

J.Fetherston and S. Lenton

**WA DRUG TRENDS 2006
Findings from the
Illicit Drug Reporting System (IDRS)**

NDARC Technical Report No. 268

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2006**



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James Fetherston and Simon Lenton

National Drug Research Institute, Curtin University of Technology

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ADHD	Attention Deficit Hyperactivity Disorder
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDHA	Australian Government Department of Health and Ageing
AIHW	Australian Institute for Health and Welfare
ATSI	Aboriginal or Torres Strait Islander
BBV	Blood-Borne Viruses
DAO	Drug and Alcohol Office
ERDU	Ecstasy and Related Drug Users
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HDWA	Health Department of WA
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug Users
IV	Intravenous
KE	Key Expert
LSD	Lysergic Acid Diethylamide
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NESB	Non-English Speaking Background
NDRI	National Drug Research Institute
NNDSS	National Notifiable Diseases Surveillance System
NSP	Needle and Syringe programs

PDI	Party Drugs Initiative
WA	Western Australia
WAPRCU	WA Pre-Hospital Car Research Unit

EXECUTIVE SUMMARY

Demographic characteristics of injecting drug user (IDU) participants

The mean age of 37 years was significantly older than that of the 2005 sample (35 years). The gender ratio remained static at 66% male. Virtually all were from an English speaking background. Aboriginal and Torres Strait Islanders made up 15% of the sample which was somewhat higher than the previous year (6%). Mean years of education was 10 with 54% having completed a post-school qualification. Students accounted for six percent of the sample and 72% were unemployed. The sample was predominantly heterosexual with 45% currently in treatment for their drug use. A history of incarceration in prison was reported by 48%, which was significantly higher than the 33% in the 2005 sample.

Patterns of drug use among the IDU sample

The mean age for commencing injection was 19 years with injecting careers spanning from one to 41 years. Amphetamines remained the most common substance with which to have commenced injecting. Heroin remained the dominant drug of choice amongst the sample despite smaller numbers nominating it in this role than in previous years. Opiates other than heroin, when viewed collectively were being used much more frequently and had displaced methamphetamine as the most injected drugs. These other opiates were also the drugs most recently injected with 50% of the IDU sample indicating this to be the case. The most common rate of injection was 'more than weekly but less than daily' accounting for 41% of the sample. Polydrug use was highly normalised with no IDU identified who had exclusively used just one drug class out of heroin, methamphetamine, other opiates, cannabis or benzodiazepines.

Heroin

Although the price of a gram of heroin remained unchanged at \$550, in many other respects the market for illicit heroin had experienced a downturn with user perceptions of both availability and purity substantially less than in 2005. Despite this, availability was generally viewed as 'easy' but purity was viewed as 'low'. Recent use was reported by 53% of the sample down from 69% and mean days of use had fallen from 81 to 47. Powder heroin remained noticeably more common than rock. Overdoses remained uncommon with just six IDU reporting an overdose due to heroin in the last twelve months.

Methamphetamine

The price of a gram of methamphetamine had remained static since 2005 regardless of form. Thus, a gram of powder cost \$300, a gram of base cost \$325 and a gram of crystal methamphetamine cost \$400. User perceptions of the purity of base and crystal also remained unchanged with purity of both forms continuing to be described as 'high' however, perceptions of the purity of powder had fallen and it was generally rated as 'low'. By user report, the availability of crystal had improved following a decline in availability in 2005 and was seen as 'easy' to obtain. Powder methamphetamine however was perceived to be less available, but nevertheless was still rated as 'easy' to obtain. Base methamphetamine had clearly declined in availability but there was little consensus among IDU as to what current availability was like. Users of any form of methamphetamine had increased with 86% of IDU having used in the last six months, but mean days of use remained unchanged at 51. There were 66% of IDU who had recently used methamphetamine powder which was unchanged from the previous year but mean days of use had fallen to 19. Numbers using base had fallen to 40%, but days of use remained relatively unchanged at 20. Use of crystal methamphetamine remained stable at 76% and mean days of use constant at 35.

Cocaine

As in previous years only small numbers of IDU were able to comment about cocaine, a fact that in itself may be considered informative as to the continuing scarcity of cocaine amongst Perth IDU. This fact also necessitates caution in the interpretation of all data pertaining to cocaine. Based on one purchase, a gram of cocaine reportedly cost \$350. Very small numbers of reports provided no consensus as to availability although this appeared to have fallen since 2005. What reports there were suggested that purity remained 'high'. Numbers of IDU reporting recent use had fallen to just 10% with mean days of use remaining stable at six.

Cannabis

Prices of an ounce of cannabis remained relatively unchanged at \$280 for an ounce of hydroponic cannabis and \$200 for an ounce of bush cannabis. User reports suggested that the availability of hydroponic cannabis had fallen, but nevertheless was still rated as 'easy'. Bush cannabis was also viewed as having 'easy' availability, a situation unchanged from 2005. Potency of both forms was viewed by users as unchanged with hydroponic cannabis rated as 'high' and bush as 'medium'. Numbers of recent users in the IDU sample remained relatively unchanged at 80%. Mean days of use had also remained stable at 105. As in previous years hydroponic cannabis was found to be the dominant form.

Use of illicit pharmaceuticals

Illicit Methadone

Recent use of illicit methadone syrup had remained stable with 21% of IDU having consumed it in the last six months with a mean of 26 days of use which was not dissimilar to the 2005 mean. The majority of this use was by injection. There had been an increase in the use of illicit Physeptone with 35% of IDU reporting recent use. Mean days of use had remained stable at eight. As with syrup, injection remained the main route of administration. Price appeared to have remained stable at one dollar per ml or mg. Availability remained unchanged with most users describing it as 'very easy'.

Illicit Buprenorphine

Numbers using illicit buprenorphine in the last six months remained stable at 31% of IDU and mean days of use was likewise stable at 43. The mean price for a tablet was \$43. Recent illicit use of Suboxone was reported by nine IDU despite the fact that more than half of these had experienced withdrawal symptoms as a result. Mean days of use was 28. Almost all IDU providing information were aware that illicit Suboxone was being sold for a mean price of \$30.

Morphine

Recent use of illicit morphine was reported by 51% of the IDU sample with mean days of use standing at 48. Price of MS Contin 100mg, the most common form, remained unchanged at \$50. There was no real consensus concerning the current availability of illicit morphine although it appeared to have become more difficult to obtain than in the previous year, possibly due to considerable amounts of the drug being converted into homebake heroin rather than sold directly.

Oxycodone

Illicit oxycodone use in the last six months was reported by 42% of IDU, a figure relatively unchanged from the previous year. Mean days of use was 17 which was also similar to mean days reported in 2005. The most common purchase was 80mg tablets of Oxycontin for a mean price of \$51. Prevailing opinion held availability to be 'easy'.

Other opioids

Recent use of homebake heroin had increased with 54% of IDU having consumed it in the last six months, compared to 34% the previous year. Mean days of use was 49 which was also a significant increase on the 30 days in 2005. Other miscellaneous opiates (primarily codeine based preparations) had not changed significantly with 31% of IDU having recently used them for a mean of 39 days.

Benzodiazepines

Benzodiazepines had recently been used by 75% of IDU with mean days of use standing at 85. Licit use of these drugs continued to exceed illicit use and as in previous years the main form used was diazepam.

Associated harms

While there was no reported change in incident cases of Hepatitis C Virus (HCV), there was a slight increase in incident cases of Hepatitis B Virus (HBV). Rates of sharing equipment showed little change however, rates of repeated sharing had declined with virtually all involving sharing with only one person, generally a regular sex partner. There was a substantial increase in injection related problems largely driven by more people reporting difficulty in injecting. Numbers reporting driving a vehicle whilst under the influence of illicit drugs remained very high with more than half the entire sample having done so in the six months prior to interview. Average expenditure on drugs the previous day was \$100 which was a significant increase on the previous year. Mental health issues had recently been experienced by 44% of the sample which was not significantly removed from 2005. Depression and anxiety remained the predominant mental health issues. Acts of aggression whilst in withdrawal exceeded those caused whilst intoxicated. Crystal methamphetamine was the drug most commonly implicated in such acts overall. Numbers reporting involvement in criminal activity remained unchanged from the previous year.

Implications

There were a number of implications arising from the 2006 findings, many of these stemming from the continued rise in the use of pharmaceutical drugs the point where non-heroin opiates had become the most injected class of drugs. As most of these are intended for oral consumption rather than injection it seems likely that this trend will ensure that a variety of injection related problems will continue to be seen amongst this population. Further, experiences of this type of drug use in the United States have demonstrated that their widespread use generates a pre-existing market for heroin to return to and also has the potential to generate new forms of crime such as assaults on chronic pain patients and robberies of pharmacists with a view to obtaining medications. As there is little evidence of a rise in such crime at present, it may be inferred that substantial levels of onselling medication and 'doctor shopping' are occurring. The massive rise in the use of homebake heroin and decline in the availability of morphine suggests that a considerable amount of diverted morphine is not being sold directly, but first processed or "*baked*" to manufacture homebake heroin. The ongoing popularity of opiates in an environment of low purity heroin also raises the possibility that recent trends in North America, which saw dealers lacing low grade heroin with pharmaceuticals such as fentanyl resulting in a number of overdoses, could be replicated here. Recent events documented in local media of an armed robbery on a pharmacy with a view to obtaining pseudoephedrine (Eliot, 2007) may be an illustration of how attempts to restrict precursor chemicals used in the manufacture of methamphetamine might have the unintended consequence of generating previously unseen types of criminal activity.

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). The project is coordinated at the national level by the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales, thereby ensuring that comparable data is collected in every jurisdiction in Australia.

This report presents the findings of the eighth year of data collection in Perth. 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 in 2003 when, for the first time, the IDRS had attempted to collect more detailed information on the illicit markets for methadone and morphine. It has been further expanded to encompass other opiate based pharmaceuticals including oxycodone and buprenorphine. A summary report of the national findings will be published as the 2006 Australian Drug Trends (O'Brien, in press) 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 technical reports. Once again, in 2006 the Ecstasy and Related Drugs System (EDRS, formerly the Party Drugs Initiative (PDI) included data collection in Perth and the results of this study dealing more extensively with users of ecstasy and related drugs (ERDU) can be located in George and Lenton (in press).

1.1 Study Aims

The specific aims of the WA component of the 2006 IDRS were to:

- examine trends in illicit drug use in Perth for 2006;
- identify any emerging illicit drug trends in Perth that warrant further investigation and
- monitor the extent to which drugs such as homebake heroin and pharmaceutical opiates such as morphine and buprenorphine have filled the role of heroin during the ongoing shortage.

2 METHOD

Three data collection methods are used in the IDRS: a survey of injecting drug users (IDU); a key expert (KE) 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. KE 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 2005 (Fetherston & Lenton 2006), 2004 (Fetherston & Lenton 2005), 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 period. Comparisons with 1999 WA data is somewhat limited as only the KE survey and analysis of existing indicator data were conducted in that year. Direct comparisons have been made with the 2005 data where possible.

2.1 Survey of injecting drug users (IDU)

A survey of 100 IDU was conducted between early June and early September 2006. Subjects were recruited through advertisements in the street press and through flyers distributed through needle and syringe programs (NSP) 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 again follow the practice adopted in 2004 of suspending the quota of a 30% maximum of respondents in treatment for their drug use that had been employed in previous years. This sampling strategy has produced a demographic that is highly comparable with IDU interviewed in preceding years. Interviews were conducted at a centrally located cafe convenient to the participating IDU.

The interview administered consisted of a standardised, structured questionnaire, which was a slightly modified version of the questionnaire used nationally in 2005. 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 minor changes to the section dealing with acts of aggression and the substances implicated with them, and the inclusion of a new section dealing with BBVs. 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 Chapter 3 below.

2.2 Survey of key experts (KE)

There were 21 KE interviews conducted throughout September and October 2006. 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, KE who were interviewed as part of previous IDRS surveys were interviewed again in 2006. Where former KE 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 KE were provided through snowballing techniques and/or through referral by advisory group members.

As all KE interviews were conducted over the telephone, and 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 KE 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 reviewed as soon as practicable after its completion.

The KE group consisted of 13 male and eight female respondents. Of these nine identified themselves as general drug treatment workers, three as coming from the law enforcement sector, two as outreach workers, two emergency department workers and two clinical nurse specialists. There were also individuals employed as a doctor, a youth worker and on a needle and syringe exchange program.

KEs 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 KE able to comment on various drug types were 16 on primary amphetamine users and three on primary cannabis users. There were also two KE who spoke about other opiates generically. With specific regards to the KE from law enforcement backgrounds, all three discussed manufacturers or traffickers of methamphetamines.

There were eight KE who indicated that they did not deal specifically with any special populations, however, the remaining 15 identified a number of such populations, many of them dealing with several such groups, the most commonly mentioned being street present or homeless people mentioned by four KE. Other special populations mentioned included youth, women, IDU, sex workers, ATSI, prisoners and ex-offenders.

2.3 Other indicators

Secondary data sources were examined to complement and validate the data collected from both the IDU and KE 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 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 2004 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 (i.e. in the city or State of the study); and
- 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 2005 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);
- BBV infection rates from the Australian NSP survey, prepared by the National Centre in HIV Epidemiology and Clinical Research;
- incident and unspecified cases of HBV and HCV from the National Notifiable Diseases Surveillance System;
- drug related hospital admissions obtained from the National hospital Morbidity Database; and
- illicit drug related deaths provided by the Drug and Alcohol Office.

At the time of writing data concerning number, size and purity of drug seizures which in past years has been provided by the Australian Crime Commission (ACC) was not available.

2.4. Data Analysis

Qualitative data collected as part of the KE survey were analysed using the word processing and table facilities of Microsoft Word (Windows 2000 Professional). Quantitative data from the IDU and KE survey were analysed using SPSS 14.0 for Windows. For all quantitative analysis, alpha was set at 0.05. Unlike earlier years 'don't know' type responses were included to ensure consistency of data with that presented in the national report. That said, however, the 'don't know' responses have been excluded for the purposes of conducting chi square analysis due to their commonly small cell sizes. Where analysis of drug types by form (e.g. brand of morphine most used) was involved, only those respondents who had used the drug within the last six months were included.

3 RESULTS

3.1 Overview of the IDU sample

Overall, the demographic features of the IDU sample bore few differences of statistical significance from that interviewed in 2005. As in the previous year, two thirds (66%) of the sample were male and virtually all (99%) reported that English was the main language spoken at home. The majority (72%) of the sample reported being unemployed at the time of interview which was not dissimilar from the 66% of the 2005 sample who were not employed. A sexual orientation other than heterosexual was reported by 15 % of the IDU sample of whom the majority (66%, n=10) described themselves as 'bisexual'. Having attained formal qualifications after leaving school was reported by 54% of IDU interviewed which did not differ substantially from the 58% who reported possessing such qualifications in the previous year.

One of the few areas to prove significantly different from the demographics of the 2005 IDU sample was that of Aboriginality with 15% indicating that they identified as being of Aboriginal or Torres Strait Islander descent compared with six percent the previous year ($\chi^2=14.362$, $df=1$, $p=0.00$). Another significant increase was also observed in the proportion of the sample who reported a history of having been incarcerated in prison with 48% of the sample reporting this up from 33% in 2005 ($\chi^2=10.176$, $df=1$, $p=0.001$). Years of school education ranged from five to 12 with a mean of 10 years, a significant decline from the 2005 mean of 11 years ($t=3.909$, $df=99$, $p=0.00$). An overview of the demographic characteristics of the sample is given in Table 1 below.

Table 1: Demographic characteristics of the IDU sample, 2005-2006

Characteristic	2005 N=100	2006 N=100
Age (mean years)	35	37
Sex (% male)	66	66
Employment (%)		
Not employed / on a pension	66	72
Full time	10	10
Part time/casual	18	12
Home Duties	4	0
Student	2	6
Received income from sex work last month	4	1
Aboriginal and/or Torres Strait Islander (%)	6	15
Heterosexual (%)	88	85
Bisexual (%)	8	10
Gay or lesbian (%)	4	3
Other (%)	0	2
School education (mean no. years, range)	11 (7-12)	10 (5-12)
Tertiary education (%)		
None	42	46
Trade/technical	42	44
University/college	16	10
Currently in drug treatment [^] (%)	50	45
Prison history (%)	33	48

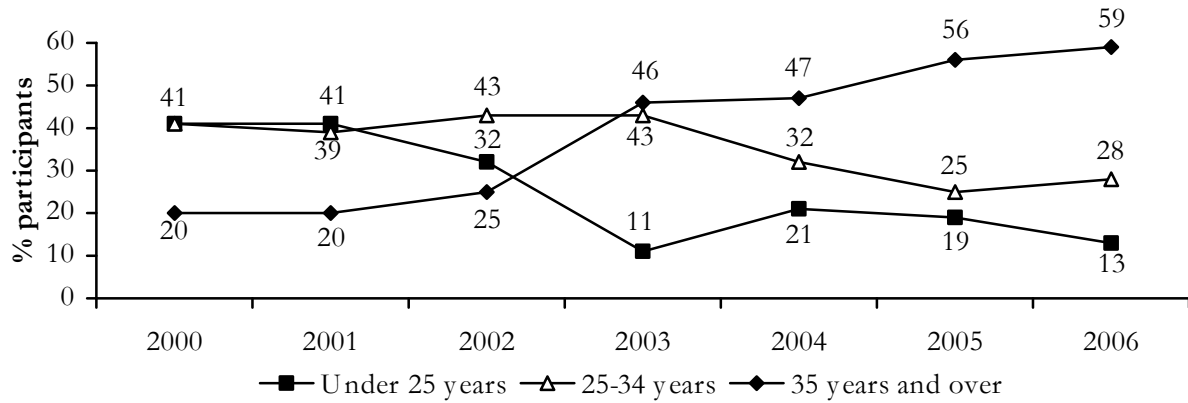
Source: IDRS IDU Interviews

[^] Refers to any form of drug treatment, including pharmacotherapies, counselling, detoxification, etc.

3.1.1 Age of the IDU sample over time

The age of IDU in the sample ranged from 17 to 62 with a mean of 37 years. Although this represents a significant increase from the 2005 mean age of 35 years ($t=2.151$, $df=99$, $p=0.034$), this is not in fact a new development, but part of an ongoing trend that has been observed over time in Western Australia since the commencement of IDU interviews in 2000 when the average age was 28. The data in Figure 1 below shows how, since 2000, the proportion of the IDU sample aged 35 and over has risen to become the predominant age demographic in the sample while IDU aged under 25 who made up 41% of the 2000 sample now comprise just 13%.

Figure 1: Age distribution of IDU in the WA IDRS samples, 2000-2006



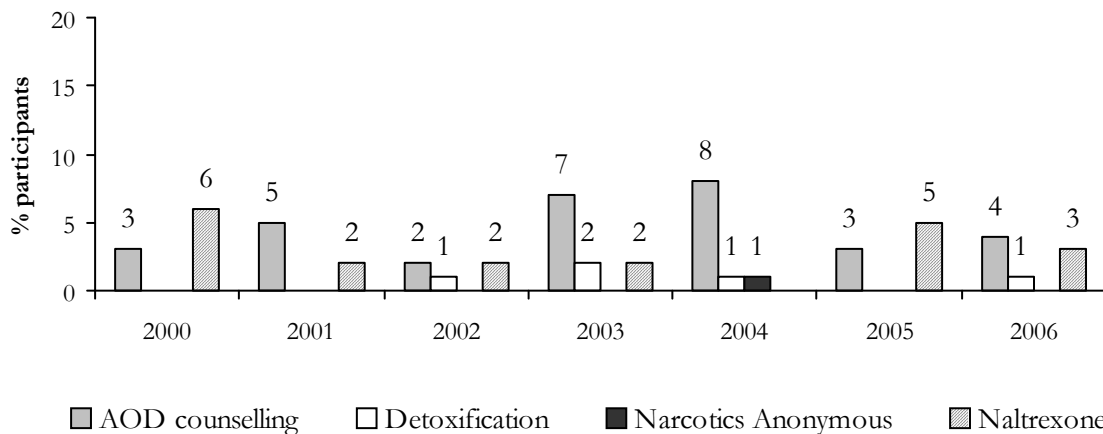
Source: IDRS IDU interviews

3.1.2 Current and previous drug treatment

At the time of interview 45% of the IDU sample reported currently receiving treatment for their drug use, a figure that was not significantly different from the 51% in 2005 ($\chi^2=1.000$, $df=1$, $p=0.317$). Time spent in treatment ranged from two weeks to 180 months (i.e. 15 years) with a mean time of 42 months. There were also six IDU who reported receiving treatment within the previous six months but this treatment had been discontinued prior to the interview. As in previous years, methadone was the most common treatment amongst the IDU sample by a very substantial margin with 47% ($n=21$) of those in treatment receiving methadone maintenance. Other treatment modalities included 10 IDU receiving buprenorphine, six receiving Suboxone, four in drug counselling three on naltrexone and one individual who was undergoing detoxification.

Treatments other than opioid replacements have historically been much less commonly reported in the IDU sample than therapies such as methadone or buprenorphine. This information from 2000 to the present is depicted in Figure 2.

Figure 2: Proportion of participants reporting treatments other than opioid replacement pharmacotherapy in past six months, 2001-2006



Source: IDRS IDU interviews

NB: Multiple responses could be selected

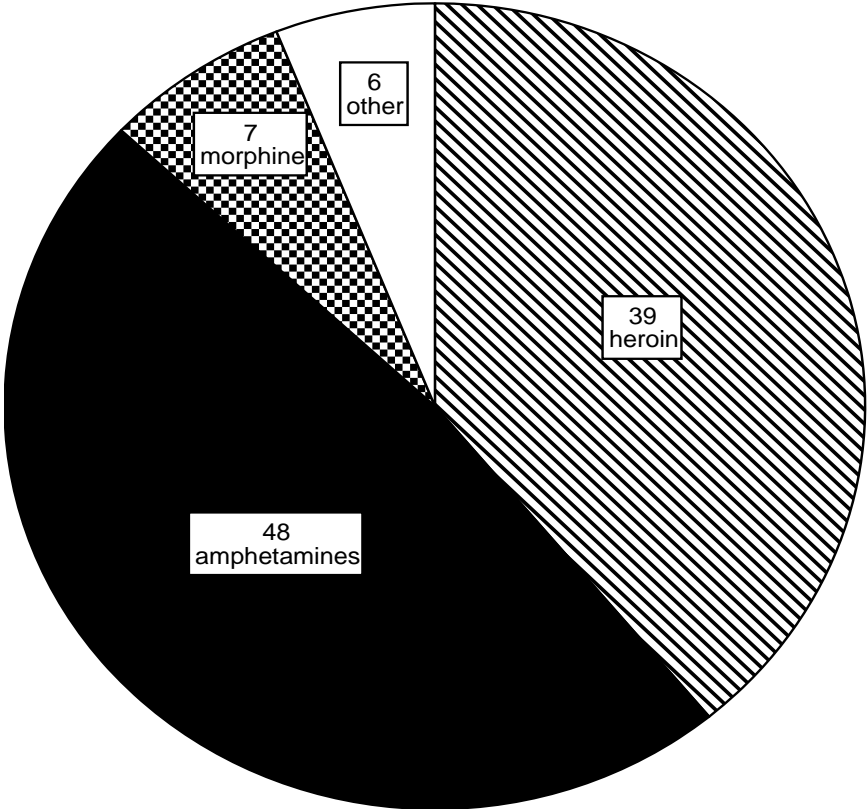
3.2 Drug use history and current drug use

The ages at which IDU in the 2006 survey reported having commenced injecting varied greatly, ranging from nine years old up to 40 years old. The modal age, however, was 17 years and the mean age was 19 years which remains unchanged from the 2005 survey.

Such a wide range of ages of initiation has unsurprisingly resulted in great diversity in the length of individual IDU injecting careers from one individual having been injecting for only one year up to one individual who indicated they had been injecting drugs for 41 years. The average length of injecting career was 18 years which, while not significantly greater than the 2005 average of 16 ($t=1.739$, $df=99$, $p=0.085$) was significantly longer than the 2004 average of 15 years ($t=2.768$, $df=99$, $p=0.007$). This may suggest that, not only are IDU in the sample older than in previous years, but also that they tend to be more established in their drug use.

There was very little change in substances reported as the first drug respondents had injected, with amphetamines being the predominant drug by a large margin with 48% of the sample nominating these drugs compared with 49% the previous year. Heroin was again the next most common, nominated by 39%, a figure very similar to the 4005 finding of 40%. Other drugs were substantially less frequently mentioned in this context. Morphine nominated by six percent in 2005 was nominated by seven percent in 2006. Other substances mentioned included two individuals who had commenced injection using methadone, two with other unspecified opiates, one with cocaine and one individual with hallucinogens. This information is presented in Figure 3 below.

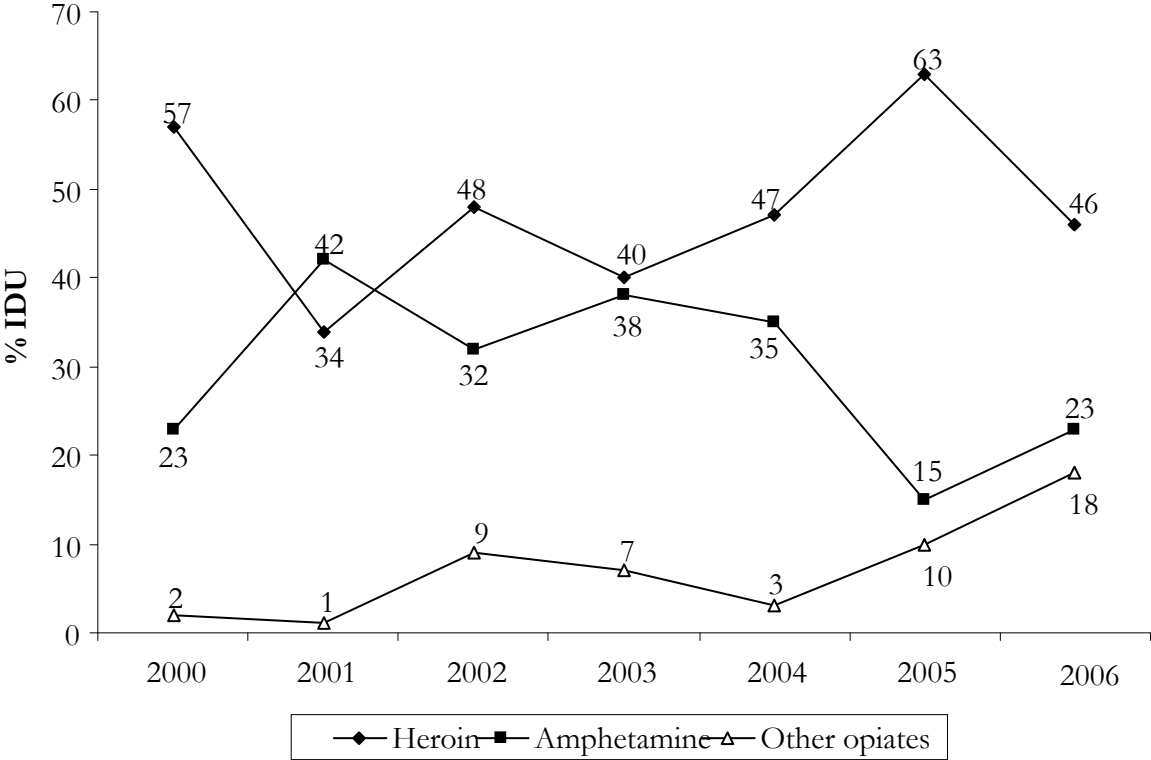
Figure 3: Drugs first injected by the WA 2006 IDU sample by percent



Source: IDRS IDU interviews

Heroin remained the most common drug of choice amongst the IDU sample, although numbers of users citing it in this context had fallen substantially from the peak of 63% in 2005 to just 46% ($\chi^2=12.398$, $df=1$, $p=0.00$). Methamphetamines retained their position as the next most commonly mentioned drugs of choice rising from 15% in 2005 to 23% in 2006 ($\chi^2=5.020$, $df=1$, $p=0.025$). Of those who stated that their drug of choice was methamphetamine 39% ($n=9$) preferred crystal methamphetamine, 35% ($n=8$) preferred powder and 26% ($n=6$) preferred to use methamphetamine paste. A significant rise was also observed in numbers of IDU nominating opiates other than heroin as their preferred drugs of choice, up from 10% in 2005 to 18% in 2006 ($\chi^2=7.111$, $df=1$, $p=0.008$). Amongst those users who selected non-heroin opiates as their drugs of choice, by far the most commonly mentioned drug was morphine, nominated by 44% ($n=8$), followed by oxycodone (17%, $n=3$). Buprenorphine and homebake heroin were both nominated as the drug of choice by two IDU, and single individuals cited methadone, opium or other opiates of an unspecified type. These trends in users drugs of choice since 2000 are displayed in Figure 4 below.

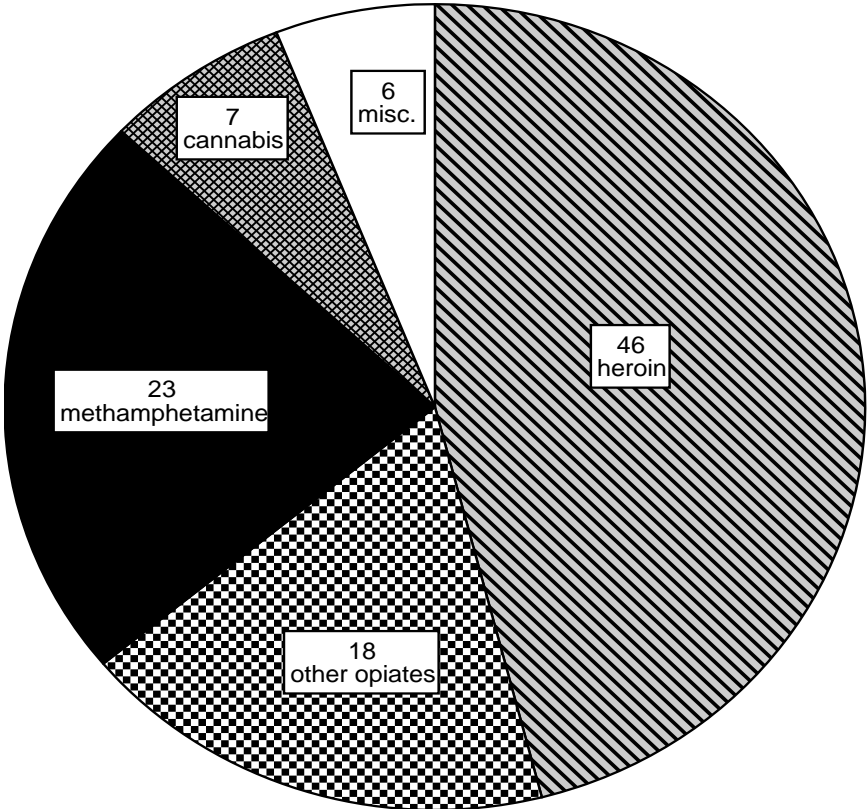
Figure 4: Drugs of Choice, 2000-2006



Source: IDRS IDU interviews

Small numbers of IDU indicated that their drug of choice did not fit into any of these three main categories. The most common of these drugs was cannabis cited by seven percent of IDU, followed by lysergic acid diethylamide (LSD) which was mentioned in this context by two. Lone individuals also mentioned ecstasy, benzodiazepines, pharmaceutical stimulants or were unable to specify a drug of choice. A breakdown of drugs of choice in the 2006 sample is shown in Figure 5 below.

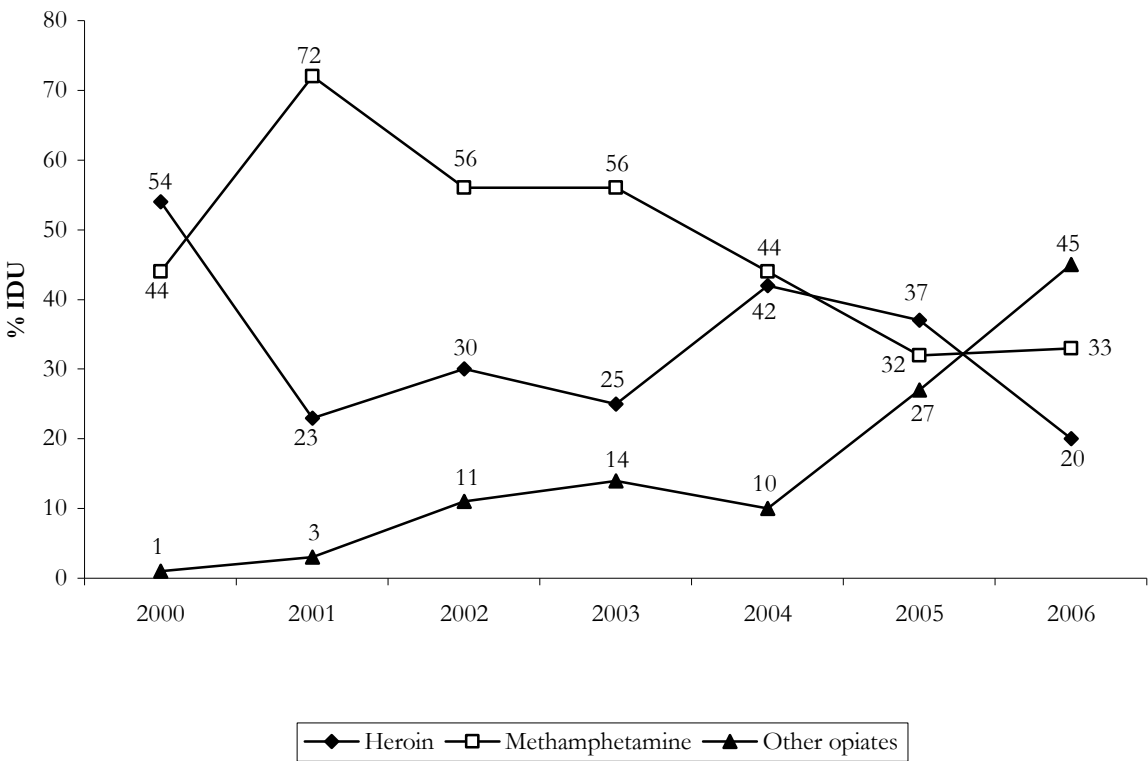
Figure 5: Drugs of choice in the 2006 WA IDU sample by percent



Source: IDRS IDU interviews

With regards to the drug most injected in the month prior to interview, heroin was seen to fall dramatically from being the substance most reported in this context by 37% in 2005 to just 20% in 2006 ($\chi^2=12.398$, $df=1$, $p=0.00$). Very little change was observed to the status of methamphetamines with 33% of IDU reporting them as the drug most injected compared with 32% the previous year. Of those who had injected methamphetamine most, the most common form reported was crystal (64%, $n=21$), followed by powder (27%, $n=9$) and paste (9%, $n=3$). Large increases were observed with regards to the injection of non-heroin opioids collectively rising from 27% of IDU in 2005, who indicated that this was the class of drug they had injected most in the last month, to 45% in 2006 ($\chi^2=16.438$, $df=1$, $p=0.00$), thereby displacing heroin as the most injected drug. Among those who indicated that other opiates were the class of drug they had injected most in the last month, the most common substance was morphine (47%, $n=21$). Other less commonly seen opioids were homebake heroin (18%, $n=8$), buprenorphine (13%, $n=6$), methadone (11%, $n=5$), oxycodone (7%, $n=3$) and Suboxone (4%, $n=2$). In addition to this there were also two individuals who reported that the drugs they had injected most commonly in the month prior to interview were pharmaceutical stimulants. This information is displayed in Figure 6 below.

