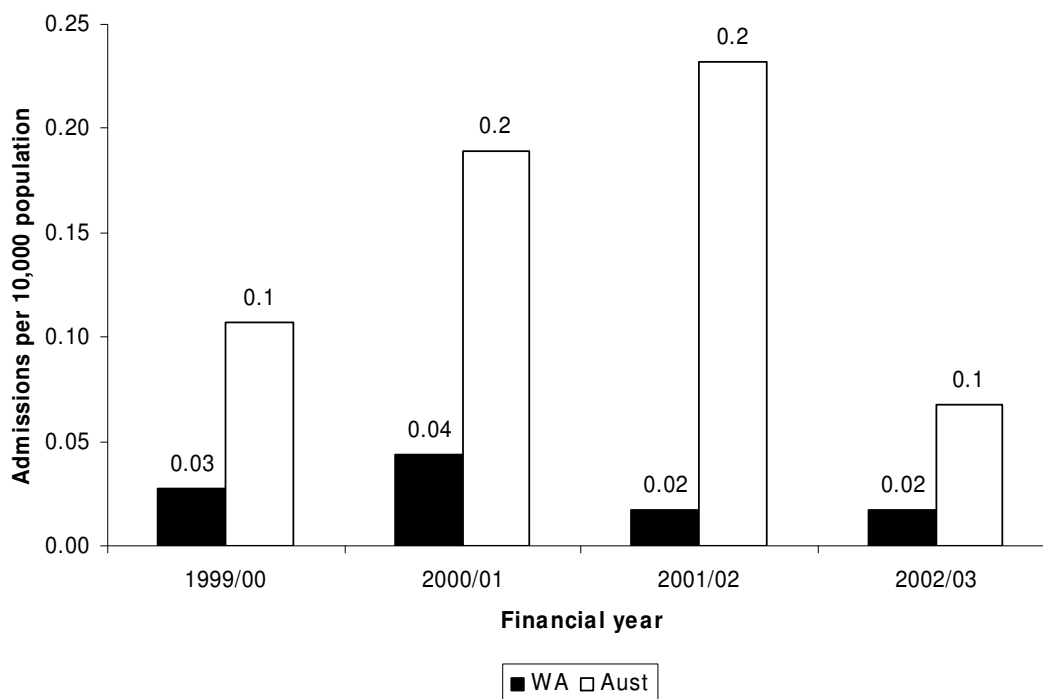
Figure 31: Number of inquiries to ADIS regarding cocaine, Jan 2000 – Jun 2004



Source: ADIS

Figure 32 below displays admissions to hospital for cocaine related primary diagnoses per 10, 000 head of population. As can clearly be seen, the WA rate has consistently remained well below the Australian national average. Thus, from most recent available figures relating to the 2002/2003 financial year, cocaine admissions to WA hospitals were just 0.02 per 10,000 being five times less than the national rate of 0.1 per 10,000. In the 2002/2003 financial year there were just 14 such primary diagnosis in Western Australia, 10 less than in the previous year.

Figure 32: Admission rates for cocaine related primary diagnoses to WA and National emergency departments, 1999/2000 – 2002/2003



Source: Australian Institute of Health and Welfare and Health Department of WA

6.6. Trends in cocaine use

There were two key experts who commented on emerging trends in cocaine. A law enforcement officer involved in investigating clandestine laboratories noted that some amphetamine manufacturers who had come to the attention of the police had also become involved in criminal activities involving cocaine. This move by amphetamine dealers into cocaine was also noted by an outreach worker.

6.7. Summary of cocaine trends

A summary of cocaine trends is located in Table 10.

Table 10: Summary of cocaine trends

Price	<ul style="list-style-type: none"> • \$350 half weight. (Based on only two purchases). • Insufficient data to gauge price stability or movement.
Availability	<ul style="list-style-type: none"> • No data due to small numbers of conflicting reports.
Purity	<ul style="list-style-type: none"> • No user data (see above) • Median purity analysis (based on only four seizures) 3%
Use	<ul style="list-style-type: none"> • Small numbers of users only, no change from previous year. • No reports at all of daily use.

7. CANNABIS

7.1. Price

When asked what they believed a gram of hydroponic cannabis currently cost, prices ranged from \$20 to \$50 with a mean and a median price of \$25 which was unchanged from 2003. Significant changes were noted however with the purchase of larger quantities. Asked what they believed an ounce of hydroponic cannabis cost, respondents gave prices ranging from \$150 to \$450 with a median price of \$290 and a mean of \$286 which was found to be a significant decrease on the 2003 mean price of \$303 ($t=-2.853$, $df=65$, $p=.006$). This significant fall in the price of a hydroponic ounce was also found in actual IDU purchases, the mean price of respondents most recent purchase being \$250 down from \$270 the previous year ($t=-138.31$, $df=20$, $p=.000$).

Despite this significant price drop in ounce size purchases, when asked if there had been recent changes to the price of hydroponic cannabis, the majority of those responding (69%, $n=54$) thought it had remained stable. That it may have increased was the view of 13% ($n=10$) while 10% ($n=8$) held that it had decreased. There were also three percent ($n=2$) who thought the price was fluctuating and five percent ($n=4$) who didn't know.

Other commonly sized purchases of hydroponics included 21 purchases of a gram for a median price of \$25, nine purchases of two grams, but still with a median price of \$25, 17 purchases of a bag with a median price of \$50, eight purchases of a quarter ounce for a median price of \$90 and 17 IDU who purchased half an ounce for a median price of \$150.

Purchases of hash were relatively uncommon with just five respondents having recently purchased a gram for prices ranging from \$20 to \$90 with a median price of \$50. Hash oil purchases were also unusual with seven reports of having recently bought a cap for prices ranging from \$20 to \$50 with a median price of \$25.

Bush or naturally grown cannabis did not exhibit such dramatic shifts in price. Asked about the price of an ounce of bush cannabis revealed prices ranging from \$100 to \$350 with a median price of \$210 and a mean of \$212 which did not differ significantly from the 2003 mean of \$200 ($t=1.706$, $df=42$, $p=.095$). Similarly, actual purchases of an ounce revealed the median price of most recent purchase to be \$200 as was found in 2003 and the mean of \$207 not being significantly different ($t=-.465$, $df=13$, $p=.650$). Asked about the price of a bush gram and the amount paid at their most recent purchase both returned a median price of \$25 which was unchanged from prices reported the previous year.

Apart from the 14 who had purchased an ounce of bush cannabis and the eight who had purchased a gram, other commonly purchased deals included eight who had bought a bag for a median price of \$50, five who had bought two grams for a median of \$30 and four purchases of a half of an ounce for a median price of \$125. There were also three respondents who indicated that they had purchased a pound of bush cannabis for prices that differed greatly, specifically \$1500, \$2200 and \$3200, resulting in an average price of \$2300.

Asked if the price of bush had changed recently, 58% ($n=37$) of IDU responding indicated that it had remained stable. Just 13% ($n=8$) believed it had fallen, five percent

(n=3) thought it had fluctuated, two percent (n=1) said prices had increased and 23% (n=15) didn't know.

Price data on cannabis is presented below in Table 11.

Table 11: Price of most recent cannabis purchases by IDU, 2004

Amount	Hydro Median price* (\$)	Hydro Number of purchasers	Bush Median price* (\$)	Bush Number of purchasers
Ounce	250 (270)	23 (22)	200 (200)	14 (15)
Half ounce	150 (145)	16 (16)	125 (125)	4 (8)
Quarter ounce	90 (80)	8 (9)	50 (75)	3 (3)
Gram	25 (25)	21 (21)	25 (20)	8 (11)

Source: IDRS IDU interviews

*2003 median prices are in brackets

Data on prices of hydroponic cannabis obtained from the ACC suggests a gram of hydroponic cannabis currently sells for from \$25-\$50, a half ounce for \$250 and a full ounce for \$400. A pound reportedly costs from \$3400-\$4000.

ACC data on bush cannabis is divided into leaf and head with head generally costing somewhat more. Thus a gram of leaf reportedly costs \$25 while a similar quantity of head costs \$50. An ounce of leaf costs from \$200-\$300 while an ounce of head costs \$400. A pound of leaf costs between \$2500-\$3200, while the same quantity of head costs \$3500. The ACC also provides some limited data on the cost of hash or resin with a gram selling for \$20-\$25.

Of the four key experts commenting specifically about cannabis users, three talked about prices. All of these agreed that sticks or bags began at \$25, but could go up to \$50. The price for a hydroponic ounce was discussed by one key expert who gave a price of \$350. These prices were held to have been stable by two key experts, one believed the price may actually have increased in the sense that stick sized deals had become smaller and the remaining key informant didn't know. Among other key experts, one observed that cannabis had increased in price while decreasing in availability.

7.2. Availability

Most (n=78) of the 2004 IDU sample were able to provide information on the availability of hydroponic cannabis. More than half (56%, n=43) indicated that this was 'very easy' to obtain, followed by 32% (n=25) who thought it 'easy'. Just eight percent (n=6) thought it "difficult" and five percent (n=4) 'didn't know'. This situation appears to be quite similar to that of 2003 in which 74% (n=46) of IDU responding indicated that obtaining cannabis (type unspecified) was 'very easy' did not appear to experience any real difficulty in obtaining the drug.

It was also generally agreed that the stability of access to hydroponic cannabis had not undergone any recent changes with 69% (n=54) of IDU responding indicating that supply had remained 'stable'. Just 10% (n=8) thought access to hydroponic cannabis had become 'more difficult', six percent (n=5) thought it had become 'easier' and nine percent believed it to be 'fluctuating'. The remaining five percent (n=4) 'didn't know.'

While less (n=64) IDU were able to provide information on the availability of bush cannabis, most respondents appeared to have little difficulty accessing it with 36% (n=23) of those responding indicating access to be 'easy' and 28% (n=18) indicating it was 'very easy'. That it was 'difficult' to obtain was a view expressed by 11% (n=7) and just three percent (n=2) found it 'very difficult'. Tellingly, the number who 'didn't know' was quite high with 22% (n=14) falling into this category.

Half of all respondents (50%, n=32) believed that the ease of access to bush cannabis had remained 'stable', nine percent (n=6) thought it had become 'more difficult', six percent (n=4) thought it 'easier' and 11% (n=7) thought it to be 'fluctuating'. Again numbers who 'didn't know' were considerable (23%, n=15).

All four key experts discussing primary cannabis users all agreed that cannabis was 'very easy' or (in one case) 'easy' for users to obtain. They were however quite divided in their opinions as to recent changes in availability with one believing it had become 'easier', one that it was 'more difficult', one that it had tended to 'fluctuate' and the remaining key expert being unable to comment. There were two other key experts who commented about cannabis availability, one that it had 'decreased', and the other observing that it tended to 'fluctuate'.

As in 2003 (for all types of cannabis), the most commonly mentioned means of obtaining hydroponic cannabis was through 'friends' either purchased or as a gift, a method used by 54% (n=42). The next most common method was obtaining it from a 'dealer's home' (21%, n=16). Other means tended to be somewhat less common; nine percent (n=7) used a 'street dealer', six percent (n=5) 'grew their own', and three percent (n=2) used a 'mobile dealer'. There were also two individuals who reported obtaining hydroponic cannabis from either a 'relative' or by 'home delivery'. Times taken to obtain hydroponic cannabis ranged from instantaneous up to 150 minutes (ie: two and a half hours) with a mean of 31 minutes which was significantly less than the previous years' average time of 57 minutes ($t=-6.665$, $df=66$, $p=.000$) however, this finding should be interpreted with some caution since the 2003 survey question did not distinguish between hydroponic and bush cannabis.

Bush cannabis was most commonly obtained through 'friends' by over half of the IDU responding (58%, n=37). The next most common methods were from a 'dealer's home' (13%, n=8), a 'street dealer' (6%, n=4) and 'grow your own' (5%, n=3). Individual IDU also reported their usual places for obtaining cannabis from 'mobile dealers', 'home delivery' or relatives'. Time taken to obtain bush cannabis ranged from instantaneous to 240 minutes (ie: four hours) with a mean time of 34 minutes which was again significantly less than the 2003 figure of 57 minutes ($t=-3.741$, $df=42$, $p=.001$). As with hydroponic cannabis however, it must be remembered that the 2003 question used different wording that did not distinguish between forms of cannabis involved.

With regards to the original production source of cannabis, most of those answering (56%, n=38) believed their cannabis had derived from 'small time/backyard

user/grower'. This was also the most common source mentioned in 2003 by 73% of those responding. Next most common was 28% (n=19) who said their cannabis came from a 'large scale cultivator/supplier' (ie: organised crime, bkie gangs etc.) which was a substantial increase on the 17% who gave this response in 2003, more closely resembling the 27% in the 2002 survey. Just six percent (n=4) replied that they 'grew their own' cannabis which was not dissimilar from the eight percent of growers in 2003. Excluding those who 'grew their own' from the analysis reveals that a significant increase in the proportion of IDU reporting their cannabis to have originated from 'large scale cultivator / supplier' than in the previous year ($\chi^2=7.762$, $df=1$, $p=.005$). The extent to which this reflects real changes in the cannabis market or some other factor such as the change in sampling strategy employed in this survey compared to the previous, cannot be determined.

