



WESTERN AUSTRALIA DRUG TRENDS 2020

Key Findings from the Western Australia
Illicit Drug Reporting System (IDRS) Interviews



WESTERN AUSTRALIA DRUG TRENDS 2020: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at [Drug Trends](#).

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2020:

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- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
- Chris Moon, Northern Territory Department of Health, Northern Territory; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel, and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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Participants

We would like to thank all the participants who were interviewed for the IDRS in the present and in previous years.

Contributors

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We acknowledge the traditional custodians of the land on which the work for this report was undertaken. We pay respect to Elders past, present, and emerging.

Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
COVID-19	Coronavirus Disease 2019
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Practitioner
IDRS	Illicit Drug Reporting System
IQR	Interquartile Range
N (or n)	Number of Participants
NDARC	National Drug and Alcohol Research Centre
NPS	New Psychoactive Substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OAT	Opioid Agonist Treatment
OTC	Over-the-Counter
PBS	Pharmaceutical Benefits Scheme
QLD	Queensland
REDCap	Research Electronic Data Capture
SA	South Australia
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SD	Standard Deviation
TAS	Tasmania
TGA	Therapeutic Goods Administration
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The Western Australia (WA) IDRS sample comprises a sentinel group of people (n=100) aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in Perth, Western Australia. Participants were recruited via advertisements in needle syringe programs and other harm reduction services, pharmacies, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2020 from June-August: subsequent to COVID-19 restrictions on travel and gatherings in Australia. Interviews were delivered via phone rather than face-to-face. This should be factored into all comparisons of data from the 2020 sample, relative to previous years.**

Sample Characteristics

The IDRS sample recruited from Perth, Western Australia (WA) was overall consistent with the WA profile in previous years, whereby close to seven out of ten participants (67%) were male, with a mean age of 43 years (SD=10). Approximately nine out of ten participants were heterosexual (87%), a significant increase from 2019 (73%; $p=0.028$), while nearly six out of ten respondents (59%) held post-school qualifications (74% in 2019; $p=0.034$). Over half of the participants (53%) reported that heroin was their drug of choice and 50% said that it was also the drug they injected most often in the past month.

COVID-19 Impact

This brief section was included to summarise data collected specifically related to Coronavirus Disease 2019 (COVID-19) and associated restrictions; subsequent sections reflect standard annual reporting. Fourteen per cent of the sample had been tested for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), though no participants had been diagnosed with COVID-19. Since the beginning of March 2020, most participants (92%) had practiced social distancing and 70% had undergone home isolation. Slightly less than half (43%) of participants reported

injecting drugs at a different frequency in the past month as compared to February 2020; of these participants, 16% reported greater frequency of injection, and 84% reported reduced frequency. Nevertheless, more than one-tenth (13%) of participants reported that the drug injected most often in the past month was not the same as the drug injected most often in February 2020. Most commonly, participants reported a decrease in use of methamphetamine (66%), followed by a decrease in use of heroin (59%). An increase in use was most frequently reported for cannabis (33%) and benzodiazepines (38%), and 'no change' was most commonly reported for alcohol (66%) and tobacco (65%). Crystal methamphetamine and heroin were the most commonly reported illicit drugs to have increased in price since the beginning of March 2020 as compared to before (identified by 93% and 77% of respondents, respectively). Furthermore, the majority of participants perceived the purity of heroin and crystal methamphetamine to have decreased since the beginning of March 2020, as compared to before (63% and 52%, respectively). Crystal methamphetamine and heroin were also most commonly cited as illicit drugs which had decreased in availability (identified by 88% and 72% of respondents, respectively). Slightly less than one-third (30%) of participants rated their mental health in the past four weeks as 'being worse' compared to February, and 49% reported 'similar'. For those on opioid agonist treatment (OAT) since March (n=40), 88% of participants reported that the frequency of pharmacy doses had remained mostly stable, as had their dose (88%), and take-away doses (70%). Slightly less than one-fifth (16%; n=7) of those in OAT in the last six months reported having missed a dose of medication due to service disruptions. Approximately one-in-ten participants (11%) reported having experienced trouble in obtaining new sterile needles and syringes since the beginning of March (since COVID-19 restrictions). Of those who had trouble obtaining new sterile needles and syringes and commented (n=11), 64% of participants reported having re-used their own

needles more than they normally would. Over one-third (39%) of participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. Almost all participants (99%) reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs.

Heroin

After a steady resurgence in recent (i.e., past six month) heroin use up until 2016, there has been a downward trend that has been observed since 2017. However, the proportion of respondents who have reported recent use of heroin has remained constant between 2019 (62%) and 2020 (69%). Thirty-five per cent of recent consumers reported daily use of heroin in 2020. The median amount of heroin used in a 'typical' day was 0.20 grams, stable from 2019. However, the reported median price of heroin was \$100 for one point, a significant increase from \$60 in 2019 ($p<0.001$). Furthermore, significantly less participants (14%) perceived heroin purity as 'high' in 2020 (33% in 2019; $p=0.032$), while significantly more participants (44%) perceived it as 'low' as compared to 2019 (14%; $p=0.001$). Significantly less respondents (17%) perceived heroin as being 'very easy' to obtain in 2020 (64% in 2019; $p=0.001$).

Methamphetamine

Recent use of any methamphetamine has fluctuated over the years, showing a general downward trend since monitoring began until 2009, which was followed by a slight upward trend until 2012. The use of base and powder methamphetamine significantly decreased throughout the years which was driven by a significant increase in the use of crystal methamphetamine. Sixty-seven per cent of recent consumers reported weekly or more frequent use of any methamphetamine in 2020. The reported median price of crystal methamphetamine was \$150 for one point, a significant increase from \$50 in 2019 ($p<0.001$). Furthermore, significantly less participants (20%) perceived crystal methamphetamine purity as 'high' in 2020 (57% in 2019; $p<0.001$), while significantly more participants (29%) perceived that it fluctuated in comparison to 2019 (9%;

$p=0.010$). Significantly less respondents (10%) perceived crystal methamphetamine as being 'very easy' to obtain in 2020 (85% in 2019; $p<0.001$).

Cocaine

Eighteen per cent of the WA sample had recently consumed cocaine, stable from 11% in 2019 ($p=0.277$), on a median of three days (IQR=1-5) (2 days in 2019; IQR=1-5; $p=0.800$).

Cannabis

The per cent reporting recent cannabis use has ranged from a peak of 98% in the early 2000s to a low of 60% in the late 2000s, with the per cent reporting use increasing again subsequently. Nevertheless, a decrease (though not significant) was observed in 2020, with 66% reporting recent use (72% in 2019; $p=0.463$). The median amount of cannabis used in a 'typical' day was 1.10 grams (IQR=1.00-2.50), a slight increase from 2019 (1.00 gram; IQR=0.50-1.00; $p=0.013$). The reported median price of hydroponic cannabis was \$350 per ounce, a significant increase from \$300 in 2019 ($p=0.026$). Furthermore, significantly less respondents (20%) perceived bush cannabis as being 'very easy' to obtain in 2020 (51% in 2019; $p=0.045$).

Pharmaceutical Opioids

Recent use of all forms of pharmaceutical opioids has generally remained stable or showed a downward trend since monitoring of each opioid first began. There were no differences in terms of recent use of buprenorphine, buprenorphine-naloxone, morphine, fentanyl, and tapentadol between 2019 and 2020. However, there was a significant increase in the number of participants who reported recent use of methadone, while there was a significant decrease in the number of participants who reported recent use of oxycodone, codeine, and tramadol. However, approximately half of the WA sample (48%) was currently in treatment, a significant increase from 2019 (28%, $p=0.007$) which may account for the increase in methadone. Furthermore, in 2020 it has to be noted that some participants were recruited from a dosing pharmacy, due to COVID-19 restrictions, which might have affected these results.

Other Drugs

NPS use was uncommon amongst the WA sample. Recent use of non-prescribed benzodiazepines, pharmaceutical stimulants, alprazolam, antipsychotics and pregabalin remained stable between 2019 and 2020. Alcohol and tobacco use have remained consistently high but stable over the period of monitoring, with 59% (69% in 2019; $p=0.204$) and 85% (86% in 2019; $p=0.93$) reporting recent use in 2020, respectively. Of recent tobacco consumers, 94% reported daily use, a significant increase from 2019 (83%; $p=0.042$).

Drug-Related Harms and Other Associated Behaviours

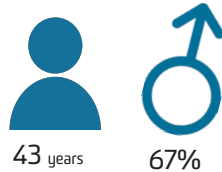
In 2020, over one-tenth (16%) of the WA sample reported overdosing on any drug in the

last 12 months, most commonly heroin (12%). In 2020, of those who reported having heard of naloxone and responded ($n=85$), 32% reported that they had resuscitated someone using naloxone at least once in their lifetime. Of those who reported a past year opioid overdose and commented ($n=12$), almost six out of ten (58%; $n=7$) reported that they had been resuscitated by a peer using naloxone. Of those who reported ever accessing naloxone, almost half (46%) reported that they 'always' had naloxone on hand when using opioids. In 2020, fewer participants reported having an injection-related health issue in the month preceding interview, relative to 2019 (33% in 2020; 51% in 2019; $p=0.022$). Significantly fewer participants reported to have experienced any thrombosis in 2020 (6%) compared to 2019 (19%; $p<0.011$).

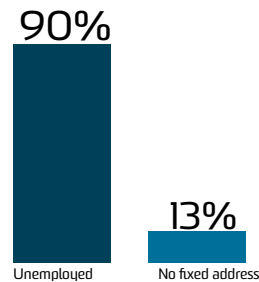
2020 SAMPLE CHARACTERISTICS



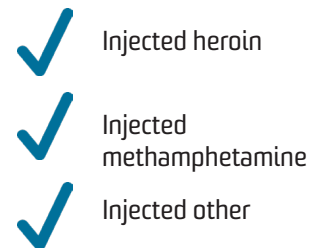
In 2020, 100 people from Perth, WA participated in IDRS interviews.



The mean age in 2020 was 43, and 67% identified as male.

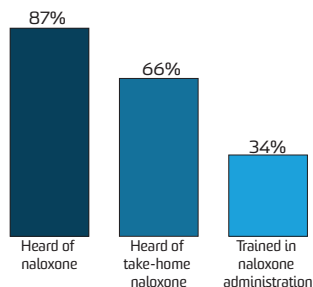


In the 2020 sample, 90% were unemployed and 13% had no fixed address.

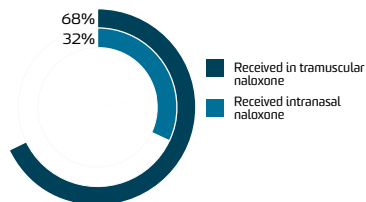


Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

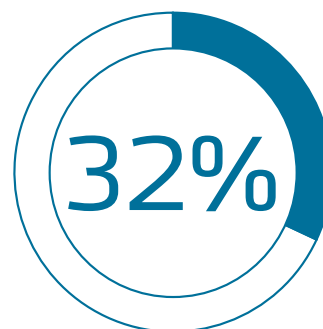
NALOXONE



IDRS participants' knowledge of the take home naloxone program, nationally.



Of those who reported ever accessing naloxone, 68% received intramuscular naloxone and 32% intranasal naloxone.

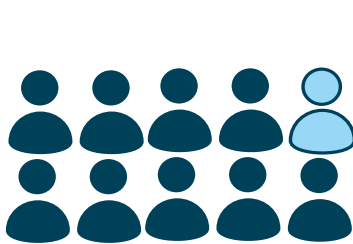


Of those who reported having heard of naloxone, 32% had used naloxone to resuscitate someone who had overdosed.



In the sample, 7% said they had been resuscitated with naloxone by a peer.

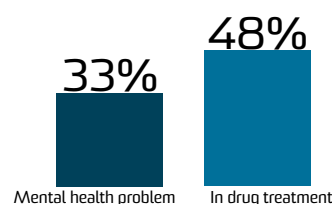
OTHER HARMS AND HELP-SEEKING



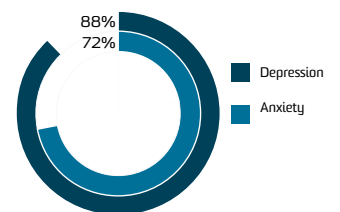
In the 2020 sample, 12% had a non-fatal opioid overdose in the last year. Heroin was the most commonly cited opioid related to non-fatal overdose.



In the 2020 sample, <5% had experienced a non-fatal stimulant overdose in the previous 12 months.

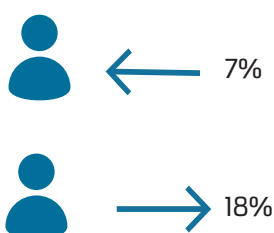


In the sample, 33% self reported a mental health problem in the six months prior to interview, and 48% were in drug treatment at the time of interview.

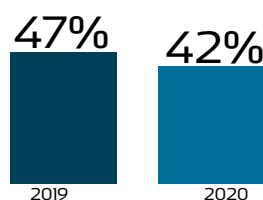


Of those who reported a mental health issue, 88% reported being diagnosed with depression and 72% with anxiety.

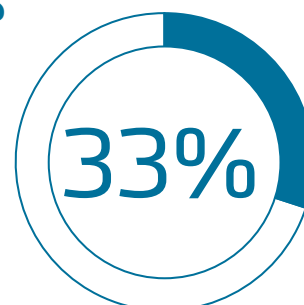
INJECTING RELATED RISKS AND HARMS



In 2020, 7% of the sample reported receptive needle sharing, and 18% reported distributive needle sharing.

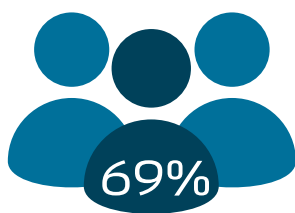


The number of people who re-used their own needles was stable from 2019 (47%) to 2020 (42%).

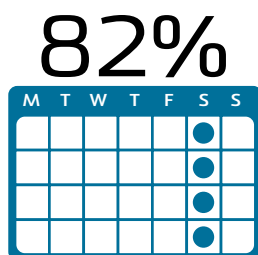


In 2020, one-third (33%) of the sample reported having an injection-related health issue in the month preceding interview.

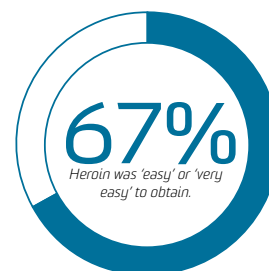
HEROIN



Past 6 month use of heroin was 69% in the 2020 sample (62% in 2019).

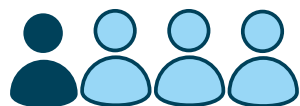


Of those who had recently consumed heroin, almost 4 in 5 used it weekly or more often.

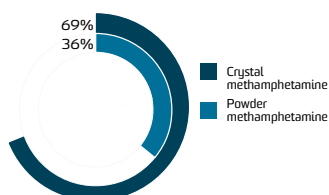


Of those who could comment 67% perceived heroin to be 'easy' or 'very easy' to obtain, down from 93% in 2019.

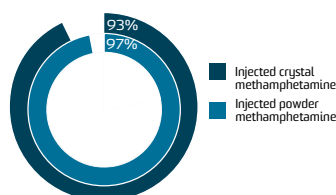
METHAMPHETAMINE



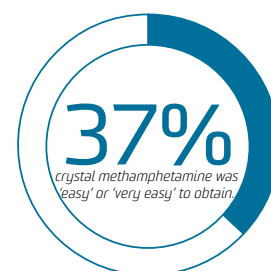
Past 6 month use of any methamphetamine was 73% in 2020 (79% in 2019).



Of the entire sample, 36% had recently consumed powder, and 69% crystal methamphetamine.

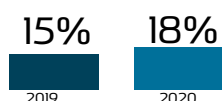


Injection was the main route of administration for powder (97%) and crystal (93%) among those who had consumed each form.

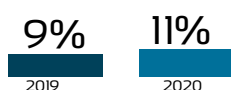


Of those who could comment 37% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2020.

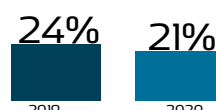
PHARMACEUTICAL MEDICINES



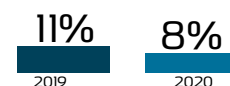
Past 6 month use of non-prescribed morphine was stable at 15% in the 2019 IDRS sample and 18% in 2020.



Past 6 month use of non-prescribed fentanyl was stable at 9% in the 2019 IDRS sample to 11% in 2020.

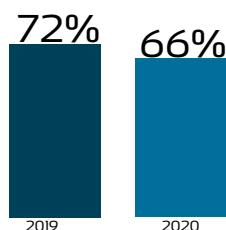


Past 6 month use of non-prescribed pregabalin was stable at 24% in the 2019 IDRS sample to 21% in 2020.

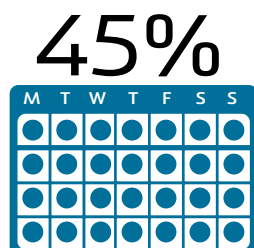


Past 6 month use of non-prescribed oxycodone reduced from 11% in the 2019 IDRS sample to 8% in 2020.

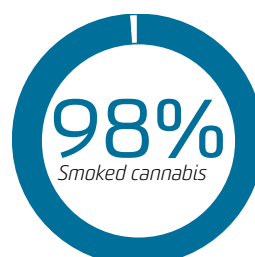
CANNABIS



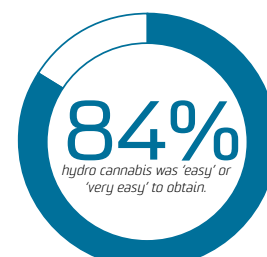
Past 6 month use of any cannabis was stable at 72% in the 2019 IDRS sample to 66% in 2020.



Of those who had consumed cannabis recently, just under half reported daily or more frequent use.



Of people who had consumed cannabis in the last 6 months, 98% had smoked it.



Of those who could comment 84% perceived hydro to be 'easy' or 'very easy' to obtain.

Background

The [Illicit Drug Reporting System \(IDRS\)](#) is an ongoing illicit drug monitoring system which has been conducted in all states and territories of Australia since 2000, and forms part of [Drug Trends](#). The purpose of the IDRS is to provide a coordinated approach to monitoring the use, market features, and harms of illicit drugs.

The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly inject drugs and from secondary analyses of routinely-collected indicator data. This report focuses on the key results from the annual interview component of IDRS.

Methods

IDRS 2000-2019

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected at least monthly during the six months preceding interview; and iii) have been a resident for at least 12 months in the capital city in which they were interviewed. Interviews took place in varied locations negotiated with participants (e.g. treatment services, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program used to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed \$40 cash for their time and expenses incurred.

In 2019, a total of 902 participants were recruited across capital cities nationally (May-July 2019), with 96 eligible participants interviewed in Perth, WA, during May-June 2019.

IDRS 2020: COVID-19 Impacts on Recruitment and Data Collection

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which came into effect in March 2020), face-to-face interviews were not possible in most jurisdictions due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone across all jurisdictions in 2020, with some jurisdictions (NT and TAS) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving \$40 reimbursement via one of three methods, comprising bank transfer, PayID® (direct electronic money transfer), or gift voucher, where completing the interview via telephone;
4. Age eligibility criterion: Changed from 17 years old to 18 years old (in WA it was already 18 years old); and
5. Additional interview content: The interview was shortened to ease the burden on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health. Please refer to Chapter 2 for further detail.

A total of 884 participants were recruited across capital cities nationally (June-September, 2020), with 100 eligible participants interviewed in Perth, WA, during June-August, 2020. In 2020, 42% of WA participants were recruited via NSPs (75% in 2019; $p<0.001$), followed by 26% via word-of-mouth (25% in 2019; $p=0.972$), 16% by their treatment provider (0% in 2019; $p<0.001$), and 14% by 'other'

(0% in 2019; $p=0.001$). Twelve per cent of the 2020 sample had taken part in the 2019 interview (18% in 2019 who had taken part in the 2018 interview; $p=0.322$). This study has been approved by the Curtin University Human Research Ethics Committee (Approval Number HR 28/2012).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness $> \pm 1$ or kurtosis $> \pm 3$), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2019 and 2020. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤ 5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the [methods for the annual interviews](#) but it should be noted that these data are from participants recruited in Perth, Western Australia, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather are intended to provide evidence indicative of emerging issues that warrant further monitoring.

This report covers a subset of items asked of participants and does not include jurisdictional-level results beyond estimates of recent use of various substances, nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Western Australia (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

COVID-19

With the intent of consistency, we have kept the report format from previous years to facilitate comparison. However, in acknowledgement of the potential impact of COVID-19 and associated restrictions, we have provided a comparison of sample demographics in 2019 versus 2020 in Chapter 1, as well as detailed findings related to impacts of COVID-19 restrictions on drug use and related behaviours, markets and harms as reported by participants in Chapter 2.

Outcomes relating to the previous 12 months reflect behaviours pre and during the COVID-19 period, whereas those relating to shorter timeframes such as within the previous six months or past month may reflect behaviours during or subsequent to stringent restrictions depending on the jurisdiction and timeframe. This may mean that some indicators may not be sensitive to potential impacts of COVID-19 and associated restrictions. Differences in the methodology, and the events of 2020, must be taken into consideration when comparing 2020 data to previous years, and treated with caution. For further information on findings related to COVID-19 and associated restrictions, please see earlier [bulletins](#) released based on IDRS 2020 findings.

Additional Outputs

[Infographics](#) from this report are available for download. There are a range of outputs from the IDRS triangulating key results from the annual interviews and other data sources and considering the implications of these findings, including [jurisdictional reports](#), [bulletins](#), and other resources available via the [Drug Trends webpage](#). This includes results from the [Ecstasy and Related Drugs Reporting System \(EDRS\)](#), which focuses on the use of ecstasy and other stimulants.

Please contact the research team at drugtrends@unsw.edu.au with any queries; to request additional analyses using these data; or to discuss the possibility of including items in future interviews.

1

Sample Characteristics

The demographic characteristics of the WA IDRS sample in 2020 are summarised in Table 1. In 2020, more than half of the WA participants were male (67%; 65% in 2019; $p=0.837$), with a mean age of 43 years (SD=10) (43 years in 2019; SD=11; $p=0.822$) and identified themselves as heterosexuals (87%; 73% in 2019; $p=0.028$). The majority of the sample (90%) were unemployed at the time of interview (85% in 2019; $p=0.431$), even though nearly three-fifths (59%; 74% in 2019; $p=0.034$) reported having received a post-school qualification(s). The vast majority of participants (92%) reported receiving a government pension, allowance or benefit in the past month, stable from 2019 (88%; $p=0.421$). Participants reported their median weekly income amounted to \$538 (IQR=459-594), significantly higher than \$325 (IQR=290-410; $p<0.001$) reported in 2019.