Figure 6: Drug injected most last month, 2000-2006



Source: IDRS IDU interviews

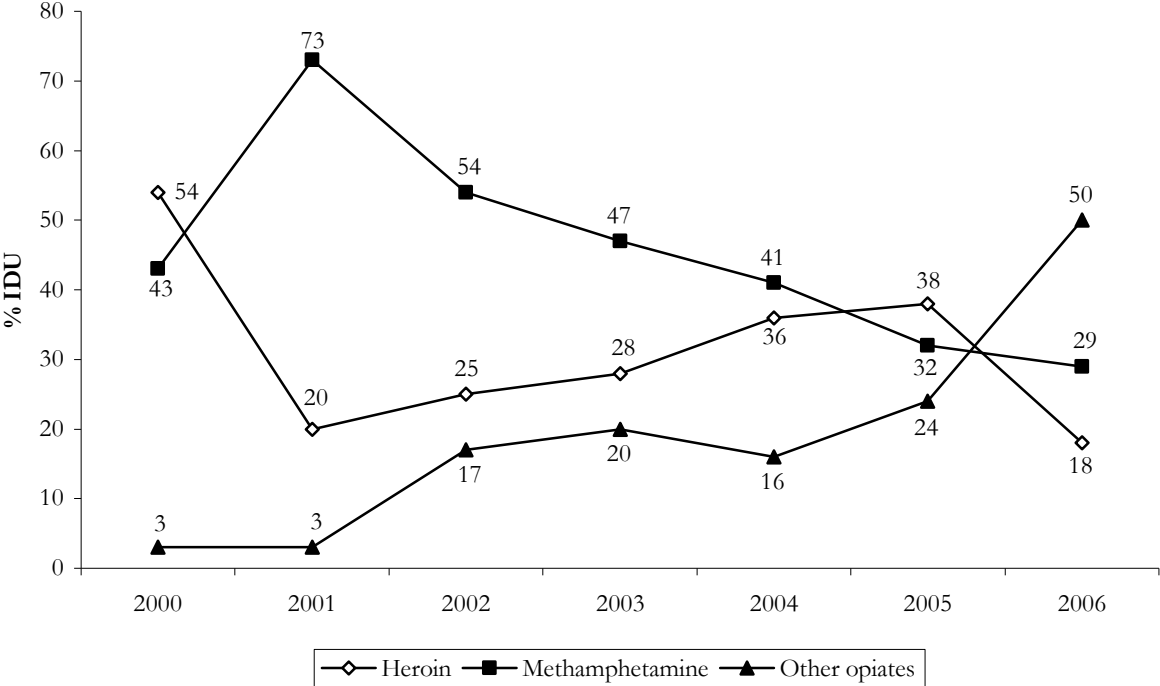
There was 47% of the IDU sample who indicated that the drug they had injected most often in the month prior to interview was not their ‘drug of choice’. Overwhelmingly, the most common reason given for this related to availability with 68% ($n=32$) of these respondents citing this reason. Other responses were far less common with 11% ($n=5$) indicating that they were not using their drug of choice due to being in drug treatment, two individuals citing price, two citing

purity and two who indicated that the drugs they were currently injecting were for purposes of pain relief. The remaining four IDU cited a range of miscellaneous responses.

Trends observed with regards to IDU last drug injected prior to interview bore strong similarities to those observed with regards to their drug most injected in the month prior to interview. Heroin was again seen to have declined significantly in this role from 38% in 2005 to just 18% in 2006 ($\chi^2=16.978$, $df=1$, $p=0.00$). Methamphetamines had been most recently injected by 29% compared with 32% the previous year, but this difference was not found to be significant ($\chi^2=0.414$, $df=1$, $p=0.520$). Amongst those who had last injected methamphetamine, crystal was the most common form reported by 62% ($n=18$), followed by powder (31%, $n=9$) and paste (7%, $n=2$). A massive increase was observed in numbers of IDU reporting that the last drug they had injected had been some form of opiate other than heroin. From 24% in 2005, in 2006 fifty percent of the IDU sample reported that opiates other than heroin had been the drugs they injected most recently ($\chi^2=37.061$, $df=1$, $p=0.000$), making this class of drugs the most commonly reported in this context. Amongst those who had most recently injected opiates other than heroin, the most commonly reported drug was morphine (46%, $n=23$) followed by buprenorphine (22%, $n=11$) and homebake heroin (20%, $n=10$). Less commonly reported were methadone (8%, $n=4$), and Suboxone (4%, $n=2$).

In addition to these, two individuals reported that their most recently injected drugs were pharmaceutical stimulants, and one indicated it had been an antihistamine, presumably taken for medicinal purposes. This data is shown in Figure 7 below.

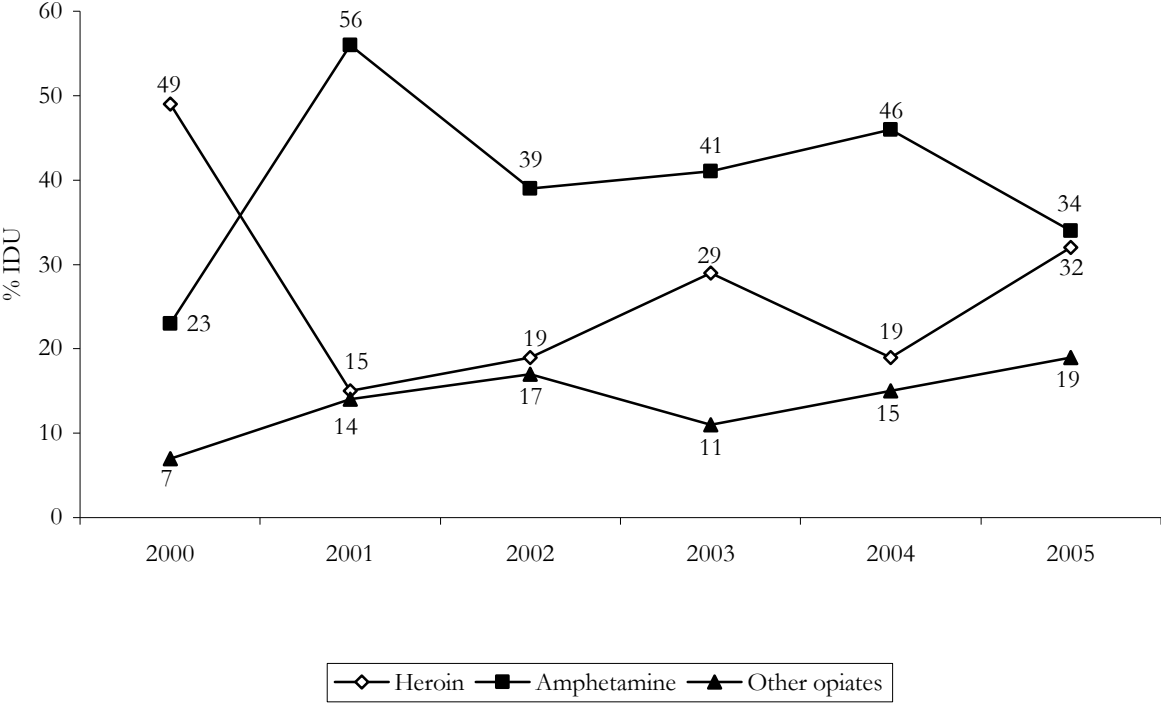
Figure 7: Drug last injected prior to interview 2000-2006



Source: IDRS IDU interviews

The rising trend in the use of opiates, other than heroin, can also be seen in the WA findings of the 2005 NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2006). The trends observed with regards to a downturn in methamphetamine and a resurgence in the use of heroin also reflect the findings of the WA IDU survey for 2005. This data is presented in Figure 8 below.

Figure 8: Number of respondents attending three inner city NSPs reporting heroin, methamphetamine and other opiates as last drug injected, 2000- 2005



Source: Three inner city NSP

There were just four IDU who reported that they had not consumed any drugs the day prior to interview, a significantly smaller number than the 10 IDU who had not taken any drugs the previous day in 2005 ($\chi^2=4.000$, $df=1$, $p=0.046$). The most commonly reported drug to have been consumed the day before was alcohol with 27 IDU indicating this. Next most common, in descending order, were cannabis ($n=25$), benzodiazepines ($n=24$), morphine ($n=22$), methadone ($n=20$), buprenorphine ($n=15$), heroin ($n=12$), homebake heroin ($n=11$), methamphetamine powder ($n=10$), crystal methamphetamine ($n=7$), Suboxone ($n=5$), antidepressants ($n=4$), unspecified opiates ($n=3$) and pharmaceutical stimulants ($n=2$). There were also single individuals who mentioned methamphetamine paste, pharmaceutical stimulants, oxycodone and ketamine.

Numbers of IDU reporting injecting on at least a daily basis remained unchanged from 2005 with 48% of the sample reporting doing so. Amongst these IDU injecting on at least a daily basis however, there appeared to have been a significant increase in numbers reporting injecting multiple times a day with 34 IDU reporting doing so compared with 26 in 2005 ($\chi^2=5.371$, $df=1$, $p=0.020$). A summary of drug use history in the 2006 IDU sample is located in Table 2.

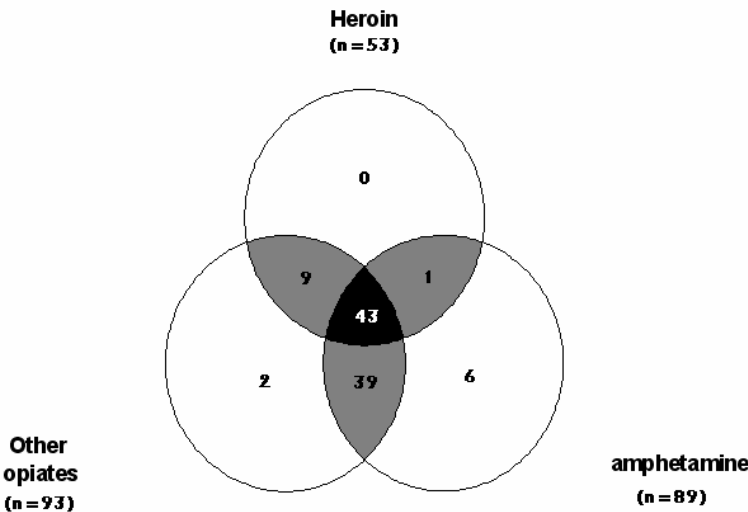
Table 2: Injection history, drug preferences of IDU participants, 2005-2006

Variable	2005 N=100	2006 N=100
Age first injection (years)	19	19
First drug injected (%)		
Heroin	40	39
Amphetamines	49	48
Cocaine	0	1
Morphine	6	7
Other	5	5
Drug of choice (%)		
Heroin	63	46
Cocaine	1	0
Methamphetamine (any form)	15	23
<i>Speed</i>	4	8
<i>Base</i>	1	6
<i>Crystal Methamphetamine (ice/crystal)</i>	10	9
Other opiates	10	18
Cannabis	6	7
Drug injected most often in last month (%)		
Heroin	37	20
Cocaine	0	0
Methamphetamine (any form)	32	33
<i>Speed</i>	9	9
<i>Base</i>	5	3
<i>Crystal Methamphetamine (ice/crystal)</i>	18	21
Other opiates	27	45
Other/ Not injected in last month	1	0
Most recent drug injected (%)		
Heroin	38	18
Cocaine	0	0
Methamphetamine (any form)	32	29
<i>Speed</i>	7	9
<i>Base</i>	3	2
<i>Crystal (ice)</i>	22	18
Other opiates	27	50
Frequency of injecting in last month (%)		
<i>Not injected in last month</i>	1	0
Weekly or less	22	11
More than weekly, but less than daily	29	41
Once per day	22	14
2-3 times a day	24	27
>3 times a day	2	7

Source: IDRS IDU interviews

It was evident that polydrug use, i.e. the use in the last six months of multiple classes of drugs was a highly normalised practice among the 2006 IDU sample. In considering the three main classes of drugs (heroin, amphetamines and non-heroin opiates) in this context, there were no IDU who had exclusively used heroin, just two who had exclusively used non-heroin opiates and six who had used only amphetamines. By far the most common situations were the 43 IDU who had used all three drug classes, followed by the 39 who had used amphetamines and non-heroin opiates. These patterns of use for 2005 and 2006 are shown in Figure 9 below.

Figure 9: Polydrug use amongst the WA 2006 IDU sample in the six months prior to interview



Cannabis and benzodiazepines are not depicted in the above figure as this would render the diagram excessively complex. However, on including benzodiazepines and cannabis in the analysis, it was revealed that absolutely no respondents in the 2006 IDU sample had adhered to use of a single drug class.

Table 3: Polydrug use history of the IDU sample, 2006

Drug Class	Ever used %	Ever Injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever Smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever Swallowed %	Swallowed last 6 mths+ %	Used^ last 6 mths %	Days in treatment* last 6 mths	Days used^ in last 6 mths*
Heroin	96	94	53	47 (20)	39	1	21	0	14	1	53		47 (20)
Homebake heroin	83	83	54	49 (14)	0	0	0	0	5	1	54		49 (14)
<i>Any heroin (inc. homebake)</i>	<i>96</i>	<i>94</i>	<i>75</i>		<i>39</i>	<i>1</i>	<i>21</i>	<i>0</i>	<i>18</i>	<i>2</i>	<i>75</i>		
Methadone (prescribed)	50	31	11	66 (60)					49	22	23	164 (180)	156 (180)
Methadone (not prescribed)	49	36	17	24 (10)					34	9	21		26 (10)
Physeptone (prescribed)	14	11	0	N/A	0	0	0	0	5	0	0	N/A	N/A
Physeptone (not prescribed)	35	29	14	9 (5)	0	0	1	1	16	7	18		8 (5)
<i>Any methadone (inc. Physeptone)</i>	<i>74</i>	<i>58</i>	<i>29</i>	<i>42 (13)</i>					<i>63</i>	<i>31</i>	<i>44</i>		<i>91 (100)</i>
Buprenorphine (prescribed)	39	30	11	81 (60)	2	1	1	1	32	12	16	120 (150)	109 (90)
Buprenorphine (not prescribed)	61	57	31	43 (20)	3	0	1	0	18	8	32		43 (16)
<i>Any Buprenorphine (exc buprenorphine-naloxone)</i>	<i>76</i>	<i>68</i>	<i>34</i>	<i>57 (25)</i>	<i>3</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>42</i>	<i>16</i>	<i>38</i>		<i>76 (77)</i>
Buprenorphine-naloxone (prescribed)	9	6	6	37 (4)	0	0			8	8	9	135 (180)	71 (30)
Buprenorphine-naloxone (not prescribed)	9	9	9	27 (10)	0	0			2	2	9		28 (10)
<i>Any Buprenorphine-naloxone</i>	<i>17</i>	<i>14</i>	<i>14</i>	<i>33 (9)</i>	<i>0</i>	<i>0</i>			<i>10</i>	<i>10</i>	<i>16</i>		<i>52 (15)</i>
Morphine (prescribed)	30	26	11	108 (180)	0	0	0	0	11	2	12		108 (180)
Morphine (not prescribed)	77	75	49	49 (20)	2	0	1	0	22	9	51		48 (20)
<i>Any Morphine</i>	<i>80</i>	<i>77</i>	<i>51</i>	<i>65 (26)</i>	<i>2</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>30</i>	<i>10</i>	<i>53</i>		<i>63 (26)</i>
Oxycodone (prescribed)	14	13	7	21 (12)	0	0	0	0	9	5	8		22 (12)
Oxycodone (not prescribed)	62	59	41	18 (6)	0	0	0	0	10	6	42		17 (6)
<i>Any Oxycodone</i>	<i>63</i>	<i>60</i>	<i>43</i>	<i>20 (8)</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>16</i>	<i>10</i>	<i>45</i>		<i>20 (7)</i>
Other opioids (not elsewhere classified)	31	19	5	26 (6)	9	0	2	0	12	5	9		39 (10)

Source: IDRS IDU interviews

^Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting + Refers to/includes sublingual administration of buprenorphine. Among those who had used/injected. # Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood). Does not include pharmaceutical stimulants *Median days of use/injection are in brackets

Table 3: Polydrug use history of the IDU sample, 2006 (continued)

Drug Class	Ever used %	Ever Injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever Smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever Swallowed %	Swallowed last 6 mths+ %	Used^ last 6 mths %	Days in treatment* last 6 mths	Days used^ in last 6 mths*
Speed powder	95	94	66	19 (6)	25	9	44	8	35	7	66		19 (6)
Base/point/wax	70	70	37	20 (6)	2	1	4	1	6	3	40		20 (6)
Ice/shabu/crystal	94	94	76	34 (16)	33	21	14	6	12	5	76		35 (20)
Amphetamine liquid	26	23	3	26 (3)					5	2	4		20 (3)
<i>Any form methamphetamine#</i>	98	98	86	50 (31)	47	24	49	10	42	11	86		51 (33)
Pharmaceutical stimulants (prescribed)	15	8	2		1	0	4	0	15	2	4		123 (140)
Pharmaceutical stimulants (not prescribed)	73	46	28		2	1	5	3	55	28	44		16 (6)
<i>Any form pharmaceutical stimulants</i>	75	49	29	22 (6)	3	1	8	3	60	30	45		24 (6)
Cocaine	71	54	4	3 (3)	8	1	40	7	3	0	10		6 (3)
Hallucinogens	86	20	0	N/A	4	0	2	0	83	7	7		3 (3)
Ecstasy	84	48	15	3 (1)	2	0	10	2	75	23	27		8 (3)
Benzodiazepines	89	35	11	34 (20)	3	0	3	2	89	73	75		85 (60)
Alcohol	98	8	0	N/A					98	66	66		53 (25)
Cannabis	98										80		105 (105)
Antidepressants	64	2	0	N/A					64	42	42		136 (180)
Inhalants	29										4		3 (2)
Tobacco	92										88		175 (180)

Source: IDRS IDU interviews

^Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting + Refers to/includes sublingual administration of buprenorphine. Among those who had used/injected. # Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood). Does not include pharmaceutical stimulants *Median days of use/injection are in brackets

4 HEROIN

4.1 Price

There were 34 IDU able to answer questions about the price of a gram of heroin, a number substantially smaller than the 57 able to provide this information in 2005 ($\chi^2=13.921$, $df=1$, $p=0.00$). Prices cited ranged from \$100 up to \$1,400 with a mean price of \$573 which was not found to be significantly different from the previous year's mean price of \$527 ($t=1.015$, $df=33$, $p=0.318$).

With regards to actual purchases of heroin, regardless of the size of the purchase there were substantially fewer IDU who had recently bought any heroin within the six months prior to the interview than in the previous year. A quarter gram remained the most commonly purchased size of heroin deal with 28 IDU having recently bought a quarter gram compared to 52 in 2005 ($\chi^2=26.741$, $df=1$, $p=0.00$). There were 11 IDU who had recently purchased a gram of heroin for a mean price of \$532, thereby indicating that no significant changes have occurred in the price of heroin when compared with the 2005 mean price of \$536 per gram ($t=-0.80$, $df=10$, $p=0.938$). The median price and other data pertaining to heroin purchases are shown in Table 4. Figure 10 below displays median prices of a gram of heroin since 2000.

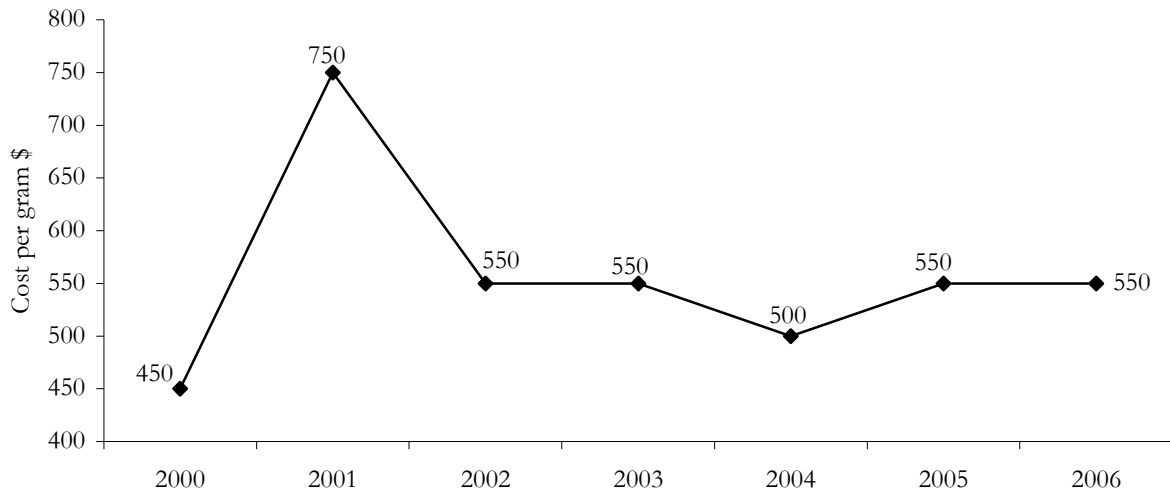
Table 4: Price of most recent heroin purchases by IDU participants, 2005-2006

Amount	Median price* \$	Range	Number of purchasers*
Cap	50 (50)	50-50	5 (14)
Quarter gram	200 (150)	150-230	28 (52)
Half gram (Half weight)	288 (300)	200-400	14 (38)
Gram	550 (550)	200-800	11 (32)

Source: IDRS IDU interviews

* 2005 data are presented in brackets

Figure 10: Median prices of heroin estimated from IDU purchases, 2000-2006



Source: IDRS IDU interviews

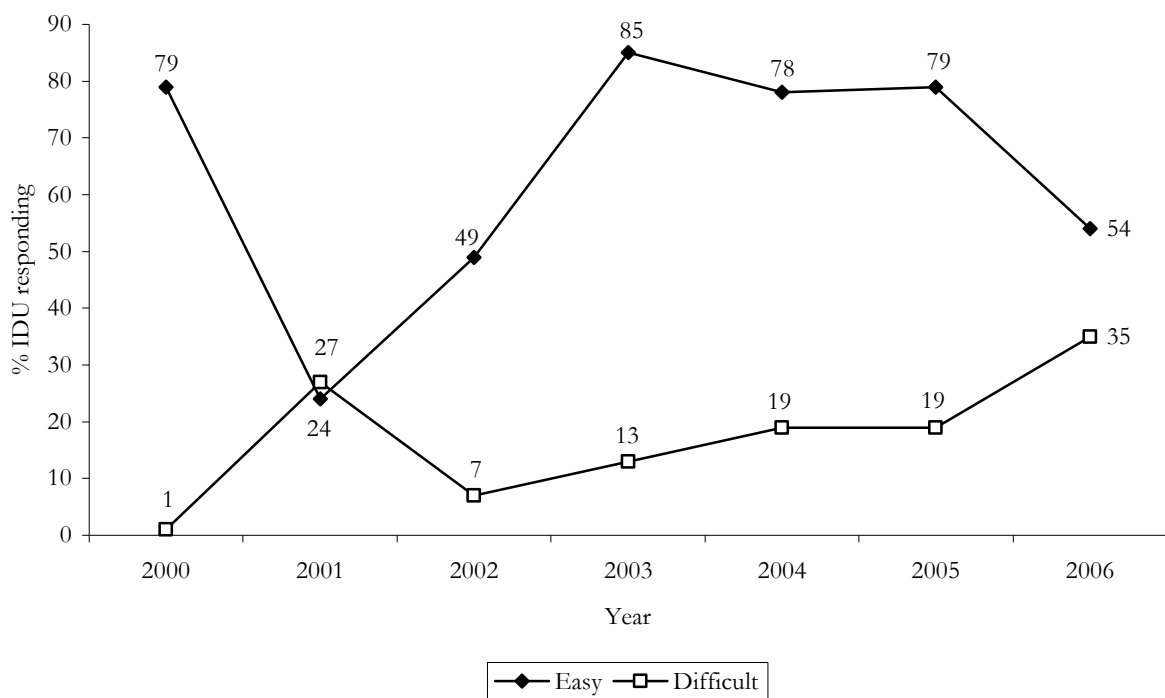
NB: Survey items relating to quarter and half grams were first included in 1998

Asked whether they thought the price of heroin had changed in the last six months, 54 IDU responded, with the majority (57%, n=31) indicating it had remained stable and a further 30% (n=16) thinking it had increased. Other responses were uncommon.

4.2 Availability

Ease of obtaining heroin was described as 'easy' or 'very easy' by 54% (n=29) of those responding. This suggests that a significant decline in the availability of heroin has occurred since the 2005 survey when 78% (n=51) IDU responding described availability of the drug to be 'easy' or 'very easy' ($\chi^2=12.185$, $df=1$, $p=0.00$). Figure 11 below shows the availability of heroin since the commencement of IDU interviews in WA with responses classified as 'easy' or 'very easy' versus 'difficult' and 'very difficult'.

Figure 11: IDU reports of ease of availability of heroin in the past six months, 2000-2006



Source: IDRS IDU interviews

A complete breakdown of IDU responses to the question of heroin availability is located in Table 5 below.

Table 5: Participants' reports of heroin availability in the past six months, 2005-2006

Current availability	2005 (N=100)	2006 (N=100)
Did not respond* (%)	35	46
Did respond (%)	65	54
<i>Of those who responded</i>		
Very Easy (%)	43% (28% of entire sample)	17% (9% of entire sample)
Easy (%)	35% (23% of entire sample)	37% (20% of entire sample)
Difficult (%)	19% (12% of entire sample)	28% (15% of entire sample)
Very Difficult (%)	0% (0% of entire sample)	7% (4% of entire sample)
Don't know^ (%)	3% (2% of entire sample)	11% (6% of entire sample)

Source: IDRS IDU interviews

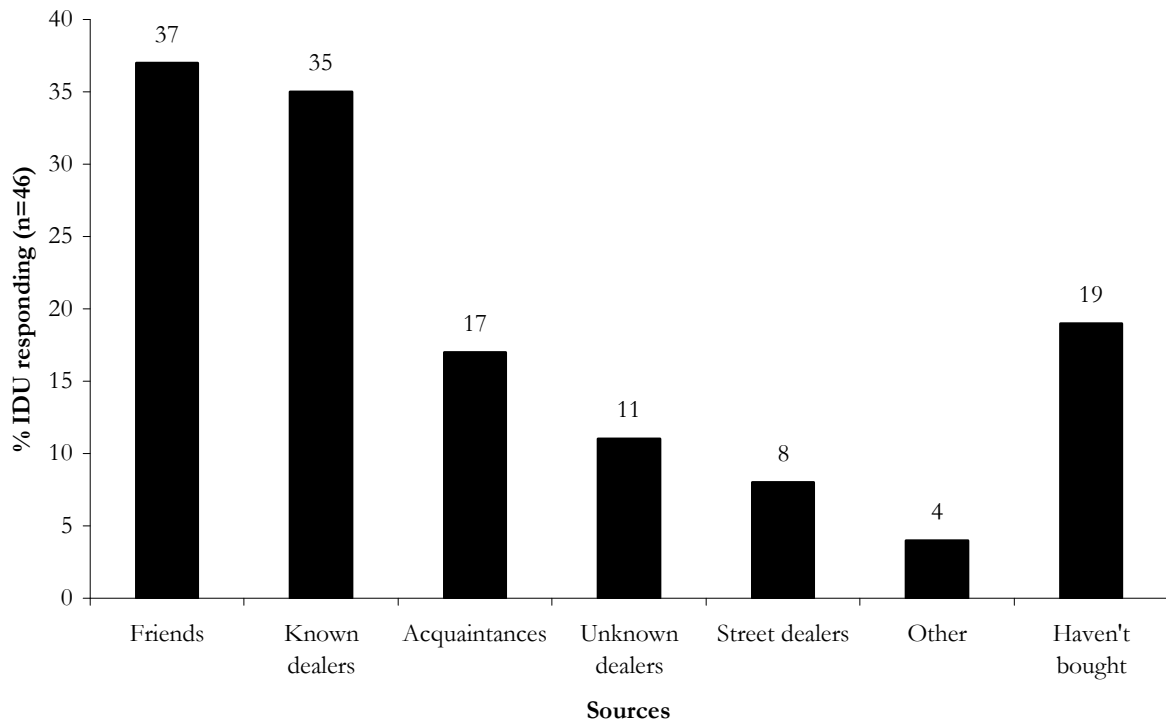
* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the heroin market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity of heroin but had not had enough contact with users/dealers to respond to items concerning availability

Asked whether the availability of heroin had changed in the six months preceding the survey, opinion was approximately evenly divided among those IDU who responded that they thought it had become 'more difficult' (39%, n=21) and those who thought it was stable (37%, n=20). The next most common group were those who said they 'didn't know' (11%, n=6).

For the first time in 2006, IDU were asked who they had bought heroin from in the previous six months. Of those who responded, the two most common sources were from 'friends' (37%, n=20) and from 'known dealers' (35%, n=19). Other responses were substantially less common including those who hadn't recently purchased heroin (19%, n=10), 'acquaintances' (17%, n=9), unknown dealers' (11%, n=6), 'street dealers' (8%, n=4) and isolated reports of receiving heroin as a 'gift from friends' or purchasing the drug from 'workmates'. This data is shown in Figure 12 below.

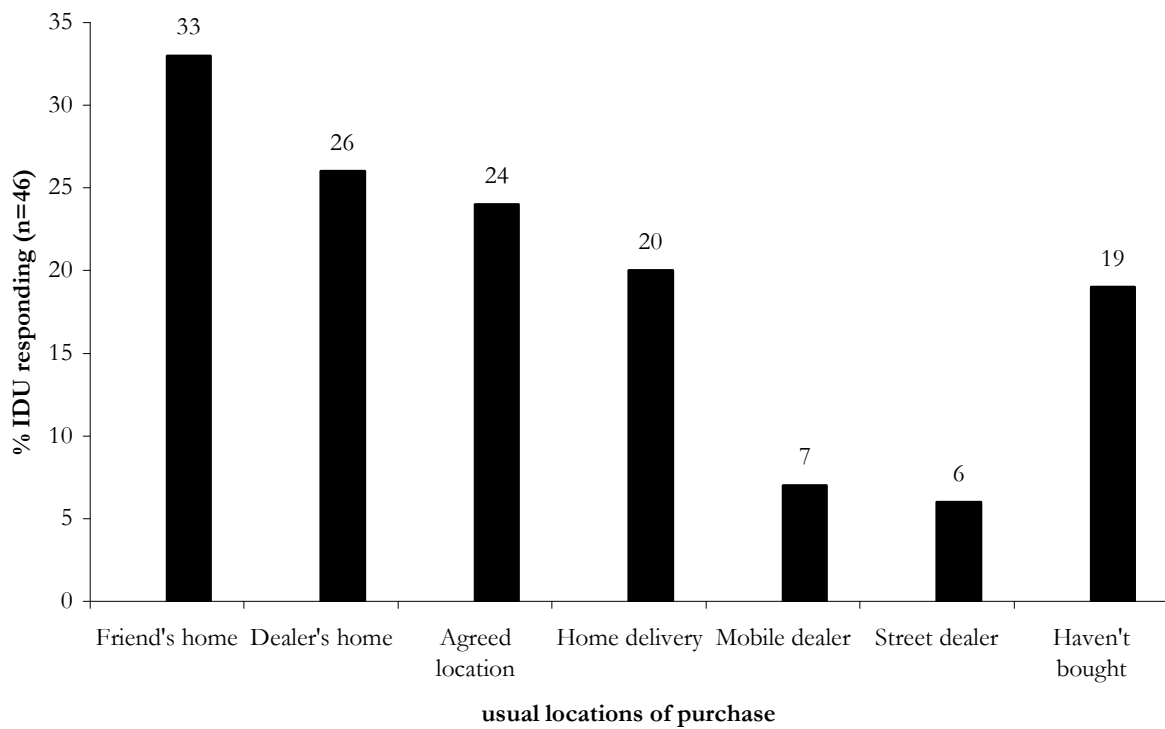
Figure 12: People from whom heroin was purchased in the preceding six months, 2006



Source: IDRS IDU interviews

Asked about the most usual locations from where they had recently obtained heroin, the most common response given was from 'friends' houses' (33%, n=18), followed by dealers homes' (26%, n=14), 'agreed public locations' (24%, n=13) and 'home delivery' (20%, n=11). Less common was purchase from 'mobile dealers' (7%, n=4) or 'street markets' (6%, n=3). There were also 19% (n=10) who had not recently purchased heroin. Although superficially these findings appear quite different from those of 2005, changes in the way this item has been asked do not allow for meaningful comparisons to be drawn. Data for 2006 is displayed in Figure 13 below.

Figure 13: Locations where heroin was scored in the preceding six months, 2006



Source: IDRS IDU interviews

4.3 Purity

User responses to the question of current purity of heroin revealed that a substantial decline in quality was perceived to have occurred. A clear majority (57%, n=31) believe heroin purity to be low compared with 2005 where the dominant view held by 45% (n=29) was that purity was medium. These responses to the question of purity are summarised in Table 6 below.