'Small time backyard user/growers' were the production source for 54% (n=30) of users who had used mainly hydroponic cannabis and for 73% (n=38) of users who mainly used bush. 'Large scale cultivator/supplier' was the production source for 27% of both hydroponic (n=15) and bush (n=3) users. Production by 'growing my own' was the source for seven percent (n=4) of primarily hydroponic users and not reported by any primary bush cannabis users at all.

7.3. Potency

Of the IDU responding to the question the clear majority (69%, n=54) believed the hydroponic cannabis available in Perth to be of high potency. That it was of medium strength was a view expressed by 18% (n=14) and just one percent (n=1) thought it was low. There were also five percent (n=4) who didn't know.

This level of potency was felt to be stable by 64% (n=50) of those responding. There was also 13% (n=10) who thought potency of hydroponics may be increasing and another 12 % (n=9) who believed it had been fluctuating. Just six percent (n=5) perceived it as having decreased and there was also five percent (n=4) who didn't know.

Bush cannabis was clearly perceived as not being as strong as the hydroponically cultivated product. The prevailing opinion held by 45% (n=29) of IDU responding was that the current strength of bush was medium. This was followed by 22% (n=14) who thought it to be high, nine percent (n=6) who said it was low and six percent (n=4) who thought the strength of bush cannabis tended to fluctuate. As with the question of availability, numbers of IDU responding who didn't know was remarkably high (17%, n=11)

Asked whether this potency of bush cannabis had changed recently, 47% (n=30) indicated that it had remained stable. Other points of view were relatively uncommon with 14% (n=9) saying it had fluctuated, and that it had either increased or decreased both being submitted by nine percent (n=6) of respondents. Once again, a substantial number of respondents (20%, n=13) didn't know.

Only one of the key experts speaking about primary cannabis users was able to comment on current strength of the drug which they stated was high. This key expert also believed that this potency had recently increased.

7.4. Use

Cannabis use among IDU

In the 2004 IDU sample virtually all (n=99) reported that they had used cannabis at some point in their lives. This is not dissimilar from the findings of the previous year in which literally all the IDU sample (n=100) had a history of having used cannabis. Despite this, only nine IDU stated that cannabis was their preferred drug of choice.

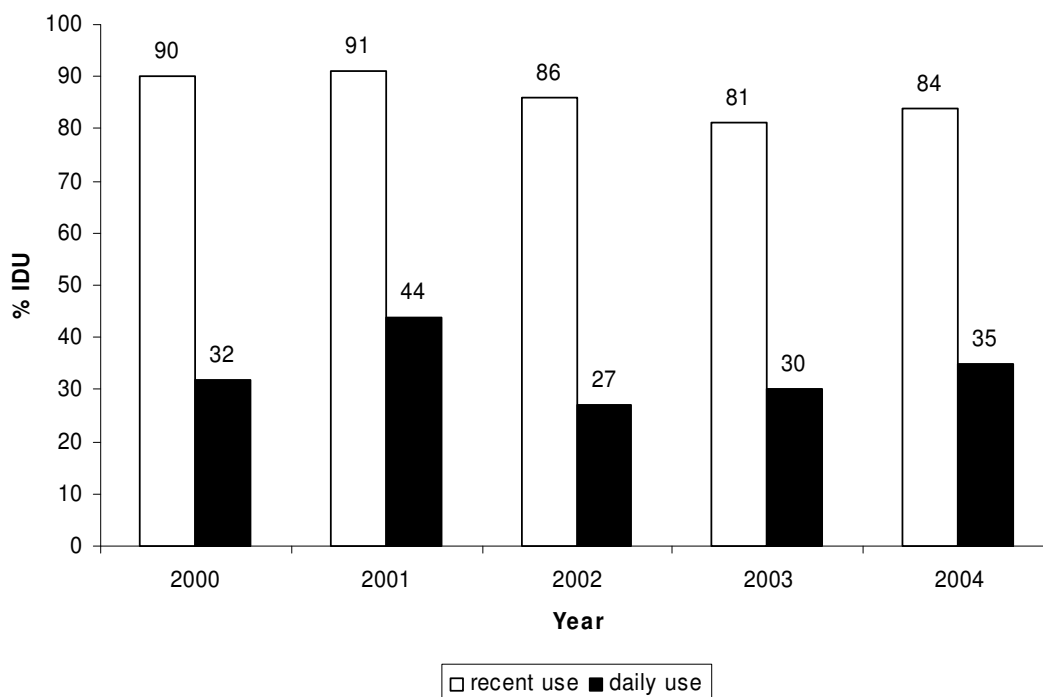
Current patterns of cannabis use

The age of recent users of cannabis ranged from 18 to 50 with a mean of 34 which was unchanged from the average age in the 2003 sample.

Use of cannabis within the six months preceding the survey was reported by 84 IDU which was not significantly different from the 81 recent cannabis users found in 2003 ($\chi^2=585$, $df=1$, $p=.444$).

Days of use ranged from two to 180 with 35 IDU reporting use of cannabis on a daily basis. This was not found to differ significantly from the 30 IDU who reported daily cannabis use in 2003 ($\chi^2=1.190$, $df=1$, $p=.275$). These patterns of daily and recent cannabis use can be found displayed in Figure 33 below.

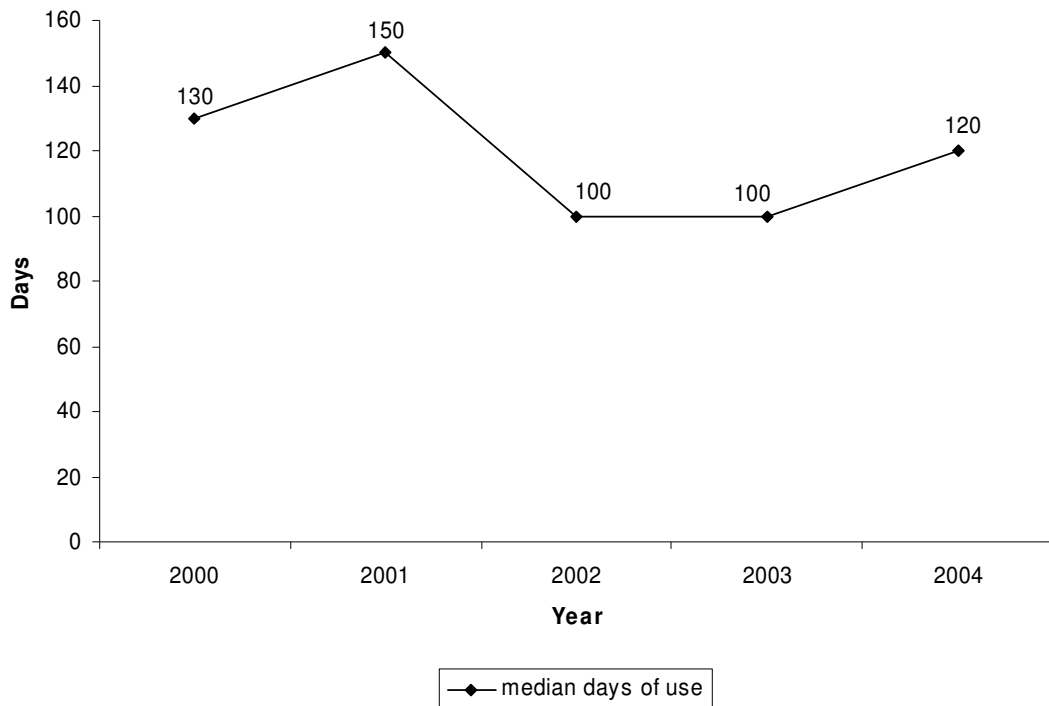
Figure 33: Daily and recent cannabis use amongst IDU, 2000-2004



Source: IDRS IDU interviews

The mean days of use was found to be 120 which was not a significant increment on the 99 average reported in 2003 ($t=1.447$, $df=83$, $p=.152$). Median days of use by year is displayed in Figure 34 below.

Figure 34: Median number of days of cannabis use in the past six months, 2000 - 2004



Source: IDRS IDU interviews

With regards to the forms of cannabis used, hydroponically grown cannabis was again the most commonly reported with 98% (n=81) of IDU who had recently used cannabis reporting its use within the last six months. The use of bush or naturally grown cannabis was also commonly reported with 86% (n=71) saying they had recently used it. Recent use of hash was reported by 31% (n=26) IDU and use of hash oil by 18% (n=15). When asked what type of cannabis they had used *most*, hydroponic cannabis, as in previous years, was the most commonly mentioned in this regard with 82% (n=66) of IDU who had recently used cannabis stating that this was the most common form of the drug they had consumed. The next most common was bush cannabis which was most used by 19% (n=15). There were no mentions of hash or hash oil being the most commonly consumed forms of cannabis.

Of the four key experts who spoke specifically about primary cannabis users, three dealt specifically with young people and two with coerced or imprisoned clients. Three of these indicated that hydroponic cannabis was the type most commonly used while the other key expert was not aware of what form was favoured by their clients. Invariably cannabis was ingested by smoking although the precise method varied with joints, bongs and bucket bongs all being mentioned. The amount of cannabis reportedly consumed varied greatly from a couple of sticks a week to daily use especially first thing in the mornings. This wide range of use was even observed by one key expert from just within their own client group with use beginning at a “few cones a week” up to “virtually unlimited amounts”.

The use of cannabis was also noticed by 19 other key experts dealing primarily with users of other drugs. Except in one case (a clinical nurse dealing with amphetamine users who

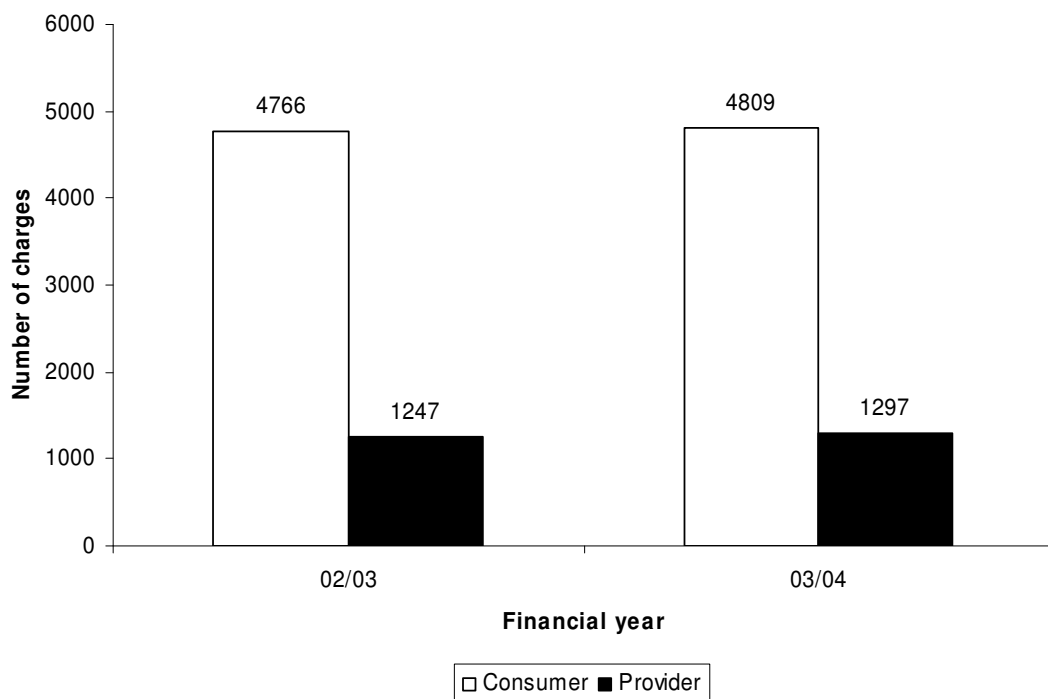
believed only three to four percent of their client load used cannabis) these rates of use were extremely high covering the majority if not all of the drug users they had seen. The substantial majority of these key experts spoke of the use of hydroponically cultivated cannabis with bush being mentioned infrequently. In all cases this cannabis was ingested by smoking. Once again, the amounts of cannabis used varied enormously ranging from occasional cones right up to very heavy levels of use on a daily basis.

7.5. Cannabis related harms

Law enforcement

In the 2003/2004 financial year there were 6108 arrests laid relating to cannabis making it once again the single largest category of drug related arrests in the state. Of these, there were 4809 consumer offences and 1297 provider offences, figures which were not dissimilar from those found in the previous year. These cannabis related offences are shown by year in figure 35 below. It should be noted that these arrest figures do not include cannabis infringement notices handed out under the new WA cannabis laws that came into effect on 22nd March 2003.

