Western Australia

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WA DRUG TRENDS 2013
Findings from the
Illicit Drug Reporting System (IDRS)

NDARC Technical Report No. 115

WESTERN AUSTRALIAN DRUG TRENDS 2013

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

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ABBREVIATIONS

2CI	2,5-dimethoxy-4-iodophenethylamine
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ADHD	Attention deficit hyperactivity disorder
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDH&A	Australian Government Department of Health and Ageing
AIHW	Australian Institute of Health and Welfare
ATS	Amphetamine-type stimulant
ATSI	Aboriginal or Torres Strait Islander
AUDIT-C	Alcohol Use Disorders Identification Test/Consumption
BBVI	Blood-borne viral infections
BPI	Brief Pain Inventory
CI	Confidence interval
CIDI	Composite International Diagnostic Interview
CPR	Cardiopulmonary resuscitation
DAO	Drug and Alcohol Office
DMT	Dimethyltryptamine
DPMP	Drug Policy Modelling Program
ED	Emergency department
EDRS	Ecstasy and related Drugs Reporting System
GHB	Gamma-Hydroxybutyric acid
GP	General practitioner(s)
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HDWA	Health Department of Western Australia
HIV	Human immunodeficiency virus
Hydro	Hydroponically grown cannabis
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
KE	Key expert(s)
LSD	Lysergic acid diethylamine
MCS	Mental Component Score
MDMA	3, 4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NNDSS	National Notifiable Diseases Surveillance System
NPS	New Psychoactive Substances

NSP	Needle and Syringe Program(s)
OHIP-14	Oral Health Impact Profile
OHRQoL	Oral Health Related Quality of Life
OST	Opioid Substitution Therapy
OTC	Over the counter
PCS	Physical Component Score
Pharm. Stim.	Pharmaceutical stimulants
PTSD	Post traumatic stress disorder
PWI	Personal Wellbeing Index
PWID	People Who Inject Drugs
ROA	Route of administration
SF-12	Short Form 12-Item Health Survey
SD	Standard deviation
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
WA	Western Australia
WAPS	Western Australian Police Service
WASUA	Western Australian Substance Users Association

GLOSSARY OF TERMS

Cap	Small amount, typically enough for one injection
Compared	Not statistically significant (p=>0.05)
Eight ball	Weighs an eighth of an ounce
Half weight	0.5 gram
Homebake	Homemade "heroin" produced by processing pharmaceutical drugs containing morphine or codeine
Illicit	Illicit refers to drugs prohibited under law (e.g. heroin) and to pharmaceuticals obtained from a dealer, or by theft, or from a prescription in someone else's name (e.g. through buying them or obtaining them from a friend or partner)
Indicator data	Sources of secondary data used in the IDRS (see Method section for further details)
Key expert(s)	Also referred to as KE; persons participating in the Key Expert Survey component of the IDRS (see Method section for further details)
Licit	Licit refers to pharmaceuticals (e.g. methadone, buprenorphine, morphine, oxycodone, benzodiazepines, anti-depressants) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: injecting, smoking, snorting and/or swallowing
People who inject drugs	Also referred to as PWID. In the context of the IDRS, refers to persons participating in the users survey component of the IDRS (see Method section for further details)
Point	0.1 gram although may also be used as a term referring to an amount for one injection (similar to a 'cap'; see above)
Recent injection	Injection (typically intravenous) in the six months preceding interview
Recent use	Use in the six months preceding interview via one or more of the following routes of administration: injecting, smoking, snorting and/or swallowing
Respondent	In the context of this report, refers to persons who participated in the users survey
Use	Use via one or more of the following routes of administration: injecting, smoking, snorting and/or swallowing

Guide to days of use/injection

180 days	daily use/injection* over preceding six months
90 days	use/injection* every second day
24 days	weekly use/injection*
12 days	fortnightly use/injection*
6 days	monthly use/injection*

*as appropriate

EXECUTIVE SUMMARY

Common terms used throughout the report

Regular PWID: Injected a drug on six or more separate occasions in the previous six months

Recent use: Used at least once in the previous six months

Sentinel group: A surveillance group that point towards trends and harms

Median: The middle value of an ordered set of values

Mean: The average

Frequency: The number of occurrences within a given time period

Throughout this executive summary comparisons to the previous year have only been reported when changes of statistical significance were found.

Methodological caveat: non-representative sample

It needs to be noted that the IDRS is not a representative sample of people who inject drugs (PWID), but rather it comprises annual samples of sentinel groups of PWID who are recruited in the same way each year with the aim of producing samples with similar characteristics from year to year. This allows trends in drug use patterns and perceptions of drug markets to be tracked in these sentinel groups over time. The IDRS cannot be used to infer rates of drug use among PWID, nor in the general population more broadly.

Demographic characteristics of injecting drug user participants

In 2013, 88 participants were recruited for the WA IDRS PWID survey. Demographic characteristics of the sample were broadly comparable to those of the previous year. The mean age was 42 years, with 65% male. Almost the entire sample (97%) reported that English was the main language spoken at home and only seven respondents identified as Aboriginal or Torres Strait Islander (ATSI). Most (77%) were unemployed and, on average, had 10 years of schooling compared with a mean of 11 in 2012, and 63% reported having some form of post-high school education. Currently being in drug treatment was reported by 59% compared with 41% in 2012 and a history of prison by 53%. Methadone remained the most common form of drug treatment. The majority of respondents in 2013 were recruited via a Needle and Syringe Program.

Patterns of drug use among the IDU sample

Mean age of first injection remained 19 years. Heroin was the drug most commonly reported as the drug first injected by 42%, compared to 39% who reported having first injected amphetamines in the previous year. Heroin remained the prime drug of choice in the sample reported by 56% although this was a significant fall from the 74% reporting this in the previous year. Injecting was most commonly reported on a 'more than weekly but not daily' basis by 44%. Heroin was the drug most injected in the past month (50%), and, for the fifth year running, the principle drug most recently injected (47%).

In 2013, over half the sample reported use of tobacco, alcohol, cannabis, any form of methamphetamine, any form of benzodiazepines, methadone and heroin in the last six months.

Heroin

Lifetime use of heroin was reported by 96% of respondents and recent use by 75%. All of these recent users, had injected the drug. Average days of use in the last six months was 70 which was a significant decrease from the 93 days in 2012. Recent daily use of heroin was reported by 11% of the sample. Recent use of homebake was reported by 25% which was

significantly less than 42% the previous year. Mean days of use remained stable at 36. Brown powder was the most commonly reported form of heroin used, reported by 22%.

The median price of recent purchases of one gram of heroin remained stable at $600. The greatest proportion of participants reported on the price of a one-quarter gram which had a median price of $200; consistent with prices reported the previous year. Availability was reported as either 'easy' or 'very easy' by 85% of respondents in 2013, and was generally reported as having been stable. Current heroin purity was generally described as 'low' by 52% of those responding. This was the largest number of participants describing heroin purity as 'low' in the survey since 2006 and a significant increase on the 30% who reported 'low' heroin purity in 2012. That this level of purity had remained stable over the previous six months was reported by 50% of respondents.

Methamphetamine

The IDRS distinguishes between methamphetamine powder ('speed'), methamphetamine base, and crystal methamphetamine ('ice' or 'crystal').

Lifetime use of any form of methamphetamine was reported by 93% of the sample and recent use by 72%. Lifetime use of speed powder was reported by 89% and recent use by 48%. Lifetime use of base or paste methamphetamine was reported by 40% and recent use by 11%. Lifetime use of crystal methamphetamine was reported by 81% and recent use by 59%. Use of liquid amphetamine remained uncommon. Mean days of use of any form of amphetamines in the last six months was 36.

The median price of a point of methamphetamine, regardless of form remained $100. The price of a gram of speed superficially appeared to have fallen from $700 to $350, but in practice, this figure is based on irreconcilable information from only two respondents and should be treated with scepticism. The median price of a gram of crystal was $700. There was no data available concerning the price of a gram of base. Prices for methamphetamine were generally agreed to have remained stable.

Availability of speed and crystal were both rated as 'very easy' or 'easy' by 86% and 93% of respondents respectively. There were no respondents describing availability of base as 'easy' or 'very easy'. The availability of speed and crystal forms was reported as being stable, while there was little data available concerning base.

Current purity was rated as 'high' by the greatest proportion of those who responded for crystal (48%). Speed purity was generally rated as being 'medium' purity. There was insufficient data to draw conclusions about user perceptions of base purity.

Cocaine

Lifetime history of coke use was reported by 71% of the sample and recent use by 15%. Mean days of use in the last six months remained low, at four. The most commonly used form as reported by 77% of those responding was powder. Only one respondent reported on the price of cocaine, citing $700 for a gram. Availability was only reported on by one respondent who described it as 'very easy'. Similarly, just one respondent commented on purity, describing it as 'medium'. These extremely small numbers of respondents both in the current sample and in previous years, along with the non-representative nature of the IDRS sample make it inappropriate to make inferences as to the state of the cocaine market in Western Australia.

Cannabis

A lifetime history of cannabis use was reported by 97% and recent use by 61% which was a significant fall from 79% in 2012. Mean days of use in the past six months was 115 with use

on a daily basis reported by 27% of the sample. Hydroponic cannabis remained the most commonly used form, reported by 91% of those responding.

The median price of an ounce of hydro remained stable at $350 for an ounce and $28 for a gram. The price of bush was reportedly $200 an ounce, down from $250 the previous year, but the small number of respondents providing this information makes it difficult to determine if this is a significant change. Prices of both forms were generally regarded as having been stable. Hydro was generally regarded as 'easy' to obtain (47%) compared to 'very easy' the previous year.

Availability of bush was generally reported as 'difficult' by 65% compared to the previous year when it was mainly considered to be 'easy'. These levels of availability for both forms were largely agreed to have remained stable over the previous six months. Potency of hydro was described by 60% of those commenting as 'high' while potency of bush was described as 'medium' by 82% of those commenting. Potency of both forms was widely held to be stable.

Illicit use of pharmaceutical opioids

Methadone
Lifetime illicit use of methadone was reported by 48% and recent use by 19%. Average days of use was stable at 20. Use of illicit Physeptone was less common with lifetime use reported by 36% and recent use by 9%. The average days of use during the last six months remained at six. The reported price remained one dollar per one millilitre, which has been comparable to previous years. Of those responding, 42% described obtaining illicit methadone as 'easy'.

Buprenorphine and buprenorphine-naloxone
Lifetime use of illicit buprenorphine (Subutex) was reported by 45% and recent use by 10% with a mean of four days of use. Lifetime use of illicit buprenorphine/naloxone (Suboxone) was reported by 26% and recent use by 13% with a mean of 40 days of use. Lifetime use of Suboxone film was reported by 17% and recent use by 16% with a mean of 61 days of use. Median price for an 8 mg pill of Subutex was reported as $50 compared to $35 the previous year, however, this is based on dat a collected from only three respondents and should therefore be treated with caution. There were only four respondents who provided information concerning the availability of illicit Subutex, with most describing it as 'very easy'. The median price for an illicit pill of Suboxone was $50 but with little consensus as to its availability. The median price of Suboxone film was reportedly $50 compared with the 2012 price of $38 and its availability generally described as 'easy' or 'very easy', each reported by 44% (n=4) of those responding.

Morphine
Lifetime use of illicit morphine was reported by 76% and recent use by 38% with a mean of 24 days of use compared to 40 days in 2012. As in previous years, MS Contin remained the most common form of morphine with a 100 mg tablet carrying a median price of $70. Of those responding, 48% reported morphine as currently 'easy' to obtain, compared with 56% who reported that illicit morphine was 'very easy' to obtain in 2012. Opinion was divided as to whether access to morphine had remained stable or become more difficult.

Oxycodone
Lifetime use of illicit oxycodone was reported by 75% and recent use by 34% with a mean of 33 days of use. As in previous years, the most commonly reported brand was Oxycontin. The median price of an 80 mg tablet was $80. Availability of illicit oxycodone was reported as 'easy' by 35% compared with 'very easy' by 49% of those responding in 2012. Availability was widely perceived as having remained stable.

Fentanyl
Lifetime use of fentanyl was reported by 19% and recent use by 6%. Mean days of use was six. All recent users reported having injection as the sole route of administration (ROA).

Over the counter codeine
Lifetime use of over the counter (OTC) codeine was reported by 24% and 10% reported consuming them in the last six months. Mean days of use was 31 days compared with 75 days in 2012, although the small numbers of recent users of OTC preparations in both years do not permit meaningful analysis of statistical significance. Several key experts noted that in addition to the potential for forming dependence, the paracetamol and i buprofen commonly present in these products could result in additional health issues such as gastro-intestinal bleeding where very large dosages were consumed.

Other opioids (not elsewhere specified)
Lifetime history of using of other miscellaneous opioids was reported by 39% and recent use by 17% with a mean of 35 days. Most of these other opioids were Panadeine Forte along with one individual who mentioned tramadol.

Other drugs
Benzodiazepines
A lifetime use of any benzodiazepine was reported by 91% of the sample and recent use by 82% which was unchanged from 2012. Mean days of use was 107. Diazepam remained the most commonly reported form of benzodiazepine. Alprazolam (Xanax) was specifically asked about and had been recently used by 55%. Mean days of use of prescribed alprazolam was 128 days which was significantly greater than the 86 days reported in 2012. Conversely, mean days of use of illicit alprazolam had significantly decreased from 34 days in 2012 to 19 days. For the first time in the WA IDRS there were no reports of recent injection of benzodiazepines. This is likely in part due to a recent campaign by the local user group highlighting the risks associated with this practise. The median price for a diazepam pill was $6 and the median price for alprazolam was $1. There was little consensus on the current ease of obtaining illicit benzodiazepines.

Pharmaceutical stimulants
Lifetime prevalence of pharmaceutical stimulants (licit or illicit) by the WA People Who Inject Drugs (PWID) sample was reported by 55%, and recent use by 27% with an average of 14 days of use which was significantly greater than the mean of four days reported in 2012. The main form remained dexamphetamine. There were no reports of recent use with a valid prescription.

Hallucinogens and ecstasy
Lifetime use of hallucinogens was reported by 78% and recent use by 14% for a mean of four days. The most commonly reported hallucinogen was LSD (n=7) followed by DMT (n=3).

A lifetime history of having consumed ecstasy was reported by 76% and recent use by 13%. Ecstasy was taken on a mean of seven days of use. All of this ecstasy was in pill form, with the most common ROA being oral.

Inhalants
Lifetime use of inhalants was reported by 34% of the WA IDU and recent use by 10% on a mean of four days of use in the past six months. All of this inhalant use was accounted for by nitrous oxide and amyl nitrate.

Alcohol and tobacco
Lifetime use of alcohol was reported by 99% of the WA sample and recent use was reported by 67%. The average number of days used in the last six months was 49. There were four respondents who reported drinking on a daily basis. Use of the Alcohol Use Disorders Identification Test / Consumption screen (AUDIT-C) revealed that 43% were either hazardous drinkers or have an active alcohol use disorder.

A lifetime history of having smoked tobacco was reported by 96% and recent use by 89%. Virtually all of these respondents smoked on a daily basis with 172 average days of use.

Seroquel (Quetiapine)
A lifetime history of illicit Seroqual was reported by 35% and recent use by 10%. Mean days of use was 36 which was a significant increase on the 2012 mean of 13. There was also 9% of the sample who reported having a valid prescription for Seroqual who consumed the drug much more regularly on a mean of 147 days. There were no reports of recent Seroquel injection. Days of use for illicit Seroquel ranged from one to 180 with a mean of 36 days which was a significant increase on the 13 day average reported in 2012 ($t=-2.807$, $df=8$, $p=.023$).

Synthetic cannabis
Lifetime use of synthetic cannabis was reported by 26% (n=23) and recent use by 17% (n=15). Days of use ranged from one to 15 with a mean of five days.

Health-related harms

A lifetime history of heroin overdose was reported by 63%, significantly greater than the 47% reporting so in 2012 but unchanged from the 64% in 2011. The median number of overdoses was two times. A heroin overdose in the past year was reported by 7% and there was just one report of overdose in the month preceding the survey. There were 373 narcotic overdoses attended by ambulance in the 2012/13 period compared with 359 the previous year. Data from NDARC reveals that in 2009 there were 71 fatal overdoses attributable to opioids among persons aged 15-54 in WA. This was the highest figure seen since 72 deaths in 2000.

Overdose on drugs other than heroin was reported by 19% of the 2013 sample with five non-heroin related overdoses in the past twelve months. The drugs implicated in these overdoses included benzodiazepines, Endep and a combination of Seroqual, fluoxetine and heart medication.

Calls to ADIS
Data from the Alcohol and Drug Information Service (ADIS) revealed a decline in the 2011/12 financial year in calls with heroin as the primary drug of concern. A substantial decrease in calls relating to amphetamines was also observed. Numbers of calls dealing with cocaine remained stable and uncommon. Calls with cannabis as the primary drug of concern appear to have stabilised despite an apparent increase in mid-2011, which was actually a reflection of the ADIS cannabis data now including calls to the Cannabis Intervention Requirement Scheme (CIRS).

Hospital admissions
Numbers of opioid-related hospital admissions in WA have risen from 474 in 2010/11 to 570 in 2011/12. WA rates per million in 2011/12 were 407.73 compared to a national rate of 427.70. Numbers of amphetamine-related hospital admissions in WA increased from 351 in 2010/11 to 437 in 2011/12. Compared to the national rate of 226.30 per million, WA continued to exhibit much higher rates at 312.59 per million in 2011/12. In 2011/12 there were nine cocaine-related hospital admissions in WA compared to seven in the previous

year, and a rate of 6.44 per million compared with the national rate of 17.75 per million. There was little change in numbers admitted to hospital for cannabis-related admissions with 145 in 2011/12 compared with 158 in the previous year. WA rates per million were 103.72 compared with the national rate of 179.29.

Injecting risk behaviours

The median number of injections in the month prior to interview was 24. Respondents typically acquired new needles a median of two times, obtaining a median of 100 new needles in the last month of which approximately one-fifth were given away. Some 7% of respondents reported having difficulty accessing new needles in the past month. Needle and syringe exchanges remained the principal source of new injecting equipment. In total 4,795,011 needles were distributed in WA during the 2012/13 financial year, up from 4,447,483 in the previous corresponding period.

In 2013, the vast majority (96%) of the sample reported that they had not used a needle after someone else in the last month. Of the remainder that did report using a needle after someone else, two reported having done so once and one individual had done so six to ten times. The number of people who had used needles before these respondents ranged from one to two individuals. Reporting the use of other equipment after someone else was reported by 27% of respondents. There were 14 respondents who reported that someone else had used a needle after them in the last month. That this had happened once was reported by four respondents, twice by seven, three to five times by one, and six to ten times by two. Sharing of other equipment was reported by 27%.

In WA, the hepatitis C virus (HCV) continues to be more commonly notified than the hepatitis B virus (HBV). The prevalence of human immunodeficiency virus (HIV) among those people who inject drugs in Australia has also remained stable at relatively low rates over the past decade, with HCV more commonly reported. Data on notifiable diseases shows a slight increase in numbers of unspecified cases of both HBV and HCV while numbers of incident cases remain low and stable.

Among the WA sample interviewed as part of the 2013 IDRS, the most commonly reported injection-related problems were scarring/bruising (n=31) and difficulty injecting (n=34). The proportion reporting a dirty hit did not change significantly, being 15% in 2013 compared to 16% in 2012 with the most commonly implicated drugs being heroin and methamphetamine.

Mental health problems and psychological distress

Mental health problems were reported by 33% of respondents in 2013. As in previous years, the most commonly reported problems were depression and anxiety. Of those that self-reported a mental health problem, 73% reported attending a professional in relation to the problem.

According to the Kessler Scale of Psychological Distress (K10), 62% of the 71 responding in 2013 were at high or very high risk of psychological distress. Respondents in the WA IDRS sample also scored lower mean scores than the Australian norms on the Short Form 12-Item Health Survey (SF-12) scale indicating poorer mental and physical health than the population average.

Driving risk behaviours

Of those respondents who had driven a vehicle in the last six months, 35% reported driving without a license and 3% driving while under the influence of alcohol which was significantly less than the 12% the previous year. In contrast, 78% of respondents reported driving after consuming illicit drugs. Of these respondents, 48% believed that consuming illicit drugs had no impact on their driving ability.

Law enforcement trends

In 2013, 25% of respondents reported that they had been arrested in the past twelve months. Involvement in any criminal activity in the past month was reported by 40%. As in previous years, the most common form of criminal activity was dealing drugs.

In 2011/12, law enforcement data for WA as a whole indicated that the number of drug arrests for heroin, amphetamine-type stimulants and cannabis had all increased, while cocaine-related arrests continued to decline.

Special topics of interest

Pharmaceutical Opioids

Use of pharmaceutical opioids in the last twelve months was reported by 86% (n=59) of the 67 responding. The most common reasons given for this use was 'as a substitute for heroin' (34%), followed by 'to prevent withdrawal' (20%), 'to experience an opioid effect' (15%) and 'pain relief' (15%). Of those taking these drugs for pain relief, 22% had obtained them illicitly.

One of these individuals reported being refused a prescription for pharmaceutical opioids in the last six months due to a history of injecting drug use. One-third of those taking pharmaceutical opioids reported having sold or given away their medication.

Hepatitis C testing and treatment

The majority (80%) of the WA IDRS sample had ever been tested for HCV antibodies with 69% returning a positive result. Further testing (eg: PCR) was reported by 63% of these respondents. The virus was found to be active in 33% of these respondents with genotype one being the most common.

Just three respondents reported having ever received antiviral treatment for HCV. All three reported that the course of treatment had been successful.

Sixty-three percent of those who responded were aware of the new HCV treatment. Of these, 40% reported that they would consider the new HCV treatment. The main reason given by those who those who would not consider the new HCV treatment was 'fear of side effects'.

Discrimination

Experience of discrimination was reported by 75% of those who responded, with 67% of these having experienced discrimination within the past year. The most commonly reported settings were pharmacies and doctor's surgeries. The most commonly perceived reasons for this discrimination were because of drug use, being in receipt of opioid substitution therapies or being HCV positive. The most common results of this discrimination were refusal of service or violence/abuse. Making formal complaints concerning the experience of discrimination was relatively uncommon, and generally made directly to the organisation involved.

Oral health impact profile

A mean scale score of the 14 items on the Oral Health Impact Profile (OHIP) was computed, with higher scores indicating poor oral health-related quality of life. The mean OHIP-14 total score for the WA sample was 14 (range 0-42). Twenty-four percent of those who commented scored 'zero' indicating no oral or dental-related problems. Physical pain had the higher impact with 57% of those who commented reporting either 'occasionally', 'fairly often' and 'very often'.

1. INTRODUCTION

The Illicit Drug Reporting System (IDRS) aims to provide a national coordinated approach to monitoring data on the use of opioids, cocaine, methamphetamine and cannabis. It 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 (AGDH&A). 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.

The IDRS commenced in New South Wales (NSW) in 1997 and has been conducted in Western Australia (WA) since 1999, with the full People Who Inject Drugs (PWID) interview component introduced the following year. This report presents the findings of the last 13 years of data collection in WA. Results are summarised according to the four main drug types, with the use of other drugs also reported. Additionally, this report continues the initiative commenced in 2003 when the IDRS attempted to collect more detailed information on the illicit markets for pharmaceutical drugs. A separate study monitoring trends in ecstasy and related drug use (the Ecstasy and related Drugs Reporting System, or EDRS, formerly known as the Party Drugs Initiative, or PDI) commenced in NSW in 2000 and has been conducted nationally since 2003. The findings from this study are reported elsewhere in Grigg and Lenton (2014).

Both IDRS and EDRS jurisdictional and national reports can be downloaded from the NDARC website: http://ndarc.med.unsw.edu.au

1.1 Study aims

As in previous years, the specific aims of the WA component of the 2013 IDRS were:

- to document the price, purity, availability and patterns of use of the four main illicit drug classes in Perth, WA, primarily focusing on heroin, methamphetamine, cocaine and cannabis;
- to document risks and harms associated with drug use; and
- to detect and document emerging drug trends of national and state significant findings that require further and more detailed investigation.

1.2 Methodological caveat – non representative sample

It needs to be noted that the IDRS is not a representative sample of people who inject drugs (PWID), but rather it comprises annual samples of sentinel groups of PWID who are recruited in the same way each year with the aim of producing samples with similar characteristics from year to year. This allows trends in drug use patterns and perceptions of drug markets to be tracked in these sentinel groups over time. The IDRS cannot be used to infer rates of drug use among PWID, nor in the general population more broadly.

2. METHOD

Three data collection methods are used in the IDRS:

- a quantitative survey of people who regularly inject drugs (PWID);
- a semi-structured interview with key experts (KE) who worked with illicit drug users; and
- analyses of indicator data sources related to illicit drug use.

These methods provide effective means to determine drug trends, and the triangulation of data sources allows for validation of observed trends across the different sources. People who regularly inject drugs (PWID) are surveyed because they are regarded as a sentinel group for detecting illicit drug trends due to their increased exposure to many types of illicit drugs. Irrespective of their drug of choice, PWID often have firsthand knowledge of the price, purity and availability of the other illicit drugs under study. KE are interviewed because they provide contextual information on drug use patterns and other drug-related issues, including health. Indicator data are collected to provide quantitative support for the trends in drug use detected by the other methods.

2.1 Survey of People Who Inject Drugs

The user survey consisted of face-to-face interviews with regular PWID from Perth between June and August 2013. In 2013, 88 regular PWID were recruited for the WA IDRS compared to 100 user interviews in the previous year's WA sample. This shortfall seems largely accounted for by stoppages to Perth's public transport system during the recruitment period while the central rail-line was being sunk. Subjects were recruited through flyers distributed at Needle and Syringe Programs (NSP). Snowballing techniques were also utilised. Potential participants were screened upon contact with researchers to ensure they fulfilled the participation criteria. Criteria were: having injected at least monthly in the six months prior to interview, having been resident in the Perth metropolitan area for no less than twelve months prior to interview; and being a minimum of 16 years of age. Ethics approval was granted from the Curtin University Human Research Ethics Committee (HR28/2012). This sampling strategy has produced demographic characteristics comparable to PWID interviewed in preceding years.

The interview schedule included sections on demographics; drug use history; the price, purity and availability of illicit drugs; criminal activity; injection risk-taking behaviour; health-related issues; driving risk behaviour; and experiences with law enforcement. Interviews took approximately an hour to complete and participants were reimbursed $40 for their time and travel expenses. Descriptive analyses of the quantitative data derived from the IDU survey were conducted using IBM SPSS Statistics 19.0 for Windows. Confidence intervals (CI) were calculated using an Excel spreadsheet available at http://www.cebm.net/index.aspx?o=1023 (Tandberg).

2.2 Survey of Key Experts

In 2013, 18 Key Expert (KE) interviews were conducted. Eligibility for KE participation in the study was having 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. KE interviews were either conducted in person or over the telephone subject to convenience and availability. Interviews took approximately 20-30 minutes, with KE invited to comment on drug use patterns, drug availability, criminal behaviour, health and other issues affecting the illicit drug users with whom they had contact. KE in 2013 consisted of needle exchange workers, drug treatment workers, counsellors, outreach workers, crowd controllers, emergency department workers, law enforcement workers and drug analysts for the WA Police.

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 that provided indicators of illicit drug use and related harms, and included law enforcement data, national survey data and health data.

The selection criteria to determine what sort of indicator data should be included in the IDRS were developed in the pilot study (Hando et al., 1997b). Where possible, information is provided in financial year format to cover the same time period as that covered by the study. A number of sources provided indicator data for the 2013 IDRS:

- Australian Crime Commission (ACC) for information on drug seizures and arrests;
- telephone advisory service data from the Alcohol and Drug Information Service (ADIS);
- Australian Bureau of Statistics (ABS) for overdose data;
- overdose-related calls attended by the WA St John Ambulance Service provided by St John Ambulance Australia WA Inc;
- data on needle and syringe distribution, provided by the Sexual Health Branch, Health Department of Western Australia (HDWA);
- rates of unspecified and incident cases of the hepatitis B virus (HBV) and the hepatitis C virus (HCV) from the Communicable Diseases Network, Australia, National Notifiable Diseases Surveillance System database (NNDSS); and
- blood-borne viral infection (BBVI) rates from blood testing carried out as part of the Australian Needle and Syringe (NSP) survey, prepared by the Kirby Institute, University of New South Wales.

2.4 Data analysis

The PWID participant survey results are used as the primary basis on which to estimate drug trends. These participants provide the most comparable information on drug price, availability and use patterns in all jurisdictions and over time. However, purity of drug seizures data provided by the ACC is an objective indicator of drug purity, and such data are also presented in this report. Other indicator data are reported to provide a broader overview and a basis against which trends in PWID participant data may be contextualised. KE data are discussed within the individual jurisdictional reports to provide a context around the quantitative data from the PWID surveys.

All data requiring comparison of means were analysed using t-tests with SPSS Statistics 19.0 for Windows. Chi square analysis was employed for categorical variables. Further analysis was conducted on the main drugs of focus in the IDRS to test for significant differences between 2012 and 2013 for drug of choice, last drug injected, drug injected most often in the last month, recent use, purity and availability. Confidence intervals (CI) were calculated using an Excel spreadsheet available at http://www.cebm.net/index.aspx?o=1023 (Tandberg). Higher and lower CI results which crossed over the value of zero were not significant. Confidence intervals were only included in the report if findings were statistically significant (p=<.05). This calculation tool was an implementation of the optimal methods identified by Newcombe (Newcombe, 1998).

More detailed analyses on specific issues may be found in other IDRS literature, including quarterly bulletins and peer-reviewed articles produced by the project, details of which may be found on the NDARC website, www.ndarc.med.unsw.edu.au.

3. DEMOGRAPHICS

3.1 Overview of the People Who Inject Drugs participants

Demographic characteristics of the 88 PWID interviewed in 2013 were largely unchanged from the 100 interviewed in 2012. The mean age of the sample was 42 and 65 % (n=57) were male. English was the principal language of 97% (n=86). There were 7% (n=6) who identified as Aboriginal or Torres Strait Islander (ATSI) compared with just 1% the previous year, but these numbers are too small to permit testing for statistical significance. Identifying as heterosexual was reported by 83% (n=73). The majority (77%, n=68) were unemployed and the mean weekly income of the sample was $452. There were 6% (n=5) who reported having received any income from sex work compared with none in 2012, again however, these numbers are too small to permit testing for statistical significance. Having completed some form of tertiary education after school was reported by 63% (n=56). Most commonly this was a trade or technical qualification, reported by 52% (n=46) of the sample. A history of imprisonment was reported by 53% (n=47) of the 2013 PWID sample. This data and that from previous years' samples are displayed in Table 1.

Of the few significant demographic differences that were identified, the 2013 sample on average had less years of schooling than the previous year with a mean of 10 years down from 11 in 2012 (t=2.833, df=86, p=.006). However, a mean of 10 years of education was consistently seen from 2009-2011, suggesting that the 2012 sample may have been unusual in this regard. A significant increase was also observed in the proportion of the sample currently engaged in treatment for their drug use, rising from 41% in 2012 to 59% (n=52) in 2013 (χ^2=5.43, p=0.020, 95% CI, 0.04-0.31). However, the proportions involved in treatment in the sample have been fluctuating since at least 2009 and the figure of 59% is identical to that reported in 2011.

Table 1: Demographic characteristics of PWID participants, 2008-2012

	2009 N=100	2010 N=100	2011 N=70	2012 N=100	**2013 N=88**
Age (mean years, range)	35 (18-62)	37 (18-63)	40 (21-63)	41 (18-65)	**42 (18-66)**
Sex (% male)	60	65	57	68	**65**
Employment (%):					
Not employed	71	77	70	79	**77**
Full time	6	3	6	6	**6**
Part time/casual	12	14	13	12	**11**
Home duties	2	1	0	0	**0**
Student	5	1	1	2	**3**
Other	4	4	1	2	**3**
Received income from sex work last month	3	1	3	0	**6**
Aboriginal and/or Torres Strait Islander (%)	4	9	4	1	**7**
Heterosexual (%)	81	88	83	87	**83**
Bisexual (%)	7	7	6	7	**10**
Gay or lesbian (%)	8	5	6	3	**6**
Other (%)	4	0	6	3	**1**
School education (mean no. years, range)	10 (7-12)	10 (6-12)	10 (7-12)	11 (6-12)	**10 (7-12)***
Tertiary education (%):					
None	37	53	37	28	**36**
Trade/technical	54	34	36	48	**52**
University/college	9	13	27	24	**11**
Average weekly income	$304	$348	$465	$414	**$452**
Currently in drug treatment^ (%)	30	47	59	41	**59***
Prison history (%)	49	46	36#	54	**53**

Source: IDRS user interviews
^Refers to any form of drug treatment, including pharmacotherapies, counselling, detoxification, etc
* Significant at alpha level .05

3.1.1 Current and previous treatment

Some 41% (n=36) of the 2013 IDU sample were not currently receiving any treatment for their drug use. Among the 59% (n=52) of PWID who were currently in treatment, methadone remained the most commonly reported treatment by 54% (n=28). This was followed by 29% (n=15) currently prescribed Suboxone and 10% (n=5) involved in drug counselling. Current Subutex treatment was reported by 4% (n=2) and individual respondents reported being engaged in detoxification or being prescribed Naltrexone. The mean duration in current treatment was 58 months (range=2-360). Just 4% (n=2) reported having been turned away when trying to access treatment. Another 14% (n=7) reported that they had had to wait more than a week to access treatment.

Data from the Australian Institute of Health and Welfare (AIHW) reveals that in June 2012 there were 3,273 people receiving pharmacotherapy treatment for opioid use in WA compared to 3,382 in 2011. In 2011, 67% of these were receiving methadone, 29% buprenorphine-naloxone and 4% buprenorphine.

One KE commented that some people avoid seeking formal treatment for their drug use because they don't want to be placed on the register of addicts which takes two years post-treatment to be removed from. Another KE observed that there appeared to have been an increase in waiting lists to get onto opioid replacement therapies, leading to people being redirected to services outside of their area to receive clinical assessments.

3.1.2 Recruitment

Participants were asked if they had participated in the IDRS or EDRS in previous years, as shown in Table 2. There were 43% (n=36) of respondents who reported having participated in the survey in previous years. As in previous years, the majority (68%, n=52) had been recruited to the survey via Needle and syringe programs (NSP). A further 30% (n=23) had heard about it via word of mouth and two other individuals had heard about it through other means. Similar to previous years, IDRS recruitment advertising was primarily conducted in NSP sites.