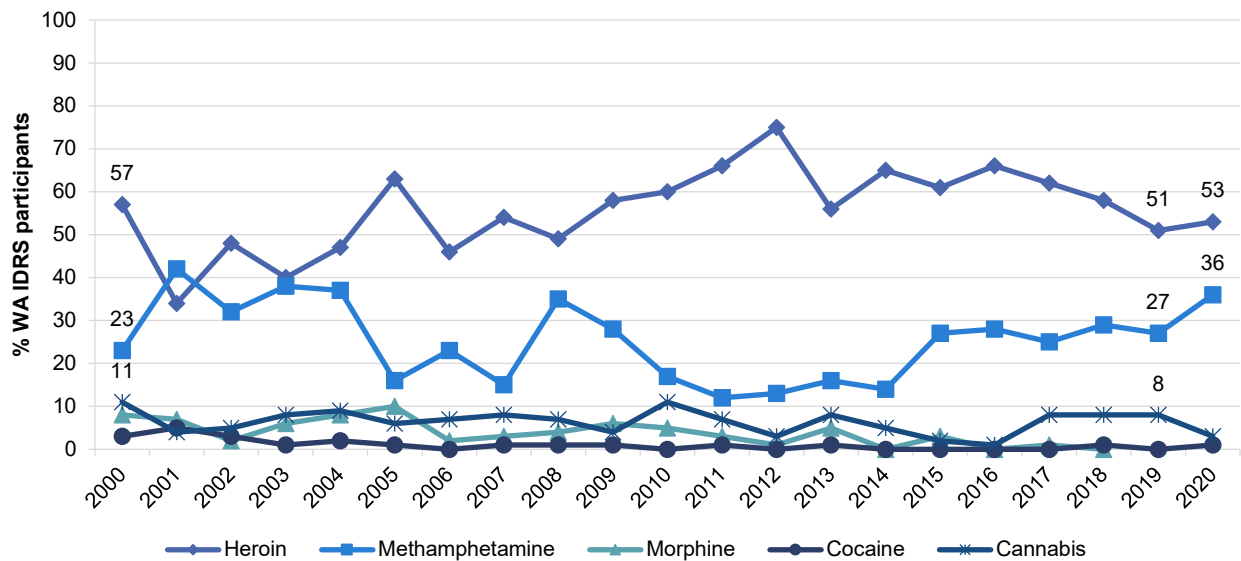
More than half of the participants (53%) reported that heroin was their drug of choice, stable from 2019 (51%; $p=0.896$), followed by methamphetamine (36%; 27% in 2019; $p=0.235$) (Figure 1). Additionally, heroin was the drug injected most often in the month preceding interview reported by 50% of participants (47% in 2019; $p=0.823$), followed by methamphetamine (39%; 41% in 2019; $p=0.884$) (Figure 2). Figure 3 illustrates weekly or more frequent substance use in the past six months. There were no significant differences between the values obtained in 2019 and 2020.

Table 1: Demographic characteristics of the sample, nationally (2020) and Western Australia, 2016-2020

	National	Western Australia				
	2020	2020	2019	2018	2017	2016
	(N=884)	(N=100)	(N=96)	(N=100)	(N=73)	(N=71)
Mean age (years; SD)	44 (9)	43 (10)	43 (11)	43 (10)	43 (12)	44 (10)
% Male	59	67	65	60	60	66
% Aboriginal and/or Torres Strait Islander	18	20*	8	13	10	9
% Sexual identity						
Heterosexual	86	87*	73	78	90	90
Homosexual	4	-	7	9	-	-
Bisexual	8	-*	16	10	-	-
Queer	1	0	-			
Other	1	-	-	-	0	0
Mean years of school education (SD)	10 (1.5)	11 (1.3)	11 (1.3)	11 (1.4)	10 (1.4)	11 (1.2)
% Post-school qualification(s)^	62	59*	74	71	55	79
% Current accommodation						
Own home (<i>inc. renting</i>)~	69	64	56	69	75	78
Parents'/family home	6	12	7	14	12	11
Boarding house/hostel	9	9	13	-	9	-
Shelter/refuge	2	2	8	-	0	-
No fixed address	12	13	15	13	-	-
Other	1	0	-	-	0	0
% Current employment status						
Unemployed	88	90	85	81	81	72
Full-time work	3	-	-	-	-	13
% Past month gov't pension, allowance or benefit	94	92	88	85	88	79
Current Median income/week (\$; IQR)	500 (421-555)	538 (459-594)***	325 (290-410)	325 (272-475)	324 (250-450)	400 (290-550)

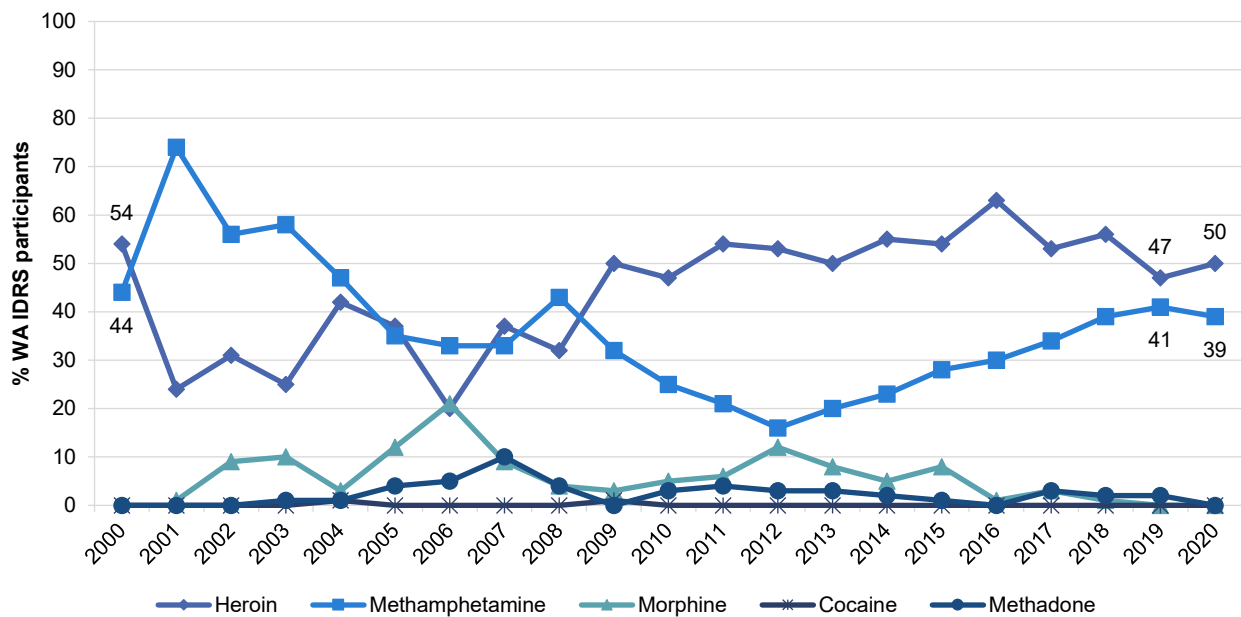
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. In 2020, 'students' comprised participants who were currently studying for either 'trade/technical' or 'university/college' qualifications. 'No fixed address' includes rough sleeping or squatting and couch surfing. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Figure 1: Drug of choice, Western Australia, 2000-2020



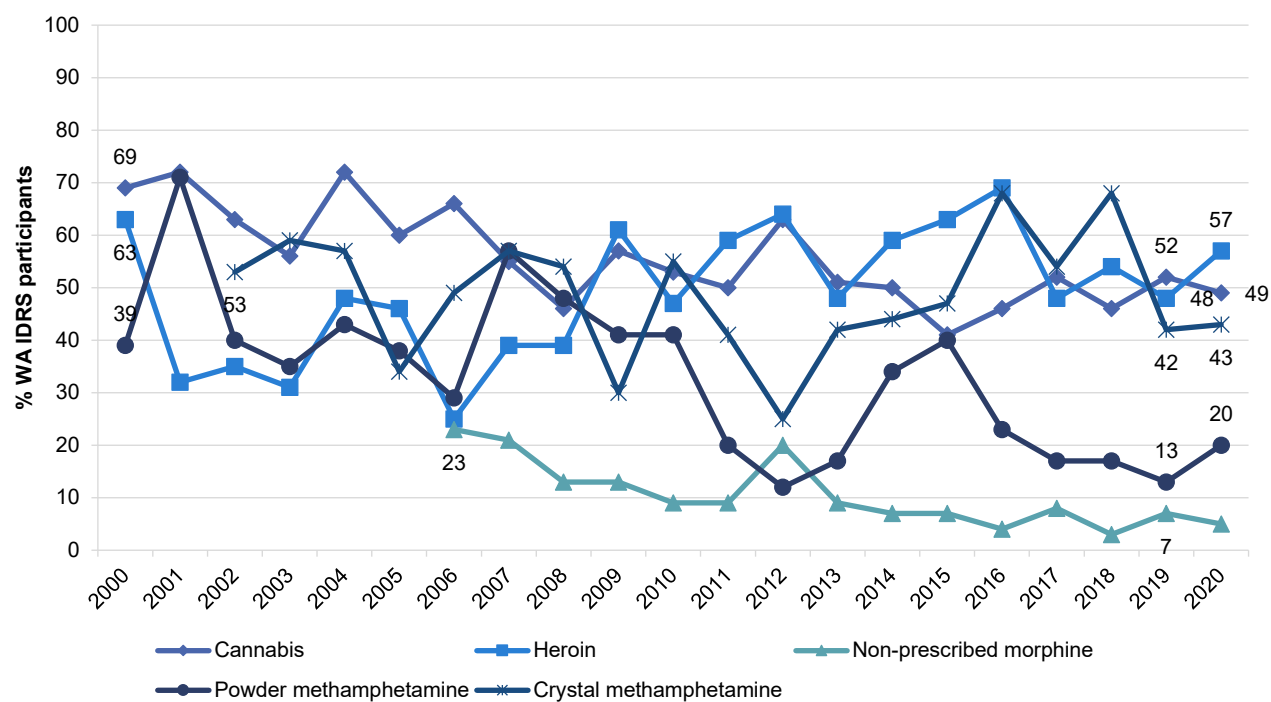
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 2: Drug injected most often in the past month, Western Australia, 2000-2020



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 3: Weekly or more frequent substance use in the past six months, Western Australia, 2000-2020



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

2

COVID-19

Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 469 cases 28/3/2020), declining subsequently (<20 cases per day) until a resurgence from late June, largely based in Victoria (VIC) and to a lesser extent in New South Wales (Figure 4). As a nation of federated states and territories, public health policy including restrictions on movement and gathering varied by jurisdiction, however restrictions on gatherings were implemented across jurisdictions from early March; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were reduced from mid-June, again with variation across jurisdictions. Notably, significant restrictions were enforced again in VIC (from July), whereby Stage 4 restrictions were implemented in early August 2020.

Western Australia (WA) observed its first two cases of COVID-19 on 21 February 2020. A few weeks later, on 15 March 2020, a State of Emergency was declared in WA, followed by a Public Health State of Emergency on 16 March.

Stage 1 restrictions came into effect on 23 March, which included the immediate closure of pubs, bars, clubs, hotels, entertainment venues, indoor sporting venues, gyms, casinos, cinemas, cultural institutions and places of worship. Cafés and restaurants were restricted to takeaway. On 25 March, the rules were restricted further and included the closure of beauty, nail-massage, tattoo shops, galleries, libraries, recreation and community centres, pools and sporting activities, pilates, yoga, wellness centres, amusement parks, indoor and outdoor play centres, arcades, real estate inspections and auctions. During this period, the restrictions were the toughest in place and people were requested to stay home, unless leaving for essential activities (e.g. groceries, exercise, medical reasons, work where it could not be done from home, and care/support for someone else). A two person gathering limit was also put in place, and an overseas travel ban was also implemented. For the first time in history, the Western Australian borders were closed on 6 April 2020.

On 27 April 27, the rules were relaxed (Phase 1) and restrictions on the limit of people for an indoor and outdoor gathering were raised to 10 people. Outdoor personal training without share equipment was allowed, as well as outdoor recreational activities, and real estate home openings.

On 18 May (Phase 2), rules were relaxed further, and restrictions on the limit of people for an indoor and outdoor non-work gathering were raised to 20 people, with a four square metre rule limit. Cafés and restaurants with meal service were permitted to reopen, including within pubs, bars, clubs, hotels

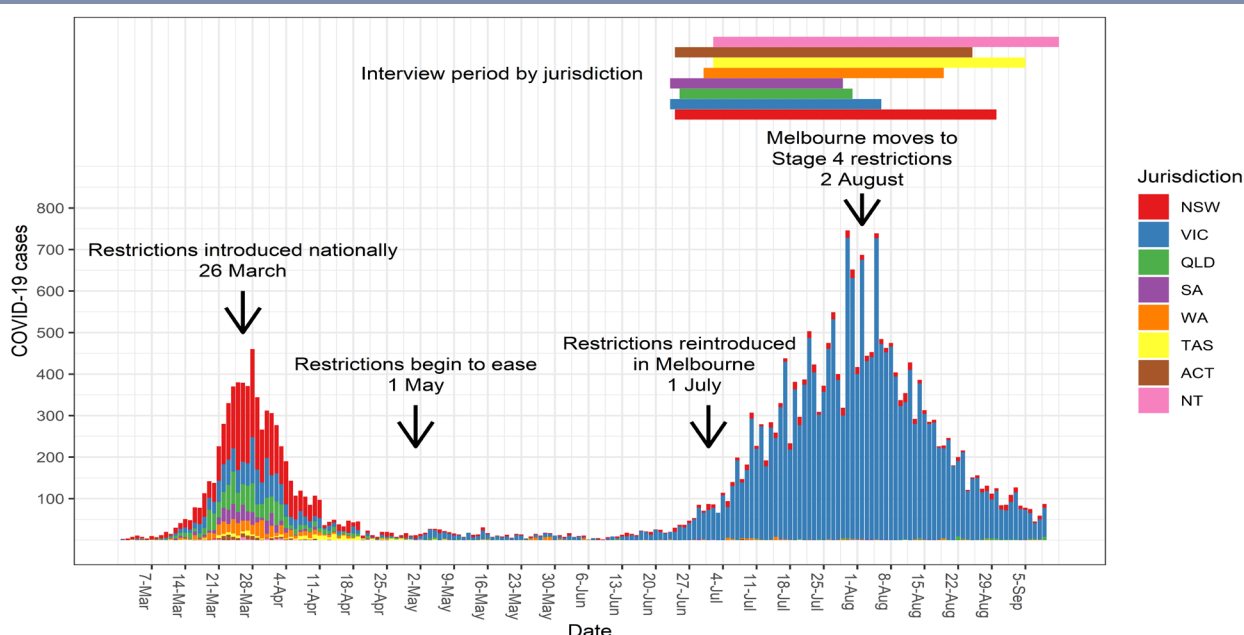
and casinos, with a 20 patron limit. Western Australians were encouraged to return to work, and regional travel restrictions were relaxed. Non-contact community sports, outdoor or indoor fitness classes with no shared equipment, places of worship, community facilities, libraries, and public pools (1 indoor and multiple outdoor) were permitted to reopen with up to 20 patrons.

On 6 June, rules were relaxed further (Phase 3), which included an increase in the number of people at non-work gatherings, and the reopening of additional businesses (e.g. beauty services, wellness centres, museums, arcades, playgrounds and gaming venues). Non-work indoor and outdoor gatherings of up to 100 people per single undivided space, and up to 300 people in total per venue over multiple spaces (100/300 rule) were permitted. The four square metre rule limit, was replaced by a two square metre rule limit. Food and licensed premises were allowed to reoperate but only with seated service.

Phase 4 came into effect on 27 June and was still in place until the end of data collection, in August. All existing gathering limits were removed and were only determined by the reduced two square metre rule limit. The two square metre rule included staff at venues that held more than 500 patrons. For WA's major sport and entertainment venues, a 50 per cent capacity rule applied.

Note. Data obtained from <https://www.wa.gov.au/organisation/department-of-the-premier-and-cabinet>

Figure 4: Timeline of COVID-19 in Australia and IDRS data collection period, 2020



Note. Data obtained from <https://www.covid19data.com.au/>.

Methods

IDRS interviews in WA commenced on 30 June and concluded on 25 August 2020, during phase 4 (Figure 4).

In 2020, the IDRS interview was condensed to alleviate the burden on participants completing the survey via telephone, and a particular focus on COVID-19 was present throughout the interview in order to capture changes in drug purchasing, use and harm reduction behaviours.

Questions pertaining to the impacts of COVID-19 on lifestyle such as housing situation and changes in employment, amongst others, were examined, as well as COVID-19 specific questions such as symptoms, testing, diagnosis, social distancing and isolation or quarantine practices.

Furthermore, so as to ensure more complete capture of changes brought about by COVID-19, questions were posed throughout the interview to explore demographic characteristics, drug consumption, injecting practices and harm reduction behaviours which occurred in February 2020 as compared to March, when COVID-19 restrictions on travel and people's movement in Australia were introduced.

A brief description of methods can be found in the Error! Reference source not found. section of this document.

COVID-19 Testing and Diagnosis

Fourteen per cent of the WA sample had been tested for SARS-COV-2 by the time of interview, and no participants had been diagnosed with the virus. Almost half of the sample (49%) reported concern about contracting COVID-19; nearly one-third (30%) reported being 'slightly' worried, whereas 14% reported being 'moderately' worried. Small numbers ($n \leq 5$) reported being 'very' to 'extremely' worried.

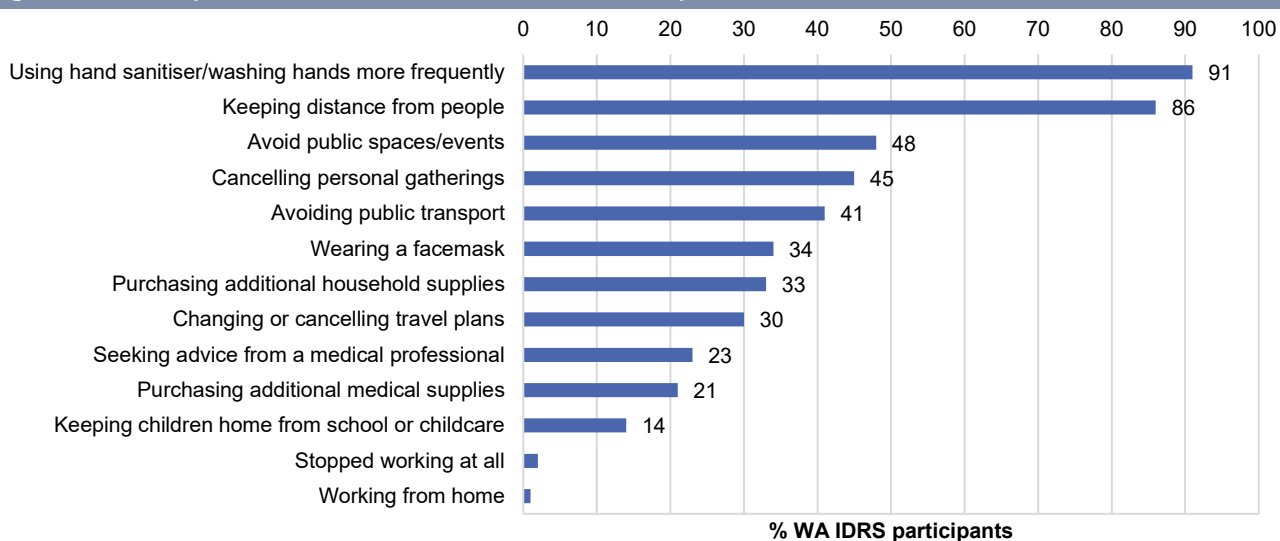
Social and Financial Impacts of COVID-19 Restrictions

COVID-19 related health behaviours. Since the beginning of March 2020, the majority (92%) of participants had practiced social distancing (i.e., avoiding public transport and social gatherings) and 70% had undergone home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or collect groceries. Few participants ($n \leq 5$) reported that they were required to quarantine for 14 days due to being at risk of contracting COVID-19.

Participants were asked about various health precautions they had engaged in, in the four weeks prior to interview (Figure 5). Most commonly, participants reported 'using hand sanitiser/washing hands more frequently' (91%), 'keeping distance from people' (86%) and 'avoiding public spaces/events' (48%).

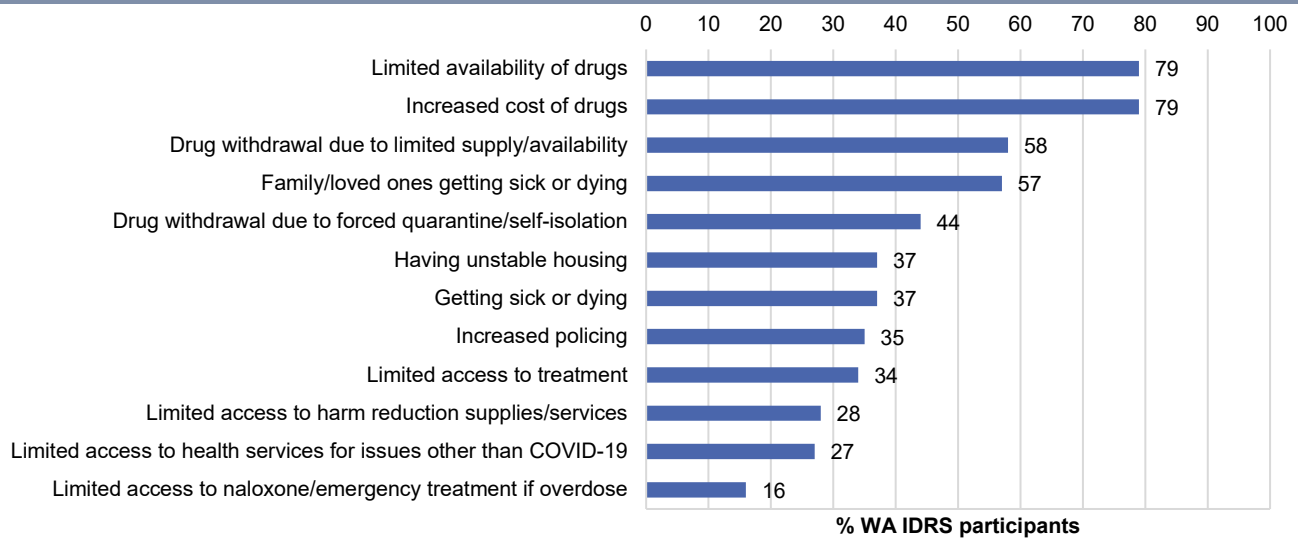
Furthermore, participants reported a number of concerns related to the COVID-19 pandemic; concerns most commonly reported comprised 'limited availability of drugs' (79%), 'increased cost of drugs' (79%), and 'drug withdrawal due to limited supply/availability' (58%) (Figure 6).

Figure 5: Health precautions related to COVID-19 in the past four weeks, Western Australia, 2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0).

Figure 6: Participant concerns relating to the COVID-19 pandemic, Western Australia, 2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0).

Housing. Twenty per cent of participants reported that their living situation had changed since the beginning of March 2020. As to why participants' living situation had changed, reasons included 'rent increase' (19%) and 'moved but was unrelated to COVID-19' (15%).

Employment and income. When asked about their income in the four weeks prior to interview as compared to how much participants received in the month of February 2020, 56% of participants reported that they were receiving more income, 8% reported less income, and 36% reported a similar amount of income (Table 2).