Figure 35: Incidents of cannabis offences in WA, 2002/2003-2003/2004



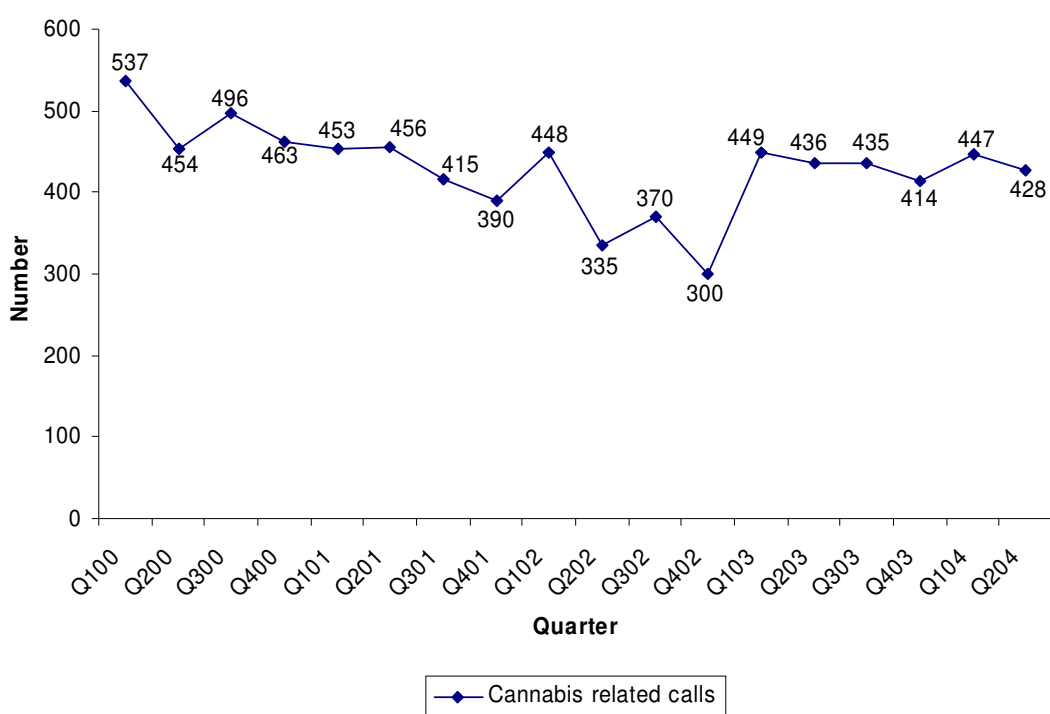
Source: ACC

The only key expert to comment about legal harms arising from cannabis noted that there had been an increase in legal problems, primarily charges for possession amongst their clients.

Health

Of calls received by ADIS, cannabis remained the second most commonly discussed drug, exceeded only by amphetamines. In the 2003/2004 financial year the service received a total of 1724 calls from or about cannabis users, at a level of calls that has remained relatively stable since ADIS made changes to its method of data collection in the middle of the previous financial year. These cannabis related calls made up 16% of calls received for both of the first two quarters of the financial period and 14% for both the latter quarters. This may be a slight decrease from the previous financial year where by quarter these types of calls made up 21%, 18%, 18% and 16% respectively, suggesting that concern in the community over the use of cannabis may be lessening. Data relating to these calls to ADIS appears in Figure 36 below.

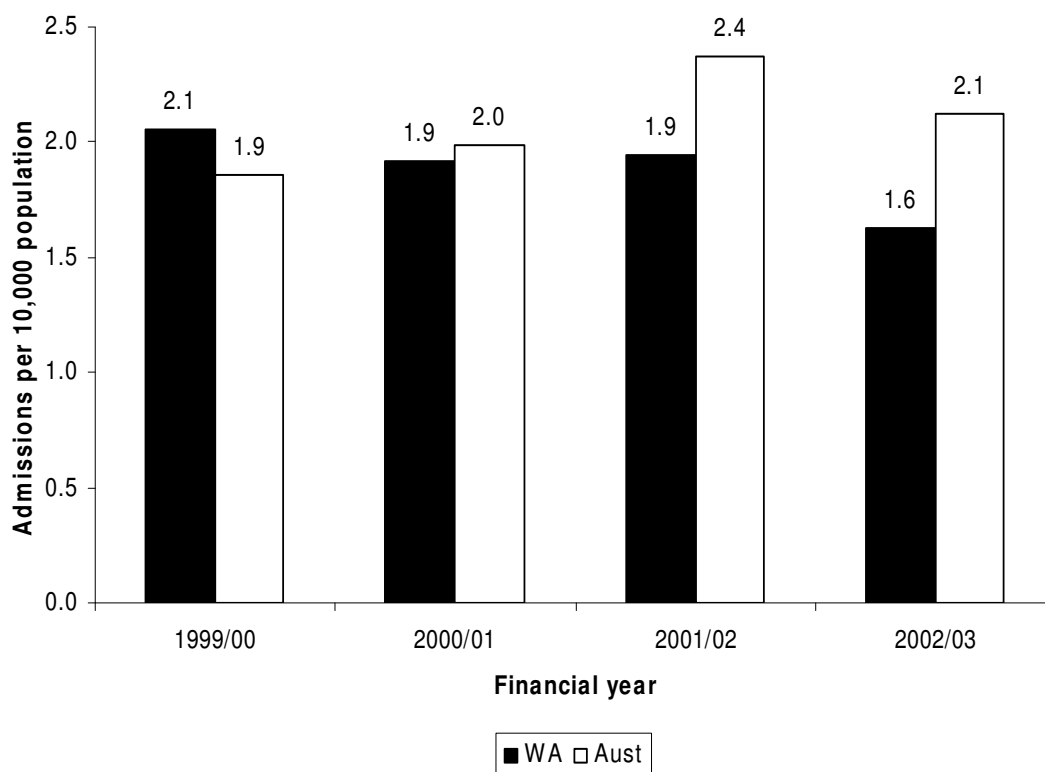
Figure 36: Number of inquiries to ADIS regarding cannabis, Jan 2000 – Jun 2004



Source: ADIS

In the 2002/2003 financial year there were 185 admissions to hospitals for primary diagnoses related to cannabis, slightly less than the 219 from the previous year. For the last three financial periods Western Australian diagnoses of primary cannabis admissions have remained below the national rate. This data is presented in figure 37 below.

Figure 37: Hospital admissions with cannabis related primary diagnosis in WA and Australia, 1999/2000-2002/2003



Source: Australian Institute of Health and Welfare and health Department of WA

Amongst key experts, a youth worker observed that there appeared to have been an improved level of awareness of the pros and cons of drug use amongst their cannabis using clients with users obtaining educational information via the internet.

7.6. Trends in cannabis use

It was uncommon for IDU interviewed to make comments regarding trends in cannabis use. That more people were turning from amphetamines to cannabis was noted by one user, another observing that hash had become more available. There was one other IDU who noted that younger people were using increasing amounts of cannabis and pills (presumably ecstasy).

7.7. Summary of cannabis trends

A summary of cannabis trends is located in Table 12

Table 12: Summary of cannabis trends

Price	<ul style="list-style-type: none">• Hydro ounce fallen to \$250, ounce of bush remains \$200.• Prices stable.
Availability	<ul style="list-style-type: none">• Hydro very easy to obtain, bush easy.• Stable availability of both forms.
Potency	<ul style="list-style-type: none">• Hydro of high potency, bush medium.• Stable potency of both forms.
Use	<ul style="list-style-type: none">• Level of use remains very common• Hydro remains most common form, hash use relatively infrequent.

8. OPIOIDS

8.1. Use of illicit methadone

The recent use of illicit methadone syrup (ie: use of the drug without a valid prescription) was reported by 16 IDU in the 2004 survey which was not significantly different from the 14 IDU who reported having done so in the 2003 survey ($\chi^2=.332$, $df=1$, $p=.564$). It was noted however that the 7 mean days of use in the past six months represented a significant decline on the 17 days reported the previous year ($t=-5.505$, $df=15$, $p=.000$). Injection of methadone syrup in the last six months was reported by 10 of these IDU with a mean of seven days injecting which was not significantly less than the mean of 10 found in 2003 ($t=-1.333$, $df=9$, $p=.215$).

The illicit use of methadone in tablet form (Physeptone®) was reported by eight IDU, a situation identical to that reported in 2003. The mean days of Physeptone use was 11 which was not found to represent a significant shift from the 2003 mean of 19 ($t=-1.718$, $df=7$, $p=.129$). The recent injection of illicit Physeptone® tablets while relatively uncommon was reported by six IDU which was not found to be a significant decline on the eight who reported having recently done so in 2003 ($\chi^2=.543$, $d=1$, $p=.461$). The number of days of injecting ranged from two to 40 with a mean of 14 days which was not significantly different from the mean of 19 days the previous year ($t=-.845$, $df=5$, $p=.437$).

There were only eight IDU who reported having recently purchased illicit methadone syrup. Although sizes purchased ranged considerably from 5 mls up to 200 mls, it was found that the most common price paid ($n=4$) was one dollar per ml or mg. This was followed by two cases of fifty cents per ml/mg. With the exception of one IDU who reported paying twenty-five cents per ml/mg, all remaining prices fell between fifty cents and one dollar. This is in keeping with findings from the 2003 survey which also reported that one dollar per ml/mg of illicit methadone was the typical price. This same pricing scheme was also shown to apply to methadone in tablet form with all three purchase reports costing ten dollars per ten mg tablet. There were no instances where IDU reported having bought five mg tablets. Of the 13 IDU responding to the question of whether the cost of illicit methadone had recently changed, eight (62%) indicated it had remained stable, and two (15%) thought it may have increased. The remaining three didn't know.

As in 2003 the prevailing view held by 54% ($n=7$) was that illicit methadone was 'easy' to obtain. A further 15% ($n=2$) believed it was 'very easy'. That it was 'difficult' to obtain was a view held by 23% ($n=3$) and the remaining respondent 'didn't know'. That this level of availability had remained 'stable' was the belief of 62% ($n=8$) while 23% ($n=3$) thought it may have become 'more difficult' and 8% ($n=1$) thought it may actually have become 'easier'. Once again there was one respondent who 'didn't know'.

Almost all ($n=10$) respondents reported that their usual source of illicit methadone was from 'friends', the remaining two indicating that they usually obtained the drug from a 'street dealer'. The time taken to obtain illicit methadone ranged from five minutes to two hours with a mean time of 36 minutes which did not differ significantly from the 30 minute mean reported in 2003 ($t=.674$, $df=11$, $p=.514$).

There was only one key expert who mentioned the use of illicit methadone. This person, an outreach worker dealing primarily with amphetamine users saw diverted methadone as being very much a minority practice amongst one to two percent of the users they had contact with. This expert also observed that “some people wanted to get onto methadone to get a state sponsored drug habit”.

8.2. Use of illicit buprenorphine

Use of illicit buprenorphine (Subutex ®) was reported by 23 IDU which was not found to be a significant increase on the 18 IDU who reported having done so in 2003 ($\chi^2=1.694$, $df=1$, $p=.193$).

A significant shift was found to have occurred however with regards to the number of days upon which illicit buprenorphine had been used in the past six months, with a mean figure of 44 representing a substantial increment on the 2003 mean of seven days ($t=2.844$, $df=22$, $p=.009$).

Similarly, no significant increase was detected in the number of IDU reporting recent injection of illicit buprenorphine with 21 IDU reporting this practise in the 2004 survey, as compared with 15 in 200 ($\chi^2=2.501$, $df=1$, $p=.114$). Where significant differences were found however was again in the number of days of injection in the last six months. The 2004 mean was 36, a much higher figure than the 2003 mean of 7 days ($t=2.286$, $df=20$, $p=.033$).

These findings would tend to suggest that while there has been no substantial increase in the number of IDU using illicit buprenorphine, those with a propensity to do so are using and injecting the drug with increasing intensity.

There were 17 IDU who reported having injected buprenorphine in the last month. Of these seven reported that they experienced no problems arising from this practice. Among the remaining ten IDU there were five reports of scarring or bruising, five reports of difficulty in finding veins and five of buprenorphine dependence. Other less common problems included three mentions of “dirty hits”, three of swelling of the arm, two of abscesses or infections, two of swelling of the hand and one mention of injecting buprenorphine resulting in skin ulcers.

There was one key expert who spoke specifically about primary buprenorphine users. This person, a youth worker mainly dealing with clients from 17 to 27 years old, reported that users were injecting buprenorphine, some of which was their own smuggled out of the dispensary in their mouths and some of which was purchased on the street. Typically these users were injecting three to four tablets on a daily basis. It was noted that buprenorphine had become easier to access and that there was now less difficulty in getting back on to buprenorphine programs after being kicked off. This key expert indicated that buprenorphine was being sold on the black market for \$15-\$20, a price which had remained stable over the last six months. Apparently the drug was ‘very easy’ for users to obtain and this availability had been stable for the last six months.