Table 2: Source of recruitment and previous participation in IDRS and EDRS, 2013

Characteristic	2013 N=88
Participated in IDRS in previous years (%)	43
Where found out about IDRS survey (%):	
NSP	68
Word of mouth	30
Chemist	0
Other	2
Participated in EDRS in previous years (%)	8

Source: IDRS user interviews

3.2 Drug use history and current drug use

Table 3 presents injection history, drug preferences and polydrug use of PWID in 2013. The mean age of first injection among current PWID was 19 years, which was unchanged from 2012.

Heroin returned to being the drug first injected, nominated by 42% (n=37). Although there appeared to be a substantial decline in respondents nominating amphetamine in this role (39%, n=34) compared with 52% in 2012, this was not found to be statistically significant. Other drugs were much less commonly reported in this context and included morphine (7%, n=6), cocaine (3%, n=3), with methadone, buprenorphine and other opiates each nominated by 2% (n=2).

Heroin remained the most commonly reported drug of choice reported by 56% (n=49) compared with 74% in 2012, despite this being a significant fall (χ^2=6.157, p=0.013, 95% CI 0.0467-0.3120). Methamphetamines were reported as drug of choice by 16% (n=14) which was relatively unchanged from 14% in 2012 and other opiates were reported as drug of choice by 14% (n=13) which was not significantly different from 7% in the previous year (Figure 1).

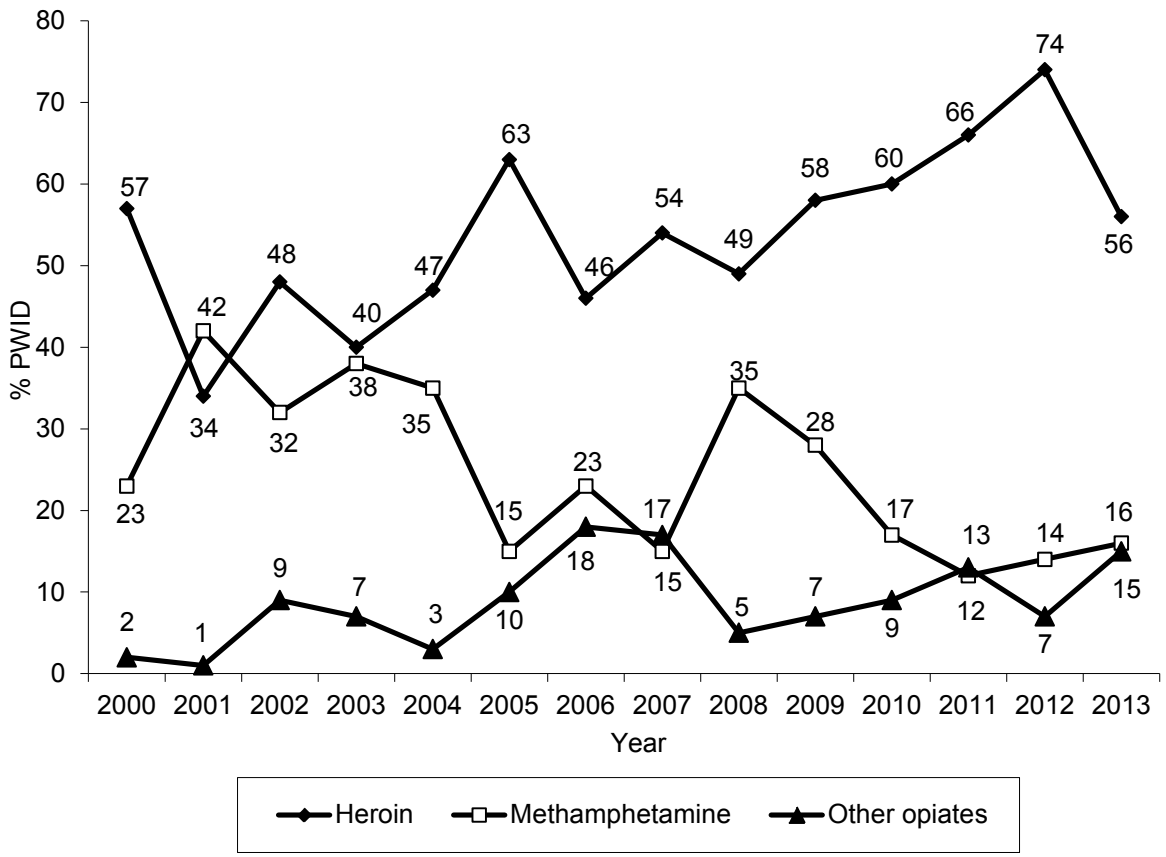
Injecting 'more than weekly but less than daily' remained the most common frequency of injection, reported by 44% (n=39) of PWID in 2013 which was comparable to 37% in 2012. Those reporting injecting on at least a daily basis remained relatively unchanged at 40% (n=35) compared to 50% in the previous year.

Table 3: Injection history, drug preferences and polydrug use of participants, 2007-2012

	2008 N=100	2009 N=100	2010 N=100	2011 N=70	2012 N=100	**2013 N=88**
Age first injection (mean years)	19	19	19	20	19	**19**
First drug injected (%)						
Heroin	38	34	39	47	36	**42**
Amphetamines	51	56	53	36	52	**39**
Morphine	5	5	3	6	4	**7**
Drug of choice (%)						
Heroin	49	58	60	66	74	**56***
Cocaine	1	1	0	1	0	**1**
Methamphetamine (any form)	35	28	17	12	14	**16**
Speed	11	17	11	3	5	**6**
Base	0	0	0	0	1	**0**
Crystal methamphetamine	24	11	6	9	8	**10**
Cannabis	7	4	11	7	3	**8**
Drug injected most last month (%)						
Heroin	32	50	47	54	52	**50**
Cocaine	0	1	0	0	0	**0**
Methamphetamine (any form)	43	32	25	21	17	**20**
Speed	19	24	17	7	4	**5**
Base	0	0	0	0	0	**0**
Crystal methamphetamine (ice)	24	8	8	14	13	**16**
Most recent drug injected (%)						
Heroin	34	46	38	50	46	**47**
Cocaine	0	1	1	0	1	**0**
Methamphetamine (any form)	42	30	25	19	16	**22**
Speed	17	22	18	4	7	**7**
Base	0	0	0	0	0	**0**
Crystal methamphetamine (ice)	25	8	7	14	11	**15**
Frequency of injecting in last month (%)						
Not injected in last month	1	1	0	0	1	**0**
Weekly or less	38	16	21	24	12	**17**
More than weekly, less than daily	31	33	35	44	37	**44**
Once per day	17	19	10	11	15	**14**
2-3 times a day	8	26	27	16	27	**21**
>3 times a day	5	5	7	4	8	**5**

Source: IDRS user interviews
* Significant at alpha level .05

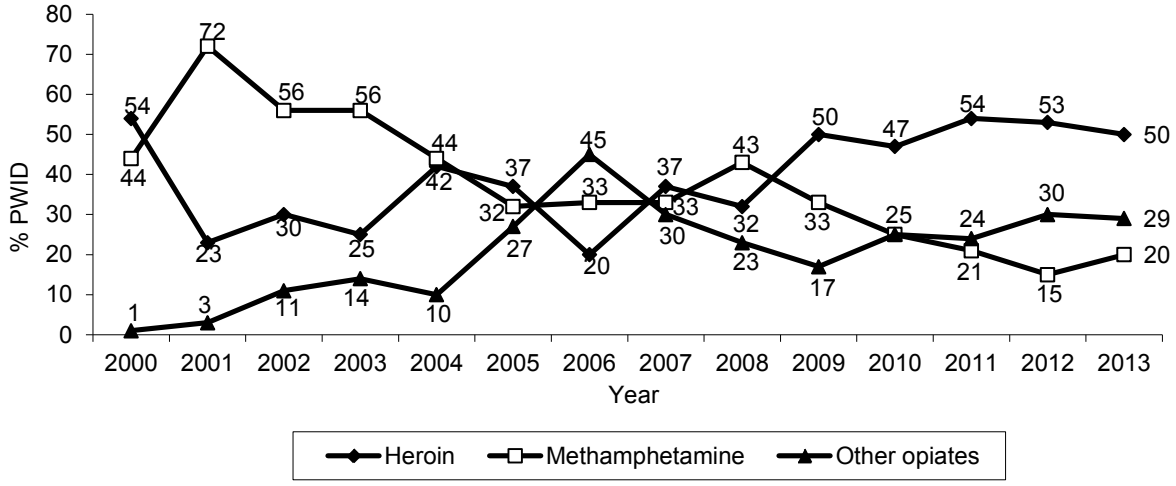
Figure 1: Drug of choice, 2000-2013



Source: IDRS user interviews

Heroin also remained the drug most injected in the month prior to interview for the fifth year running with 50% (n=44) of PWID reporting this which was compatible to 53% in 2012. As in 2012, methamphetamines remained the least injected class of drug, reported by just 20% (n=18) of the PWID sample in 2013. Other opiates were reported as the most injected class of drug by 29% (n=26) compared with 30% the previous year (Figure 2). More detail of drugs most injected in the month prior to interview are provided in Table 4 below.

Figure 2: Drug injected most last month, 2000-2013



Source: IDRS user interviews

Table 4: Drug injected most often in the last month, 2010-2013

Drug %	2010 N=100	2011 N=70	2012 N=100	2013 N=88*
Heroin	47	54	53	50
Methamphetamine				
Speed	17	7	4	5
Ice/crystal	8	14	13	16
Buprenorphine**	12	10	5	10
Morphine	5	6	12	8
Oxycodone	1	4	8	7
Cocaine	0	0	0	0
Miscellaneous opiates	1	0	5	5
Other	6	0	0	0

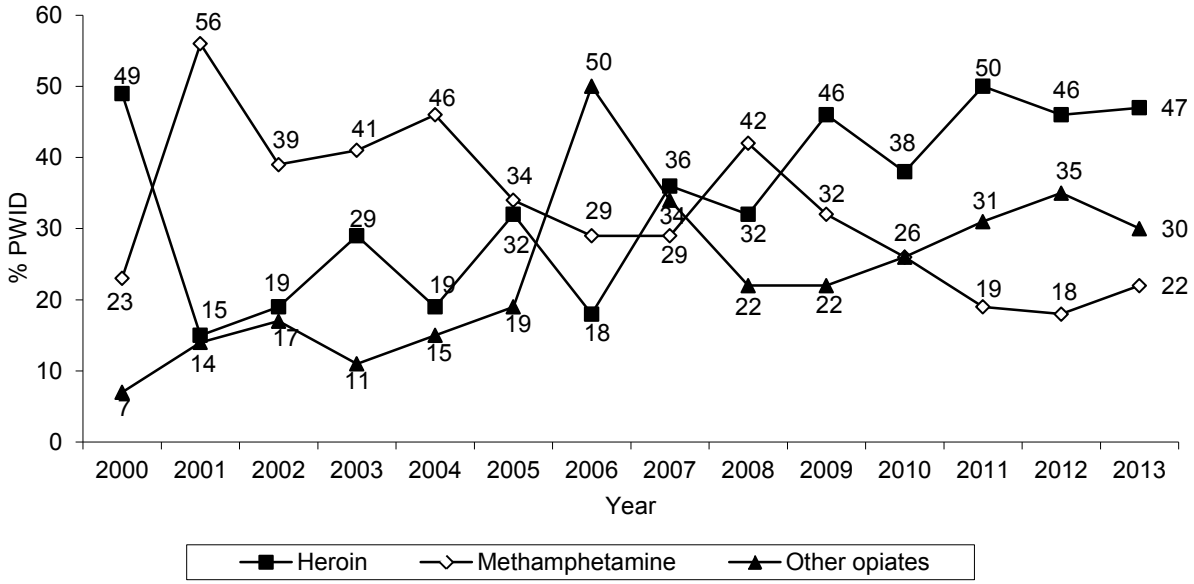
Source: IDRS user interviews

*Totals may exceed 100% due to rounding

** Includes buprenorphine-naloxone (Suboxone)

In 2013, the greatest proportion of respondents again nominated heroin (47%, n=41) as the drug most recently injected for the fifth year running. This figure was comparable to the 46% of PWID who reported this in 2012. As in 2011, methamphetamines remained the class of drugs least likely to have been the most recently injected, nominated by just 22% (n=19) of respondents and other opiates were nominated by 30% (n=26). Neither of these was significantly different from figures reported the previous year (Figure 3).

Figure 3: Drug last injected prior to interview, 2000-2013



Source: IDRS user interviews

Locations of injection

Participants were asked about the location of last injection (Table 5). By far the most commonly nominated last location of injection remained at a private home, reported by 84% (n=74) in 2013, which was not significantly different to 79% in 2012. Much smaller numbers of PWID nominated other locations.

Table 5: Proportion of participants reporting the last location for injection, 2010-2013

Location	2010	2011	2012	2013
Private home	80	75	79	84
Street/car park/beach	6	2	5	3
Car	11	11	9	9
Public toilet	3	6	4	3
Other	0	6	3	1

Source: IDRS user interviews

Asked how much money they had spent on drugs yesterday produced responses from 87 PWID, ranging from none through to $600. Of those who had spent any money, the average amount was $134 which was not significantly different from the 2012 average of $145.

Drug use history of the IDU sample

The drug use histories of PWID participants in the WA IDRS in 2013, including route of administration (ROA), are presented in Table 6. Over one-half of the 2013 sample had used the following drugs in the last six months: tobacco (89%, n=78), benzodiazepines (82%, n=72), heroin (75%, n=66), methamphetamines (72%, n=63), alcohol (67%, n=59), cannabis (61%, n=54), and methadone (53%, n=47). Further discussion of the use and m arket characteristics of each drug type can be found under the relevant section heading in the report.

Table 6: Drug use history of the IDU sample, 2013

Drug class	Ever used%	Ever injected %	Injected last 6 mths %	Mean (median) days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mth %	Used^ last 6 mths %	Mean (median) days in treatment last 6 mths	Mean (median) days used^ in last 6 mths*
Heroin	96	96	75	70 (54)	32	2	14	1	13	1	75		70 (54)
Homebake heroin	88	88	25	36 (11)	1	1	1	1	2	2	25		36 (11)
Any heroin (inc. homebake)	*98*	*98*	*80*	*75 (71)*	*32*	*3*	*15*	*2*	*13*	*2*	*80*		*76 (71)*
Methadone (prescribed)	66	26	14	32 (24)					65	39	39	159 (180)	144 (180)
Methadone (not prescribed)	48	28	14	25 (5)					24	6	19		20 (4)
Physeptone (prescribed)	8	5	0	-	1	0	1	0	7	0	0	-	-
Physeptone (not prescribed)	36	27	5	3 (3)	0	0	0	0	14	5	9		6 (4)
Any methadone (inc. physeptone)	*81*	*50*	*25*	*34 (13)*	*1*	*0*	*1*	*0*	*73*	*44*	*53*		*111 (180)*
Buprenorphine (prescribed)	29	13	0	-	1	0	1	0	26	2	3	150 (180)	120 (90)
Buprenorphine (not prescribed)	45	36	10	27 (4)	2	0	0	0	8	0	10		27 (4)
Any buprenorphine (exc. buprenorphine-naloxone)	*60*	*40*	*10*	*27 (4)*	*3*	*0*	*1*	*0*	*32*	*2*	*14*		*47 (5)*
Buprenorphine-naloxone (prescribed)	23	10	2	79 (79)	1	0	1	0	22	3	3	110 (120)	75 (90)
Buprenorphine-naloxone (not prescribed)	26	24	13	41 (24)	1	0	0	0	9	1	13		41 (24)
Any buprenorphine-naloxone	*39*	*26*	*14*	*50 (36)*	*2*	*0*	*1*	*0*	*26*	*4*	*15*		*52 (24)*
Suboxone film (prescribed)	*20*	*8*	*6*	*31 (22)*	*0*	*0*	*0*	*0*	*19*	*14*	*16*	*7 (7)*	*109 (95)*
Suboxone film (not prescribed)	*17*	*15*	*14*	*69 (22)*	*0*	*0*	*0*	*0*	*8*	*6*	*16*		*61 (13)*
Any suboxone film	*31*	*21*	*18*	*61 (22)*	*0*	*0*	*0*	*0*	*23*	*20*	*28*		*93 (90)*
Morphine (prescribed)	17	14	2	42 (42)	0	0	1	0	10	1	2	40 (40)	66 (66)
Morphine (not prescribed)	76	74	36	25 (6)	2	0	3	1	17	2	38		24 (6)
Any morphine	*78*	*75*	*38*	*27 (6)*	*2*	*0*	*3*	*1*	*23*	*3*	*39*		*27 (6)*
Oxycodone (prescribed)	21	9	2	180 (180)	0	0	0	0	14	3	6	99 (105)	95 (97)
Oxycodone (not prescribed)	75	69	33	33 (12)	0	0	0	0	17	5	34		33 (13)
Any oxycodone	*80*	*71*	*35*	*42 (14)*	*0*	*0*	*0*	*0*	*26*	*8*	*39*		*41 (14)*
Fentanyl	19	16	5	7 (4)	0	0	0	0	5	3	6		6 (3)
OTC codeine	24	0	0	-	0	0	0	0	24	10	10		31 (7)
Other opioids	39	5	1	20 (20)	1	0	1	0	38	17	17		35 (14)

Table 6: Drug use history of the IDU sample, 2013 (continued)

Drug class	Ever used %	Ever injected %	Injected last 6 mths %	Mean (median) 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 %	Mean (median) days in treatment last 6 mths	Mean (median) days used^ in last 6 mths*
Speed powder	89	85	47	11 (5)	32	6	32	3	31	2	48		11 (5)
Base/point/wax	40	36	9	12 (4)	3	1	2	0	2	1	11		10 (2)
Ice/shabu/crystal	81	76	56	31 (10)	38	18	9	1	7	3	59		34 (15)
Amphetamine liquid	*21*	*19*	*3*	*4 (2)*					2	0	*3*		*4 (2)*
Any form methamphetamine#	*93*	*92*	*61*	*33 (20)*	*51*	*21*	*36*	*3*	*33*	*6*	*72*		*36 (20)*
Pharmaceutical stimulants (prescribed)	9	2	0	-	0	0	1	0	8	0	0		-
Pharmaceutical stimulants (not prescribed)	55	26	11	12 (2)	0	0	6	1	43	24	27		14 (6)
Any form pharmaceutical stimulants	*58*	*26*	*11*	*12 (2)*	*0*	*0*	*6*	*1*	*47*	*24*	*27*		*14 (6)*
Cocaine	71	48	5	2 (1)	7	1	47	11	8	2	15		4 (1)
Hallucinogens	78	11	1	2 (2)	6	5	1	0	77	14	14		4 (3)
Ecstasy	76	27	2	4 (4)	3	0	9	0	73	13	13		7 (2)
Other benzodiazepines (prescribed)	72	2	0	-	0	0	0	0	72	60	60		109 (180)
Other benzodiazepines (not prescribed)	51	0	0	-	0	0	0	0	51	38	39		24 (9)
Any other benzodiazepines	88	2	0	-	0	0	0	0	88	75	75		98 (83)
Alprazolam (prescribed)	*27*	0	0	-	0	0	*1*	0	*27*	*17*	*17*		*128 (166)*
Alprazolam (not prescribed)	*61*	5	0	-	0	0	*0*	0	*60*	*44*	*44*		*19 (6)*
Any Alprazolam	*69*	5	0	-	0	0	*1*	0	*32*	*55*	*55*		*48 (11)*
Any form benzodiazepines	*91*	6	0	-	0	0	*1*	0	*91*	*82*	*82*		*107 (132)*
Seroquel (prescribed)	*19*	*0*	0	-	0	0			*19*	*9*	*9*		*147 (180)*
Seroquel (not prescribed)	35	1	0	-	1	0			34	10	10		36 (4)
Any Seroquel	*48*	*1*	0	-	*1*	*0*			*47*	*18*	*18*		*86 (63)*
Alcohol	99	13	0	-					99	67	67		49 (15)
Cannabis	97				94	61			61	8	61		115 (170)
Synthetic cannabis	26				25	16			1	1	17		5 (2)
Emerging psychoactives	1	1	0	-	0	0	1	0	0	0	0		-
Inhalants	34										10		4 (2)
Steroids	8	8	0	-	0	0	0	0	0	0	0		-
Tobacco	96										89		172 (180)
Other drugs	5	3	2	14 (14)	0	0	1	0	3	2	3		61 (3)

Source: IDRS user interviews

^ Refers to any ROA, i.e. includes use via injection, smoking, swallowing, and snorting

Category includes speed powder, base, ice/crystal and amphetamine liquid; does not include pharmaceutical stimulants

4. HEROIN

4.1 Use

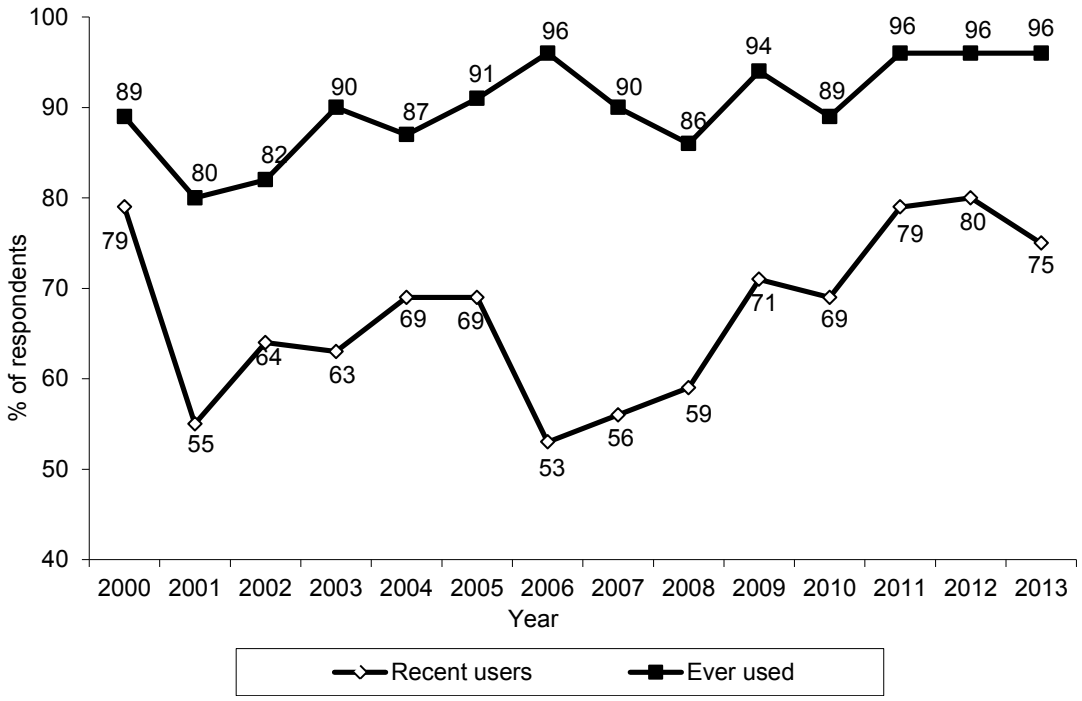
4.1.1 Lifetime history of heroin use among IDU participants

A lifetime history of heroin use was reported by 96% of the 2013 PWID sample which was identical to the figure reported in 2011 and 2012 (Figure 4). A lifetime history of use of homebake heroin was reported by 88% (n=77) of PWID in 2013 which was not significantly different from the 83% who reported a history of lifetime use in 2012.

4.1.2 Current patterns of heroin use

Use of heroin in the six months prior to interview was also comparable to last year, with 75% (n=66) of the current PWID sample reporting recent heroin use compared to 80% in 2012 (Figure 4). Of PWID who had used heroin in the last six months, all (100%, n=75%) had injected heroin with reports of other ROA being relatively rare.

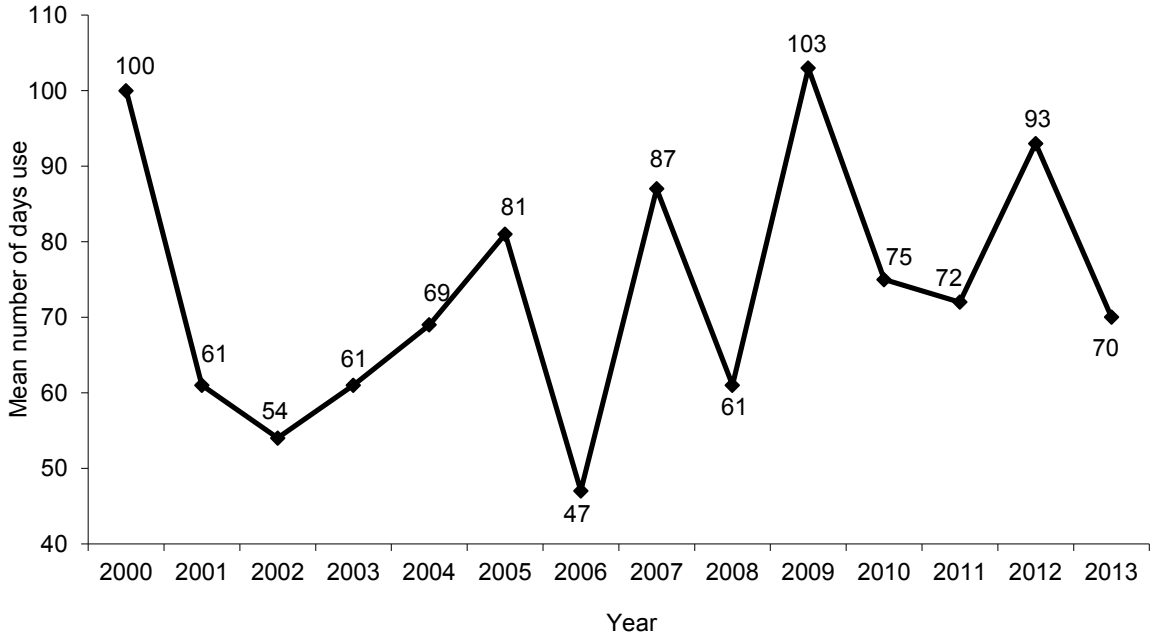
Figure 4: Lifetime and recent use of heroin, 2000-2013



Source: IDRS user interviews

Days of use in the last six months ranged from one to 180 days, with a mean of 70, which was a significant decrease from the 2012 average of 93 days (t=-2.925, df=65, p=.005) (Figure 5).

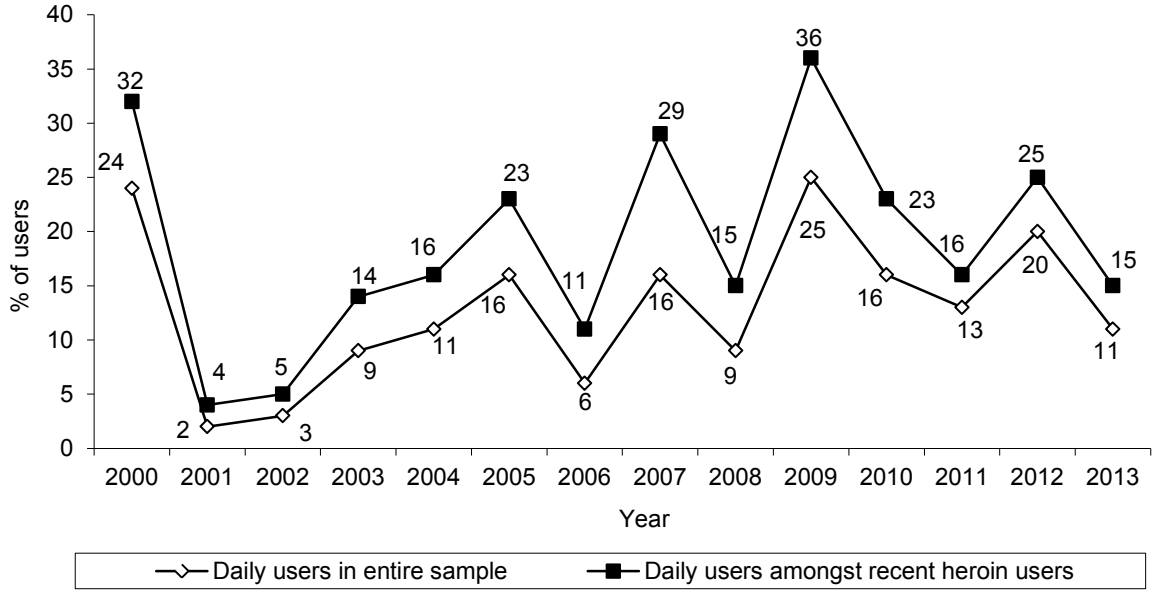
Figure 5: Mean days of heroin use in last 6 months, 2000-2013



Source: IDRS user interviews

The number of daily users of heroin among the entire sample remained comparable, from 20% in 2012 to 11% (n=10) in 2013. The number of recent heroin users reporting daily use was also comparable from 25% in 2012 to 15% (n=10) in 2013 (Figure 6).

Figure 6: Daily heroin users, 2000-2013



Source: IDRS user interviews

The proportion reporting recent use of homebake was 25% (n=22) which was a significant decline from 42% in 2012 (χ^2=5.29, p=0.02, 95% CI 0.0344-0.2956). All of these users reported injection of homebake, with other ROA being extremely uncommon. The mean days of use reported was 36 days which was not significantly different than the 39 days reported in 2012.

Of the total PWID sample, 80% reported use of any form of heroin (including homebake) in the last six months. Of these participants, 100% reported injection as a ROA for any heroin used in the last six months.

One KE from the clinical sector reported seeing 30-40% increase in presentations related to heroin or other opiates, "*with 164 cases in March alone*".

In 2013, 67 PWID provided information pertaining to the forms of heroin they had most used in the last six months. Brown powder was the most commonly reported form by 22% (n=15) followed by white powder by 21% (n=14). Homebake was reported as the most common form by 18% (n=12). White rock and brown rock were each reported as the most common form by 16% (n=11). There were also three individuals who reported most commonly using yellow powder and one who had mostly used pink rock.

The typical amount of heroin reported used in a session was a quarter of a gram. The largest amount reported was four grams.

4.1.3 Heroin preparation before last injection

Participants were asked questions about the preparation of heroin for last use. Asked if they had heated the heroin mix before injecting, 66 PWID responded with 48% (n=42) reporting that they had. Just two individuals reported having used citric acid to mix up with. These preparations were almost invariably associated with brown or beige heroin.

4.2 Price

The prices of most recent heroin purchases reported by PWID in the 2013 survey for the most part remained substantively unchanged from those reported in 2012, although it should be noted that only small numbers of PWID reported on prices for caps. A quarter gram remained the most commonly purchased quantity with a median price of $200. The median price of a gram remained at $600. Median prices of most recent heroin purchases are presented in Table 7.

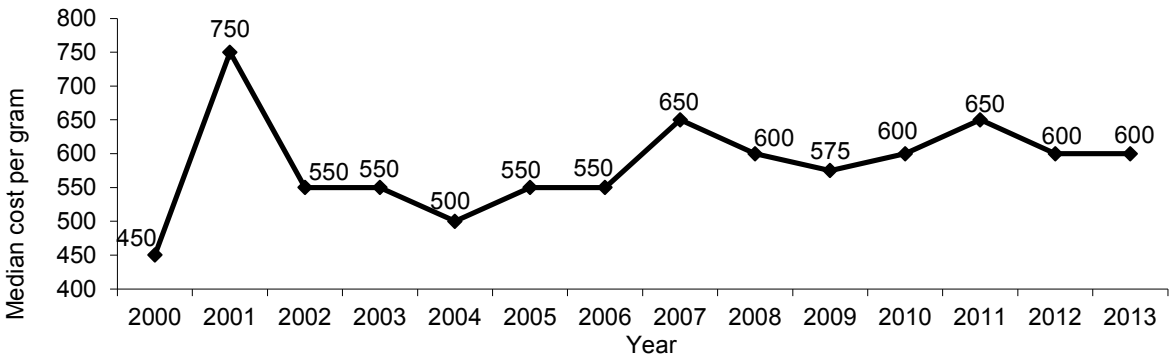
Table 7: Price of most recent heroin purchases by PWID participants, 2012-2013

Amount	Median price* $	Range	Number of purchasers*
Cap	(100) 100^	50-200	(3) 3
Point	(100) 100	50-300	(9) 22
Quarter gram	(200) 200	100-250	(49) 34
Half gram (Half weight)	(350) 350	150-500	(23) 21
Gram	(600) 600	250-1000	(17) 15

Source: IDRS user interviews
* 2012 data are presented in brackets
^ figures based on less than 10 reports

The median price of one gram of heroin in Perth across IDRS surveys is shown in Figure 7. In 2000, the median price was $450, which increased to $750 the following year, likely in response to the disruption of the heroin supply that occurred that year. Since then, it stabilised to around $550 per gram through to 2006, before rising to prices ranging from $575 to $650 with the median price of a gram of heroin standing at $600 in 2012 and 2013.

Figure 7: Median price of one gram of heroin estimated from PWID purchases, 2000-2013



Source: IDRS user interviews

Participants were also asked whether the price of heroin had changed in the last six months. In 2013, 60 PWID responded to this item, with more than half (58%, n=35) reporting the price as stable. There was also 33% (n=20) who believed the price had been increasing, and small numbers who thought the price had decreased (3%, n=2) or fluctuated (2%, n=1).

One KE, who commented on the current price of heroin, suggested figures of $200-$250 for a quart and $650-$700 for a gram, with the qualifier that "*it depends on who you know*".

4.3 Availability

Participants were asked about the current availability of heroin and any change in availability over the last six months (Table 8). In 2013, 60 PWID commented on this area. The most common response remained that acquiring heroin in Perth was currently 'very easy', reported by 53% (n=32), which was not a significant change from the 59% in 2012. Other findings were also compatible with 2012, with 32% (n=19) reporting heroin availability as 'easy', 13% (n=8) reporting it as 'difficult' and just one individual describing it as 'very difficult'.

Asked whether the availability of heroin in Perth had changed in the previous six months, 67% (n=40) indicated that this had been stable. Other responses were much less common and are displayed in Table 8.