Table 6: Participants' perceptions of heroin purity in the past six months, 2005-2006

	2005 (N=100)	2006 (N=100)
Current purity		
Did not respond* (%)	35	46
Did respond (%)	65	54
<i>Of those who responded</i>		
High (%)	14 (9% of entire sample)	7 (4% of entire sample)
Medium (%)	45 (29% of entire sample)	15 (8% of entire sample)
Low (%)	29 (19% of entire sample)	57 (31% of entire sample)
Fluctuates (%)	9 (6% of entire sample)	9 (5% of entire sample)
Don't know^ (%)	3 (2% of entire sample)	11 (6% of entire sample)

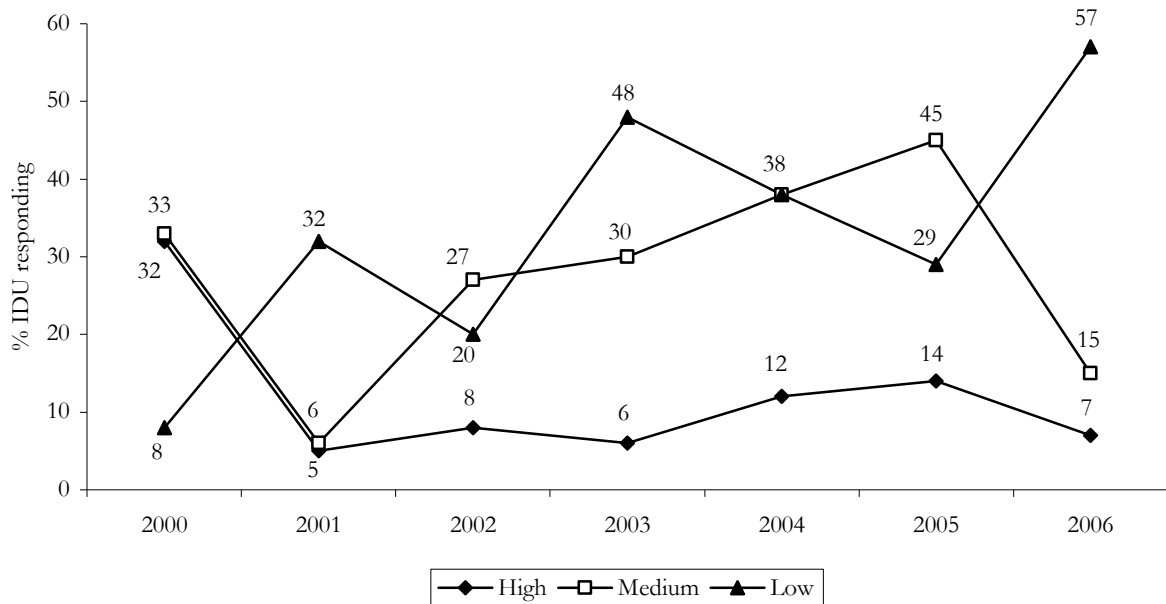
Source: IDRS IDU interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the heroin market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or availability of cocaine, but had not had enough contact with users/dealers, or had not used a sufficient number of times to feel confident responding to items concerning purity

Looking at Figure 14 below, it becomes evident that the percentage of IDU reporting heroin purity as 'low' is at the highest level recorded since IDU interviews commenced in WA in 2000. Conversely, the numbers describing purity as 'medium' are the lowest. Whilst numbers describing purity as 'high' are not the lowest ever, they are not dissimilar to the record low of five percent recorded at the height of the 'heroin drought' in 2001.

Figure 14: Proportion of IDU who responded reporting current heroin purity as high, medium or low, 2000-2006



Source: IDRS IDU interviews

Asked whether the purity of heroin had recently changed, the prevailing view held by 43% (n=23) of those who responded was that it had fallen. Next most common was that purity had remained stable, held by 26% (n=14). There were also 11% (n=6) who thought it had fluctuated, 7% (n=4) who thought it had increased and 13% (n=7) who didn't know.

4.4 Use

4.4.1 Heroin use among IDU participants

A lifetime history of heroin use was reported by 96% of the IDU sample which was not significantly different from the 91% the previous year ($\chi^2=3.053$, $df=1$, $p=0.081$). A history of injecting the drug was reported by 94% which, again, was not significantly different from the 90% who reported having ever done so in the 2004 survey ($\chi^2=2.695$, $df=1$, $p=0.101$).

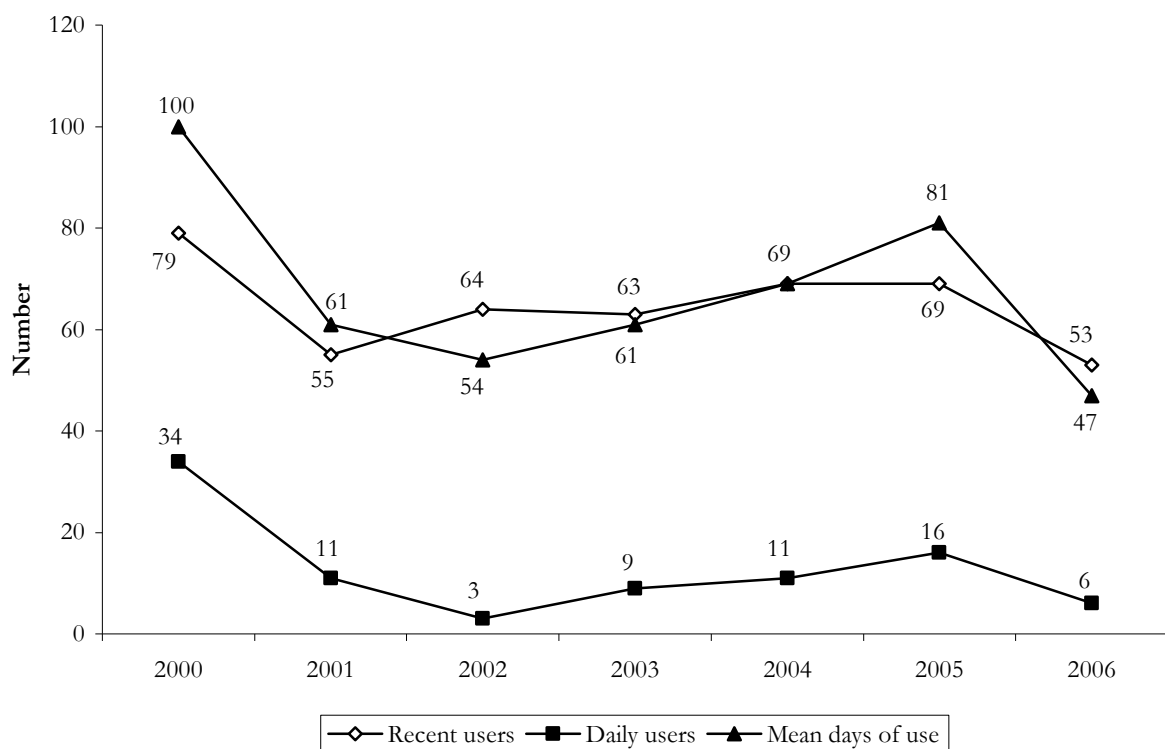
4.4.2 Current patterns of heroin use

Heroin had been consumed in the six months preceding the interview by 53% of the IDU sample, a significant drop on the 69% who had recently used the drug in the previous year's survey ($\chi^2=11.968$, $df=1$, $p=0.001$). All these recent users reported having injected the drug with

only isolated reports of using other routes of administration. Number of days used ranged from one to 180 with a mean of 47, thereby representing a significant decline on the 2004 mean of 81 days ($t=-4.162$, $df=52$, $p=0.00$). There were six IDU who reported using heroin every day in the last six months, which was also a significant decline on the 16 daily users in the previous year's sample ($\chi^2=7.440$, $df=1$, $p=0.006$). Heroin in powder form ($n=41$) was noticeably more common than rock ($n=30$). In terms of the form *most* used however, both of these were greatly exceeded by homebake heroin which will be discussed at length in the section of this report dealing with other opiates.

These patterns of heroin use amongst the IDU sample since 2000 are shown in Figure 15 below.

Figure 15: Patterns of heroin use by IDU 2000-2006



Source: IDRS IDU interviews

There were no KE who spoke specifically about heroin or users of the drug. Despite this, there were a large number of KE who while talking about primary amphetamine, cannabis or opiate users, nevertheless, indicated that they were aware of some heroin use amongst the drug users they had contact with. The reported number of these users consuming heroin was very small according to most KE with the sole exception of one who indicated that most of the opiate users they had contact with used the drug. Almost invariably, the 'heroin' discussed was homebake heroin rather than actual heroin per se. Two KE, however, did make reference to actual heroin, one noting that there had been a spike in its use earlier in the year but that this appeared to have faded again. The other KE suggested that heroin may be slowly coming back and that some of what was around may actually be 'quite strong'.

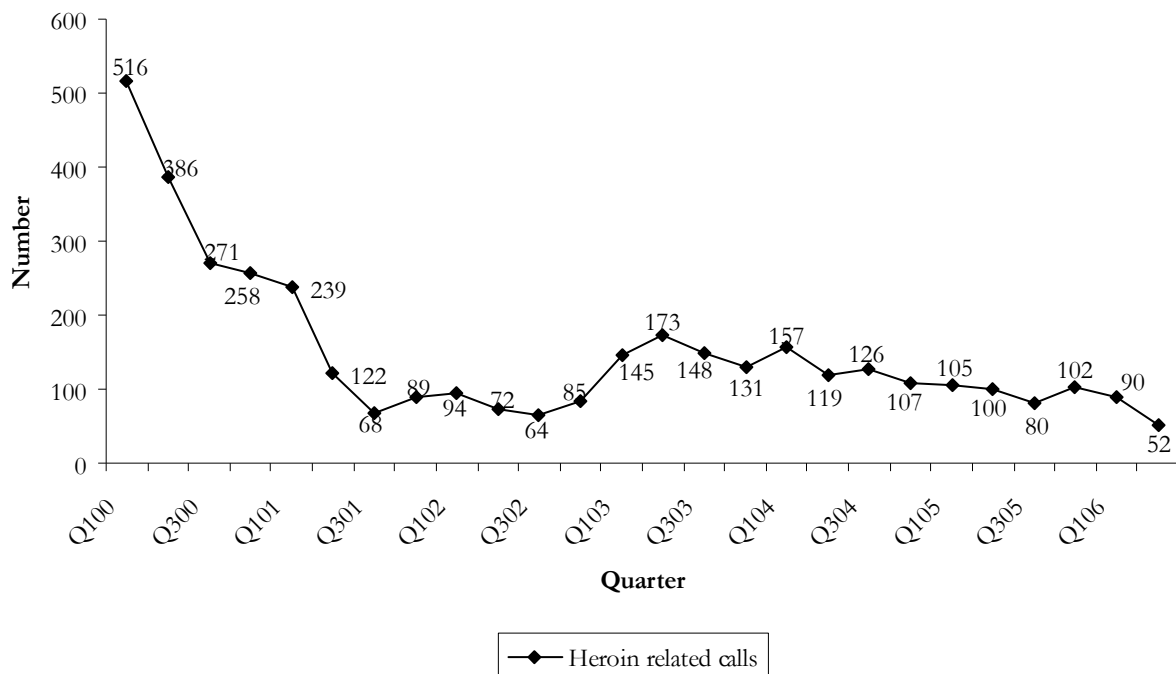
4.5 Heroin related harms

4.5.1 Health

Calls to telephone helplines

The number of calls to ADIS concerning heroin continued to remain low compared to the number received prior to mid 2001. With just 52 calls received in the second quarter of 2006, this represents the least number of heroin related calls received in any quarter since the IDRS commenced operation in WA. Throughout the 2005/2006 financial year calls to ADIS concerning heroin per quarter made up between two to three percent of all calls received by the service compared with the 2004/2005 period when heroin calls accounted for three to four percent. It is notable that the 52 calls received in the second quarter of 2006 represents the least number of calls received by ADIS concerning heroin since the IDRS commenced in WA. Calls to ADIS regarding heroin since 2000 are presented by quarter in Figure 16 below.

Figure 16: Number of enquiries to ADIS regarding heroin, 2000-2006

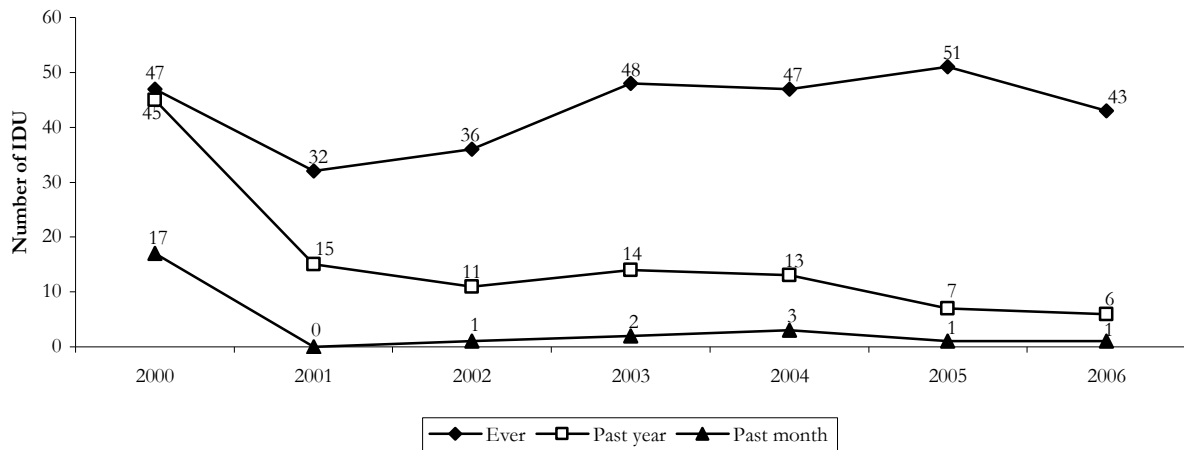


Source: ADIS

Overdose

An overdose involving heroin had been experienced by 43% of the IDU sample at some point in their lifetime. Overdoses within the year preceding the interview, however, were seen to be much less common. There were just six IDU who reported having had a heroin related overdose in the last twelve months, a figure not dissimilar to the seven in the previous year, and just one individual who had experienced a heroin related overdose during the previous month, a finding identical to that of 2005. The data on heroin overdoses amongst the IDU sample since 2000 is shown in Figure 17 below.

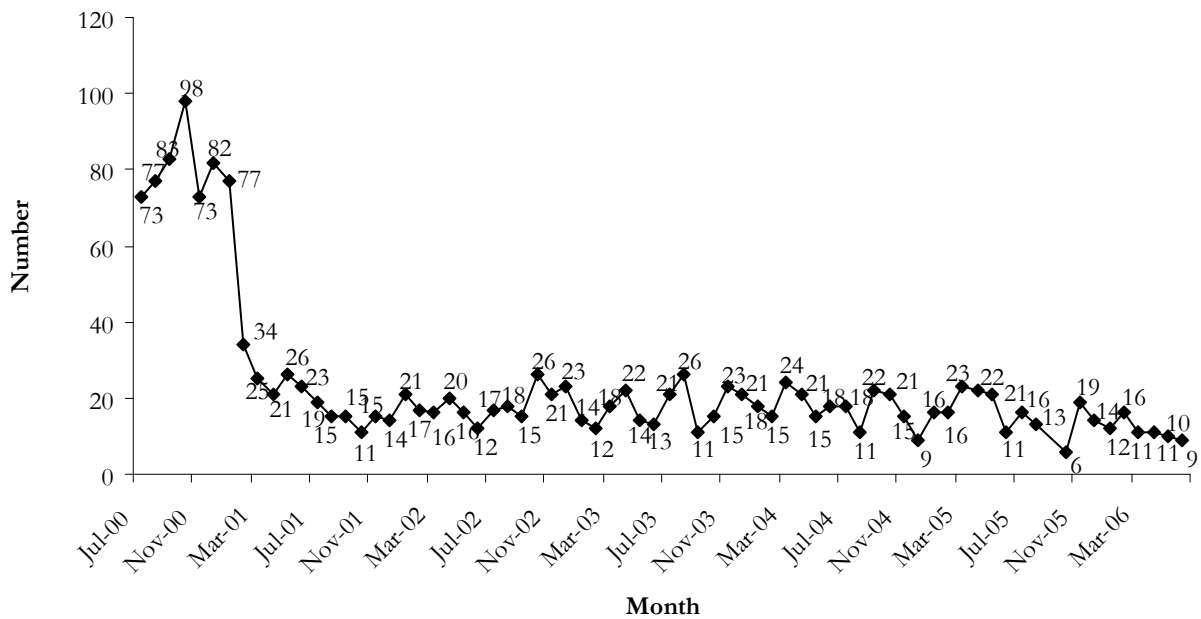
Figure 17: Proportion of IDU participants who had ever overdosed, overdosed in the past 12 months, and the past month, 2000-2006



Source: IDU interviews

Since early 2001 the number of call-outs to opiate overdoses by ambulances, in any given month, has never exceeded 30. The 2005/2006 financial year proved to be no exception with the highest recorded number of overdoses attended being 19 in November 2005. October 2005 yielded the lowest number of call-outs for any month since the IDRS commenced in WA with just six callouts. The last four months of the financial year saw the number of ambulance call-outs remain consistently low with general trends giving no indication that this was likely to change in the immediate future. Ambulance call-out data is depicted in Figure 18 below.

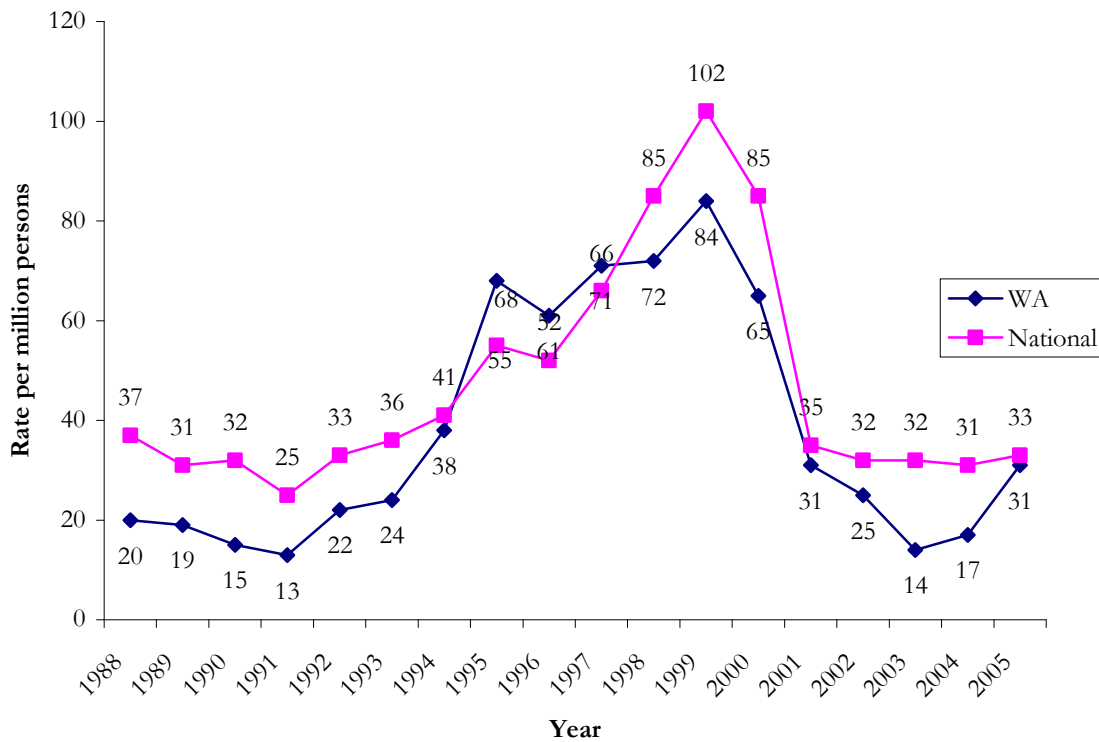
Figure 18: Number of ambulance callouts to overdoses July 2000-June 2006



Source: WAPCRU

The annual population rate of deaths attributable to opioids continued to remain very low in contrast to figures seen between 1995 and 2001. In contrast to previous years, the rate of opioid overdose in WA, has risen to just below the national rate per million people with 31 deaths per million persons in 2005 compared with the national rate of 33. This data is presented in Figure 19 below.

Figure 19: Rate of accidental deaths due to opioids among those aged 15-54 years in WA and Australia, 1988-2005

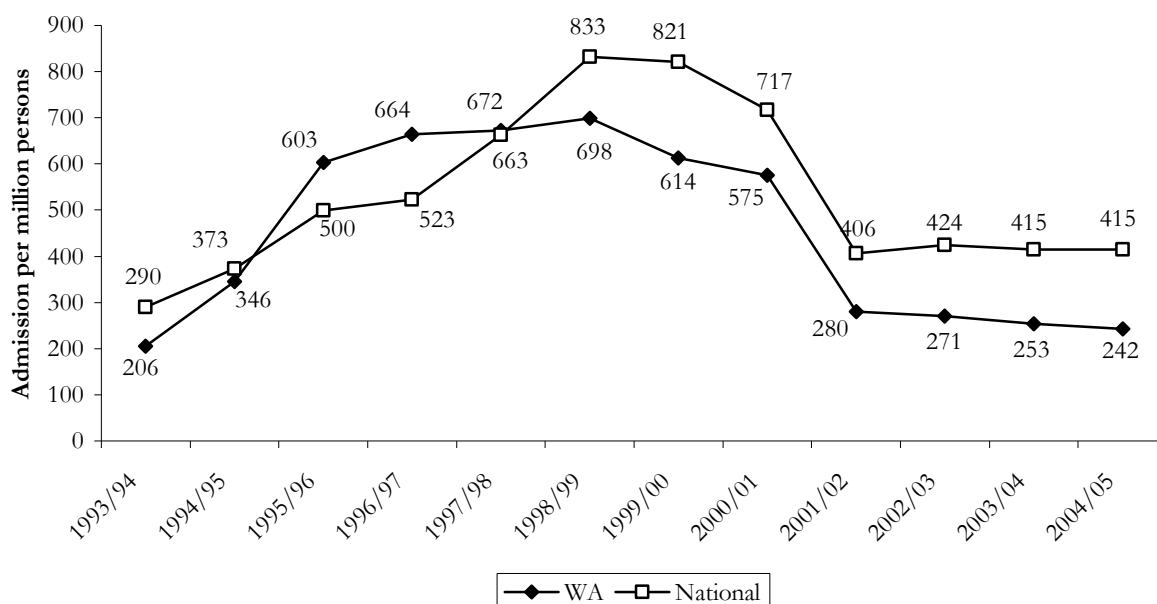


Source: Degenhardt, & Roxburgh. Accidental drug-induced deaths due to opioids in Australia, 2005. Sydney, NDARC, 2007

Hospital Admissions

During the 2004/05 financial year there were 281 admissions to hospitals in WA where the primary principal diagnosis involved opioids, a figure not dissimilar from the 291 recorded the previous year. Looking at rates of hospital admissions per million persons, it can be seen that rates of opioid related admissions in WA continue to remain relatively low, compared with their peak between 1995/96 and 2000/01. It is also noticeable that although for a brief period in the mid-late 90s admission rates in WA did exceed the national rates, this situation has not occurred since 1997/98. This data can be found in Figure 20 below.

Figure 20: Rate of inpatient hospital admissions where opioids were the principal diagnosis per million people aged 15-54 years, WA and nationally, 1993/94-2004/05



Source: National Hospital Morbidity Database; Roxburgh & Degenhardt (in press)

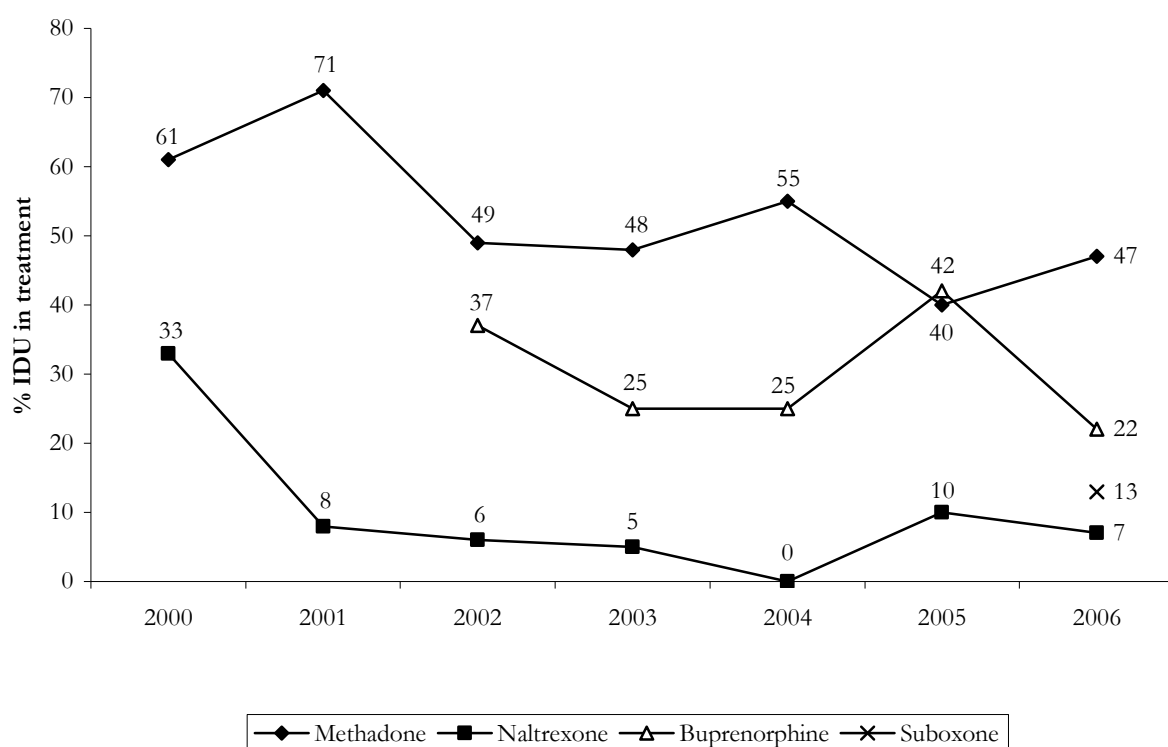
Treatment

According to the National Minimum Dataset (Australian Institute of Health and Welfare, 2006), heroin accounted for 12% of treatment episodes in WA during 2004/05 compared with a national rate of 17%. As with other types of drugs, the most common treatment modality was counselling, accounting for 28% of heroin treatment episodes.

Pharmacotherapy

Amongst the 2006 IDU sample, methadone, having been temporarily displaced by buprenorphine in 2005, returned to being the most common form of pharmacotherapy with 47% of the IDU sample in treatment being current methadone recipients. The apparent decline in numbers of IDU being treated with buprenorphine from 42% in 2005 to 22% in 2006 is in part, likely due to the recent introduction of Suboxone in Western Australia, with many former buprenorphine recipients being transferred onto the newer medication. Pharmacotherapy data is displayed in Figure 21 below.

Figure 21: Proportion of participants reporting current pharmacotherapy, 2000-2006



Source: IDRS IDU interviews

NB: Suboxone was not asked about prior to 2006

According to data from the Australian Institute of Health and Welfare in 2005 Western Australia had 1,923 persons in methadone treatment and a further 960 receiving buprenorphine, making a total of 2,883 persons receiving either of these pharmacotherapies. Of these, 88% obtained their dose from pharmacies, nine percent through correctional facilities, and four percent through public clinics.

4.6 Trends in heroin use

Very few IDU commented on trends in relation to heroin use, and virtually all those who did reported that there was less of it around. Several of these noted the move to homebake, other opiates and methamphetamine as a result. Just two suggested that amongst those who were still using heroin, more of the drug was being used. One suggested that this could be attributed to increased tolerance to the drug.

Apart from the one individual who observed that younger girls were presenting with a primary heroin problem there were no key experts who commented on heroin related trends.

4.7 Summary of heroin trends

Table 7 below summarises the main trends in heroin in Western Australia.

Table 7: Summary of heroin trends

Price	<ul style="list-style-type: none">• Price remained unchanged from 2005 at \$550 per gram• Price over the previous six months was viewed as stable
Availability	<ul style="list-style-type: none">• Significant decline in numbers of IDU perceiving heroin as 'easy' or 'very easy' to obtain.• Some evidence that availability is perceived as having recently become more difficult.
Purity	<ul style="list-style-type: none">• Significant decline in user perceptions of purity• Perceived as having fallen in the six months prior to interview
Use	<ul style="list-style-type: none">• Smaller numbers of IDU reporting recent use• Decline in average days of use and number of daily users

5 METHAMPHETAMINE

5.1 Price

It was evident that, regardless of form, there had been no significant change in the price of methamphetamine since 2005. Asked about what they believed a gram of methamphetamine to cost, revealed a mean of \$300 for powder compared with \$314 in 2005 ($t=-.890$, $df=34$, $p=0.380$), \$323 for base compared with the 2005 figure of \$328 ($t=-.242$, $df=19$, $p=0.810$) and \$354 for crystal compared with 364 the previous year ($t=-.461$, $df=35$, $p=.647$). Median prices for all forms were identical to those from the previous year with a gram of speed reportedly costing \$300, base \$338 and crystal \$400.

With regards to most recent actual purchases, the mean price of a gram of powder methamphetamine was \$298, which was not significantly different from the 2005 average of \$306 ($t=-.316$, $df=12$, $p=0.757$). The mean price paid for a gram of base methamphetamine was \$325, which was identical to the mean price of the previous year. The mean price to purchase a gram of crystal methamphetamine was \$350 which did not differ significantly from the 2005 mean of \$370 ($t=-.627$, $df=13$, $p=0.541$). A detailed breakdown of methamphetamine purchases and their median prices is located in Table 8 below.

Table 8: Price of most recent methamphetamine purchases by IDU participants, 2006

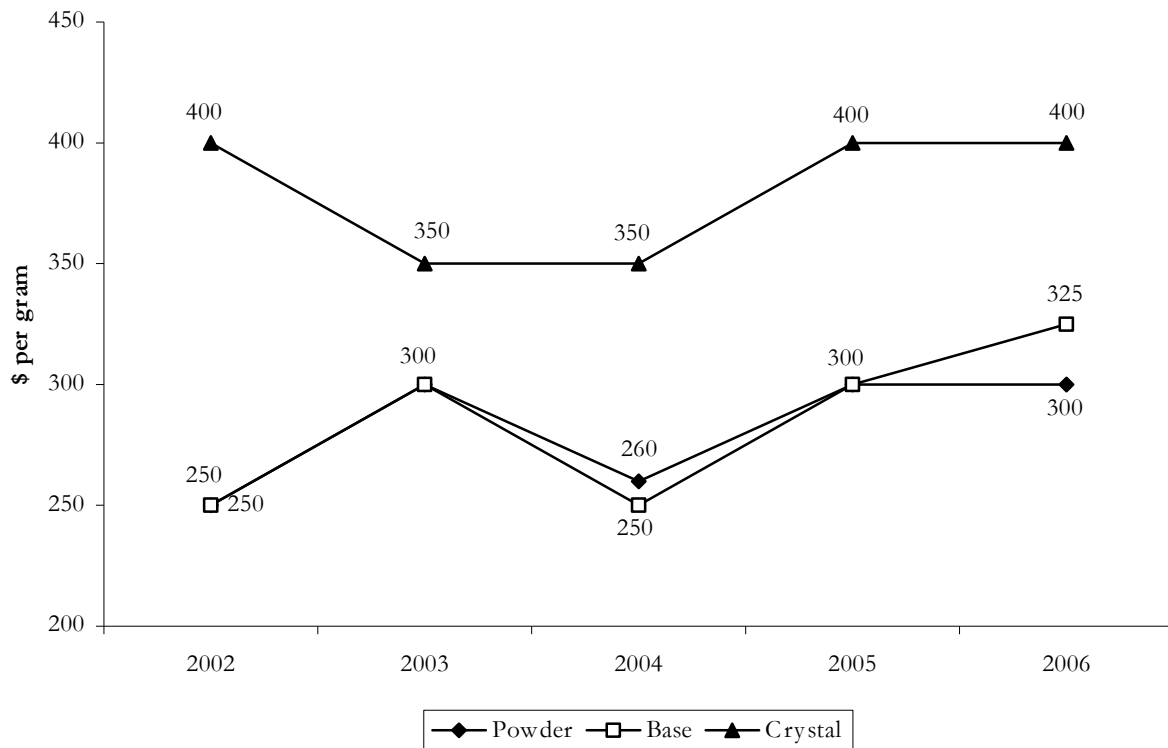
Amount	Median price* \$	Range	Number of purchasers*
<i>Speed powder</i>			
Point (0.1 gram)	50 (50)	50-50	34 (41)
'Halfweight' (0.5 grams)	165 (200)	100-350	20 (37)
Gram	300 (300)	100-450	13 (27)
'Eightball' (3.5 grams)	900 (825)	750-1200	7 (14)
<i>Base</i>			
Point	50 (50)	50-100	13 (19)
'Halfweight' (0.5 grams)	200 (200)	150-200	10 (22)
Gram	325 (300)	150-450	8 (19)
'Eightball' (3.5 grams)	800 (975)	600-1200	5 (8)
<i>Ice/crystal</i>			
Point (0.1 gram)	50 (50)	25-100	39 (49)
'Halfweight' (0.5 grams)	200 (200)	150-200	26 (31)
Gram	400 (400)	150-600	14 (34)
'Eightball' (3.5 grams)	1,050 (1,100)	250-1,200	10 (13)

Source: IDRS IDU interviews

* 2005 data are presented in brackets

A history of the price of a gram of methamphetamine by form since 2002 is depicted in Figure 22 below.

Figure 22: Median prices of methamphetamine per gram estimated from IDU purchases, 2002-2006



Source: IDRS IDU interviews

For all forms of methamphetamine the most commonly purchased deal was a point (i.e. 0.1 grams). The purchase of very large quantities of methamphetamine was relatively uncommon, however, there were two IDU who reported having recently purchased an ounce of powder methamphetamine for \$4,500 to \$5,000, and two who reported buying an ounce of crystal methamphetamine both for \$8,000.