The majority of participants (73%) reported experiencing any financial difficulty during the past month; most commonly reported difficulties were being 'unable to pay household or phone bills on time' (46%) and 'unable to buy food' (41%). Furthermore, nearly half of the sample (49%) reported asking for financial help from friends or family, and one-third of participants (33%) asked for help from welfare/community organisations (Table 2). It should be noted that no data were collected on financial difficulties prior to COVID-19, and thus these difficulties cannot be linked solely to impacts of COVID-19 and associated restrictions.

Table 2: Social and financial impacts of COVID-19 restrictions, Western Australia, 2020

Western Australia 2020	
N=100	
% Change in total income in the past month compared to February	
More money	56
Less money	8
About the same	36
% Financial difficulties in the past month#	
Asked for financial help from friends or family	49
Could not pay household or phone bills on time	46
Unable to buy food or went without meals	41
Asked for help from welfare/community organisations	33
Difficulty paying for medications	27
Could not pay the mortgage or rent on time	24
Unable to heat/air condition house	22
Difficulty paying for medical treatment	21
Requested deferred payment of mortgage/rent/loan	12

Note. The response 'Don't know' was excluded from analysis. # participants could endorse multiple responses. - Per cent suppressed due to small cell size (n≤5 but not 0).

Drug Use

Main drug injected. More than one-tenth (13%) of participants reported that the drug injected most often in the past month was not the same as the drug injected most often in February 2020. The most common change was from methamphetamine to 'did not inject' and methamphetamine to heroin, though small numbers (n≤5) reported both transitions.

Frequency of drug injection: Slightly less than half (43%) of participants reported injecting drugs at a different frequency in the past month as compared to February 2020; of these participants, 16% reported greater frequency of injection, and 84% reported reduced frequency (Table 3).

Table 3: Drug injected most often in February (pre-COVID-19 restrictions) as compared to the past month (during COVID-19 restrictions), Western Australia, 2020

Western Australia 2020		
	February	Past month
% Drug injected most often in that month	N=100	N=100
Heroin	50	50
Methamphetamine	46	39
Buprenorphine-naloxone	-	-
Cocaine	-	0
Other	-	-
% reporting change in drug injected most often from February to past month	Overall: 13	
% Frequency of drug injection in that month		
Not in the month	0	-
Weekly or less	11	14
More than weekly, not daily	22	25
Once a day	22	20
2-3 times a day	27	23
More than 3 times a day	18	13
% reporting decrease in frequency	Overall: 84	
% reporting increase in frequency	Overall: 16	
% reporting stable frequency	Overall: 0	

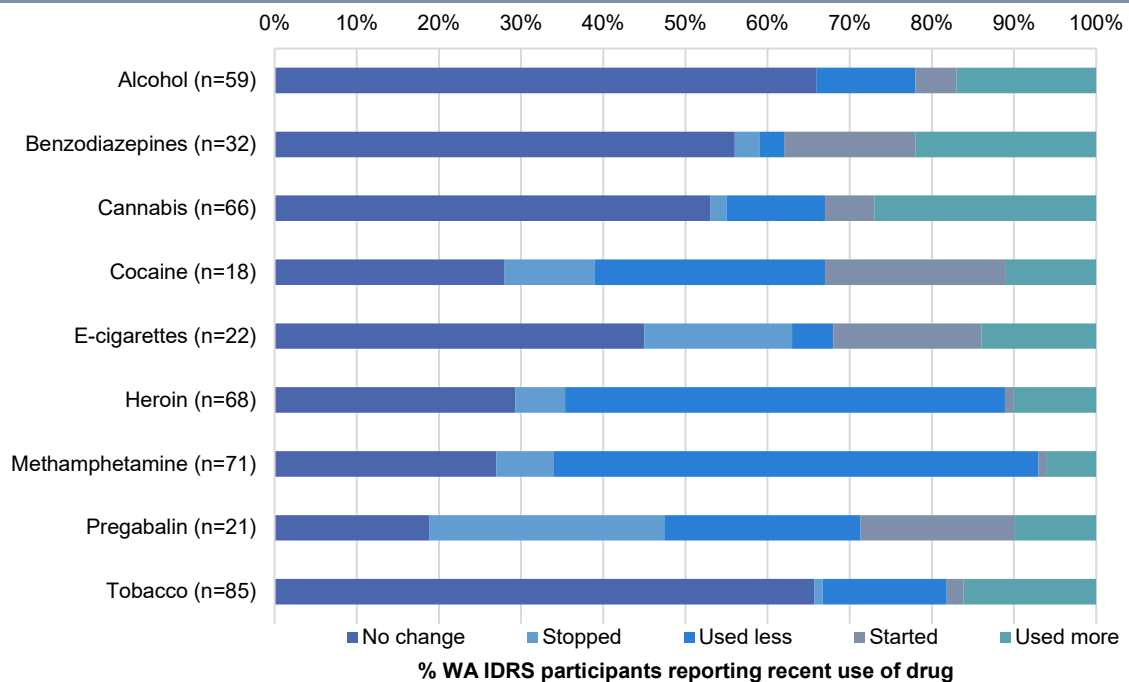
Note. The response 'Don't know' was excluded from analysis. - Per cent suppressed due to small cell size (n≤5 but not 0).

Perceived changes in drug use. In the 2020 interviews, additional questions were asked of participants who reported past six-month use of various drugs about changes in their use of that drug since the beginning of March 2020 (since COVID-19 restrictions) as compared to before (Figure 7). Further detail on trends in drug use and consumption patterns can be found in subsequent chapters.

Most commonly, participants reported a decrease in use (i.e. reduction or cessation in use) of methamphetamine (66%), followed by a decrease in use of heroin (59%). An increase in use (i.e. increase or resumption in use) was most frequently reported for cannabis (33%) and benzodiazepines (38%), and no change was most commonly reported for alcohol (66%), and tobacco (65%).

The primary reason cited for decreasing use of methamphetamine and heroin was 'decreased availability' (77% and 65%, respectively). The second most commonly endorsed reason was 'the drug is more expensive' (62% and 45%, respectively). The primary reason why participants increased their use of cannabis comprised 'having more time to use the drug' (55%), followed by 'being more bored' (50%), and 'having difficulties accessing other drugs' (45%).

Figure 7: Perceived change in drug use since March 2020 (since COVID-19 restrictions) as compared to before, Western Australia, 2020

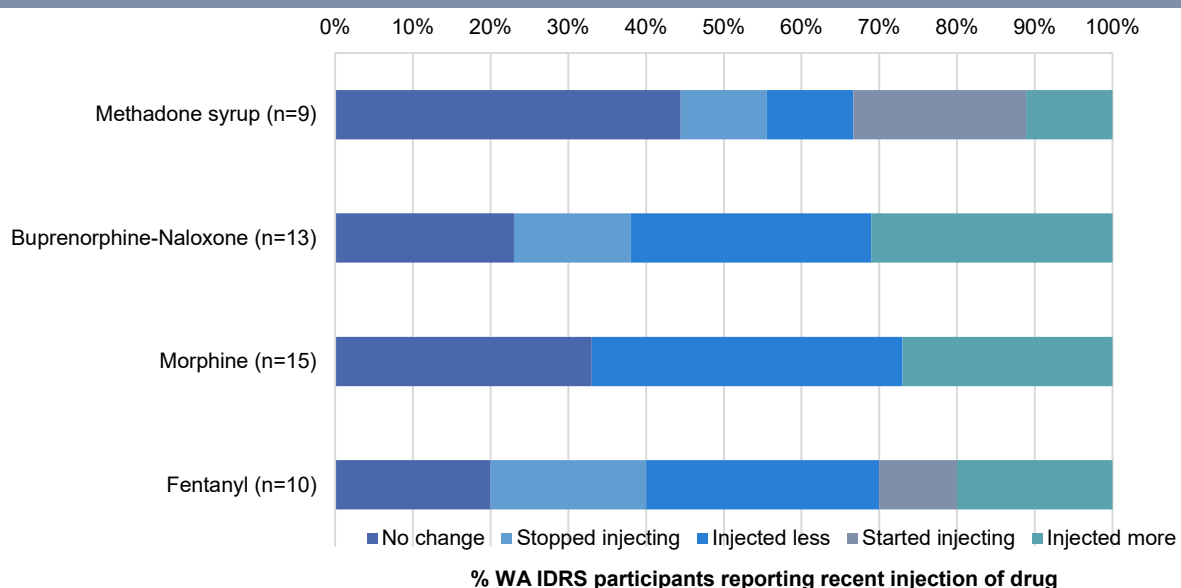


Note. Change in use items were asked of participants who reported use in the past six months. The response 'Don't know' was excluded from analysis. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

Perceived changes in frequency of drug injection. Participants who reported past six-month injection of pharmaceutical opioids were asked about changes in frequency of injection since the beginning of March 2020, as compared to before (Figure 8).

Most commonly, participants reported an increase in injection of buprenorphine-naloxone (31%). A decrease in injection was most frequently reported for morphine (40%).

Figure 8: Perceived change in injecting frequency of pharmaceutical opioids since March 2020 (since COVID-19 restrictions) as compared to before, Western Australia, 2020



Note. These items were asked of participants who reported injecting the drug in the past six months. The response 'Don't know' was excluded from analysis. Estimates reflect reports of any (prescribed and/or non-prescribed) injection for pharmaceutical opioids.

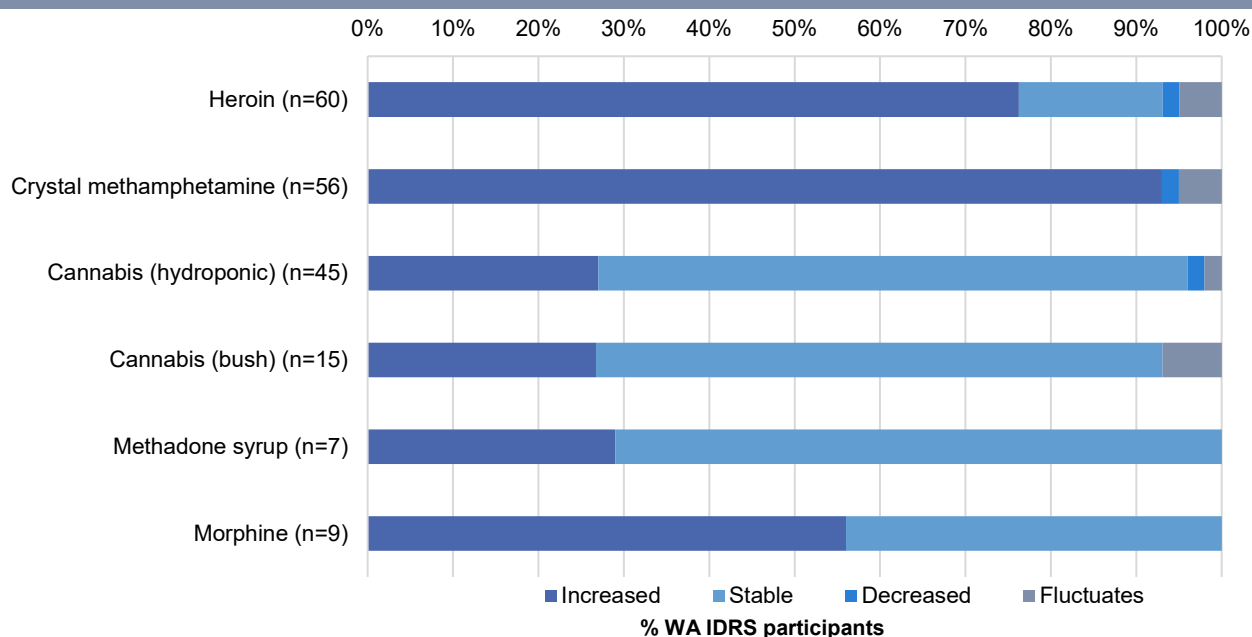
Price, Perceived Purity and Availability

Participants were asked to answer a number of questions regarding the price, perceived purity and availability of various drugs, providing they were confident in their knowledge of the drug in question. Further details on trends over time in these indicators can be found in the subsequent chapters.

Additional questions were included in the 2020 interview for each of the main substances specifically assessing perceived change in price, perceived purity and availability since March 2020 (since COVID-19 restrictions) as compared to before.

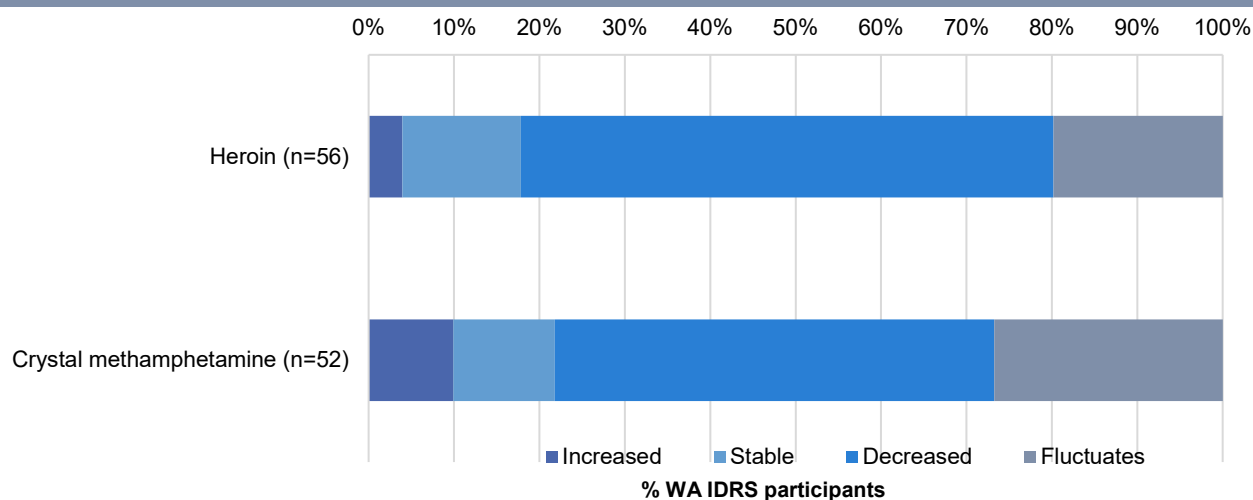
Crystal methamphetamine and heroin were the most commonly reported illicit drugs to have increased in price since the beginning of March 2020 as compared to before (93% and 77%, respectively). The price of methadone syrup was most commonly reported as stable (71%) (Figure 9). Participants perceived the purity of heroin and crystal methamphetamine to have decreased since the beginning of March 2020, as compared to before (63% and 52%, respectively) (Figure 10). Crystal methamphetamine and heroin were most commonly cited as illicit drugs which had decreased in availability (88% and 72%, respectively) (Figure 11).

Figure 9: Change in price of select illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, Western Australia, 2020



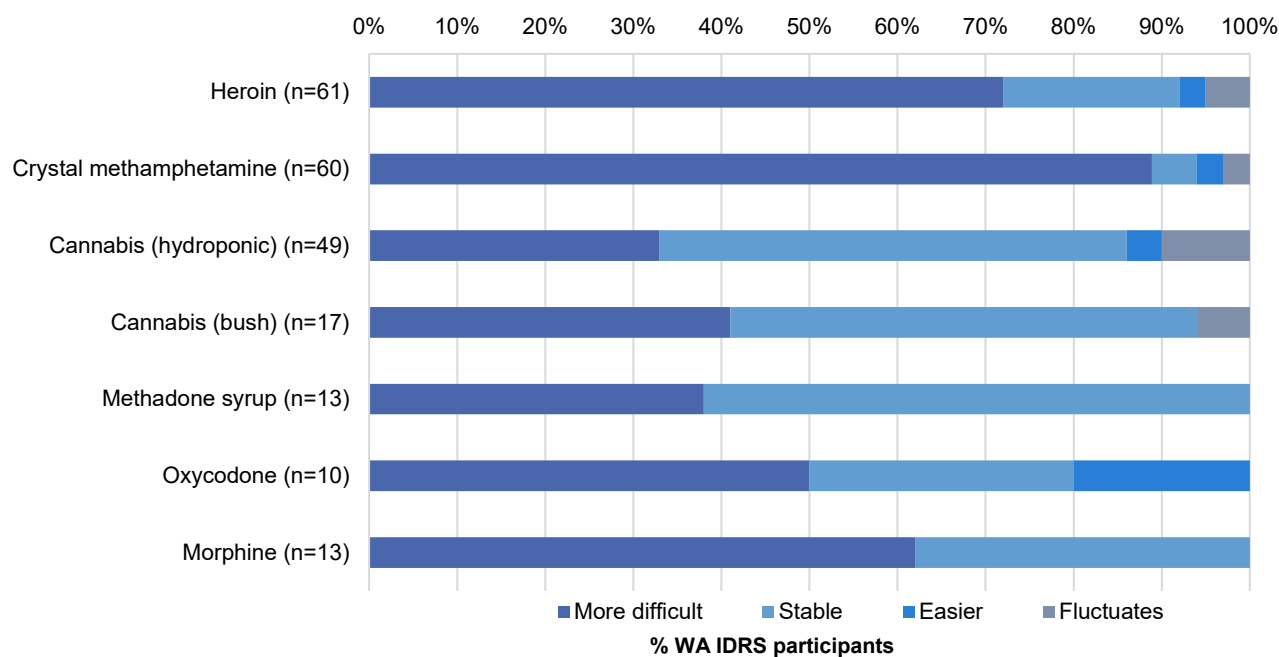
Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 10: Change in perceived purity of heroin and crystal methamphetamine since March 2020 (since COVID-19 restrictions) as compared to before, Western Australia, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 11: Change in perceived availability of select illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, Western Australia, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Risk and Protective Behaviours

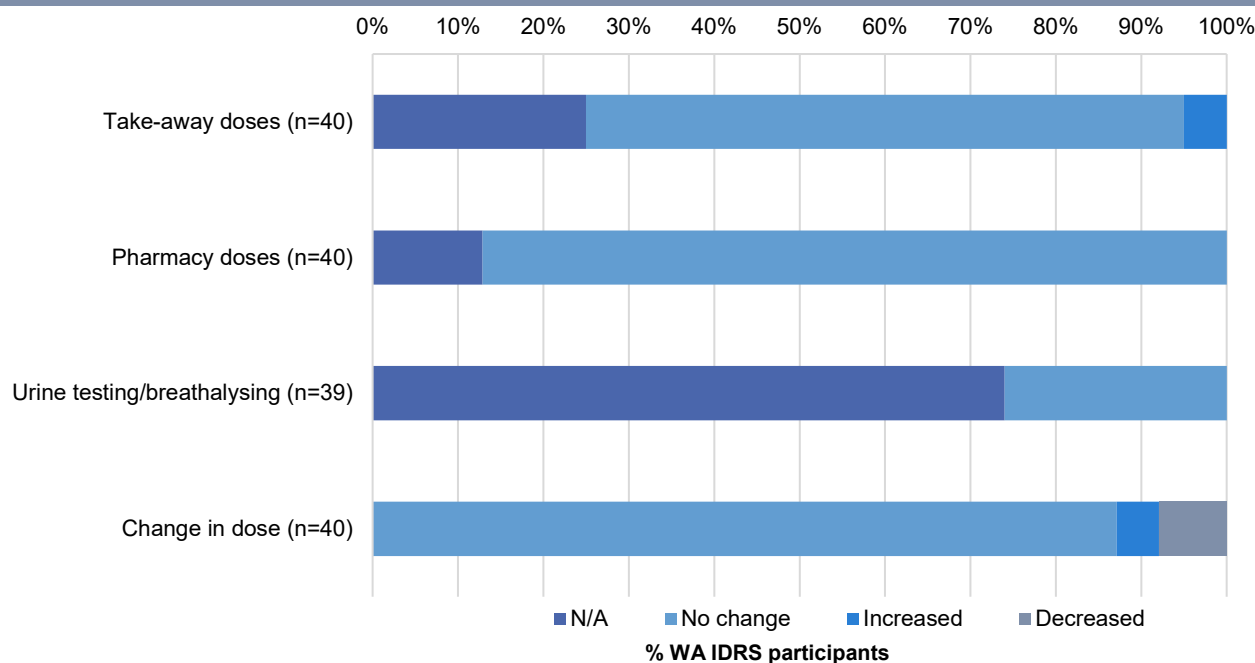
Drug Treatment. Of those participants who were in treatment in the six months prior to interview (n=59), 42% were receiving treatment both before and since March. Of this group, 44% reported any disruption to treatment since March 2020 (since COVID-19 restrictions), namely appointments via telephone/video rather than face-to-face (27%), and the treatment service had different trading hours (25%).

Of those in treatment at the time of interview (n=48), 77% reported that their treatment satisfaction was 'similar' since March 2020 (since COVID-19 restrictions), and 18% reported that their satisfaction was 'worse'.

Furthermore, for those on opioid agonist treatment (OAT) since March (n=40), 88% of participants reported that the frequency of pharmacy doses had remained mostly stable, as had their dose (88%), and take-away doses (70%) (Figure 12).

Slightly less than one-fifth (16%; n=7) of those in OAT in the last six months reported having missed a dose of medication (e.g. methadone, buprenorphine, buprenorphine-naloxone or buprenorphine depot injection) due to service disruptions (e.g. service was closed, changed hours of service and the treatment service was short-staffed). Those on OAT since March (n=40) were also asked to what degree they felt involved in decision-making around changes to their treatment since the beginning of March (since COVID-19 restrictions); the majority of those who commented responded 'very' (13%) or 'not at all' (13%).

Figure 12: Changes in aspects of drug treatment since March 2020, as compared to before amongst participants reporting recent Opioid Agonist Treatment, Western Australia, 2020



Note. Among those who had received OAT since March and who commented. The response 'Don't know' was excluded from analysis.

Injecting equipment access and disposal. Approximately one-in-ten participants (11%) reported having experienced trouble in obtaining new sterile needles and syringes since the beginning of March (since COVID-19 restrictions). Of those who had trouble obtaining new sterile needles and syringes and commented (n=11), 64% of participants reported having re-used their own needles more than they normally would.

Small numbers (n≤5) reported having had difficulties in safely disposing of used needles and syringes in a sharps bin since March (since COVID-19 restrictions), injecting drugs less frequently, sharing needles and syringes more than they normally would, and used other routes of administration. For further information, please refer to the [2020 IDRS National Report](https://www.idrs.org.au/2020-national-report), or contact the Drug Trends team.

Injecting practices. The majority of participants reported 'no change' when reporting changes in their injecting practices since March 2020 (since COVID-19 restrictions) with regards to borrowing (96%)

and lending needles (93%). The majority of the sample (89%) reported re-using their own needle about the same amount as usual since the beginning of March as compared to before, while six per cent reported an increase (Figure 13). Additionally, the majority (73%) of participants reported injecting 'alone' about the same amount, and 14% reported injecting alone more.