Table 8: Participants' reports of heroin availability in past six months, 2010-2013

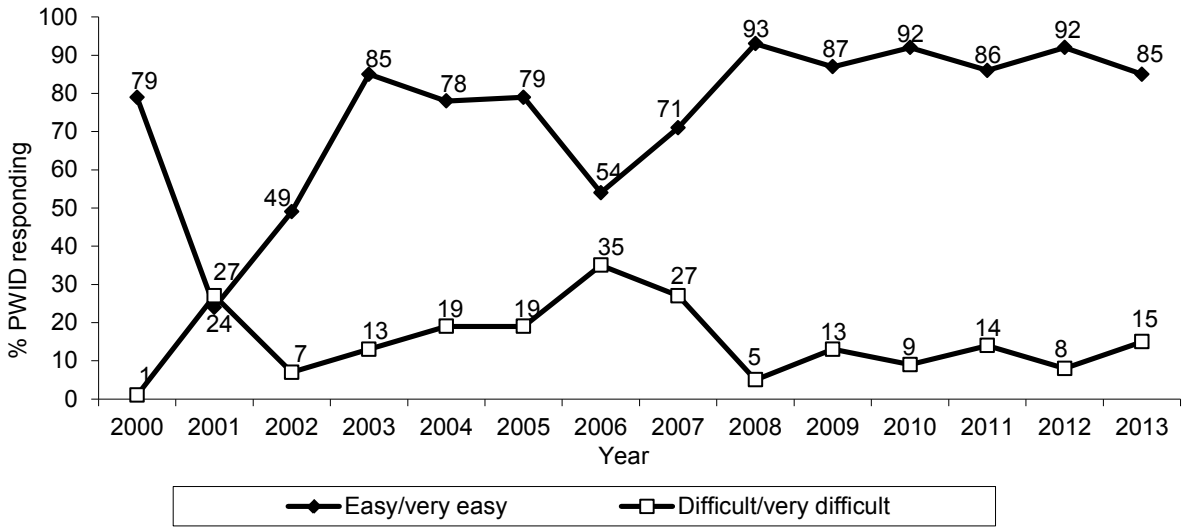
	2010 (N=100)	2011 (N=70)	2012 (N=100)	**2013 (N=88)**
Current availability				
Did not respond*	41	18	29	**28**
Did respond	59	52	71	**60**
Of those who responded:				
Very easy (%)	53	46	59	**53**
Easy (%)	39	40	32	**32**
Difficult (%)	7	6	6	**13**
Very difficult (%)	2	8	3	**2**
Availability change over the last six months				
Did not respond* (%)	43	22	29	**28**
Did respond (%)	57	48	71	**60**
Of those who responded:				
More difficult (%)	12	17	10	**18**
Stable (%)	67	69	75	**67**
Easier (%)	16	13	9	**12**
Fluctuates (%)	5	2	6	**3**

Source: IDRS User 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

One KE noted that increased availability of heroin had led to a decrease in the availability of homebake.

Reports of current availability of heroin across surveys are shown in Figure 8 and illustrate a trend towards increased self-reported availability from 2006 to 2008 followed by stable availability.

Figure 8: PWID reports of current heroin availability, 2000-2013



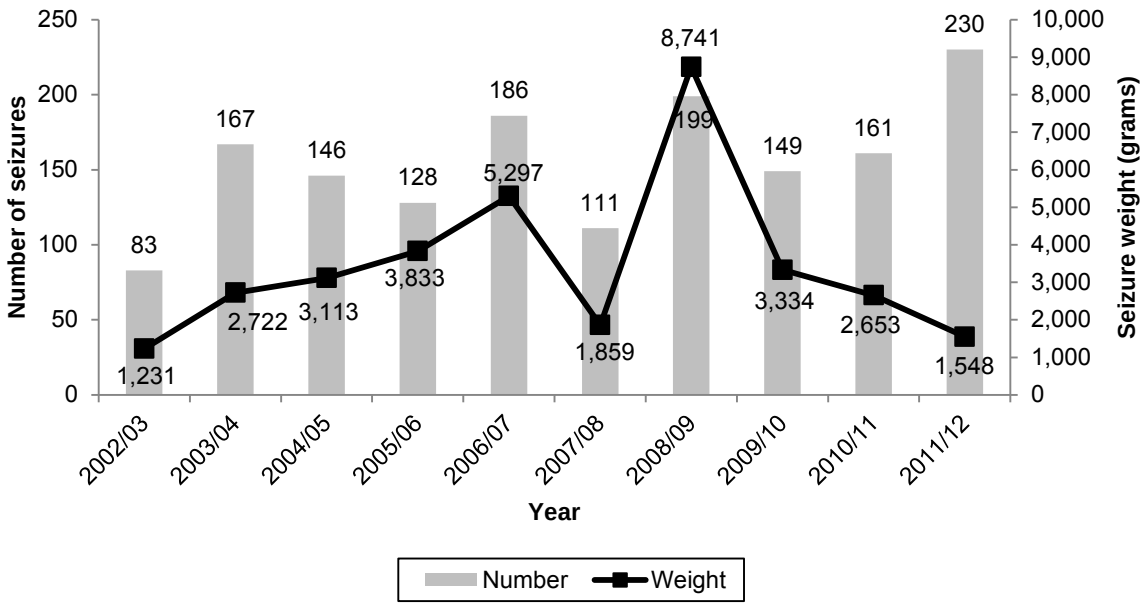
Source: IDRS user interviews

In 2013, 59 PWID responded to questions about persons and locations for last sourcing heroin. The most commonly nominated sources of heroin of last purchase remained 'friends' (51%, n=30), followed by 'known dealers' (32%, n=19). These proportions were comparable to 2012. 'Acquaintances' were nominated by 9% (n=5) and two individual respondents mentioned 'unknown dealers' in this regard.

As in 2012, the most commonly nominated last location for obtaining heroin was at an 'agreed public location' (37%, n=22). A 'friend's home' was nominated by 24% (n=14), a 'dealer's home' by 20% (n=12), 'home delivery' by 10% (n=6). A 'street market' was also mentioned by two individual respondents and an 'acquaintance's house' by 4% (n=3).

Figure 9 presents the total number and combined weight of heroin seizures made by the West Australian Police Service (WAPS) and the Australian Federal Police (AFP) in WA from 2002/03 to 2011/12. Consistent with trends seen since 2009, the number of seizures has continued to rise while the total weight of seizures has declined. In 2011/12 there were a total of 230 heroin seizures with a total weight of 1,548 grams.

Figure 9: Number and weight of heroin seizures by WAPS and AFP, WA 2002/03-2010/11



Source: Australian Crime Commission

A KE from the law enforcement sector reported that there had been no significant seizures of heroin or other opiates, with only five seizures of heroin in the first quarter of 2013.

4.4 Purity

Participants were asked to comment on their perception of the purity of heroin and any change in purity over the last six months (Table 9). In 2013, 60 participants commented on current levels of purity. The greatest proportion reported current purity of heroin as 'low' (52%, n=31), compared with the previous year when most respondents described heroin purity as 'medium'. This was the largest number of participants describing heroin purity as 'low' in the survey since 2006 and a significant increase on the 30% who reported 'low' heroin purity in 2012 (χ^2=5.74, p=0.02, 95%CI 0.0525-0.3742). These trends are displayed in Figure 10.

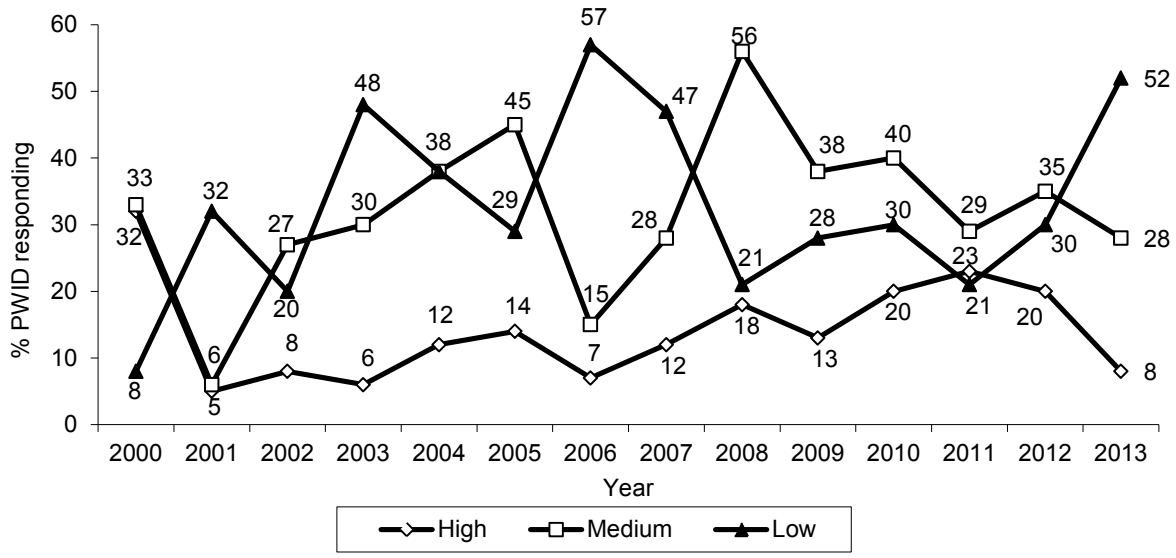
User perceptions of the purity of heroin in Perth were that it had remained stable for the six months prior to the survey, nominated by 50% of those responding (n=30). This was followed by 30% (n=18) who reported that it had been dec reasing. Other responses were substantially less common and are displayed in Table 9.

Table 9: Participants' perceptions of heroin purity in past six months, 2010-2013

	2010 (N=100)	2011 (N=70)	2012 (N=100)	**2013 (N=88)***
Current purity				
Did not respond**	40	22	29	**28**
Did respond	60	48	71	**60**
Of those who responded:				
High (%)	20	23	20	**8**
Medium (%)	40	29	35	**28**
Low (%)	30	21	30	**52**
Fluctuates (%)	10	27	13	**12**
Purity change over the last six months				
Did not respond* (%)	44	24	30	**29**
Did respond (%)	56	46	70	**59**
Of those who responded:				
Increasing (%)	30	24	14	**9**
Stable (%)	27	41	44	**51**
Decreasing (%)	18	7	16	**31**
Fluctuating (%)	25	28	20	**10**

Source: IDRS user interviews
*Totals may exceed 100% due to rounding
** 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the heroin market to respond to survey items

Figure 10: Proportion of PWID reporting current heroin purity as 'high', 'medium' or 'low', 2000-2013



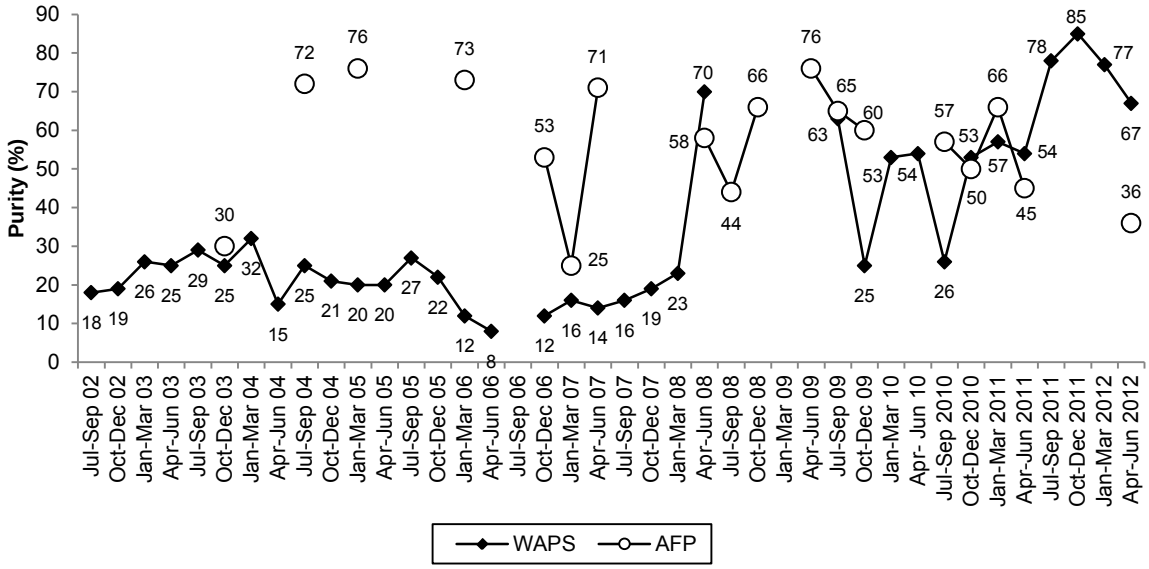
Source: IDRS user interviews

One KE noted that the heroin currently available in Perth tended to be "*good quality powder, not brown.*" This view was not universally held however, with another KE heroin purity as down and "pretty crap gear".

Figure 11 shows the median purity of heroin seizures made by WAPS and the AFP. From July 2011 to June 2012, the median purity across all WAPS seizures analysed was 85% compared to 32% in the previous period. This very high purity level is difficult to reconcile with the user reports from the first two quarters of 2013, although it must be noted that a sharp decline can be seen in the first two quarters of 2012 from an unprecedented purity of 85% in the final quarter of 2011. The AFP analysed just one seizure and found a purity level of 36% compared to 52% in the previous period.

It must be noted that the seizures and accompanying purity data reported here is not a truly random sample of all seizures made by these agencies as they make operational decisions about which seizures they will subject to analysis to determine purity. As a result it is not possible to say the extent to which the purities reported here are representative of all seizures made by these law enforcement agencies in WA.

Figure 11: Purity of heroin seizures analysed in WA, by quarter, 2002/03-2010/11



Source: ACC
Note: Where there are no data points, no seizures were analysed

A KE from the law enforcement sector noted that "*heroin purity may have increased a little, but not to a significant degree*".

4.5 Summary of heroin trends

- Lifetime and recent use of heroin has remained stable.
- Frequency of recent use has significantly decreased with 70 mean days of use down from 93 days in 2012.
- Number of daily users has remained stable.
- The median reported price for one gram of heroin remained at $600. The majority of those who responded reported the price of heroin as 'stable' over the last six months.
- Current availability of heroin continued to be rated as 'very easy' or 'easy' which was comparable to findings in 2012. Respondents generally reported heroin availability had remained stable.
- Current purity was generally rated as 'low' by 52% in 2013, the largest number reporting this since 2006 and a change from 2012 when purity was generally described as 'medium'. With regards to changes in purity over the last six months, it was generally agreed that purity had remained stable or had declined.

5. METHAMPHETAMINE

For the purposes of the IDRS and in response to emerging methamphetamine markets, data are collected for three different forms of methamphetamine: methamphetamine powder (referred to as speed); methamphetamine base (referred to as base or paste); and crystal methamphetamine (referred to as ice or crystal). Speed is typically a white or off white fine-grained powder; base is typically of a brown, waxy form; and crystal may be translucent or white crystals of varying size. Another less common form of methamphetamine is liquid amphetamine (referred to as 'ox blood'), which is typically red/brown in colour. PWID were asked about their use of this form, but due to its rarity were not questioned about its market. For the other forms, PWID were asked if they were able to comment on market aspects such as price, purity and availability.

5.1 Use

5.1.1 Methamphetamine use among IDU participants

In 2013, lifetime use of any form of methamphetamine was reported by 93% (n=82) which was not significantly different to the 96% in 2012. Of these participants, 99% (n=81) had ever injected, 55% (n=45) had ever smoked, 39% (n=32) had ever snorted and 35% (n=29) had ever swallowed a form of methamphetamine.

With regards to lifetime use by methamphetamine form, lifetime use of speed powder was reported by 89% (n=78) of the 2013 PWID sample, lifetime use of base by 40% (n=35) and lifetime use of crystal by 81% (n=71). Patterns of lifetime and recent use of methamphetamine across years are shown in Table 10.

Table 10: Patterns of methamphetamine use in last six months by form, 2010-2013

Form used (%)	2010 (N=100)	2011 (N=70)	2012 (N=100)	**2013 (N=88)**
Speed				
Ever used	91	86	92	**89**
Used last six months	51	43	45	**48**
Base				
Ever used	29	23	27	**40**
Used last six months	8	6	6	**11**
Crystal				
Ever used	80	81	87	**81**
Used last six months	40	46	64	**59**
Liquid				
Ever used	19	9	16	**21**
Used last six months	1	1	2	**3**
Any methamphetamine				
Ever used	99	96	96	**93**
Used last six months	64	64	72	**72**

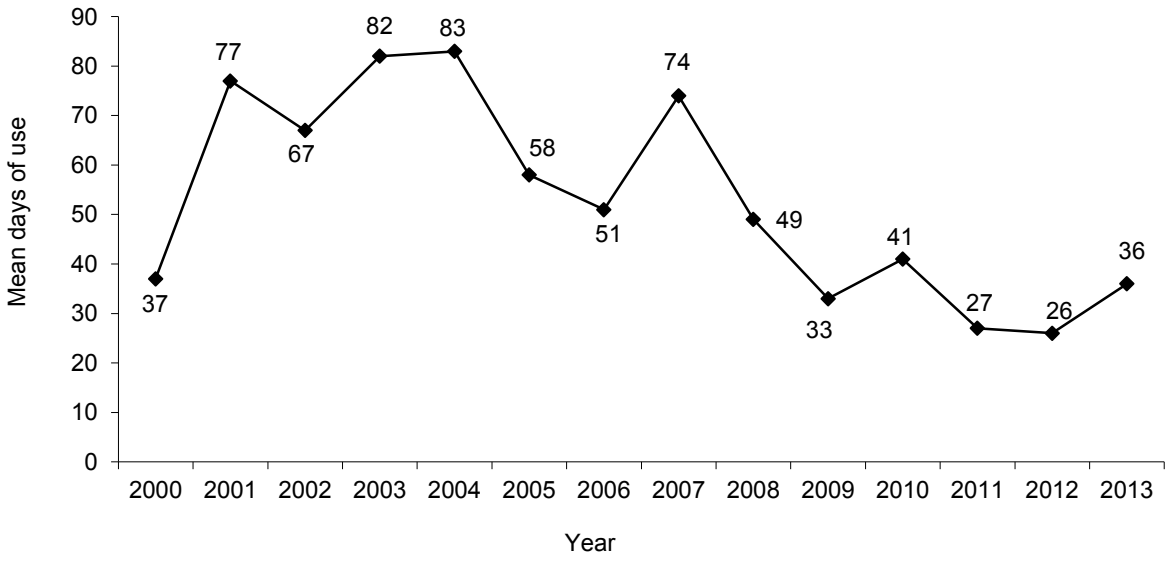
Source: IDRS user interviews

5.1.2 Current patterns of methamphetamine use

In 2013, 72% (n=63) of PWID reported use of any form of methamphetamine in the last six months, which was unchanged from that reported in the 2012 sample. Of these participants, 86% (n=54) injected a form of methamphetamine during this period and 29% (n=18) reported having smoked it. Other routes of administration were uncommon.

As shown in Figure 12, the average number of days any form of methamphetamine was used during the last six months by these participants was 36 days (median of 20 days). This was not significantly changed from the 2012 mean of 26 days.

Figure 12: Mean days of use for any methamphetamine by WA PWID, 2000-2013



Source: IDRS user interviews

One KE observed that longer term use of amphetamines led to distinct problems including anxiety, panic and psychosis (hearing voices and hallucinations) as well as links to crime resulting in clients often being referred via the drug courts. Another KE, from the crowd control sector, observed that methamphetamine use was problematic due to the "*aggressive hyped up state*", especially when combined with alcohol, and that methamphetamines enable people to drink larger quantities of alcohol. This KE also observed that the methamphetamine users typically encountered tended to be working class males aged 18-30 who seemed to be people who smoked the drug on weekends rather than people with an actual amphetamine habit. A third KE also described the negative impacts on employment, relationships, law, and both mental and physical health. A fourth KE described the behaviour of users as "*Not always problematic, but when there is police contact they can get very violent and aggressive. They are more paranoid and on edge and easy to trigger…they can be difficult to manage or reason with and due to longer term cognitive damage can't function properly and can't talk properly or string sentences together*".

Most KE's responding agreed that the usual ROA was by smoking followed by injection although one opined that it was "*usually smoked by females, some males snort it while older people swallow it*". It was also widely agreed that most users tended to be young males of lower socio-economic status with low levels of education.

In 2013, recent use of speed powder was reported by 48% (n=42) of the sample which was not significantly different to the 45% of recent users in 2012. Recent injection of speed was reported by almost all of the respondents (98%, n=41).

Days of use in the last six months ranged from one to 48 days, with no reports of use of powder methamphetamine on a daily basis. Mean days of use was 11, which was not significantly different from the 2012 average of 13 days. The typical amount of speed powder used in one session was one point. The largest amount used in one session was seven points.

Recent use of base in 2013 was reported by 11% (n=10) which was not significantly different from the 6% reported in the previous two years.

Injection of base in the previous six months was reported by 73% (n=8) of these respondents. Days of use ranged from one to 50; no respondents reported using base on a daily basis, which was comparable to 2012 findings. Mean days of use was ten compared to four days in 2012. However, the small number of base users in both years do not allow for meaningful analysis of statistical significance to be made. Only four respondents reported on typical amounts of base methamphetamine consumed in a session, with quantities ranging from one point to one gram. The largest reported amount consumed in a single session was two grams.

Recent use of crystal was reported by 59% (n=52) of PWID which was not significantly different from the 64% who reported doing so the previous year. The majority of recent crystal users (94%, n=49) reported injecting crystal in the last six months and 63% (n=33) reported having smoked it. Other ROA were relatively uncommon.

This however, needs to be viewed in the context that regular injection is a prerequisite for participation in the IDRS user survey. With regards to wider methamphetamine use, a KE from the law enforcement sector noted that the primary route of administration appeared to be smoking although adding the proviso that this may be a reflection of police not seizing syringes.

Days of use ranged from one to 180, with three respondents reporting use of crystal on a daily basis (compared to one in 2012). The mean days of use was 34, which was a significant increase from the mean of 20 days reported in 2012 ($t=2.749$, $df=62$, $p=.008$). The most common amount of methamphetamine reportedly consumed in a session was one point. The largest amount of crystal methamphetamine reportedly consumed in one session was eight points.

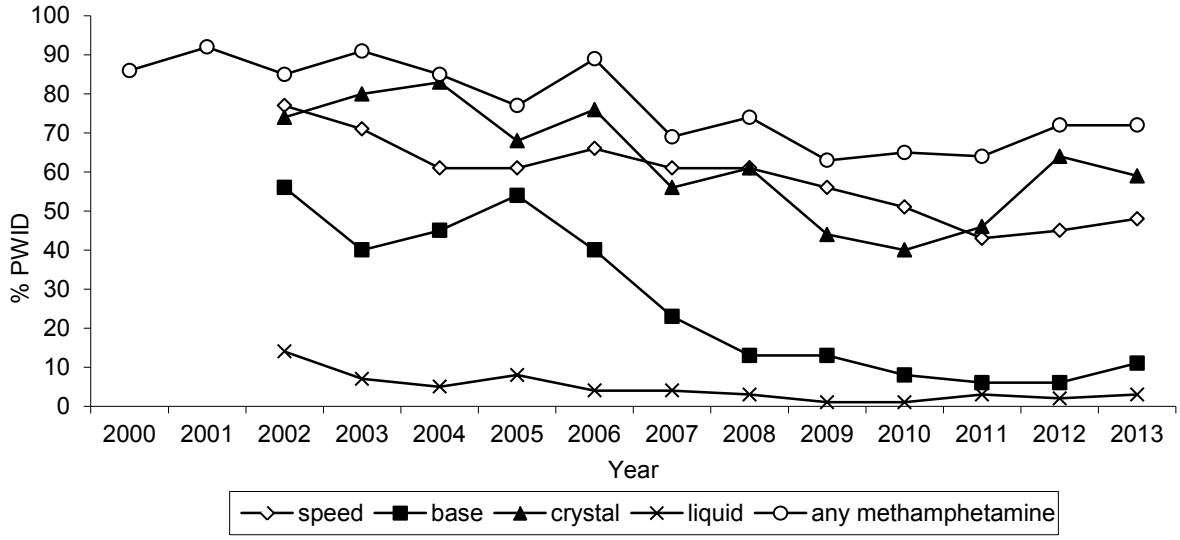
Recent use of liquid methamphetamine remained uncommon; with only 3% (n=3) of respondents reporting this in 2013 compared with 2% in the previous year. All of these respondents reported injection as the sole ROA. Mean days of use remained unchanged at four.

Of the 62 PWID who responded to the form of methamphetamine they had most commonly used, crystal remained the most frequently nominated by 61% (n=38), followed by 37% (n=23) who nominated powder.

Most KEs commenting opined that the current prevailing forms of methamphetamine were crystal followed by powder.

Figure 13 shows the relative proportions of PWID in Perth reporting use of the various forms of methamphetamine in the last six months across IDRS surveys.

Figure 13: Proportion of PWID reporting methamphetamine use in the last six months, 2000-2012



Source: IDRS user interviews
Note: Prior to 2006, 'any methamphetamine' included pharmaceutical stimulants

5.2 Price

Participants in the WA IDRS were asked what different amounts of the various forms of methamphetamine cost and how much they paid for their most recent purchase. The latter is presented in Table 11 and median prices for one gram of each form of methamphetamine are presented in Figure 14. In many instances, the very small numbers of PWID providing this information necessitate caution in the interpretation of this data.

Regardless of form, the price of a point of methamphetamine remained unchanged from 2012 at $100. It should be noted that in the case of base, that this was based on only one report.

There was some limited evidence that the price of a gram of crystal may have fallen from $750 to $700, but this data comes from only four respondents who cited a very wide range of prices. Similar issues exist with regards to the price of a half weight of crystal, although it superficially appears to have fallen from $400 to $350.

The apparent halving in price of a gram of speed from $700 in 2012 to $350 in 2013 is almost certainly deceptive, being based on just two respondents who offered widely differing responses. As such it is unlikely to be reflective of genuine trends in prices of speed.

There were no respondents providing information concerning the price of a gram of base.

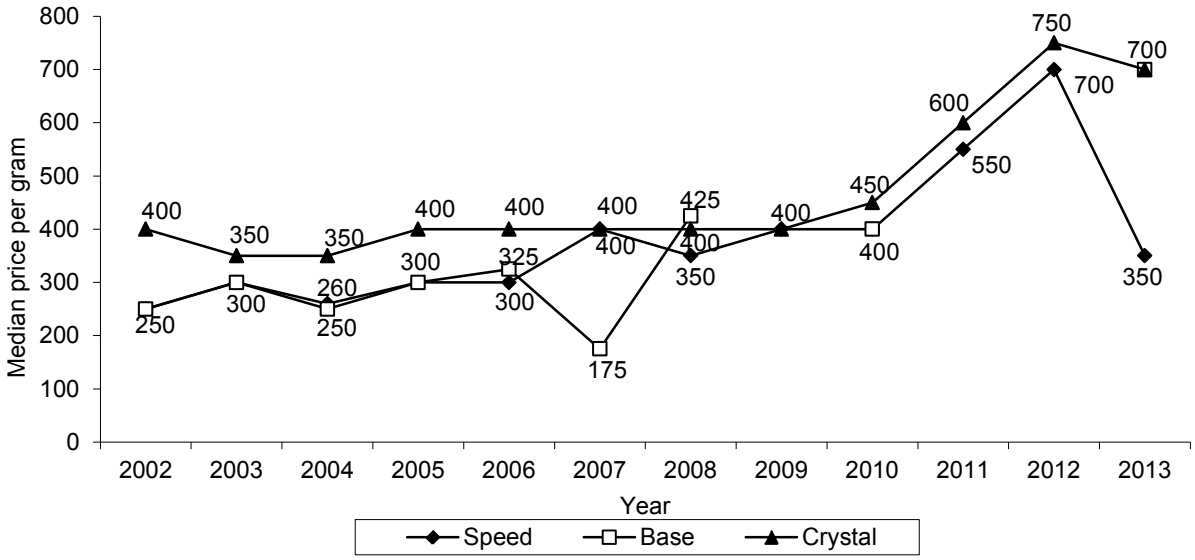
Table 11: Price of most recent methamphetamine purchases by IDU participants, 2013

Amount	Median price* $	Range	Number of purchasers*
Speed			
Point (0.1 gram)	100 (100)	50-100	17 (23)
Half weight (0.5 gram)	300^ (350^)	200-400	3 (5)
Gram	350^ (700^)	200-500	2 (2)
Base			
Point	100^ (100^)	100-100	2(1)
Half weight (0.5 gram)	350^ (-)	350-350	1(0)
Gram	- (-)	-	0 (0)
Crystal			
Point (0.1 gram)	100 (100)	50-100	28 (33)
Half weight (0.5 gram)	350^ (400^)	150-500	14 (9)
Gram	700^ (750^)	500-1000	7 (4)

Source: IDRS user interviews
* 2012 data are presented in brackets
^ Based on small (<10) purchases

Figure 14 presents the median prices per gram of most recent purchase for each methamphetamine form across years. Despite the superficial appearance of large changes in the median prices of speed and crystal in recent years, this needs to be viewed in light of the fact that these figures are based on very small numbers of reports. (see Table 11 above). Similarly, there are several years when no respondents at all provided prices for base methamphetamine. As such, some scepticism is advised when considering if these apparent decreases in price of amphetamines are in fact genuine trends.

Figure 14: Median prices of methamphetamine per gram estimated from PWID purchases, 2002-2013



Source: IDRS user interviews

Participants were asked if they perceived any changes in the price of methamphetamine over the last six months. With regards to speed or powder methamphetamine, there were 28 PWID who responded, the majority (64%, n=18) reporting that the price of speed had remained stable. This was followed by 29% (n=8) who thought it may have increased. There were only three respondents who commented on base methamphetamine, two of whom

believed it had remained stable and one who thought it had increased. Price changes to crystal were reported on by 38 IDU, the majority (71%, n=27) describing it as stable, followed by 24% (n=9) who believed it may have increased.

One KE reported that methamphetamine currently sold at "dealer rates" of $500 for a gram and $1300 for an eight-ball. Another reported $750-$800 a gram. A quarter of a gram was reportedly $150. It was generally agreed that a point cost $100 although one KE cited much lower prices of $20-$50. A third KE from the law enforcement sector reported prices of $600 per gram, $2,200-$3,000 for an eight ball, $6,500 for a half ounce and $12,000 for an ounce.

5.3 Availability

Respondents were asked about the current availability of each form of methamphetamine and any changes in availability over the last six months (Table 12). Of the 28 participants who commented on speed, opinion was evenly split with 'very easy' and 'easy' both being nominated by 43% (n=12). Availability of crystal was rated as 'easy' by 61% (n=23) followed by 'very easy' by 32% (n=12) of the 38 PWID who responded. Only three respondents provided information about availability of base methamphetamine, with two describing it as 'difficult' and one as 'very difficult'. The vast majority of respondents reported that availability had remained stable in the preceding six months for both speed (81%, n=23) and crystal (71%, n=27). In the case of base, two respondents reported that availability had become more difficult and one thought it had remained stable.

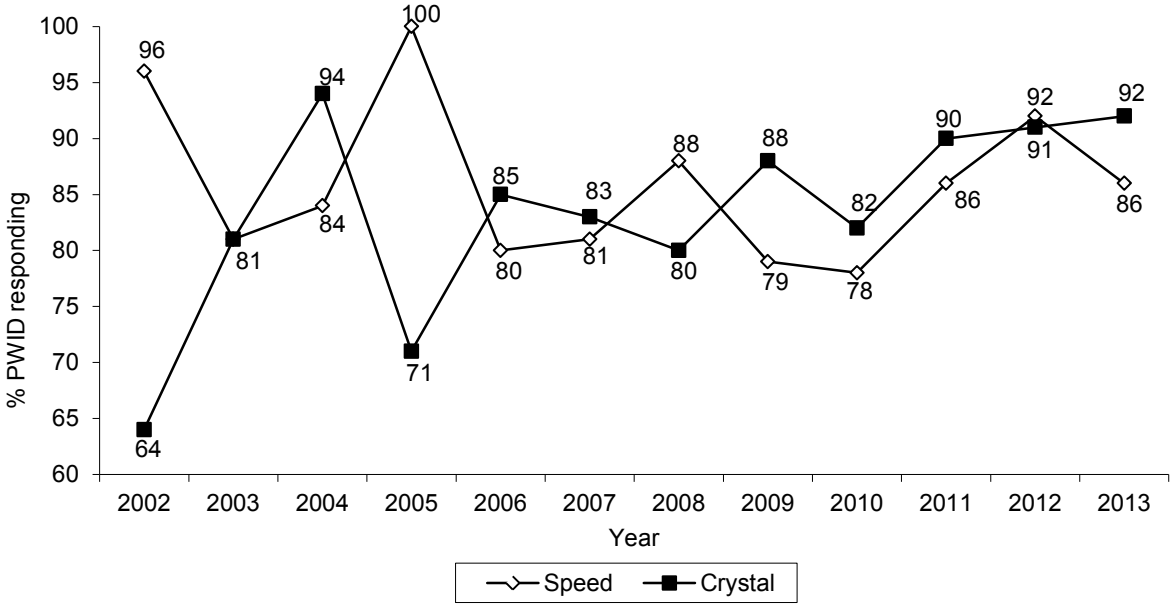
Table 12: Participants' reports of methamphetamine availability in the past six months, 2012-2013

	Speed		Base		Crystal	
	2012 (N=100)	**2013 (N=88)**	2012 (N=100)	**2013 (N=88)**	2012 (N=100)	**2013 (N=88)**
Current availability						
Did not respond*	73	**60**	99	**85**	59	**50**
Did respond	27	**28**	1	**3**	41	**38**
Of those who responded:						
Very easy (%)	59	**43**	0	**0**	59	**32**
Easy (%)	33	**43**	100^	**0**	32	**61**
Difficult (%)	7	**11^**	0	**67^**	10	**8^**
Very difficult (%)	0	**4^**	0	**33^**	0	**0**
Availability change over the last six months						
Did not respond*	73	**62**	99	**85**	59	**50**
Did respond	27	**26**	1	**3**	41	**38**
Of those who responded:						
More difficult (%)	11	**12^**	0	**67^**	12	**11^**
Stable (%)	85	**81**	100^	**33^**	76	**71**
Easier (%)	4	**8^**	0	**0**	12	**13^**
Fluctuates (%)	0	**0**	0	**0**	0	**5^**

Source: IDRS user interviews
* 'Did not respond' refers to participants who were not confident in their knowledge of the market
^ Based on very small numbers of reports (<10)

The proportion of PWID who rated current availability as ‘easy’ or ‘very easy’ for each form of methamphetamine across IDRS surveys is presented in Figure 15. While availability of crystal appears to have remained relatively unchanged since 2011, availability of speed appeared to have declined somewhat in the last year from 92% to 86% however, this change was not found to be significant. Base has been excluded from this figure due to the lack of available data in recent years.