Amongst the KE providing information on methamphetamine there was widespread agreement that a point or ‘packet’ of methamphetamine could be purchased for \$50 although prices could range from \$40 up to \$100. Only three KE talked about the price of a gram indicating that it cost between \$200 and \$400. There were also two key experts who provided information concerning the price of an eightball ranging from \$1,000 to \$1,200. An outreach worker indicated that the users they were seeing could obtain a half weight for \$150 to \$200. The price of an ounce of methamphetamine was discussed by just one KE, a member of the law enforcement sector, who suggested the price of \$7000. As to whether these prices had changed recently, the prevailing opinion amongst key experts responding was that it had remained stable, although a smaller number believed there may have been an increase.

5.2 Availability

In 2005, all (100%) participants responding indicated that powder methamphetamine was ‘easy’ or ‘very easy’ to obtain. In 2006 this figure declined substantially to just 81% (n=45). The availability of methamphetamine base had likewise declined from 84% of respondents describing it as ‘easy’ or ‘very easy’ in 2005 falling to 68% in 2006 ($\chi^2=5.429$, $df=1$, $p=0.020$). Conversely, following the dramatic decline in availability of crystal methamphetamine in 2005, the market for this form was seen to recover with 85% of IDU responding reporting ease of obtaining it to be ‘easy’ or ‘very easy’ in 2006 up from 71% ($\chi^2=5.852$, $df=1$, $p=0.016$). A complete breakdown of IDU responses to the question of methamphetamine availability by form can be located in Table 9.

Table 9: Participants' reports of methamphetamine availability in the past six months, 2005-2006

	Powder		Base		Ice/crystal	
	2005 (N=100)	2006 (N=100)	2005 (N=100)	2006 (N=100)	2005 (N=100)	2006 (N=100)
Current availability						
Did not respond* (%)	45	41	62	68	37	32
Did respond (%)	55	59	38	32	63	68
<i>Of those who responded:</i>						
Very Easy (%)	62 (34% of entire sample)	34 (20% of entire sample)	42 (16% of entire sample)	31 (10% of entire sample)	30 (19% of entire sample)	35 (24% of entire sample)
Easy (%)	38 (21% of entire sample)	42 (25% of entire sample)	40 (15% of entire sample)	28 (9% of entire sample)	37 (23% of entire sample)	46 (31% of entire sample)
Difficult (%)	0 (0% of entire sample)	15 (9% of entire sample)	13 (5% of entire sample)	25 (8% of entire sample)	27 (17% of entire sample)	13 (9% of entire sample)
Very Difficult (%)	0 (0% of entire sample)	3 (2% of entire sample)	3 (1% of entire sample)	3 (1% of entire sample)	0 (0% of entire sample)	2 (1% of entire sample)
Don't know^ (%)	0 (0% of entire sample)	5 (3% of entire sample)	3 (1% of entire sample)	13 (4% of entire sample)	6 (4% of entire sample)	4 (3% of entire sample)

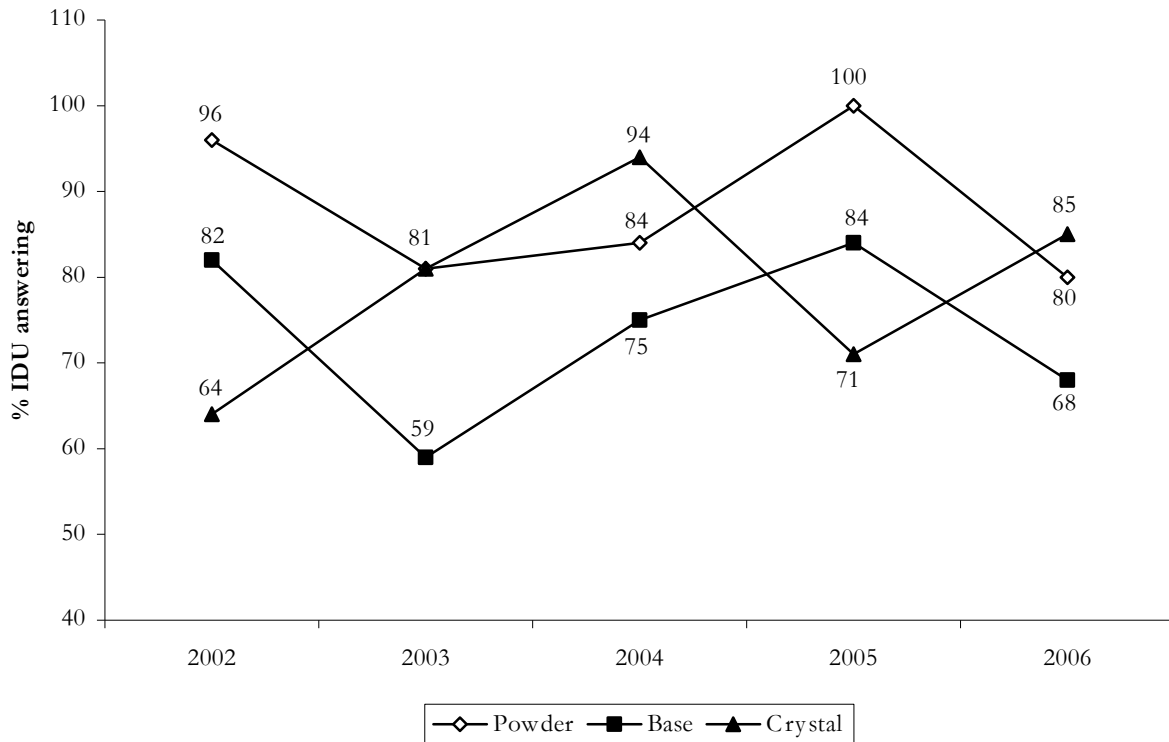
Source: IDRS IDU interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

The availability of methamphetamine in Perth, by form, since 2002 is depicted in Figure 23 below. It is notable that the powder form, by user report, is the least easy to obtain since the IDRS began collecting this information by form in 2002.

Figure 23: IDU reporting ‘easy’ or ‘very easy’ availability of methamphetamine by form in WA 2002-2006



Source: IDRS IDU interviews

NB: Calculated with ‘don’t know’ responses excluded.

Asked whether there had been changes to methamphetamine availability in the six months prior to the survey, regardless of form, the most common response, by a clear majority, was that it had remained stable. Specifically access to powder was considered to have been stable by 58% (n=34), base by 53%, (n=17) and crystal by 59% (n=40).

For all forms of methamphetamine the most common source was from ‘friends’ mentioned by over half of IDU responding followed by from ‘known dealers’ and then ‘acquaintances’. Other sources mentioned included ‘street dealers’, ‘unknown dealers’ and ‘workmates’, but these were substantially less commonly cited. There were isolated instances where two (3%) IDU for methamphetamine and one (3%) for base indicated that they had received these drugs as a ‘gift from friends’, however, this practice appeared somewhat more common for powder methamphetamine, being cited by five (9%) of IDU. With regards to source venues, for powder the most commonly mentioned source was from ‘friends’ houses’, cited by 41% (n=24). Other locations for sourcing powder included ‘agreed public location’ (29%, n=17), ‘home delivery’ (27%, n=16), ‘dealers’ home’ (24%, n=14), ‘acquaintances’ house’ (17%, n=10), ‘mobile dealer’ (9%, n=5), ‘street market’ (9%, n=5) and ‘from work’ (5%, n=3). Source venues for base included ‘home delivery’ (34%, n=11), ‘friends’ homes’ (31%, n=10), ‘agreed public location’

(28%, n=9), and 'dealers' homes' (19%, n=6) with other venues being mentioned uncommonly. For crystal the most commonly mentioned venue was from 'friends' houses' (40%, n=27), 'dealers' homes' (31%, n=21), 'agreed public location' (31%, n=21), 'home delivery' (24%, n=16) and 'acquaintances' homes' (15%, n=10) with other venues being mentioned by much smaller numbers.

Amongst the KE providing data on the availability of methamphetamine, the prevailing opinion was that it was 'very easy' although a minority rated it as 'easy'. There were however no KE at all who thought there was any difficulty involved in users obtaining methamphetamine. Apart from one KE who thought this availability tended to fluctuate and one who thought it had become easier, there was a consensus among the vast majority of KE responding that availability had remained unchanged.

5.3 Purity

By user report there appeared to have been a shift in perceptions of the purity of powder methamphetamine with the prevailing opinion of 39% of those responding being that it was 'low' compared with 2005 where the most commonly voiced opinion was that purity was 'medium'. Conversely, opinions concerning the purity of base appeared to have improved with the most widely held view by 31% of those responding being that it was 'high' whilst in 2005 most thought it to be 'medium'. In the case of crystal methamphetamine however, the opinion that purity was 'high' remained the predominant view as was the case in 2005, a clear majority holding this view in both years. A complete breakdown of user responses to the question of methamphetamine purity can be found in Table 10 below.

Table 10: Methamphetamine purity by user report 2005-2006

Current availability	Powder		Base		Ice/Crystal	
	2005 (N=100)	2006 (N=100)	2005 (N=100)	2006 (N=100)	2005 (N=100)	2006 (N=100)
Did not respond* (%)	45	41	64	68	21	32
Did respond (%)	55	59	36	32	79	68
<i>Of those who responded</i>						
High (%)	20 (11% of entire sample)	17 (10% of entire sample)	32 (12% of entire sample)	31 (10% of entire sample)	51 (32% of entire sample)	59 (40% of entire sample)
Medium (%)	31 (17% of entire sample)	29 (17% of entire sample)	45 (17% of entire sample)	22 (7% of entire sample)	29 (18% of entire sample)	24 (16% of entire sample)
Low (%)	26 (14% of entire sample)	39 (23% of entire sample)	11 (4% of entire sample)	19% (6% of entire sample)	6 (4% of entire sample)	7 (5% of entire sample)
Fluctuates (%)	20 (11% of entire sample)	5 (3% of entire sample)	11 (4% of entire sample)	16 (5% of entire sample)	6 (4% of entire sample)	4 (3% of entire sample)
Don't know^ (%)	4 (2% of entire sample)	10 (6% of entire sample)	3 (1% of entire sample)	13 (4% of entire sample)	8 (5% of entire sample)	6 (4% of entire sample)

Source: IDRS IDU interviews

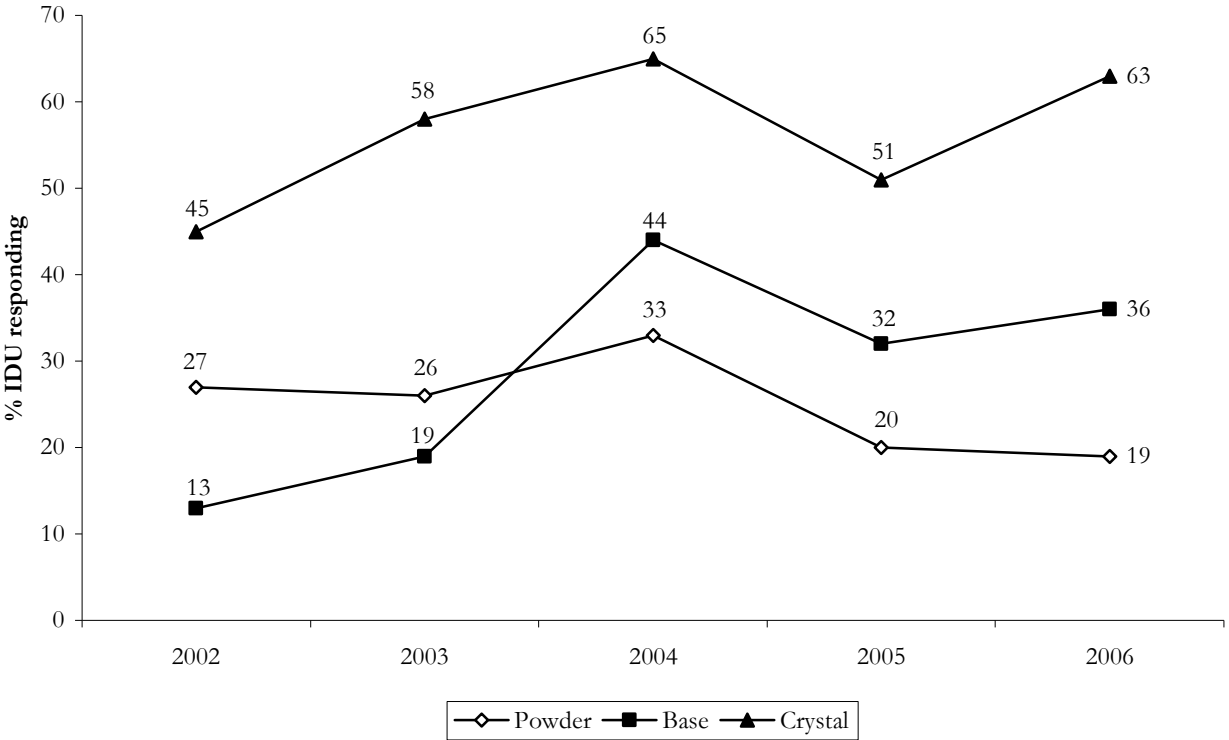
* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

Asked whether purity had changed in the six months prior to interview, 31% (n=18) of those responding thought the purity of powder had declined, while 24% (n=14) thought it stable, and another 24% (n=14) saw it as fluctuating. With regards to base, 41% (n=13) thought purity had remained stable while 19% (n=6) thought it had decreased. In the case of crystal, 25% (n=17) thought purity may have increased, another 25% (n=17) thought it to be fluctuating and 24% (n=16) thought it to be stable.

Numbers of IDU responding describing methamphetamine purity as ‘high’ by form since 2002 is depicted in Figure 24 below. Whilst relatively little change has occurred in the perceptions of powder or base in the last year, crystal methamphetamine appears to have somewhat recovered from its perceived decline in purity in 2005 with 59% of those responding describing it’s purity as ‘high’.

Figure 24: Proportion of IDU reporting purity of methamphetamine by form as “high”, 2002-2005



Source: IDRS IDU interviews

The dominant opinion amongst KE was that the purity of methamphetamine in Perth tended to fluctuate, although a range of other opinions were expressed by smaller numbers. Of those saying purity was subject to fluctuations one further commented that while “base or paste wasn’t too decent, crystal was usually pretty reasonable”. Another observed that “methamphetamine was often 60-80% pure, but there was also a lot of stuff around that was heavily adulterated”. Several noted that the crystal they were encountering amongst their clients often appeared to be of “quite poor quality”. Asked whether this stability had recently changed, the opinion of most KE responding was that it had remained stable although there were a small number who thought it had decreased. An outreach worker made the observation that forms of methamphetamine in Perth changed continuously due to manufacturers having difficulty sourcing precursor chemicals.

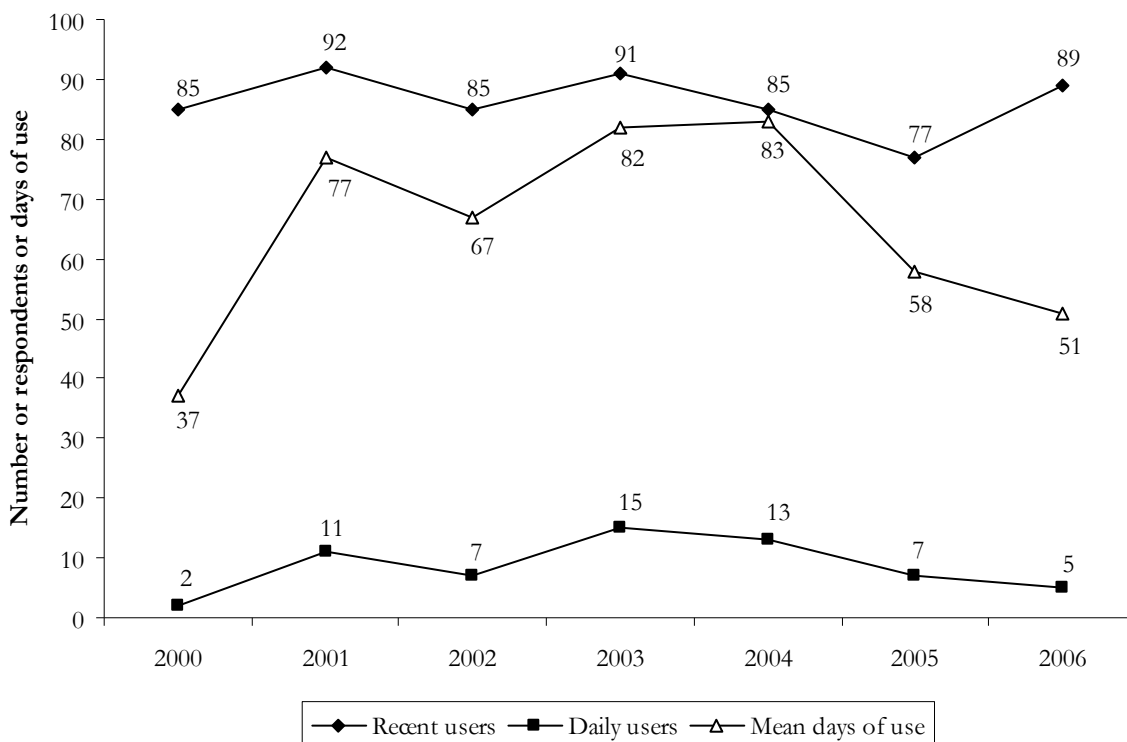
5.4 Use

A life history of the use of any form of methamphetamine was reported amongst virtually all (98%) of the 2006 IDU sample. Specific to forms ever used, 95% had ever used powder methamphetamine, 94% had ever used crystal methamphetamine, 70% had ever used paste or base methamphetamine, and just 26% reported having ever consumed liquid amphetamine.

5.4.1 Methamphetamine use among IDU participants

Use of any form of methamphetamine was reported by 86%, which was significantly higher than the 2005 figure of 77% ($\chi^2=4.574$, $df=1$, $p=0.032$), a finding made all the more remarkable considering that unlike previous years, the 2006 analysis no longer included dexamphetamine. All (i.e. 100%) of these recent users reported having injected methamphetamines during the last six months. Days of use ranged from one to 180, with five reports of use on a daily basis. Mean days of use was 51 which was not significantly less than the 2005 mean of 58 days of use ($t=-1.265$, $df=85$, $p=0.209$). Data showing use patterns for amphetamines (with dexamphetamine included where possible) is depicted in Figure 25 below.

Figure 25: Recent use, daily use and mean days of use of amphetamines



Source: IDU interviews

NB: Pharmaceutical stimulants are included for numbers of recent users, but not for mean days of use and daily users

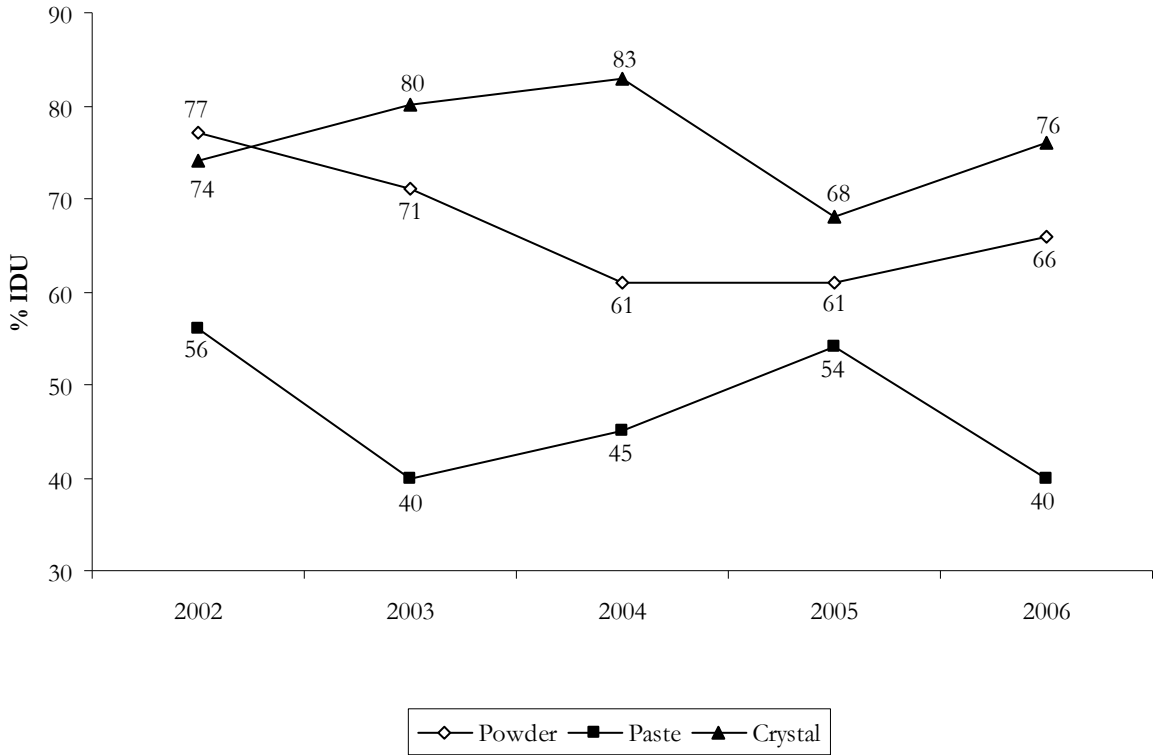
Recent use of powder methamphetamine was reported by 66% of the 2006 IDU sample, which did not differ significantly from the 61% reported the previous year ($\chi^2=1.051$, $df=1$, $p=0.305$). Days of use ranged from one to 90 with no reports of daily use. Mean days of use was 19 which was a significant decline from the 2005 mean of 27 days ($t=-2.557$, $df=65$, $p=0.013$).

Base methamphetamine remained the least commonly used form having been recently used by just 40 IDU, which represented a significant decline on the 54 IDU in the 2005 sample ($\chi^2=7.890$, $df=1$, $p=0.005$). Days of use ranged from one to 160 with no reports of use on a daily basis. Mean days of use was 20 which did not constitute a significant shift from the previous year's mean of 14 days ($t=1.123$, $df=36$, $p=0.269$).

The recent use of crystal methamphetamine was reported by 76%, ensuring that crystal remained the most widely used form, a situation unchanged since 2003. This 76% was not a significant change from the 2005 figure of 68% ($\chi^2=2.941$, $df=1$, $p=0.086$). Days of use ranged from one to 180 with two reports of daily use. Mean days of use was 35 which was not a

significant change from the 2005 mean of 29 ($t=1.233$, $df=75$, $p=0.221$). Smoking remained a popular alternative to injection for the use of crystal methamphetamine. In 2006, 21% of the IDU sample reported having smoked crystal methamphetamine in the previous six months. Whilst this did not approach the peak of 42% seen in 2004, it was also not a significant increase on the 19% who had recently smoked in 2005 ($\chi^2=0.260$, $df=1$, $p=0.610$). Similarly, mean days of injection of crystal methamphetamine had not changed significantly, standing at 34 days compared with 30 in 2005 ($t=.884$, $df=75$, $p=0.379$). Data concerning numbers of IDU reporting recent use of the three main forms of methamphetamine since 2002 is shown in Figure 26 below.

Figure 26: Proportion of IDU reporting methamphetamine use in the past six months by form, 2000-2006



Source: IDRS IDU interviews

An alternate way of viewing rates of methamphetamine use is shown in Table 11 below. It demonstrates that crystal methamphetamine or ice/crystal is not only used by more IDU than the other two major forms, but also used on a more regular basis, with less IDU using crystal weekly or less, than the other forms, but crystal the most common form employed by more regular methamphetamine users.

Table 11: Patterns of methamphetamine use in the last six months, by type, 2006

Form used	Among the entire sample		Among those who had used		
	% who had not used	% who had used	% used weekly or less [^]	% used more than weekly, but less than daily	% used daily
Speed powder	34	66	79	21	0
Base	60	40	78	22	0
Ice/crystal	24	76	59	39	2
Any form methamphetamine*	14	86	54	41	5

Source: IDRS IDU interviews

*Also includes liquid methamphetamine

[^] Excludes those who had not used

The use of amphetamine liquid remained substantially less common than use of other forms with just four percent of the 2006 IDU sample having used it in the last six months, half the number (8%) who reported having done so in the 2005 survey, although this shift was not significant ($\chi^2=2.174$, $df=1$, $p=0.140$). Recent injection was reported by three of these four IDU. Days of use ranged from one to 72 with a mean of 20 days. However, three of these four IDU had used for three days or less. Thus, by excluding the isolated case of 72 days of use as an outlier, mean days of use was two, a finding identical to that of the previous year.

The illicit use of pharmaceutical stimulants (e.g. dexamphetamine) remained commonplace amongst the WA IDU sample with 73% reporting having taken these drugs at some stage. Use within the last six months was reported by 44% which did not differ significantly from the 47% who reported doing so in 2005. ($\chi^2=0.361$, $df=1$, $p=0.548$). Days used ranged from one to 180 with one report of use on a daily basis. Mean days of use was 16 which was not dissimilar from the 2005 mean of 15 days ($t=0.203$, $df=43$, $p=0.840$).

Once again crystal methamphetamine proved the form reportedly most used by the largest number of IDU, a situation unchanged since 2002 when crystal and powder methamphetamine were equally rated in top position.

Of the 16 KE commenting on methamphetamine, all but two indicated that crystal methamphetamine was the type being most seen and used. Powder methamphetamine was also commonly mentioned. Both of the KE who identified powder rather than crystal as the predominant form were working primarily with marginalised and homeless clients. Relatively few KE actually described the appearance of the crystal they had encountered, but one from the law enforcement sector described it as “*like shattered glass*”. Another indicated that it was “*mostly white, but some yellowish*”. Paste methamphetamine was also described by three KE two of

whom mentioned a strong odour of formic acid or “*dead ant smell*”. That this paste was “*yellowish and gooey*” was also mentioned by two KE.

Whilst the vast majority of KE agreed that the prime route of administration they were seeing amongst the methamphetamine users they had contact with was by injection, several also mentioned that consumption by drinking was not uncommon, one suggesting that injection may have actually decreased and been replaced by snorting or drinking. A number also mentioned smoking as a common route of administration specific to crystal methamphetamine, one commenting that it was a popular second option amongst injectors, and another that it was popular amongst users of crystal methamphetamine who had “*issues with needle use*”. One emergency department medic observed that “*while smoking was still common, it may be less so than in previous years*”.

There was no consensus amongst KE on what constituted typical levels of methamphetamine use with the vast majority of them noting a wide range of levels of use amongst the methamphetamine users they had contact with. At its lowest end this consisted of fortnightly use amongst clients who had been in treatment for some time. More usual for low level use, however, was recreational use on a weekly basis. From this use ranged through several times a week up to daily use, one KE describing “*binges*” extending over three to four days, and a number mentioning users administering the drug several times in one day.

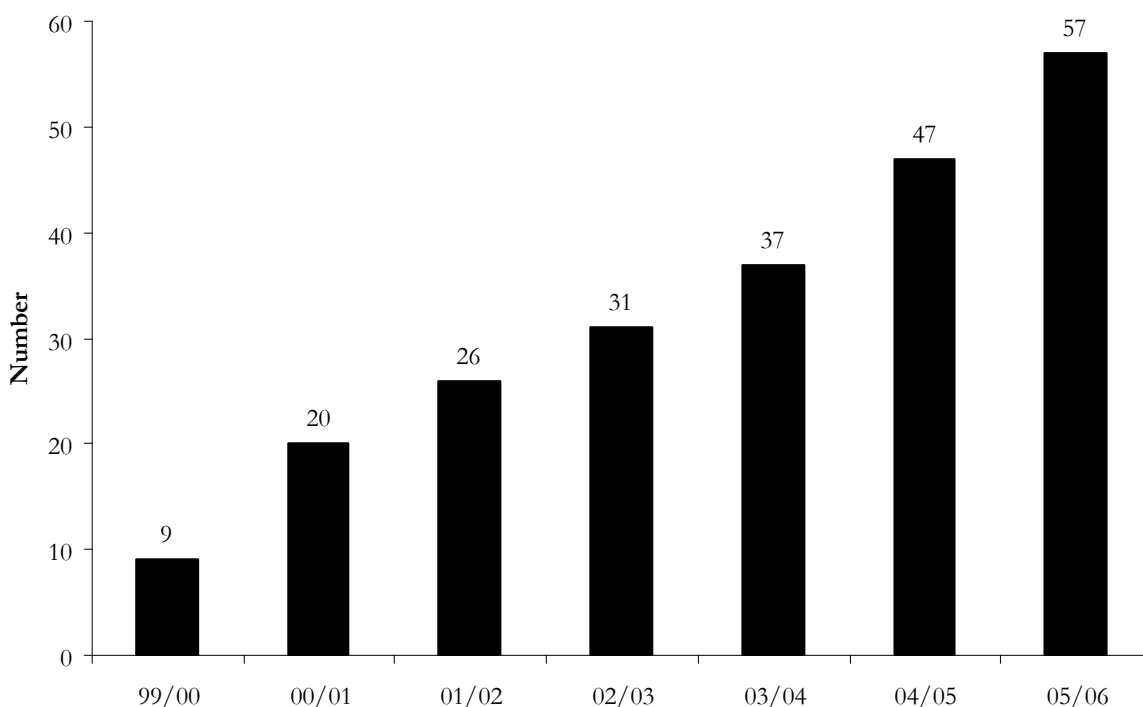
Large numbers of KE observed that polydrug use was typical amongst methamphetamine users, several observing that this use was functional in that other drugs such as alcohol, cannabis and morphine were used to “*come down*”.

5.5 Methamphetamine related harms

5.5.1 Law enforcement

The number of clandestine laboratories identified by police in WA continued to increase from 47 in the 2004/2005 period to 57 in the 2005/2006 period. It must be kept in mind that this is, in part, reflective of the level of police attention currently being directed towards the issue of methamphetamine manufacture, as well as of the actual number of clandestine laboratories operating. Nevertheless, it does indicate that local manufacture of these drugs is continuing, possibly at an accelerating rate. The number of clandestine laboratories identified in WA since 1999/2000 is depicted in Figure 27 below.

Figure 27: Number of clandestine methamphetamine and MDMA laboratories detected by WA Police 1999/2000-2005/2006



Source: WA Police Service

All three KE from the law enforcement sector made comments relating to the manufacture or trafficking of methamphetamine. Whilst one believed that the number of seizures made had remained stable, both the remaining two reported increases, although the size of seizures made appeared to have been unchanged.

Several observations were made concerning practices surrounding methamphetamine manufacture. One KE observed that “*Larger traffickers have less tendency to use but a lot of users are involved in small time manufacture for themselves, although a number are onselling their product too.*” It was also noted that manufacturers often try to set up front businesses to buy precursors, as many pharmacists had commenced asking to see identification for purchases of medications containing the precursor chemical pseudoephedrine. Biker gangs were identified as still being a prevalent force in manufacture of methamphetamine.

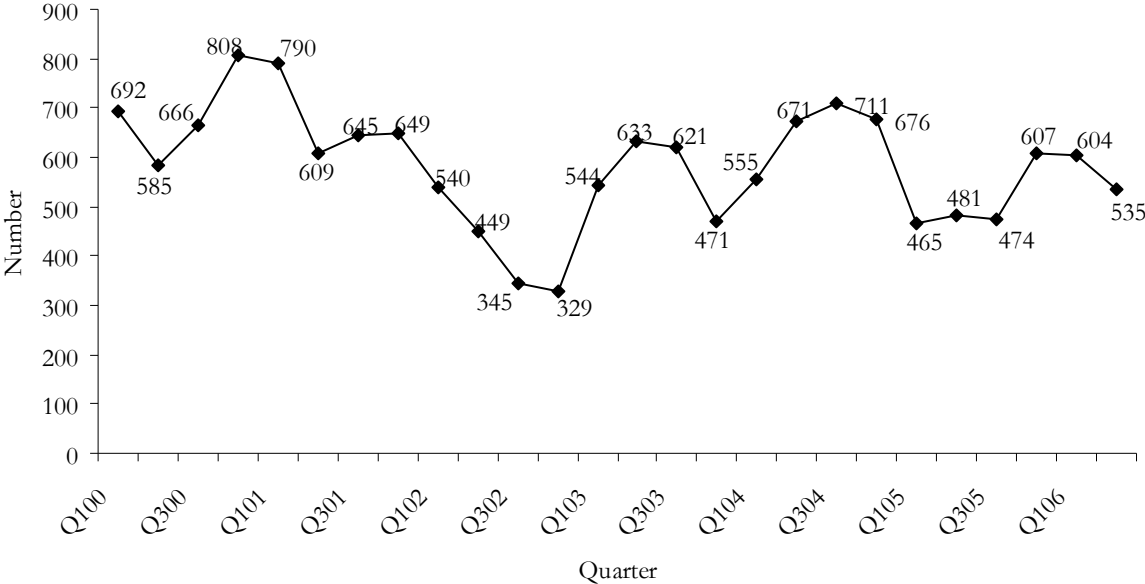
It was noted that there had been an increasing trend towards the “*NAZI method*” of manufacture with ammonia gas over the last 12 months which “*is dangerous but more efficient in turn around time*”. Another KE observed that the location of manufacture has shifted from suburban house or garage settings to more rural areas a trend which “*might be driven by avoiding detection via odours etc.*”. This trend had resulted in increased numbers of methamphetamine seizures in rural areas. A further observation was made that methamphetamine manufacturers or “*cooks*” tended not to possess high levels of education or socio-economic status. There was a very high percentage with a prison history that tended to increase with the age of the cook. Most cooks were reportedly from English speaking backgrounds.

Beyond manufacture, one law enforcement KE noted that use of methamphetamine was concerning in terms of its role in violent crime which had lead police to implement specific guidelines for dealing with amphetamine users. It was suggested that this violence was also manifesting as ‘road rage’ incidents. One KE also noted that an apparent increase in the use of methamphetamines amongst indigenous persons was becoming a matter of considerable concern to police.

5.5.2 Health

Numbers of calls to ADIS concerning methamphetamine did not approach the high numbers seen in the 2004/2005 period, but nevertheless ranged between 474 and 607 per quarter. By quarter amphetamine related calls to ADIS accounted for between 17% and 23% of all calls received, a rate roughly comparable to the 2004/2005 period for which amphetamine related calls made up 15% to 23% of all calls received by the service. Data concerning amphetamine related calls to ADIS by quarter is shown in figure 28 below.