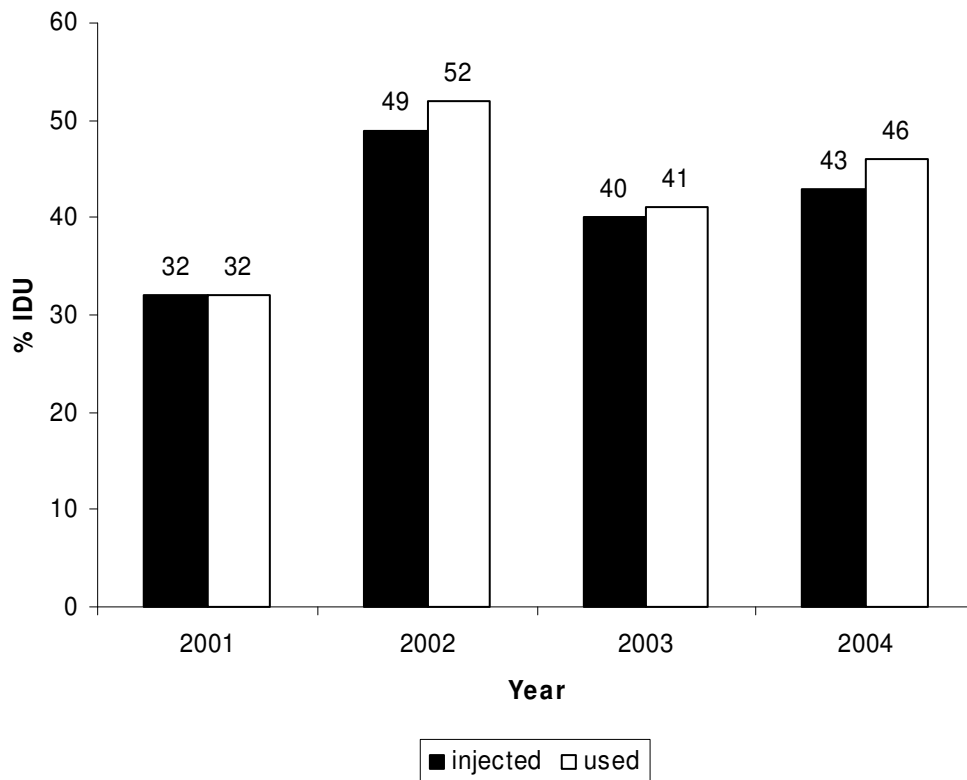
There were eight other key experts dealing with a variety of different types of IDU who were aware of some level of buprenorphine use amongst the IDU they had contact with. Generally speaking this use involved from five to 25% of users they saw. All reported use by injection and three also by oral means. One of these experts observed that buprenorphine use may be beginning to decline. Conversely, another, an outreach

worker, reported that increasing numbers of users had been asking how to inject it. Often these users were unaware that a significant quantity of water (at least 10mls) was required.

8.3. Morphine

The recent use of morphine was reported by 45 IDU which was not found to be significantly different from the 41 who reported doing so in 2003 ($\chi^2=.812$, $df=1$, $p=.368$). Recent days of morphine use ranged from once to daily (ie: 180 days) with a mean of 34 which was found to constitute a significant fall from the 2003 average of 60 days ($t=-3.221$, $df=42$, $p=.002$). Recent injection of the drug was reported by 43 IDU which was not significantly different from the 40 who reported having done so in 2003 ($\chi^2=.375$, $df=1$, $p=.540$). As with days of recent use however, number of days of recent injection was also found to have fallen significantly to 34 ($t=-3.514$, $df=42$, $p=.001$). This data is presented in Figure 38 below.

Figure 38: Proportion of IDU reporting morphine use and injection in the past six months, 2001 - 2004



Source: IDRS IDU interviews

Virtually all morphine use amongst the IDU sample was found to be illicit with just five IDU reporting having recently used morphine for which they had a valid prescription, and just four who indicated that licit morphine was the type they had *most* used. Illicit morphine had been used by 33 IDU in the past six months and of these 32 indicated that illicit morphine was the form they had *most* used. As in previous years, use of MS Contin® vastly exceeded that of other available brands of morphine with 26 IDU (84%)

indicating that it was their main brand used, four (13%) citing generic morphine and just one individual (3%) mentioning the use of Kapanol®.

Asked what 100mg of morphine currently cost elicited responses ranging from \$10 up to \$150 with a median price of \$50, consistent with findings of the previous year. With regards to quantities of morphine actually purchased, it was found once again that the most commonly purchased morphine capsule was 100mg MS Contin® with 24 IDU reporting having purchased morphine in this form. Prices paid at the most recent purchases ranged from \$10 to \$60 with a median of \$50 and a mean of \$46 which was not significantly different from the mean of \$48 found in 2003 ($t=-.492$, $df=23$, $p=.627$). Also common was the purchase of 60mg MS Contin® by 13 IDU for a median price of \$30, followed by five IDU who had purchased 30mg capsules of MS Contin® for a median price of \$20. The purchase of other forms of morphine was found to be relatively unusual. Kapanol® 50mg capsules had been purchased by four IDU for costs ranging from \$20-\$25. Kapanol® 100mg capsules had been purchased by seven for a median price of \$50 indicating that the price of Kapanol® per mg remains unchanged from 2003. There were also three IDU who reported having bought 30mg tablets of Anamorph® for prices ranging from \$10 to \$20 with a median and mean of \$15 once again demonstrating the price of morphine to have remained stable at 50 cents per mg. Finally there were several miscellaneous purchases made by individual IDUs including a 200mg MS Contin® capsule for \$70, and entire sheet of MS Contin® 100mg for \$350 and one IDU who reported the purchase of 30mg of generic morphine for \$20.

That the price of morphine has remained 'stable' was a view supported by 61% ($n=20$) of respondents, while just 15% ($n=5$) thought it may have 'increased'. There were also nine percent ($n=3$) who thought it may be 'decreasing', nine percent who thought it 'fluctuating' and six percent ($n=2$) who 'didn't know'.

That current availability of morphine was 'easy' was the view expressed by 45% ($n=15$) of IDU with a further 24% ($n=8$) stating that it was 'very easy' and 24% that it was 'difficult'. Just three percent ($n=1$) thought it was 'very difficult' and one respondent 'didn't know'. Superficially, these findings appear to suggest that the market for illicit morphine may have experienced a downturn in availability since 2003. However, due to small numbers, it is not feasible to carry out meaningful tests of significance to confirm this. Certainly 27% ($n=9$) IDU did report that morphine had become 'more difficult' to obtain, but this was more than offset by the 52% ($n=17$) who indicated that it had remained 'stable'. An additional nine percent ($n=3$) thought it had actually become 'easier' to get, three percent ($n=1$) believed that availability of the drug was 'fluctuating' and the remaining nine percent ($n=3$) 'didn't know'.

As in 2003, 'friends' remained the most common source of illicit morphine with 30% ($n=10$) of respondents stating that this was their usual source of morphine. This was followed by 21% ($n=7$) who stated that their usual source was from a 'dealer's home', 18% ($n=6$) who usually obtained morphine from a 'street dealer' and 12% ($n=4$) who usually used the services of a 'mobile dealer'. Other sources of morphine were uncommon. Times taken to obtain morphine ranged from three minutes up to two hours with an average of 40 minutes which was found to be significantly shorter than the 2003 average time of 128 minutes ($t=-13.524$, $df=26$, $p=.000$).

There was one key expert, a NSEP worker who spoke specifically about IDU who typically used opiate drugs other than heroin. The most commonly mentioned in this

context was MS Contin® of which 50% of users seen were consuming unknown amounts by injection. These same users also favoured the use of homebake heroin and buprenorphine.

There were another seven key experts who also spoke about the use of morphine amongst IDU they had contact with. All this use was reportedly by injection and all key experts referred to the use of MS Contin® although there were two mentions of Kapanol® and one of Anamorph®. An outreach worker noted that in his view, for many users the big advantage of morphine over heroin was that its purity was a known quantity. The amounts and frequency of morphine use amongst these users reportedly varied considerably.

8.4. Other opioids

The use of other opioids in the six months prior to survey was reported by 31 IDU which was not found to be a significant increase on the 26 who reported doing so in 2003 ($\chi^2=1.616$, $df=1$, $p=.204$). Similarly there was no significant increase detected in the mean number of days on which these drugs had been recently used. In 2004 the average number of days was 24 as compared to 17 in 2003 ($t=1.101$, $df=30$, $p=.280$).

It was apparent that most recent consumption of these drugs was by oral means reported by 21 IDU. Recent injection of such drugs was reported by 13 IDU, the same number as found in the 2003 sample. The average number of days upon which these drugs had been injected recently was 29 which was not found to be significantly higher than the 2003 mean of ten days ($t=2.001$, $df=12$, $p=.069$).

Amongst those IDU who reported having used other opioids in the last six months, there was little difference in the rates of licit and illicit use with 18 counts of having used these drugs with a valid script and 20 of having done so illicitly. Asked which type was the *most* used however, revealed that licit opioids reported by 16 IDU led by a narrow margin over the use of illicit opioids reported as the most common type by 14 IDU.

As in previous years, codeine based preparations were found to be the most common type of other opiate reported, mentioned by 11 IDU. This was followed by preparations containing oxycodone reported by nine. There were three reports of use of pethidine, three of tramadol (Tramal®) and one IDU reporting the use of opium. It is worth noting that in the experience of our field interviewers, considerable numbers of IDU appear to be of the mistaken impression that oxycodone is a type of morphine. The implication here being misreporting may lead to this data understating the real level of use of oxycodone amongst Perth IDU and conversely, overstating the use of morphine.

There were two key experts who made specific mention of Oxycontin® (oxycodone) injection amongst the methamphetamine users they were in contact with. One, an emergency department worker suggested about 10-15% of these users were injecting Oxycontin® to come down from amphetamine. Doses of 40-60mg were typical, but doses of up to 120mg were not unknown. This key expert also observed that Oxycontin® was viewed by this group as being more acceptable to inject than MS Contin®.

9. OTHER DRUGS

9.1. Ecstasy and other related drugs

Although the majority (n=78) of the IDU sample reported having taken ecstasy at some point, recent use of the drug amongst Perth IDU was only found amongst 33, a figure that was not found to significantly differ from 40 IDU in 2003 ($\chi^2=2.042$, $df=1$, $p=.153$). Days of use ranged from one to 78 with a mean of 17 which was found to represent a significant increase on the mean eight days reported in the 2003 survey ($t=2.623$, $df=32$, $p=.013$). Swallowing remained the most common means of consuming ecstasy with 28 IDU having recently employed this method. Injection was rather less common, the drug having been consumed this way recently by eight IDU which was not significantly less than the 13 who reported having done so in 2003 ($\chi^2=3.688$, $df=1$, $p=.055$).

Recent use of hallucinogens continued to be uncommon amongst the IDU sample with just 13 reporting recent use of this class of drugs a figure not dissimilar to the 14 found in the previous year's sample ($\chi^2=.062$, $df=1$, $p=.803$). Days of use within the last six months ranged from one to 14 with a mean of three which was significantly less than the six day average found in 2003 ($t=-2.886$, $df=12$, $p=.014$). For the first time in several years, LSD was more commonly reported than psilocybin mushrooms with 9 IDU indicating that they had recently taken LSD and just five mentioning mushrooms in this regard.

The use of other drugs commonly associated with users of ecstasy was found to be rare amongst Perth IDU, however two individuals mentioned the recent use of ketamine, two indicated that they had taken GHB in the last six months and one stated that they had used amyl nitrate.

Although no key experts spoke specifically about primary ecstasy users, there were nine who were aware of some level of ecstasy use amongst IDU they were in contact with. It is perhaps noteworthy that two thirds of these key experts dealt with populations of young people. Generally speaking this use was recreational from fortnightly to a couple of times a week. There was no mention of injection of these drugs.

One key expert from the law enforcement sector noted that banning of precursor chemicals used in the manufacture of these drugs had led to alternative recipes being experimented with resulting in the first seizures in WA of previously unseen phenethylamines including 2C-I, 2C-B and 2C-H.