Figure 15: PWID reporting ‘easy’ or ‘very easy’ availability of methamphetamine by form in WA, 2002-2013



Source: IDRS user interviews

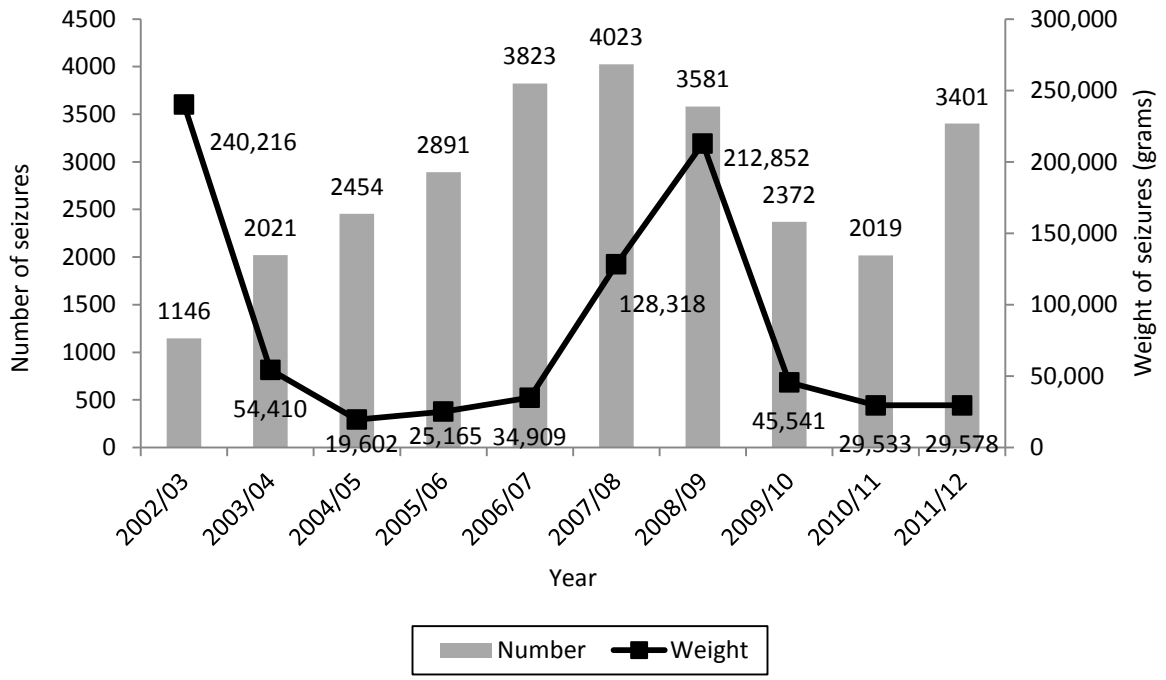
PWID were asked about sources of each form of methamphetamine. Of the 27 participants who reported on speed, 52% (n=14) reported that the most recent source of speed had been from ‘friends’. This was followed by 26% (n=7) who had sourced it from ‘known dealers’. Having obtained from ‘acquaintances’ was reported by 14% (n=4) and one respondent had most recently obtained it from an ‘unknown dealer’. The most common venue for obtaining speed powder at the most recent occasion was a ‘friend’s home’ (33%, n=9), followed by a ‘dealer’s home’ (30%, n=8). Other venues mentioned by very small numbers of PWID included ‘home delivered’, ‘acquaintance’s house’ and ‘agreed public location’.

With regards to crystal methamphetamine, 38 respondents provided information concerning their most recent source. As with speed powder, the most commonly reported source was ‘friends’ (47%, n=18), followed by ‘known dealers’ (29%, n=11) and acquaintances (13%, n=5). Individual respondents also mentioned ‘unknown dealers’, ‘street dealers’ and ‘relatives’. The most commonly reported venue for obtaining crystal methamphetamine was a ‘friend’s home’ (32%, n=12) followed by ‘dealer’s home’ (21%, n=8) and ‘home delivered’ (16%, n=6) which was also the case for ‘agreed public location’. Other venues mentioned by very small numbers of IDU included ‘acquaintance’s house’, ‘street market’ and ‘work’. Only three respondents provided this information for base methamphetamine, all reporting that they had last obtained it from a ‘friends’. Two reported last obtaining it at a ‘friend’s home’ and one from a ‘dealer’s home’.

Figure 16 presents the total number and combined weight of amphetamine-type stimulants (ATS) (i.e. amphetamines, metamphetamine and phenythalamines) seizures made by WAPS and AFP in WA from 2002/03 to 2011/12. It is evident that the number of amphetamine seizures had increased substantially to 3,401 from 2,019 in 2010/11 and was

the highest number recorded since 2008/09. The overall combined weight of all seizures however remained largely unchanged at 29,578 grams compared with 29,533 grams in the previous year.

Figure 16: Number and weight of amphetamine-type stimulant seizures by WAPS and AFP, WA 2002/03-2011/12



Source: Australian Crime Commission

A KE from the law enforcement sector reported that there had been 200 backyard clandestine methamphetamine labs detected in WA in the last twelve months. They also commented that they considered methamphetamine to currently be the most problematic drug due to its widespread availability and significant health effects. Another KE commented that methamphetamine was currently easier to obtain than cannabis.

5.4 Purity

PWID were asked about the current purity of each form of methamphetamine and perceived changes in purity over the last six months (Table 13). Of the 28 participants who responded regarding speed, the greatest proportion (50%, n=14) rated current purity as 'medium', followed by 29% (n=8) who reported that it was 'high'. A further 14% (n=4) rated it as 'low' and 7% (n=2) reported that it tended to 'fluctuate'. With regards to current purity of crystal methamphetamine, of the 38 PWID who responded, 42% (n=16) reported current purity as 'high', followed by 34% (n=13) who described it as 'medium'. There were also 13% (n=5) who reported it as 'low' and 11% (n=4) who described it as 'fluctuating'.

Twenty-six PWID were asked about changes to the purity of speed powder in the six months before the interview, with 31% (n=8) indicating that it had decreased. That it had either increased or remained stable were both reported by 27% (n=7). There were also 15% (n=4) who reported that it had tended to fluctuate.

Of the 36 respondents who reported on purity of crystal in the previous six months, more than half (56%, n=20) described it as stable. This was followed by 25% (n=9) who thought

purity had decreased, 11% (n=4) who believed it had increased and 8% (n=3) who described it as fluctuating. There were only three respondents who provided information on the purity of base methamphetamine, two of these reporting that purity was currently 'high', and the remaining individual describing it as 'low'. Purity in the previous six months was described by two of these as stable while the remaining respondent described it as fluctuating. Due to very small numbers responding these results need to be interpreted with caution.

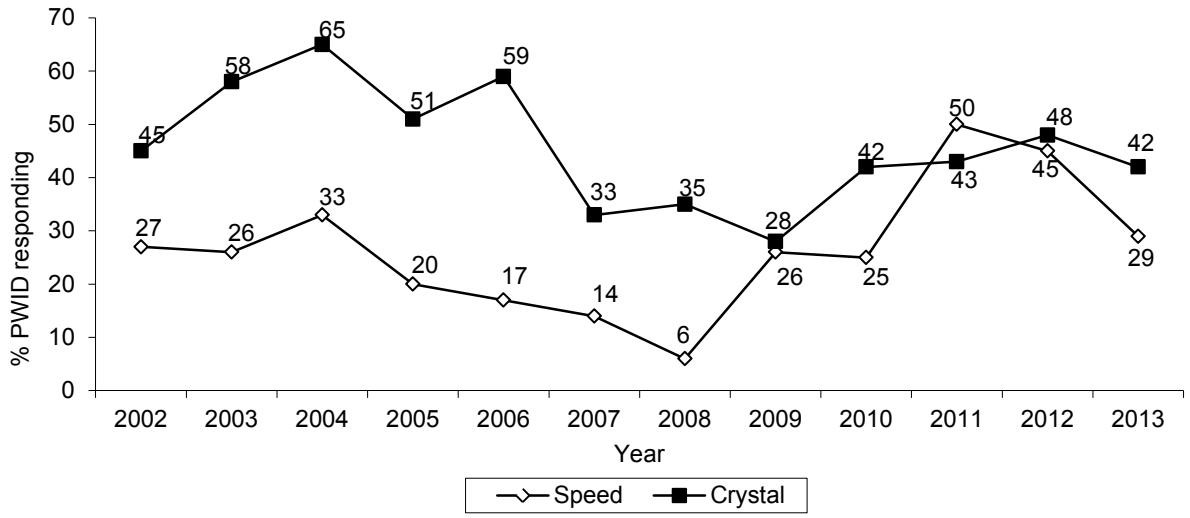
Table 13: Methamphetamine purity by user report, 2012-2013

	Speed		Base		Crystal	
	2012 (N=100)	**2013 (N=88)**	2012 (N=100)	**2013 (N=88)**	2012 (N=100)	**2013 (N=88)**
Current purity						
Did not respond*	71	**60**	99	**85**	60	**50**
Did respond	29	**28**	1	**3**	40	**38**
Of those who responded:						
High (%)	45	**29**	0	**67^**	48	**42**
Medium (%)	10	**50**	0	**0**	28	**34**
Low (%)	21	**14**	0	**33^**	5	**13**
Fluctuates (%)	24	**7**	100^	**0**	20	**11**
Purity change over the last six months						
Did not respond*	72	**62**	99	**85**	60	**52**
Did respond	28	**26**	1	**3**	40	**36**
Of those who responded:						
Increasing (%)	21	**27**	0	**0**	18	**11**
Stable (%)	39	**27**	0	**67^**	40	**56**
Decreasing (%)	18	**31**	0	**0**	13	**25**
Fluctuating (%)	21	**15**	100^	**33^**	30	**8**

Source: IDRS user interviews
* 'Did not respond' refers to participants who did not feel confident in their knowledge of the market to respond to survey items
^ Based on very small number of responses (<10)

Figure 17 presents the proportion of PWID commenting on methamphetamine who rated each form as 'high' purity across IDRS surveys. Although there appears to have been a drop in numbers reporting purity as 'high' since 2012, this was not statistically significant for either speed or crystal methamphetamine. Base has been excluded from this graph due to the lack of data in the last few years.

Figure 17: Proportion of PWID reporting each methamphetamine by form as 'high' purity, 2002-2013

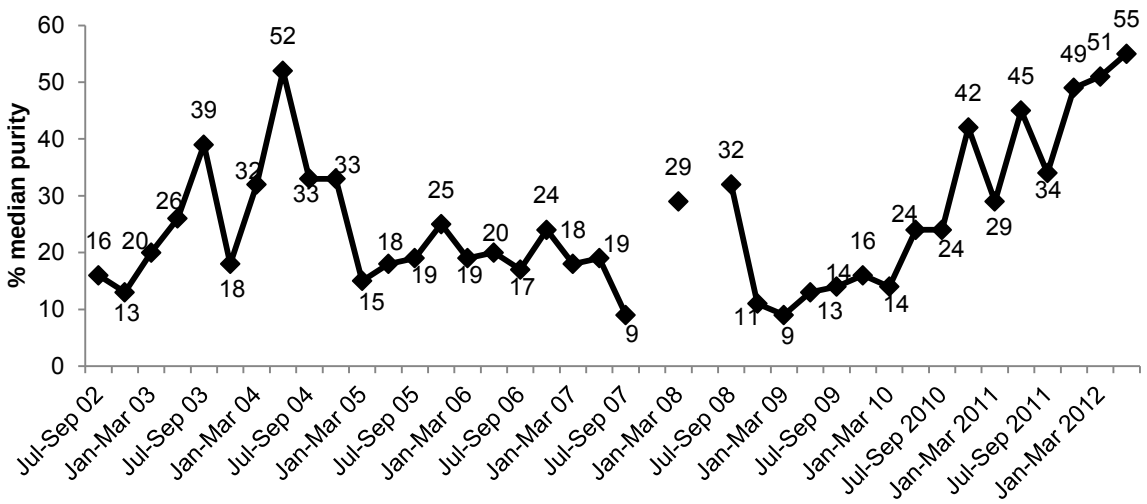


Source: IDRS user interviews

Figure 18 shows the median purity of methamphetamine seizures by WAPS since 2002/03. It is evident that the median purity of methamphetamine seizures has generally been climbing since the start of 2009. The total median purity of all methamphetamine seizures in 2011/12 was 47% compared with 32% in 2010/11. The median purity detected in the second quarter of 2012 was 55% representing the highest levels detected since the IDRS commenced in WA.

It must be noted that the seizures and accompanying purity data reported here is not a truly random sample of all seizures made by these agencies as they make operational decisions about which seizures they will subject to analysis to determine purity. As a result it is not possible to say the extent to which the purities reported here are representative of all seizures made by these law enforcement agencies in WA.

Figure 18: Purity of methamphetamine seizures analysed by WAPS in WA, by quarter, 2002/03-2011/12



Source: Australian Crime Commission

One KE from the law enforcement sector reported that purity of methamphetamine had tended to remain stable at 30-40%.

A KE from the law enforcement sector reported that methamphetamine purity had increased from 25% to 35% and now made up the biggest number of seizures. Laboratories in Perth tended to be small scale operations, continuing to favour the "Nazi" method involving liquid ammonia and lithium extracted from batteries. "*Clan labs present a variety of problems and potential hazards. In WA, we almost exclusively see labs using Nazi method. This method presents risks of house explosions when gas accumulates. When police have been called to investigate labs there are often families living there with young children. These labs present a risk to the families and surrounding neighbours. Methamphetamine also creates a lot of crime - crime to obtain precursor chemicals and crime to fund use. This presents problems for policing pseudoephedrine and uses up resources. Due to addictive potential can also result in significant physical and psychological harm to user.*"

A second KE from law enforcement reported that while the purity of methamphetamines tended to fluctuate, there had been no substantive changes. This KE also noted the trend of clandestine laboratories towards small operations by groups of users, and that the dangers associated with dismantling these improvised laboratories caused significant drain on police resources.

Another KE working on emergency wards observed that there had been patients presenting with "dirty hits" but with ROA other than injecting indicating that there are harmful adulterants in the methamphetamine supply.

5.5 Summary of methamphetamine trends

- There was no significant change in lifetime or recent use of all forms of methamphetamine from 2012 to 2013.
- Among those who had used methamphetamine in the last six months, the average days used for all forms of methamphetamine was 36 days, which was consistent with 26 days in 2012. Days of use of crystal had significantly increased from 20 to 34. Days of use of speed and crystal remained unchanged. There was insufficient data to draw conclusions on days of use of base.
- The median price for one point for any form of methamphetamine remained $100. The median price for one gram of crystal was $700. There was insufficient data to draw conclusions regarding the price of a gram of speed or base. The greatest proportions perceived price change of speed and crystal as stable. Only three respondents talked about changes to the price of base with two thirds of these describing it as stable.
- Eighty six percent of those who commented on speed and 93% for crystal rated current availability as 'very easy' or 'easy'. There were no respondents describing base as 'easy' or 'very easy' to obtain. The greatest proportion of respondents reported availability for speed and crystal as stable in the last six months. Base was most commonly reported as having become more difficult to obtain, but this was based on a very small number of responses.
- Current purity was rated as 'high' by the greatest proportion of those who responded for crystal (48%). Speed purity was generally rated as being 'medium' purity. There was insufficient data to draw conclusions about user perceptions of base purity.

6. COCAINE

6.1 Use

6.1.1 Cocaine use among IDU participants

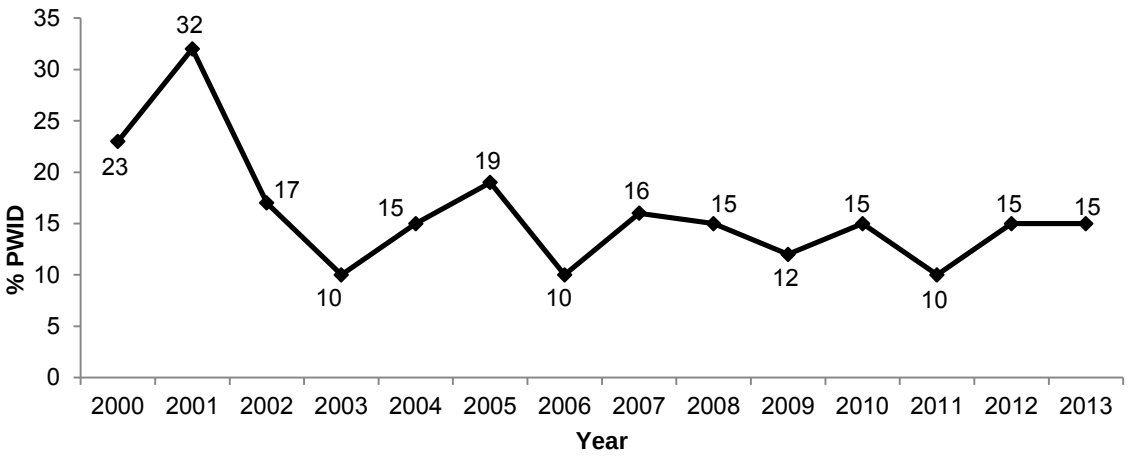
In 2013, lifetime use of cocaine was reported by 71% (n=62) of PWID, which was not significantly different to the 80% reported in 2012. Of these PWID, a lifetime history of having injected cocaine was reported by 48% (n=42), snorting by 47% (n=41), smoking by 7% (n=6), and swallowing by 8% (n=7).

6.1.2 Current patterns of cocaine use

Use of cocaine in the six months preceding interview was reported by 15% (n=13) of the 2013 sample, which was unchanged from 2012. Of these participants, 77% (n=10) reported having snorted cocaine in the last six months, 31% (n=4) had injected it, 15% (n=2) had consumed it orally and 8% (n=1) reported having recently smoked it.

Days of use ranged from one to 30, with an average of four days of use in the last six months, which was unchanged from the 2012 mean. Recent cocaine use by PWID across IDRS surveys is presented in Figure 19 and shows that it has remained at low prevalence since 2002.

Figure 19: Cocaine use in the past six months, 2000-2013



Source: IDRS user interviews

Of the PWID who provided information on the forms of cocaine most used, 77% (n=10) reported that the form most used was powder cocaine and the remaining 23% (n=3) reported rock as the form most used. There were just nine respondents who provided information on the amount of cocaine used in a single session. The most common and largest amount reported was four grams.

Very few KE commented on cocaine, one noting that while they rarely heard about it from their client base, most would have tried it at some point. Two KE's from the crowd control sector both commented that while there certainly was cocaine use occurring in Perth, its use tended to be restricted to affluent inner-city communities.

Another KE (a clinical nurse) commented that cocaine was relatively rare, accounting for just six presentations out of 12,000 at their service. They added "*It's too expensive in WA. People that have said they've used cocaine and have experienced long effects, indicating that was probably methamphetamine, but sold as cocaine to naïve users.*"

Conversely, another KE reported that cocaine was "*available and not that expensive*".

6.2 Price

In 2013, there was only one PWID who provided data on the price of cocaine, citing $700 for a gram. This respondent believed that the price of cocaine in Perth had been stable over the past six months. With only one PWID responding, and only one PWID to compare with in the 2012 sample, this data needs to be interpreted with great caution. Numbers reporting in previous years' WA IDRS studies have also been low.

There were very few KEs commenting on the price of cocaine with one reporting that it was currently selling for $300 per gram, and another describing it as "*More available and cheaper than three years ago.*"

6.3 Availability

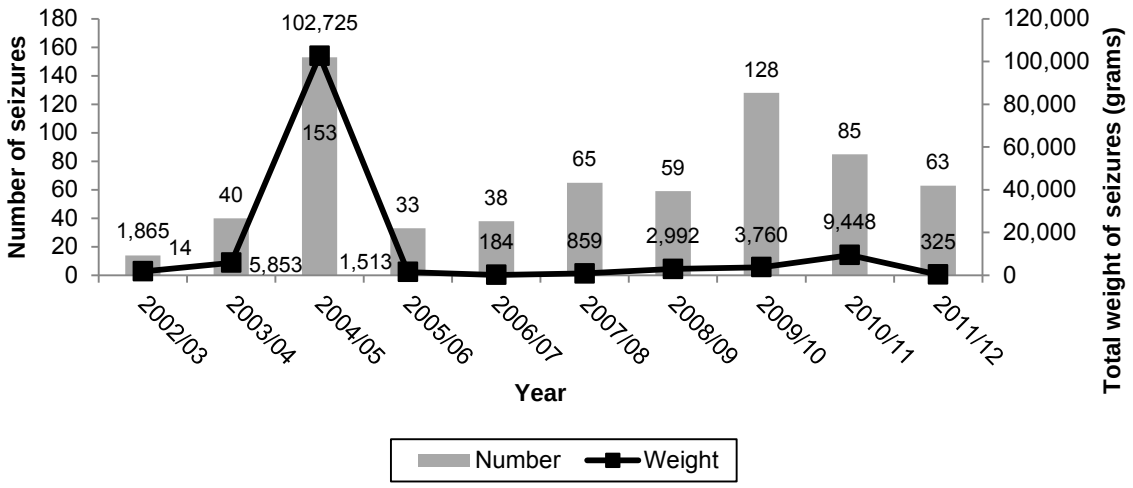
Only one respondent commented on the availability of cocaine in 2013. This respondent described current availability as 'very easy' and as being stable in the six months prior to the survey. This respondent reported having last obtained cocaine from 'friends' and ha ving gone to their friend's house to obtain it. Due to the extremely small number of respondents that reported, these findings should be interpreted with caution.

One KE reported that there had been a s light increase in cocaine availability, with use particularly among fly-in fly-out workers due to the drug being less readily detected. Another commented that cocaine was around, but in very small amounts, describing it as "*accessible but expensive*". A third KE described cocaine as "*very rare*".

Another KE from the law enforcement sector observed that WA doesn't see a lot of cocaine probably because it is imported from South America and goes directly to the Eastern states where there is sufficient demand to consume the supply.

Figure 20 presents the total number and combined weight of cocaine seizures made by WAPS and AFP in WA from 2002/03 to 2011/12. The number of seizures fell from 85 in 20010/11 to 63 in 2011/12, representing a return to numbers of seizures in the 2007-2009 period. The total weight of seizures also fell from 9,448 in 2010/11 to just 325 grams in 2011/12.

Figure 20: Number and weight of cocaine seizures by WAPS and AFP, WA 2002/03-20011/12



Source: Australian Crime Commission

6.4 Purity

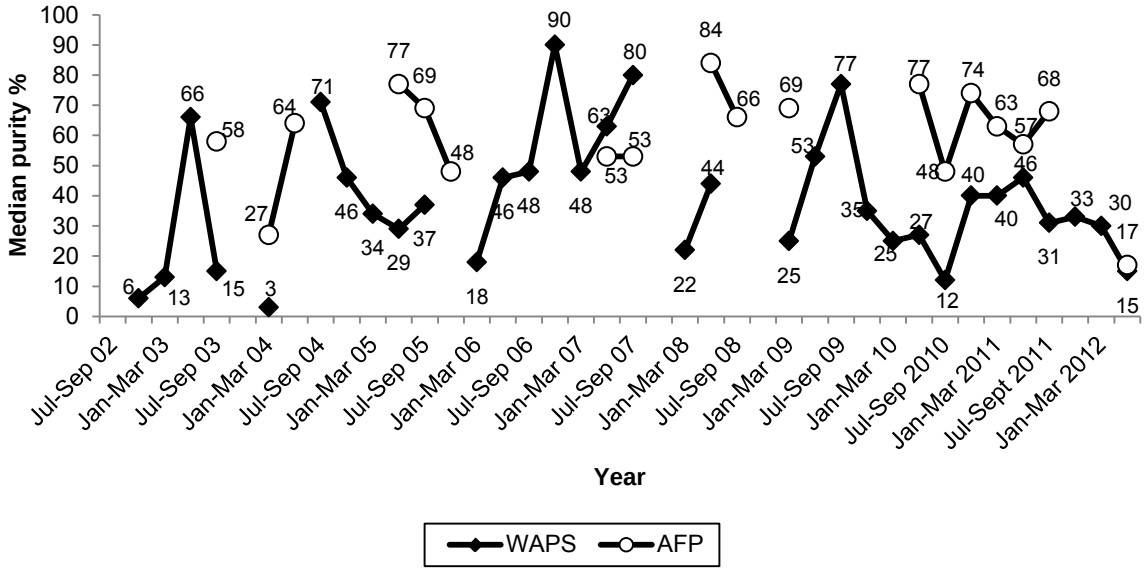
As with availability, only one respondent commented on purity of cocaine. This respondent described current purity of cocaine in Perth as 'medium" and reported that this purity had been stable in the six months preceding the 2013 survey. Again, due to the small sample reporting on purity, these findings should be interpreted with caution.

Figure 21 shows the median purity of cocaine seizures by both WAPS and AFP has fluctuated over time. In 2011/12 the median purity of cocaine analysed by WAPS was 19% compared to 30% in the previous period while the median purity analysed by AFP was 65%, down from 55%. It should be noted however that the AFP median is based on analysis of only three seizures, with no seizures analysed in either the final quarter of 2011 or the first quarter of 2012. As with number and weight of seizures, purity of cocaine seizures in WA appears to have declined during the 2011/12 period.

Although no KEs made direct comments on levels of cocaine purity, two made similar observations that while they heard about cocaine use amongst their client load, it was "*hard to say if (the drug involved) was really cocaine.*"

It must be noted that the seizures and accompanying purity data reported here is not a truly random sample of all seizures made by these agencies as they make operational decisions about which seizures they will subject to analysis to determine purity. As a result it is not possible to say the extent to which the purities reported here are representative of all seizures made by these law enforcement agencies in WA.

Figure 21: Purity of cocaine seizures analysed in WA, by quarter, 2002/03-2011-12



Source: Australian Crime Commission

One KE from the crowd control industry noted that he was seeing less evidence of cocaine use than in 2012, but observed that this was likely a result of his recent relocation to working in venues in much less affluent areas of Perth than previously.

6.5 Summary of cocaine trends

- Lifetime use of cocaine by IDU was reported by 71% of the 2013 sample, which was not significantly different from the 80% who reported lifetime use in 2012.
- Recent use was reported by 15% of the 2013 sample, which was unchanged from rates reported the previous year.
- Frequency of cocaine use in 2013 remained unchanged with an average of four days as in 2012.
- Only one respondent commented on the price of cocaine, citing a price of $700 for a gram.
- Only one participant reported on availability and purity of cocaine therefore making it difficult to draw conclusions about the cocaine market in WA.

7. CANNABIS

7.1 Use

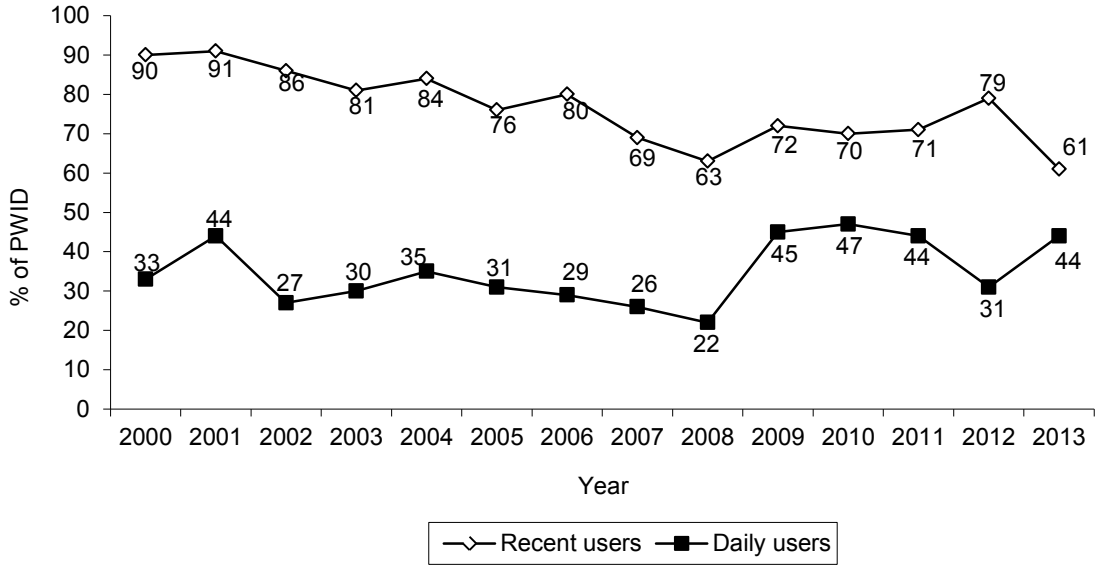
7.1.1 Cannabis use among IDU participants

In 2013, lifetime use of cannabis was reported by 97% of PWID, which was identical to findings from 2012.

7.1.2 Current patterns of cannabis use

Use of cannabis in the last six months was reported by 61% (n=54) which was significantly less than the 79% of PWID in 2012 (χ^2=6.21, p=0.013, 95% CI 0.0457-0.3012). In 2013, days of use ranged from one to 180, with 27% (n=24) (i.e. 44% of all recent users) of the total PWID sample reporting use of cannabis on a daily basis, which was comparable to the 31% reported in 2012. The proportion of PWID reporting any use and daily use of cannabis in the last six months is presented in Figure 22.

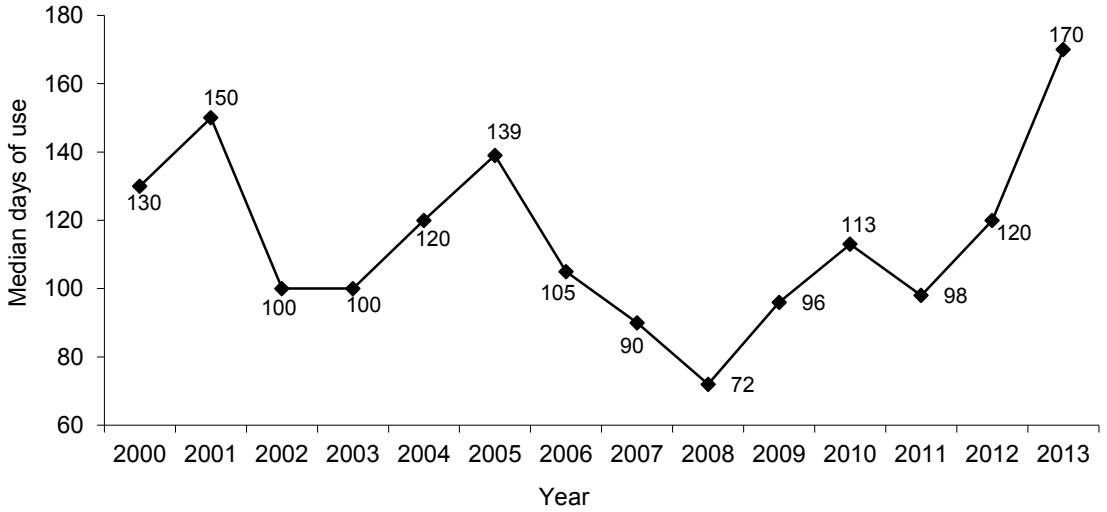
Figure 22: Recent and daily use of cannabis in the past six months, 2000-2013



Source: IDRS user interviews

Figure 23 shows the median number of days cannabis was used among IDU across IDRS surveys. Although the median days of use had substantially increased from 120 days in 2012 to 170 days, this is an artefact of the increased number of daily users skewing the sample. The mean days of use was 115 which was not significantly different from the 2012 mean of 107 days.

Figure 23: Median days of cannabis use in the past six months, 2000-2013



Source: IDRS user interviews

PWID who reported use of cannabis were asked about forms of cannabis they had most commonly used in the last six months. As in past years, the vast majority of those responding (91%, n=48) reported that hydroponic cannabis had been the form most commonly used, and just 9% (n=5) nominated bush. There was no mention of hashish or hash oil in this context. The most commonly nominated amounts of cannabis consumed in a single session ranged from one to ten cones with the most commonly mentioned quantity being three cones. The most commonly nominated amount smoked in a heavy session was ten cones, but some respondents reported up to 50 cones.

Virtually all of those who responded (94%, n=48) reported that the last time they had smoked cannabis it had been in cones. The number of cones smoked at last session ranged from half to ten with a mean of three.

Several KEs commented on cannabis use, one noting problems with its use including leading to anxiety, depression and psychotic symptoms in some users and also triggering mental health conditions such as schizophrenia. New cannabis laws were also described as problematic as leading to forensic contact and negatively impacting people's lives. A second KE noted that cannabis was something used generally in the population due to its availability. Kids start exploring in high school starting with pot. Often parents also smoke so use is normalised and kids start smoking at an early age. Both these KEs agreed that hydro was the most common form of cannabis.

One KE working in emergency wards reported having seen cannabis using patients presenting with symptoms including recurrent vomiting accompanied by a compulsive urge to shower for relief which was attributed to cannabinoid hyperemesis syndrome.

7.2 Price

Respondents were asked to report on the current price of cannabis and how much they paid at their most recent purchase.

Hydro

Prices paid at last purchase are shown in Table 14. There were no substantive changes in median prices, suggesting that the price of hydroponic cannabis in Perth has been stable over the last year with the price of an ounce of hydro remaining at $350.

Bush
As in previous years, only a small number of participants reported on price at last purchase of bush (Table 14). Superficially, while small increases appear to have occurred in the price of a gram ($30 in 2013 vs $25 in 2012), the price of an ounce appears to have fallen to $200 in 2013 from $250 in 2012). However, as all these median prices were calculated from ten or less respondents, caution must be exercised in interpreting these findings.

There were just two respondents who reported buying a cap of hash oil in 2013. The prices paid at the last purchase were $15 and $50 respectively.