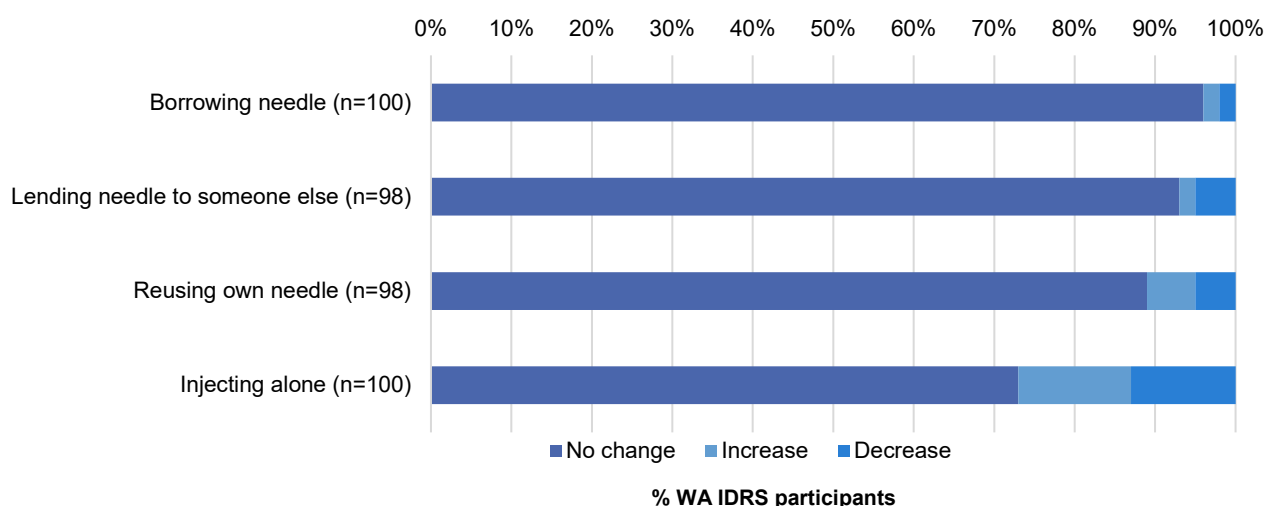
Mental health. When asked to rate their mental health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions), 30% of participants rated their mental health as being 'worse', 49% reported 'similar' and 21% reported their mental health was 'better'.

Physical health. When asked to rate their physical health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions), eight per cent of participants rated their physical health as being 'worse', 80% reported 'similar' and 12% reported their physical health was 'better'.

Behaviours to protect against COVID-19 transmission or impacts of restrictions. Over one-third (39%) of participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. The most common sources cited were a harm reduction service (22%), followed by a GP (13%) and online fact sheets/ websites (13%).

The vast majority (99%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs (Table 4).

Figure 13: Change in frequency of injecting practices since March 2020 (since COVID-19 restrictions) as compared to before, Western Australia, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Table 4: Harm reduction behaviours to reduce risk of COVID-19 transmission and/or impacts of restrictions, Western Australia, 2020

Western Australia 2020	
N=100	
Avoided sharing needles/syringes with other people	88
Washed hands with soap/sanitiser before handling drugs or money	85
Prepared your drugs yourself	77
Avoided sharing other drug use equipment (e.g. pipes, bongs) with other people	75
Stocked up on sterile needle/syringes	46
Obtained take-home naloxone/Narcan	46
Wiped down drug packages/wraps with soap/sanitiser	39
Avoided smoking/vaping drugs	37
Stocked up on other sterile drug use equipment	27
Stocked up on illicit/non-prescribed drugs	16
Stocked up on prescription medicines prescribed to you	15

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). Participants could endorse multiple responses.

3

Heroin

Participants were asked about their recent (past six month) use of heroin (including homebake). Participants typically describe heroin as white/off-white rock, brown/beige rock or white/off-white powder. Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine.

Patterns of Consumption

Recent Use (past 6 months)

The percentage of participants reporting recent use of any heroin remained stable between 2020 (69%) and 2019 (62%; $p=0.416$) (Figure 14).

Frequency of Use

Median days of use remained stable, with a median frequency of 90 days (IQR=46-180) in the six months preceding interview (90 days in 2019; IQR=24-180; $p=0.456$) (Figure 14). In 2020, 35% of participants who had recently used heroin reported using it daily (29% in 2019; $p=0.600$), while 82% reported weekly or more frequent use (78% in 2019; $p=0.657$).

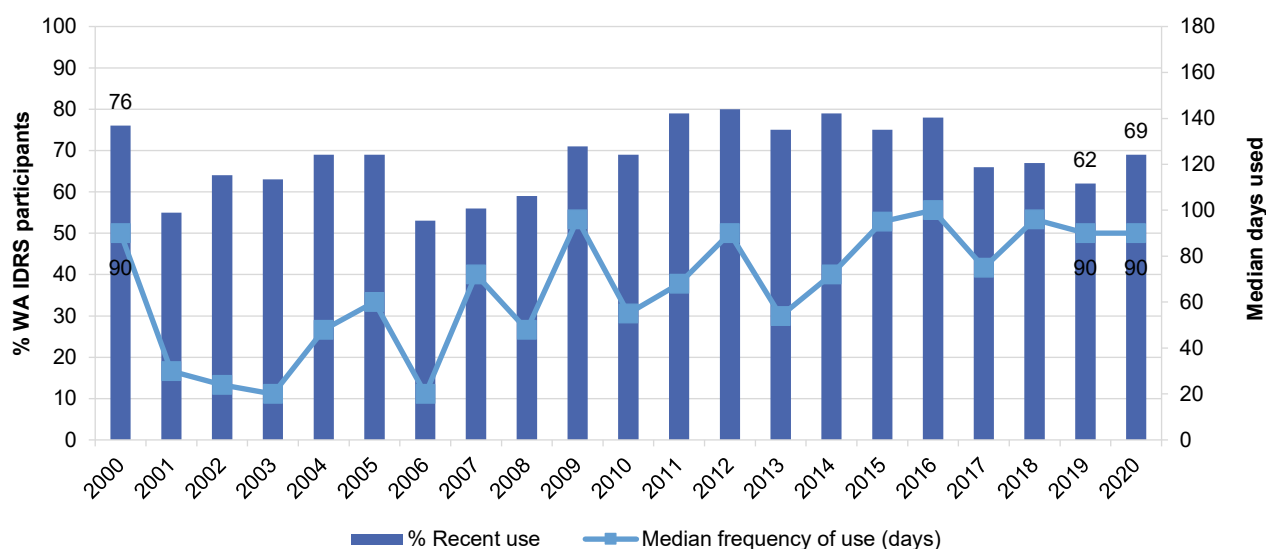
Routes of Administration

Injecting remained the most common route of administration among participants who had recently used heroin (100% in 2020 versus 100% in 2019). Participants who reported injecting did so on a median of 90 days (IQR=46-180) which remained stable from 2019 (90 days; IQR=24-180; $p=0.500$). Fewer participants ($n\leq 5$) reported smoking, snorting and swallowing in 2020.

Quantity

Of those who reported recent use and responded ($n=62$), the median amount of heroin used per day in the six months preceding interview was 0.20 grams (IQR=0.10-0.30) in 2020 (0.10 grams in 2019; IQR=0.10-0.30; $p=0.087$).

Figure 14: Past six month use and frequency of use of heroin, Western Australia, 2000-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Price, Perceived Purity and Availability

Price

In 2020, the reported median last price of heroin was \$100 (IQR=100-150) for one point, a significant increase relative to 2019 (\$60 in 2019; IQR=50-100; $p<0.001$) and \$600 for one gram (IQR=350-800) (very low numbers ($n\leq 5$) were able to report on the price of heroin per gram in 2019) (Figure 15).

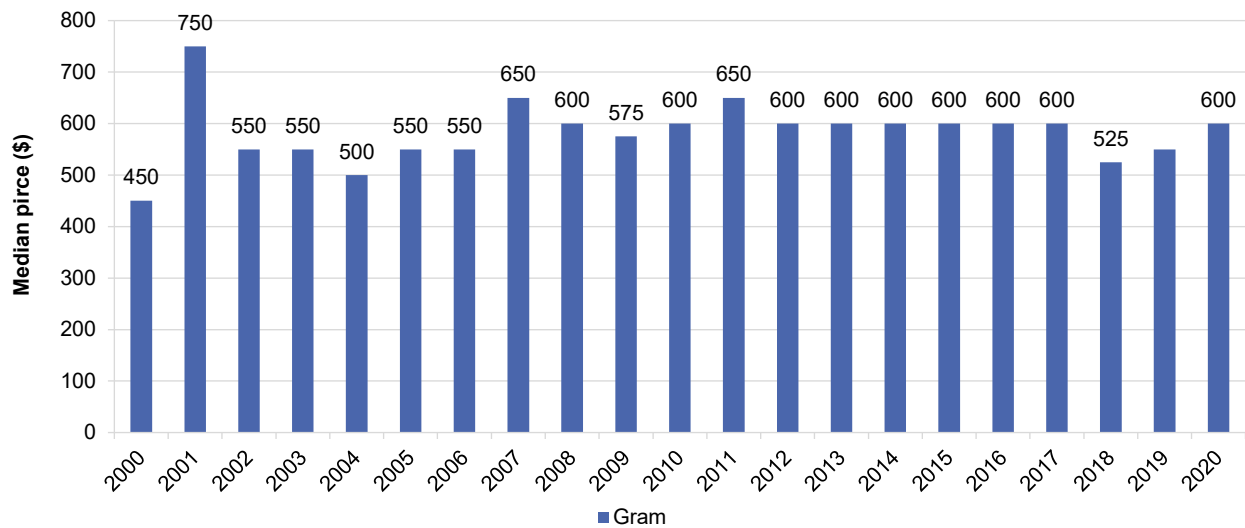
Perceived Purity

Amongst the participants who were able to comment in 2020 ($n=57$), the greatest per cent of participants perceived current purity to be 'low' (44%; 14% in 2019; $p=0.001$) (Figure 16). Approximately one-in-five participants (23%) reported that it fluctuated (22% in 2019; $p=1.000$), while the remaining of the sample perceived the purity as 'medium' (19%; 31% in 2019; $p=0.221$) or 'high' (14%; 33% in 2019; $p=0.032$).

Perceived Availability

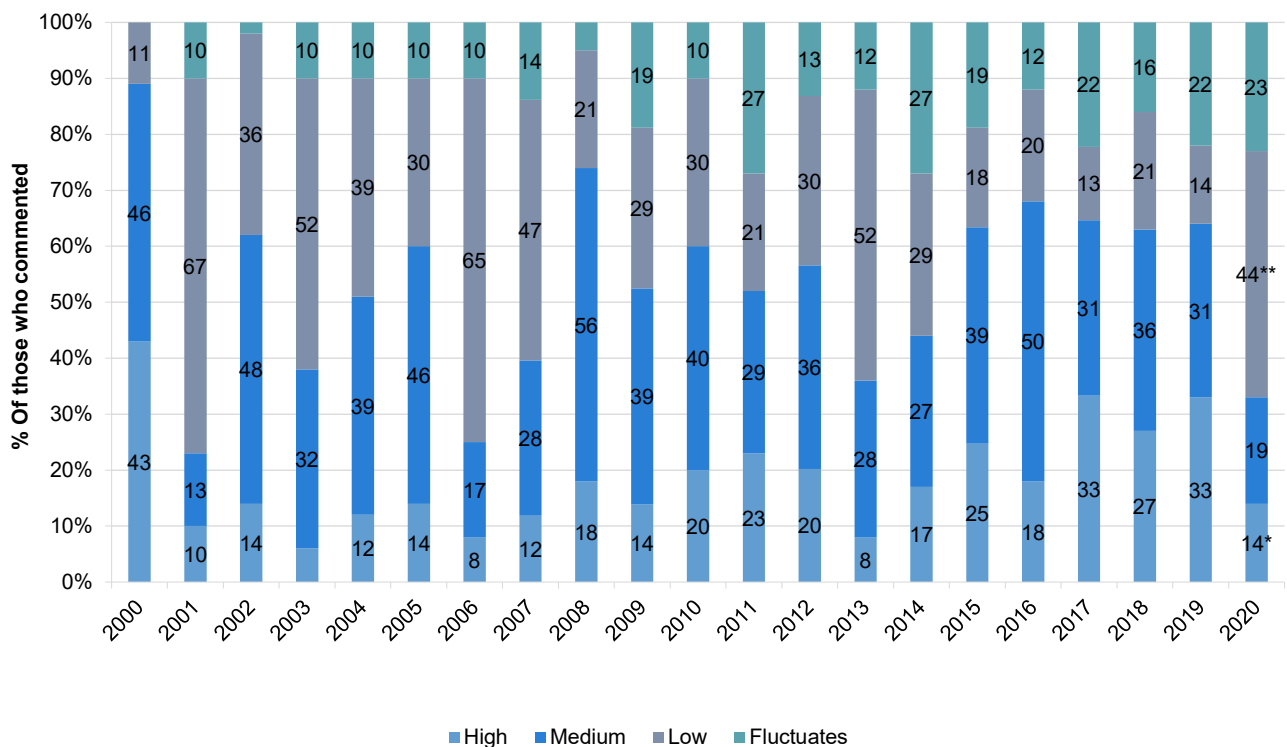
Among those who were able to comment in 2020 ($n=60$), 17% of the sample reported heroin was 'very easy' to obtain (64% in 2019; $p<0.001$), and half of the sample (50%) perceived current availability as 'easy' (29% in 2019; $p=0.036$). The remaining of the sample reported that it was 'difficult' (28%; $n\leq 5$ in 2019; $p=0.003$) to obtain (Figure 17). Small numbers ($n\leq 5$) perceived that it was 'very difficult' to obtain heroin.

Figure 15: Median price of heroin per gram, Western Australia, 2000-2020



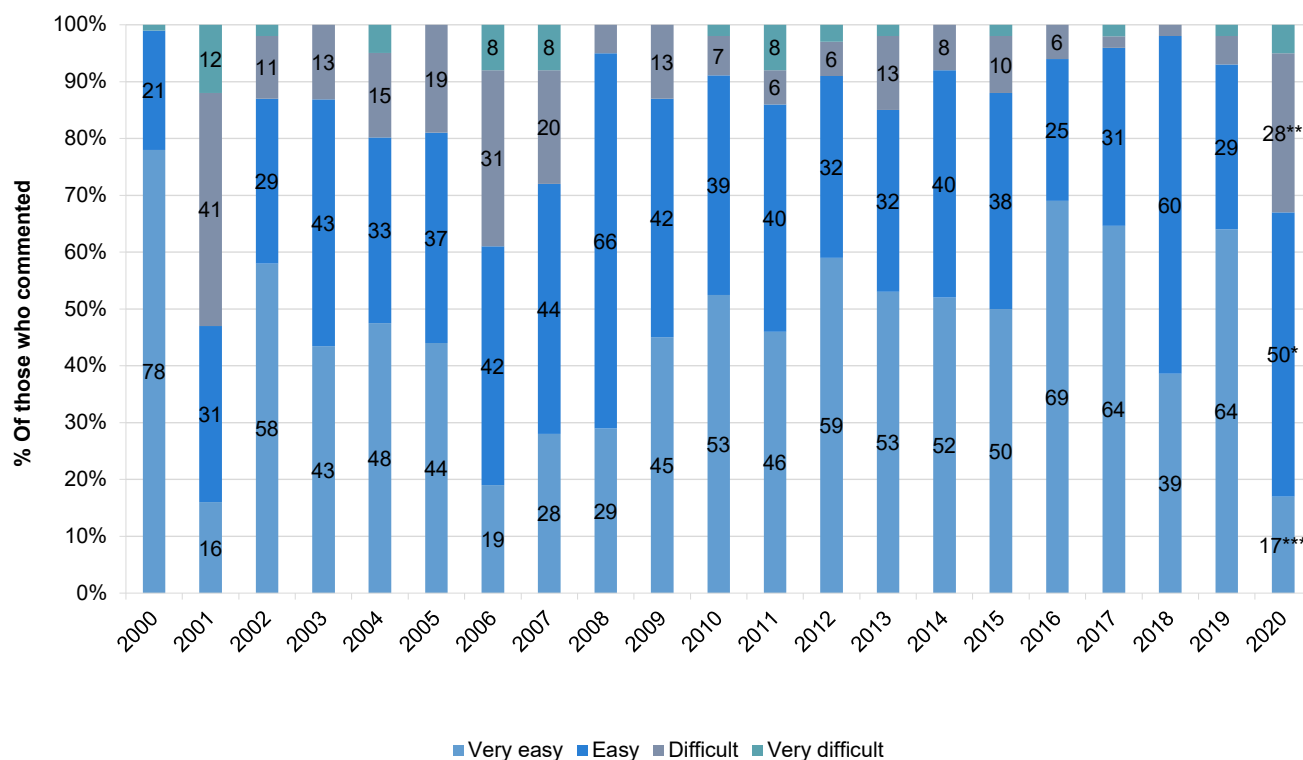
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 16: Current perceived purity of heroin, Western Australia, 2000-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 17: Current perceived availability of heroin, Western Australia, 2000-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

4

Methamphetamine

Participants were asked about their recent (past six month) use of various forms of methamphetamine, including powder (white particles, described as 'speed'), base (wet, oily powder) and crystal (clear, ice-like crystals).

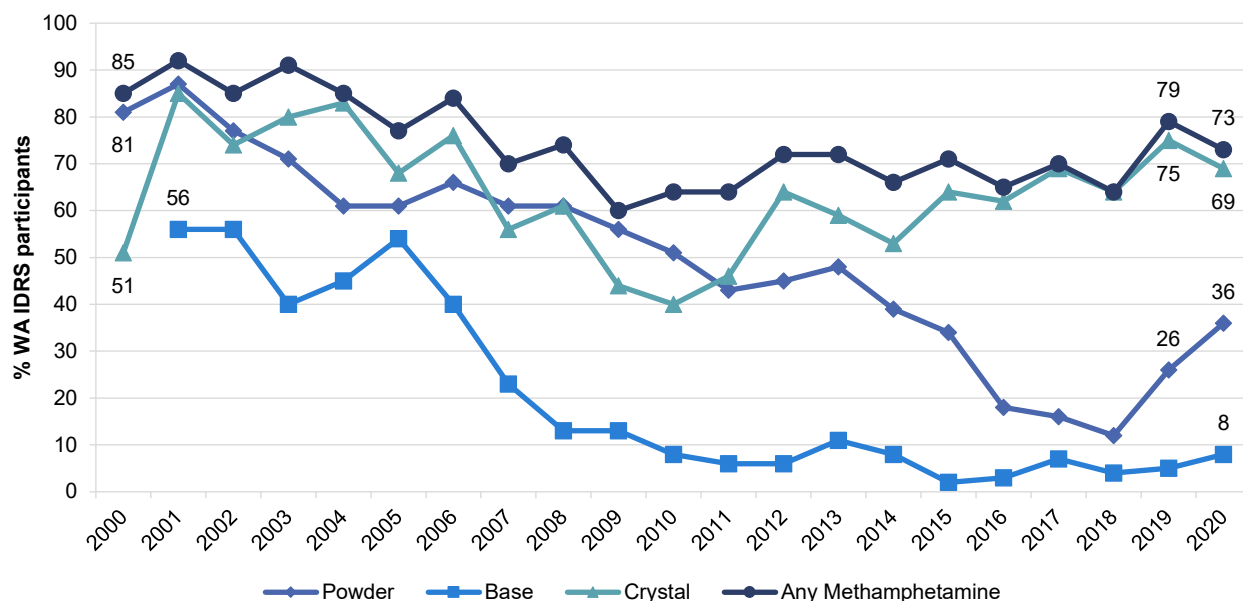
Recent Use (past 6 months)

In 2020, 73% of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2019 (79%; $p=0.422$) (Figure 18).

Frequency of Use

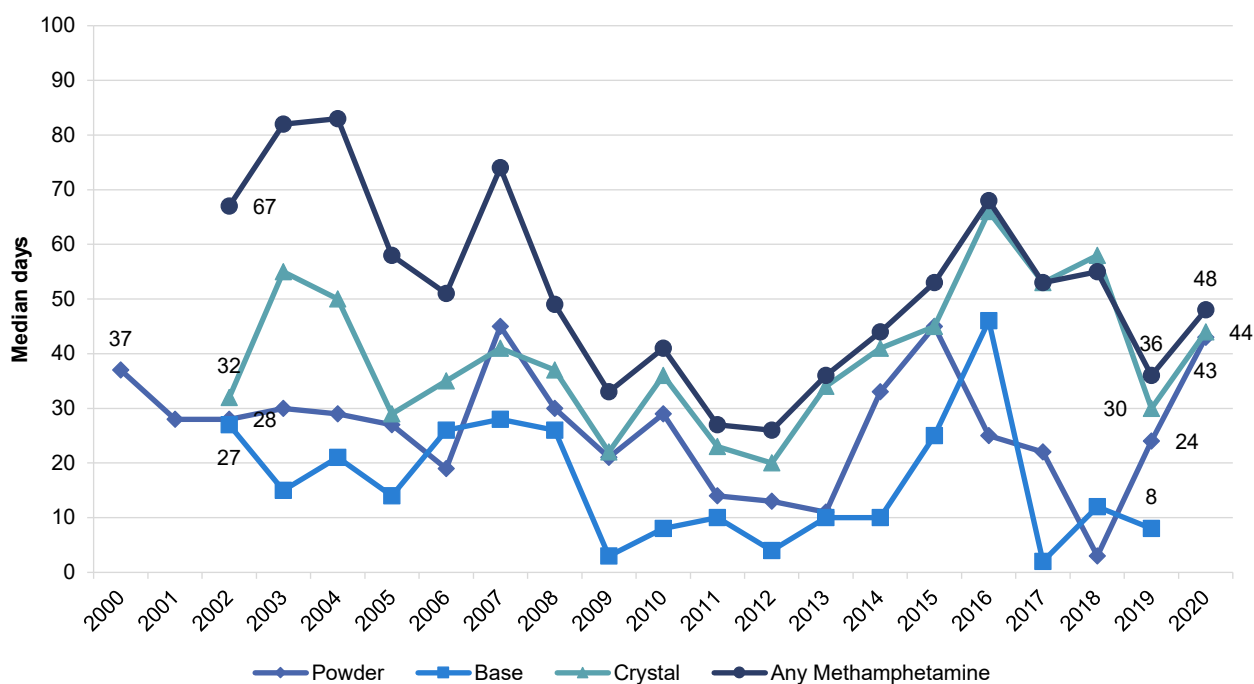
In 2020, frequency of use remained largely stable at a median of 48 days (IQR=14-150; 36 days in 2019; IQR=8-96; $p=0.299$) (Figure 19). In 2020, 24% of participants who had recently used methamphetamine reported using it daily (11% in 2019; $p=0.091$), while 67% reported weekly or more frequent consumption (64% in 2019; $p=0.861$).

Figure 18: Past six month use of any methamphetamine, powder, base, and crystal, Western Australia, 2000-2020



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined. Figures for liquid not reported historically due to small numbers. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$) and to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 19: Frequency of use of any methamphetamine, powder, base, and crystal, Western Australia, 2000-2020



Note. Frequency of use data was not collected in 2020 for methamphetamine base. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends. Median days used base and crystal not collected in 2000-2001. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$) and to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): The per cent reporting recent use of powder methamphetamine has generally been decreasing over time, although recent use has increased in the last few years, from 12% in 2018 to 26% in 2019, remaining stable in 2020 (36%; $p=0.210$) (Figure 18).