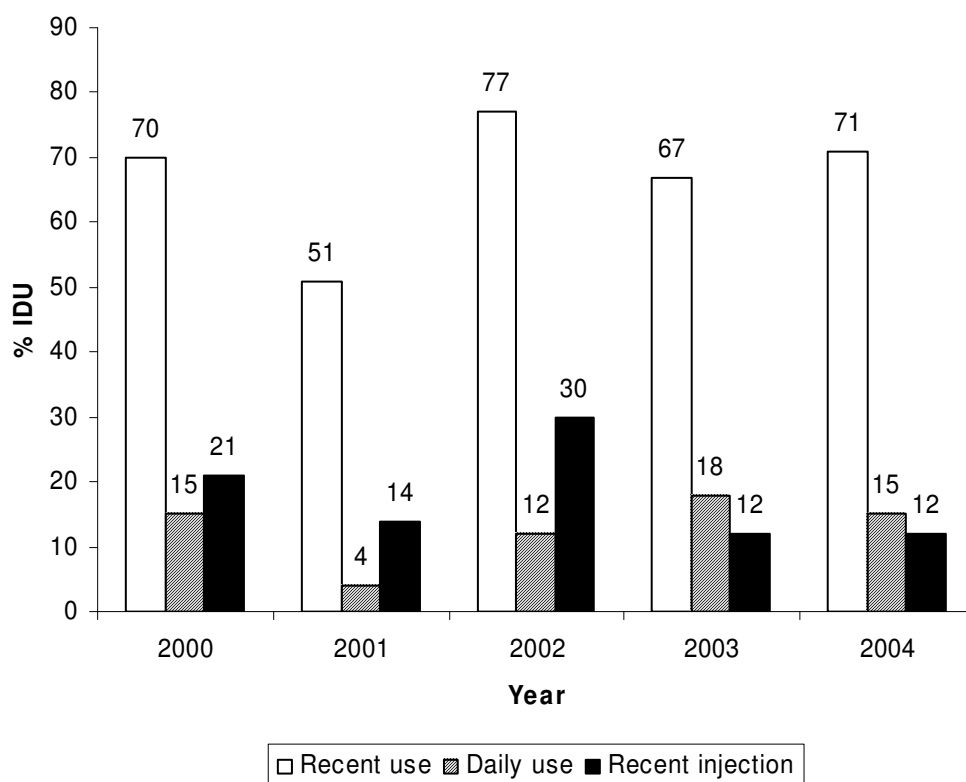
More detailed information on the use of ecstasy and related drugs in Perth can be located in *WA Trends in ecstasy and related drug markets 2004: Findings from the Party Drugs Initiative* (Chanteloup & Lenton, in press).

9.2. Benzodiazepines

The use of benzodiazepines was widely reported amongst the 2004 sample with 86 IDU having ever used this class of drugs at some point in their lives. Use within the last six months was slightly less common with 71 IDU reporting having done so which was not found to be a significant increase on the 67 reported in 2003 ($\chi^2=.724$, $df=1$, $p=.395$).

Days of use in the last six months ranged from one to 180 (sd=68.39) with a mean of 68 days which did not differ significantly from the mean of 65 found the previous year ($t=.384$, $df=69$, $p=.702$). Swallowing remained the most common route of administration with 69 IDU reporting having employed this method in the last six months. Other means of administration were substantially less common. Figure 39 below displays these patterns of benzodiazepine use.

Figure 39: Proportion of IDU reporting benzodiazepine use, daily use and injection in the preceding six months, 2000-2004



Source: IDRS IDU interviews

Amongst IDU who had taken benzodiazepines recently, most had used these drugs licitly (71%, $n=50$) rather than illicitly (60%, $n=42$). When asked whether they had mostly taken licit or illicit benzodiazepines 65% ($n=45$) indicated that most of their use was licit. There were eight different varieties of benzodiazepines mentioned by IDU, the most common, as in previous years being diazepam ($n=48$), oxazepam ($n=12$) and temazepam ($n=11$). Other varieties were used by only one or two individuals.

There were only two IDU who reported that they had injected benzodiazepines in the last month. The only 'harm' experienced however the individual who had difficulty in finding veins.

Although there were no key experts who commented directly on primary benzodiazepine users, there were 10 who discussed the use of these drugs amongst a wide range of IDU. A wide range of brands was mentioned, but it is notable that administration of these drugs by injection was only mentioned twice and both times in the context of temazepam gel caps. Benzodiazepine use was mentioned by four of these key experts as being used

to come down after using methamphetamines. Another key expert noted the use of benzodiazepines amongst heroin users to tide them over in between shots.

9.3. Anti-depressants

There were 21 IDU in the 2004 sample who reported that they had consumed antidepressant medication in the last six months, a figure that represented a small but significant decline from the 30 reported in 2003 ($\chi^2=3.857$, $df=1$, $p=.050$).

Recent injection of these drugs remained uncommon with only two IDU having done so, and then with a median number of days of injection of three. This is in strong contrast to the median number of days of use for all IDU who had consumed antidepressants which was 180 days (ie: daily use).

The mean number of days of use was found to be 109 which was not significantly higher than the 2003 mean of 101 ($t=.468$, $df=20$, $p=.645$). Given this pattern of daily use, it is perhaps unsurprising to note that only one IDU reported having taken these drugs illicitly (ie: without a valid doctor's prescription) in the last six months.

Of the 15 IDU able to identify what brand of antidepressants they had used, the most common were found to be Avanza® (mirtazapine) used by 27% ($n=4$), Lexapro® (fluvoxamine) used by 20% ($n=3$) and Cipramil® (citalopram) used by 13% ($n=2$). A number of other preparations were reportedly used by individual IDU.

Just five key experts spoke about the use of antidepressants amongst the drug users, although four of these indicated that these drugs were prescribed. Brands mentioned included Fluohexal® (fluoxetine), Cipramil®(citalopram), Avanza® (mirtazapine), Zoloft® (sertraline)and Luvox® (fluvoxamine). Rates of use amongst users differed considerably with various experts citing rates of 40%, 75% and 100% respectively. All reported use was oral with no reports of these drugs being administered by injection.

An observation was made by one key expert, a youth worker, that although the drugs themselves were prescribed, the users seen would often attain a state of intoxication by deliberately doubling up on their dose. This expert also noted however, that there appeared to be an increasing dislike for these kinds of drugs.

There was a fifth key expert who, while unaware of any illicit use of antidepressants as such among the young buprenorphine users they were seeing did indicate that perhaps 25% of these IDU were orally consuming diverted antipsychotic medication, especially Seroquel® (quetiapine fumarate). These IDU were reportedly consuming a couple of tablets at a time.

10. ASSOCIATED HARMS

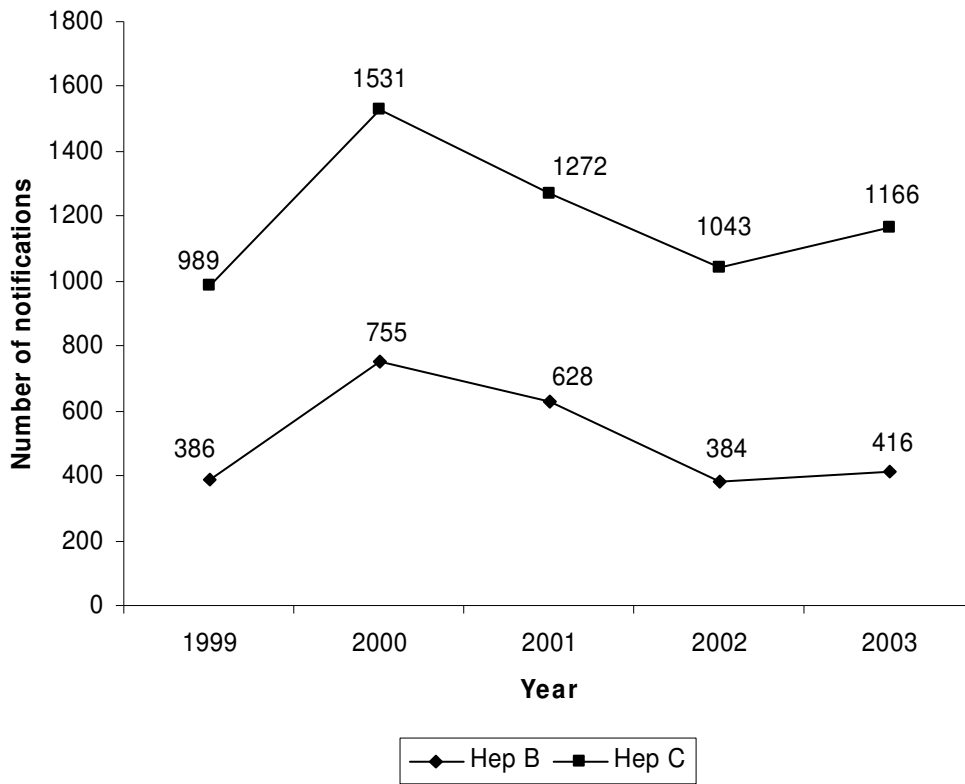
10.1 Blood borne viruses

Data obtained from the Sexual Health Branch of the Health Department of Western Australia and the National Notifiable Diseases Surveillance System revealed that Hepatitis C continues to be more commonly reported in WA than Hepatitis B with a total of 1303 cases of Hepatitis C (both incident and unspecified) in 2003 and 2800 of Hepatitis B. Changes in the notification system occurred commencing in 2000 resulting in a general increase in notifications across WA.. It is notable however that in the last year incident cases of both types appears to be increasing with 104 incident cases of Hepatitis C reported in 2003 up from 74 the previous year and 45 incident cases of hepatitis B up from 35 in 2002.

The 2003 NSP survey, as in previous years failed to detect any IDU who were positive for HIV antibodies, suggesting that HIV amongst injecting drug users in Perth remains uncommon. The same cannot be said for HCV however with 77 of 133 IDU tested (ie: 58%) testing positive for HCV antibodies. It was found this prevalence increased in direct proportion to respondents' length of injecting career with a rate of 22% amongst those who had been injecting for less than three years and rising to 71% in IDU who had been injecting for more than 10 years. Other differences were also noted with higher rates (60%) among those injecting on a daily basis than those who did so less often (48%), higher rates of HCV amongst those who had been imprisoned in the last year (69%) than those who had not (50%), and higher rates were also noted amongst IDU involved in sex work within the last month (71%) than those who were not (51%). (NSP Survey) (Thien, Maher & Dore, 2004)

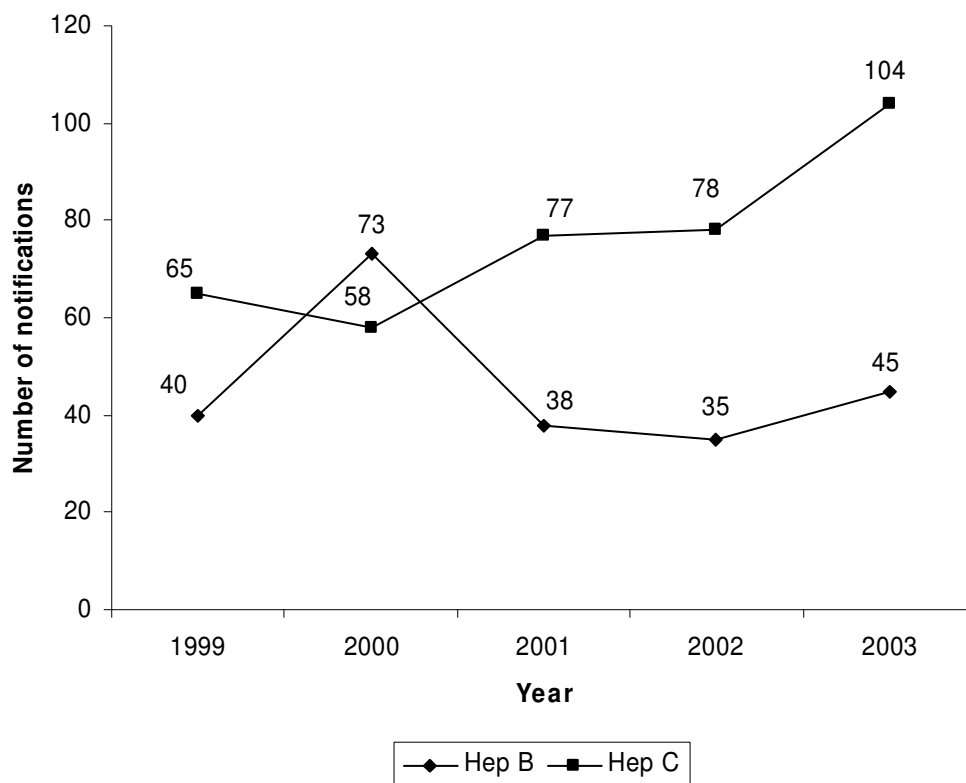
The total notifications for Hepatitis B & C, both unspecified and incident for WA are displayed below in Tables 40 & 41.

Figure 40: Total notifications for HBV and HCV unspecified infections in WA, 1999-2003



Source: HDWA Sexual Health Branch & NNDSS

Figure 41: Total notifications for HBV and HCV incident infections in WA, 1999-2003



Source: HDWA Sexual Health Branch & NNDSS

Just two key experts made mention of blood borne viruses, one noting that hepatitis C appeared to be on the increase, and one observing that there was still a lot of the virus amongst younger IDU.

10.2. Sharing of injecting equipment among IDU

There were just 13 IDU in the 2004 sample who reported that they had used a needle after someone else in the month preceding the survey which was identical to findings of the 2003 survey. Only one reported that they had used needles after more than one other person, that IDU stating that they had used needles after 3-5 other people. For the most part, instances of sharing in the past month had occurred only once (n=5) or twice (n=4), but in isolated cases were more frequent with one individual reporting having used needles after someone else six to ten times and one indicating that this had occurred on more than ten occasions, this being the same IDU who reported having shared needles after multiple other people.