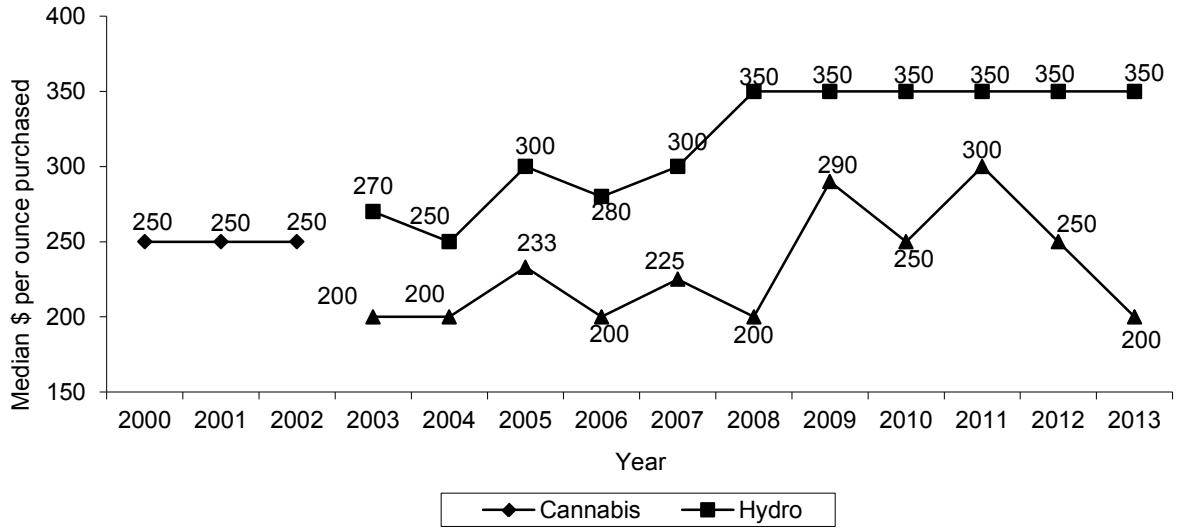
Table 14: Price of most recent cannabis purchases by participants, 2013

Amount	Median price* $	Range	Number of purchasers
Hydro			
Gram	28 (25)	20-30	10 (25)
Half ounce	180^ (170^)	150-240	6 (5)
Ounce	350 (350)	250-400	14 (25)
Bush			
Gram	30^ (25^)	25-30	3 (6)
Half ounce	150^ (-^)	150-150	1(0)
Ounce	200^ (250^)	100-350	7 (8)

Source: IDRS user interviews
* 2012 data are presented in brackets. There were no reported purchases of a half-ounce of bush in 2012
^ Based on small (<10) purchases

The median price of one ounce of cannabis as reported by PWID across IDRS surveys is presented in Figure 24. Hydro has consistently been more expensive than bush across time. While the median price of an ounce of hydro has been stable since 2008, the price of an ounce of bush has exhibited considerably more fluctuation. It must be considered, however, that the median price of bush in recent years has only been calculated from small numbers of reports, necessitating some caution in accepting the accuracy of this price data.

Figure 24: Median prices of an ounce of cannabis estimated from PWID participant purchases, 2000-2013



Source: IDRS user interviews
Note: No distinction was made between cannabis forms prior to 2003

With regard to any change in the price of cannabis over the last six months, 41 participants reported on hydro and 17 reported on bush. Regarding the price of hydro, 59% (n=24)

reported it as 'stable', and 32% (n=13) reported it as 'increasing'. For bush, 59% (n=10) reported the price as 'stable' and 24% (n=4) reported it as 'increasing'.

Only two KEs commented on cannabis prices, one mentioning $50 to purchase three and a half grams and the other $400-$600 for an ounce.

7.3 Availability

Respondents were asked about the current availability of cannabis and any perceived changes in availability over the last six months (Table 15).

Hydro

In 2013, there were 40 participants who commented on the current availability of hydro. The majority of these (47%, n=19) reported that it was 'easy'. This was followed by 28% (n=11) who described it as 'very easy', 20% (n=8) who reported it as 'difficult' and 5% (n=2) who reported that it was 'very difficult'. This is in marked contrast to 2012 when 74% described obtaining hydro as 'very easy', just 3% as 'difficult' and none a t all as 'very difficult'. With regard to change in availability over the last six months, 70% (n=28) rated it as stable.

Bush

In 2013, 65% (n=11) of those who responded rated current availability of bush as 'difficult'. This was followed by 24% (n=4) who described it as 'easy'. Only one respondent each nominated 'very easy' and 'very difficult'. This represents a marked change in availability from 2012 when the most common response was that obtaining bush was 'very easy' nominated by 46%. Asked about changes to availability in the previous six months, 71% (n=12) of those responding reported it had been stable and 24% (n=4) said it had become more difficult. This data is presented in Table 15.

Table 15: Participants' reports of cannabis availability in the past six months, 2012-2013

Current availability	Hydro		Bush	
	2012 (N=100)	**2013 (n=88)**	2012 (N=100)	**2013 (n=88)**
Did not respond*	38	**48**	76	**71**
Did respond	62	**40**	24	**17**
Of those who responded:				
Very easy (%)	74	**28**	46	**6**
Easy (%)	23	**48**	29	**24**
Difficult (%)	3	**20**	25	**65**
Very difficult (%)	0	**5**	0	**6**
Availability change over the last six months				
Did not respond*	38	**48**	76	**71**
Did respond	62	**40**	24	**17**
Of those who responded:				
More difficult (%)	5	**20**	8	**24**
Stable (%)	87	**70**	79	**71**
Easier (%)	3	**5**	0	**6**
Fluctuates (%)	5	**5**	13	**0**

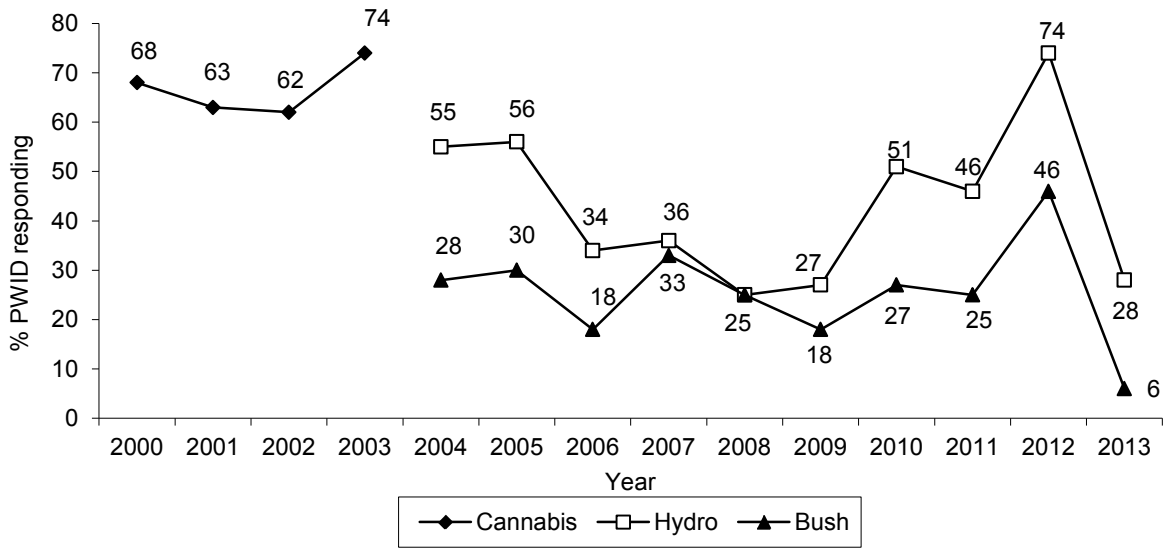
Source: IDRS user interviews

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

Figure 25 presents the proportion of PWID who commented that rated current availability of cannabis as 'very easy'. In 2013, both hydro and bush appeared to experience a significant decrease in availability, with the availability of hydro reported as 'very easy' by 28% (n=11),

down from 74% (χ^2=19.64, p<.001, 95% CI 0.2718-0.6137). Bush was reported as being 'very easy' to obtain by only 6% (n=1) down from 46%, although cell sizes involved were too small to allow meaningful analysis of statistical significance.

Figure 25: Participant reports of current cannabis availability as 'very easy', 2000-2013



Source: IDRS user interviews
Note: A distinction between hydro and bush cannabis was introduced in 2004; prior to this time, survey items referred to any form of cannabis

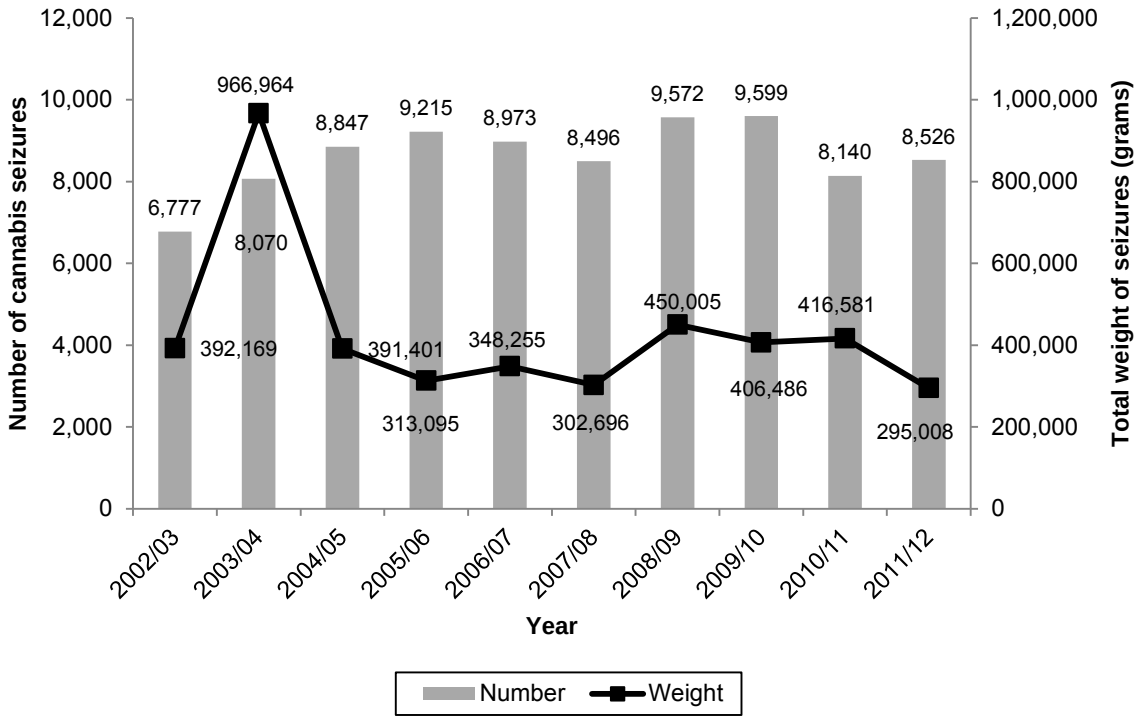
Two KEs commented on availability of cannabis, one noting that availability remained "*patchy*" so a lot of people were experiencing difficulty obtaining it. Another suggested that more people were growing cannabis.

Of the 40 PWID responding to questions about who was the last person they obtained hydro from, 63% (n=25) indicated that it came from a 'friend', which was also the most common response in previous years. This was followed by 23% (n=9) who had last obtained hydro from 'known dealers' and 8% (n=3) who had obtained it from 'acquaintances'. Two individual respondents also mentioned 'unknown dealers' in this regard, and one reported obtaining it from 'their partner'. The most common venue for obtaining hydro remained at 'friend's home' (38%, n=15). Next most commonly mentioned were 'dealer's home', mentioned by 28% (n=11) and 'home delivery' by 20% (n=8). Other locations were reported by very small numbers of respondents.

There were 16 PWID who provided information concerning where they last obtained bush cannabis from. As with hydro, the most common last source was 'friends' nominated by 56% (n=9), followed by three individual respondents who reported 'growing their own', and 'known dealers' and 'acquaintances' being reported by two individuals each.

Figure 26 presents the total number and combined weight of cannabis seizures made by WAPS and AFP in WA from 2002/03 to 2011/12. The number of seizures made by WAPS rose slightly from 8,140 in 2010/11 to 8,526 in 2011/12. However, the total weight of seizures fell substantially from 416,581 grams to 295,008 during the corresponding period.

Figure 26: Number and weight of cannabis seizures by WAPS and AFP, WA 2002/03-2011/12



Source: Australian Crime Commission

7.4 Potency

Respondents were asked about the current potency of cannabis and any change in potency over the last six months (Table 16). Forty PWID commented on hydro, with the majority (60%, n=24) nominating current potency as 'high', which was comparable to last year. This was followed by 35% (n=14) reporting purity as 'medium'. With regard to changes in potency over the last six months, the greatest proportion (70%, n=28) reported potency as stable, followed by 13% (n=5) who reported that it had decreased.

Seventeen respondents provided information regarding the potency of bush cannabis. The majority (82%, n=14) nominated its current potency as 'medium', which was a consistent with the 79% reporting this in 2012. There were 12% (n=2) who reported current potency as 'low' compared with 17% in 2012 and just one individual (6%) who described it as 'high' compared with 4% in the previous year. With regard to changes in potency of bush over the last six months, the greatest proportion (83%, n=14) rated it as stable with other opinions being relatively uncommon.

One KE opined that hydro had recently become stronger.

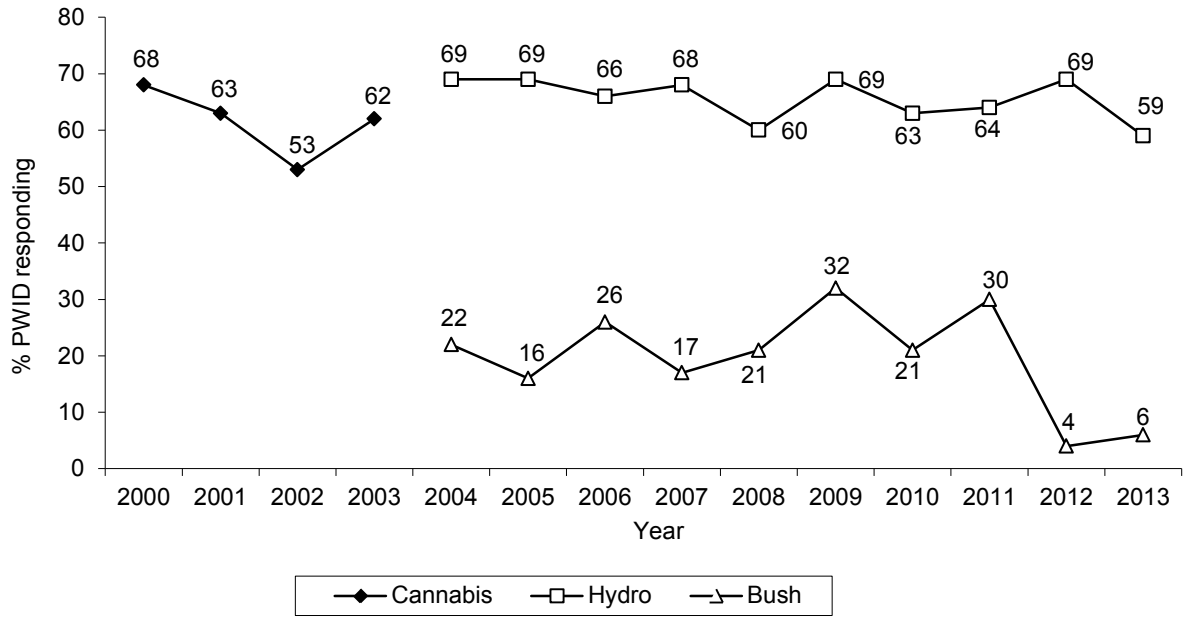
Table 16: Participant estimates of cannabis potency, 2012-2013

	Hydro		Bush	
	2012 (N=100)	**2013 (N=88)**	2012 (N=100)	**2013 (N=88)**
Did not respond*	38	**48**	76	**71**
Did respond	62	**40**	24	**17**
Of those who responded:				
High (%)	69	**60**	4	**6**
Medium (%)	18	**35**	79	**82**
Low (%)	2	**3**	17	**12**
Fluctuates (%)	11	**3**	0	**0**
Potency change over the last six months				
Did not respond* (%)	39	**48**	76	**71**
Did respond (%)	61	**40**	24	**17**
Of those who responded:				
Increasing (%)	7	**8**	4	**12**
Stable (%)	80	**70**	83	**82**
Decreasing (%)	0	**13**	4	**0**
Fluctuating (%)	13	**10**	8	**6**

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

The proportion of participants who rated the current purity of cannabis as high since 2000 is displayed in Figure 27.

Figure 27: Participant reports of current cannabis potency as 'high', 2000-2013



Source: IDRS user interviews
Note: A distinction between hydro and bush cannabis was introduced in 2004; prior to this time, survey items referred to any form of cannabis.

7.5 Summary of cannabis trends

- Similar to previous years, the vast majority of IDU (97%) reported lifetime use of cannabis.
- Recent use of cannabis had significantly declined from 79% in 2012 to 61% in 2013. Frequency of use among recent cannabis users was 114 mean days of use in 2013 which was comparable to 2012. The number of participants reporting daily use of cannabis (44%) was also comparable, with 31% in 2012.
- The reported price of hydro was comparable to last year, with the median price for an ounce being $350 since 2008. The median price of one ounce of bush was $200 in 2013, which was compared to $250 in 2012. However, only a small number of respondents commented on the price of an ounce of bush, making it difficult to draw firm conclusions. Prices for both forms were generally reported as stable.
- Current availability of both forms had reportedly declined. Hydro was mainly described as 'easy' to obtain in 2013 compared to 'very easy' in 2012. Availability of bush was generally described as 'difficult' compared to 'very easy' the previous year. Availability of both forms was reportedly stable in the six months prior to the survey.
- Current potency of hydro was rated as 'high' by 60% of those who responded in 2013 (69% in 2012). Current potency of bush was rated as 'medium' by 82% of those who responded in 2013 (79% in 2012). Potency for both forms was generally agreed to be stable.

8. OPIOIDS

The IDRS monitors illicit (non-prescribed) use patterns and market characteristics of opioid pharmaceutical medications. This includes those typically prescribed for opioid substitution treatment (i.e. methadone, buprenorphine, buprenorphine-naloxone) and for pain relief (i.e. morphine, oxycodone, OTC codeine).

KEs reported on a range of various opioids including MS Contin, Oxycontin, Subutex, methadone, pethidine, and over the counter codeine preparations. One suggested that often these opioids were being used in the absence of heroin, while another noted that there was some "*out of control use of analgesics occurring, but that this was improving with better prescribing practices*".

8.1 Illicit use of methadone

Methadone is prescribed for the treatment of opioid dependence and is usually administered in syrup form or, less commonly, as tablets called Physeptone.

8.1.1 Use patterns

Lifetime illicit use of methadone was reported by 48% (n=42) of respondents. The proportion reporting illicit use of methadone in the last six months was 19% (n=17) in 2013, which was not significantly different from the 22% in 2012. Of these participants, 71% (n=12) reported injecting and 29% (n=5) reported swallowing in the last six months. Days of use ranged from one to 180, mean days of use was 20 which was not significantly greater than the 2012 mean of 14 days. The quantity of illicit methadone used at the last occasion ranged from 10 to 100 mls with an average of 42 mls.

Lifetime illicit use of physeptone was reported by 36% of respondents. The proportion reporting illicit use of physeptone in the last six months was 9% (n=8), which was not significantly different to the 15% in 2012. Of these participants, 50% (n=4) reported injecting and 50% (n=4) reported swallowing in the last six months. There were no other reported routes of administration. Days of use ranged from one to 18 days, with a mean of six, which was unchanged from the previous year. The average amount of Physeptone used on the last occasion ranged from three to 80 mg, with an average of 40 mg.

8.1.2 Market characteristics

Price data per millilitre of methadone syrup was provided by 13 respondents in 2013. The most commonly reported price of illicit methadone remained $1per millilitre, which reflects the findings of previous years. Price changes were commented on by 12 respondents of who 67% (n=8) reported it to have been stable in the previous six months, and a further 25% (n=3) described it as increasing. Only two respondents provided price data for physeptone. Both had purchased a 10 mg tablet, paying from $5-$15

There were 12 respondents who commented on the current availability of illicit methadone. Of these, 42% (n=5) reported that it was 'easy', and 33% (n=4) that it was 'difficult'. There were also two individuals who viewed it as 'very difficult' and one as 'very easy'. Asked about changes to availability, 75% (n=9) reported it has having been stable while 25% (n=3) described it as more difficult.

Illicit methadone was generally obtained from 'friends' (73%, n=8) or from 'acquaintances' (27%, n=3). The most common venue for acquiring it was an 'agreed public location' (46%, n=5) followed by a 'friend's home' (27%, n=3) and 'home delivery' (28%, n=2).

8.2 Use of illicit buprenorphine

Buprenorphine is sold under the brand name of Subutex and buprenorphine-naloxone as Suboxone. More recently Suboxone has become available as a sub-lingual film that is dissolved in the mouth.

8.2.1 Use patterns

Lifetime illicit use of Subutex was reported by 45% (n=40) of respondents. Illicit use in the last six months was reported by 10% (n=9), which was not significantly different to 15% reported in 2012. Of these participants, 100% (n=9) reported injecting within the last six months with no other routes of administration reported. Days of use ranged from one to 180, with a median of four days, compared to five days in 2012. The mean number of days of use was 27 days, which was not significantly different to the 34 days reported in 2012. The average amount used at the last occasion ranged from one to eight mg with a median of 4 mg. Using heat the last time they injected was reported by 22% (n=2) and all (100%, n=9) reported having used a filter with six respondents using a cigarette filter, two using cotton wool and one using a wheel filter.

Lifetime illicit use of Suboxone was reported by 26% (n=23) of respondents. Illicit use in the last six months was reported by 13% (n=11), which was comparable to 16% in 2012. Of these participants, all (100% n=1) reported injecting and just one individual reported swallowing in the last six months. Days of use ranged from one to 180, with a median of 24 days use. Mean days of use was 40, which was not significantly different from 47 days in 2012. Typical amounts used at the last occasion ranged from two to 24 mg with a median of 4 mg. Using heat the last time they injected was reported by 25% (n=3) and all (100%, n=11) reported using a filter, most commonly a cigarette filter (n=5), or a wheel filter (n=4).

A history of lifetime use of illicit Suboxone film was reported by 17% (n=15) of respondents. Recent use was reported by 16% (n=14) which was not significantly different from the 18% who reported recent use in 2012. Most of this use was by injection, (88%, n=12), but oral administration was also common (38%, n=5). Days of use ranged from one to 180 with a median of 13 and a mean of 61, which was not a significant increase on the mean of 28 days reported in 2012. Typical amounts consumed ranged from one to 15 mg with a median of 6 mg. Heating prior to injection was rare and reported by only one respondent. Filtering was typical, most commonly with a cigarette filter (n=10), but occasionally with cotton wool or wheel filters. There were just two respondents who did not filter during their last injection.

8.2.2 Market characteristics

There were just three respondents who reported on the price of illicit Subutex, all describing a purchase of an 8 mg tablet for $50. Although this appears to be an increase on last year's reported median price of $35, the very small numbers providing this information in both years necessitates great caution in the interpretation of this data. There was absolutely no consensus among the three respondents as to how this price had changed in the previous six months. There were four respondents who reported on the current availability of Subutex with 75% (n=3) stating that it was 'very easy' and just one individual describing it as 'difficult'. Three of these respondents reported that ease of access had remained stable, while just one thought it had become easier.

Among these four respondents the source of Subutex was evenly split between 'friends' and 'acquaintances'. Half of these respondents reported having paid cash for it, one had received it for free and one had exchanged it in return for heroin. The most common source venue was 'agreed public location' (n=2) with individual respondents also reporting 'friends home' and 'acquaintance's home'. All those who had purchased illicit Subutex in the last six months (n=3) reported the original source as 'someone's take-away dose'.

Reasons given for taking illicit Subutex on t he last occasion were provided by four respondents and included 'as a substitute for heroin', 'for intoxication' and 'self-treatment'.

Six participants reported on the price of 8 mg of illicit Suboxone tablets, with a range of $25-$80 and a median of $50 compared with $45 in 2012. Of the seven participants who responded, 71% (n=5) believed the price of illicit Suboxone had been stable over the last six months and a further two respondents reported that it had been increasing.

Current availability of illicit Suboxone was reported on by seven respondents. Of these, 43% (n=3) said it was 'easy'. That it was 'very easy' or 'difficult' were each reported by two respondents. As to whether there had been a change in availability in the previous six months, 71% (n=5) reported it as stable, with the remaining two respondents saying it had become more difficult. The most common source of illicit Suboxone was from 'friends', reported by 57% (n=4), followed by 'acquaintances' reported by 43% (n=3). All (100%, n=7) reported purchases were from an 'agreed public location'. That it had been purchased was reported by four respondents with the remaining three being given it for free. Asked where they believed the original source of the tablet had been, 71% (n=5) believed it to have been 'someone else's take-away dose' and 29% (n=2) didn't know. Reasons given for consuming illicit Suboxone tablets included as a 'substitute for heroin' (n=2), 'intoxication' (n=2), 'self treatment' (n=1).

There were five respondents able to comment on the price of 8 mg illicit Suboxone film, citing a price range of $25-$80 with a median price of $50 compared to the 2012 median price of $38. There were eight respondents who commented on whether the price of illicit Suboxone film had changed in the previous six months with 88% (n=7) of these indicating that it had remained stable. Current ease of access to illicit Suboxone film was generally reported as 'very easy' (44%, n=4), or 'easy' (44%, n=4), with one remaining respondent describing it as 'difficult'. It was generally agreed that this ease of access had recently remained stable (67%, n=6), although to respondents thought it had become easier and one that it had become more difficult. The most common source of illicit Suboxone film was from 'friends' reported by six respondents. Another two reported that they had most often obtained it from 'acquaintances'. The most common source venue was an 'agreed public location' (n=4), followed by 'friend's home' (n=2). Individual respondents also reported 'acquaintance's house' and 'street market'. Although 50% (n=4) reported paying cash for illicit Suboxone film at the last occasion, another three respondents reported being given it for free, and one respondent reported having exchanged it for heroin. The main reason given for having used illicit film on the last occasion was 'self-treatment' (n=4). Other less common reasons includes as a 'substitute for heroin' and 'intoxication'.

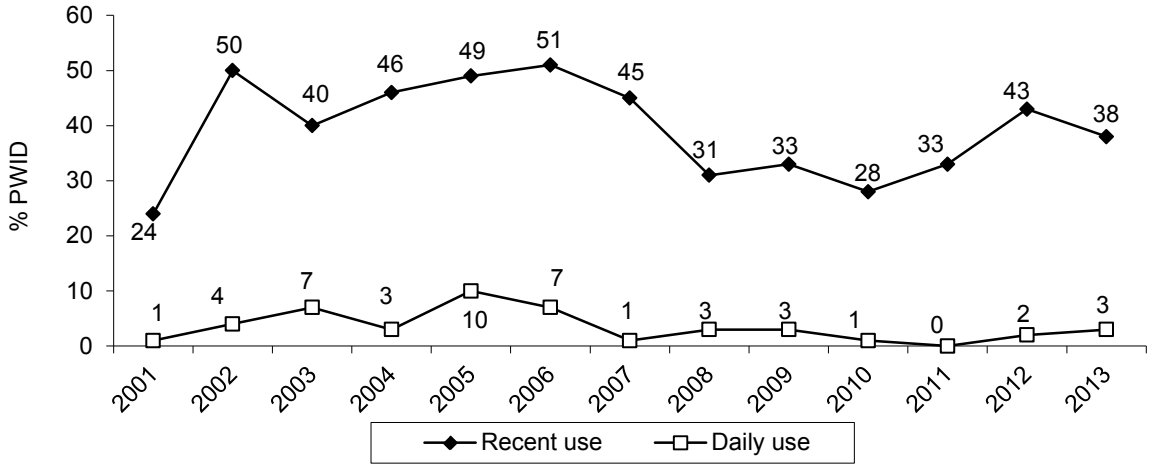
8.3 Morphine

8.3.1 Use patterns

Lifetime illicit use of morphine was reported by 76% (n=67) of the 2013 IDRS sample. The proportion reporting illicit use of morphine in the last six months was 38% (n=33), which was not significantly different to the 43% reported in 2012. Of these, 97% (n=32) reported having recently injected illicit morphine and just 6% (n=2) reported recently swallowing it. Days of use in the last six months ranged from one to 180, with 3% (n=1) of recent users reporting use on a daily basis. Mean days of use was 24, which was significantly less than the 40 days reported in 2012 ($t=-2.101$, $df=32$, $p=.044$).

Figure 28 presents the proportion of IDU who reported illicit use of morphine in the last six months and daily illicit use across IDRS surveys. The proportion reporting daily use has remained low since data collection began in 2001.

Figure 28: Proportion reporting recent and daily illicit morphine use in the past six months, 2001-2013



Source: IDRS user interviews

Asked if they had heated the mixture at the most recent injection, 69% (n=22) reported having done so. There were only three respondents who reported not using a filter. Of those who did use a filter, the most common type remained a cigarette filter (55%, n=17), followed and cotton wool (26%, n=8) and by wheel filters (10%, n=3).

Asked about the morphine they had most used in the last six months, virtually all (97%, n=33) was accounted for by use of illicit morphine. Just one respondent reported licitly prescribed morphine as the form most used. As in previous years, MS Contin remained the most common brand of illicit morphine consumed with 84% (n=26) of those responding reporting this. Very small numbers of respondents reported that their most used brand was Kapanol or Anamorph.

One KE commented specifically about morphine, noting that it was the most common illicit opioid they encountered in the course of their work. Primarily, the was MS Contin tablets that were ground up and injected, typically by mostly unemployed people in their late teens to early 50s. Problems encountered by users were typically related to injection and poor injecting technique than overdose. With regard to treatment, this KE observed that there was a need to improve the transition between hospital discharge and admission to opiate replacement therapies, with the current six week waiting list representing "*a lost opportunity*". Another KE suggested that there may have been a slight increase in the use of other opiates in general and particularly noting MS Contin in this regard.

8.3.2 Market characteristics

As in previous years, the most commonly reported form of illicitly purchased morphine was MS Contin. Fourteen participants reported on the price of a 100 mg tablet, (range=$50-$200) with a median price of $70 which was unchanged from the median price the previous year. Eight participants reported on the price of 60 mg (range=$30-$150) with a median of $50 compared with $40 the previous year. There were just two respondents who reported on the price for 30 mg MS Contin with a median price of $25. There were two respondents who discussed purchasing illicit Kapanol. One of these reported having bought 50 mg for $50 and the other having purchased 100 mg for $70. Purchasing 30 mg Anamorph was reported by three respondents (range $10-$30) for a median price of $20, which was unchanged from the previous year. Half (50%, n=10) of the respondents believed the price of morphine had increased in the past six months, followed by 45% (n=9) who believed that it had remained stable.

Two KE commented on the price of MS Contin, one reporting that it was available for one dollar per milligram, and the other that a 100 mg tablet of MS Contin could be purchased for $70-$80 and a 40 mg tablet for $40-$50. Availability was described as easy and stable.

Current availability of morphine was reported on by 23 respondents with 49% (n=11) describing it as 'easy', followed by 39% (n=9) who described it as 'difficult'. There were also three individuals who described it as 'very easy'. Although 30% (n=7) thought recent ease of access to illicit morphine had remained stable, 30% (n=7) thought it had become more difficult. Much smaller numbers thought it had become easier or fluctuated.

The source person for obtaining illicit morphine was most commonly identified as a 'friend' by 48% (n=11) of respondents, followed by 'acquaintances' (17%, n=4). Very small numbers also reported 'known dealers', 'unknown dealers', 'street dealers', and 'partners'. The most common venues for obtaining illicit morphine was 'friend's home' (30%, n=7), 'agreed public location' (22%, n=5) and 'home delivery' (22%, n=5). Other locations mentioned less frequently included 'dealer's home', 'acquaintances house', and 'street market'.

8.4 Oxycodone

8.4.1 Use patterns

Lifetime illicit use of oxycodone was reported by 75% (n=66) of the 2013 IDRS sample. The proportion reporting use in the last six months was 34% (n=30) in 2013, which was not a significant change from 48% in 2012. Of these participants, 97% (n=29) reported recent injection of illicit oxycodone and 23% (n=7) reported recently swallowing it. Days of use ranged from one to 180, with one respondent using on a daily basis. The mean days of use was 33, which was comparable to a mean of 35 days in 2012. The most commonly reported brand used was Oxycontin by 90% (n=28) of respondents. The typical amount used ranged from two to 160 mgs with a median of 80 mgs.

Asked if they had heated the mix last time they injected illicit oxycodone, 84% (n=26) indicated that they had. Asked if they had used a filter at the last injecting occasion, 97% (n=28) of those responding indicated that they had. This was most commonly a cigarette filter (59%, n=17), followed by cotton wool (28%, n=8), or a wheel filter (10%, n=3).

Only one KE specifically commented on Oxycontin, describing typical users as being in their late 30s from lower socio-economic areas.

8.4.2 Market characteristics

In 2013, five participants reported on the price of 40 mg of oxycodone, with a median price of $40 (range=$40-$40) which was unchanged from the previous year. There were 13 respondents who reported on the price on an 80 mg tablet (range $50-$160) with a median price of $80 and a mean of $76 which was not significantly greater than the $61 mean in 2012. Just one respondent commented on the price of a 20 mg tablet, citing a price of $20. There was little consensus among respondents as to whether the price of illicit oxycodone had recently changed with equal numbers (47%, n=7) suggesting that it had either remained stable or increased.

Only one KE commented on the current price of illicit oxycodone, reporting the price to vary from $50-$100 per tablet.

As in 2012, illicit oxycodone was generally perceived as readily available with 35% (n=6) describing it as 'easy' and 29% (n=5) as 'very easy', as compared with 2012 where 49% described it as 'very easy'. A further 29% (n=5) described it as 'difficult'. This availability was widely perceived by those responding (70%, n=12) as having remained stable.

The most common source of illicit oxycodone remained 'friends' reported by 71% (n=12). Other were relatively uncommon with 'known dealers' and 'acquaintances' both reported by two respondents and 'street dealer' reported by one. The most common source venue was 'friend's house' (41%, n=7), followed by an 'agreed public location' (18%, n=3). A variety of other locations were mentioned by very small numbers of respondents.

Asked about their reasons for using illicit oxycodone, the most common reason given by six respondents was 'as a substitute for heroin', followed by 'self-treatment' and 'intoxication', each given by three respondents.

8.5 Fentanyl

Use of fentanyl (both licit and illicit) was specifically asked about for the first time in the 2013 IDRS. A lifetime history of use was reported by 19% (n=17). Recent use in the last six months was reported by 6% (n=5). Of these, 100% (n=5) reported having injected and 60% (n=3) reported oral administration. There were no reports of other routes of administration. Days of use ranged from one to 25 with a mean of six days and a median of three. All recent use was illicit. Only three respondents reported on their average amount used which ranged from 16 to 25 mgs.

8.6 Use of Over the Counter codeine

In Australia, codeine available over the counter (OTC) is combined with simple analgesics including paracetamol and non -steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and aspirin. Prolonged use of codeine has the potential to produce tolerance and create a dependence liability, often leading to dose escalation (Sproule et al., 1999. National Prescribing Service Ltd, 2009).