Frequency of Use: Median frequency of use was 43 days (IQR=10-96) in 2020 (24 days in 2019; IQR=10-54; $p=0.418$) (Figure 23). More than half of the sample (58%) reported using powder on a weekly or more frequent basis (52% in 2019; $p=0.899$) in the last 6 months, with a smaller percentage reporting daily use (18%; 9% in 2019; $p=0.542$).

Routes of Administration: Injecting was reported as the main route of administration for 97% of the sample (100% in 2019), followed by smoking (46%; 40% in 2019; $p=0.860$). Snorting (20%; 12% in 2019; $p=0.639$) and swallowing (20%; 8% in 2019; $p=0.359$) were less common routes of administration. Participants who reported injecting powder did so on a median of 35 days (IQR=9-110), stable from 2019 (24 days; IQR=9-48; $p=0.332$).

Quantity: Of those who reported recent use and commented ($n=29$), the median amount of powder methamphetamine used on a 'typical' day in the past six months was 0.20 grams (IQR: 0.10-0.30; 0.20 grams in 2019; IQR=0.10-0.20; $p=0.735$).

Methamphetamine Base

Recent Use (past 6 months): In 2020, base continued to be the least commonly used form of methamphetamine, with eight per cent of participants reporting recent use ($n\leq 5$ in 2019; $p=0.632$) (Figure 18).

Frequency of Use: Data for frequency of use for methamphetamine base was not collected in 2020. For further information, please refer to the [2019 IDRS Western Australia Report](#), or the [2019 IDRS National Report](#).

Routes of Administration: The majority of respondents (88%) reported injecting methamphetamine base in 2020 (very low numbers ($n\leq 5$) were reported in 2019).

Quantity: Data on the quantity of methamphetamine base recently used was not collected in 2020. For further information, please refer to the [2019 IDRS Western Australia Report](#), or the [2019 IDRS National Report](#).

Methamphetamine Crystal

Recent Use (past 6 months): Reports of recent use of crystal have been generally increasing in the last few years. Since 2012, crystal methamphetamine has been surpassing base and powder methamphetamine. However, the percentage of recent use of crystal remained similar between 2020 (69%) and 2019 (75%; $p=0.445$) (Figure 18).

Frequency of Use: Frequency of use remained stable at a median of 44 days in 2020 (IQR: 12-146; 30 days in 2019; IQR: 7-96; $p=0.332$) (Figure 23). More than six out of ten participants (64%) reported using crystal on a weekly or more frequent basis, stable from 2019 (57%; $p=0.496$), with a further 22% reporting daily use (10% in 2019; $p=0.123$).

Routes of Administration: Injecting was reported as the main route of administration for 93% of the sample (97% in 2019; $p=0.441$), followed by smoking (45%; 36% in 2019; $p=0.386$). Snorting (19%; ($n\leq 5$) in 2019; $p=0.017$) and swallowing (19%; ($n\leq 5$) in 2019; $p=0.017$) were less common routes of administration. Participants who reported injecting powder did so on a median of 48 days (IQR=18-147), stable from 2019 (36 days; IQR=10-96; $p=0.203$).

Quantity: Of those who reported recent use and responded ($n=64$), the median amount of crystal methamphetamine used on a 'typical' day in the past six months was 0.20 grams (IQR: 0.10-0.30; 0.20 grams in 2019; IQR=0.10-0.20; $p=0.677$).

Price, Perceived Purity and Availability

Methamphetamine Powder

Questions pertaining to the price, perceived purity and availability of methamphetamine powder were not asked of participants in 2020. For further information, please refer to the [2019 IDRS Western Australia Report](#), or the [2019 IDRS National Report](#).

Methamphetamine Base

Questions pertaining to the price, perceived purity and availability of methamphetamine base were not asked of participants in 2020. For further information, please refer to the [2019 IDRS Western Australia Report](#), or the [2019 IDRS National Report](#).

Methamphetamine Crystal

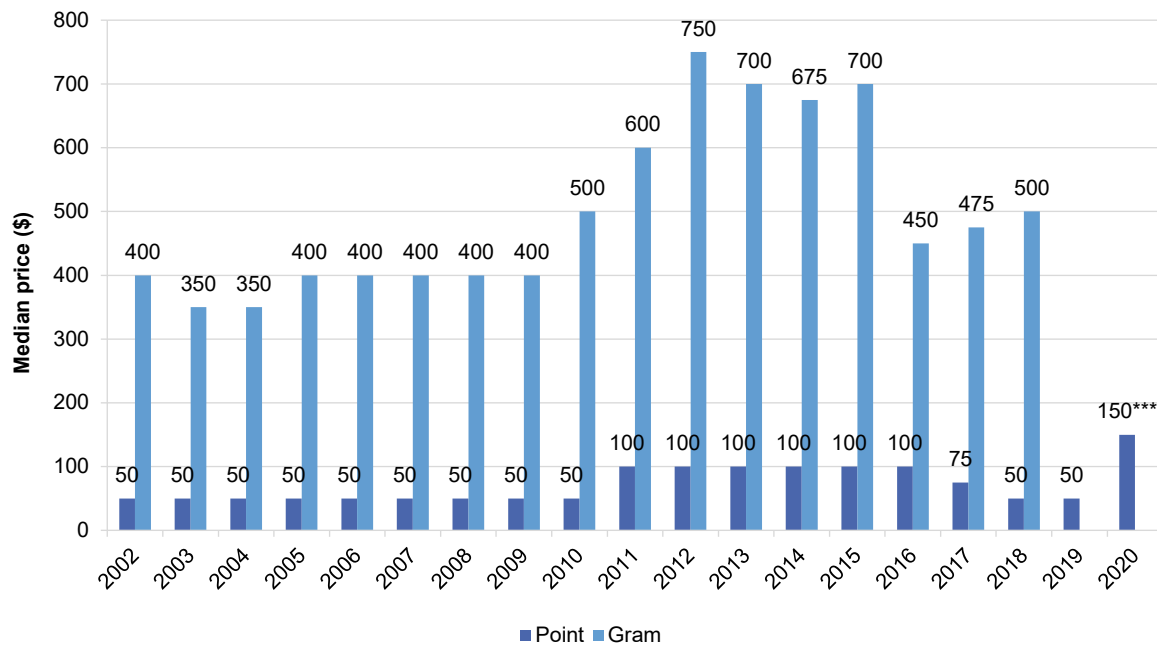
Price: The median price last paid for one point (0.10 gram) of crystal increased significantly in 2020 to \$150 (IQR=100-200) from \$50 in 2019 (IQR=50-50; $p<0.001$). In 2020, low numbers ($n\leq 5$) were able to comment on the median

price of powder methamphetamine per gram. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Perceived Purity: Among those who were able to comment in 2020 ($n=56$), the majority of respondents (29%; 9% in 2019; $p=0.010$) perceived the purity to have 'fluctuated' or perceived purity as 'medium' (29%; 19% in 2019; $p=0.327$). One-fifth (20%) perceived current purity of crystal to be 'high', a significant decrease from 57% in 2019 ($p<0.001$), whereas 23% perceived current purity to be 'low', stable from 15% in 2019 ($p=0.346$) (Figure 21).

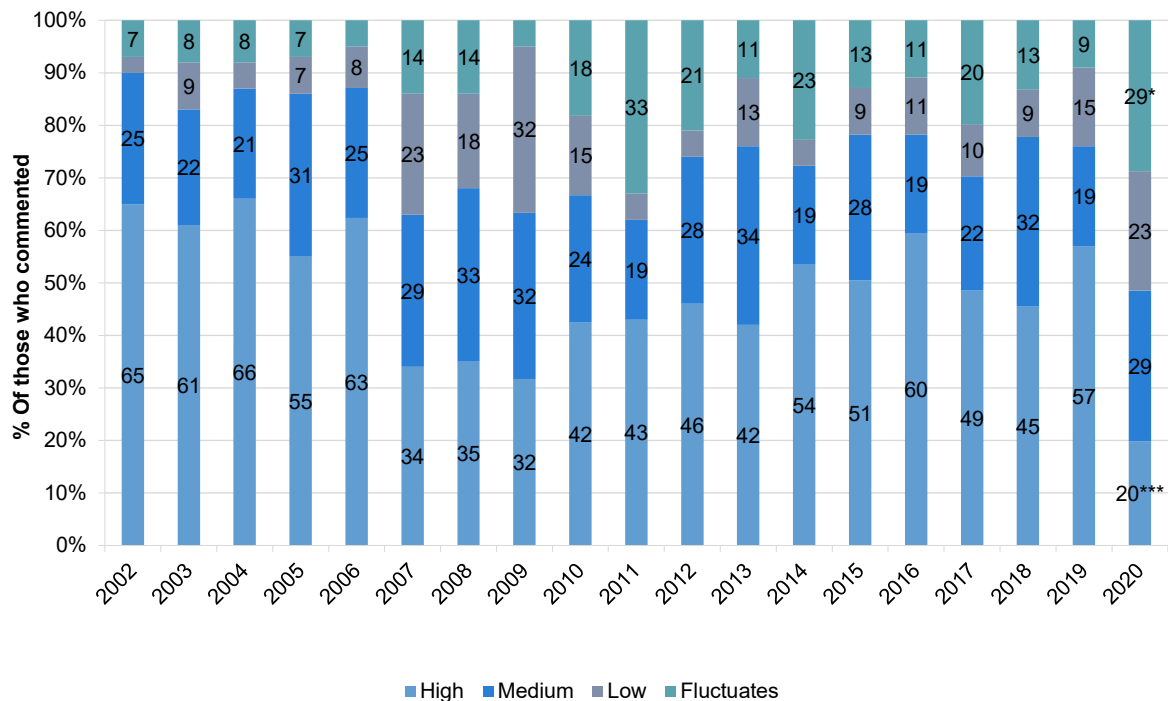
Perceived Availability: Among those who were able to comment in 2020 ($n=60$), approximately two-fifths (37%) perceived crystal to be currently 'difficult' to obtain, a sharp and significant increase from 2019 (0% in 2019; $p<0.001$). Close to one-third (27%) found it 'very difficult' ($n\leq 5$ in 2019; $p<0.001$), or 'easy' to obtain (27%; 13% in 2019; $p=0.099$), while 10% perceived availability as 'very easy' (85% in 2019; $p<0.001$) (Figure 22).

Figure 20: Median price of methamphetamine crystal per point and gram, Western Australia, 2002-2020



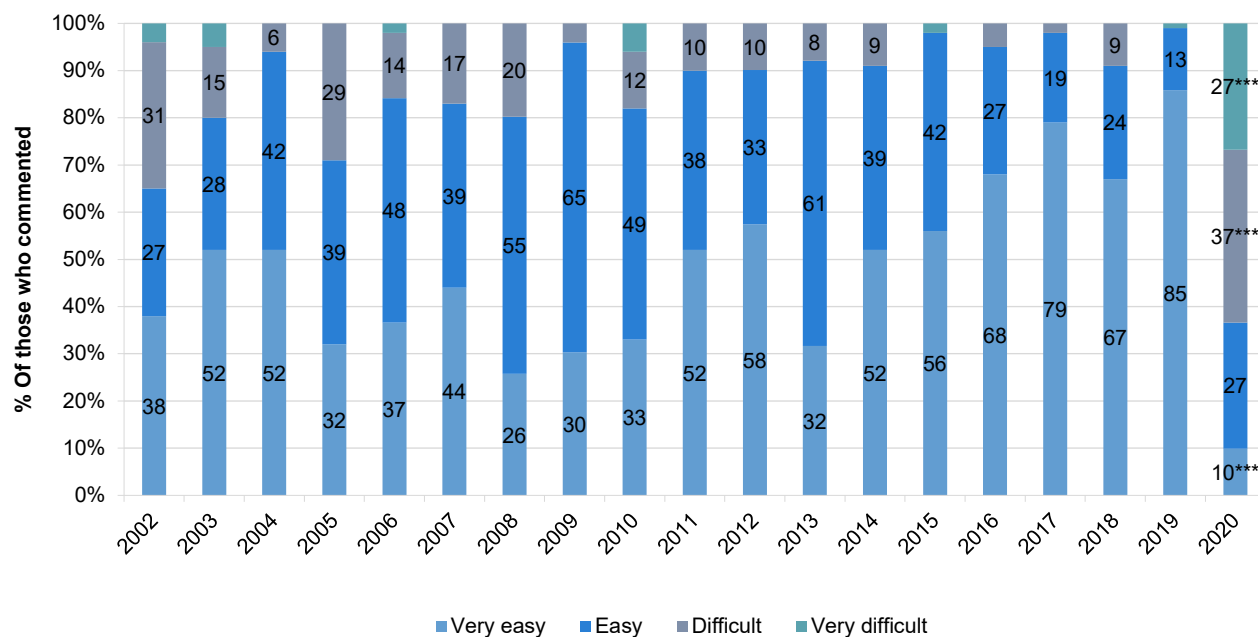
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020. In 2019 and 2020, $n \leq 5$ were able to comment on the price of crystal methamphetamine per gram.

Figure 21: Current perceived purity of methamphetamine crystal, Western Australia, 2002-2020



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 22: Current perceived availability of methamphetamine crystal, Western Australia, 2002-2020



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

5

Cocaine

Participants were asked about their recent (past six month) use of various forms of cocaine. Cocaine hydrochloride, a salt derived from the coca plant, is the most common form of cocaine available in Australia. 'Crack' cocaine is a form of freebase cocaine (hydrochloride removed), which is particularly pure. 'Crack' is most prevalent in North America and infrequently encountered in Australia.

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine was reported by 18% of the sample in 2020 (11% in 2019; $p=0.277$) (Figure 23). This remained stable from previous years.

Frequency of Use

Frequency of cocaine use in the last 6 months had a median of three days (IQR: 1-5), which was similar to the values obtained in 2019 (2 days; IQR: 1-5; $p=0.800$). Very low numbers ($n\leq 5$) reported using cocaine weekly or more frequently in the six months prior to interview and therefore no further reporting on patterns of use will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

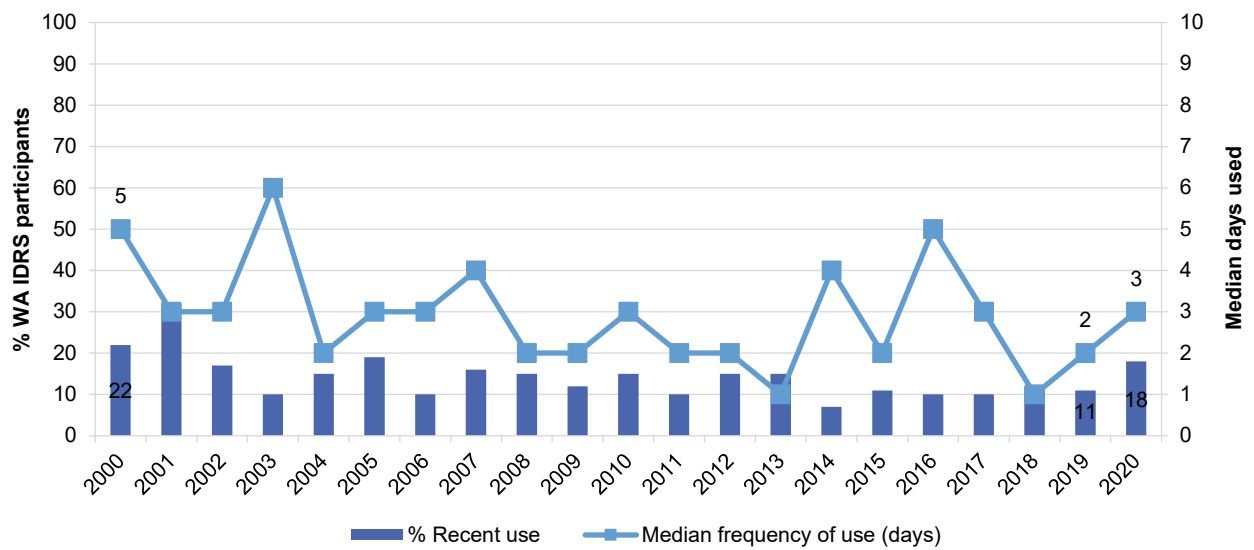
Routes of Administration

In 2020, snorting remained the main route of cocaine administration amongst recent consumers (61%; 55% in 2019), followed by injecting (44%; 64% in 2019; $p=0.450$).

Quantity

Of those who reported recent use and responded ($n=18$), the median amount of cocaine used per day in the six months preceding interview was 0.20 grams (IQR=0.10-0.50) which was similar to the values obtained in 2019 (0.20 grams; IQR=0.10-0.50; $p=0.637$).

Figure 23: Past six month use and frequency of use of cocaine, Western Australia, 2000-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Price, Perceived Purity and Availability

Questions pertaining to the price, perceived purity and availability of cocaine were not asked of participants in 2020. For further information, please refer to the [2019 IDRS Western Australia Report](#), or the [2019 IDRS National Report](#).

6

Cannabis

Participants were asked about their recent (past six month) use of indoor-cultivated cannabis via a hydroponic system ('hydro') and outdoor-cultivated cannabis ('bush'), as well as hashish and hash oil.

Patterns of Consumption

Recent Use (past 6 months)

The per cent reporting recent cannabis use has ranged from a peak of 98% in the early 2000s to a low of 60% in the late 2000s, with the per cent reporting use increasing again subsequently. Nevertheless, a decrease (though not significant) was observed in 2020, with 66% reporting recent use (72% in 2019; $p=0.463$) (Figure 24).

Frequency of Use

The median frequency of recent use of cannabis in 2020 was 120 days (IQR: 23-180). Similar trends were reported in 2019 (90 days; IQR: 12-180; $p=0.315$) (Figure 24). Nearly half of recent consumers (45%) reported daily use, consistent with 2019 reports (35%; $p=0.288$).

Routes of Administration

Smoking continued to be the most common route of administration (98%; 93% in 2019; $p=0.231$), followed by inhaling/vaporising (32%; 20% in 2019; $p=0.183$), and swallowing (17%; 17% in 2019).

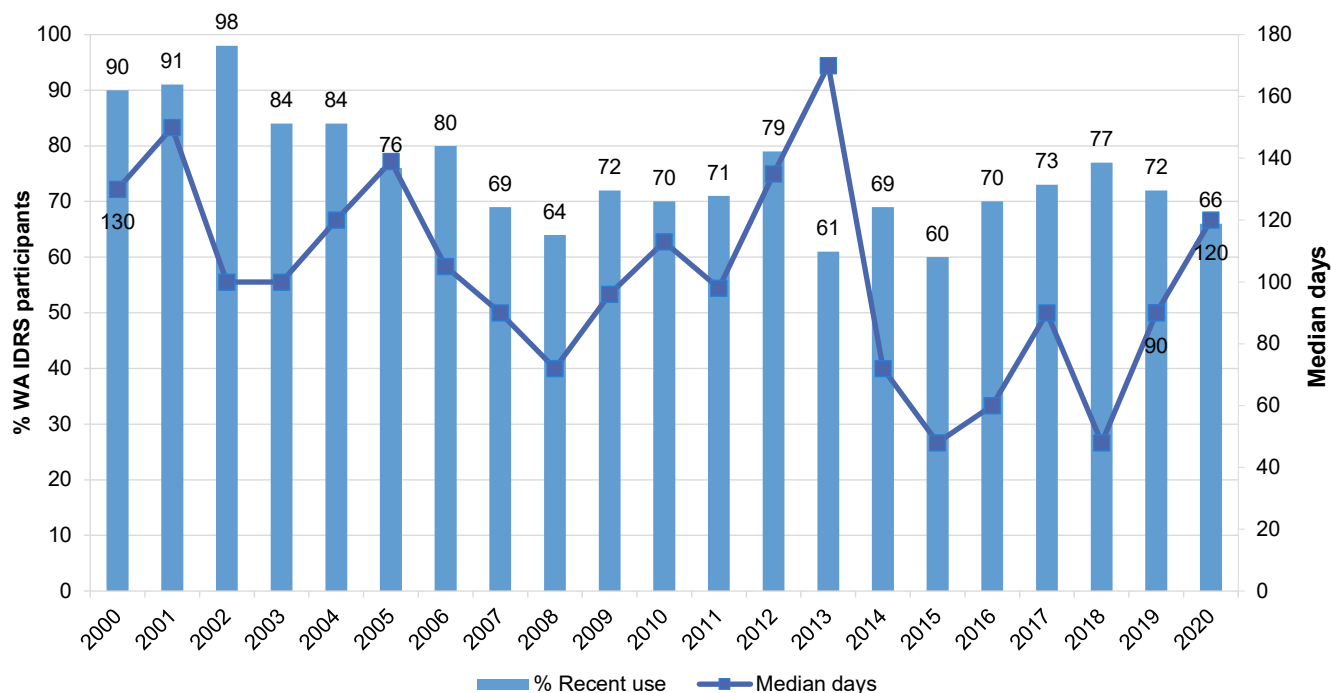
Quantity

Of those who reported recent use of cannabis, the median quantity used per day on the last occasion of use was 1.10 grams (IQR=1.00-2.50; $n=36$; 1.00 gram in 2019; IQR=0.50-1.00; $p=0.013$). Twenty participants also reported using 2.5 cones (IQR=1-5) in 2020 (2 cones in 2019; IQR=1.8-4.3; $p=0.957$), while six participants reported using one joint (IQR=1-1) in 2020 (1 joint in 2019; IQR=0.6-3.0; $p=0.647$).

Forms Used

Among the respondents who had used cannabis recently ($n=66$), 92% of participants reported recent use of hydroponic cannabis (95% in 2019; $p=0.715$), while one-third of the sample (33%) reported use of outdoor-grown bush cannabis (48% in 2019; $p=0.111$). Few participants ($n\leq 5$) reported using hash or hash oil in 2020.

Figure 24: Past six month use and frequency of use of cannabis, Western Australia, 2000-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Price, Perceived Potency and Availability

Hydroponic Cannabis

Price: In 2020, the reported median price per ounce of hydroponic cannabis was \$350 (IQR=350-370), a significant increase relative to 2019 (\$300 in 2019; IQR=300-325; $p=0.026$). However, the median last price paid per gram of hydroponic cannabis remained stable at \$25 (IQR=20-25; $n=23$; \$25 in 2019; IQR=25-25; $p=0.912$) (Figure 25a).

Perceived Potency: Among the respondents who were able to comment in 2020 ($n=49$), the majority perceived purity as 'high' (57%; 66% in 2019; $p=0.498$), while 22% perceived that it had fluctuated (6% in 2019; $p=0.052$). Twenty per cent perceived that it was 'medium' (26% in 2019; $p=0.723$) (Figure 26a).

Perceived Availability: Among those who were able to comment in 2020 ($n=49$), slightly less than half of respondents perceived hydroponic cannabis availability as 'easy' (47%; 34% in 2019; $p=0.281$) or 'very easy' (37%; 55% in 2019; $p=0.105$) to obtain, while 12% (11% in 2019) reported it as 'difficult'. Few participants ($n\leq 5$) indicated that it was 'very difficult' to obtain (Figure 27a).