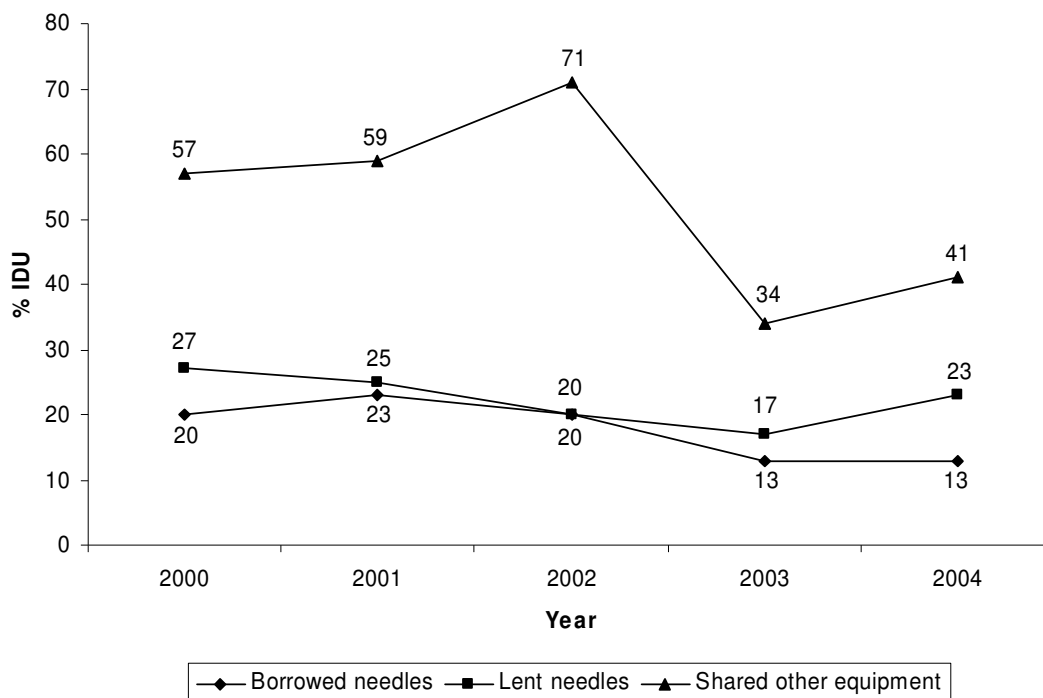
As in previous years, the most common person to have used a needle prior to the respondent was a regular sex partner (n=8), followed by close friends (n=2). There were isolated cases of IDU who reported having used needles after casual sex partners or acquaintances.

There were 23 IDU who reported that someone else had used a needle after them. Although this is somewhat more than the 17 who reported this in 2003, this was not

found to represent a significant increase ($\chi^2=2.551$, $df=1$, $p=.110$). In almost half of these cases ($n=11$) this involved only one instance, but there were six IDU who reported this had occurred on two occasions in the past month, three on three to five occasions one reporting six to ten times and two who indicated that this had occurred in excess of ten times in the month preceding the interview.

With regards to the sharing of injecting equipment other than needles, 41 IDU reported that they had shared something in the month prior to interview which was not significantly different from the 34 who reported having done so in 2003 ($\chi^2=2.184$, $df=1$, $p=.139$). Spoons or mixing containers remained the most commonly shared items with 30 reports of this. Also common was the sharing of tourniquets ($n=22$), water ($n=20$) and filters ($n=19$). There was also one reported instance of the sharing of infusions. This information concerning the sharing of injecting equipment is displayed in Figure 42 below.

Figure 42: Proportion of IDU reporting sharing injecting equipment in the month preceding interview, 2000 –2004



Source: IDRS IDU interviews

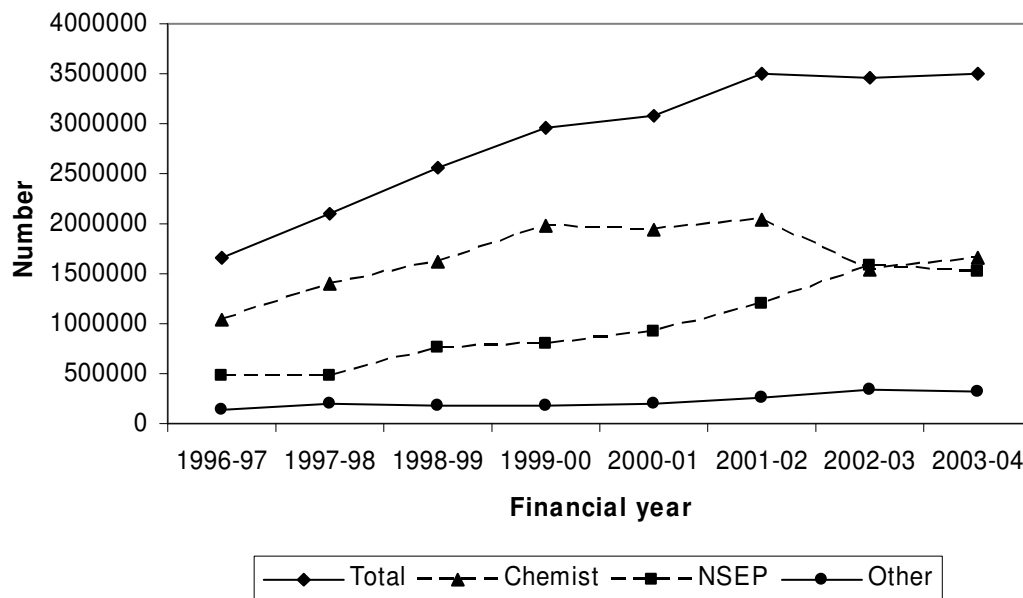
There were two IDU who made comments regarding the importance of the provision of education surrounding safer injecting practises, one noting specifically the poor levels of awareness that hepatitis C could be transmitted via the sharing of equipment like spoons and tourniquets.

An increase in the sharing of injecting equipment was noted by five key experts. Of these, two directly attributed this increase to the limit of 50 free N&S per transaction placed on Perth needle and syringe exchange programs by the WA Health Department but was discontinued after some 9 months. Another interpreted it as being due to health messages not being received by users. There was another key expert who thought sharing

of injecting equipment may have decreased and another who while acknowledging that sharing did occur that it was primarily between partners and that most people appeared well informed regarding safe using practises.

In the 2003/2004 financial year, a total of 3,496,226 syringes were distributed in WA, a slight decline on the 2002/2003 figure of 3,563,463. Distribution through pharmacies was seen to return to being the leading distribution outlet however, the number of syringes distributed this way (1,651,722) was not substantially greater than the number distributed through needle and syringe programs (1,525,366). With regards to this data, the Sexual Health Branch of the Health Department of WA issue the caveat that data shown here may differ from that published elsewhere due to database upgrades and data refinement. Figure 43 below displays the types of locations from which syringes were distributed by financial year.

Figure 43: Syringe distribution by financial year in WA, 1996/1997-2003/2004



Source: Heath Department of WA

10.3. Location of injections

As in 2003, by far the most common location for both last injection and most recent injection was found to be private homes with 87% of IDU reporting this as the location of their most recent injection and 94% reporting that it was their usual location. All other locations for injecting remained uncommon although injection in cars, already an uncommon choice in 2003 appeared to have become rarer still. This data is presented in detail in Tables 13 and 14 below.

Table 13: Proportion of IDU reporting last location for injection in the month preceding interview 2003-2004

Location	2003	2004
Private home	76	87
Street/car park/beach	7	4
Car	12	3
Public toilet	4	6
Other	1	0

Source: IDRS IDU interviews

Table 14: Proportion of IDU reporting the usual location for injection, 2003-2004

Location	2003	2004
Private home	86	94
Street/car park/beach	3	2
Car	9	2
Public toilet	2	2
Other	0	0

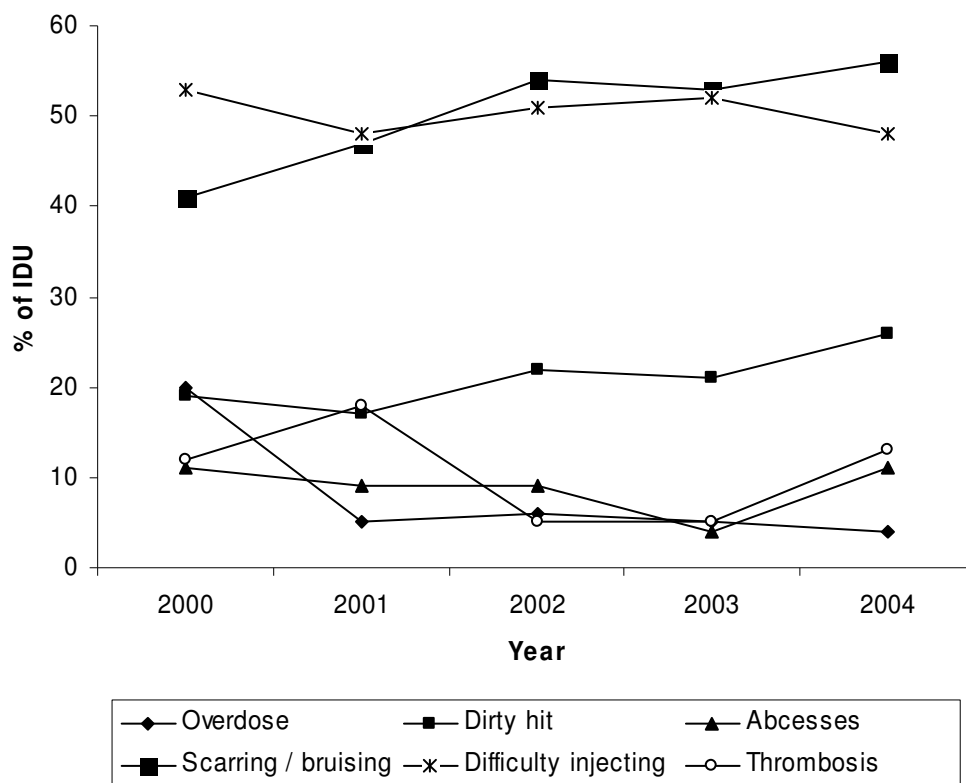
Source: IDRS IDU interviews

10.4. Injection related health problems

The most commonly experienced harm from injecting in the last month amongst IDU in the 2004 sample remained ‘scarring and bruising’ reported by 56% of the sample. This was closely followed by difficulty injecting by 48%. The experience of a ‘dirty hit’ (defined as an injection that made the respondent feel sick) was also not uncommon and reported by 26%. There were 13% of IDU who indicated that they had experienced thrombosis or blot clots and 11 who had experienced abscesses. Overdose remained uncommon with just four IDU reporting one in the past month. Of those who indicated what drug had been primarily implicated in the overdose, two reported that this had been heroin, and one buprenorphine. All three overdoses had also involved secondary drugs, the overdose attributed to buprenorphine having also involved morphine and one of the heroin overdoses having also taken benzodiazepines and the other methamphetamine.

A wider variety of drugs were reported as being the primary cause of a dirty hit, the most common being heroin in 10 instances followed by methamphetamine in six. Morphine was identified as the prime drug in five cases, dexamphetamine in three and buprenorphine on one instance. Dirty hits in which more than one drug had been consumed were identified in sixteen instances. A wide range of substances were mentioned in this context of which the most common were cannabis (n=5), methamphetamine (n=4), benzodiazepines (n=4) and alcohol (n=3). These rates of injection related problems are shown in Figure 44 below.

Figure 44: Proportion of IDU reporting injection related problems by problem type, 2000 -2004



Source: IDRS IDU interviews

These injection related problems were added to generate a total injection related problem score. These scores ranged from zero to six with a mean of two which was not found to be significantly different from the 2003 mean of one ($t=1.288$, $df=99$, $p=.201$).

Relatively few key experts spoke about injection related problems. An NSEP worker expressed some concern over the growing practise amongst buprenorphine injectors of injecting into their necks. Another noted an increase in endocarditis and other cardiac problems. Injection related injuries and abscesses were noted as a problem by a NSEP worker and another key expert reported an increase in allergic reactions to substances injected although they were uncertain of the cause. Some concern was expressed by one key expert that messages about needle exchange and injecting risks did not appear to be reaching young indigenous injectors.

10.5. Expenditure on illicit drugs

Expenditure on illicit drugs in the IDRS is calculated from the amount of money respondents had spent on illicit drugs the day before interview. It was found that there were just five IDU who had not consumed any drugs the previous day. Of the remaining 93 respondents answering this question who indicated that they had taken drugs the day prior to interview, just over half (52%, $n=48$) said that they had not paid any money for them. Amongst those who had spent cash on illicit drugs, amounts involved in these transactions ranged from two dollars to \$500 ($sd=103.16$) with a median of \$70 and a mean of \$104, an amount not significantly less than the mean of \$115 reported in 2003 ($t=-.738$, $df=44$, $p=.464$).

10.6. Mental health problems

When asked if they had experienced any mental health problems other than drug dependence in the last six months 41 IDU responded that they had. This number fell to 30 however when asked if they had attended a mental health professional (and thus obtained a formalised diagnosis) regarding their mental health problem in question. By far the most common condition was depression, reported by 20 IDU. This was followed by 17 IDU experiencing anxiety, six experiencing panic disorders, four with drug induced psychosis, four cases of ADHD, three incidences of paranoia, three incidences of PTSD and two IDU experiencing schizophrenia. There was also a wide range of other disorders experienced by single individuals.