In 2013, 24% (n=21) of respondents reported a lifetime use of OTC codeine and recent use by 10% (n=9) compared to 13% reporting recent use in 2012. Days of use ranged from one to 180 with a mean of 31 days compared with 75 days in 2012, although the small numbers of recent users of OTC preparations in both years do not permit meaningful analysis of statistical significance. All of these respondents reported having swallowed them, with no reports of injection. Main brands used included Panadeine, Dolased, Chemists Own, Neurofen Plus and Codral.

Two KEs commented at length on the use of OTCs. The first noted problems specifically related to these preparations' widespread availability and the physical morbidities that accompany long term use of very large quantities such as gastrointestinal damage caused by their paracetomol and iboprufen content. Use was generally by oral administration and typically by middle age, middle class females. Issues with anxiety were described as common among this group of users. It was suggested that implementing a real-time data base in pharmacists documenting the purchase of these preparations could be helpful to combat their misuse.

The second KE also mentioned the problems associated with gastro-intestinal bleeds and renal failure associated with the use of up to 60-90 tablets per day. It was noted that this use frequently evolved from a history of pain-related conditions in the past and that use had continued after the issue had been resolved. Typical users were described as mid to late 20s, and mostly males employed in blue collar roles.

A third KE briefly mentioned an increase in emergency department presentations for gastro-intestinal bleeding associated with the use of Neurofen Plus and Panadeine Forte.

8.7 Other opioids (not elsewhere specified)

Other opioids include (but are not limited to) drugs such as opium and pethidine. In 2013, lifetime use of other opioids was reported by 39% (n=34) of the WA IDRS sample. Although this appears to be a substantial decrease on the 61% reported in 2011, this finding has likely been influenced by treating OTC codeine and fentanyl as distinct categories in the succeeding years, and caution is advised in the interpretation of these findings. Recent use was reported by 17% (n=15) compared with 25% in 2012. Average days of use was 35 which was essentially unchanged from the previous year's mean of 39 days. Of those responding, the most common form of other opiate consumed was Panadeine Forte (92%, n=12). There was also one respondent who reported the use of Tramadol. For the most part (60%, n=9), this recent use of other opiates was reported as being licit in nature.

8.8 Summary of opioid trends

- The proportion reporting illicit use of methadone in the last six months was 19% (n=17) in 2013, which was not significantly different from the 22% in 2012. Mean days of use was 20 which was not significantly greater than the 2012 mean of 14 days.
- The proportion reporting illicit use of physeptone in the last six months was 9% (n=8), which was not significantly different to the 15% in 2012. Days of use ranged from one to 18 days, with a mean of six, which was unchanged from the previous year.
- Illicit use in the last six months of illicit Subutex was reported by 10% (n=9), which was not significantly different to 15% reported in 2012. Days of use ranged from one to 180, with a median of four days, compared to five days in 2012.
- Illicit use in the last six months of illicit Suboxone tablets was reported by 13% (n=11), which was comparable to 16% in 2012. Days of use ranged from one to 180, with a median of 24 days use. Mean days of use was 40, which was not significantly different from 47 days in 2012.
- Recent use of Suboxone film was reported by 16% (n=14) which was not significantly different from the 18% who reported recent use in 2012. Days of use ranged from one to 180 with a median of 13 and a mean of 61, which was not a significant increase on the mean of 28 days reported in 2012.
- The proportion reporting illicit use of morphine in the last six months was 38% (n=33), which was not significantly different to the 43% reported in 2012. Mean days of use was 24, which was significantly less than the 40 days reported in 2012
- The proportion reporting use of illicit oxycodone in the last six months was 34% (n=30) in 2013, which was not a significant change from 48% in 2012. Days of use ranged from one to 180, with one respondent using on a daily basis. The mean days of use were 33, which was comparable to a mean of 35 days in 2012.
- Use of illicit Fentanyl was asked about for the first time in 2013. Recent use in the last six months of illicit Fentanyl was reported by 6% (n=5). Days of use ranged from one to 25 with a mean of six days and a median of three.
- Recent use of OTC codeine was reported by 10% (n=9) compared to 13% in 2012. Days of use ranged from one to 180 with a mean of 31 days compared with 75 days in 2012.
- Recent use was reported by 17% (n=15) compared with 25% in 2012. Average days of use was 35 which was essentially unchanged from the previous year's mean of 39 days. Although this appears to be a substantial decrease on the 61% reported in 2011, this finding has likely been influenced by treating OTC codeine and fentanyl as distinct categories in the succeeding years, and caution is advised in the interpretation of these findings.

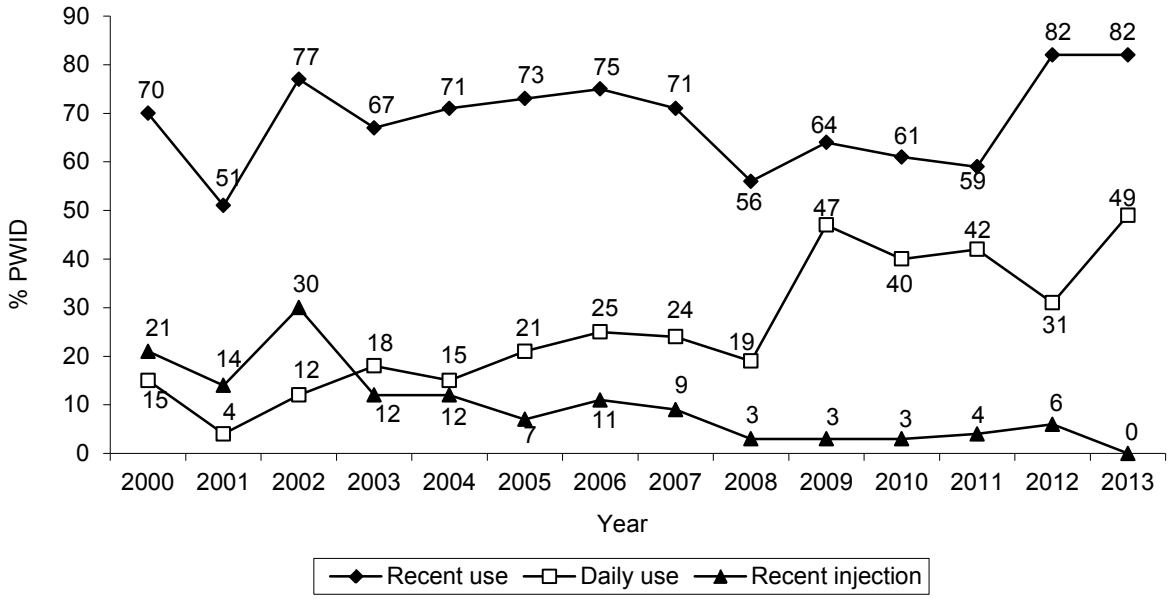
9. OTHER DRUGS

9.1 Benzodiazepines

The majority (91%, n=80) of the WA IDRS sample had reported the use of any form (licit or illicit) benzodiazepines at some stage in their lifetime. Recent use of any form was reported by 82% unchanged from the figure reported in 2012.

Figure 29 presents the proportion of PWID reporting any use of benzodiazepines in the six months preceding interview across IDRS surveys. This data includes both licit and illicit use, which was not explicitly asked about prior to 2007. It is notable that for the first time since the IDRS commenced in Western Australia there were no reports of recent injection of benzodiazepines. This may be in part attributable to the Western Australian Substance Users Association (WASUA), who run the NSP from where many of the IDRS participants were recruited, having recently run an educational campaign to raise awareness of the hazards associated with this practice.

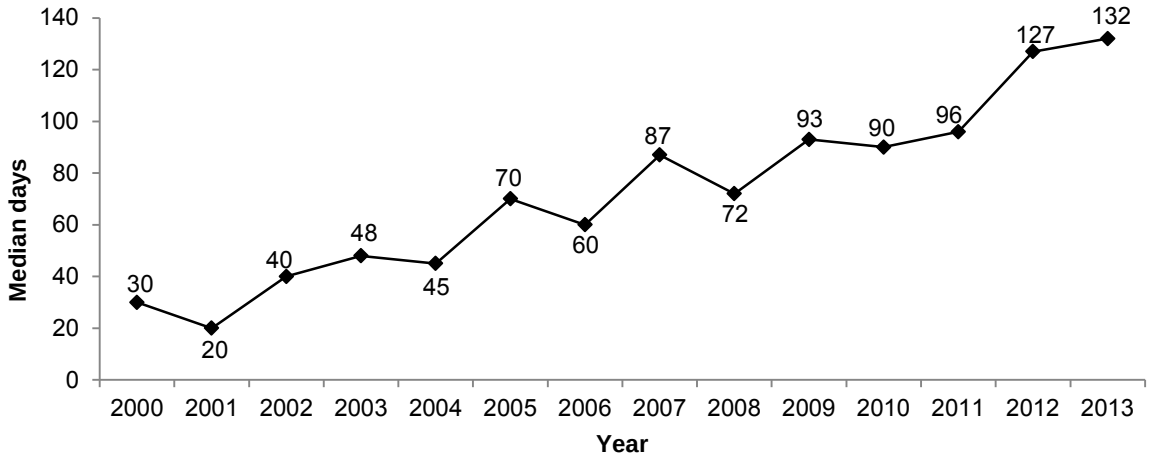
Figure 29: Proportion of PWID reporting any benzodiazepine use (licit and illicit), daily use and injection in the preceding six months, 2000-2013



Source: IDRS user interviews

Days of use ranged from one to 180. Mean days of use of any benzodiazepines was 107 which was not significantly different from the 117 days the previous year. Median days of use are displayed in Figure 30. It is evident that days of use have generally trended upwards since 2000. There were 49% (n=32) who reported using benzodiazepines on a daily basis which was significantly more than the 31% using daily in the 2012 sample (χ^2=5.53, p=0.019, 95%CI 0.0386-0.3102). Although this is the highest level of daily benzodiazepine consumption so far recorded in the WA PWID sample, it is likely in part attributable to high level of respondents in treatment for their drug use at the time of the 2013 user survey with two thirds of daily users reporting being in treatment and, in the case of benzodiazepines other than alprazolam, 90% of daily users reporting that these drugs were obtained via a legitimate prescription.

Figure 30: Median days use of any benzodiazepines (licit and illicit) in the past six months, 2000-2013



Source: IDRS user interviews

From 2011, participants were asked separately about the use of alprazolam and other benzodiazepine use.

Lifetime use of any form of alprazolam was reported by 69% (n=61) of the 2013 sample (27% licit, 61% illicit). Recent use of any form of alprazolam was reported by 55% (n=48) (17% licit, 44% illicit) which was not significantly different than the 56% in 2012. Mean days of use of prescribed alprazolam was128 which was significantly greater than 86 in 2012 (t=2.681, df=14, p=.018) while mean days of use of illicitly obtained alprazolam was 19 which was significantly less than 34 days the previous year (t=-3.248, df=38, p=.002).

9.1.2 Other benzodiazepines

Lifetime use of benzodiazepines, other than alprazolam, was reported by 88% of the 2013 sample (72% licit, 51% illicit). Recent use of other benzodiazepines was reported by 75% (n=66) (56% licit, 47% illicit) which was not significantly different than the 77% reporting recent use of other benzodiazepines in 2012. Licit benzodiazepines were used on a mean of 109 days which was not significantly less than the 2012 mean of 123. Illicit benzodiazepines were used on a mean of 24 days which was not a significant change from the 34 days in 2012. By far the most common form of recently used benzodiazepine was diazepam reported by 89% (n=58) of respondents who had recently consumed other benzodiazepines. Much smaller numbers reported the use of oxazepam, clonazepam, nitrazepam and temazepam.

There were 16 r espondents who provided information on the market for illicit benzodiazepines in Perth. All of these referred specifically to diazepam and alprazolam. The median price for a diazepam pill was $6 and the median price for an alprazolam pill was $1. These prices were reported as stable by 67% (n=10) of respondents and as having increased by 27% (n=4). There was little consensus on the current ease of obtaining illicit benzodiazepines with 38% (n=6) describing it as ‘difficult’, 31% (n=5) describing it as ‘easy’ and 25% (n=4) saying it was ‘very easy’. This situation was seen as stable by 56% (n=9), while 19% (n=3) thought availability had bec ome more difficult and a further 19% (n=3) thought it had become easier. The vast majority (87%, n=13) reported having most recently obtained illicit benzodiazepines from ‘friends’ with just two individuals reporting getting them from ‘acquaintances’. Benzodiazepines were most commonly ‘home delivered’ (40%, n=6), collected from a ‘friend’s home’ (33%, n=5) or from an ‘agreed public location’ (27%, n=4). Benzodiazepines were most commonly given away for free (56%, n=9) and less commonly

sold (31%, n=3). Where it was known, the original source of illicit benzodiazepines was invariably somebody else's prescription.

One KE observed that benzodiazepine users need to adapt better injection practices including the use of wheel filters and rotating injection sites. It was suggested that a subsidy on wheel filters would be desirable in encouraging their wider use. Another KE described benzodiazepines and especially alprazolam to be a "*huge issue*", with dependence upon these drugs often iatrogenic in origin.

9.2 Pharmaceutical stimulants

Pharmaceutical stimulants refer to prescription medication such as dexamphetamine and methylphenidate (Ritalin), commonly prescribed for psychiatric disorders such as attention deficit hyperactivity disorder (ADHD).

Lifetime use of illicit pharmaceutical stimulants was reported by 55% (n=48) of respondents which was not significantly less than the 65% reported in 2012. Recent use in the last six months was reported by 27% (n=24) which was not significantly different from the 22% reported in 2012. Recently swallowing illicit prescription stimulants was reported by 24% (n=21), 11% (n=10) reported recent injecting and just one individual reported recently snorting them. Days of use ranged from one to 90 with a mean of 14 days which was significantly greater than the mean of four days reported in 2012 (t=2.138, df=23, p=.043). The main form used remained dexamphetamine (80%, n=16), followed by Ritalin (20%, n=4). Of the 10 responding, half reported heating the mixture during their most recent injection. Filters most commonly used were from cigarettes and cotton wool.

Just one respondent provided information on the market for illicit pharmaceutical stimulants in Perth, referring specifically to dexamphetamine. The current price was reportedly $2.50 per tablet was had been increasing. Ease of access was described as 'easy' although this had tended to fluctuate. It was typically acquired from 'friends' at 'their home' for cash. The original source was somebody else's prescription.

9.3 Hallucinogens

Hallucinogens refer primarily, but not exclusively, to drugs such as LSD and psilocybin mushrooms.

Lifetime use of hallucinogens was reported by 78% of respondents. Recent use was reported by 14% which was not significantly different from the 11% reported in 2012. All (100%) of these respondents reported swallowing hallucinogens. Just one respondent reported recent injection and five reported recently smoking hallucinogens. Days of use ranged from one to 12 with a mean of four days which was unchanged from the previous year. The hallucinogen reported as most used was LSD (n=7), followed by DMT (n=3), and one individual who reported the use of mescaline.

Relatively few KEs commented on LSD. One suggested that recent use had increased and users were presenting with psychotic symptoms. Another reported that it was not uncommon to see use in nightclub environments. A third reported that there was a lot of LSD around and that this increased availability was seeing older users who may not have touched it in some time revisiting its use.

One KE from the law enforcement sector spoke about the increasing use of DMT, speculating that this may be a WA phenomenon that has not been seen in other states. Three labs manufacturing a power form of DMT had recently been detected. This KE noted that the process of extracting DMT from plant matter was relatively simple.

9.4 Ecstasy

'Ecstasy' refers to both MDMA and also to substances sold purporting to be MDMA.

Lifetime use of ecstasy was reported by 76% of respondents. Recent use in the last six months was reported by 13% (n=11) which was comparable to the 12% reporting recent consumption of the drug in the previous year. The most common ROA was oral, reported by all (100%) of recent users. There were two respondents who reported having injected ecstasy in the last six months and no reports of any other recent ROA. Days of use ranged from one to 48 with a mean of seven which was not substantially different from the previous year's mean of eight days of use. All recent users of ecstasy reported that the most common form consumed was pills.

Just one respondent talked about the ecstasy market for in Perth. They believed the price was decreasing, but did not provide an actual figure. They described the current purity as 'moderate' and indicated that this had been improving. They reported that ecstasy was 'easy' to obtain and that this situation was stable. They usually obtained ecstasy from 'friends' at their 'friend's house', paying cash for it. The original source of the ecstasy was unknown.

Two KEs made extensive comments concerning ecstasy. The first of these noting problems with ecstasy use due to bad pills; "*They're low purity and often have other stuff in them that causes adverse effects. The pills seem 'smacky' and people are being removed from clubs because they're too messed up. Often see female patrons going home with males they don't know because their inhibitions are lowered.*" This KE reported that ecstasy was generally either in pills, or in the case of crystals, sold in capsules. Pills generally cost $30-$40 and capsules of MDMA crystals cost $40. It was occasionally snorted, but generally swallowed or crystals mixed with water and drunk. Typical users were mainly 18-25 with increasing numbers of females using.

The second KE spoke about ecstasy use in nightclub environments; "*Users only cause trouble to themselves. They sit in the corner doing bizarre things off their head and have to be removed, they often don't know what's going on which makes them vulnerable. They're often drunk first and then will just take anything, no one knows what they're taking now, there's so much variety available. The floors are covered in pill bags the next day.*"

One KE from the law enforcement sector reported that ecstasy generally came in pill form, with a definite increase in the variety of logos and colours in circulation. The purity had increased from around 18% to 25-28% and was compatible with when ecstasy was much more available around five years ago. It was speculated that this could be due to a resurgence in the availability of essential precursor chemicals.

Another KE commented that ecstasy use was common, particularly among young people, with reports of consuming five to six pills at a time, often in combination with alcohol.

9.5 Inhalants

Inhalants refers to a variety of substances that are sniffed or 'huffed' including, but not restricted to solvents, paint, petrol, butane, amyl nitrate ('rush' or 'poppers') and nitrous oxide ('laughing gas' or 'nangs').

Lifetime use of inhalants was reported by 34% of the 2013 sample. Use of inhalants in the last six months was reported by 10% (n=9), which was comparable to 4% in the previous year. Number of days used ranged from one to 18 with a mean of four which was not a significant difference from the previous year's mean of five days. Amyl nitrate was reported as the form of inhalant most used by four respondents and another three respondents mentioned nitrous oxide in this context.

9.6 Alcohol

Lifetime use of alcohol was reported by 99% of respondents and 67% reported use in the last six months, which was unchanged from the previous year. All respondents who had recent consumed alcohol had swallowed it. Although there were 11 respondents with a history of lifetime injection of alcohol, there were no recent reports of injection. Days of use ranged from one to 180 with four respondents consuming alcohol on a daily basis. Mean days of use was 49 which was compatible to 47 mean days of use reported in 2012. The Alcohol Use Disorders Identification Test / Consumption (AUDIT-C) screen (Bush, et al., 1998) was administered to 85 respondents and revealed that, of the 2013 PWID sample, 43% (n=38) were either hazardous drinkers or have an active alcohol use disorder.

Data obtained from the AIHW revealed that in 2011/12, alcohol was by far the most common principle drug identified by people seeking treatment in WA, accounting for 43% of all treatment episodes.

One KE, a clinical nurse reported that alcohol continued to be the single biggest issue presenting to their service being responsible for 56% of presentations and with a number of associated issues including fights, assaults, crashes and gastro-intestinal bleeding. Similarly a KE working in emergency departments reported that 900 out of 1400 presentations had been alcohol-related with a range of presenting issues including drunk, anti-social behaviour, withdrawal, suicidal urges, binge drinking, liver failure, gastro-intestinal bleeding, illness and injury. Another KE reported that alcohol was often an underlying problem with younger amphetamine users, but observed that the users themselves probably did not view it as problematic.

9.7 Tobacco

Lifetime use of tobacco was reported by 96% of the 2012 sample and recent use by 89% (n=78), which was not significantly less than the 91% of recent users in the previous year. Days of use ranged from three to 180 with 81% (n=71) of recent smokers reporting smoking on a daily basis. Mean days of use was 172 which was not significantly different from the mean of 177 reported in 2012.

9.8 Seroquel (quetiapine)

Lifetime use of illicit Seroquel was reported by 35% (n=31) of the 2013 sample and recent use was reported by 10% (n=9) which was not significantly less than the 19% reported in 2012. All reported recent use was by oral dosing with no injection reported. Days of use for illicit Seroquel ranged from one to 180 with a mean of 36 days which was a significant increase on the 13 day average reported in 2012 ($t=-2.807$, $df=8$, $p=.023$).

Only one respondent reported on the market for illicit Seroquel. They reported paying $560 although it was not clear what quantity of pills were involved in this transaction. This price was said to have remained stable and that access was consistently ‘very easy’. It was generally obtained from ‘friends’ at an ‘agreed public location’ and originally sourced from someone else’s prescription.

9.9 Synthetic cannabis

Respondents in the 2013 IDRS were asked for the first time about use of synthetic cannabis. Lifetime use of these preparations was reported by 26% (n=23) and recent use by 17% (n=15). Days of use ranged from one to 15 with a mean of five days. The most commonly reported brand (n=8) was Kronic, followed by Atomic Bomb (n=3). Individual respondents also mentioned Buddah, Spice, Mad Monkey and Cheeky Monkey.

One KE referred extensively to synthetic cannabis noting its ready availability, unpredictable effects, and where high levels of use were concerned, unpleasant withdrawal symptoms. This KE reported that these drugs continued to manifest as herbal products that had been sprayed with the active chemicals and noted that effects could differ markedly between users and the brands consumed. The prime route of administration was invariably smoking. Typical users were described as males under 30 who may feel it was "*less illegal than real cannabis and easier to obtain*". Issues associated with anxiety were often reported among their client load. Price was described as stable at $50 a gram. This KE also observed that issues with synthetic cannabis could readily be resolved by decriminalisation of "*real"* cannabis. Another KE reported that their clinical service had seen 11 presentations in the last six months related to synthetic cannabis. Two others also reported that use of synthetic cannabis among their client base was increasing. Another observed that the variety of brands available was increasing. It was also observed that there is a need among professional trainers concerning the use and effects of these substances.

A second KE from the law enforcement sector observed that these drugs were problematic due to being "*an emerging drug that are a lot of uncertainties around the pharmacology, the short and long term effects and the legality. A lot of misconception that the drug is legal, and that it's therefore safe, when it may be neither legal or safe. The toxicity is not known and there are many different compounds sold as synthetic cannabis. There is a disparity among policy across Australia which makes it a grey area and very problematic. Detecting in workplace drug testing can be problematic and expensive when trying to add new compounds to current tests.*" This KE cited prices of $30-$60 for a 3 g packet and $7,00-$8,500 per kilo depending on the brand.

Another KE observed that the use of synthetic cannabis seems to have dropped off a bit after changes to tighten the laws. They also commented that these are rarely the drug of choice though and their use is more related to access to real cannabis.

Data obtained from ADIS noted an increase in calls related to synthetic cannabis.

9.10 New psychoactive substances

For the first time in 2013 respondents were asked about use of new psychoactive substances (NPS) (e.g. 'Bath Salts'). Lifetime use of these synthetic drugs was reported by just one respondent who had injected them, and there were no reports of recent use.

Several KEs made passing references to NPS including 2,5-dimethoxy-4-iodophenethylamine (2CI), the NBOMe series, cathinones, methoxtamine, Gamma-Hydroxybutyric acid (GHB), ketamine, Dimethyltryptamine (DMT) and Methylenedioxypyrovalerone (MDPV). Two suggested a recent slight increase in the use of GHB. A problem was noted with NBOMe being sold as LSD. One KE suggested the mephedrone was becoming less common. One reported that three people had presented at their service for use of "*bath salts*" with symptoms of paranoia and anxiety.

A KE from the law enforcement sector noted that the effects of use are also unknown/unpredictable which makes them dangerous.

9.11 Steroids

Steroids were asked about for the first time in the 2013 IDRS. A lifetime history of use was reported by 8% of the sample (n=7) with injection being the only ROA. There were no reports of recent use.

9.12 Miscellaneous substances

Very small numbers of respondents (n=4) talked about lifetime use of other drugs not elsewhere described and use in the last six months was mentioned by three. Drugs involved included ketamine, GHB, 2CB and injection of a mixture of doxylamine/diphenhydramine (Unisom) with zolpidem (Stillnox).

9.13 Summary of other drug trends

- Recent use of any form of benzodiazepines (licit or illicit) was reported by 82%, unchanged from 2012. Mean days of use had significantly increased, but much of this is accounted for by valid prescription use. There were no recent reports of injection of benzodiazepines, which may be associated with an education campaign being conducted by WASUA which highlights the risks of this practice. Although the majority of benzodiazepine use was licit, in the case of alprazolam (Xanax) most use in the sample was illicit. The median price for a diazepam pill was $6 and the median price for an alprazolam pill was $1, but it was more common for these drugs to be provided free of charge by friends. There was little consensus on availability.
- Recent use in the last six months of illicit pharmaceutical stimulants was reported by 27% (n=24) which was not significantly different from the 22% reported in 2012. Days of use rose significantly from four to 14. The main form used remained dexamphetamine.
- Recent use of hallucinogens was reported by 14% which was not significantly different from the 11% reported in 2012. Days of use remained stable at four. The most common form was LSD.
- Recent use of ecstasy was reported by 13% which was comparable to the 12% in 2012. Mean days of use was seven which was not substantially different from the previous year's mean of eight days of use.
- Recent use of inhalants remained uncommon in the sample, reported by just nine respondents with a mean of just four days of use. Where the form was stated, all this use was accounted for by amyl nitrate and nitrous oxide.
- The majority of IDU across years reported lifetime and recent use of alcohol and tobacco.
- The recent use of illicit Seroquel (quetiapine) was reported by 10% of the WA sample which was consistent with findings from 2012. Mean days of use had significantly increased from 13 to 32.
- Recent use of synthetic cannabis was reported by 17% with a mean of five days of use.
- References to the use of new psychoactive substances, steroids and other miscellaneous drugs were made by small numbers of respondents.

10. HEALTH-RELATED HARMS ASSOCIATED WITH DRUG USE

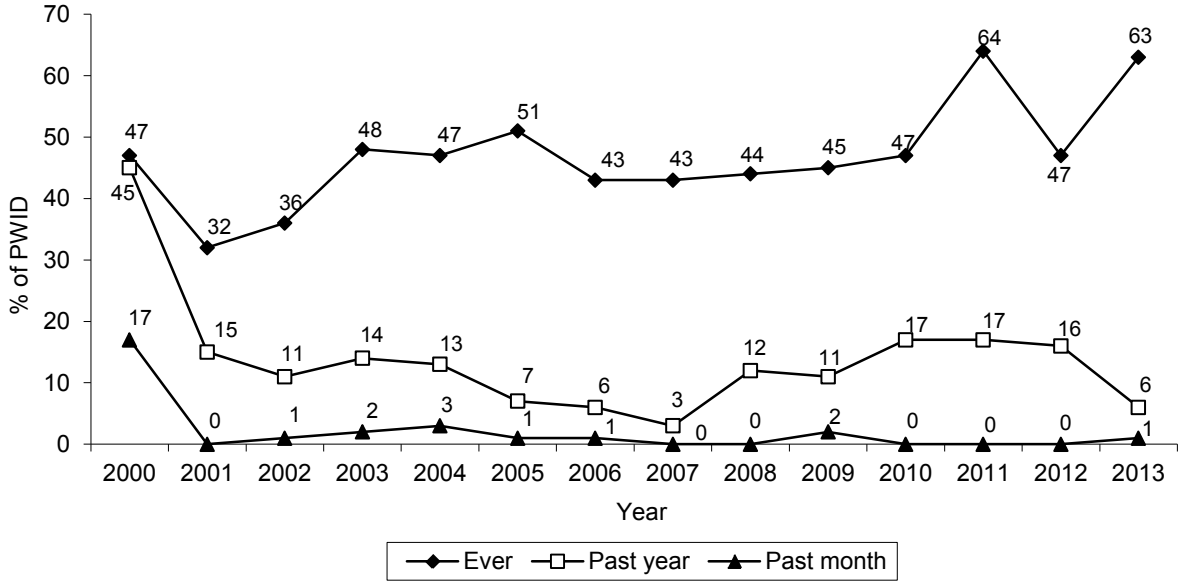
10.1 Overdose and drug-related fatalities

10.1.1 Heroin and other opioids

10.1.1.1 Non-fatal opioid overdose

The IDRS participants were asked how many times they had overdosed on heroin and the length of time since their last heroin overdose. A lifetime history of heroin overdose was reported by 63% (n=55) of respondents in 2013 which was significantly greater than the 47% reported in 2012 (χ^2=3.93, p=0.04, 95% CI 0.0124-0.2885), but comparable to the 64% reported in 2011. The median number of times respondents reported ever overdosing on heroin was two times (range 1-10). Time since the most recent heroin overdose ranged from four months up to 40 years. There were 7% (n=6) of respondents who had overdosed within the previous twelve months which was not significantly less than the 16% in 2012. Of these, just one reported having received ambulance attendance and naloxone as a response to their most recent overdose. There were three reports of having received CPR from a friend, partner or peer. None of these recent overdose cases reported seeking post-overdose treatment or information. There was just one report of experiencing a heroin overdose in the month prior to survey compare with zero in the previous three years. Overdose data since 2000 is displayed in Figure 31.

Figure 31: Proportion of WA participants who had ever overdosed, overdosed in the past 12 months and in the past month on heroin, 2000-2013

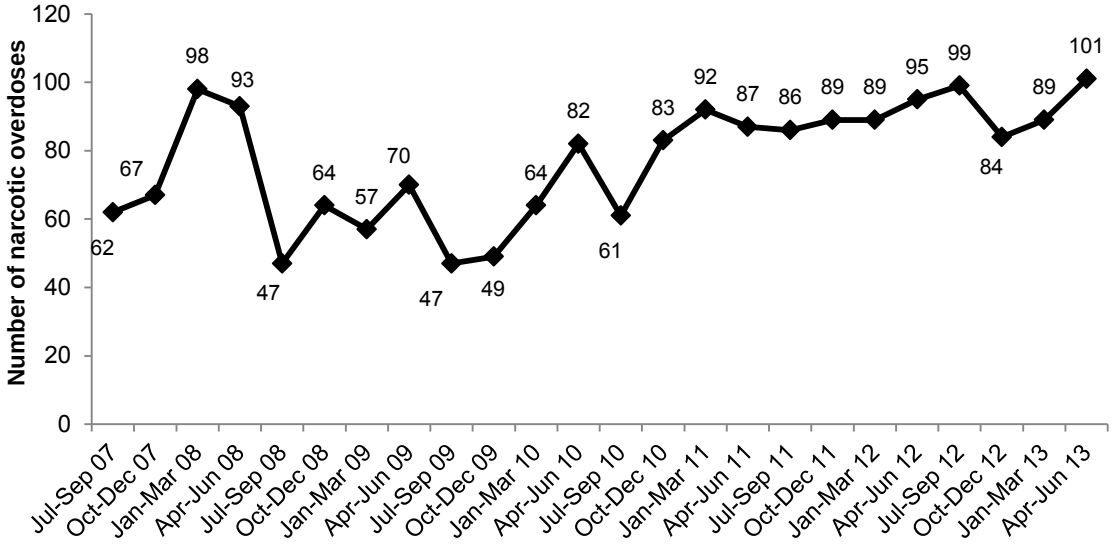


Source: IDRS user interviews

A KE working in emergency departments noted that "*there didn't appear to be much heroin around and overdose presentations were pretty rare.*"

Figure 32 presents the number of narcotic overdoses attended by St John Ambulance by quarter from April 2002 to June 2013. There were 373 overdoses attributed to narcotic drugs attended by ambulance during the 2012/13 period compared to 359 in the previous financial year. In the second quarter (April-June) of 2013, there were 101 ambulance callouts which was the highest recorded since the disruption to the heroin supply occurred in 2001.

Figure 32: Number of ambulance callouts to narcotic overdoses, WA, 2nd quarter 2007-2nd quarter 2013



Source: St John Ambulance, WA
Note: Due to missing data for September 2005, that month was allocated a data value equal to the average for the third quarter 2005

10.1.1.2 Fatal opioid overdose
Data from NDARC reveals that in 2009 there were 71 fatal overdoses attributable to opioid overdose among persons aged 15-54 in WA. This was the highest figure seen since 72 in 2000. In terms of rates per million, this equates to 54.8 deaths, compared to the 2008 national rate of 51.5.

A KE from the law enforcement sector reported that there had been some recent heroin related overdoses, but toxicology had later revealed the presence of additional drugs such as alcohol and benzodiazepines.

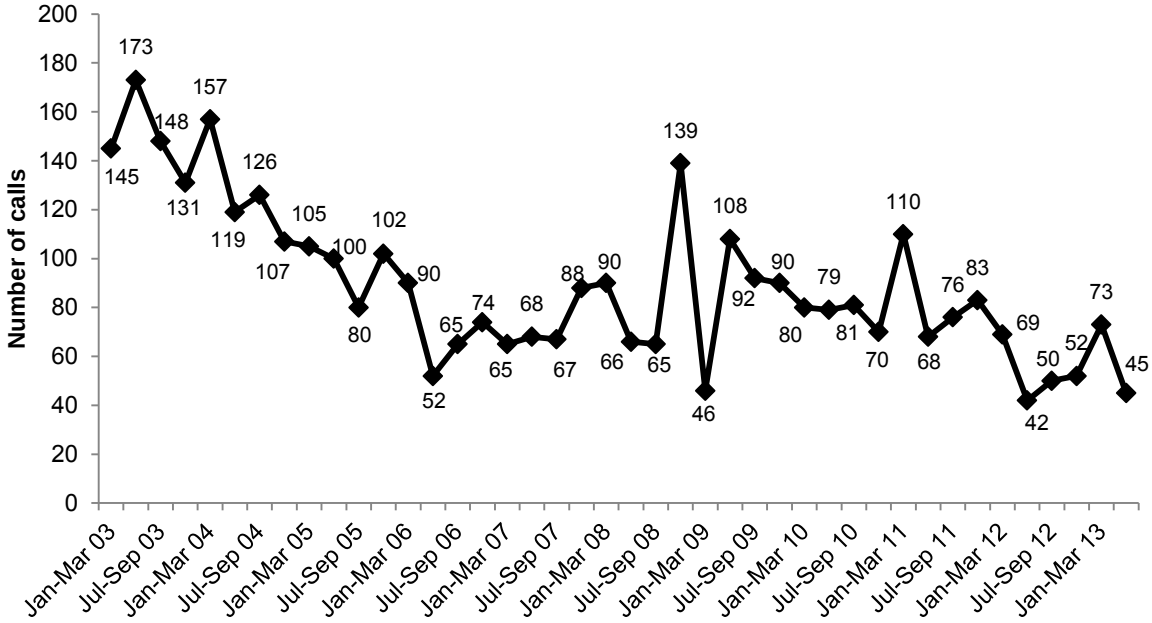
10.1.2 Other drugs

10.1.2.1 Non-fatal overdose
In addition to heroin overdose, participants were asked whether they considered themselves to have ever accidentally overdosed on any other drug(s). A lifetime history of overdose on any other drug was reported by 19% (n=17) of respondents in 2013 which was comparable to 24% in 2012. Time since the last overdose ranged from under one month to 40 years. There were only five respondents who reported a non-heroin related overdose in the last twelve months. The drugs implicated in these overdoses included benzodiazepines, Endep and a combination of Seroqual, fluoxetine and heart medication.