Bush Cannabis

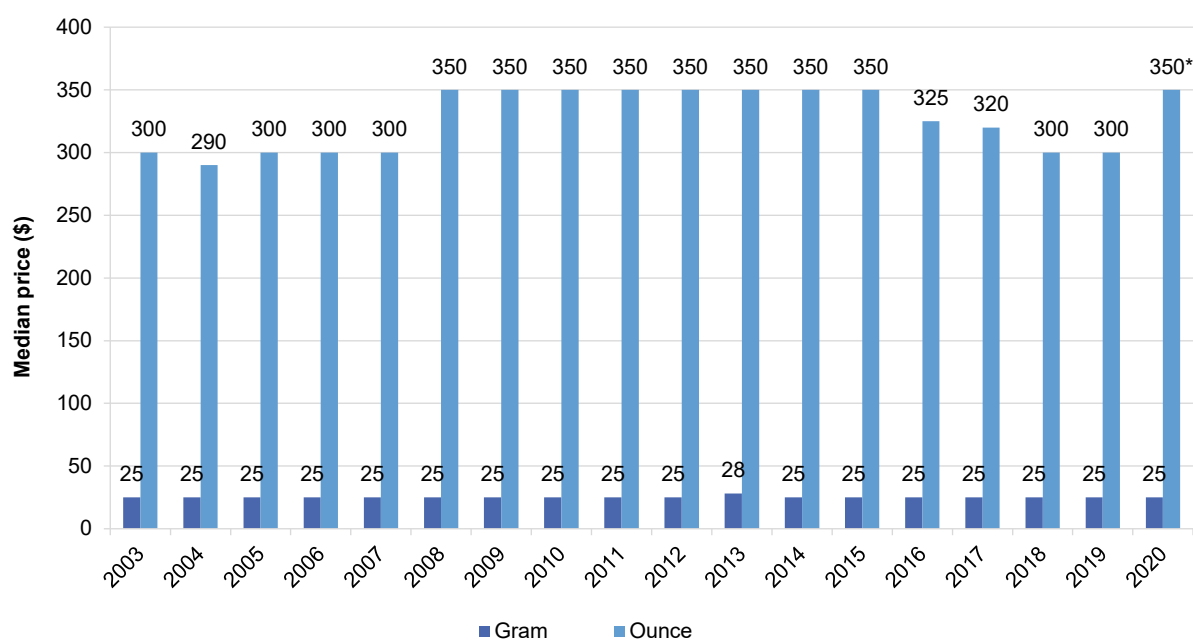
Price: The median last price paid per ounce of bush cannabis amounted to \$250 (IQR=250-325) which remained relatively stable compared with 2019 (\$200; IQR=200-280; $p=0.264$). Similarly, the price per gram of bush cannabis remained relatively stable between 2020 (\$25; IQR=20-24) and 2019 (\$25; IQR=23-25; $p=0.141$) (Figure 25b).

Perceived Potency: Among those who were able to comment in 2020 ($n=18$), over two-fifths (44%) perceived the potency of bush to be 'medium' (42% in 2019). Few participants ($n\leq 5$) indicated that it was 'high', 'low', or that it had 'fluctuated' (Figure 26b).

Perceived Availability: Among the participants who were able to comment in 2020 ($n=20$), slightly less than half of respondents perceived bush cannabis availability as 'easy' (45%; 26% in 2019; $p=0.243$) or 'difficult' (30%; 20% in 2019; $p=0.610$) to obtain, while 20% (51% in 2019; $p=0.045$) reported it as 'very easy'. Few participants ($n\leq 5$) perceived bush cannabis availability as 'very difficult' (Figure 27b).

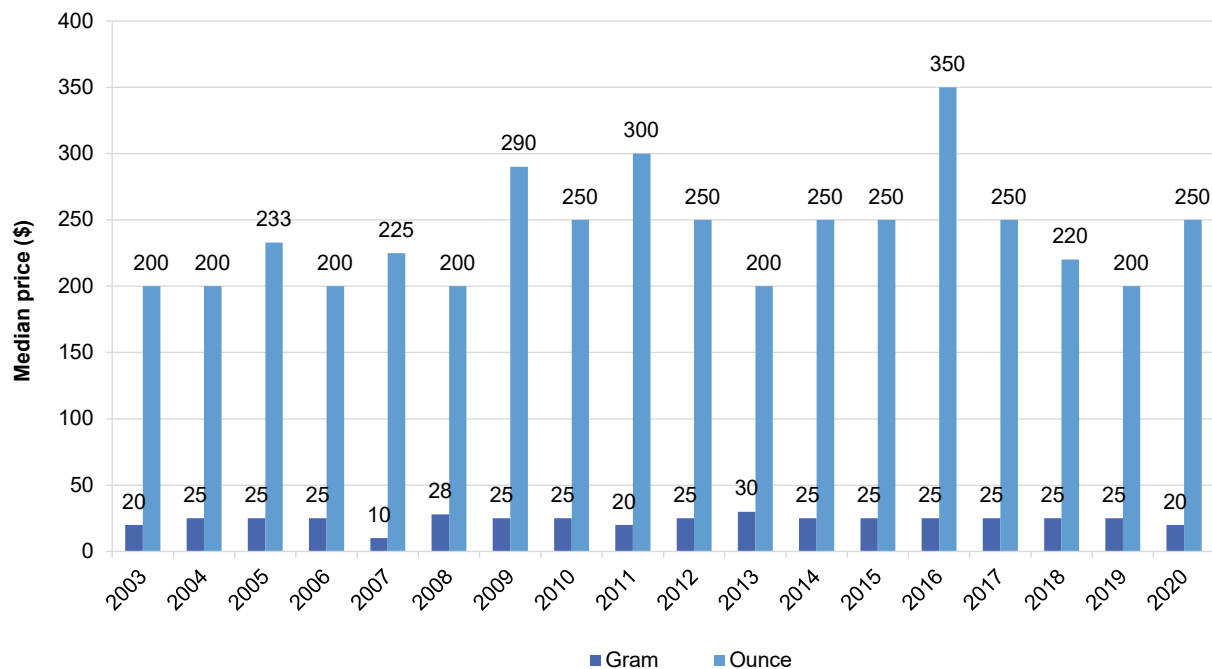
Figure 25: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Western Australia, 2003-2020

(A) Hydroponic Cannabis



Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

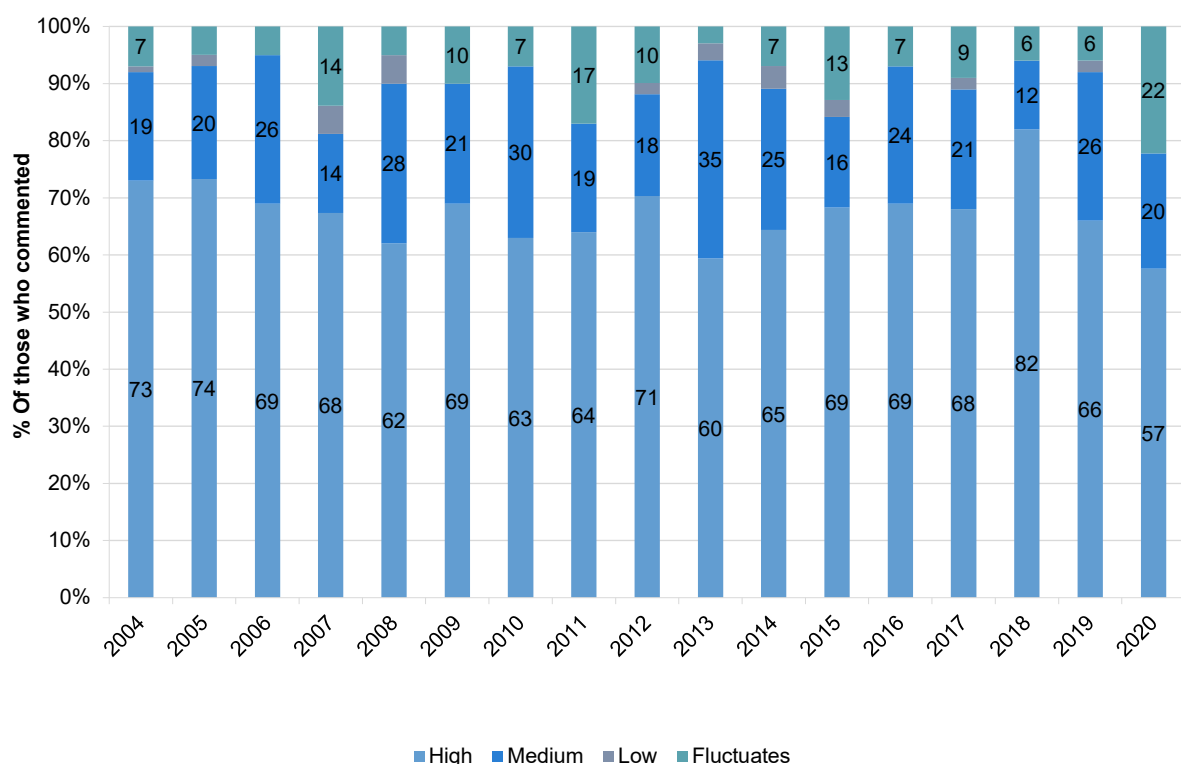
(B) Bush Cannabis



Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

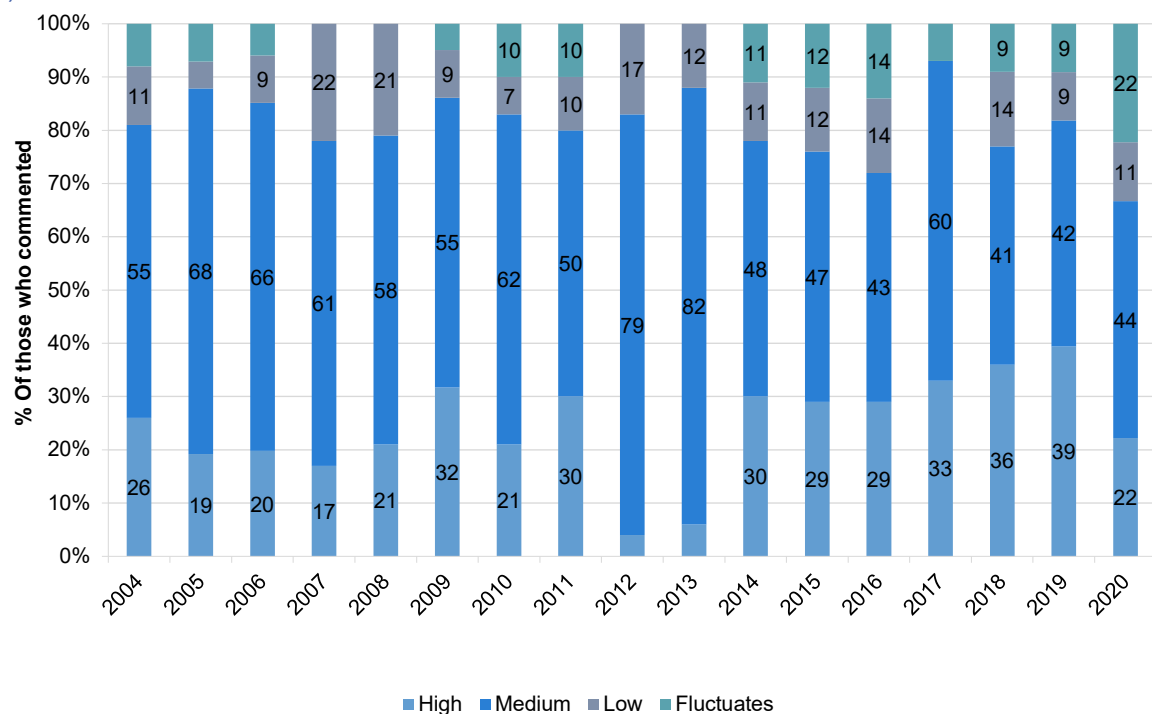
Figure 26: Current perceived potency of hydroponic (a) and bush (b) cannabis, Western Australia, 2004-2020

(A) Hydroponic Cannabis



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

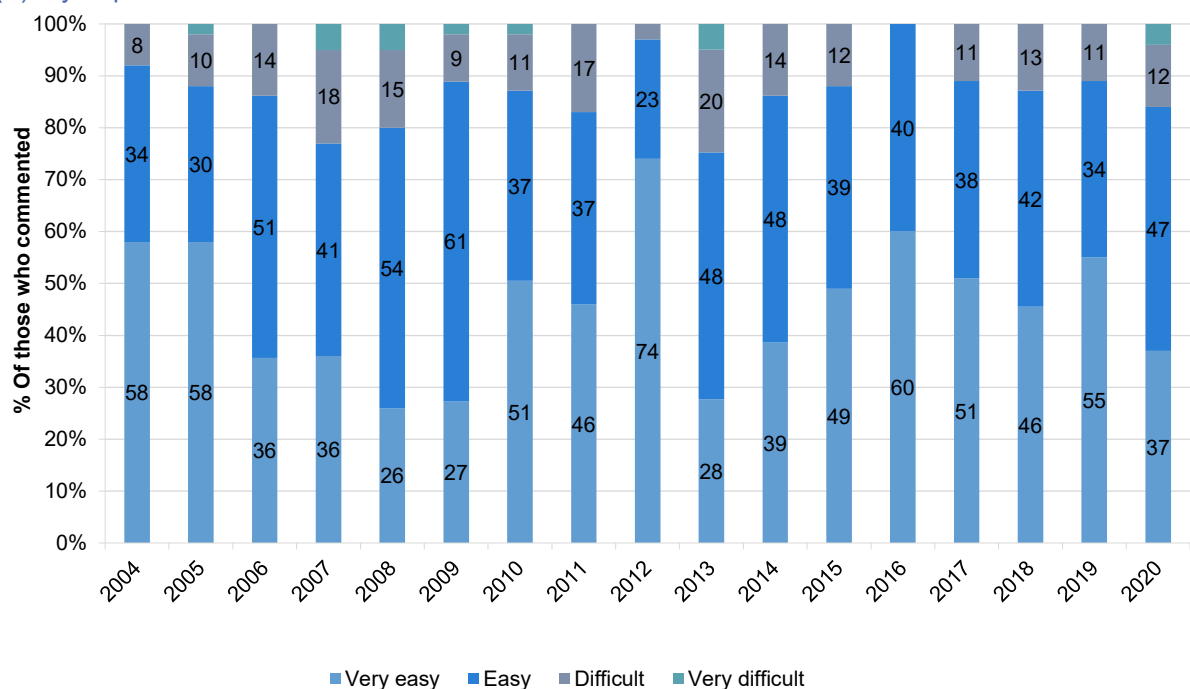
(B) Bush Cannabis



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

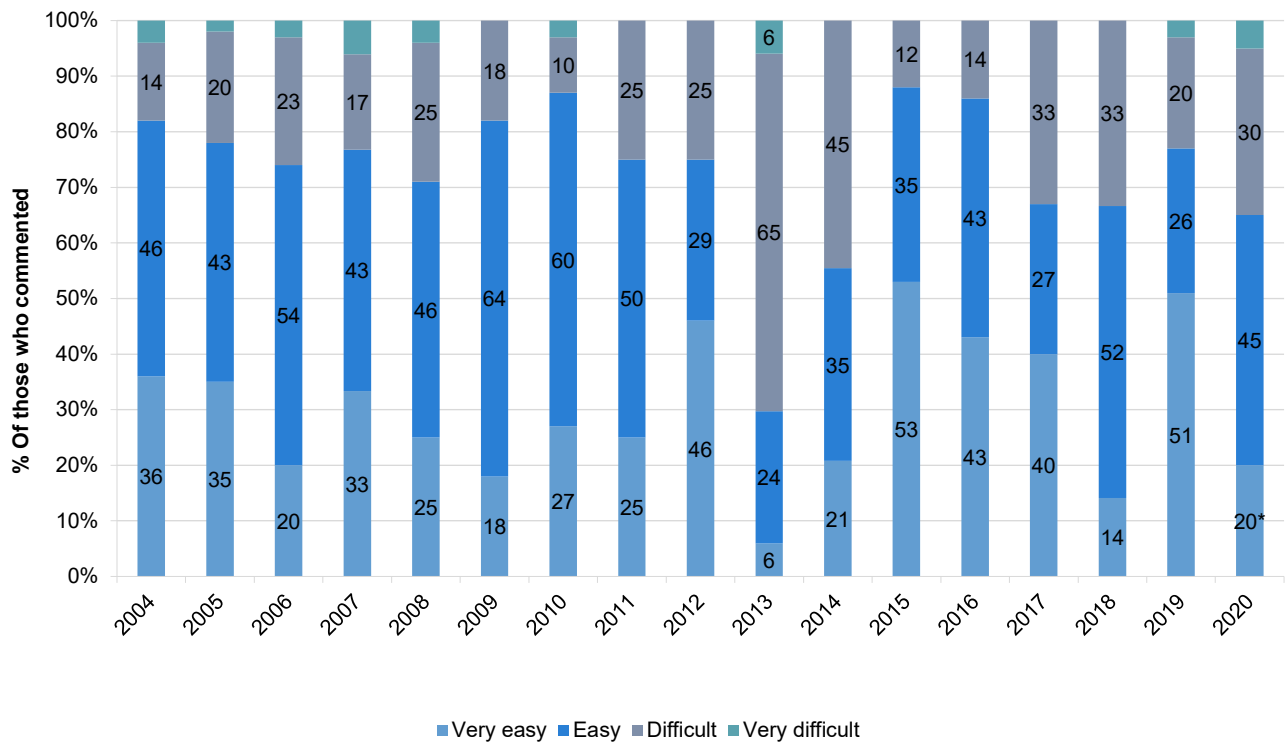
Figure 27: Current perceived availability of hydroponic (a) and bush (b) cannabis, Western Australia, 2004-2020

(A) Hydroponic Cannabis



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

(B) Bush Cannabis



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

7

Pharmaceutical Opioids

The following section describes rates of recent (past six month) use of pharmaceutical opioids amongst the sample. Terminology throughout refers to:

- **Prescribed Use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
- **Non-Prescribed Use:** use of pharmaceutical opioids obtained from a prescription in someone else's name; and
- **Any Use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team.

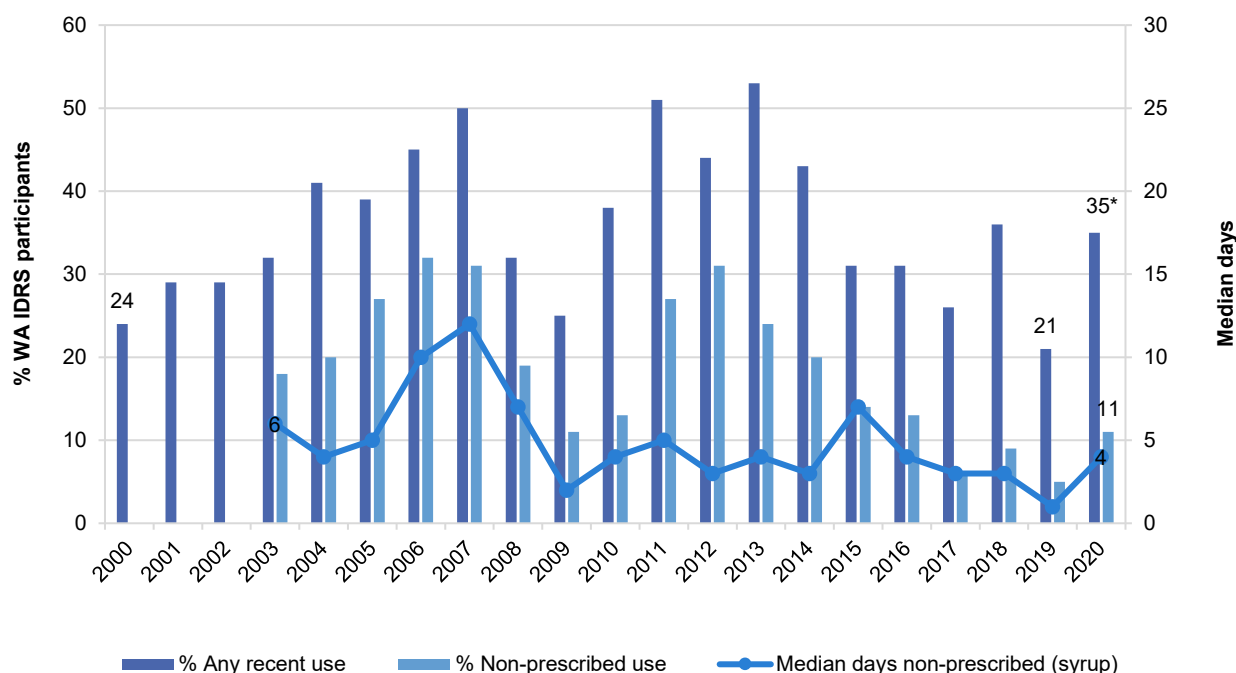
Methadone

Any Recent Use (past 6 months): There was a significant increase in the number of participants who reported recent use of any prescribed and/or non-prescribed methadone (syrup or tablets) between 2019 (21%) and 2020 (35%; $p=0.036$) although this was simply a return to levels seen in 2018 (36%). The per cent reporting non-prescribed use remained stable in 2020 at 11% ($n \leq 5$ in 2019; $p=0.215$), though methadone use historically has largely consisted of prescribed use, with 28% reporting prescribed use in 2020, relatively stable from 17% reporting prescribed use in 2019 ($p=0.077$) (Figure 28).

Frequency of Use: Frequency of non-prescribed methadone syrup use remained low and stable (4 days; IQR=2-24; one day in 2019; IQR=1-10; $p=0.490$) (Figure 28).