Figure 28: Number of enquiries to ADIS regarding amphetamines, including crystal, 2000-2006

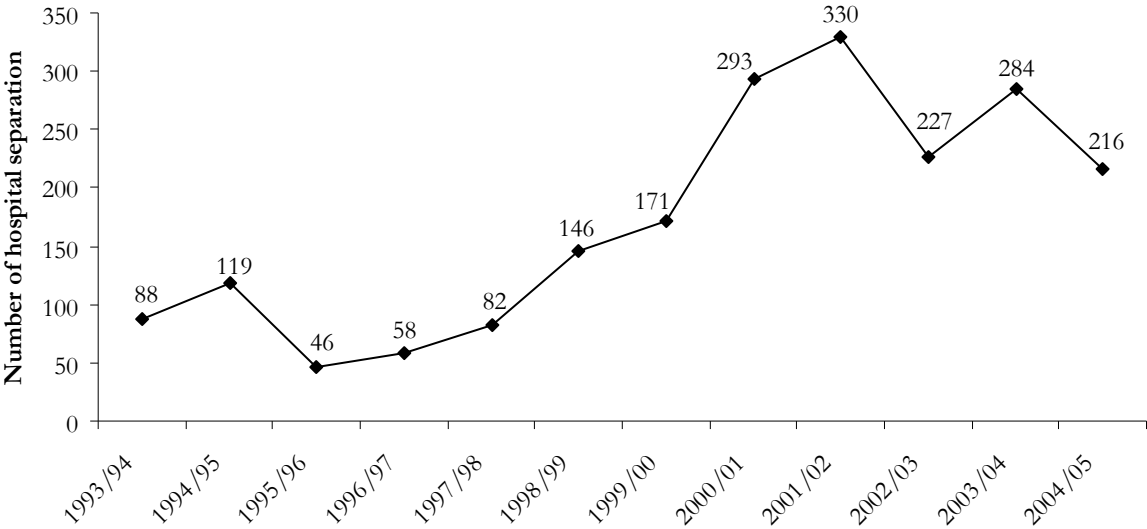


Source: ADIS
NB: ADIS data refer to the number of calls where amphetamines were mentioned as any drug of concern.

The number of hospital admissions for which amphetamines were the primary diagnosis fell somewhat from the 284 seen in 2003/2004 to 216 in the 2004/2005 period, a figure substantially below the peak of 330 seen on 2001/2002. Information on numbers of hospital

admissions with amphetamine as the main diagnosis since 1993/1994 are depicted in Figure 29 below.

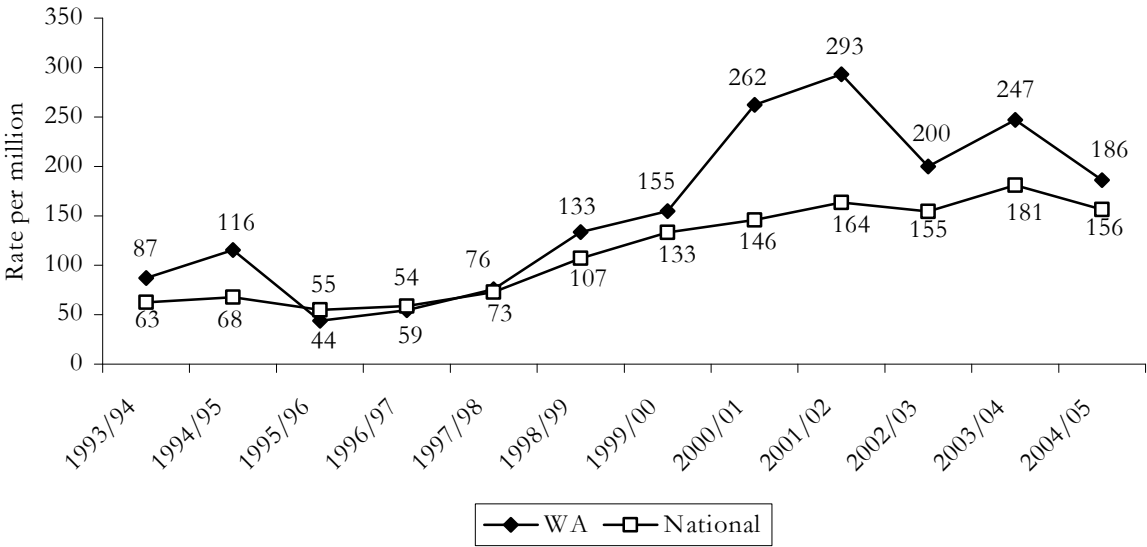
Figure 29: Total number of inpatient hospital admissions for persons aged 15-54 where amphetamines were the principal diagnosis, WA, 1993/94-2004/05



Source: National Hospital Morbidity Database; Roxburgh & Degenhardt (in press)

Despite the fall in actual numbers between 2003/2004 and 2004/2005, rates for hospital admission in WA continued to remain above the national rates, a situation that has existed since 1997/1998. The margin, however, is narrower than it has been in the past with WA seeing 186 admissions per million compared with the national rate of 156 per million for 2004/2005. This information is shown in Figure 30 below.

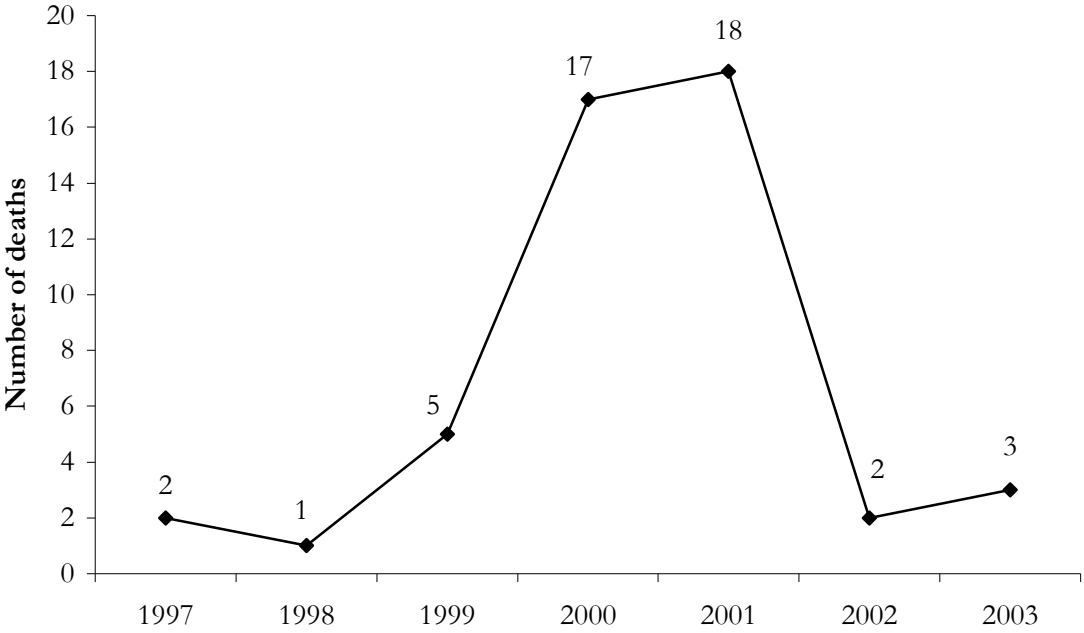
Figure 30: Rate of inpatient hospital admissions where amphetamines were the principal diagnosis per million people aged 15-54 years, WA and nationally, 1993/94 to 2004/05



Source: National Hospital Morbidity Database; Roxburgh & Degenhardt (in press)

Although deaths due to drugs cannot be confirmed via the coroner more recently than 2003, it can nevertheless be seen from the latest available data that confirmed deaths with (meth)amphetamine as an underlying cause in WA remain relatively uncommon, especially when compared with numbers of deaths involving opioids. In 2003 there were just three confirmed deaths with amphetamines identified as an underlying cause, a much smaller number than the peak of 18 seen two years earlier. A history of recent deaths with amphetamines confirmed as an underlying cause since 1997 is shown in Figure 31 below.

Figure 31: Number of confirmed accidental drug-induced deaths mentioning amphetamines as an underlying cause among those aged 15-54 years in Australia, 1997-2003



Source: Drug and Alcohol Office, Statistical bulletin No. 27

Several KE discussed health issues seen amongst users of methamphetamines. These included one working in an emergency department environment who noted the “*huge number*” of acute psychotic episodes which had become a daily occurrence with big impact on bed avail and staff safety. This KE also noted the increased risk of aspiration pneumonia due to the necessity of sedating these patients. An additional observation was that treatment of these patients with antipsychotics has increased, leading to an increase in the availability of antipsychotics, and therefore, an increase in their abuse and diversion.

Other KE also mentioned mental health issues amongst users of methamphetamine, two noting not just more presentations, but also an increased awareness of these issues amongst users. The observation that there was an association between rates of use and psychosis was made by one KE who commented that there had been a small increase in psychosis amongst certain users described as “*greedy ones*” (i.e. those consuming methamphetamine in large quantities). It was also observed that issues of depression and self harm remain problematic for users of methamphetamines.

5.6 Trends in methamphetamine use

A very large number of IDU commented on trends in methamphetamine and most particularly use of crystal methamphetamine. By far the most common observation was the increase in the number of people using this drug. It was also common to note that increasing numbers of young people were using methamphetamine. Several users tied this trend to an increased availability of the drug, while a smaller number associated the trend with the decreased availability of heroin. Other comments noted increasing problems associated with mental health and aggression that accompanied this trend. Other observations included that use, especially when smoked, had become more socially acceptable, and that people were now using “*all the time*” as opposed to recreational weekend use. It was noted by one IDU that some users had turned to methamphetamine due to their naltrexone implant blocking their drug of choice (i.e. heroin), another observed that use of the drug had increased among young middle class and affluent people.

Several KE observed emerging trends in methamphetamine use. Among these were that the age of initiation to methamphetamine use appeared to be getting younger, while another noted that use tends to decrease with age, especially amongst males who want to settle down and start families. One KE, an emergency department worker, observed that among users seen “*impressive numbers*” were aware of available treatment options. That KE also noted the huge impact that chronic paranoia, associated with the drug, had on users’ ability to live in families, relationships etc. This resulted in a lot of people seen in the emergency department being very socially isolated. That there may be an association between use of methamphetamines and the poor supply of heroin was postulated by two KE, both working with large numbers of sex workers among their clientele.

5.7 Summary of methamphetamine trends

A summary of recent methamphetamine trends can be found in Table 12 below.

Table 12: Summary of methamphetamine use in WA, 2006

Price	<ul style="list-style-type: none"> • Price for all forms substantively unchanged since 2005 • Powder median price \$300 per gram • Base median price \$325 per gram • Crystal median price \$400 per gram
Availability	<ul style="list-style-type: none"> • Availability of powder has fallen but still considered ‘easy’ • Numbers describing base as ‘easy’ or ‘very easy’ have fallen, but opinion on current availability is divided • Availability of crystal has improved & is considered ‘easy’
Purity	<ul style="list-style-type: none"> • Purity of powder by user perception has fallen. Described as ‘low’ • User perception of base purity remains ‘high’ • User perception of crystal purity remains ‘high’ with increased numbers supporting this view
Use	<ul style="list-style-type: none"> • Recent use of any form increased, days of use stable • Numbers using powder stable, days of use decreased • Numbers using base fallen, days of use stable • Numbers using crystal and days of use stable

6 COCAINE

6.1 Price

As in previous years, only a relatively small number of IDU were able to comment about cocaine. There were just four IDU who were able to provide data concerning what they believed a gram of cocaine usually cost which necessitates that this data be interpreted with caution. Although this data produced a mean median price of \$544 compared with \$431 in 2005, actual range of suggested prices varied greatly with various respondents providing figures of \$250, \$350, \$575 and \$1,000 respectively.

With respect to actual recent purchases of cocaine there was just one IDU reporting having purchased a gram in the six months prior to interview for \$350 compared to the single purchase for \$475 the previous year. There were no reports of purchases of other quantities of cocaine. A detailed breakdown of cocaine purchases and their median price is provided in Table 13 below.

Table 13: Price of most recent cocaine purchases by IDU participants, 2006

Amount	Median price* \$	Range	Number of purchasers*
Cap	- (\$50)	-	0 (1) ^
Quarter gram	- (\$50)	-	0 (1)^
'Halfweight' (0.5 grams)	- (\$200)	-	0 (3)^
Gram	350 (\$475)	350	1 (1)^

Source: IDRS IDU interviews

* 2005 data are presented in brackets

^ based on small number of purchases

There were just three IDU who were able to comment on whether the price of cocaine had changed in the six months prior to interview. Of these two believed it had remained stable and one that it had decreased.

6.2 Availability

There were just five IDU who commented on the current availability of cocaine, again requiring extreme caution in interpreting this data. Of these two said they ‘didn’t know’, and three individual respondents suggested that it was either ‘easy’, ‘difficult’ or ‘very difficult’ respectively. For purposes of comparison, the 2005 sample also yielded five individuals who commented of which four thought availability ‘easy’ and one ‘difficult’. This data is presented in Table 14 below.

Table 14: Participants’ reports of cocaine availability in the past six months, 2005-2006

Current availability	2005 (N=100)	2006 (N=100)
Did not respond* (%)	95	95
Did respond (%)	5	5
<i>Of those who responded</i>		
Very Easy (%)	0 (0% of entire sample)	20 (1% of entire sample)
Easy (%)	80 (4% of entire sample)	(0% of entire sample)
Difficult (%)	0(0% of entire sample)	20 (1% of entire sample)
Very Difficult (%)	20 (1% of entire sample)	20 (1% of entire sample)
Don’t know^ (%)	0(0% of entire sample)	40 (2% of entire sample)

Source: IDRS IDU interviews

* ‘Did not respond’ refers to participants who did not feel confident enough in their knowledge of the cocaine market to respond to survey items

^ ‘Don’t know’ refers to participants who were able to respond to survey items on price and/or purity of cocaine, but had not had enough contact with users/dealers to respond to items concerning availability

As to whether the availability of cocaine had changed in the six months preceding the interview, of the five IDU who responded, 40% (n=2) didn’t know, 40% (n =2) thought it had remained stable and 20% (n=1) believed it had become ‘easier’.

Only two IDU provided information about who they had purchased cocaine from, one citing ‘friends’ and one citing ‘acquaintances’. One of these had gone to their ‘friends’ house’ to make the purchase while the other had met at an ‘agreed public location’.

6.3 Purity

There were five IDU who provided data about the purity of cocaine. Of these, 60% (n=3) thought it was currently 'high', 20% (n=1) believed it to be 'fluctuating' and the remaining individual 'didn't know'. Although this finding is not dissimilar to the previous year where 60% also rated cocaine purity as 'high', the very small numbers of IDU able to comment necessitates great care in the interpretation of this data. A complete breakdown of user ratings of purity can be located in Table 15 below.

Table 15: Participants' perceptions of cocaine purity in the past six months, 2005-2006

Current purity	2005 (N=100)	2006 (N=100)
Did not respond* (%)	95	95
Did respond (%)	5	5
<i>Of those who responded</i>		
High (%)	60 (3% of entire sample)	60 (3% of entire sample)
Medium (%)	20 (1% of entire sample)	0 (0% of entire sample)
Low (%)	20 (1% of the entire sample)	0 (0% of entire sample)
Fluctuates (%)	0 (0% of entire sample)	20 (1% of entire sample)
Don't know^ (%)	0 (0% of entire sample)	20 (1% of entire sample)

Source: IDRS IDU interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the cocaine market to respond to survey items

^ 'Don't know' refers to participants who responded to survey items on price and/or availability of cocaine, but had not had enough contact with users and/or dealers, or had not used often enough to feel able to respond to items concerning purity

Asked whether cocaine purity had changed in the six months prior to interview 40% (n=2) thought it had increased, 20% (n=1) thought it had decreased and 40% (n=2) didn't know.

6.4 Use

6.4.1 Cocaine use among IDU participants

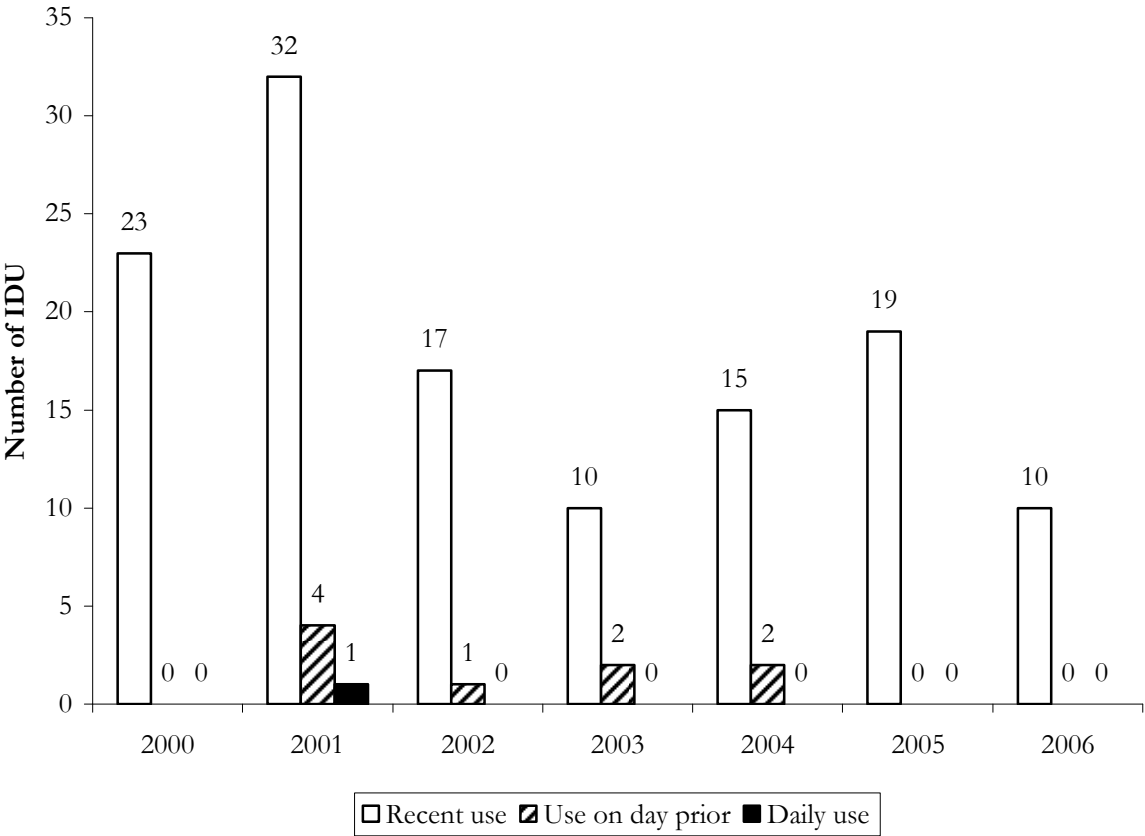
A lifetime history of having used cocaine was reported by 71% of the IDU sample which was not dissimilar to the 70% who reported having ever done so in 2005 ($\chi^2=0.048$, $df=1$, $p=0.827$). Having ever injected the drug was reported by 54%, which also was not significantly different from the 61% who had ever injected cocaine in the 2005 sample ($\chi^2=2.060$, $df=1$, $p=0.151$).

6.4.2 Current patterns of cocaine use

Recent use of cocaine was reported by 10% of the 2005 IDU sample which was a significant decline from the 19 IDU who had done so the previous year ($\chi^2=5.263$, $df=1$, $p=0.022$). Recent injection was reported by just four IDU, which was also significantly less than the 13 who had recently done so in 2005 ($\chi^2=7.162$, $df=1$, $p=0.007$).

Days of cocaine use remained sporadic ranging from one to twenty four. As in previous years since 2001 there was no report of any respondents using the drug on a daily basis. The mean number of days of use was six, which did not differ significantly from the 2005 mean of four ($t=0.760$, $df=9$, $p=0.467$). This was, however, the highest days of use seen since 2003. There were four IDU who reported recent injection of the drug which was a significant reduction from the 13 IDU in the previous year ($\chi^2=7.162$, $df=1$, $p=0.007$). Mean days of injection was three which was unchanged from 2005. Patterns of cocaine use are displayed in Figure 32 below.

Figure 32: Cocaine use in the past six months, 2000-2006



Source: IDRS IDU interviews

All ten recent users reported the use of powder cocaine, and all reported this as their most used form. Just one reported the use of crack cocaine, although past data indicates that there has been substantial confusion amongst some users between what constitutes ‘crack’ and what is probably crystal methamphetamine. In the absence of seizure or KE data to lend supporting evidence to this one instance of ‘crack’ use, this finding should probably be accepted with some scepticism.

Although there were no KE who commented specifically about cocaine, there were seven who were aware of some use of the drug amongst amphetamine users they were in contact with. In all cases this use was uncommon and in one case actually described as ‘very rare’. One observed that its use was restricted to “*younger more affluent users*” whilst another noted that where it was seen was typically among a small group of young women who had access to the drug whilst working overseas in the fashion industry. One KE observed that there had been a brief period when cocaine was available, some of it reportedly of quite good quality, but that this was no longer the case.

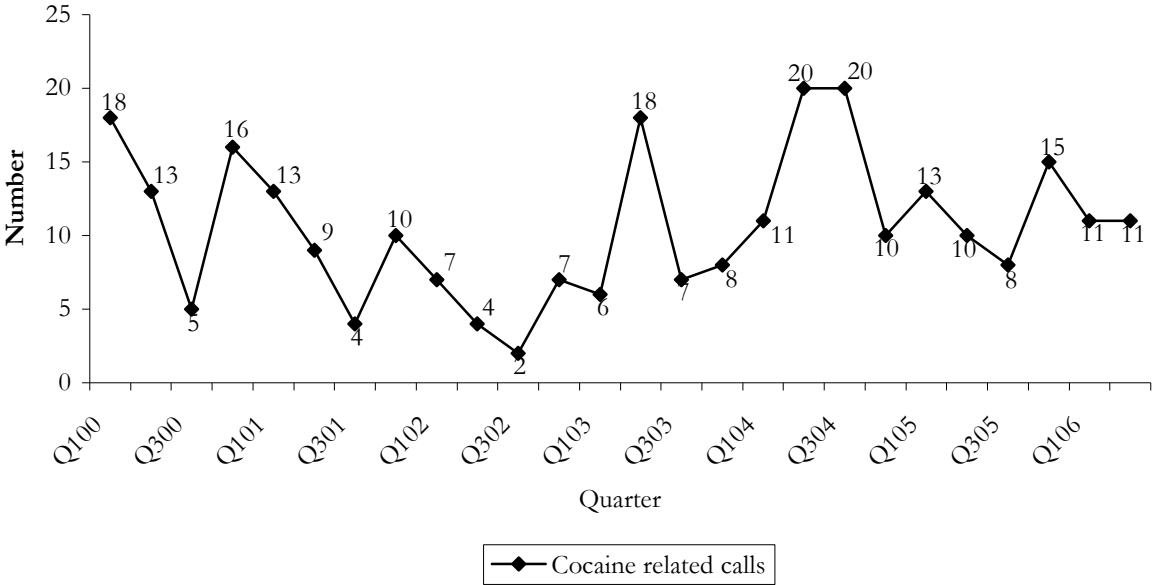
6.5 Cocaine related harms

6.5.1 Health

Calls to telephone helplines

Calls to ADIS mentioning cocaine have historically been low compared to other major drugs of concern. The 2005/2006 financial period proved no exception with the number of calls ranging between eight and 15, a range that fell approximately in the middle of the two highest numbers (20 in the second and third quarters of 2004) and the lowest (two in the third quarter of 2002) observed in previous years. As in previous years, for no quarter did cocaine account for even one percent of calls received by ADIS. Data pertaining to ADIS calls regarding cocaine are shown in Figure 33.

Figure 33: Number of enquiries to ADIS regarding cocaine, 2000-2006

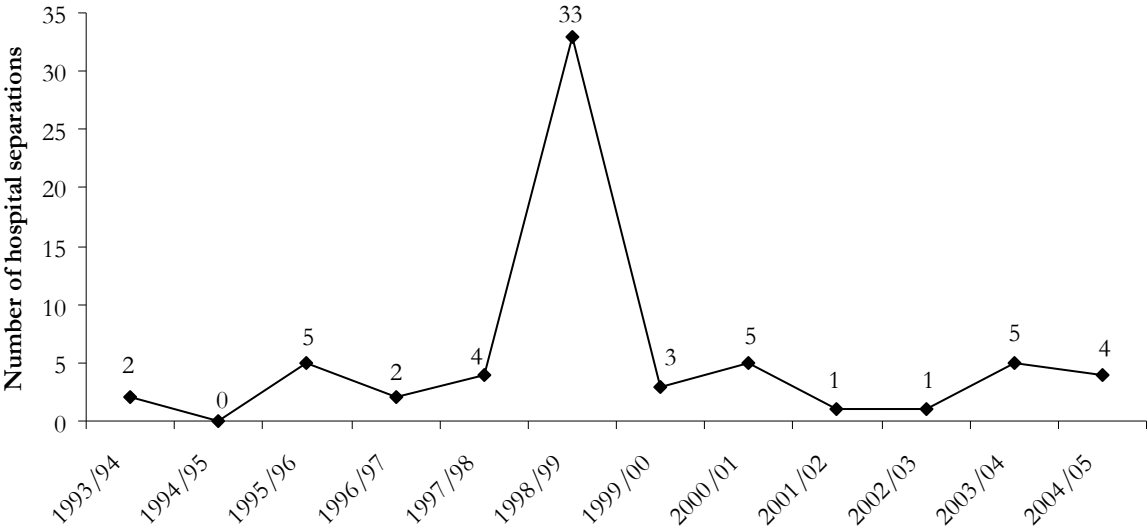


Source: ADIS

NB: ADIS data refer to the number of calls where cocaine was mentioned as any drug of concern

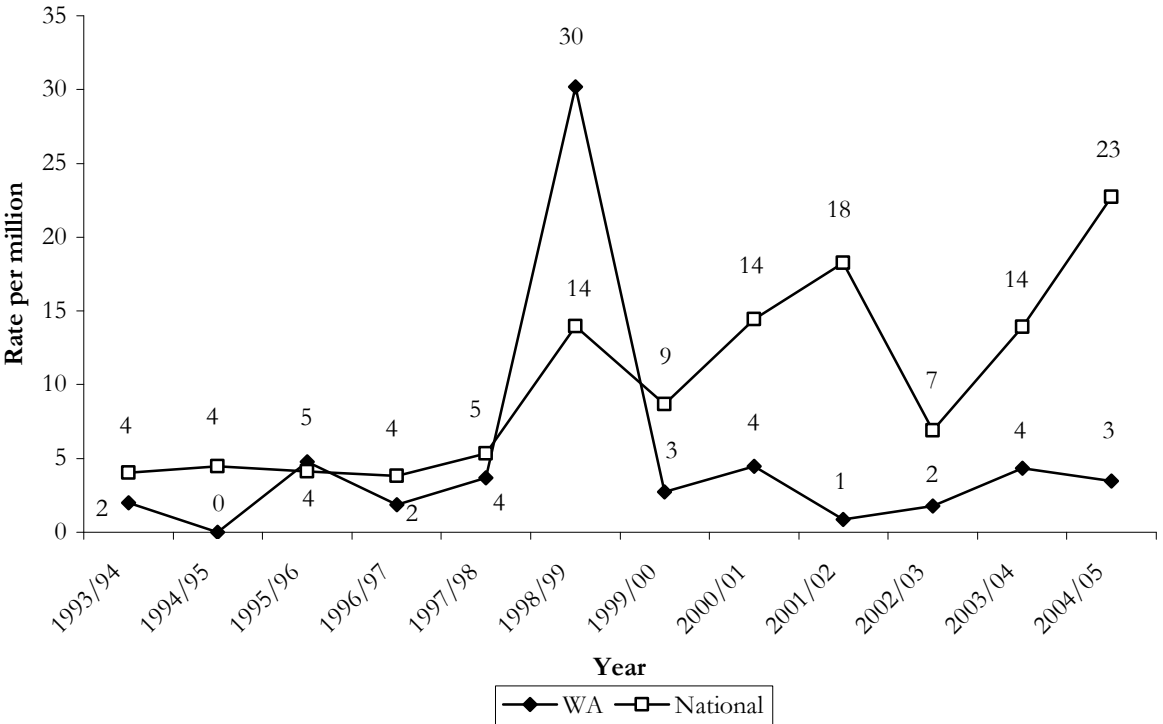
Hospital admissions in WA where cocaine was the principal diagnosis continued to remain extremely low with just four in the 2004/2005 financial period. This equates to 3.45 per million head of population aged between 15 and 54. This data since 1993/1994 is shown in figures 34 and 35 below.

Figure 34: Total number of inpatient hospital admissions for persons aged 15-54 where cocaine was the principal diagnosis, WA, 1993/1994-2004/2005



Source: National Hospital Morbidity Database; Roxburgh & Degenhardt (in press)

Figure 35: Rates per million of hospital separations for cocaine for WA and nationally, 1993/1994-2004/2005



Source: National Hospital Morbidity Database; Roxburgh & Degenhardt (in press)

6.6 Trends in cocaine use

There were no IDU or KE who commented on general trends in cocaine use.

6.7 Summary of cocaine trends

A summary of major cocaine trends is provided in Table 16 below.

Table 16: Summary of cocaine trends for 2006

Price	<ul style="list-style-type: none">• \$350 per gram• Possibly decreasing but data based on just one purchase
Availability	<ul style="list-style-type: none">• Very small numbers of reports suggests availability may have decreased
Purity	<ul style="list-style-type: none">• User reports suggest 'high'• Appears unchanged since 2005 but based on very small numbers of reports
Use	<ul style="list-style-type: none">• Significant decline in numbers of recent users• No change to days of use• No reports of use on a daily basis• Powder the dominant form

7 CANNABIS

7.1 Price

There were 57 IDU able to comment on what they believed an ounce of hydroponic cannabis currently cost. Suggested prices ranged from \$200 to \$800 with a median of \$300 and a mean price of \$303, which did not differ significantly from the previous year's mean price of \$307 ($t=-0.719$, $df=56$, $p=0.475$). Suggested prices for an ounce of bush were provided by 31 IDU with prices ranging from \$80 to \$400 with a median of \$250 and a mean price of \$235 which was not a significant variation from the 2005 mean price of \$227 ($t=0.665$, $df=30$, $p=0.511$).

With regards to actual purchases of hydroponic cannabis, there were 21 recent purchases of an ounce for a median price of \$280 and a mean price of \$276, which was not a significant variation from the 2005 mean of \$287 ($t=-1.387$, $df=20$, $p=0.181$). Other commonly seen purchases of hydroponic cannabis included 31 'bags' with a median price of \$25, 14 purchases of a half ounce for a median price of \$150, 13 purchases of a gram for a median price of \$25 and nine purchases of a quarter ounce for a median price of \$80. Asked whether the price of hydroponic cannabis had recently changed, 70 IDU were able to respond with a vast majority (80%, $n=56$) reporting that it had remained stable.

An ounce of bush had actually been purchased by 10 IDU for a median price of \$200 and a mean of \$205 which was not significantly different from the 2005 mean of \$224 ($t=-1.007$, $df=9$, $p=0.340$). The only other commonly purchased quantity of bush was 14 purchases of a "bag" for a median price of \$25. Less commonly seen purchases included three purchases of a half ounce for a median of \$150, three purchases of a gram for a median price of \$25, three purchases of two grams, also for a median price of \$25, and two purchases of a quarter ounce for a median price of \$65. Of the 37 IDU able to comment on whether the price of bush had recently changed, it was overwhelmingly agreed (73%, $n=27$) that the price of bush had remained stable.

Price data from 2006 for some of the more commonly purchased quantities of hydroponic and bush cannabis are compared with 2005 data in Table 17 below.

Table 17: Price of most recent cannabis purchases by IDU participants, 2006

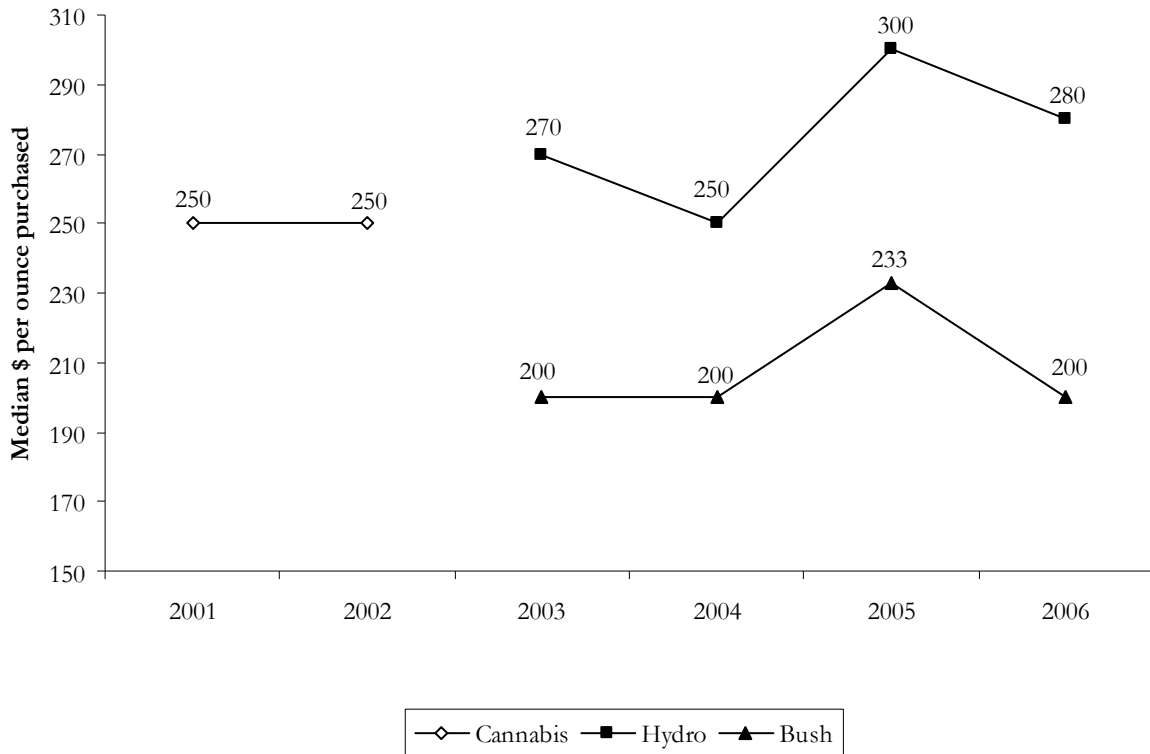
Amount	Median price* \$	Range	Number of purchasers*
<i>Hydro</i>			
Gram	25 (25)	15-25	13 (35)
Quarter Ounce	80 (75)	50-180	9 (21)
Half Ounce	150 (150)	100-180	14 (29)
Ounce	280 (300)	200-350	21 (38)
<i>Bush</i>			
Gram	25 (25)	20-25	3 (19)
Quarter Ounce	65 (65)	60-70	2 (12)
Half Ounce	150 (120)	100-180	3 (16)
Ounce	200 (230)	80-300	10 (24)

Source: IDRS IDU interviews

*2005 median prices are in brackets

Figure 36 below depicts data relating to the price of an ounce of cannabis since 2001.