10.2 Calls to telephone help lines

Figure 33 presents the number of telephone calls to WA ADIS regarding heroin for each quarter from January 2003 to June 2013. It is evident that the number of calls to the service concerning heroin as the primary drug of concern have generally continued to decrease over the past decade. Despite an increase in the first three quarters of the 2012/13 period, the number of calls declined again in the second quarter of 2013. In the financial year 2011/12 there were 220 calls with heroin as the primary drug of concern compared with 270 in the corresponding previous period.

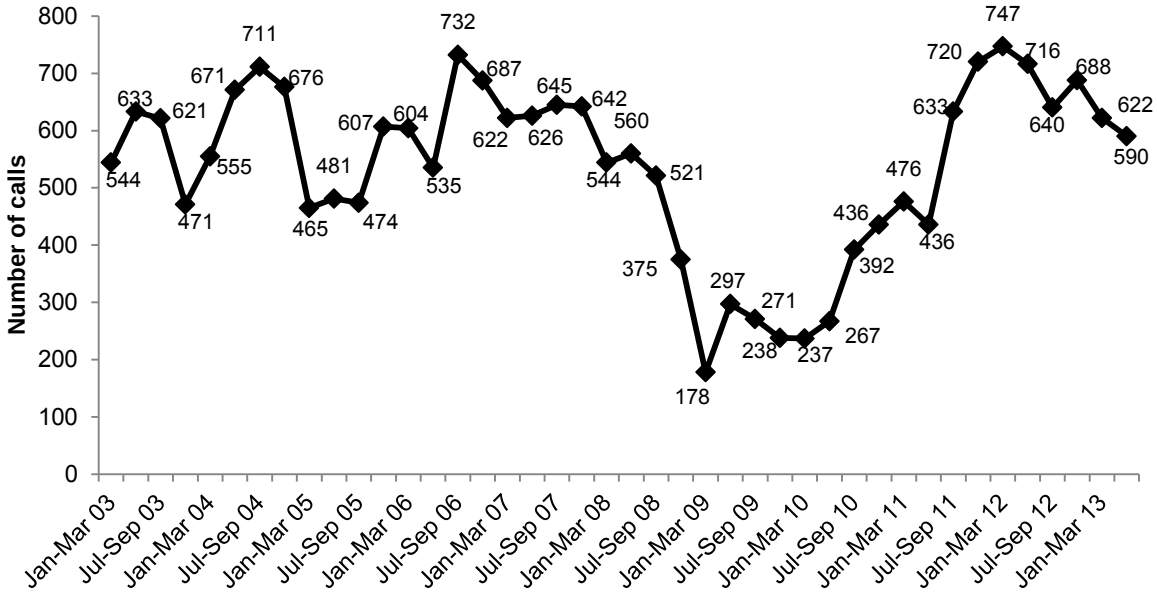
Figure 33: Number of enquiries to ADIS regarding heroin, Jan 2003-Jun 2013



Source: Alcohol and Drug Information Service

Figure 34 presents the number of telephone calls to WA ADIS enquiring about amphetamines for each quarter from January 2003 to June 2012. It is evident that the number of calls regarding amphetamines has tended to decrease over the last financial year. In the last financial year there were 2,540 calls with amphetamines as the primary drug of concern compared to 2,816 in the previous year.

Figure 34: Number of enquiries to ADIS regarding amphetamines, Jan 2003-Jun 2013

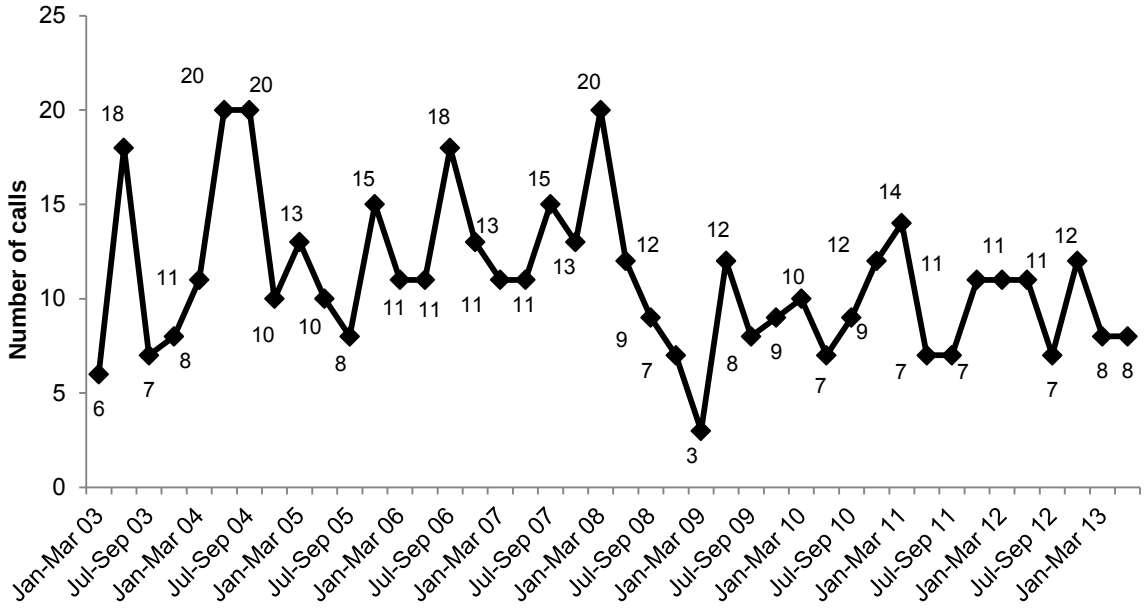


Source: Alcohol and Drug Information Service

A KE from ADIS reported that the service was now receiving more amphetamine-related calls from younger people.

Calls to WA ADIS concerning the use of cocaine for each quarter from January 2003 to June 2013 are shown in Figure 35. While there has been fluctuation in cocaine-related calls, the numbers remain low. During the last financial year there were 35 calls to ADIS with cocaine as the primary drug of concern compared with 40 in the previous corresponding period.

Figure 35: Number of enquiries to ADIS regarding cocaine, Jan 2003-Jun 2013

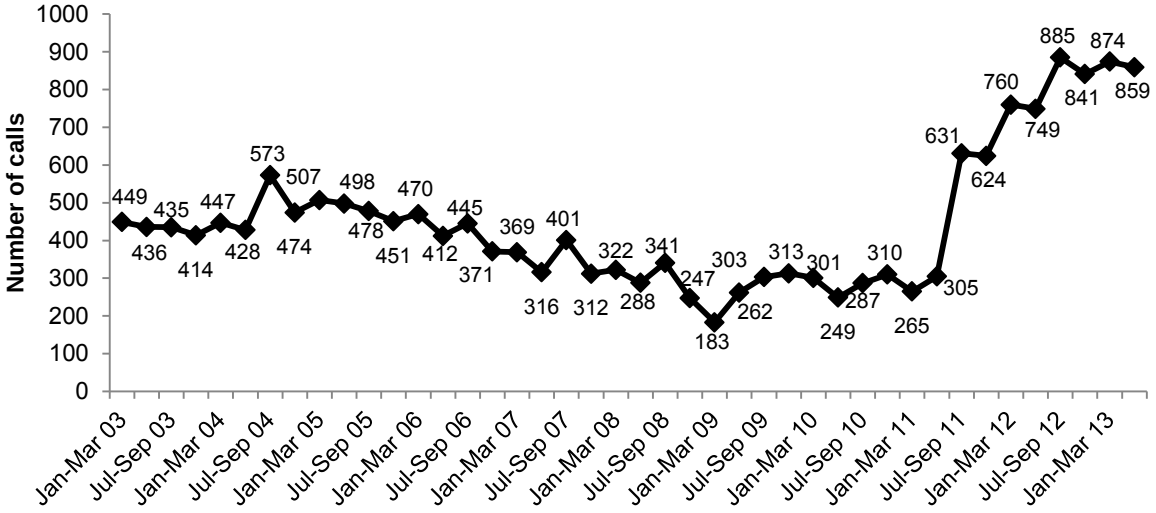


Source: Alcohol and Drug Information Service

A KE from the agency commented that "*numbers of cocaine-related calls remained similar, despite a spike in one quarter, but this doesn't appear to be a trend*."

Figure 36 presents the number of cannabis-related calls received by ADIS for each quarter from January 2003 to June 2013. During the 2012/13 financial year there was a substantial increase in calls to ADIS with cannabis as the primary drug of concern. In that year there were 3,459 calls compared to 2,764 in the corresponding period the previous year. The apparent increase in calls with cannabis as the primary drug of concern is likely not to be a reflection of a new trend, but rather of ADIS changing the methods of recording this data which since the start of 2012 has also included booking calls to the Cannabis Intervention Requirement Scheme (CIRS).

Figure 36: Number of enquiries to ADIS regarding cannabis, Jan 2003-Jun 2013*



* Data collected since 2011 also includes calls to the Cannabis Intervention Requirement Scheme (CIRS) as well as cannabis as primary drug of concern.
Source: Alcohol and Drug Information Service

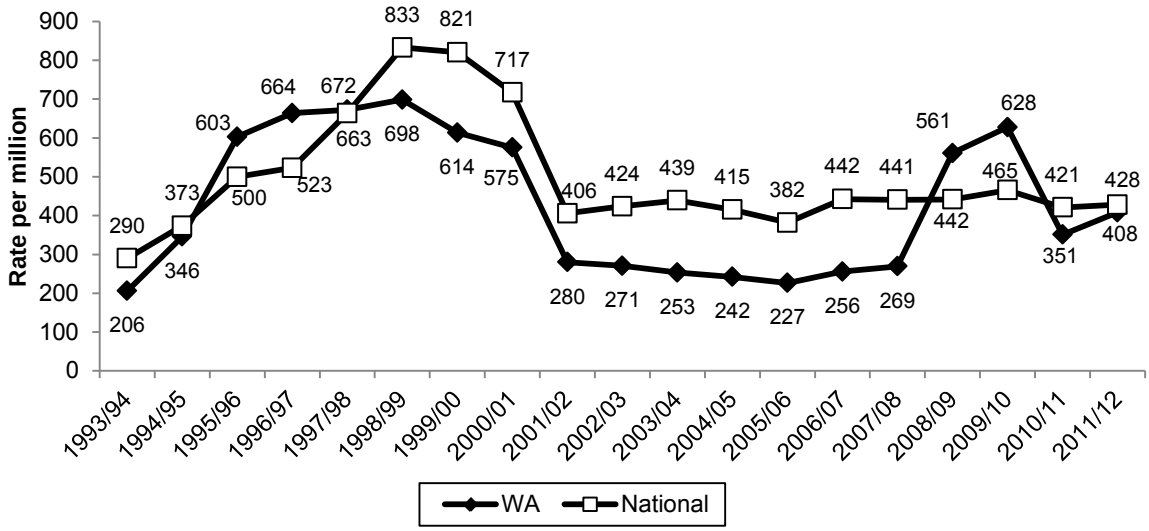
A KE from ADIS reported that more people were coming into contact with service due to an increase in infringements. People were also contacting service due to health consequences, mainly linked to mental health.

10.3 Hospital admissions

10.3.1 Opioids

The rate per million persons aged 15-54 years of hospital admissions in which the principal diagnosis was opioid-related is shown in Figure 37. A principal diagnosis that is opioid-related is recorded where opioids are established (after discharge) to be chiefly responsible for occasioning the person's episode of care. Numbers of opioid-related hospital admissions in WA have risen from 474 in 2010/11 to 570 in 2011/12. WA rates per million in 2011/12 were 407.73 compared to a national rate of 427.70.

Figure 37: Rate per million persons of principal opioid-related hospital admissions among people aged 15-54 years, WA and nationally, 1993/94- 2010/11

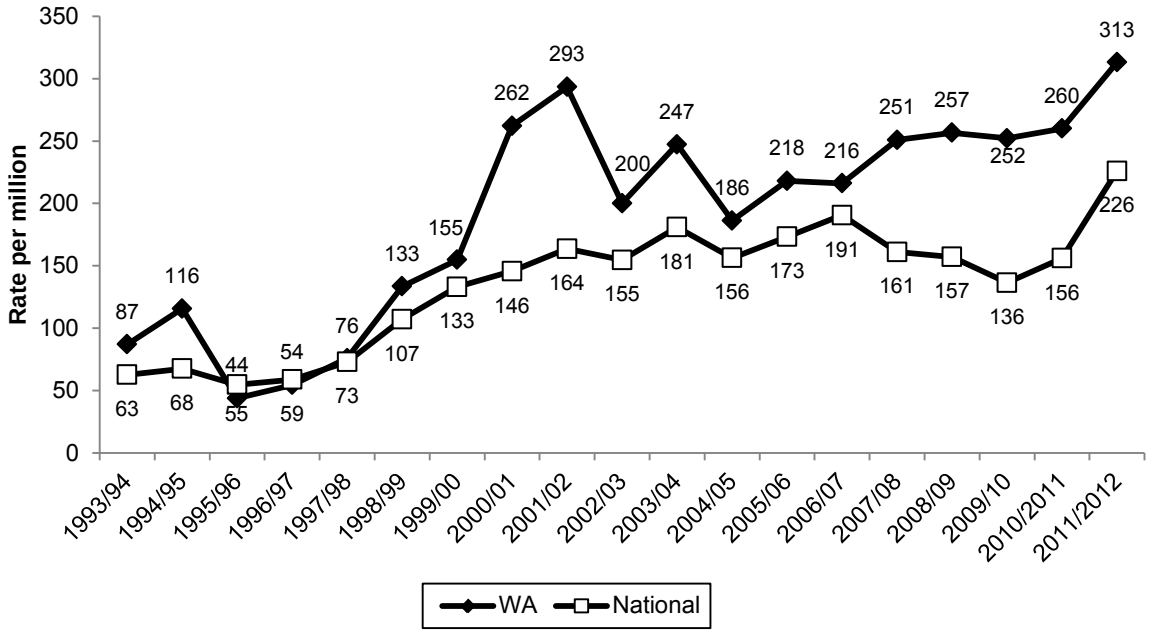


Source: Roxburgh & Burns (in press)

10.3.2 Amphetamines

The rate per million persons aged 15-54 years of hospital admissions in which the principal diagnosis was amphetamine-related is shown in Figure 38. Numbers of amphetamine-related hospital admissions in WA increased from 351 in 2010/11 to 437 in 2011/12. Compared to the national rate of 226.30 per million, WA continued to exhibit much higher rates at 312.59 per million in 2011/12.

Figure 38: Rate per million persons of principal amphetamine-related hospital admissions among people aged 15-54 years, WA and nationally, 1993/94-2010/11



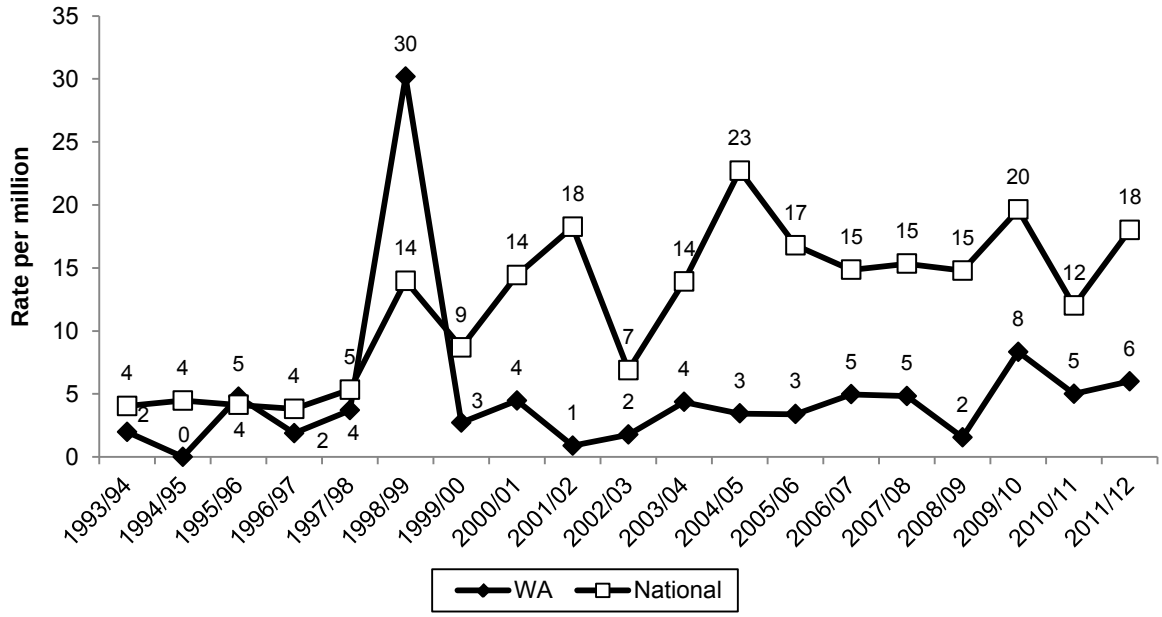
Source: Roxburgh & Burns (in press)

A KE working in emergency departments reported that the situation with amphetamines was stable with few changes. Issues continue with poor injection practices, accidents while driving and drug-induced psychosis, making these patients very labour-intensive.

10.3.3 Cocaine

The rate per million persons aged 15-54 years of hospital admissions in which the principle diagnosis was cocaine-related is shown in Figure 39. WA rates have been consistently low since 1998/99 when the rate peaked at 30. National rates have fluctuated across time and have been consistently higher than WA rates, with the exception of the WA peak in 1998/99. In 2011/12 there were nine cocaine-related hospital admissions in WA compared to seven in the previous year, and a rate of 6.44 per million compared with the national rate of 17.75 per million.

Figure 39: Rate per million persons of principal cocaine-related hospital admissions among people aged 15-54 years, WA and nationally, 1993/94-2010/11

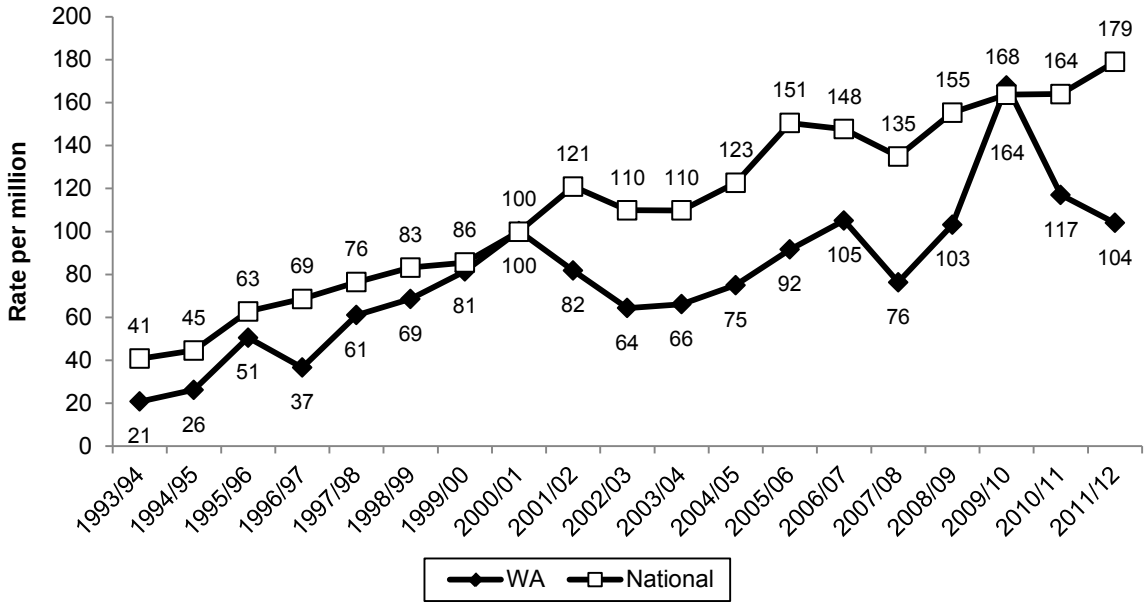


Source: Roxburgh & Burns (in press)

10.3.4 Cannabis

The rate per million persons aged 15-54 years of hospital admissions in which the principal diagnosis was cannabis related is shown in Figure 40. There was little change in numbers admitted to hospital for cannabis-related admissions with 145 in 2011/12 compared with 158 in the previous year. WA rates per million were 103.72 compared with the national rate of 179.29.

Figure 40: Rate per million persons of principal cannabis-related hospital admissions among people aged 15-54 years, WA and nationally, 1993/94 -2010/11



Source: Roxburgh & Burns (in press)

10.4 Injecting risk behaviours

10.4.1 Access to needles and syringes

IDRS participants were asked to report on the frequency of injecting and frequency of obtaining needles and syringes over the month preceding interview. Of the 73 PWID responding, number of injections in the last month ranged from two to 120 with a median of 24. The number of times in the last month respondents went to obtain new needles and syringes ranged from zero to 40 with a median of two times. The actual number of needles and syringes acquired ranged from zero to 4,500 with a median of 100. Asked how many needles and syringes they had sold or given away in the last month saw a range from zero to 3,500 with a median of 20. There were 7% (n=5) reported experiencing any difficulty accessing needles and syringes in the past month.

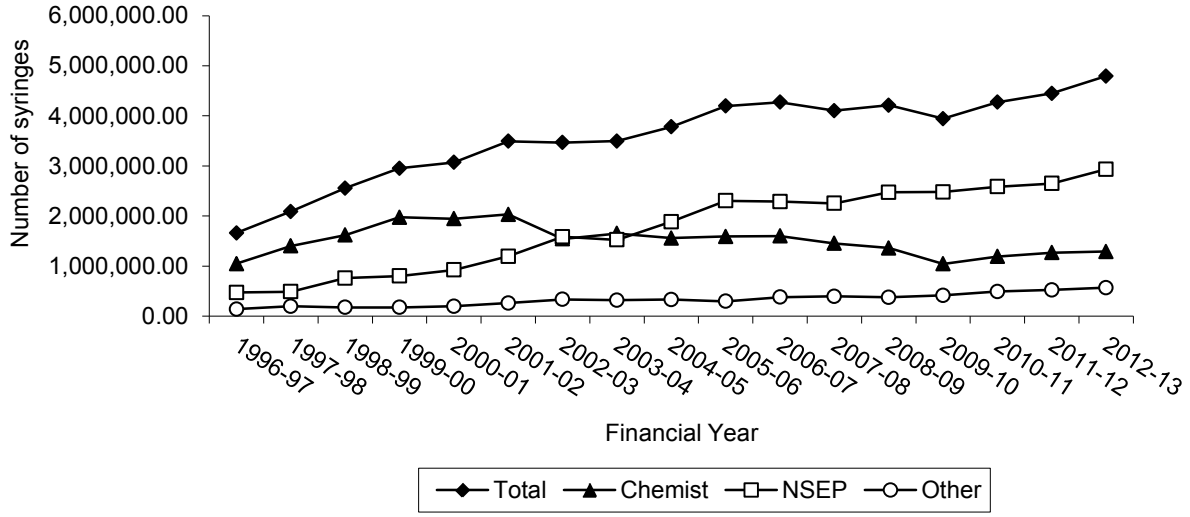
NSP remained the most common source of injecting equipment in the last month reported by 95% (n=71) of those responding, followed by 'chemists', (17%, n=13), 'friends' (8%, n=6), 'dealers' (5%, n=4) and 'hospitals' (4%, n=3). There were also individual respondents who had obtained needles from 'partners' or 'vending machines'.

The most commonly reported injecting equipment used in the month prior to interview was a 1 ml syringe (88%, n=65) followed by a 3 ml syringe (28%, n=21), detachable needles (24%, n=18), infusions (16%, n=12) and 10 ml syringes (14%, n=10).

One KE working in an NSP environment observed that the tips of needles have changed; "*they used to be transparent and used as an indicator of hitting a vein, but now users have to wait until they jack back to tell. Some clients have gone up a gauge as a result.*"

Figures from the Sexual Health Branch of the Health Department of Western Australia show that 4,795,011 syringes were distributed in WA during the 2012/13 financial year compared to 4,447,483 in the 2011/12 period. As has been the case since 2003/04, the bulk of these were distributed via NSP, accounting for more than half of all syringes in 2012/13 with 2,932,972 units. Less common sources of syringes were chemists distributing 1,292,786 and other sources such as hospitals and v ending machines accounting for 569,253. Data concerning syringe distribution in WA since 1996/97 is portrayed in Figure 41.

Figure 41: Sources of syringe distribution in WA 1996/97-2011/13



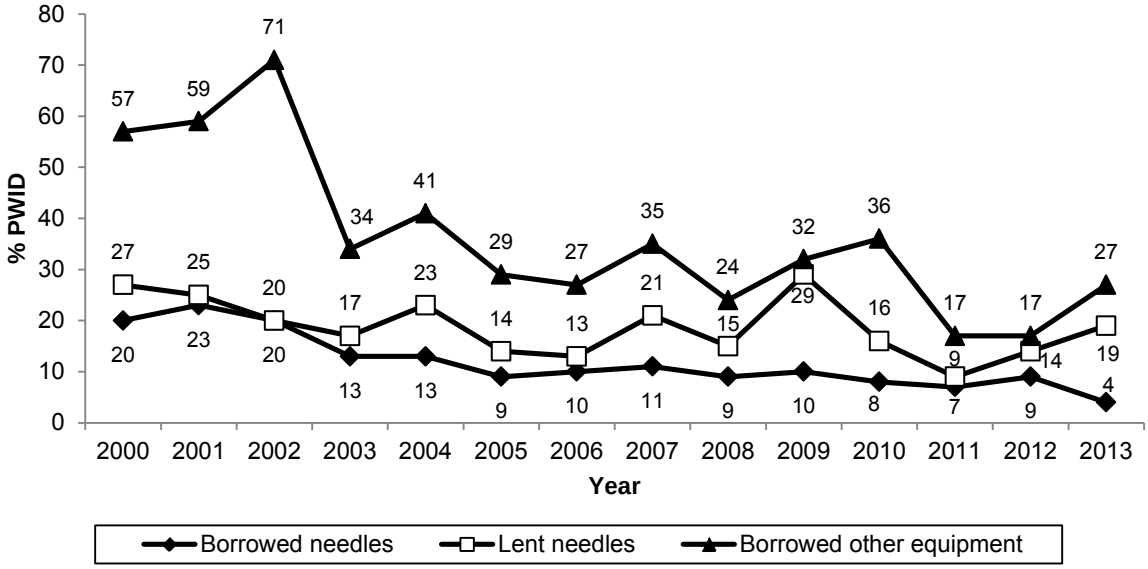
Source: Sexual Health Branch, Health Department of Western Australia

10.4.2 Sharing of needles and equipment by IDU participants

With regard to sharing needles, the vast majority of those responding (96%, n=72) reported that they had not used a needle after someone else in the last month. Of those that did report using a needle after someone else (4%, n=3), two respondents reported using a needle once, and one respondent reported using a needle six to ten times after someone else. These people were reportedly 'close friends' (n=2), 'regular sex partner' (n=1), or 'acquaintances' (n=1). The use of other equipment after someone else was reported by 27% (n=24) of respondents. Most commonly, this other equipment consisted of spoons (n=14), tourniquets (n=14), water (n=7), and filters (n=5). There were 14 respondents who reported that someone else had used a needle after them in the last month. That this had happened once was reported by four respondents, twice by seven, three to five times by one, and six to ten times by two.

Figure 42 presents the proportion of respondents across IDRS surveys that reported sharing needles and injecting equipment in the month before interview. The proportion reporting borrowing a needle since 2005 has remained relatively stable, but in 2013 fell to the lowest level so far reported in the WA IDRS (4%, n=3). The practice of lending needles to others was reported by 19% (n=17) which was compatible to the 14% reported in the previous year. Similarly, the sharing of other injecting equipment was reported by 27% (n=24) which was not significantly different to the 17% reported in 2012.

Figure 42: Proportion of PWID reporting sharing injecting equipment in the month preceding interview, 2000-2013



Source: IDRS user interviews

Asked if they had reused their own needles in the last month, 56% (n=42) 54% (n=51) of those responding indicated that they had not which was compatible to the 54% in 2012. Having done so once was reported by 9% (n=7), twice by 17% (n=13), three to five times by 16% (n=12), and one individual reported having reused their own needles more than 10 times. The most commonly reused type of needle and syringe was a 1 ml (n=24) followed by a 5 ml syringe (n=13) and a 50 ml syringe (n=13). Other commonly reused equipment included spoons or mixing containers (n=48), tourniquets (n=35), wheel filters (n=13), other filters (n=9), and water (n=9).

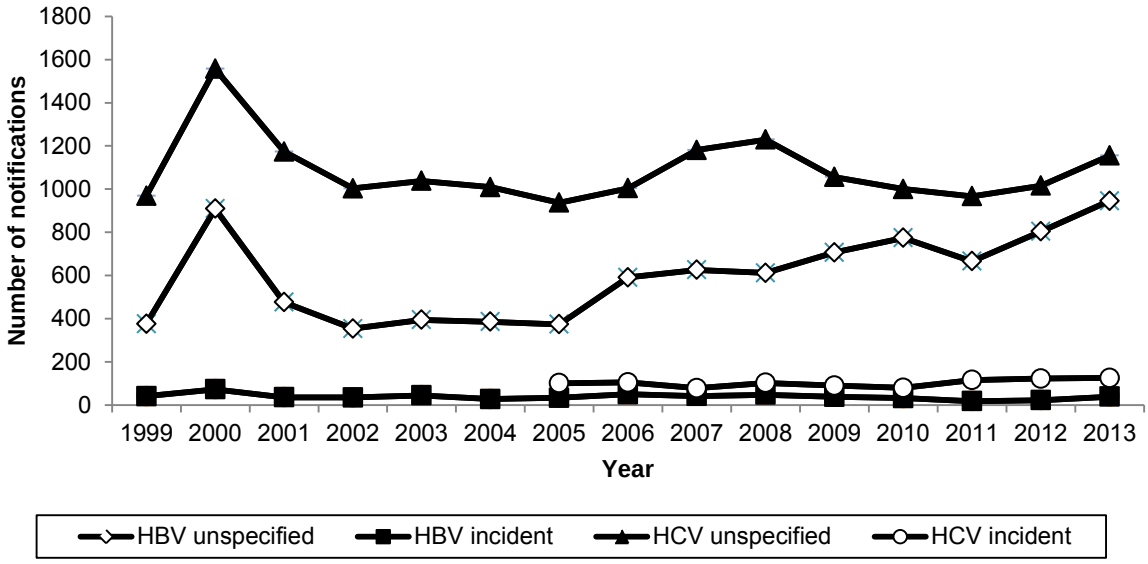
The most common injection sites reported among those responding were the arm (63%, n=47), and the hand or wrist (20%, n=15). Much smaller numbers reported that the last injection site had been the neck, the foot, the leg, or the groin. The most commonly reported location for the last injection remained a 'private home' (84%, n=63) followed by in a car (9%, n=7). Other locations were reported by very small numbers of respondents.

10.4.3 Blood-borne viral infections (BBVI)

People who inject drugs are at significantly greater risk of acquiring hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV), as BBVI can be transmitted via the sharing of needles, syringes and equipment.

Figure 43 presents data from the National Notifiable Diseases Surveillance System (NNDSS) for cases of unspecified and incident HBV and HCV for WA from 1999 to 2013. Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. While notifications of incident HBV (n=39) and incident HCV (n=126) both remained compatible with 2012 figures (n=23 and 123 respectively), there were noticeable increases in unspecified cases. The number of unspecified cases of HBV increased from 804 in 2012 to 945 in 2013 and the number of unspecified cases of HCV increased from 1016 to 1155. These increases in reporting were less apparent in data collected from the annual NSP Survey (Iversen & Maher, 2013) which in its WA sample found a prevalence of 56% in 2012 compared with 57% in 2011.

Figure 43: Total notifications for unspecified and incident HBV and HCV infection, WA, 1999-2013



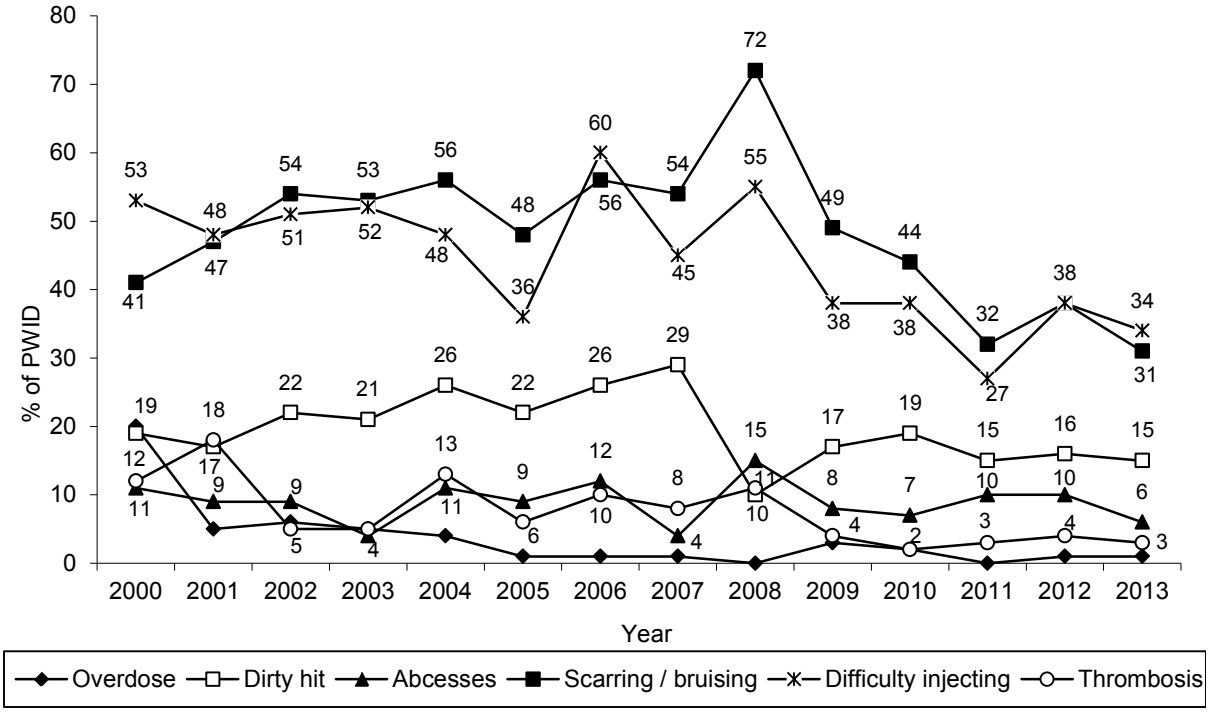
Source: Communicable Diseases Network – Australia – National Notifiable Diseases Surveillance System [1]
Note: Data for HCV incident for WA was not available prior to 2005

[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.