Recent Injection: Of those who had recently used any methadone (syrup or tablets) in 2020 ($n=35$), over one-quarter (26%) reported recently injecting any methadone (50% in 2019; $p=0.127$) on a median frequency of 12 days (IQR=2-30), also stable from 2019 (48 days; IQR=15-73; $p=0.163$).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, Western Australia, 2000-2020



Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 60% and 30 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

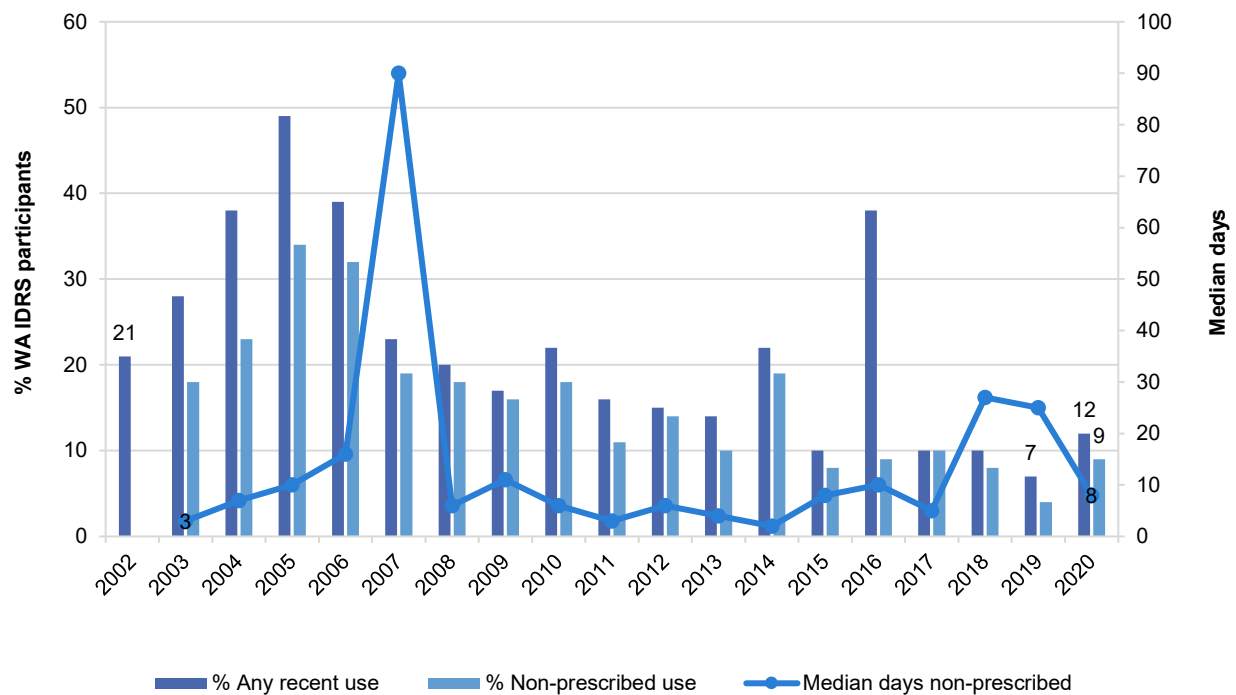
Buprenorphine

Any Recent Use (past 6 months): Recent use of any prescribed and/or non-prescribed Buprenorphine was reported by 12% of the sample, stable from 2019 (7%; $p = 0.383$). The per cent reporting non-prescribed use remained low in 2020 at nine per cent ($n \leq 5$ in 2019; $p = 0.284$). Very low numbers ($n \leq 5$) reported using prescribed buprenorphine in the six months prior to interview and therefore no further reporting on patterns of use will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Frequency of Use: Frequency of non-prescribed buprenorphine use remained low and stable (8 days; IQR=4-32; 25 days in 2019; IQR=1-54; $p = 0.551$) (**Error! Reference source not found.**).

Recent Injection: Of those who had recently used any buprenorphine in 2020 ($n = 12$), half (50%) reported recently injecting any methadone ($n \leq 5$ in 2019), on a median frequency of four days (IQR=3-6; $n \leq 5$ in 2019; $p = 0.238$).

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine, Western Australia, 2002-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). Y axis reduced to 60% and 100 days to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

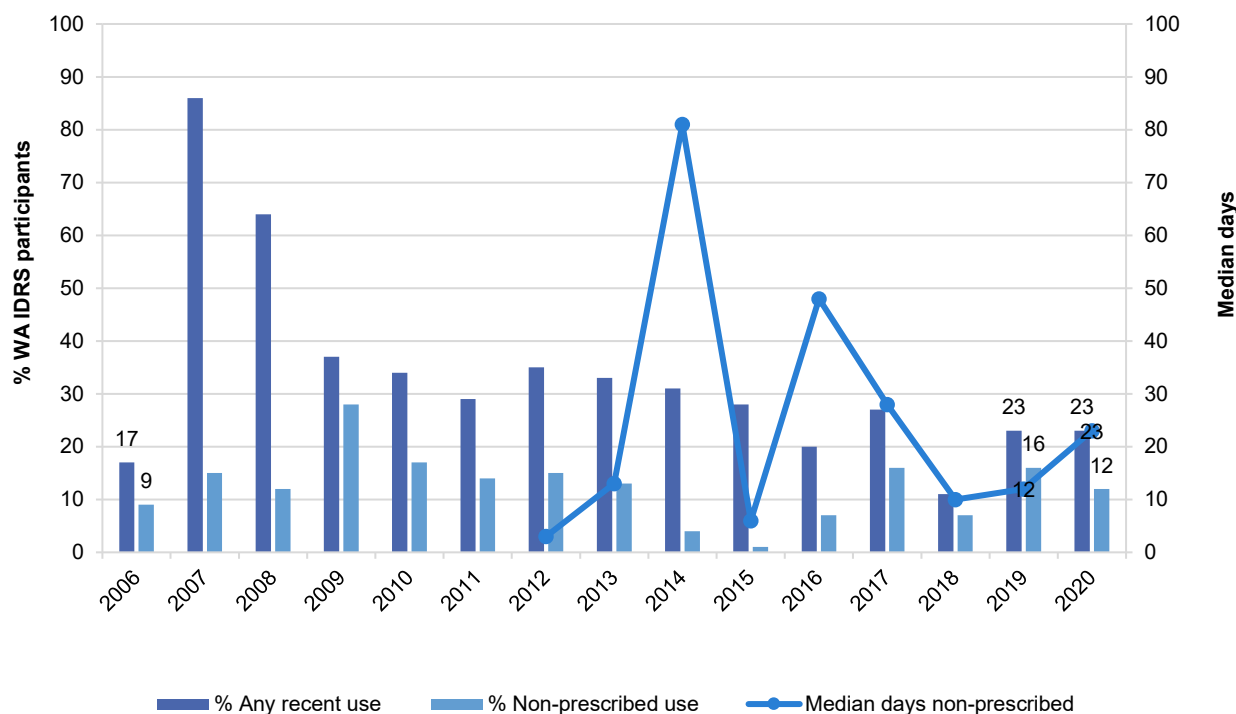
Buprenorphine-Naloxone

Any Recent Use (past 6 months): There were as many participants who reported recent use of any buprenorphine-naloxone in 2020 (23%) as in 2019 (23%). In 2020, 12% of the sample reported recent use of non-prescribed buprenorphine-naloxone (16% in 2019; $p = 0.616$) and 16% reported prescribed use (9% in 2019; $p = 0.218$) (Figure 30).

Frequency of Use: Participants reported a median of 23 days of non-prescribed use (IQR=11-49) of buprenorphine-naloxone in the past six months (12 days in 2019; IQR=5-53; $p = 0.625$) (Figure 30).

Recent Injection: Of those who had recently used any buprenorphine-naloxone in 2020 ($n = 23$), more than half (57%) reported injecting (64% in 2019; $p = 0.855$) on a median of 48 days (IQR=24-90), also stable from 2019 (53 days; IQR=6-177).

Figure 30: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, Western Australia, 2006-2020



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016-2019 participants were asked about the use of buprenorphine-naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days), and only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

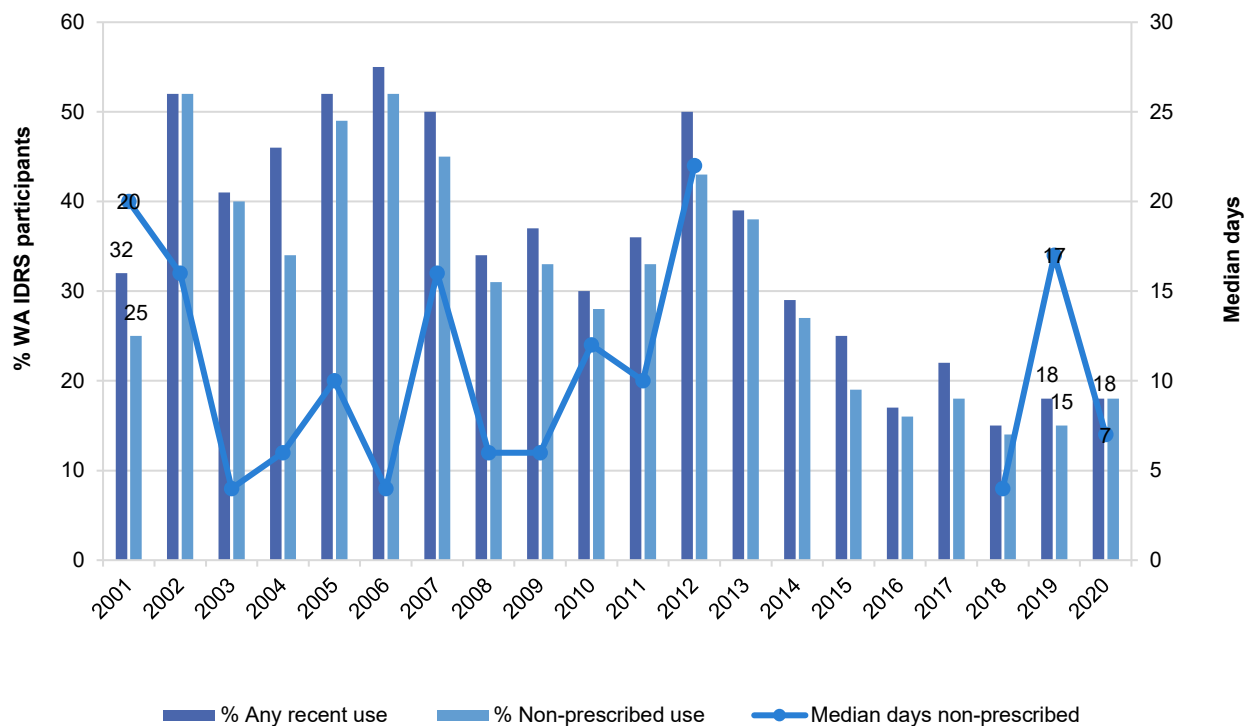
Morphine

Any Recent Use (past 6 months): The WA sample has observed a downward trend in recent use of morphine since 2012 (Figure 31). There were as many participants who reported recent use of any morphine in 2020 (18%) as in 2019 (18%). In 2020, 18% of the sample reported recent use of non-prescribed morphine (15% in 2019; $p = 0.674$). Very low numbers ($n \leq 5$) reported using prescribed morphine in the six months prior to interview and therefore no further reporting on patterns of use will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Frequency of Use: Participants reported a median of seven days (IQR=4-24) of non-prescribed use of morphine in 2020, stable relative to 2019 (17 days; IQR=4-29; $p = 0.485$).

Recent Injection: Of those who had recently used any morphine in 2020 ($n = 18$), 83% of participants reported injecting morphine (94% in 2019; $p = 0.638$) on a median of seven days (IQR=4-14), stable relative to 2019 (6 days; IQR=4-25; $p = 0.936$).

Figure 31: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of morphine, Western Australia, 2001-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Y axis reduced to 60% and 30 days to improve visibility of trends. Median days rounded to the nearest whole number. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

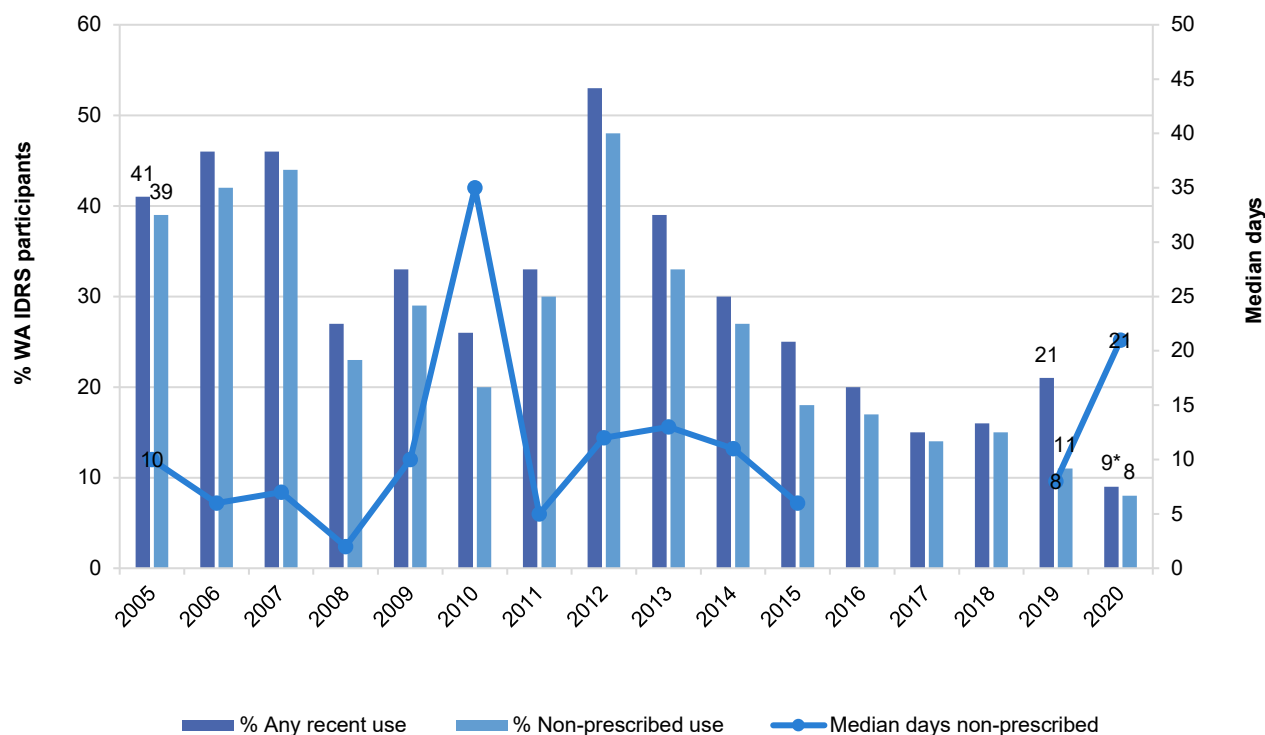
Oxycodone

Any Recent Use (past 6 months): There has been a downward trend in the number of people reporting recent use of any oxycodone since 2012. In 2020, there was a significant decline in the percentage of participants who reported recent use as compared to 2019 (9%; 21% in 2019; $p = 0.034$) (Figure 32). However, recent use of non-prescribed oxycodone remained stable between 2019 (11%) and 2020 (8%; $p = 0.645$). Very low numbers ($n \leq 5$) reported using prescribed oxycodone in the six months prior to interview and therefore no further reporting on patterns of use will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Frequency of Use: Participants reported using any non-prescribed oxycodone on a median of 21 days (IQR=12=24) in the six months preceding interview in 2020 (8 days in 2019; IQR=2-21; $p = 0.265$).

Recent Injection: Very low numbers ($n \leq 5$) reported any recent injection of oxycodone in the six months prior to interview and therefore no further reporting on patterns of use will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Figure 32: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, Western Australia, 2005-2020



Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone'. In 2019, oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 60% and 50 days to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

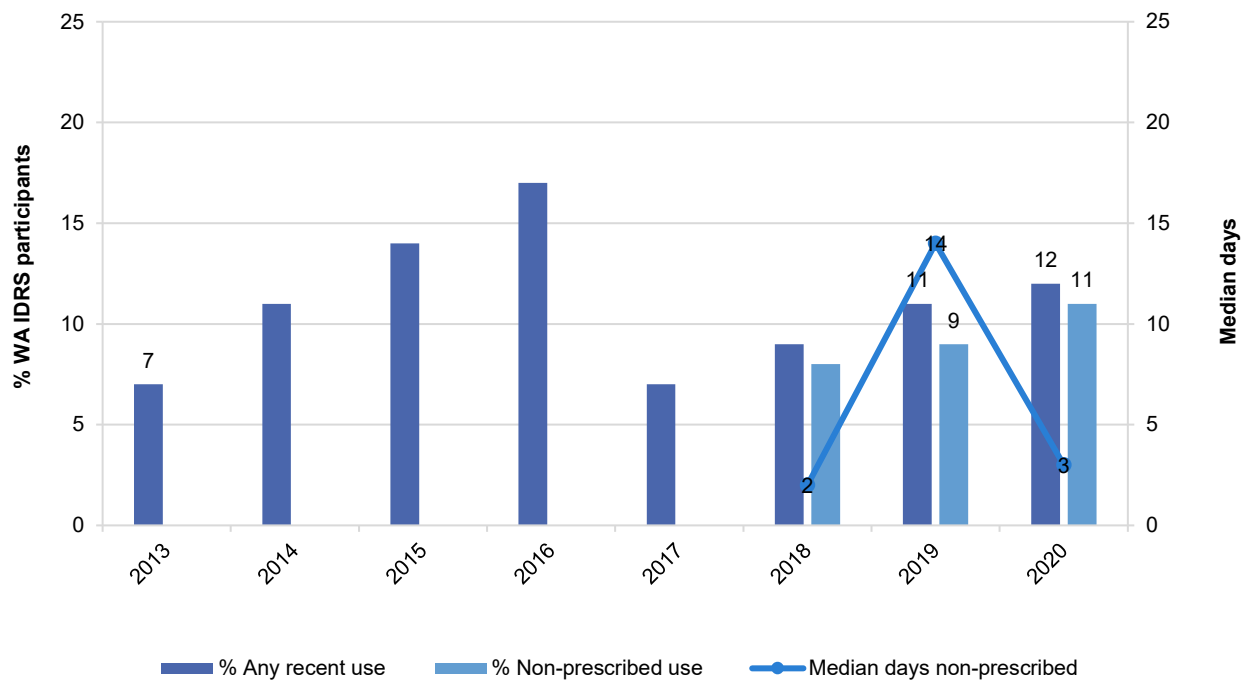
Fentanyl

Any Recent Use (past 6 months): The number of participants reporting any fentanyl use has been low and steady since monitoring started, until it dropped in 2017 (Figure 33). In 2020, 12% of the sample reported using any fentanyl in the six months preceding interview (11% in 2019; $p = 0.921$). Similarly, recent use of non-prescribed fentanyl remained stable between 2019 (9%) and 2020 (11%); $p = 0.908$. Very low numbers ($n \leq 5$) reported using prescribed fentanyl in the six months prior to interview and therefore no further reporting on patterns of use will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Frequency of Use: Frequency of non-prescribed use remained similar relative to 2019, with participants reporting non-prescribed use on a median of three days (IQR=2-8) in the past six months, (14 days in 2019; IQR=6-24; $p = 0.126$).

Recent Injection: Of those who had recently used any fentanyl in 2020 ($n = 12$), the majority (92%) reported recently injecting any form (100% in 2019) on a median of three days (IQR=2-4) in the past six months, a decrease from 2019 (22 days; IQR=9-60; $p = 0.011$).

Figure 33: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of fentanyl, Western Australia, 2013-2020



Note. Data on fentanyl use not collected from 2000-2012, and data on any non-prescribed use not collected 2013-2017. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25% and 25 days to improve visibility of trends. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2020 (Table 5).

Codeine: In 2020, 10% of participants reported any recent use of codeine (26% in 2019; $p=0.010$), with eight per cent reporting prescribed use, stable relative to 2019 (14%; $p=0.305$). Few participants ($n\leq 5$) reported recent non-prescribed use, a significant decrease from 2019 (16%; $p=0.002$), while no participants reported any recent injection in 2020 (13% in 2019; $p=0.612$).

Tramadol: Recent use of any tramadol was reported by 15% of the sample in 2020 (34% in 2019; $p=0.005$), with eight per cent reporting prescribed use, a significant decrease relative to 2019 (21%; $p=0.021$). Recent use of non-prescribed tramadol was reported by eight per cent of participants in 2020, while this occurred for 13% of the sample in 2019 ($p=0.434$). Few participants ($n\leq 5$) reported any recent injection in 2020, relatively stable from 2019 (9%).

Tapentadol: Low numbers ($n\leq 5$) reported using tapentadol in 2020. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Table 5: Past six month use of other opioids, Western Australia, 2019-2020

% Recent Use (past 6 months)	2019 (N=100)	2020 (N=100)
Codeine		
Any recent use	26	10*
Any prescribed use	14	8
Any non-prescribed use	16	-**
Any injection (prescribed and/or non-prescribed)	13	0
Tramadol		
Any recent use	34	15**
Any prescribed use	21	8*
Any non-prescribed use	13	8
Any injection (prescribed and/or non-prescribed)	9	-
Tapentadol		
Any recent use	9	-
Any prescribed use	-	-
Any non-prescribed use	8	-
Any injection (prescribed and/or non-prescribed)	11	-

Note. - Values suppressed due to small cell size (n≤5 but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

8

Other Drugs

New Psychoactive Substances (NPS)

NPS are often defined as substances which do not fall under international drug control, but which may pose a public health threat. However, there is no universally accepted definition, and in practicality the term has come to include drugs which have previously not been well-established in recreational drug markets.

Recent use of any NPS was reported by 15% of the sample, stable from 2019 (11%; $p=0.455$) (Table 6). Seven per cent of participants reported recent use of new drugs that mimic the effects of cannabis (e.g. K2, Spice, Kronic). Very low numbers ($n \leq 5$) reported using individual 'new' drugs that mimicked certain substances and thus no further reporting will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Table 6: Past six month use of new psychoactive substances, Western Australia, 2014-2020

% Recent Use (past 6 months)	2020 N=100	2019 N=95	2018 N=93	2017 N=73	2016 N=71	2015 N=89	2014 N=98
'New' drugs that mimic the effects of opioids	-	0	0	0	/	/	/
'New' drugs that mimic the effects of ecstasy	-	-	-	0	/	/	/
'New' drugs that mimic the effects of amphetamine or cocaine	-	-	-	/	-	-	-
'New' drugs that mimic the effects of cannabis	7	-	-	12	-	8	22
'New' drugs that mimic the effects of psychedelic drugs	-	-	9	0	/	/	/
'New' drugs that mimic the effects of benzodiazepines	-	0	0	/	/	/	/
Any of the above	15	11	18	12	6	8	22

Note. - Values suppressed due to small cell size ($n \leq 5$ but not 0). / denotes that this item was not asked in these years. In 2017 participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs'. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines remained steady in 2020 (33%; 29% in 2019; $p=0.676$) (Figure 34).

In the total sample, 14% reported recent use of non-prescribed alprazolam (13% in 2019; $p=0.900$) and 28% reported recent use of non-prescribed other benzodiazepines in 2020 (24% in 2019; $p=0.600$).

Frequency of Use: In 2020, respondents reported a median frequency of five days (IQR=2-28) (12 days in 2019; IQR=5-81; $p=0.213$) and 12 days (IQR=5-33) (20 days in 2019; IQR=6-27; $p=0.600$) of non-prescribed use of alprazolam and other benzodiazepines, respectively.

Recent Injection: In 2020, no participants reported recent injection, therefore no further reporting will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Pharmaceutical Stimulants

Recent Use (past 6 months): The percentage of participants reporting recent use of non-prescribed pharmaceutical stimulants (e.g. dexamphetamine, methylphenidate, modafinil) remained similar between 2019 and 2020. Twelve per cent of participants reported having used non-prescribed pharmaceutical stimulants in the last six months, as compared to 11% of the sample in 2019 (Figure 34).

Frequency of Use: In 2020, participants reported using non-prescribed pharmaceutical stimulants on a median of 13 days (IQR=4-113), stable relative to 2019 (6 days; IQR=3-7; $p=0.145$).

Recent Injection: Seventeen per cent of those who had recently used non-prescribed pharmaceutical stimulants reported that they had injected it on a median of six days (IQR=4-8; 6 days in 2019; IQR=4-7).

Antipsychotics

Recent Use (past 6 months): The percentage of participants reporting recent non-prescribed antipsychotic use remained stable between 2019 (13%) and 2020 (11%; $p=0.896$) (Figure 34).

Frequency of Use: In 2020, respondents reported using non-prescribed antipsychotics on a median of two days (IQR=2-5), stable relative to 2019 (10 days; IQR=2-33; $p=0.319$).