Figure 36: Median prices of cannabis ounce estimated from IDU participant purchases, 2001-2006



Source: IDRS IDU interviews

NB: IDU survey did not distinguish between hydroponic and bush cannabis prior to 2003.

As in previous years, purchases of hash and hash oil were much less common than bush or hydroponic cannabis. There were five IDU who reported having bought a gram of hash recently for a median price of \$50 and a mean price of \$40 which, given the very low number of purchases, may cautiously be interpreted as a slight increase on the two purchases in the 2005 sample for \$30 and \$35 respectively. Similarly, there were just three purchases of a cap of hash oil, two for \$30 and one for \$50, which is not dissimilar from 2005 findings of two purchases for \$25 and \$50 respectively.

There were three KE who commented specifically about cannabis prices. Of these, one gave the price of an ounce as being \$250, the second \$280 to \$320 and the third from \$300 to \$350. All three agreed that ‘sticks’ could be purchased for \$25, one, working with young at risk users, noting that \$50 and \$100 deals were also common, but added that it was unusual for young users to purchase large quantities like ounces. Asked whether the price of cannabis had recently changed, one KE was unable to answer, but of the other two, one believed it was fluctuating but that this situation was normal for the cannabis market. The other thought that the real price had increased in that the cost of standard deals had remained unchanged, but the quantity that could be obtained at that price had diminished.

7.2 Availability

Availability of hydroponic cannabis was rated as ‘easy’ by 48% (n=37) of those responding and as ‘very easy’ by 34% (n=34). This stands in contrast to the 2005 survey in which a majority of 56% rated hydroponic availability as ‘very easy’, suggesting that users perceive its availability to have decreased somewhat. However, when asked if availability had recently changed in the six months prior to the survey, a clear majority (69%, n=53) thought it had been stable in that time.

In the case of bush, half (50%, n=19) of those responding described availability as ‘easy’ which was also the most common response the previous year. Despite this numbers reporting ‘very easy’ availability had fallen from 30% of those responding to 18% (n=7), suggesting that like hydroponic cannabis, bush too may also have undergone a slight decline in perceived availability. However, with regards to change in the six months prior to the survey 61% (n=23) of those responding thought it had been stable.

A complete breakdown of these responses is located in Table 18 below.

Table 18: Participants’ reports of cannabis availability in the past six months, 2005-2006

Current availability	Hydro		Bush	
	2005 (N=100)	2006 (N=100)	2005 (N=100)	2006 (N=100)
Did not respond* (%)	30	23	30	62
Did respond (%)	70	77	70	38
<i>Of those who responded</i>				
Very Easy (%)	56 (39% of entire sample)	34 (26% of entire sample)	30 (21% of entire sample)	18 (7% of entire sample)
Easy (%)	29 (20% of entire sample)	48 (37% of entire sample)	37 (26% of entire sample)	50 (19% of entire sample)
Difficult (%)	10 (7% of entire sample)	13 (10% of entire sample)	17 (12% of entire sample)	21 (85 of entire sample)
Very Difficult (%)	1 (1% of entire sample)	0 (0% of entire sample)	1 (1% of entire sample)	3 (1% of entire sample)
Don’t know^	4 (3% of entire sample)	5 (4% of entire sample)	14 (10% of entire sample)	8 (3% of entire sample)

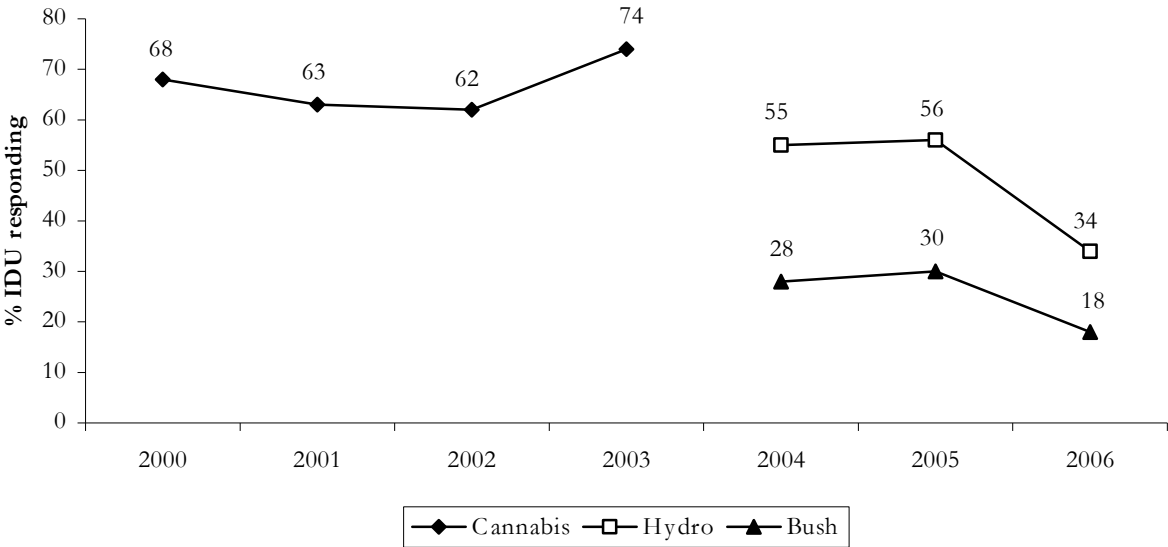
Source: IDRS IDU interviews

* ‘Did not respond’ refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items

^ ‘Don’t know’ refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

Figure 37 below depicts numbers of IDU reporting cannabis availability as “very easy” since 2000.

Figure 37: Participants reporting ‘very easy’ current cannabis availability, 2000-2006



Source: IDRS IDU interviews
 NB: A distinction between hydroponic and bush cannabis was introduced in 2004. Prior to this time survey items referred to any form of cannabis.

The current availability of cannabis was held to be ‘very easy’ by two of the three key experts who specifically discussed cannabis, but the remaining one thought it ‘difficult’. Asked if this availability had changed, the first two thought it was stable, but the other believed it had declined.

The most commonly mentioned source for obtaining hydroponic cannabis was from ‘friends’ with 39 respondents giving this reply. Other responses included 19 counts of ‘known dealers’, 14 from acquaintances, seven from ‘street dealers’, four who had received it as a ‘gift’, three from ‘unknown dealers’ and one report of obtaining it from ‘workmates’. The most common venue was unsurprisingly ‘friends’ homes’ with 38 respondents giving this answer. Other source venues were much less common and included 17 mentions of ‘agreed public locations’, 16 of ‘dealers’ homes’, 13 mentions of ‘home delivery’ eight of ‘street markets’, seven of ‘acquaintances houses’, two counts of ‘mobile dealers’ and one of obtaining the drug ‘at work’. Asked about the origin of their hydroponic cannabis the most common response (38%, n=28) was that it came from a ‘smalltime / backyard user / grower’ followed by from a ‘large scale cultivator / supplier’ (24%, n=18). This finding can be compared to that of 2005 when these two original sources were rated as equally common. There were also a small number (3%, n=2) who reported having grown their own.

As with hydroponic cannabis the most common source of bush was from ‘friends’ with 21 respondents citing this source. Other less common sources included six counts of ‘known dealers’, five of ‘acquaintances’, five of ‘street dealers’, three mentions of ‘gifts’ and three of ‘unknown dealers’. The most common venue for obtaining bush was once again from ‘friends’ homes’ with 16 IDU giving this response. Other locations included 12 mentions of ‘home delivery’, seven from ‘dealers’ homes’, five mentions of ‘agreed public locations’, four counts of ‘street markets’, three of ‘acquaintances’ houses’ and two mentions of ‘mobile dealers’. With regards to the origin of their bush cannabis the most common response given by 44% (n=16) was that it had come from a ‘smalltime / backyard user / grower’ as was the case in 2005.

There were also 11% (n=4) who indicated that it had come from ‘a large scale cultivator / supplier’ and eight percent (n=3) who had grown their own.

7.3 Potency

A clear majority (66%, n=51) of those IDU responding reported that in their opinion the current potency of hydroponic cannabis was ‘high’, a finding very similar to that seen in 2005. That this situation had remained stable for the last six months was a view supported by an absolute majority (60%, n=46) of those responding.

Users’ perceptions of the potency of bush cannabis also appeared to have remained constant since 2005 with an absolute majority (61%, n=23) of those responding describing it as ‘medium’, a result very similar to that observed the previous year. Asked if this had changed in the six months prior to interview, once again a clear majority of those responding (58%, n=22) indicated that it had remained stable.

Table 19 below shows a detailed breakdown and comparison with 2005 of data concerning cannabis potency by user report.

Table 19: Current potency of cannabis by user report 2005-2006

Current strength	Hydro		Bush	
	2005 (N=100)	2006 (N=100)	2005 (N=100)	2006 (N=100)
Did not respond* (%)	30	23	30	62
Did respond (%)	70	77	70	38
<i>Of those who responded</i>				
High (%)	69 (48% of entire sample)	66 (51% of entire sample)	16 (11% of entire sample)	26 (7% of entire sample)
Medium (%)	19 (13% of entire sample)	25 (19% of entire sample)	56 (39% of entire sample)	61 (23% of entire sample)
Low (%)	1 (1% of entire sample)	0 (0% of entire sample)	4 (3% of entire sample)	8 (3% of entire sample)
Fluctuates (%)	4 (3% of entire sample)	5 (4% of entire sample)	6 (4% of entire sample)	5 (2% of entire sample)
Don't know^ (%)	7 (5% of entire sample)	4 (3% of entire sample)	19 (13% of entire sample)	8 (3% of entire sample)

Source: IDU interviews

* ‘Did not respond’ refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items

^ ‘Don’t know’ refers to participants who were able to respond to survey items on price and/or availability, but had not had enough contact with users/dealers to respond to items concerning purity

Current potency of cannabis was thought by two key experts to be ‘high’ whilst the remaining one who commented thought it was ‘medium’. All three thought that there had been no recent changes to the potency of cannabis available in Perth.

7.4 Use

7.4.1 Cannabis use among IDU participants

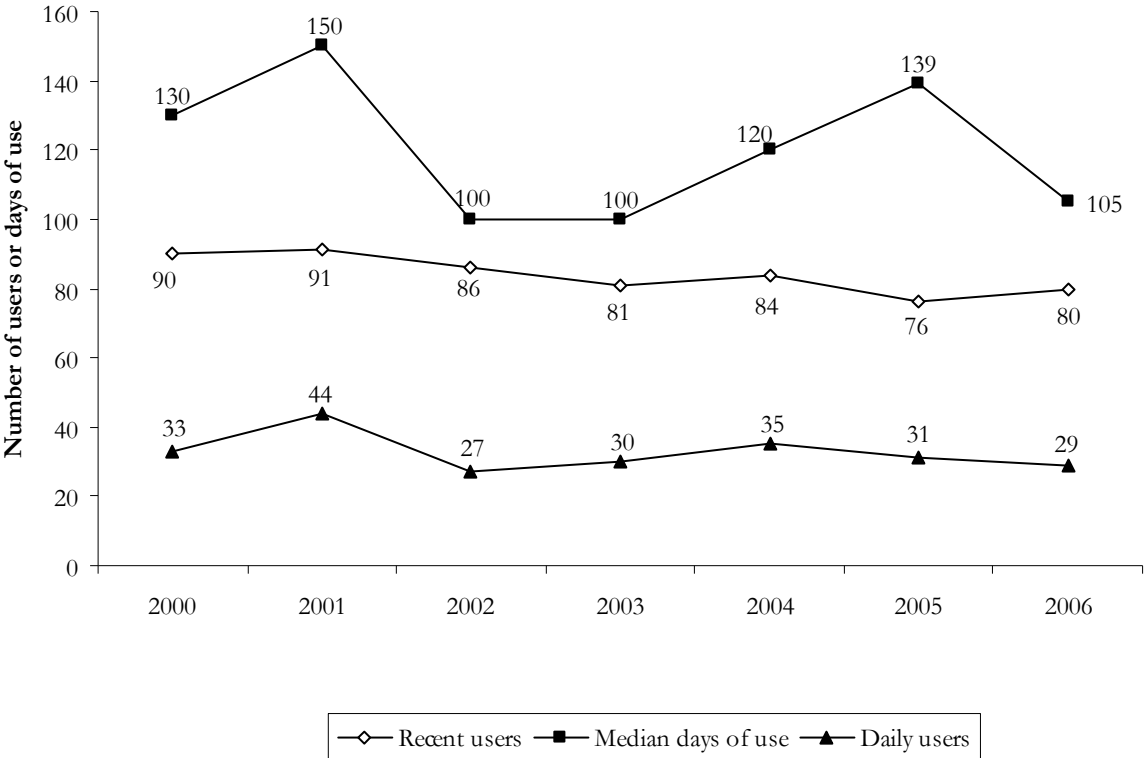
Cannabis was widely used amongst the 2006 IDU sample with 98% reporting having ever used the drug at some point in their lives.

7.4.2 Current patterns of cannabis use

Cannabis had been used within the last six months prior to interview by 80% of IDU, a figure not significantly different from the 76% reported in 2005 ($\chi^2=0.877$, $df=1$, $p=0.349$). Days of use ranged from one to 180 with 29 reports of use on a daily basis. Mean and median days of use was 105, which was not significantly removed from the 2005 mean of 112 days of use ($t=-0.930$, $df=79$, $p=0.355$).

Patterns of cannabis use amongst the WA IDU sample are displayed in Figure 38 below.

Figure 38: Recent use, median number of days of use and daily users of cannabis in the past six months, 2000-2006



Source: IDRS IDU interviews

Amongst those who had used cannabis and provided details of the forms they had used, 79% ($n=57$) reported that hydroponic cannabis was the form that they had used the most of in the last six months. With regards to actual forms used, 96% ($n=71$) had used hydroponic cannabis, 74% ($n=55$) reported the use of bush, 42% ($n=31$) had consumed hash and 37% ($n=27$) reported the use of hash oil.

Although virtually all KE were aware of half, to most, of the users they had contact with using cannabis, predominantly hydroponic, only three KE spoke specifically about primary cannabis users. All three agreed that hydroponic was the predominant form favoured by users, one noting that “users were less interested in leaf...it has to be head”. Bongs were acknowledged by all three as the preferred method of smoking, but bucket bongs and pipes were also mentioned. It was noted that this was particularly the case for younger users, and that smoking of cannabis in joints was uncommon. Levels of use were observed to range considerably from a ‘stick’ or \$50 ‘bag’ a week up to smoking multiple cones daily, one key expert suggesting up to 10 cones a day, another describing daily binge use where users smoke “until quite stoned”. It was suggested by one KE that the concurrent use of cannabis with amphetamines was becoming more common, the cannabis serving as an “aid to come down from the speed.” Another KE working with young homeless people noted that cannabis was often consumed in conjunction with “vast quantities” of alcohol and diverted pharmaceuticals including antipsychotics and opioids and that “pot was just a warm up”. Another observed that cannabis use amongst younger users was more clandestine often occurring in “back rooms or sheds” whilst older users tended to smoke in more “sociable” environments.

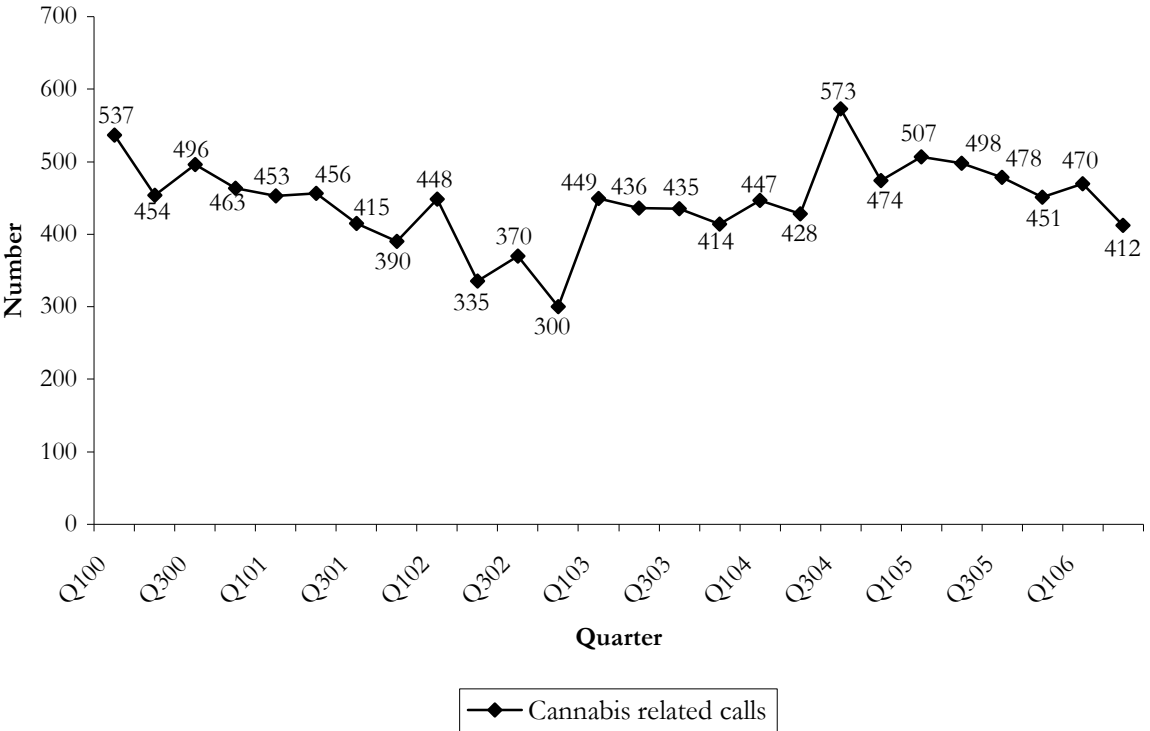
7.5 Cannabis related harms

7.5.1 Health

Calls to telephone helplines

Numbers of calls to ADIS concerning cannabis were somewhat lower than the peak of 573 seen during the third quarter of the 2004/2005 period, ranging between 412 and 478. Per quarter calls concerning cannabis accounted for between 14% and 17% of all calls received by the service, a figure not dissimilar to the previous financial year when cannabis calls accounted for 15% to 17% of all calls. Calls to ADIS concerning cannabis since the first quarter of 2000 are shown in Figure 39 below.

Figure 39: Number of enquiries to ADIS regarding cannabis, 2000-2006

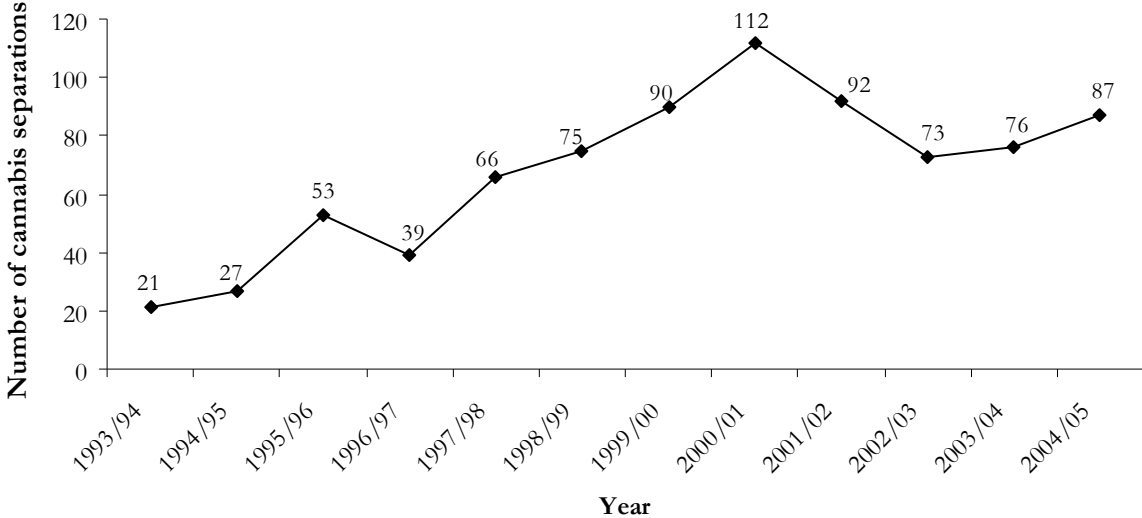


Source: ADIS

NB: ADIS data refer to the number of calls where cannabis was mentioned as any drug of concern.

At 87 cannabis related admissions to WA hospitals in the 04/05 financial year, numbers were very slightly up on the 76 reported in the 2003/2004 financial year. Despite this, the most recent figure does not approach the peak of 112 cases. Admissions to hospital with cannabis as the primary diagnosis since 1993/1994 are shown in Figure 40 below.

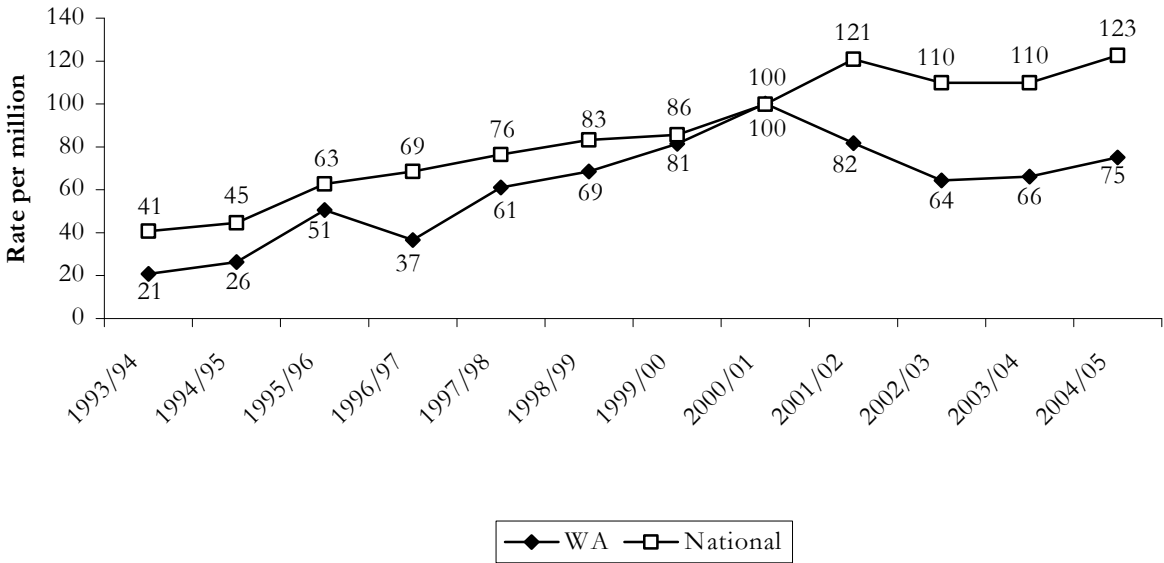
Figure 40: Number of inpatient hospital admissions for persons aged 15-54 where cannabis was the principal diagnosis, WA, 1993/1994-2004/2005



Source: National Hospital Morbidity Database; Roxburgh & Degenhardt (in press)

Despite this slight increase, WA remains substantially below the national rates for cannabis related admissions to hospital with 75 cases per million compared with the national rate of 123 cases per million. This information concerning rates per million for admissions to hospital with cannabis as the primary diagnosis is displayed in Figure 41 below.

Figure 41: Rate of inpatient hospital admissions where cannabis was the principal diagnosis per million people aged 15-54 years, 1993/1994 to 2004/2005



Source: National Hospital Morbidity Database; Roxburgh & Degenhardt (in press)

Only two KE made mention of health issues in relation to cannabis use. The first of these noting that they were hearing more from younger people regarding mental disturbances and lethargy. It was also observed that giving up cannabis use was more of an issue for older users as the process tended to produce resulting mood swings, aggression and irritability. The KE went on to note that there appeared to be more recognition among users of the potential for mental health problems like depression, or to a lesser extent, psychosis. Also users themselves were more aware of the mood related problems associated with quitting. The second KE working with young homeless people believed that they were seeing more self harm, suicidal ideation and mental health problems, in general, amongst this group of cannabis users.

7.5 Trends in cannabis use

Apart from one IDU, who believed there were larger numbers of users actively seeking hydroponic cannabis, there were no IDU who made comments about current trends in the use of cannabis. Other than comments already covered there were few KE who provided information concerning cannabis trends, save one KE who observed that some cannabis users were giving up use unwillingly due to changes in attitudes surrounding drug use in the workplace.

7.6 Summary of cannabis trends

Table 20 below contains a summary of major cannabis trends.

Table 20: Summary of major cannabis trends

Price	<ul style="list-style-type: none"> • Hydro \$280 per ounce • Bush \$200 per ounce • Price of both major types relatively unchanged & stable
Availability	<ul style="list-style-type: none"> • Availability of hydro fallen and rated as ‘easy’ • Availability of bush stable and rated as ‘easy’
Potency	<ul style="list-style-type: none"> • User reports rate potency of hydro as unchanged and ‘high’ • User reports rate potency of bush as unchanged and ‘medium’
Use	<ul style="list-style-type: none"> • Numbers of recent cannabis users remain unchanged • Rates of days of use of cannabis remain relatively unchanged • Hydro remains the predominant form

8 OPIOIDS

8.1 Use of illicit methadone

A life history of having consumed illicit methadone syrup was reported by nearly half (49%) of the 2006 IDU sample. Use within the last six months was substantially less common with 21 IDU reporting having done so, a figure not significantly different from the 24 IDU in the 2005 sample ($\chi^2=0.493$, $df=2$, $p=0.482$). Most of these users (81%, $n=17$) reported having injected the drug in the last six months. Number of days used ranged from one to 152 with a median of 10 and a mean of 26 days which was not a significant increase on the 2005 mean of 15 ($t=0.1222$, $df=20$, $p=0.236$). There were no mentions of daily illicit methadone use.

Methadone in tablet form, marketed as Physeptone had ever been illicitly used by 35% of the IDU sample, and within the last six months by 18%, a significantly larger number than the eight percent who had recently used the drug in the 2005 sample ($\chi^2=132.587$, $df=1$, $p=0.00$). As with syrup, virtually all of these recent users (78%, $n=14$) reported having injected the drug within the last six months. Days of use ranged from 1 to 53 with a median of five and a mean of eight which was not significantly less than the 2005 mean of 13 ($t=-1.627$, $df=17$, $p=0.122$). There were no daily users of illicit Physeptone found in the 2006 sample.

Information on the price of one ml of methadone syrup was provided by 14 IDU with prices ranging from \$0.43 to \$1 per ml, half of these 14 giving \$1 per ml as being the modal typical price, as has been the case since 2003. Quantities of syrup purchased varied widely from a half ml up to 600 mls with the most common amount being 50 mls ($n=5$) followed by 120 mls ($n=3$). Only four IDU provided information on the price of illicit Physeptone with prices ranging from \$1 for one tablet up to \$50 for one hundred tablets. Although the small numbers of purchasers involved necessitate some caution in interpreting this data, it would appear unlikely that substantial changes have occurred to the price of Physeptone since 2005 when two purchases of 10mg tablets were reported, both for \$10 each. Certainly, of the 19 IDU able to answer if the price of methadone (syrup or tablets) had recently changed, 68% ($n=13$) indicated that it had remained stable. Actual purchase of a five mg tablet had been made by only one IDU for \$3. There were seven purchases of a 10mg tablet for prices ranging from \$5 to \$15 with a mean and median price of \$10.

Of the 23 IDU able to answer about the availability of illicit methadone, 43% ($n=10$) indicated that it was currently 'very easy' which was also the most common response in 2005. This was followed by 30% ($n=7$) who reported that it was 'easy'. Asked about sources of illicit methadone, by far the most common ($n=11$) was that it came from 'friends', followed by from 'acquaintances' ($n=3$). There were isolated reports of the source being 'known dealers' or 'a gift from friends'. Unsurprisingly, the most common venues for obtaining illicit methadone was from 'friends' houses' ($n=10$) or 'acquaintances' houses' ($n=3$). There were also three instances of 'agreed public locations', and isolated mentions of 'home delivery', 'mobile dealers' and 'in a car'. Of the IDU able to identify the origin of their methadone all (100%, $n=12$) indicated that it had come from someone's takeaway dose.

Although substantial numbers of KE noted licit use of methadone amongst small numbers of the drug users they had contact with, there was only one mention of illicit use involving low numbers of users consuming Physeptone.

8.2 Use of illicit buprenorphine

A lifetime history of having taken illicit buprenorphine was reported by 61% of the 2006 IDU sample and of recent consumption by 32% which was not significantly removed from the 34% reported the previous year ($\chi^2=0.178$, $df=1$, $p=0.673$). Recent injection was reported by virtually all of these IDU (97%, $n=31$). Days of use ranged from one to 180 with two reports of use on a daily basis. Mean days of use was 43 which was not significantly greater than the 2005 mean of 34 days ($t=0.943$, $df=31$, $p=0.353$).

Suboxone (i.e. buprenorphine combined with naloxone) was introduced in Western Australia during the course of the 2005/2006 period and included in IDRS data collection for the first time in 2006. A life history of illicit use was reported by nine IDU and recent use also by nine. All (i.e. 100%) of these nine reported having injected illicit Suboxone in the six months prior to interview. Days of use ranged from one to 100 with a mean of 28. There were no reports of use on a daily basis.

For the first time in 2006 the IDRS attempted to collect data concerning the price and availability of illicit buprenorphine. Prices given for a tablet of buprenorphine varied greatly from \$10 to \$140, but of the 34 respondents the modal price ($n=10$) was \$25, the mean price was \$43 and the median was \$31. One IDU suggested that since the introduction of Suboxone the price of Subutex had “*effectively doubled.*” By far the most common purchase was of an 8mg tablet ($n=24$). Of the 31 IDU able to provide information about the availability of buprenorphine, the most common response given by 35% ($n=11$) was that it was ‘difficult’. This was followed by 32% ($n=10$) who thought it to be ‘easy’ and 26% ($n=8$) who thought it ‘very difficult’.

As Suboxone was new to the illicit drug market, specific questions were asked to gain information about it. Of the 13 IDU able to provide information on illicit Suboxone, 92% ($n=12$) reported that Suboxone was being sold on the street, and all (ie: 100%) knew someone who had used Suboxone not prescribed to them. As to the drug’s availability, 39% ($n=5$) said it was ‘very easy’ and 31% ($n=4$) said it was ‘easy’. Prices given ranged from \$10 to \$100 with a mean and median price of \$30. By far the most common purchase was an eight mg tablet accounting for 80% of all ten reported purchases. Several IDU noted that people who had formerly been using Subutex had moved onto Suboxone due to issues with availability.

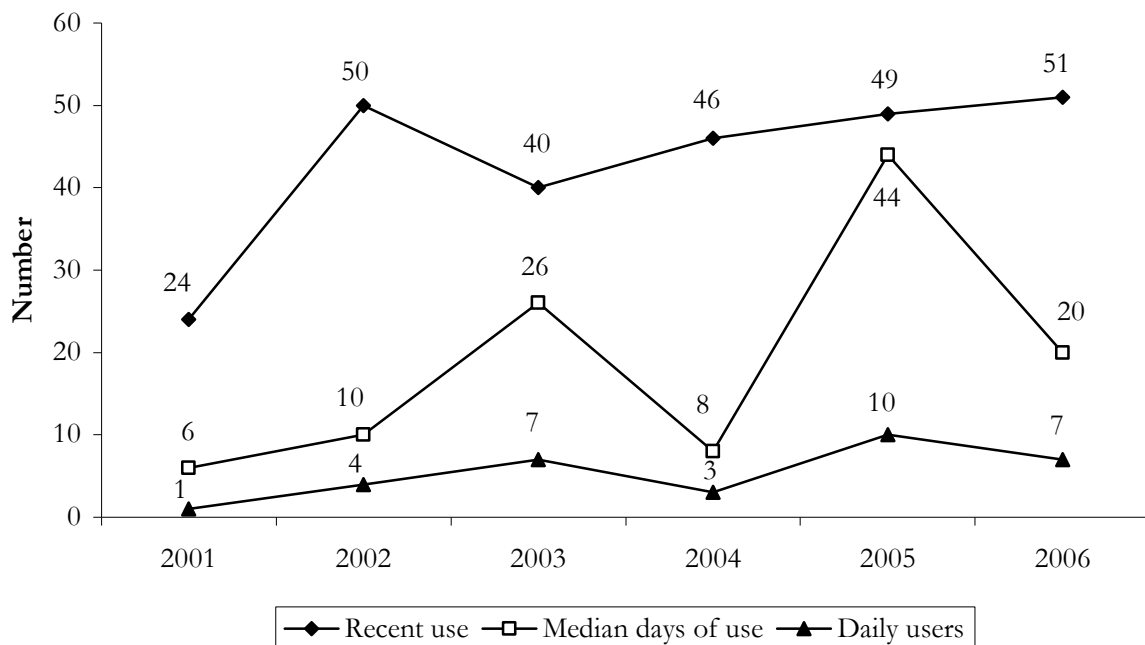
The nine IDU who had recently used Suboxone were asked their reasons for using it. Of these, five (56%) indicated that it was to “*alleviate withdrawal*” and four that it was “*to get stoned*” one of these four expressing a belief that Suboxone could bypass the antagonist blockade provided by their naltrexone implant. Asked if they had ever experienced withdrawal symptoms after using Suboxone, 56% ($n=5$) indicated that they had. Of the five who had experienced withdrawal, two reported having also used buprenorphine that day, two cannabis, and individuals reported the use of oxycodone, methamphetamine and benzodiazepines. On a scale out of five (five being ‘severe’) these IDU rated the intensity of the withdrawal experience, two giving a rating of four, two of one and the remainder a score of two. All five IDU experiencing withdrawal precipitated by Suboxone reported having injected the drug.