10.4.4 Injection-related health problems

Participants were asked about injection-related health problems they experienced in the month prior to interview. In 2013, just one reported a heroin-related overdose in the month prior to interview as was the case the previous year. This individual indicated that they had also consumed alcohol prior to overdosing. Fifteen per cent of the 2013 sample reported experiencing a dirty hit, which was not significantly different to the 16% in 2012. The drugs most commonly implicated in a dirty hit were heroin (n=3), methamphetamine (n=3), morphine, (n=3) and methadone (n=2). It should be noted, however, that this is not solely a reflection of these drugs' potential to result in a dirty hit, but also of the frequency with which they are consumed by the 2013 PWID sample. The most commonly reported injection problems remained difficulty injecting (n=34) and prominent scarring/bruising (n=31). Smaller numbers reported abscesses or infections from injecting (n=6) and thrombosis or blood clots (n=3). The relative incidence of these injection-related problems since 2000 is presented in Figure 44.

Figure 44: Proportion of PWID reporting injection-related problems in past month, by problem type, 2000-2013



Source: IDRS user interviews

10.5 Mental and physical health problems and psychological distress

10.5.1 Self-reported mental health problems

In 2013, 33% (n=29) of respondents self-reported experiencing a mental health problem in the last six months, which was not significantly different to the 42% in 2012. As in previous years, the most commonly reported mental health problems were depression, reported by 26% (n=23) of respondents, followed by anxiety, reported by 18% (n=16). Less common self-reported problems included bipolar disorder (n=6), panic (n=5), obsessive compulsive disorder (n=4), and schizophrenia (n=3).

Of those reporting a mental health problem, 73% (n=24) reported attending a professional in relation to the problem. These health professionals were most commonly a g eneral practitioner (n=16), a psychologist (n=7), a counsellor (n=5), or a psychiatrist (n=4). Asked if

they had been prescribed medication for their condition, 79% (n=26) said they had. Most commonly, these medications were benzodiazepines (n=18), anti-depressants (n=17), anti-psychotics (n=6) and mood stabilisers (n=2).

10.5.2 The K10 psychological distress scale

The Kessler Psychological Distress Scale or K10 (Kessler & Mroczek, 1994) was designed as a screening tool for assessing psychological distress. It is comprised of 10 items measuring the level of anxiety and depressive symptoms a person may have experienced during the previous four weeks. A five-point Likert scale is used to measure responses from all of the time to none of the time with a maximum possible score of 50. The K10 can be scored according to four distress categories: low=10-15, moderate=16-21, high=22-29, and very high=30-50. The K10 has been shown to have sound psychometric properties and demonstrated validity in identifying anxiety and affective disorders, as assessed by the Composite International Diagnostic Interview or CIDI (Andrews & Slade, 2001).

In 2013, 71 participants completed the K10 and scores are presented by risk category. The median total score in 2013 was 24 (range=8-47). In 2013 using the interpretation scheme suggested by Andrews and Slade (2001), 17% (n=12) scored at low risk, 21% (n=15) scored at moderate risk, 34% (n=24) scored at high risk and 28% (n=20) scored at very high risk.

10.5.3 Mental and physical health problems

The Short Form 12-Item Health Survey (SF-12) is a questionnaire designed to provide information on general health and wellbeing and includes 12 questions from the SF-36. The SF-12 measures health states across eight dimensions concerning physical functioning, role limitations due to physical health problems, bodily pain, general health, energy/fatigue, social functioning, role limitations due to emotional problems and psychological distress and wellbeing. The scores generated by these eight components are combined to generate two composite scores, the physical component score (PCS) and the mental component score (MCS) (Ware et al., 1995, Ware et al., 1996). A higher score indicates better health.

Table 17 presents the MCS and PCS for participants interviewed in the IDRS compared with those of the general Australian population[2] from the National Health Survey (Australian Bureau of Statistics, 1995). It appears that WA IDRS participants in 2013 had a significantly lower mean MCS compared with the Australian population average (36.7 versus 49.8) (t=-7.907, df=54, p=.000). It was also found that IDRS participants reported a significantly lower mean PCS score than the Australian population (42.4 versus 50.1) (t=-5.157, df=54, p=.000). This would indicate that IDRS participants had poorer mental and physical health than the population average.

Table 17: SF-12 Mental and Physical Health Mean Component Scores, WA IDRS, 2013

SF-12 Component scores	SF-36 Australian Population Norms (ABS)	SF-12 Australian Population Norms (ABS)	WA n=23
MCS	49.8	53.70	36.7
PCS	50.1	52.22	42.4

Source: IDRS user interviews, Australian Bureau of Statistics, 1995-1997

[2] The SF-12 scores were transformed into SF-36 scores using weighted syntax to make them comparable with the general Australian population scores.

10.6 Driving risk behaviour

In 2013, 46% (n=40) of the sample reported driving a vehicle in the six months prior to interview. Of these, 35% (n=14) had no current license.

10.6.1 Driving and alcohol

Driving while under the influence of alcohol in that time was reported by 3% (n=3), which was significantly less than the 12% who had done so the previous year (χ^2=3.607, p=0.05, 95%CI 0.0067-0.1672). Of these just one individual reported that they had driven while over the limit on one occasion.

10.6.2 Driving and illicit drugs

In 2013, 78% (n=31) of those who had driven in the past six months reported driving after consuming illicit drugs which was not significantly different from the 86% in 2012. The median number of times they had done so was 18 (range=1-180). Participants were asked how long after consuming drugs they had driven on the last occasion, almost half (48%, n=19) reporting driving within an hour or less.

Asked if they believed consuming drugs had affected their driving ability, 48% (n=15) believed it had had 'no impact'. That they had been 'slightly impaired' was believed by 36% (n=11) and 'quite impaired' by 3% (n=1). There were also 13% (n=4) who thought their driving was actually 'slightly improved'.

There were 17 respondents reported having ever been drug tested between two months and six years ago with a twelve month median. Just two respondents reported a positive result at their last occasion of roadside drug testing.

When asked *"How many people who drive after taking drugs would be caught?"* returned a range from zero to 75% with a median of 10% likely to be caught.

Asked if the introduction of roadside drug testing had led to them changing their driving behaviour saw 33% (n=13) of those responding indicating that they had. Various strategies had been adopted including not driving after using cannabis, avoiding main roads after dark, driving less frequently and one respondent who noted that they "*no longer drove after taking amphetamines but that heroin was not tested for*". The question of how many times respondents thought they would drive after consuming drugs returned a range from zero to 180 with a median of two times.

11. LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

11.1 Reports of criminal activity among IDU participants

11.1.1 Criminal activity

In 2013, 25% (n=22) of respondents reported that they had been arrested in the past twelve months which was unchanged from the figure reported in the previous year. Respondents were asked about the types and frequency of crimes they had been involved in in the month prior to the survey. Involvement in any form of criminal activity was reported by 40% (n=35) which was not significantly different than the 47% reported in 2012. Involvement in dealing drugs was once again the most common class of crime reported by 34% (n=30). Involvement in property crime was reported by 17% (n=15), violent crime by 3% (n=3) and fraud by 1% (n=1). None of these crime categories were significantly changed from in 2012 (Table 18).

Table 18: Criminal activity as reported by PWID participants, 2012-2013

Criminal activity (%)	2012 (N=100)	**2013 (N=88)**
Criminal activity in last month:		
Dealing	31	34
Property crime	16	17
Fraud	4	1
Violent crime	5	3
Any crime	47	40
Arrested in last 12 months	25	25

Source: IDRS user interviews

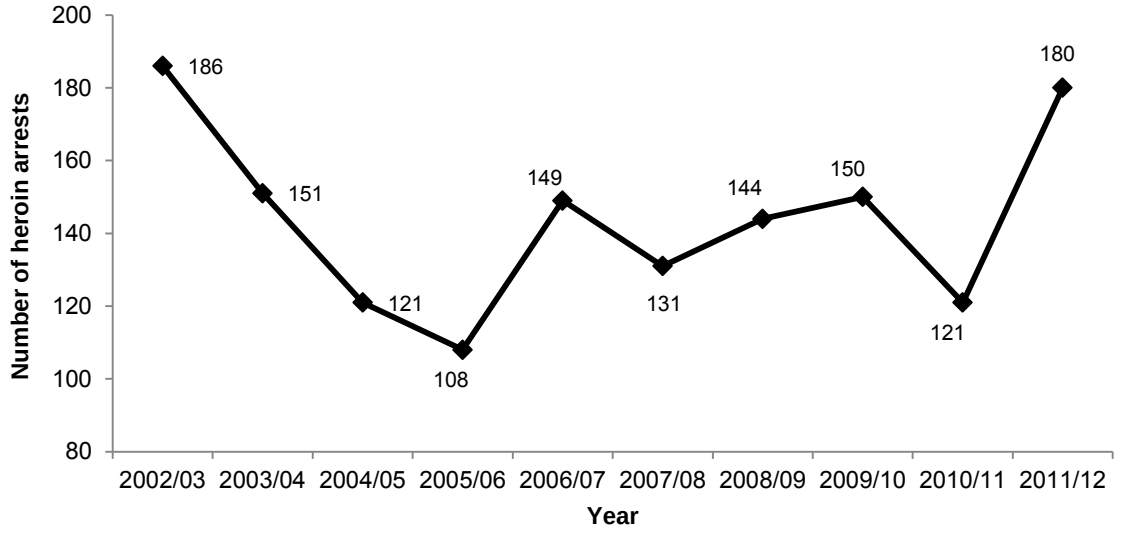
Frequency of criminal acts was analysed by computing a crime total which at a mean score of 1.00 was not significantly different from the 2012 mean of 1.28, indicating that there has not been any significant increase in the frequency of criminal activity by participants in the IDU survey since 2012.

11.2 Arrests

11.2.1 Heroin

The number of arrests for heroin and other opioids made in WA by WAPS and AFP from 2002/03 to 20011/12 is shown in Figure 45. There were a total of 180 heroin-related arrests in WA in 2011/12, which was the highest since 2002/03. These included 107 consumer arrests and 73 provider arrests.

Figure 45: Number of heroin consumer/provider arrests, WA, 2002/03-2012/13

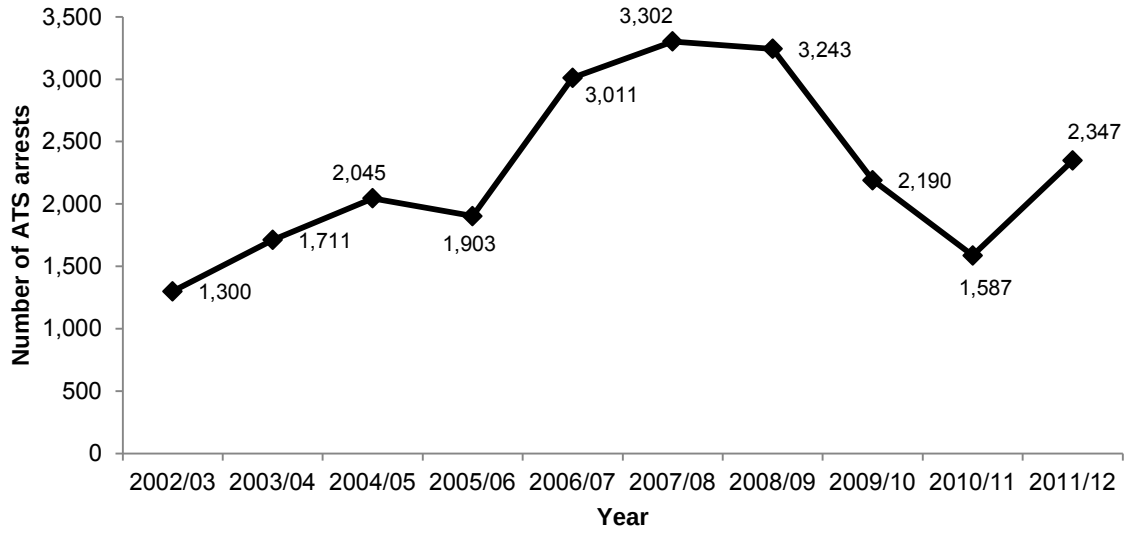


Source: Australian Crime Commission

11.2.2 Amphetamine Type Stimulants (ATS)

The number of ATS arrests made in WA by WAPS and AFP from 2002/03 to 2011/12 is shown in Figure 46. It is evident that the number of ATS arrests have risen for the first time since 2008/09 with 2,347 ATS related arrests. These arrests included 1,616 consumer arrests and 731 provider arrests.

Figure 46: Number of ATS consumer/provider arrests, WA, 2002/03-2011/12

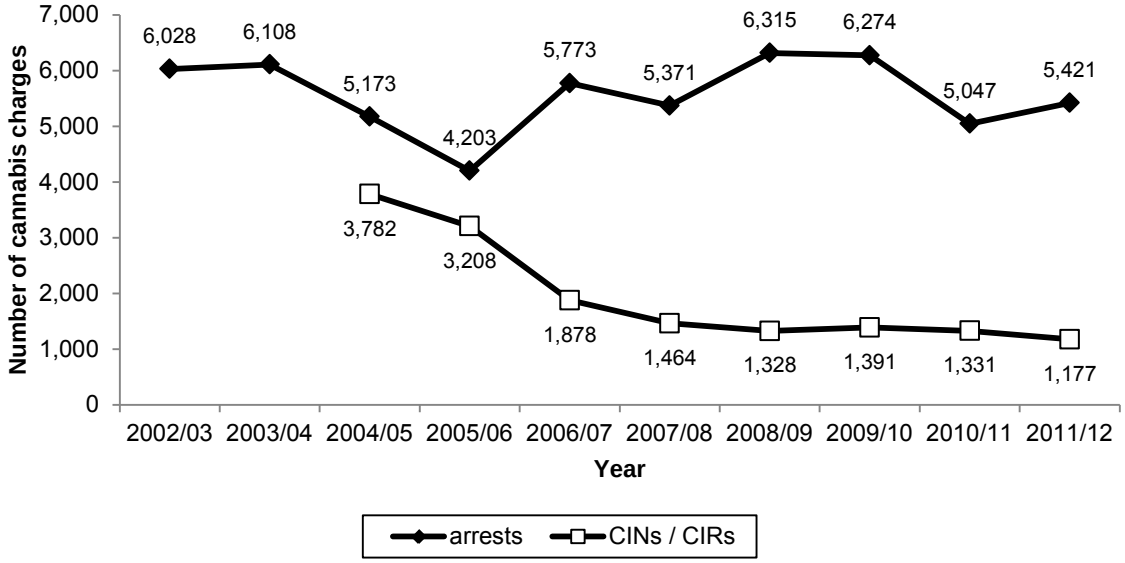


Source: Australian Crime Commission

11.2.3 Cannabis

The number of cannabis arrests made in WA by WAPS and AFP from 2002/03 to 2011/12 is shown in Figure 47. Cannabis arrests have increased slightly in the last year with 5,421 arrests in 2011/12. These arrests included 4,117 consumer arrests and 1,304 provider arrests. Cannabis Infringement Notices (CINs) were introduced in March 2004 after the passage of the *Cannabis Control Act 2003* (WA), but their use has continued to decrease over time and they were replaced by Cannabis Intervention Requirements (CIRs) in August 2011.

Figure 47: Number of cannabis consumer/provider arrests, WA, 2002/03-2011/12

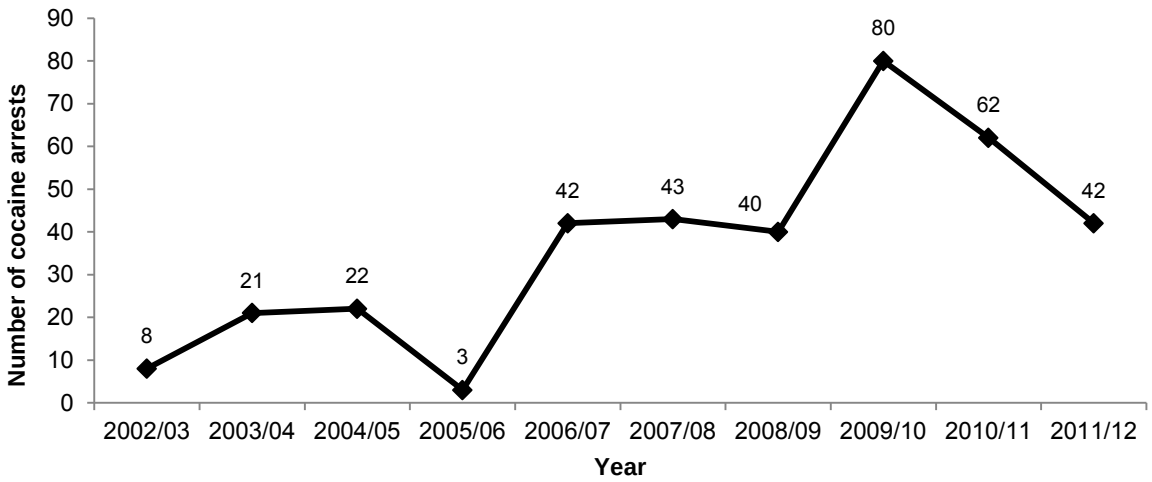


Source: Australian Crime Commission

11.2.4 Cocaine

The number of cocaine arrests made in WA by WAPS and AFP from 2002/03 to 2011/12 is shown in Figure 48. In 2011/12, the number of cocaine arrests fell from 62 to 42. These arrests included 23 consumer arrests and 19 provider arrests.

Figure 48: Number of cocaine consumer/provider arrests, WA, 2002/03-2011/12



Source: Australian Crime Commission

12. SPECIAL TOPICS OF INTEREST

12.1 Pharmaceutical opioids

Use of pharmaceutical opioids in the last twelve months was reported by 86% (n=59) of the 67 responding. The most common reasons given for this use was 'as a substitute for heroin' (34%, n=20), followed by 'to prevent withdrawal' (20%, n=12), 'to experience an opioid effect' (15%, n=9) and 'pain relief' (15%, n=9).

Of the nine respondents who reported consuming pharmaceutical opioids for 'pain relief', 67% (n=6) indicated that these drugs were their own prescription, 22% (n=2) had purchased them from someone else and the remaining individual had obtained them through trade for other goods. Only one of these individuals reported being refused a prescription for pharmaceutical opioids in the last six months due to a history of injecting drug use. Having sold, traded or given away these medications was reported by 33% (n=3) of these respondents.

One KE noted that "*some people avoid seeking treatment for their drug use out of concern that their legitimate prescriptions for pain medication may be stopped, leading to depression and anxiety.*" They went on to suggest that these problems could be alleviated by abolishing the register of addicts which restricts what medications can be prescribed.

12.2 Opioid and stimulant dependence

There were 81 respondents who answered the Opioid Short Dependency Scale (SDS). Of these, 70% (n=57) scored above the cut-off for opioid dependency. When asked if they were thinking of a particular opioid when answering these questions, 65% (n=37) indicated that they weren't thinking of any particular opioid and 37% (n=21) said they were thinking about heroin. Much smaller numbers reported relating their answers to other opioids, most notably methadone and buprenorphine.

There were 66 respondents who answered the stimulant Short Dependency Scale. Of these, 32% (n=21) had some level of dependency on stimulant drugs. Those respondents scoring above the cut-off indicating dependency were asked if they were thinking about a particular type of stimulant when completing the SDS. Of these, 81% (n=17) indicated that they were thinking about their use of methamphetamine, and one individual also mentioning cocaine in this regard. The remaining four respondents were not thinking about any specific stimulant.

12.3 Opioid substitution treatment medication injection

Respondents who had recently injected methadone in the last six months were asked a series of additional questions. Asked about the origins of the last methadone they injected, 53% (n=9) reported that it had been their own prescription, 24% (n=5) indicated that it had come from their 'friend's' or 'partner's' script and 18% (n=3) indicated that they had 'bought it on the street'. Where it had been their own prescription that they had injected, 100% (n=9) described it as having been an 'unsupervised takeaway dose' and none reported the dose having been in their mouth prior to injection. By far the most common reason given for injecting methadone was to 'achieve a faster onset of action' (77%, n=13). Other much less common reasons included 'preferring to inject', 'intoxication', to 'double dose', and 'additional pain relief'. Asked to rate how much respondents enjoyed injecting methadone on a scale of zero to ten produced a range of responses from three to ten, but no clear consensus or modal response. Asked how likely it was that they would inject methadone again saw 50% (n=8) say it was 'extremely likely' followed by 19% (n=3) who said it was 'not at all likely'.

Those who had recently injected Subutex were asked a series of additional questions. Asked about the source of the injected Subutex, 75% (n=6) reported that it belonged to a 'friend' or

‘partner’, and just 25% (n=2) reported that it was ‘bought from the street’. Of those who had obtained Subutex, 50% (n=4) had been given it for free by a ‘friend’ or ‘partner’ and 50% (n=4) had purchased it. Asked whether injecting Subutex had precipitated withdrawal symptoms, 63% (n=5) said it had not. When asked to rate the level of enjoyment of injecting Subutex on a scale of one to 10, no clear consensus was found with responses distributed roughly evenly across the range from two to 10 (‘like it very much’). Asked to rate on a scale of one to 10 how likely it was that they would inject Subutex saw a range from zero (‘not at all likely’) up to 10 (‘extremely likely’), with 50% (n=4) nominating ‘extremely likely’ and with remaining individuals distributed across the lower end of the scale. The most common reason given for injecting illicit Subutex was ‘faster onset of action’ (n=4). Other reasons given included ‘prefer to inject’ and ‘convenience’.

Respondents who had injected Suboxone tablets in the last six months were asked some additional questions. Of those who had injected, 73% (n=8) reported that the injected Suboxone had come from a ‘friend’ or ‘partner’. Only 18% (n=2) reported that the prescription had been their own. One respondent reported having ‘bought it on the street’. Of the two who had injected their own script, one reported that it had been a ‘supervised dose’ and had been in their mouth prior to injection. Asked about the original source of the injected Suboxone, 44% (n=4) of those who were not injecting their own script reported that it had been purchased from ‘friends’ or ‘partner’, and 33% (n=3) reported that they had been given it for free from a ‘friend’ or ‘partner’. There were no reports of injecting Suboxone precipitating withdrawal symptoms. Asked to rate their liking of injecting Suboxone on a scale of zero to 10 saw a range of responses from zero (‘no liking’), to 10 (‘like it very much’) but with no clear modal response. Asked how likely it was that they would inject Suboxone tablets again, 40% (n=4) indicated that it was ‘extremely likely’. Other less common responses ranged from zero to eight. Reasons given for injecting Suboxone included ‘self-treatment’ (n=3), ‘substitute for heroin’ (n=2), ‘intoxication’ (n=2), and ‘to control dose better’ (n=1).

Respondents who had recently injected Suboxone film were asked some additional questions. Of those who had injected, 50% (n=7) reported that the film had come from a ‘friend’ or ‘partner’ and 43% (n=6) that it had been their own prescription. Although this appears to be a substantial change from the one individual in 2012 who reported injecting their own prescription, this is likely a reflection of increased numbers of respondents in receipt of a prescription for Suboxone film in the 2013 sample. Those six respondents who reported having injected their own script were evenly divided between whether it had been ‘a takeaway’ or ‘supervised’ dose. Of the three reporting supervised dosing, all reported having the film in their mouth prior to injection. Of those who had acquired the film from to other sources, 63% (n=5) reported receiving it for free while two respondents reported ‘purchasing on the street’ and one individual reported having purchased it from ‘friends’ or ‘their partner’. Asked if injecting Suboxone film had precipitated withdrawal symptoms, 86% (n=12) said it had not. Asked to rate on a scale of zero to 10 how enjoyable injecting Suboxone film was saw a range from zero (‘no liking’) though to 10 (‘like it very much’) with no clear consensus, but the modal response (n=3) being five. Despite this, 43% (n=6) indicated that it was ‘extremely likely’ that they would inject Suboxone film again. By far the most common reason given for injecting Suboxone film was ‘faster onset of action’. Other much less common reasons included ‘prefers to inject’, ‘cheaper than heroin’, ‘to control the dose better’, and ‘insufficient dose for a sublingual effect’.

Those 15 respondents who had ever injected Suboxone film were asked how much liquid they used per strip at the last injection, 53% (n=8) said 2ml or less, and 27% (n=4) said between two and five ml. Injecting problems with Suboxone film were common and reported by 60% (n=9) of those responding. Problems experienced varied greatly and included collapsed veins, swelling, symptoms consistent with precipitated withdrawal, dirty hits, destruction of veins, missing the vein resulting in a lump and precipitated withdrawal. There

was little consensus as to whether these problems were better or worse than injection of Suboxone in tablet form.

12.4 Hepatitis C virus testing and treatment

Despite efforts to improve access to antiviral therapy for Hepatitis C virus (HCV) infection and improved treatment outcomes, treatment uptake for chronic HCV infection remains low among people who inject drugs (Doab, Treloar and Dore, 2005) .

The aim of this module was to assist in: a) determining the extent of knowledge PWID have regarding a Hepatitis C (HCV) diagnosis, b) their knowledge and perceptions about diagnosis and available treatment, and c) what are the perceived barriers to treatment uptake.

The majority of the WA sample (80%, n=70) had been tested for HCV in their lifetime with 69% (n=48) of these reporting a positive result for HCV antibodies. Of those with a positive result for HCV antibodies, 62% (n=30) reported this result more than twelve months ago and 38% (n=18) within the last twelve months. Sixty-three percent (n=30) reported undergoing further testing for HCV (i.e. to determine whether an active virus is present and which genotype.) The main reasons for no further testing among those who commented (n=18) were, 'wasn't a priority' (22%, n=4) and 'provider didn't mention the need for further tests' (17%, n=3).

Among those who received further tests (n=30), 60% (n=18) reported a polymerase chain reaction (PCR) test (to see if the virus is active) and 50% (n=15) a PCR viral genotype test. This data is displayed in Table 19. Of those who received a PCR test (n=18), 33% (n=6) reported that the test showed an active virus. Genotype one was the most common genotype reported among those who received a PCR viral genotype test, followed by genotype three. The community GP (41%, n=11) was the most common location of the last HCV test.

Just three respondents reported having ever received antiviral treatment for HCV. All three reported that the course of treatment had been successful. (Treatment is considered successful if the patient clears the virus as proved by a negative PCR result six months or more after treatment finishes. This is referred to a 'sustained virological result' and is effectively a 'cure'). Reasons given for getting treated included 'not wanting to live with HCV' and 'health status required treatment'.

Sixty-three percent (n=10) of those who responded (n=16) were aware of the new HCV treatment. Of those aware of the treatment, 40% (n=4) reported that they would consider the new HCV treatment. Of those who commented, the main setting they would consider convenient for treatment was a general practitioner (n=2). Other convenient settings mentioned included a HCV clinic, and a hospital.

The main reason given by those who those who would not consider the new HCV treatment (n=6) included were 'fear of side effects' (50%, n=3). Other reasons included 'not applicable due to different genotypes', 'contraindicated due to mental health issues' and 'not currently exhibiting any symptoms'.

Table 19: Hepatitis C testing and treatment, 2013

	WA N=88
Ever tested for HCV (%)	80
Positive HCV test (%)	n=48
Within last 12 months	38
More than 12 months	62
Further testing for HCV antibody	63
Reasons for no further testing (%)	n=18
Provider didn't mention the need for further tests	17
Wasn't a priority	22
Blood tests are difficult for me	0
Don't feel sick	0
Concerned about confidentiality	0
Other reason	61
Further tests for HCV (%)	n=30
PCR test (see if virus is active)	60
PCR viral genotype test	50
Other	7
Location last tested for HCV (%)	n=27
Community GP	41
OST clinic	4
Specialist clinic	0
Prison	4
Other	52

Source: IDRS user interviews

12.5 Naloxone program and distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. It is the frontline medication for the reversal of heroin and other opioid overdose in particular. In Australia, naloxone has largely only been available for use by medical doctors (or those auspiced by medical doctors such as nurses and paramedics) for the reversal of opioid effects. In 2012 a take-home naloxone program commenced in the ACT through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose as part of a comprehensive overdose response package. Shortly after, a similar program started in NSW and some other states have followed suit (for more information refer to http://www.cahma.org.au/Naloxone.html and/or http://www.naloxoneinfo.org/). A program commenced in WA in April 2013, run by WASUA and auspiced and funded by DAO.

For the first time in 2013, respondents were asked about their opinions and awareness of naloxone (Narcan). Of the 76 respondents to the WA IDRS sample who responded, 91% (n=69) had heard of naloxone which was generally understood to 'reverse heroin' (53%, n=36), to 're-establish consciousness' (35%, n=24) or 'to help someone start breathing' (12%, n=8). There were 9% (n=7) of those responding who reported having been resuscitated with naloxone.

There were 62% (n=47) who said they were aware of the existence of naloxone programs with 'strong support' for their expansion being held by 76% (n=57) and 'support' by a further 20% (n=15). Having been trained under such a program and received a prescription for naloxone was reported by 20% (n=15). Of these 15 respondents, 27% (n=4) reported that since completing their training that they had used naloxone to resuscitate between one to four other people with a mean of two people resuscitated.

The 61 respondents who had not undertaken naloxone training were asked additional questions about their response to overdose. The most common responses were that they would 'call an ambulance' (93%, n=57), followed by 'administering mouth to mouth and CPR' (69%, n=42). Less common responses included 'turning the victim on their side' (18%, n=11), and 'staying with the victim' (8%, n=5). Ineffective responses (e.g. ice, showers, slapping) were suggested by 15% (n=9).

There were two respondents who explained why they wouldn't call an ambulance in response to an overdose situation, one noting: "*Resuscitation revives anyway and the ambulance is unwelcome*". The other commented: *"I'd have had enough (of the situation) and I wouldn't expect any different treatment for myself*".

Having had the nature of naloxone training programs explained to them, of the respondents who had not undertaken training, 61% (n=36) of those responding said they would be willing to carry naloxone and 92% (n=55) said they would be willing to administer naloxone in an overdose situation. Asked if they would want peers to give them naloxone if they had overdosed, 83% (n=48) agreed. And asked if they would stay with someone after administering naloxone to them, 98%, (n=59) said that they would.

12.6 Oral Health Impact Profile

The oral health of PWID has traditionally been neglected in research, service provision and health promotion. In order to address this issue we included the Oral Health Impact Profile (OHIP-14),(Slade, 1997), an internationally-recognised measure of Oral Health Related Quality of Life (OHRQoL), in the 2013 IDRS. OHRQoL is defined as an individual's assessment of how oral functional factors, psychological factors, social factors and experience of oro-facial pain or discomfort affect his or her well-being.

The OHIP-14 is a self-filled questionnaire that focuses on seven dimensions of impact (functional limitation, pain, psychological discomfort, physical disability, psychological disability, social disability and handicap) with participants being asked to respond according to frequency of impact on a 5-point Likert scale coded never (score 0), hardly ever (score 1), occasionally (score 2), fairly often (score 3) and very often (score 4) using a twelve-month recall period. However, the IDRS asked participants to respond based on the last three months (instead of twelve months).

For this report the OHIP-14 was divided into the seven dimensions of impact and percentages calculated for those who responded 'occasionally', 'fairly often' and 'very often'. Physical pain had the higher impact with 57% of those who commented (n=67) reporting either: 'occasionally', 'fairly often' and 'very often'. This was followed by psychological disability (49%) and physical disability (42%).

A mean scale score of the 14 items was computed, with higher scores indicating poorer oral health-related quality of life. Participants can have an overall OHIP-14 total score ranging from zero to 56. Using the 'additive' method, the mean OHIP-14 total score for the WA sample was 14 (range 0-42). Twenty-four percent of those who commented scored 'zero' (Table 20).

Table 20: Oral health impact profile 14 short form (OHIP-14) score, 2013

Dimensions of impact	n=67
Functional limitation (%)	37
Physical pain (%)	57
Psychological discomfort (%)	37
Physical disability (%)	42
Psychological disability (%)	49
Social disability (%)	31
Handicap (%)	39
Mean total scores (range)	14.0 (0-42)
Score of 'zero' (%)	24

Source: IDRS user interviews

12.7 Discrimination

Of those who responded (n=68), 75% (n=51) reported ever having been discriminated against as a result of their drug use, BBV status, or being on opiate substitution therapies. Of these, 67% (n=35) had experienced episodes of discrimination within the last twelve months.

For incidences of discrimination in the last twelve months, the most commonly reported settings were 'pharmacies' (n=18) and 'doctor's surgeries' (n=10). Other common locations included 'hospitals' (n=7), 'police' (n=6), 'government services' (n=5) and 'drug and alcohol services' (n=3). A wide range of other locations were mentioned by individual respondents.

The most commonly perceived reasons for this discrimination were 'because I'm an injecting drug user' (n=30), 'because I'm on OST' (n=13), and 'because I have HCV' (n=6).

The most commonly reported results of experiences of discrimination were 'refusal of service' (n=12), 'violence or abuse' (n=8), 'ignored or delayed service' (n=5), 'outed as a drug user' (n=4), and 'taken off or reduced OST' (n=3). Individual respondents also provided a wide range of miscellaneous consequences.

Making formal complaints concerning the experience of discrimination was relatively uncommon, and generally made directly to the organisation involved (n=6). There were also two complaints lodged with the Equal Opportunity Commission and one individual who complained to the Alcohol & Drug Authority, WASUA, the Health Consumer Council and the Pharmacy Board.

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