By far the most common type of professional seen for mental health problems was a GP (n=20) followed by a psychologist (n=12). Counsellors had been seen by nine IDU as had psychiatrists. Other types of health workers and services were seen rather less commonly with four IDU having seen either a mental health nurse, a social worker or a hospital emergency department and three admitted to a psychiatric ward. There was also one individual who stated they had seen a community health nurse.

With the exception of the three law enforcement key experts who weren't asked, all bar two of the key experts were aware of mental health related problems amongst the users they had seen. Rates of this varied greatly from very small (approximately five percent of users seen) up to virtually all (approximately 90% of users seen). Problems mentioned included depression (11 counts), drug induced psychosis (nine counts), psychosis with no specified cause (six counts), schizophrenia (six counts), anxiety (four counts), Bipolar disorder (four counts) and borderline personality (four counts). There were also small numbers of mentions of trauma or PTSD, eating disorders, obsessive compulsive disorder, stress and suicidal or self-harming behaviours.

Most key experts did not think there had been any recent change to the amounts or severity of mental health related problems they were seeing. Increased levels and severity of psychosis was noted by four key experts, three of whom linked this to the use of methamphetamine and the other to the "increasing potency" of cannabis. A clinical psychologist observed that there may have been an increase in bipolar diagnoses but that amphetamine fuelled paranoia seemed to have decreased. Another noted that the transition from heroin to speed had removed much of the masking qualities of heroin on mental health problems leading to increased rates of challenging behaviours amongst some users.

10.7. Substance related aggression

For the first time in 2004, IDU were asked if they had experienced incidences of aggressive behaviour following the consumption of drugs. With regards to verbal aggression, 37 IDU stated that they had personally become verbally aggressive and 81 indicated that they had seen others become so. Incidences of physical aggression were less common with 19 IDU stating that they had become physically aggressive following the consumption of drugs and 60 indicating that they had witnessed this type of behaviour in others. There were found to be four main drug types that were consistently implicated in acts of aggression far more than others. With regards to verbal aggression, crystal methamphetamine was implicated in 67 incidences, alcohol in 49 powder methamphetamine in 27, benzodiazepines in 19 as was heroin and base methamphetamine in 17. In cases of physical aggression crystal methamphetamine was

again the most commonly implicated drug mentioned in 49 instances, followed by alcohol in 39, powder methamphetamine in 17, base methamphetamine in 12, benzodiazepines in 11 and heroin in seven. The relatively low number of instances involving the powder and base forms of methamphetamine are likely to be more reflective of the relatively low numbers of IDU using these forms than of their potential for increasing the likelihood of aggressive behaviour. Similarly, it should be considered that given the relatively low levels of alcohol consumption amongst IDU in the sample, that alcohol's potential for contributing to aggressive behaviour is almost certainly understated in this data, and indeed it is possible that it may in fact be at least as significant in this regard as methamphetamine, a finding reported in earlier research (Loxley & Bevan 1999).

10.8. Criminal and police activity

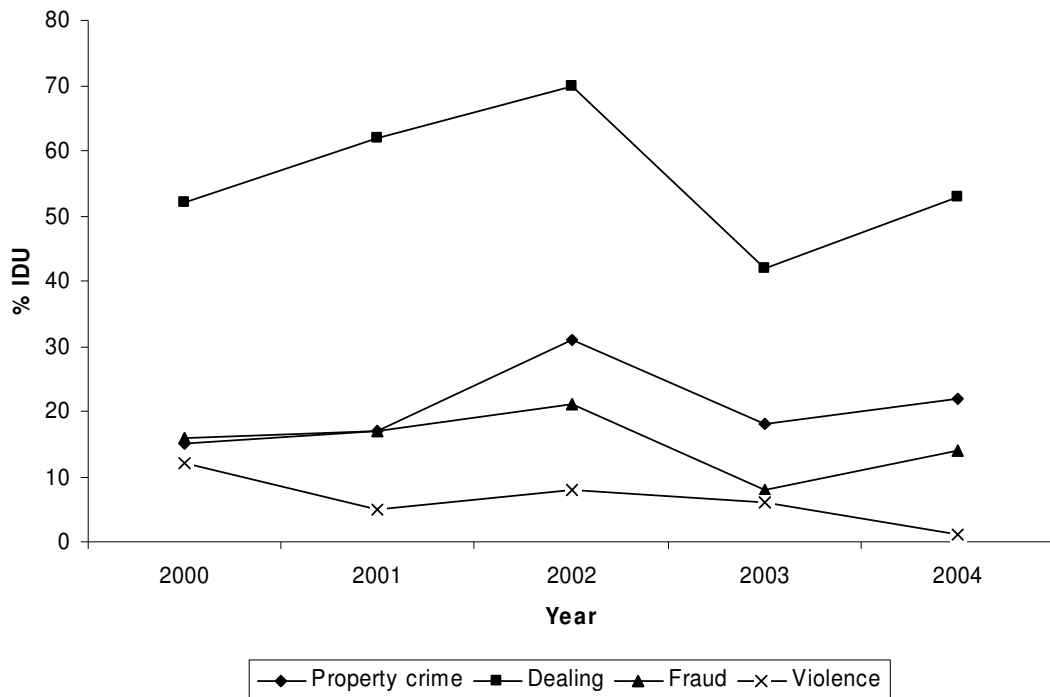
When asked about criminal activity, 62% of IDU admitted to having been involved in some degree of criminal activity in the last month which proved to be a significant increase on the 50% admitting to criminal activity in 2003 ($\chi^2=5.343$, $df=1$, $p=.021$). Dealing of drugs was once again the most common category of crime with 54% of respondents admitting to some level of involvement, thereby representing a significant increase on the 42% in 2003 ($\chi^2=5.408$, $df=1$, $p=.020$). While property crime remained relatively unchanged with 22% admitting involvement compared with 18% in 2003 ($\chi^2=1.196$, $df=1$, $p=.274$), numbers involved in crimes involving fraud appeared to have risen significantly with 14% admitting to such activity, up from eight percent in the previous year ($\chi^2=5.073$, $df=1$, $p=.024$). Conversely a significant decline has occurred with numbers of IDU admitting to involvement in violent crime with just one IDU admitting to crimes involving violence down from six in 2003 ($\chi^2=4.371$, $df=1$, $p=.037$) however, this finding must be considered in the light that numbers admitting to involvement in violent crime have always been very small. These trends are shown in the figure 45 and table 15 below. Again, because of the change in sampling strategy used in this survey, caution needs to be exercised in interpreting changes in these data.

With regards to how often these various types of crimes were committed, this tended to be spread reasonably evenly across those who were involved in them ranging from less than once a week up to daily. Fraud related crime was an exception to this rule however, with 79% ($n=11$) of IDU admitting to involvement in this type of criminal activity reporting that they did this less than once a week. This finding may be cautiously interpreted as suggesting that the majority of fraud related crime amongst this group is likely to involve welfare payments.

The number of types of crime and level of involvement was used to generate a crime score total which, amongst those involved in criminal activity in the last month was found to range from one to nine with a mean of 3.2 which was not a significant shift from the 2003 mean of 2.8 ($t=1.647$, $df=60$, $p=.105$).

With respect to rates of actual arrest, 35% of the 2004 IDU sample reported that they had been arrested in the past twelve months, a figure virtually unchanged from the 36% arrest rate found the previous year ($\chi^2=.018$, $df=2$, $p=.893$). Of these arrests, the most common offence category was property crime ($n=16$) followed by driving offences ($n=11$), use and possession offences ($n=10$), violent crime ($n=6$), fraud ($n=5$) and crimes related to drugs and driving ($n=2$). There were also a wide range of miscellaneous arrests involving very small numbers of individuals.

Figure 45: Proportion of IDU reporting engagement in criminal activity by offence type, 2000 -2004



Source: IDRS IDU interviews

There appeared to have been a substantial shift in IDU perceptions about recent levels of police activity with 51% believing this to have recently increased, a perception sharply at odds with the prevailing opinions of the 2003 IDU sample amongst whom just 32% thought police activity had increased and 50% saw it as stable ($\chi^2=17.547$, $df=1$, $p=.000$). Despite this perception of heightened police activity, there was no significant change in the number of IDU indicating that this activity had made it more difficult for them to obtain drugs, and those who believed that it had remained in the minority with only 20% adhering to this view which was held by 21% in 2003. ($\chi^2=.038$, $df=1$, $p=.846$).

Half of the IDU sample made comments specifically related to police activities. Almost without exception these comments documented observations of increased police activities directed towards illicit drugs and people who use them. Apart from the large number of general mentions of increased police presence and visibility there were a number that described specific activities. These included six mentions of increased raids, four of increased surveillance, two of increased searches, two of increased dealer arrests and one who mentioned an increase in “targeted drug operations”. This increased level of police activity was described as manifesting itself as harassment of users by two IDU. There was one IDU who mentioned increased police attentions being directed towards street based sex workers. More concerning, two IDU observed that increased police presence had been directed towards needle and syringe exchanges. Several IDU mentioned specific geographic areas within the metropolitan region that had experienced this increased presence. These included Cannington, North Perth, Forrest Chase (CBD) and Northbridge. Additionally, there was one IDU who believed that police had actually begun taking a more lenient approach to drug users. One other made the observation

that government assistance for drug users had to move beyond imprisonment and the drug court.

Table 15 below documents IDU involvement in criminal activity and perceived levels of police activity.

Table 15: Criminal and police activity as reported by IDU, 2003 – 2004

	2003 %	2004 %
<i>Criminal activity in last month:</i>		
Dealing	42	53
Property crime	18	22
Fraud	8	14
Violent crime	6	1
Any crime	50	62
Arrested in last 12 months	36	35
<i>Police activity in last 6 months</i>		
More activity	32	51
Stable	50	32
Less activity	2	0
Don't know	16	17
<i>More difficult to obtain drugs recently</i>		
Yes	21	20
No	77	77

Source: IDRS IDU interviews

Just two key experts believed there had been an increase in property crime such as break and enter, receiving stolen goods and vandalism amongst the IDU they had contact with. Young IDU were identified by one key expert as becoming increasingly involved in shoplifting. Several others while not reporting any changes observed that property was remained common.

Surprisingly few key experts commented on crime relating to dealing drugs. The first of these mentioning an increase in the number of user dealers, and the second that increasing numbers of younger users may have begun dealing in schools. A youth worker observed that there appeared to have been a move by dealers away from the CBD in favour of the suburbs. This expert also noted an increase in dealing on trains actually leading to some users avoiding trains so as to avoid the dealers. Finally, a key expert from the law enforcement sector noted increased levels of dealing and drug manufacture involving gangs.

Changes in people dealing cannabis were noted by two key experts, one observing that there appeared to have been an increase in numbers of younger people dealing who were making a bit of money from selling to their school mates to support their own use. The other key expert dealing primarily with imprisoned and indigenous clients noted that

there had been an increase in older people such as grandparents dealing cannabis. It was also observed by one key informant that techniques of cultivating hydroponic cannabis had become increasingly sophisticated including the use of cloning and also of hormones to accelerate growth.

An increase in the number of methamphetamine user-dealers was noted by two key experts, one observing that this was trend was accompanied by more people buying in bulk amounts of around \$700-\$800 at a time. Changes to the market structure for methamphetamine in Perth was suggested by one key expert who noted a rumour that a major distributor in the south west was busted for conspiracy to assault leading to period of lessened availability for 2-3 months, but despite this, there were essentially same people dealing.

An increase in fraud was noted by three key experts, two of whom specifically mentioned social security fraud. A youth worker remarked that fraud was increasingly the preferred option for raising cash amongst street present young IDU. The observation that fraud appeared more popular amongst female IDU was made by two key experts. In addition to these, two key experts from the law enforcement sector reported increases in money laundering and also prescription fraud involving MS Contin and benzodiazepines.

Increases in violent crime were noted by six key experts. These crimes included armed robbery, muggings, assaults and domestic violence. Two key experts noted that this type of behaviour was generally opportunistic or impulsive rather than premeditated. Two others observed that it primarily was younger IDU involved. Another key expert expressed the opinion that the level of violent crime may have decreased while another observed that it tended to fluctuate in a direct relationship to the availability of speed.

With regards to actual arrests recorded by the ACC, the 2003/2004 financial year in WA saw a total of 9605 drug related arrests which would appear to be somewhat more than the 7858 recorded the previous financial year. This figure however is likely to be at least in part a reflection of increased police activity as well as an increase in behaviours surrounding the possession and dealing of drugs. Of these offences at least 76% (n=7315) were committed by male offenders. The total includes 7385 consumer charges and 2184 provider charges, a breakdown of which by drug type is shown in Table 16 below. As in the previous year, cannabis related charges remained by far the most common accounting for 64% of all drug related charges. It is interesting to observe the substantial rise in the number of charges related to drugs such as hallucinogens, steroids and unknown substances which seems to dwarf the previous year's total of 336 charges that fell into this category.