Of the two KE discussing opiate users, one specifically mentioned buprenorphine as one of the major pharmaceuticals seen, noting that more recently there had been a move towards increasing use of Suboxone. The price of buprenorphine was provided by one of these KE who suggested a purchase cost of \$15 to \$30 for a two mg tablet of Subutex and of \$25 to \$40 for Suboxone. It was believed that this price had recently increased. There were also several KE primarily discussing users of other drugs who noted some low or recreational levels of buprenorphine and Suboxone use among the drug users they saw. Again the recent move towards Suboxone was noted. One emergency department worker suggested that with the advent of Suboxone “*we might possibly see a decrease in buprenorphine abuse*”.

8.3 Use of illicit morphine

A lifetime history of illicit morphine use was reported by 77% of the 2006 IDU sample and use within the last six months by 51%, which was not significantly different from the 49% the previous year ($\chi^2=0.251$, $df=1$, $p=0.617$). Almost all of these (96%, $n=49$) reported recent injection of the drug. Days of use ranged from one to 180 with seven reports of use on a daily basis. Mean days of use was 48, but different wording of questions does not allow for statistical comparisons to be drawn with 2005 findings. There were 29 IDU who provided information on the form of morphine most used. As in previous years the most commonly mentioned form of morphine was MS Contin (72%, $n=21$) with other less common forms being Kapanol (21%, $n=6$) and Anamorph (7%, $n=2$). Data concerning illicit morphine use since 2001 is shown in Figure 42 below.

Figure 42: Proportion of IDU reporting morphine use, daily use and median days of use in the past six months 2001-2006



Source: IDRS IDU interviews

NB: 2006 data for days of use is specific to illicit morphine, a distinction not made in previous years

With 31 reported purchases, a 100mg tablet of MS Contin was, as in previous years, the most common purchase of morphine by a substantial margin. Although prices ranged from \$20 to \$80, the mean, median and modal price for 100mg of MS Contin remained at \$50 suggesting that there has been no change in the price of morphine. There were also 22 purchases of 60mg of MS Contin for a mean price of \$25, 11 purchases of 30mg for a mean price of \$18, two purchases of 10 mg tablets for \$2.50 and \$10 respectively and one report of the purchase of an entire sheet of 100mg tablets for \$500. Purchase of other forms of morphine was rather less common. The most common purchase of Kapanol with 13 reported purchases was of 50mg tablets for a mean of \$25. Other purchases included nine purchases of 100mg of Kapanol for a mean of \$46 and a median price of \$50, and two purchases of 20mg tablets for \$10 and \$15 respectively. There were also seven reports of purchasing 30mg tablets of Anamorph for a mean price of \$24 and a median price of \$20.

Asked whether the price of morphine had changed recently, a clear majority (59%, n=33) of the 56 IDU expressed the opinion that it had remained stable. With regards to availability, opinion was more divided with 40% (n=20) of those responding rating it as 'difficult', closely followed by 36% (n=18) who described it as 'easy'. There were also 20% (n=10) who said it was 'very easy'. It is worth noting that in 2005 the prevailing view held by 42% was that access to illicit morphine was 'easy'. Of the 53 IDU able to comment on if availability had recently changed, 47% (n=25) thought it had remained stable and 43% (n=23) believed it had become 'more difficult'.

'Friends' as a source for illicit morphine far exceeded all others with 39 IDU mentioning them in this context. Other sources included 'acquaintances' (n=12), 'known dealers' (n=6) and 'street dealers' (n=6). In the light of this it is probably unsurprising that the most common venues for sourcing morphine by a substantial margin was 'friends' houses' (n=33). Other venues mentioned included 'agreed public location' (n=9), 'home delivery' (n=8), 'acquaintances' house' (n=6), 'street market' (n=6), 'dealers' home' (n=4) and one mention of 'home delivery'.

MS Contin was noted by both KE discussing opiate use as being one of the major pharmaceuticals seen, one of these reporting that IV use of 80 to 100mg of the drug was a common pattern. A suggested price for MS Contin was given by one KE who cited \$20 for a ten mg tablet, a price that may have recently increased. There were also a number of KE who observed low levels of morphine use amongst the other drug users they saw, even if this use was only experimental. Both MS Contin & to a lesser extent Kapanol were mentioned in this context. One of these users suggested that MS Contin® was selling for \$40 a tablet although the strength of the tablet was not specified. Another observed that morphine appeared to have superseded heroin as the opiate of choice.

8.4 Use of illicit oxycodone

Lifetime use of illicit oxycodone was reported by 62% of the 2006 IDU sample. Use within the last six months was reported by 42% which was not significantly different from the 39 observed the previous year ($\chi^2=0.488$, $df=1$, $p=0.485$). Of these recent users, virtually all (98%, n=41) reported recently injecting illicit oxycodone. Days of use ranged from one to 180 with one report of illicit use on a daily basis. Mean days of use was 17 which was not significantly different from the 14 mean days of use reported in 2005 ($t=0.708$, $df=40$, $p=0.483$).

Price and availability data had not previously been asked about prior to 2006. The most common deal of Oxycontin was 20 purchases of 80mg tablets. Prices ranged from \$25 to \$100 with a mean of \$51 and a median price of \$50. Other Oxycontin tablets less commonly purchased included 17 purchases of 40mg tablets for a median price of \$20, and four purchases of 20mg Oxycontin for a median price of \$10. There was just one individual who spoke about buying five mg of Endone for a price of \$2 and one who provided information about buying Oxycontin 80mg in lots of 20 tablets for \$25 each. Of the 34 IDU able to provide information on the price of oxycodone, a clear majority (56%, n=19) believed this had remained stable. There were also 38% (n=13) who believed it had increased. With regards to availability 36 IDU respond with 39% (n=14) describing it as 'easy'. A further 31% (n=11) stated it was 'difficult' and 22% (n=8) that it was 'very easy'. Of the 33 able to comment if availability had changed, 45% (n=15) said it was stable and a further 42% (n=14) thought it may have increased. There was one IDU who suggested that there may have been a move from morphine to oxycodone due to the latter being more readily available.

'Friends' were the most common source for illicit oxycodone with 21 IDU mentioning them in this context followed by 'acquaintances' (n=10). There were also two mentions of obtaining it from 'known dealers' and one as a 'gift from friends'. The most commonly cited venue for obtaining oxycodone was 'friends' houses' (n=15) followed by 'agreed public locations' (n=9).

There were also six mentions of ‘home delivery’, four from ‘dealers’ homes’ and three of ‘acquaintances’ houses’.

Of the two KE discussing users of opiates one identified Oxycontin as one of the common pharmaceuticals used. A suggested price was provided by one of these as being \$10 to \$15 per tablet, which as with other pharmaceutical opiates may have recently increased. Only one KE reporting on other types of drug user noted any level of oxycodone use amongst the users they had contact with.

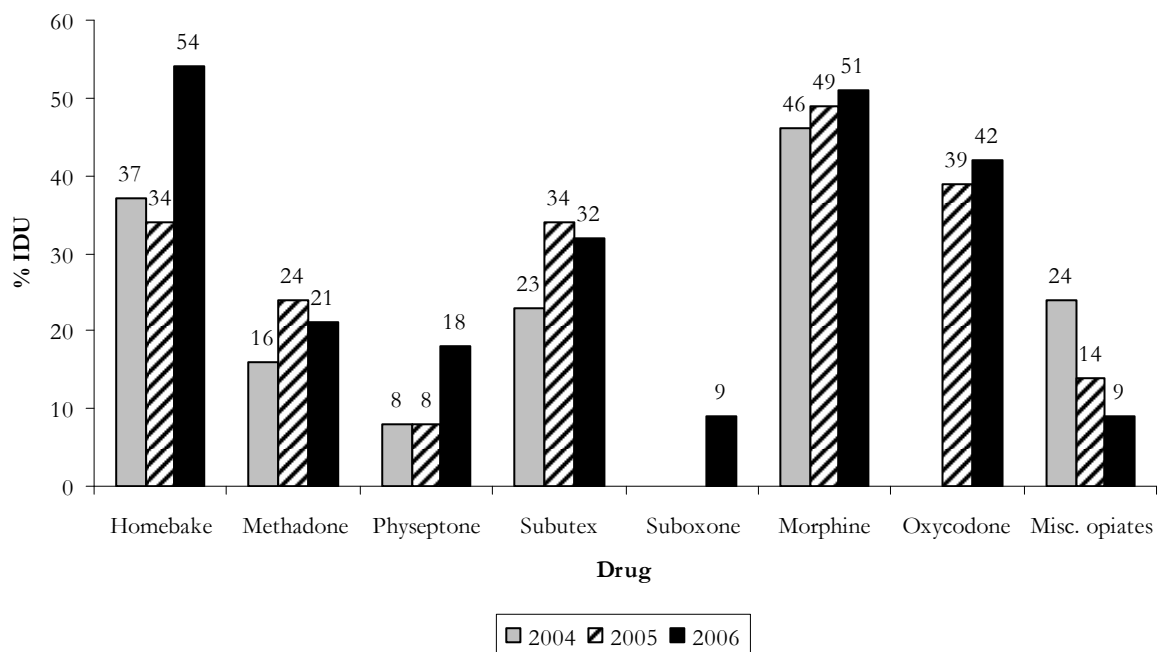
8.5 Illicit use of other opioids

A lifetime history of having used homebake heroin was reported by 83% of the 2006 IDU sample. In terms of recent use, it had been consumed in the last six months by 54%, a highly significant increase on the 2005 rate of 34% ($\chi^2=17.825$, $df=1$, $p=0.00$). All (i.e. 100%) of these 54 IDU had injected homebake in the last six months. Days of use ranged from one to 180 with six reports of use on a daily basis. The mean days of use was 49, which was a significant increment on the 2005 mean of 30 days ($t=2.251$, $df=53$, $p=0.029$).

The use of other miscellaneous opiates was reported as having ever been used by 31% of IDU. Recent use was reported by nine percent which was not significantly less than the 14 reported the previous year ($\chi^2=1.529$, $df=1$, $p=0.216$). Compared to most other drugs relatively few (56%, $n=5$) had recently injected these opioids, reflecting the fact that one -third of these users reported having licitly consumed these opioids. Days of use ranged from one to 180 with one report of use on a daily basis and mean days of use of 39 days which was not significantly greater than the 2005 mean of 14 days ($t=1.298$, $df=8$, $p=0.231$) however, this failure to attain statistical significance is likely an artefact of the very small number of cases involved in the analysis. Eight IDU gave information regarding the form of these miscellaneous opioids revealing 75% ($n=6$) cases that involved codeine and two individual mentions of pethidine and hydromorphone use. There was one IDU who suggested that there may be a younger generation of users beginning to use homebake heroin.

Data pertaining to the illicit use of other opiates since 2004 is depicted in Figure 43 below.

Figure 43: Illicit opiate use 2004-2006



Source: IDRS IDU interviews

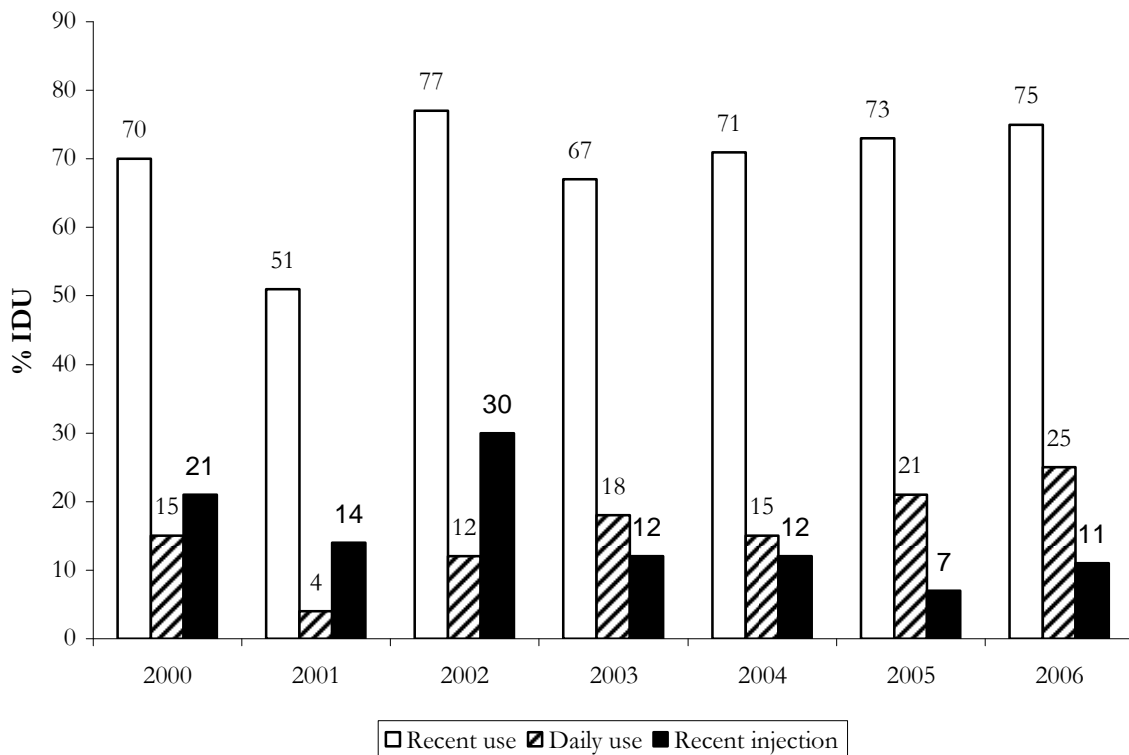
Both KE providing information about users of other opiates identified homebake heroin as one of the major forms currently in use. Over the counter preparations (presumably codeine based) were also mentioned by one. It was noted that most of this over the counter medication was taken orally, but could involve in excess of 30 tablets a day. Homebake use reportedly varied by individual users' access to money, but its use was reportedly increasing. Low levels of homebake use among the users they had contact with was also reported by a substantial number of KE who were primarily talking about users of other drugs.

9 OTHER DRUGS

9.1 Benzodiazepines

Once again there was relatively little change in the use of benzodiazepines amongst the IDU sample. Recent use of these drugs was reported by 75% of IDU, which was not significantly different from the 73% the previous year ($\chi^2=0.203$, $df=1$, $p=0.652$). Similarly, recent injection was reported by 11% of IDU which was not significantly removed from the seven in the 2005 sample ($\chi^2=2.458$, $df=1$, $p=0.117$). Use of benzodiazepines on a daily basis was reported by 25 IDU and this too was not a significant change from the 21 daily users in 2005 ($\chi^2=1.079$, $df=1$, $p=0.299$). This information is depicted in Figure 44 below.

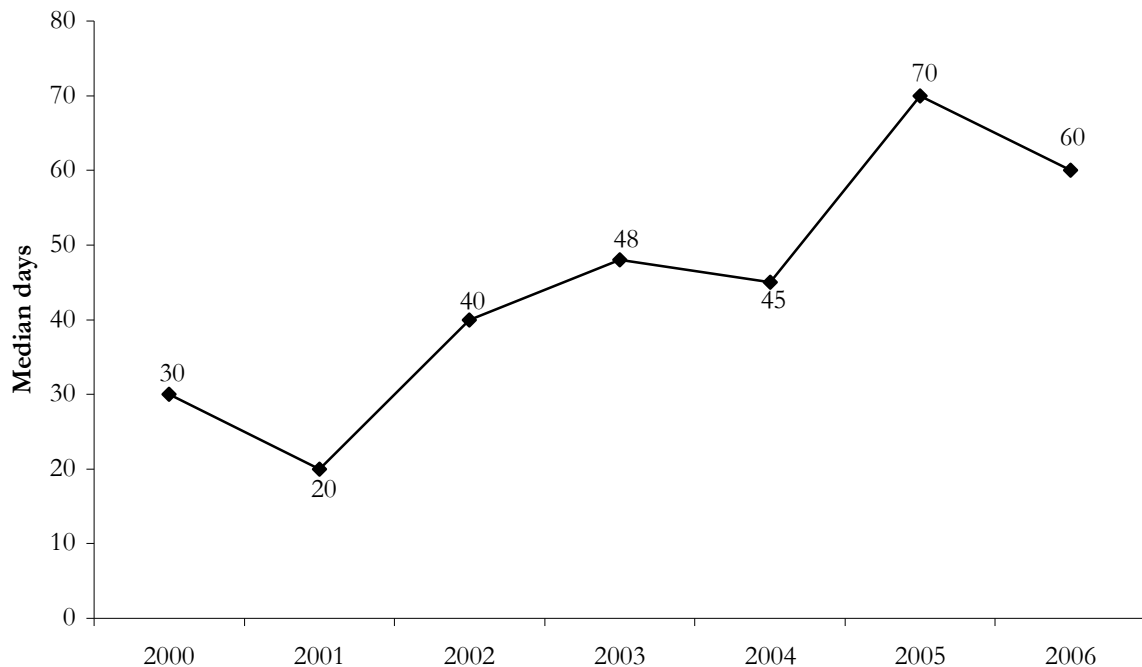
Figure 44: Proportion of IDU reporting benzodiazepine use, daily use and injection in the preceding six months, 2000-2006



Source: IDRS IDU interviews

Number of days used ranged from one to 180 with a median of 60 days and a mean of 85 which was not a significant increment on the 2005 mean of 82 days ($t=0.399$, $df=73$, $p=0.691$). Data concerning median days of benzodiazepine use is displayed in Figure 45 below.

Figure 45: Median days use of benzodiazepines in the past six months, 2000-2006



Source: IDRS IDU interviews

As in 2005, licit benzodiazepines proved more common than those sourced illicitly. Of those IDU providing information on the types of benzodiazepines consumed 79% ($n=54$) had a valid script and 47% ($n=32$) had consumed benzodiazepines obtained illicitly. Asked which of these accounted for most of their benzodiazepine consumption 73% ($n=49$) indicated that most of the benzodiazepines they had consumed in the last six months had been licit. It was noted that of the 25 daily users of benzodiazepines, 22 (88%) reported having a valid script.

From the IDU who gave information concerning the brand or generic chemical of benzodiazepine they had mostly consumed, it was determined that, as in previous years, the vast bulk (82%, $n=42$) was accounted for by diazepam with other types being much less commonly mentioned. There were seven mentions of alprazolam, and individual mentions of oxazepam and temazepam.

Although no KE spoke about primary users of illicit benzodiazepines, a substantial number of them were aware of illicit use of these medications among users of other drugs they had contact with. For the most part levels of use were seen as involving 'few' to 'half' of the users seen with diazepam the most commonly mentioned form. Other forms observed included temazepam, oxazepam, alprazolam and nitrazepam. One key expert dealing primarily with users of methamphetamine noted that much of this use of benzodiazepines was functional with a view to "coming down" from an amphetamine high. Several KE also noted some licit use of benzodiazepines but one of these observed that while this use was technically licit, prescriptions for these drugs were often obtained by "doctor shopping".

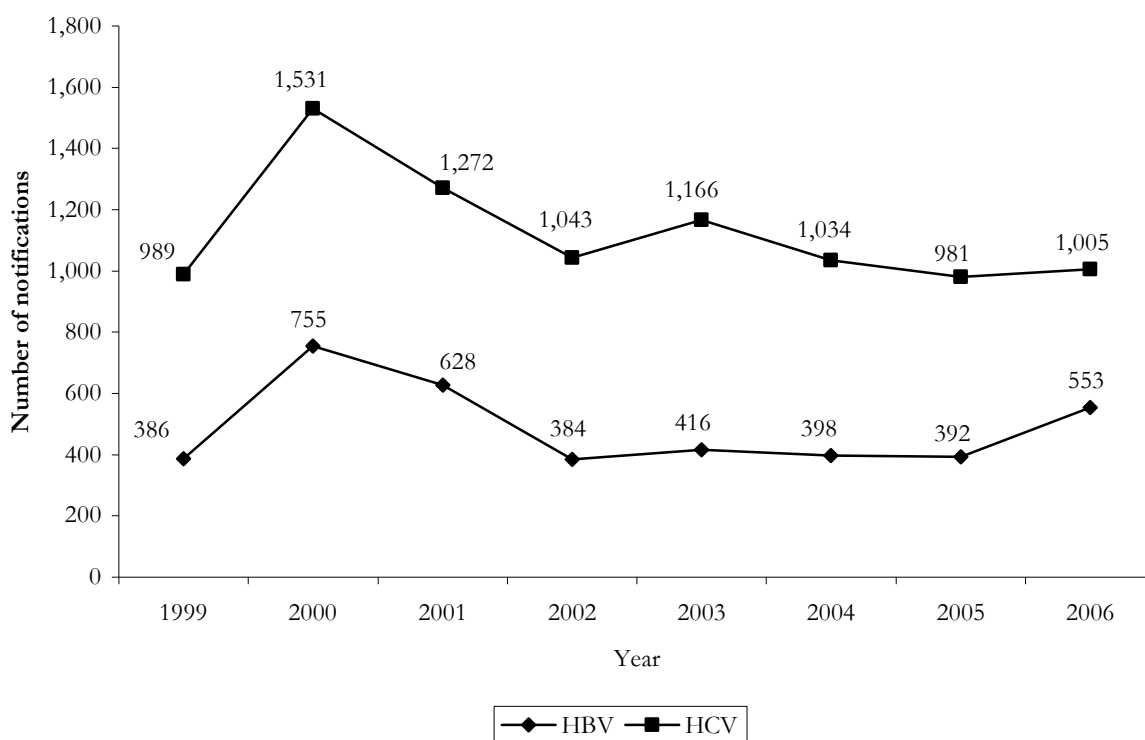
10 ASSOCIATED HARMS

10.1 Blood-borne viral infections

For the first time in 2006, the IDRS sought to directly ask participants about their BBV status. IDU self report indicated that 51% were HCV positive, eight percent positive for HBV, and three percent positive for Human Immunodeficiency Virus (HIV). Broadly speaking, these figures seem to be somewhat less than findings of the most recent WA NSP survey which used the more reliable finger prick method and found 58% of their sample to be HCV positive, and 18% HBV positive. Interestingly however, the NSP survey did not identify any HIV positive drug users in the WA sample (National Centre in HIV Epidemiology and Clinical Research, 2006).

Figures from the National Notifiable Diseases Surveillance System (NNDSS) for unspecified infections showed 1,005 infections for HCV in 2006 which was essentially unchanged from the 981 reported in 2005, however, there had been a substantial increase in incident reports of HBV infections of 553 up from 392 the previous year. This data since 1999 is shown in Figure 46 below.

Figure 46: Total notifications for unspecified HBV and HCV infections, WA 1999-2006

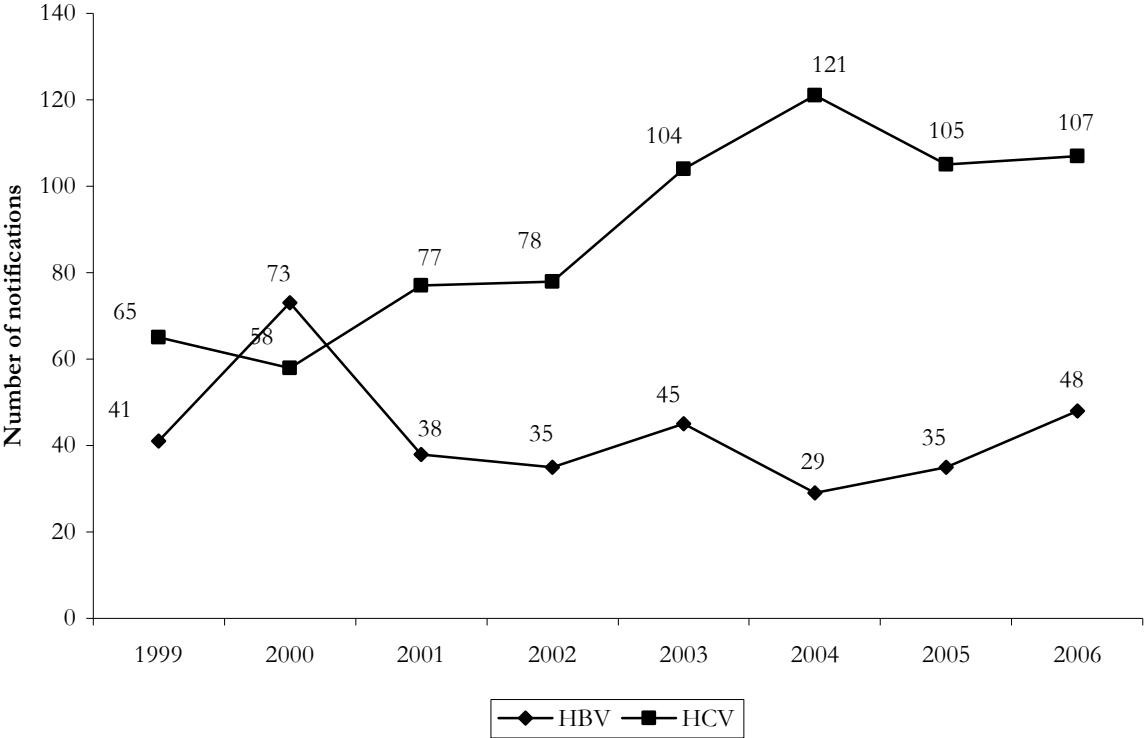


Source: Communicable Diseases Network – Australia – NNDSS¹
NB: The 2006 data are provisional

¹ There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to represent only a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time.

With regards to incident infections (i.e. those known to be new cases), the NNDSS also showed cases of HCV to have remained relatively stable in the last year with 107 reported cases compared with 105 in 2005. The incidence of new HBV cases, however, appears to have risen again (albeit by small increments) from 29 in 2004, to 35 in 2005, to 48 in 2006. In considering this finding though, it is worth considering that while injection is the primary vector for HCV, responsible for 90% of incident cases (Health Department of Western Australia, 2006), other vectors such as sexual transmission exist for HBV. Total notifications for incident cases of HBV and HCV are shown in Figure 47 below.

Figure 47: Total notifications for incident HBV and HCV infection, WA 1999-2006



Source: Communicable Diseases Network – Australia – NNDSS²
 NB: The 2006 data are provisional

It was found that 97% of the entire IDU sample had ever been tested for any BBV. With regards to those who had been tested within the last three months, however, this figure fell to 32%. While a superficial analysis would seem to imply a large number of IDU who do not know their current sero-status, it must be noted that substantial differences exist between newer and more established injectors. Using HCV testing by way of example, and selecting the median length of injecting career of 16 years amongst the sample as a cut off point it was noted that amongst the newer injectors 42% (n=21) had been tested within the past three months, while amongst the more established IDU just 18% (n=8) had been tested within this timeframe ($\chi^2=5.282$, $df=1$, $p=0.022$) thereby, suggesting that many more established injectors tend to discontinue testing, most probably because their positive sero-status is already known to them.

² There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to only represent a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time.

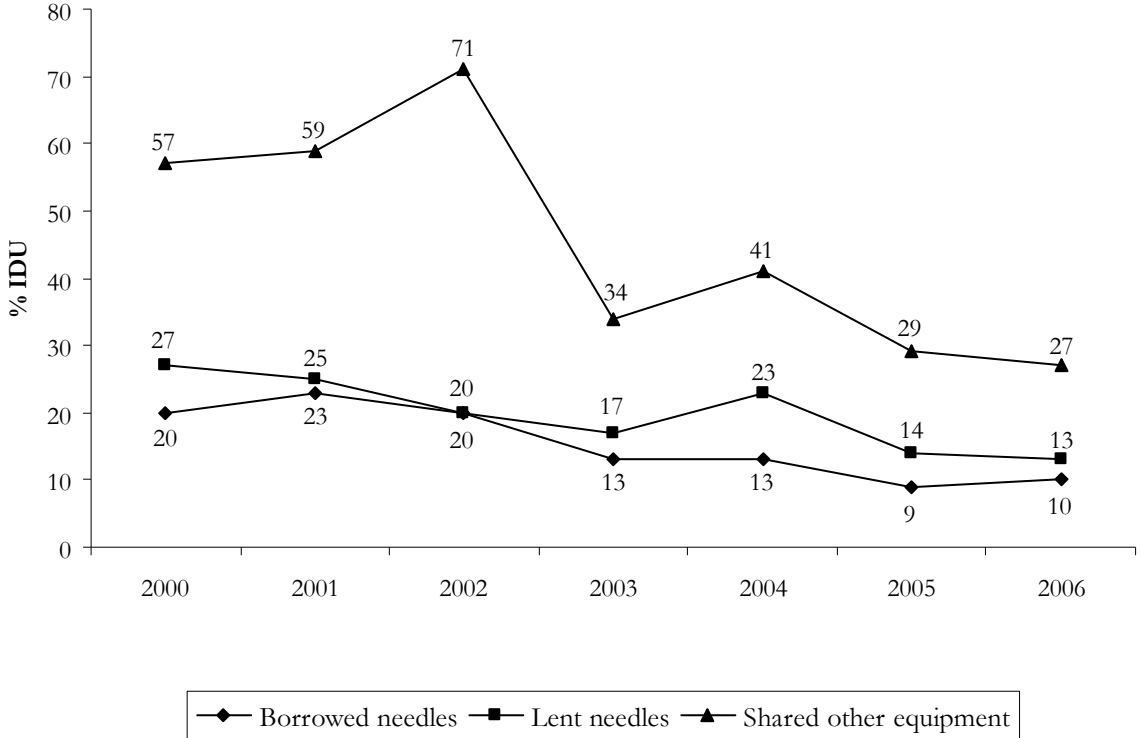
When asked about vaccination for HBV, 44% of the sample reported that they had been vaccinated. Of these, 86% (n=38) reported having completed the course (i.e. three vaccinations or until seroconversion occurred).

Only two KE mentioned BBV issues. The first of these noted that HCV remained the prevalent BBV seen amongst drug users and they had not seen any recent cases of HCV in this client group. The second, a doctor working with street present and marginalised groups, reported having seen an increase in drug users presenting with HIV, but noted that this was probably a reflection of more people being aware of the service.

10.2 Sharing of injecting equipment among IDU participants

Although remaining vastly less than levels observed prior to 2003, very little change in the last year was observed with regards to rates of sharing injecting equipment amongst the IDU sample. This relatively static finding is displayed in Figure 48 below. As in past years the practice of borrowing equipment was reported less often than the lending of needles and other injecting paraphernalia.

Figure 48: Proportion of IDU reporting sharing injecting equipment in the month preceding interview, 2000-2006



Source: IDRS IDU interviews

Of the ten IDU who did report having borrowed needles in the past month, six had done so on multiple occasions, but none reported having borrowed from multiple individuals, and eight of them indicated that the sole person they had borrowed from was their regular sex partner, the remaining two having borrowed from a ‘close friend’.

Of the 13 IDU who reported having lent someone else a needle in the last month, nine had reportedly done so on multiple occasions. Most of these, however, had done so five times or less and just two reported having done so more than 10 times. There was an evident downward

trend over years suggesting substantially less sharing of needles was occurring in 2006 than when IDU interviews commenced in 2000. This was apparent in both borrowing needles on multiple occasions ($\chi^2=4.332$, $df=1$, $p=0.037$) and in lending to multiple persons ($\chi^2=7.563$, $df=1$, $p=0.006$). Data concerning multiple instances of sharing equipment is shown in Figure 49 below.

Figure 49: Multiple instances of borrowing and lending needles and injecting equipment 2000-2006

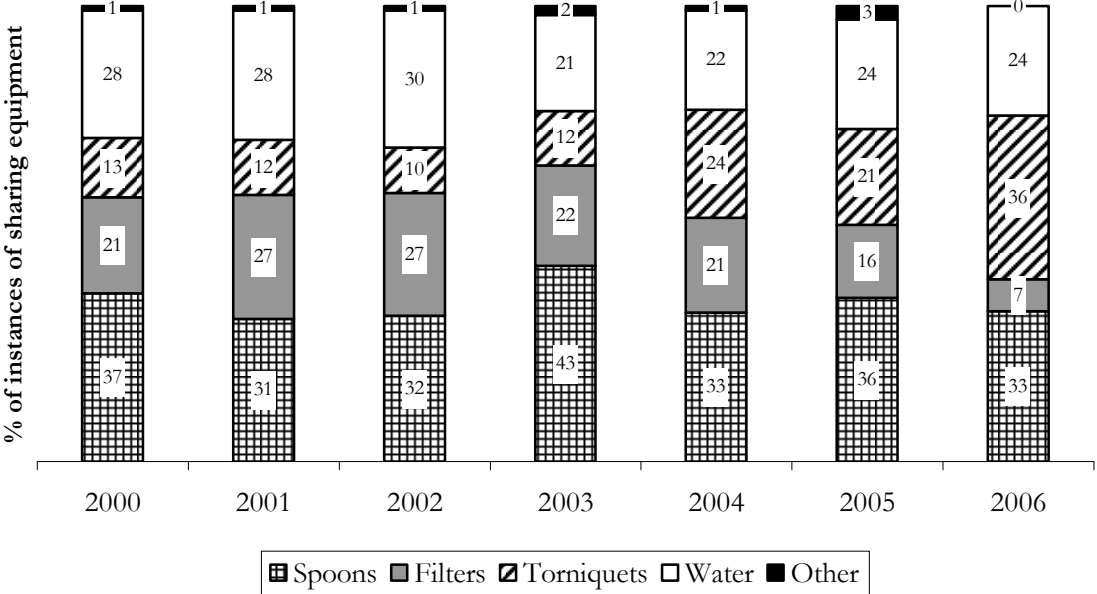


Source: IDRS IDU interviews

None of the IDU identifying as HIV positive reported lending any needles, but 16% (n=8) of those identifying as HCV positive had done so.

Types of other equipment shared included spoons, filters, waters and tourniquets. Whilst in previous years spoons had been the most shared item of equipment, in 2006 the most commonly shared item was tourniquets accounting for 36% of all instances of shared equipment. This information is displayed in Figure 50 below.

Figure 50: Proportion of IDU participants reporting sharing other injecting equipment by type, 2000-2006



Source: IDRS IDU interviews

Only one KE mentioned needle sharing indicating that the practice was no longer seen as commonly as in the past.

10.3 Location of injections

As in previous years the most commonly cited usual location for injection remained a private home with 86% of IDU giving this answer. All other locations mentioned included ‘street/parks/beaches’ (3%), in ‘cars’ (3%), ‘public toilets’ (7%) and ‘hotel rooms’ (1%) remained relatively uncommon. This data is shown in Table 21 below.

Table 21: Proportion of IDU participants reporting usual location for injection in the month preceding interview, 2005-2006

Location	2005	2006
Private home	84	86
Street/car park/beach	2	3
Car	12	3
Public toilet	2	7
Other	0	1

Source: IDRS IDU interviews

NB: Excludes those who had not injected in the last month

Similarly the most recent location of injection also remained in ‘private homes’, an answer provided by 86% of IDU. All other responses remained relatively uncommon. A complete breakdown of this data is located in Table 22 below.

Table 22: Proportion of IDU participants reporting the last location for injection, 2001-2006

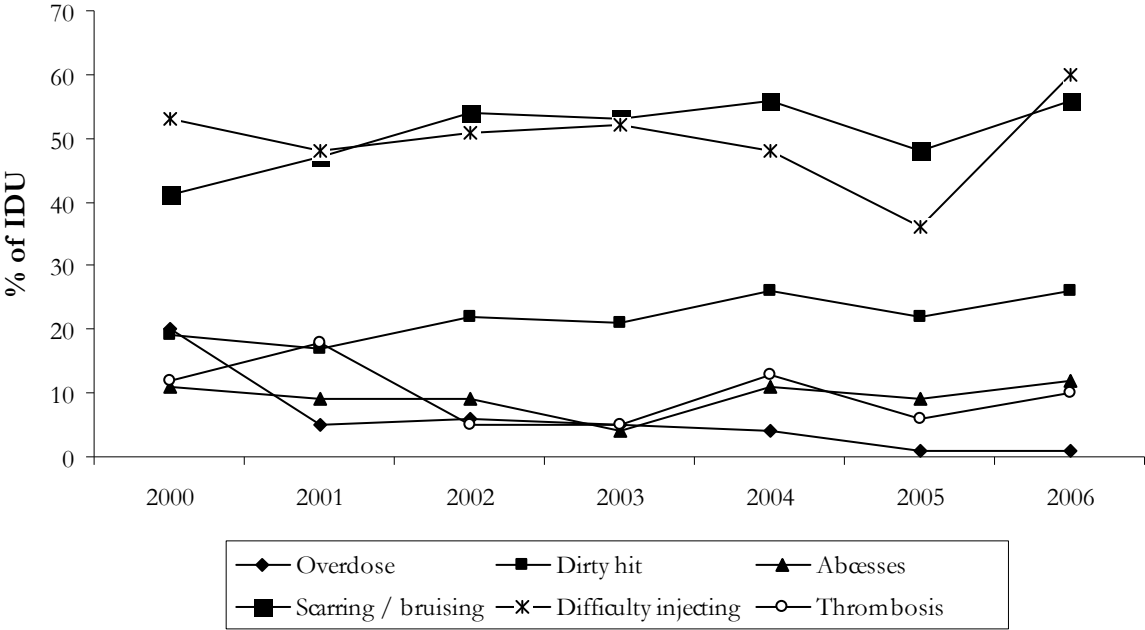
Location	2005	2006
Private home	81	86
Street/car park/beach	3	4
Car	12	3
Public toilet	3	7
Other	1	0

Source: IDRS IDU interviews
 NB: Excludes those who had not injected in the last month

10.4 Injection-related health problems

IDU were asked about any injection related problems they had experienced in the past month. The most commonly experienced problem was difficulty injecting, experienced by 60% of the sample which was a significant increase on the 36% who reported such difficulty the previous year ($\chi^2=25.000$, $df=1$, $p=0.00$) and displaced scarring and bruising as the most commonly reported problem. Scarring and bruising was the next most common problem reported by 56% of IDU, which was not a significant increase on the 48% reporting this problem the previous year ($\chi^2=2.564$, $df=1$, $p=0.109$). Other injection related problems were ‘dirty hits’ (26%), ‘abscesses’ (12%), ‘thrombosis’ (10%) and one instance of an ‘overdose’ attributed to heroin. Patterns of injection problems since 2000 are displayed in Figure 51 below.

Figure 51: Proportion of IDU reporting injection-related problems in past month, by problem type, 2000-2006



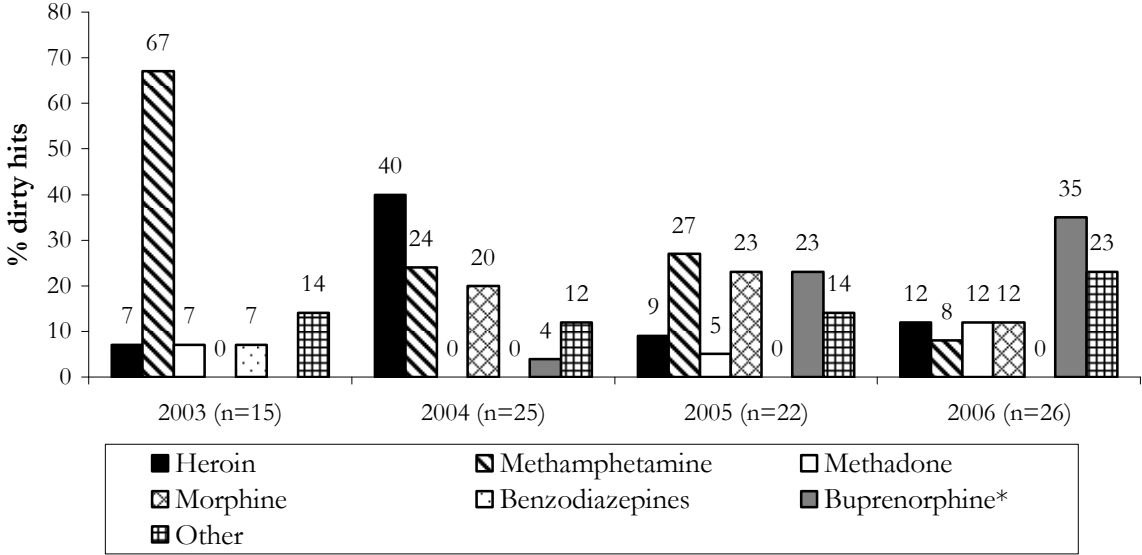
Source: IDRS IDU interviews
 NB: Includes all participants

Injection related problems of some form were experienced by 77% of the IDU sample, a significant increase on the 61% in 2005 ($\chi^2=10.761$, $df=1$, $p=0.001$). The number of injection related problems experienced by each IDU was added to produce a scale ranging from zero to six. The mean number of problems experienced was two, which was an identical finding to 2005. That is to say, the number of IDU experiencing injection related problems has increased, but the number of problems experienced by individual IDU has not. It is likely that the increased numbers of IDU experiencing problems, particularly numbers reporting difficulty injecting may be in part attributable to the increases in injecting pharmaceutical preparations intended for oral administration.

Respondents were asked about the number of times they had ever overdosed on drugs other than heroin. Such overdoses had been experienced by 19 IDU at some stage, with the number of overdose events ranging from one to ten, however, 16 of the 19 IDU had only had one such event. Further, there were only four such overdoses that had occurred within the year prior to interview. The drugs involved in these four overdoses were benzodiazepines (two instances), homebake heroin and other unspecified opiates.

An examination of the drugs most commonly implicated revealed substantial changes to have taken place. Whilst in previous years methamphetamine had featured prominently, in 2006 it was associated with just eight percent of dirty hits while methadone, implicated in 12% featured more strongly than it had in the past. For the first time however, the main drug implicated was buprenorphine in both its Subutex (23%, $n=6$) and Suboxone (12%, $n=3$) forms being mentioned as the main drug in 35% of dirty hits. Next most common were miscellaneous other drugs mentioned in context of 23% of dirty hits. These drugs included two mentions of homebake heroin, two of oxycodone, one of dexamphetamine, and one respondent who didn't know what they had injected. Drugs implicated in dirty hits since 2003 are illustrated in Figure 52 below.

Figure 52: Main drug causing dirty hit in last month, 2003-2006



Source: IDRS IDU interviews
Buprenorphine includes both Subutex and Suboxone

For the first time an attempt was made to directly link specific pharmaceutical drugs with specific injection related problems. Of the seven IDU who had injected benzodiazepines, three had experienced difficulties including difficulty finding veins (2 mentions), swelling of the hand, swelling of the foot and dependence. Methadone injection appeared to be somewhat more

problematic. Of the 17 IDU who had injected it in the last month, 12 (71%) reported experiencing problems which were wide ranging in nature. There were nine mentions of difficulty finding veins, seven of scarring or bruising, six of dependence, five of a dirty hit, five of swelling of the arm, three of thrombosis, three of swelling of the leg, three of swelling of the hand, three of swelling of the foot, two of abscesses or infections and individual mentions of hospitalisation and contact with ambulance services. Of the 26 IDU who had injected buprenorphine in the last six months eight (31%) of them had experienced problems. Most common of these was 11 mentions of dependence followed by 10 mentions of difficulty finding veins and 10 counts of scarring/bruising. There were also a wide range of less common problems including eight mentions of dirty hits, six mentions of swelling of the arm, five of swelling of the hand, five of abscesses or infections, three of thrombosis, three of swelling of the leg, three of swelling of feet and individual mentions of contact with ambulance, contact with police and collapse of veins. Morphine had been injected in the last month by 42 IDU of whom 15 (36%) experienced injection related difficulties. Difficulty finding veins was reported by all of these 15, and 14 had experienced morphine dependence and scarring/bruising. Other problems were substantially less common but included seven mentions of swelling of the arm, six of swelling of the hand, five counts of dirty hits, three of swelling of the leg, two each of abscesses or infections, swelling of the feet, thrombosis and skin ulcers. There were also individual mentions of overdose, hospitalisation and a rash accompanied by ‘pins and needles’. Of the 11 IDU who had injected Suboxone, five (45%) experienced difficulties. There were four mentions of dependence, two of dirty hits and swelling of the arm and individual mentions scarring/bruising, swelling of the hand and difficulty finding veins.

Several KE spoke about injection related problems observed amongst the drug users they had contact with. A clinical nurse consultant/specialist indicated seeing elevated levels of endocarditis, cellulitis & abscesses especially associated with opiate injectors. An emergency department medic, discussing amphetamine users, indicated seeing less problems related to vein care but that abscesses remain an issue and dirty hits were still common. One other key expert reported having seen a decrease in clients presenting with problems related to injection.

10.5 Driving risk behaviours

Having driven a car within the last six months was reported by 69% of the IDU sample. Of these, 23% (n=16) reported having driven whilst under the influence of alcohol in that time. Although two IDU reported having done so on a daily basis (i.e. 180 days) the remainder of instances fell between one and 52 times with a median of three times and a mean of ten. Having been subject to a random breath test in the last six months was reported by 37 IDU of whom five percent (n=2) had been over the legal driving limit.

Numbers reporting having driven whilst under the influence of illicit drugs were substantial with 83% (n=57) of those who had driven in the last six months having done so. Times elapsed from consuming the drug and driving ranged from instantaneously to two hours with a mean time of 41 minutes. The most commonly mentioned drugs in this context were cannabis (n=24) and crystal methamphetamine (n=24), heroin (n=23), powder methamphetamine (n=22), morphine (n=22), benzodiazepines (n=13), buprenorphine (n=12) and methadone (n=10). There was also an array of other substances that were mentioned less commonly.

Although no KE commented extensively on driving and drugs there were two observations that bear repeating, the first that amphetamine fuelled aggression may be manifesting as “*road rage*” incidents and the second that changes in community attitudes and police activity towards “*stoned driving*” was leading cannabis users to become more circumspect with regards to their drug consumption.

10.6 Expenditure on illicit drugs

Although one IDU reported having spent \$1,700 on illicit drugs the day prior to interview, for the most part amounts spent ranged from six dollars to \$400 with a mean of \$110 which was a significant increase on the 2005 mean of \$76 ($t=2.602$, $df=51$, $p=0.012$). There were also 42 IDU who reported not having spent any money on illicit drugs at all the previous day.

10.7 Mental health problems

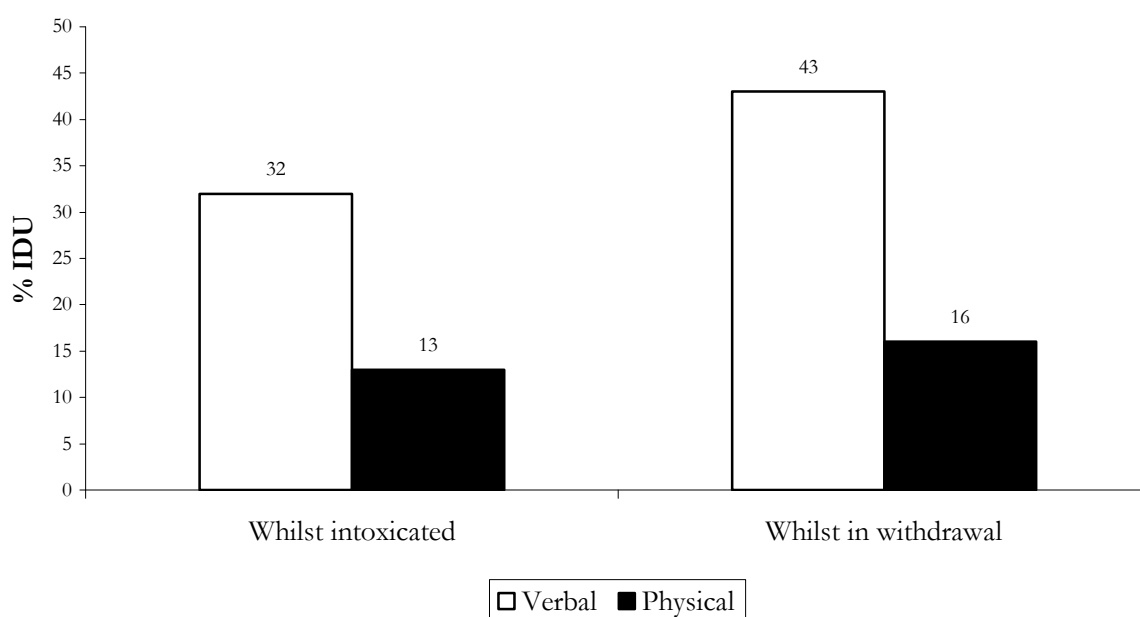
Recent mental health issues were reported by 44% of the IDU sample which was not a significant shift from the 36 IDU reporting mental health problems in the 2005 survey ($\chi^2=2.778$, $df=1$, $p=0.096$). Of these 29 (66%) had seen a mental health professional about their problem and had therefore received a formal diagnosis. The most commonly seen mental health professional was a GP ($n=14$) followed by psychologists ($n=11$), counsellors ($n=10$) and psychiatrists ($n=8$). There were also individual IDU who reported contact with a community health nurse, hospital emergency department and a psychiatric ward. As in previous years the most common reasons for seeing a mental health professional were depression ($n=21$) and anxiety ($n=14$). Other disorders were substantially less common and included bipolar disorder ($n=3$), paranoia ($n=3$), post traumatic stress disorder ($n=3$), phobias ($n=2$), panic ($n=2$), personality disorders ($n=2$), schizophrenia ($n=2$), Attention deficit hyperactivity Disorder (ADHD) ($n=2$) and individual cases of mania, drug induced psychosis, eating disorders and multiple personality disorder.

Most KE especially those discussing users of amphetamines were aware of some level of mental health issues amongst the users they saw. The rates of these issues varied greatly however from five percent of users seen up to 90%, although one KE working in psychiatric locked wards had a rate of 100% due to the nature of the working environment. More typical rates reported, however, were between one-quarter and one-third of users seen. The most commonly identified problem was depression although anxiety, psychosis (drug induced or otherwise), bipolar and schizophrenia were also very common. Less commonly mentioned issues included obsessive compulsive disorder, paranoia, eating disorders, antisocial personality disorder, motivational issues and self harm or suicidal ideation.

10.8 Substance-related aggression

As in 2005, acts of aggression were more common whilst in withdrawal than whilst intoxicated. IDU reported 32 acts of verbal aggression and 13 acts of physical aggression whilst intoxicated. For aggression whilst in withdrawal, IDU reported 43 acts of verbal aggression and 16 of physical aggression. This data is depicted in Figure 53 below.

Figure 53: Proportions of substance-related self-reported aggression by IDU participants, 2006



Source: IDRS IDU interviews

Alcohol was the drug most commonly implicated in acts of verbal aggression whilst intoxicated (n=10), followed by crystal methamphetamine (n=9), heroin (n=8) and benzodiazepines (n=8). For verbal aggression whilst in withdrawal, the most commonly associated substance was crystal methamphetamine (n=15) followed by heroin (n=13) and powder methamphetamine (n=10). With regards to physical aggression whilst intoxicated the most frequently implicated drug was benzodiazepines (n=7) followed by alcohol (n=3) and crystal methamphetamine (n=2). Heroin was the drug most commonly associated with physical aggression in withdrawal (n=5) followed by crystal methamphetamine (n=4), powder methamphetamine (n=3) and benzodiazepines (n=3). For all forms of aggression there were also a wide range of miscellaneous substances that were mentioned infrequently.

10.9 Criminal and police activity

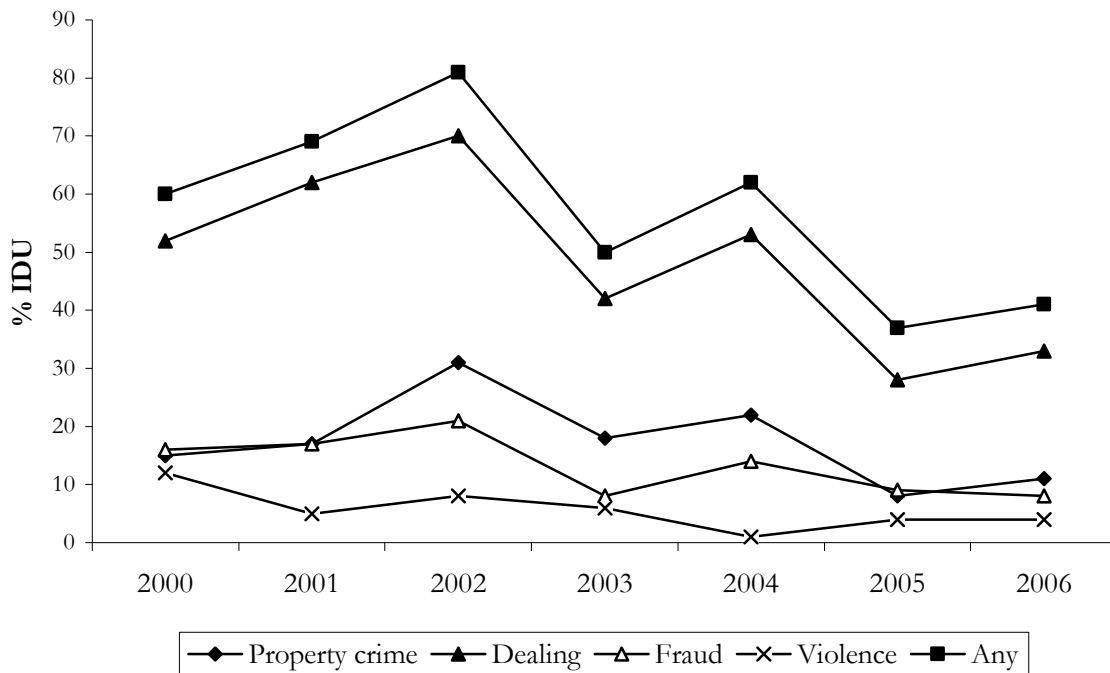
Having been arrested in the last 12 months was reported by 32% of the IDU sample, a figure not significantly different from the 29% found the previous year ($\chi^2=0.437$, $df=1$, $p=0.509$). Perhaps unsurprisingly with this population, the most common reason given for being arrested was use or possession of drugs (n=12). Other reasons given included property crime (n=9),

driving offences (n=8), violent crime (n=6), dealing or trafficking (n=3) and fraud (n=2). There were also individual reports of drunk driving, armed robbery and receiving stolen money.

There were 41 IDU who reported having been involved in criminal activity which was not significantly different to the 2005 figure of 37 ($\chi^2=0.828$, $df=1$, $p=0.363$). As in previous years the vast majority of this criminal activity was accounted for by dealing drugs with 33 IDU reporting having done so in the month prior to interview. With 15 (45%) of these 33 reporting dealing drugs more than weekly, but not daily, it was also committed at a much higher rate than other categories of crime, all of which were most commonly engaged in at rates less than weekly. The next most common type of crime was property crime reported by 11 IDU, followed by fraud (n=8) and violent crime (n=4).

Using this data on offending and its frequency, a total crime score was calculated for each IDU resulting in scores ranging from zero (i.e. no offending) through to eight. Amongst those who had been involved in criminal activity the mean score was three, a figure unchanged from the past two years. Data concerning criminal involvement of IDU is shown in Figure 54 and Table 23 below.

Figure 54: Proportion of participants reporting engagement in criminal activity in the last month by offence type, 2000-2006



Source: IDRS IDU interviews

Table 23: Criminal and police activity as reported by IDU participants, 2005-2006

Criminal and police activity	2005 N=100 %	2006 N=100 %
<i>Criminal activity in last month:</i>		
Dealing	28	33
Property crime	8	11
Fraud	9	8
Violent crime	4	4
Any crime	37	41
Arrested in last 12 months	29	32
<i>Police activity in last 6 months</i>		
More activity	38	36
Stable	36	42
Less activity	3	3
Don't know	23	19
<i>More difficult to obtain drugs recently</i>		
Yes	17	31
No	72	64

Source: IDRS IDU interviews

Whilst many KE did not believe there had been any significant changes in criminal activity, there were several who thought otherwise. One of these, working with prisoners and ex-offenders, reported more armed robbery, vehicle theft, car chases, driving without license and increased credit card fraud. Also there may be more assaults on public officers especially train guards. The KE reflected that there maybe fewer people seeking to carry out property crime, but this was not apparent in crime statistics due to recent use of DNA evidence resulting in an increased arrest rate.

Another KE working with young and marginalised amphetamine users observed that violent crime whilst intoxicated was a big issue and users may have “*little self awareness*” of the impact of speed use on their actions. There appeared to be more violence and risk taking with these users doing “*whatever it took*” to get money for drugs. Problems with amphetamine related violence were also noted by another KE with specific reference to incidents within the hospital system involving intoxicated users.

Other comments and observations included that theft and burglary appeared to have lessened, that there were lots of driving offences and one that while there had been little change, burglary was dominated by males, fraud offences by females and that dealing remained common amongst heavy users.

With regards to police activity, the prevailing opinion held by 42% of IDU was that it had recently been stable. Despite this 31% indicated that police activity had recently made it more difficult for them to score drugs recently, a figure significantly higher than the 17 IDU who indicated this in 2005 ($\chi^2=143.228$, $df=1$, $p=0.00$) and may conceivably be a factor contributing to the increased recourse to diverted pharmaceuticals exhibited by IDU in 2006.

The most typical comments centred on increased police presence and increased numbers of raids on dealers. That police had been involved in removing injecting equipment from users was observed by two respondents. Other miscellaneous comments involved increased focus on stolen property, increased surveillance of users of public toilets and two who mentioned increased levels of harassment. Conversely, there was one user who reported that police had begun treating people better.

A number of KE expressed opinions about police activity, the one stating that activity had fallen off and there had been no court diversion for months being the only KE to suggest that police activity towards illicit drug users had lessened. A key expert working with prisoners and ex-offenders reported that anecdotally police had tried to get people to admit to crimes in return for getting other charges dropped. It was suggested that this trend may be driven by police output targets.

A KE working with young street present users noted that ever since 'move on' notices began to be issued their clients would often get banned from the inner city and that this was a pattern that "*comes and goes*" as police rotate duties and new recruits are brought onto the streets.

A hospital worker observed that in their geographic area things had improved with liaison between police and hospitals with police becoming "*more enlightened*" in their approach to drug users. This view was supported by another KE who noted that in recent years intoxicated arrestees tend to be medically reviewed rather than just placed into police custody.

Other comments included that there seemed to be a heavier police presence around younger users, that the chemical diversion approach was starting to catch speed users, and with regards to dealers that police usually stake out known houses prior to raids and that "*as soon as one (dealer) is busted two pop up*". One other observed that there had been a slight increase in police focus on street based sex work resulting in more 'move on notices' and restraining orders being issued.

KE from the law enforcement sector also spoke about some changes in police activity, one noting that more advanced intelligence gathering techniques had been adopted and targeting has "*become a little smarter*". Another reported that especially with regards to dealing with amphetamine users specific protocols/guidelines had been implemented and that due to increases in police encountering uncapped needles they have begun wearing protective gloves whilst undertaking activities such as searches.

11 DISCUSSION

11.1 Heroin

The price of a gram of heroin in Perth remained unchanged from the 2005 median price of \$550. There is some indication, based on very small numbers of purchases, that heroin in the Northern Territory may now carry a median price of \$600, thereby displacing heroin in WA as the nation's most expensive.

The number of users reporting that heroin was either 'easy' or 'very easy' was 54% of those responding this being a substantial downturn from the 79% who reported 'easy' or 'very easy' availability for heroin in the previous two years, suggesting that users perceived the drug as having become harder to obtain.

Based on user report, the perceived purity of heroin in WA appears to have declined with just seven percent of those responding describing it as 'high' compared with 14% in the previous year's survey. The 2006 figure represents the lowest number of users reporting heroin purity as 'high' in WA since 2003.

The number of IDU reporting use of heroin fell from 69% in 2005 to 53% in 2006, the lowest number reported since IDU interviews commenced in WA in 2000. Mean days of use fell to 47 down from the 81 reported the previous year. Heroin remained the most commonly reported drug of choice with 46% reporting it in this role, however' this was substantially less than the 63% who described heroin as their main drug of choice in 2005.

11.2 Methamphetamine

There was little if any evidence that the price of methamphetamine had changed. A gram of powder continues to carry a median cost of \$300 and a gram of crystal continues to cost \$400. The price of a gram of methamphetamine paste does appear to have increased to \$325 up from \$300 median price in 2005, but as this figure is derived from just eight purchases caution should be employed in accepting this as a genuine increase in cost.

The availability of powder methamphetamine had declined substantially, with 76% of IDU reporting obtaining it to be 'easy' or 'very easy' compared with 100% in 2005. User perceptions of the availability of paste also appeared to have declined with 59% of those responding reporting it to be 'easy' or 'very easy' compared to 82% the previous year. Conversely, the availability of crystal was perceived as having improved with 81% of those responding reporting 'easy' or 'very easy' availability compared with 67% in 2005.

Both powder and paste methamphetamine exhibited little change with respects to user perceptions of purity. Purity of powder was rated as 'high' by 19% of IDU responding compared to 20% in 2005 and purity of paste as 'high' by 36% of those responding compared to 32% the previous year. Purity of crystal was seen to have increased, however, from 51% of those responding in 2005 up to 63% in 2006.

Recent use of powder was reported by 66% of the sample compared to 61% in 2005. Median days of use fell from 12 to six. Use of paste in the six months preceding the survey was reported by 40% compared to 54% the previous year. Median days of use remained relatively unchanged at six days compared to five in 2005. IDU who had recently used crystal methamphetamine in the last six months rose from 68% to 76% in 2006. The median days of use were 20 compared to 12 days of use the previous year. The recent use of any form of methamphetamine was reported by 86% of the WA IDU sample compared to 75% in 2005. The median days of use was 33, however, due to changes in methodology (ie: exclusion of pharmaceutical stimulants), this figure cannot be compared to the 2005 number.

11.3 Cocaine

In 2006 there was only one reported purchase of a gram of cocaine amongst the WA sample for \$350, thereby rendering meaningful interpretation of this data unfeasible.

In 2006, just one IDU reported availability of cocaine as 'very easy', one as 'difficult' and one as 'very difficult'. In the previous year four reported access as 'easy' and one as 'very difficult'. As in previous years these very small numbers of IDU responding make meaningful interpretation awkward.

Three of the four IDU in the 2006 sample able to answer described purity of cocaine as 'high' while the remaining individual thought it to "fluctuate". In 2005 three users described purity as 'high', one as 'medium' and one as 'low'. Once again, the small numbers involved necessitate caution in the interpretation of this data.

Recent use (i.e. within the last six months) of cocaine was reported by 10 IDU compared with 19 in 2005. Median days of use were unchanged, remaining at three days in the last six months.

11.4 Cannabis

Prices paid for an ounce of cannabis were not found to have significantly shifted from prices reported the previous year. An ounce of hydroponic cannabis carried a mean price of \$276 compared with the 2005 mean of \$287 and an ounce of bush cost \$205 compared with the 2005 mean of \$224.

There was no significant change in the availability of hydroponic cannabis with 82% of those responding indicating it was 'easy' or 'very easy' to obtain compared with 85% stating this in 2005. Bush was reported as being 'easy' or 'very easy' to obtain by 68% of those responding up from 67% in 2005.

Strength of hydro was reported as 'strong' by 66% of those responding thereby representing little change from the 69% who provided this response in 2005. However, the 26% reporting the potency of bush as 'strong' indicated some increase on the 16% the previous year.

There was little change in the numbers reporting the use of cannabis in the six months prior to the survey with 80% reporting recent use in 2006 compared with 76% in 2005. Median days of use were 105 compared with 139 the previous year.

11.5 Other opioids

Numbers reporting the recent use or injection of other opiates were often seen to have risen. Homebake heroin was used by 54% of IDU in the 2006 sample up from 34% in 2005 thus displacing morphine as the most used of these other opiates. Recent illicit morphine use was reported by 51% compared with 49% the previous year, illicit oxycodone by 42% compared with 39% in 2005 and illicit Physeptone by 18% up from eight percent the previous year. No increase was observed with regards to recent use of illicit methadone (21% compared with 24%), miscellaneous opiates (14% to nine percent) and illicit Subutex down from 34% to 32%, this last 'shift' however, is likely the result of a move away from Subutex in favour of the newly available Suboxone whose illicit use was reported by nine percent. Viewed as an umbrella group of 'non-heroin opioids', illicit use of these substances made them the most commonly injected drug class in the month before interview in 2006 overtaking both heroin and methamphetamine in this regard.

11.6 Benzodiazepines

Recent use of benzodiazepines remained substantially unchanged from rates reported the previous year, with 75% of IDU reporting recent use of these drugs. Similarly the number of days the drug was consumed by these users remained stable at a median of 60. Licit use continued to exceed illicit use and diazepam the main form consumed.

11.7 Associated harms

While there was no change in reported incident cases of HCV, there was a slight increase in incident cases of HBV reported by the National Notifiable Diseases Surveillance System. Rates of sharing equipment showed little change, however, rates of repeated sharing had declined with virtually all involving sharing with only one person, generally a regular sex partner. There was a substantial increase in injection related problems largely driven by more people reporting difficulty in injecting. Numbers reporting driving a vehicle whilst under the influence of illicit drugs remained very high with more than half the entire sample having done so in the six months prior to interview. Average expenditure on drugs the previous day was \$100 which was a significant increase on the previous year. Mental health issues had recently been experienced by 44% of the sample, which was not significantly removed from 2005. Depression and anxiety remained the predominant mental health issues. Acts of aggression whilst in withdrawal exceeded those caused whilst intoxicated with crystal methamphetamine which was the most commonly implicated illicit drug. Numbers reporting involvement in criminal activity remained unchanged from the previous year.

12 IMPLICATIONS

It is evident that the rise in the use of non-heroin opiates observed in the 2005 survey has continued to the point where these have now become the class of drugs most injected by the 2006 WA IDU sample. To a large extent this trend appears to be attributable to the continued high cost of heroin and the decline in users' perceptions of the drug's purity and availability, despite the fact that demand for heroin in this population remains substantial. This situation suggests that many of the implications identified in the 2005 IDRS report remain major issues. Specifically, that there are considerable numbers of drug users who are consuming pharmaceutical preparations intended for oral administration by means of injection.

This suggests that injection related harms such as abscesses, dirty hits, thrombosis and damage to veins via difficulty injecting will continue to remain significant issues, and as such requires increased emphasis on education of users with regards to these problems. While concern surrounding doses of buprenorphine contaminated by being smuggled out of dispensaries in the mouths of users has been an issue in the past, at this stage it remains a matter of conjecture as to precisely what effect the introduction of Suboxone will have on this trend.

The increasing use of oxycodone also mandates a repeated statement of the implications identified in the 2005 survey, not only with regard to the potential for new forms of crime such as users targeting chronic pain patients with a view to accessing their scripts, but also with regards to the United States experience (Maine Office of Substance Abuse, 2002) that widespread use of these pharmaceuticals generates a ready made market for the return of heroin.

With respect to this, it is also of concern that recent developments in certain regions of the United States have seen situations where poor quality heroin has been supplemented or 'cut' with illicitly manufactured fentanyl resulting in a number of fatal and non fatal overdoses (National Drug intelligence Center, 2006). As the ongoing lack of quality heroin continues in WA it is not unreasonable to speculate that a similar situation could arise here.

The increasing use of pharmaceutical opiates, as a whole, is interesting since in the absence of both police and media reports of increased burglaries of pharmaceutical manufacturers or distributors it would seem to imply, by necessity, that substantial levels of both prescription diversion and doctor shopping must be occurring in Perth. Further, the very noticeable increase in the use of homebake heroin indicates that a considerable proportion of diverted morphine is not being sold directly, but rather is being further processed or 'baked' and then sold on as homebake.

Although recent restrictions placed on precursor chemicals in WA do not appear to have had a significant effect on availability or purity of methamphetamine, it is likely that much of this may be due to importation of the drug. It is, nevertheless, evident that local manufacture of the drug continues, and that attempts to restrict precursor chemicals may be beginning to generate new forms of crime such as that reported recently (Eliot, 2007) in which two masked persons conducted an armed raid on a pharmacy for medications containing the precursor chemical pseudoephedrine, thereby illustrating the potential for drug policies to bring about unintended consequences.

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