Table 16: Number of charges laid in WA for sell / supply offences by drug type, 2003/2004

Drug type	Consumer offence	Provider offence	Year total*
Cannabis	4809	1297	6108
Amphetamine-type stimulants	1171	538	1711
Heroin & other opiates	86	65	151
Cocaine	9	12	21
Other (hallucinogens, steroids etc.)	1310	272	1614
Total	7385	2184	9605

Source: ACC

*Includes those offenders for whom consumer/provider status was not stated. Total may exceed sum of table components.

A number of key experts commented on changes to police activity, including increased bag searches, raids for amphetamines targeting the SE corridor, big raids on homebake manufacturers and dealers especially in Mirabooka, Koondoola and Balga, and increased cautions given to small dealers of amphetamines.

It was also noted that more clients appeared to be going through the drug courts although their primary charge was not drug related and while one key expert felt interactions between drug users and the police may be getting more positive, another believed that indigenous users may be being increasingly targeted.

Two key experts from the law enforcement sector both indicated the police increased awareness of clandestine laboratories and of what to look for in the process of detecting them. It was also noted that police were actively lobbying for new laws to protect children in the vicinity of clan labs.

Summary

Criminal activity was fairly commonplace with 62% of IDU admitting to having been involved in various forms of criminal activity. As in previous years the most common form of crime in this group involved dealing drugs which had increased in frequency since 2003. Crime rates involving property and fraud had remained stable while a decrease was observed in IDU involvement in violent crimes. Over a third of the sample had been arrested in the last 12 months, a figure virtually unchanged from that reported the previous year. These arrests were most commonly for property offences.

Just over half (51%) of IDU believed there had been recent increases in police activity although 77% indicated that police activities had not made obtaining illicit drugs any more difficult. This IDU perception that police activity has increased is lent support by the police arrest rate for the 2003/2004 financial year which saw an increase of 1747 more drug related arrests over the previous period. As in previous years the most common drug related arrest was for consumer offences involving cannabis.

11. DISCUSSION

11.1. Heroin

There was little change to trends in heroin use in Perth in 2004. Although some users felt that the price of heroin in WA had fallen, there was no evidence from prices of actual purchases to support this. The median price for a gram remained found to be \$500, which was unchanged from 2003.

In terms of availability, situation had also remained unchanged from the previous year with the drug reportedly 'very easy' or 'easy' to obtain. Despite this, numbers reporting recent use of the drug remain lower than was seen in 2000. There was however, a significant increase in the numbers of IDU reporting heroin as the most commonly injected drug in the month preceding the interview.

Purity was reported as being low to medium by users, a perception supported both by median purity levels of 25% found in heroin seizures analysed by WA police and by the continuing low rates of opiate overdose.

Patterns of use amongst IDU remained relatively stable with recent use reported by 69% of the sample and daily use by sixteen percent of those who had consumed the drug in the last six months. The trend from recent years towards the use substitute drugs such as homebake heroin and buprenorphine in situations where heroin was not readily available was observed to be continuing. Use of homebake heroin in particular remained common amongst Perth IDU, with a significant increase in IDU numbers reporting its recent use.

11.2. Methamphetamine

The price reduced for a gram of methamphetamine differed somewhat depending on its form with a gram of powder costing \$260, base \$250 while the price of a gram of crystal methamphetamine was \$350. These prices did not differ significantly from those reported in 2003.

The availability of crystal and paste methamphetamine was reported as being 'very easy'. Availability of methamphetamine powder was reportedly 'easy'. The availability of all forms of methamphetamine had remained stable over the previous six months. A minority reported ice was 'easier' to obtain.

User's impressions of methamphetamine purity, as with price differed according to the drug's form. Thus, powder was viewed as being of 'medium' purity and 'stable' while base was seen as 'high' and 'stable'. Crystal methamphetamine was reported to be consistently 'high'. Analysis of methamphetamine seized by police was not differentiated by form and revealed a median purity for the 2002/2003 period of 30% revealing a substantial increase on the previous year's median of 18%. Further, analysis of seizures in the most recent two quarters reveal continuing steep rises in methamphetamine purity to an unprecedented level of 52% in the second quarter of 2004.

Crystal methamphetamine had been used by 83% of IDU of the sample within the last six months and continues to be the predominant form of the drug in WA. Methamphetamine was the most commonly injected drug amongst the 2004 IDU sample although heroin was found to be the most commonly nominated drug of choice.

Despite their having been no decrease in the numbers of IDU reporting the recent injection of crystal methamphetamine, a significant increase was observed in the numbers of IDU reporting that they had recently smoked this form of the drug. This trend was especially noticeable among younger IDU.

11.3. Cocaine

The recent use of cocaine was reported by just fifteen IDU. Of these users only seven and no key experts were able to provide detailed information concerning the price, purity or availability of cocaine. The only two purchases of cocaine by IDU suggested a price of \$350 for a half weight. Where information on purity or availability was provided, it was often seen to be conflicting. There were just four seizures of cocaine analysed by WA police during the 2003/2004 financial which showed a median purity of three percent. From this it would appear that cocaine remains scarce in Perth and its regular use amongst injecting drug users as in previous years is quite uncommon. Small numbers of key experts have suggested however that this situation may be beginning to change.

11.4. Cannabis

The price of an ounce of hydroponic cannabis was found to be to have fallen from a median of \$270 in 2003 to \$250. In the case of bush the price of an ounce remained unchanged at \$200. The prices of smaller frequently purchased quantities such as grams, 'bags' or 'foils' remained stable at \$25 for both bush and hydroponic cannabis.

Cannabis was almost invariably reported as being 'easy' or 'very easy' to obtain, a situation that has remained stable since 2003. With regards to potency, the strength of hydroponic cannabis was reported by IDU as being 'high' and bush cannabis as 'medium'. Both hydroponic and bush cannabis were reported as having 'stable' levels of availability.

Recent use of the drug was widespread with 84% of the IDU sample reporting having consumed it within the last six months and 35% having done so daily. Hydroponically cultivated cannabis and bush were the predominant types with forms of hashish being relatively uncommon.

11.5. Other opioids

Considerable numbers of IDU were seen to be using illicit opioids of varieties other than heroin. Recent use of licit methadone syrup in the preceding six months was 30% and the use of illicit methadone syrup was 16%. The use of illicit Physeptone® tablets (8%) was found to be more common than licit (1%) Physeptone® tablets. Injection of illicit methadone was reported by 63% (79% in 2003) of IDU who had used it. Of the eight IDU that used illicit Physeptone®, six (75%) had injected the drug in the last six months.

Illicit use of buprenorphine was found to be continuing with rates of illicit use amongst the IDU sample (23%) being similar to levels of licit (22%) use. Injection appeared to be the most common means of administration employed by 91% (increased from 83% in 2003) of IDU who had used the drug illicitly. The average number of days of use of illicit buprenorphine was found to have significantly increased from seven in 2003 to 44.

Morphine was once again found to be the most commonly used illicit opioid with 46% of IDU having used it in the last six months although median days of use of the drug was only six. This is a substantial fall from rates seen previous years (60 days in 2003, 33 days

in 2002) suggesting that the use of morphine may be becoming less intense. Injection of morphine was seen to almost invariably involve the brand MS Contin®. Availability of morphine was generally seen as being 'easy' with a 100mg tablet carrying a median price of \$50. Availability was generally viewed as being 'stable' although a substantial minority believed that the drug may have become 'more difficult' to obtain. Other pharmaceutical opiates were also mentioned by both IDU and key experts on a much less frequent basis primarily included codeine based preparations followed by Oxycontin®, pethidine and Tramal®.

11.6. Benzodiazepines

The majority (71%) of the IDU sample reported having consumed benzodiazepines within the last six months. The licit use of these substances was more common than their illicit use. The mean days of use was 68 which was not significantly different from rates found in 2003. Although most benzodiazepine use was by oral administration, 17% of those who had recently used benzodiazepines reported injecting them. As in previous years the most commonly used benzodiazepine was diazepam. Although other brands were reported they were considerably less common.

11.7. Associated harms

Data obtained from the Western Australian Health Department and the 2003 NSEP survey indicate that incidence of both hepatitis B and C appears to have increased in recent years. However, rates of HIV remain low amongst Western Australian IDU.

Rates of IDU surveyed who reported reusing syringes after another person remained relatively low with 13 IDU reporting having done so. For the most part this involved sharing with only one individual, typically being a regular sexual partner. The rates of sharing other equipment (eg: spoons or water) was more common with 44 IDU having done within the month prior to survey. There were also 23 IDU who had allowed someone else to use their syringe after them. None of these figures differed significantly from those reported in the 2003 IDRS.

Heroin overdoses were relatively rare with just four cases in the month preceding the interview reflecting the continuing lowered availability and purity of the drug in Perth. More common harms from injecting were 'scarring or bruising' reported by 56 IDU and difficulty injecting by 48. Just over a quarter of the sample had experienced a 'dirty hit' in the last month that made them feel unwell.

There were 30 IDU who had attended a health professional for mental health problems. The most commonly mentioned problem was depression which was reported by two thirds of these IDU.

Questions about acts of aggression following drug consumption showed methamphetamine to be the most commonly implicated drug involved in 57% of acts of verbal aggression and in 62% of cases of physically aggressive acts.

12. IMPLICATIONS

The continued widespread availability and use of methamphetamine in WA merits further attention. This strong presence, accompanied by recent substantial increases to purity and the quantity of the product being manufactured domestically will likely see the drug continue to present real challenges to both service providers and law enforcement agencies for the foreseeable future. The nature of these challenges is likely to include aspects of client behaviour, rates of drug induced psychosis, rates of violent offending and problems associated with clandestine laboratories and the often toxic chemicals employed in the process of methamphetamine manufacture.

The recent trend towards the smoking of crystal methamphetamine may present a positive development in that it offers a lower level of risk in terms of blood borne virus transmission and other harms associated with the injection of drugs. As there has been no reduction in rates of injecting however, the impact of this is likely to be minimal. It has also been suggested that some of the younger users utilising smoking as a route of administration may be under the mistaken impression that it also offers protection from other amphetamine related harms including dependence and psychosis. This may highlight a need for targeted education to raise awareness of these hazards amongst methamphetamine smokers.

It is evident that the number of recent users of heroin amongst IDU remains lower than in years preceding 2001. That said, the significant increase in the number of recent heroin users since 2001 and the significant increase in numbers reporting heroin as the drug most injected in the month prior to interview since 2003 warrants continued monitoring of the situation.

The use of pharmaceutical opiates and homebake as substitutes for heroin continues but with differences noted from year to year in the relative popularity of various preparations. The fact that much of this use involves the injection of compounds intended for oral administration is cause for concern in itself due to the potential for harm. That the market for these substances appears to be dynamic over time however, not only requires continued monitoring of the situation but also provides opportunities for research exploring the engines driving the market forces of supply and demand.

REFERENCES

- Chanteloup, F. & Lenton, S. (in press) *WA trends in ecstasy and related drug markets 2004: Findings from the Party Drugs Initiative (PDI)*, National Drug and Alcohol Research Centre, The University of New South Wales, Sydney
- Degenhardt, L., Roxburgh, A. & Black, E. (2004). *Cocaine and amphetamine mentions in accidental drug-induced deaths in Australia 1997-2003*. National Drug and Alcohol Research Centre, The University of New South Wales, Sydney.
- Degenhardt, L., Roxburgh, A. & Black, E. (2004). *Australian Bureau of Statistics data on accidental opioid induced deaths*. National Drug and Alcohol Research Centre, The University of New South Wales, Sydney.
- Fetherston, J. & Lenton, S. (2003) *West Australian Drug Trends 2002*, National Drug and Alcohol Research Centre, The University of New South Wales, Sydney.
- Fetherston, J. & Lenton, S. (2004) *West Australian Drug Trends 2003*, National Drug and Alcohol Research Centre, The University of New South Wales, Sydney.
- Hando, J., O'Brien, S., Darke, S., Maher, L., & Hall, W. (1997) *The illicit drug reporting system trial: Final report*. National Drug and Alcohol Research Centre, The University of New South Wales, Sydney.
- Hargreaves, K. & Lenton, S. (2002) *West Australian Drug Trends 2001*, National Drug and Alcohol Research Centre, The University of New South Wales, Sydney.
- Hargreaves, K. & Lenton, S. (2001) *West Australian Drug Trends 2000*, National Drug and Alcohol Research Centre, The University of New South Wales, Sydney.
- Hargreaves, K. & Lenton, S. (2000) *West Australian Drug Trends 1999*, National Drug and Alcohol Research Centre, The University of New South Wales, Sydney.
- Loxley, W & Bevan, J, (1999) *Rewed Up: The psychostimulant use and reckless or violent behaviour study*. National centre for Research into the Prevention of Drug Abuse, Curtin University of Technology, Perth. pp91-92.
- Thien, H., Maher, L., Dore, G. 2004. *Australian NSP Survey: Prevalence of HIV, HCV and injecting and sexual behaviour among IDUs at needle and syringe programs. National data report 1999-2003*. National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales. Sydney.