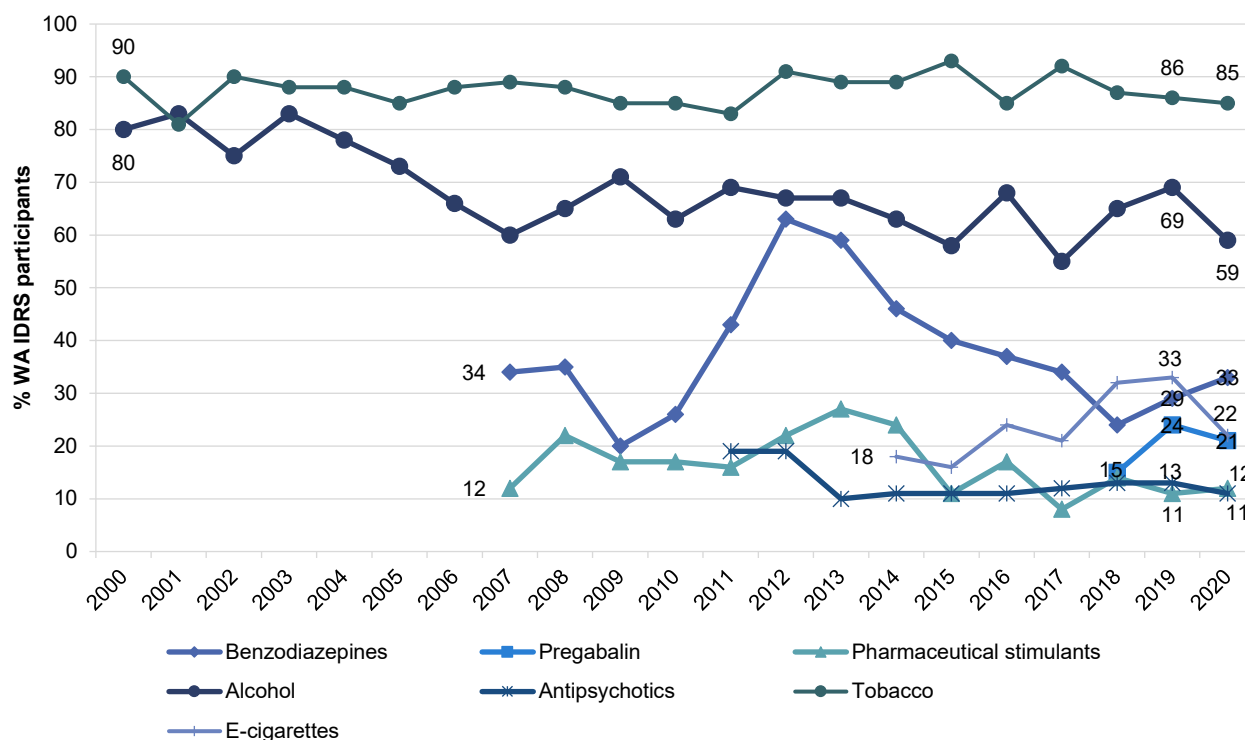
Pregabalin

Recent Use (past 6 months): In 2020, 15% of the sample had used prescribed pregabalin (15% in 2019), while non-prescribed pregabalin was used by 21% of the sample (24% in 2019; $p=0.715$) in the six months preceding interview (Figure 34).

Frequency of Use: Participants reported using non-prescribed pregabalin on a median of five days (IQR=2-21) in 2020, stable from five days (IQR=2-18) in 2019 ($p=0.951$).

Recent Injection: In 2020, very low numbers ($n\leq 5$) reported recent injection, therefore no further reporting will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Figure 34: Past six month use of other drugs, Western Australia, 2000-2020



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, pregabalin and pharmaceutical stimulants). Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' until 2019), e-cigarettes in 2014 and pregabalin in 2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Licit and Other Drugs

Steroids

No respondents reported using non-prescribed steroids in the last six months and therefore no further reporting on patterns of use will be included. For further information, please refer to the [2020 IDRS National Report](#) or contact the Drug Trends team.

Alcohol

Recent Use (past 6 months): Fifty-nine per cent of the sample reported recent use of alcohol in 2020, as compared to 69% of participants in 2019 ($p = 0.204$) (Figure 34).

Frequency of Use: In 2020, median frequency of use of alcohol was 24 days (IQR=5-90), consistent with 2019 reports (24 days; IQR=5-90; $p = 0.823$). Daily use of alcohol amongst recent consumers was reported by 12% of participants, as compared to 11% of participants in 2019.

Tobacco

Recent Use (past 6 months): Tobacco use has remained fairly high and stable across the years, with 85% of respondents reporting recent use in 2020 (86% in 2019; $p = 0.930$) (Figure 34).

Frequency of Use: In 2020, median frequency of use of tobacco was 180 days (IQR=180-180; 180 days in 2019; IQR=180-180), with 94% of recent consumers reporting daily use (83% in 2019; $p = 0.042$).

E-cigarettes

Recent Use (past 6 months): Slightly less than one-quarter of the sample (22%) reported recent use of e-cigarettes in 2020, stable relative to 2019 (33%; $p=0.106$) (Figure 34).

Frequency of Use: Median frequency of use amongst consumers in 2020 was 35 days (IQR=9-90; 4 days in 2019; IQR=2-26; $p=0.040$).

Forms Used: Among recent consumers ($n=22$), the majority (77%) reported using e-cigarettes containing nicotine. Nine per cent of respondents reported that they contained both cannabis and nicotine, while 14% said neither cannabis nor nicotine. No participants reported that they contained cannabis.

Reason for Use: Of those who reported using e-cigarettes in the six months preceding interview, two-fifths (41%) reported using it as a smoking cessation tool.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2020, approximately one-in-ten (13%) reported recent use of GHB/GBL/1,4-BD. Further questions regarding recent use of GHB/GBL/1,4-BD were not asked of participants in 2020.

Recent Injection: In 2020, very low numbers ($n\leq 5$) reported recent injection, therefore no further reporting will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

9

Drug-Related Harms and Other Associated Behaviours

Overdose Events

Non-Fatal Overdose

There has been some variation in the way questions about overdose have been asked over the years.

In 2020, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience or they felt professional assistance may have been helpful. We specifically asked about:

- **Opioid overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g. nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drug other than opioids were split into the following data coding:
 - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g. MDPV, Alpha PVP); and
 - **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

In 2019, participants were explicitly queried about stimulant and 'other drug' overdose.

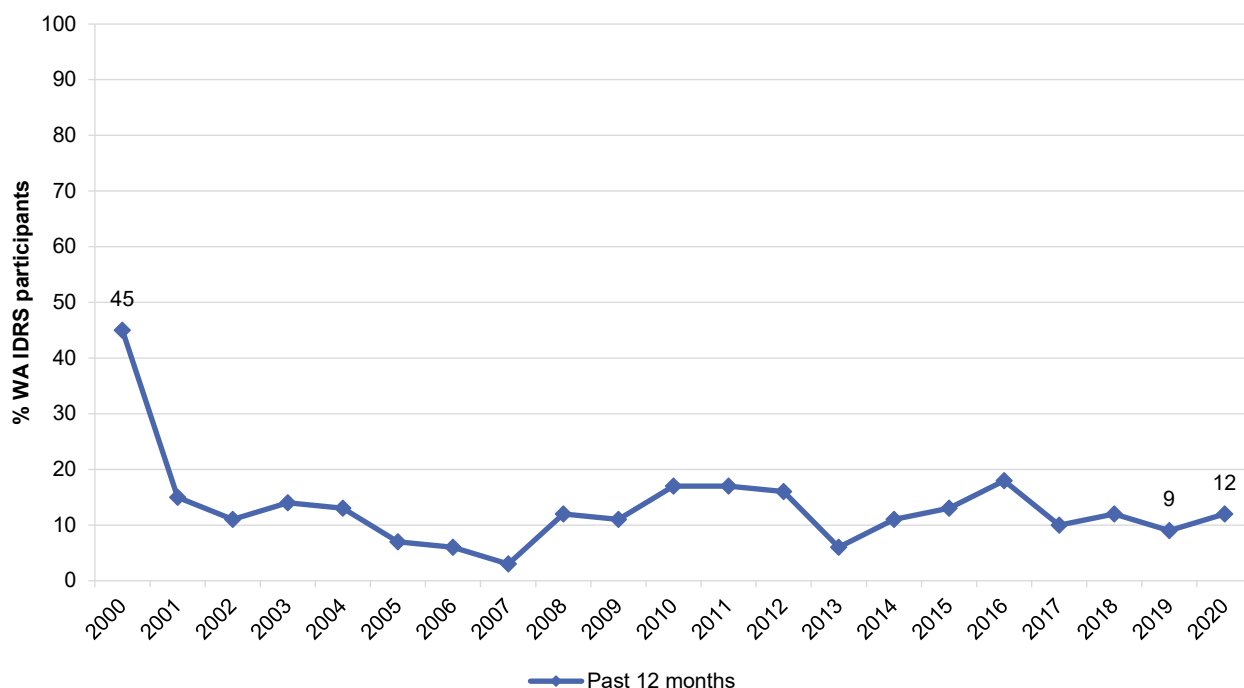
It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see below) but note that estimates may vary over time because of changed nuance in asking by drug type.

Opioid non-fatal overdoses: In 2020, 12% of participants (n=12) reported having experienced a **non-fatal accidental opioid overdose** in the last 12 months (12% in 2019). Participants reported

having ever accidentally overdosed on an opioid on a median of two occasions (IQR=1-4) in the last year (Table 7). There were some fluctuations in the number of non-fatal heroin overdoses in the last 12 months throughout the years, with a large decrease between 2000 and 2007 (Figure 35). However, the number of recent non-fatal heroin overdoses remained stable between 2019 and 2020 (9% and 12%, respectively; $p=0.717$), with heroin being the most commonly cited opioid involved in a non-fatal overdose in the last 12 months.

Other Non-Fatal Overdoses: In terms of **non-fatal overdoses due to other drugs**, 16% reported having had any type of non-fatal drug overdose, stable from 2019 (16%) (Table 7). Few participants ($n\leq 5$) reported a non-fatal overdose on an ‘other’ drug, including stimulants, and an ‘other’ drug’, not including stimulants. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Figure 35: Past 12 month non-fatal heroin overdose, Western Australia, 2000-2020



Note. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n\leq 5$ but not 0) $*p<0.050$; $**p<0.010$; $***p<0.001$ for 2019 versus 2020.

Table 7: Past year non-fatal overdose by drug type, nationally and Western Australia, 2018-2020

	National 2020	2020	Western Australia	
			2019	2018
% Any opioid	N=881 13	N=99 12	N=95 12	N=82 13
% Heroin overdose	N=882 11	N=99 12	N=94 10	N=81 12
% Methadone overdose	N=881 1	N=99 0	N=94 -	N=96 0
% Morphine overdose	N=881 <1	N=99 0	N=94 0	N=95 -
% Oxycodone overdose	N=881 0	N=99 0	N=94 0	N=93 0
% Other drug overdose				
% Including stimulants	N=881 6	N=99 -	N=96 -	N=94 -
% Not including stimulants	N=883 3	N=100 -	N=94 -	/
% Any drug overdose	N=880 18	N=99 16	N=94 16	N=78 15

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. – Values suppressed due to small numbers ($n \leq 5$ but not 0). N is the number who responded (denominator). / Not asked. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over forty years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. In 2020, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Furthermore, naloxone nasal spray (Nyxoid®) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: The percentage of participants who have heard of naloxone between 2013 and 2020 remained stable, with approximately nine-in-ten participants (87%) who reported awareness of naloxone in 2020 (89% in 2019; $p = 0.829$). It must be noted that all participants in the WA sample used opioids in the last 6 months (Figure 36).

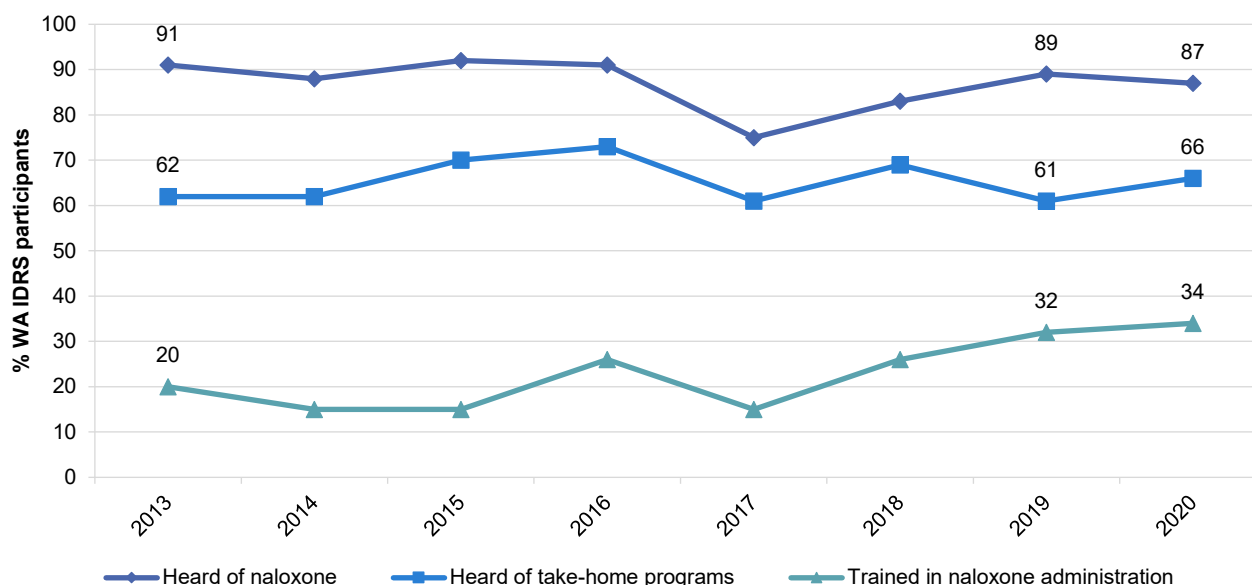
Awareness of Take-Home Programs (training program): Similarly, there has been no significant changes in the percentage of participants who have heard of naloxone training programs between 2019 and 2020, with nearly seven-in-ten participants (66%) reporting awareness of it (61% in 2019; $p = 0.550$) (Figure 36).

Participation in Training Programs: Since the beginning of the monitoring period, there has been a slight increase in the number of people who were trained in naloxone administration. However, there were no significant differences between the number of participants trained between 2019 and 2020 (32% and 34%, respectively; $p = 0.880$) (Figure 36).

Accessed Naloxone: Almost half (49%) of the WA sample reported having ever accessed naloxone. Out of those who had never accessed naloxone (n=53), reasons included 'don't consider myself/my peers at risk of overdose' (33%), 'didn't know you could access naloxone' (16%), 'don't use opioids' (14%), and 'other' (14%). Of those who reported ever accessing naloxone and commented (n=44), on the last occasion, nearly seven-in-ten (68%) reported last receiving intramuscular naloxone and almost one-third (32%) reported receiving intranasal naloxone. On the last occasion, the majority of these participants last accessed naloxone from a NSP (40%), followed by a pharmacy (38%), or a drug treatment service (13%). Over nine out of ten participants (91%) reported that they did not have to pay the last time they accessed naloxone.

Use of Naloxone to Reverse Overdose: In 2020, of those who reported having heard of naloxone and responded (n=85), 32% reported that they had ever resuscitated someone using naloxone at least once in their lifetime. Of those who reported a past year opioid overdose and commented (n=12), almost six out of ten (58%; n=7) reported that they had ever been resuscitated by a peer using naloxone. Of those who reported ever accessing naloxone, almost half (46%) reported that they 'always' had naloxone on hand when using opioids in the past month.

Figure 36: Take-home naloxone program and distribution, Western Australia, 2013-2020



Note. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Injecting Risk Behaviours and Harms

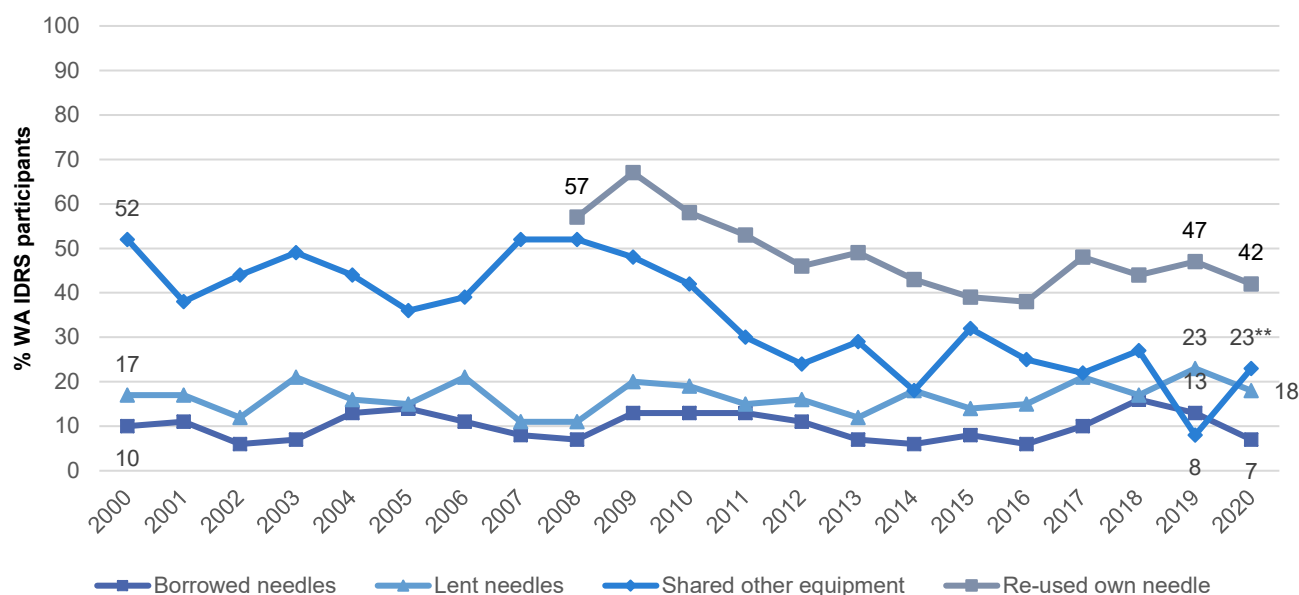
In 2020, seven per cent of participants reported receptive sharing (13% in 2019; $p = 0.278$), and 18% of participants reported distributive sharing in the past month, stable from 2019 (23%; $p = 0.538$) (Figure 37).

The per cent who reported having shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month increased by almost three folds in comparison to 2019 (23% in 2020; 8% in 2019; $p = 0.008$) (Figure 37). Nearly four out of ten (42%) participants reported that they had re-used their own needles in the past month, which remained stable relative to 2019 (47%; $p = 0.542$) (Figure 37).

One-third (33%) of the WA 2020 sample reported that they had injected someone else after injecting themselves, stable from 2019 (33%), and 16% were injected by someone else who had previously injected in the past month (25% in 2019; $p=0.155$) (Table 8).

Consistent with previous years, the majority of participants (80%) reported that they had last injected in a private home (76% in 2019; $p=0.714$), followed by a car (9%; 10% in 2019) (Table 8).

Figure 37: Borrowing and lending of needles and sharing of injecting equipment in the past month, Western Australia, 2000-2020



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Table 8: Sharing and re-using needles and injecting equipment in the past month, nationally and Western Australia, 2015-2020

	National		Western Australia				
	2020 N=884	2020 N=100	2019 N=95	2018 N=100	2017 N=73	2016 N=69	2015 N=74
% Injecting behaviours past month							
Borrowed a needle	5	7	13	16	10	6	8
Lent a needle	9	18	23	17	21	15	14
Shared any injecting equipment ^	25	23**	8	26	22	25	32
Re-used own needle	44	42	47	44	48	38	39
Injected partner/friend after self	32	33	33	29	27	31	NA
Somebody else injected them after injecting themselves ~	17	16	25	12	14	17	NA
% Location of last injection							
Private home	83	80	76	76	74	83	81
Car	5	9	10	11	10	7	14
Street/car park/beach	5	-	8	-	-	-	-
Public toilet	4	7	-	10	10	-	-
Medically supervised injected services	3	0	0	0	0	0	0
Other	1	-	-	-	-	-	-

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size ($n \leq 5$)

but not 0). / Participants first asked about injecting other and being injected by others in 2016. N is the number who responded (denominator). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Self-Reported Injection-Related Health Problems

In 2020, fewer participants reported having an injection-related health issue in the month preceding interview, relative to 2019 (33%; 51% in 2019; $p=0.022$) (Table 9). With regards to injection-related problems experienced in the month before the interview, the most common problems comprised nerve damage (13%; 16% in 2019; $p=0.744$), a dirty hit (11%; 18% in 2019; $p=0.246$), an artery injection (10%; 13% in 2019; $p=0.692$), any type of infection/abscess (9%; 19% in 2019; $p=0.067$), followed by skin abscess or cellulitis (7%; 16% in 2019; $p=0.094$), and any thrombosis (6%; 19% in 2019; $p=0.011$). Few participants ($n\leq 5$) reported having blood clots near the surface of the skin (17% in 2019; $p=0.007$) or in the deep veins ($n\leq 5$ in 2019), or another serious infection (e.g. sepsis or osteomyelitis).

Table 9: Injection-related issues in the past month, Western Australia, 2019-2020

	2020 (N=100)	2019 (N=100)
% Artery injection	10	13
% Any nerve damage	13	16
% Any thrombosis	6*	19
Blood clot near the surface of the skin	—**	17
Blood clot in the deep veins	—	—
% Any infection/ abscess	9	19
Skin abscess or cellulitis	7	16
Endocarditis	0	—
Another serious infection (e.g. sepsis, osteomyelitis)	—	—
% Dirty hit	11	18
% Any injection related problem	33*	51

Note. In 2020, 'sepsis' and osteomyelitis were combined. — Values suppressed due to small cell size ($n\leq 5$ but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Drug Treatment

Compared to previous years, more participants reported receiving current drug treatment in 2020, with almost half of the WA sample (48%; 28% in 2019; $p=0.007$) reporting that they were currently in any drug treatment for their substance use (most commonly receiving methadone) (Table 10).

In 2020, of those not currently in treatment ($n=52$), one-tenth (10%) of participants reported having difficulties accessing treatment in the past six months and 15% reported wanting to access treatment but not trying to. Few participants ($n\leq 5$) were able to comment on both the main substances in which they were seeking treatment for and the main services that they had tried to access, therefore, numbers have been suppressed. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Table 10: Current drug treatment, nationally and Western Australia, 2015-2020

	National		Western Australia				
	N=884	N=100	N=96	N=100	N=73	N=71	N=89
	2020	2020	2019	2018	2017	2016	2015
% Current drug treatment	48	48**	28	34	48	42	36
Methadone	31	24*	10	25	18	18	20
Buprenorphine	2	0	0	0	0	-	-
Buprenorphine-naloxone	8	14	7	-	9	7	7
Buprenorphine depot injection	2	-	0	/	/	/	/
Drug counselling	11	17	9	-	-	-	-
Other	4	-	4	-	-	-	-

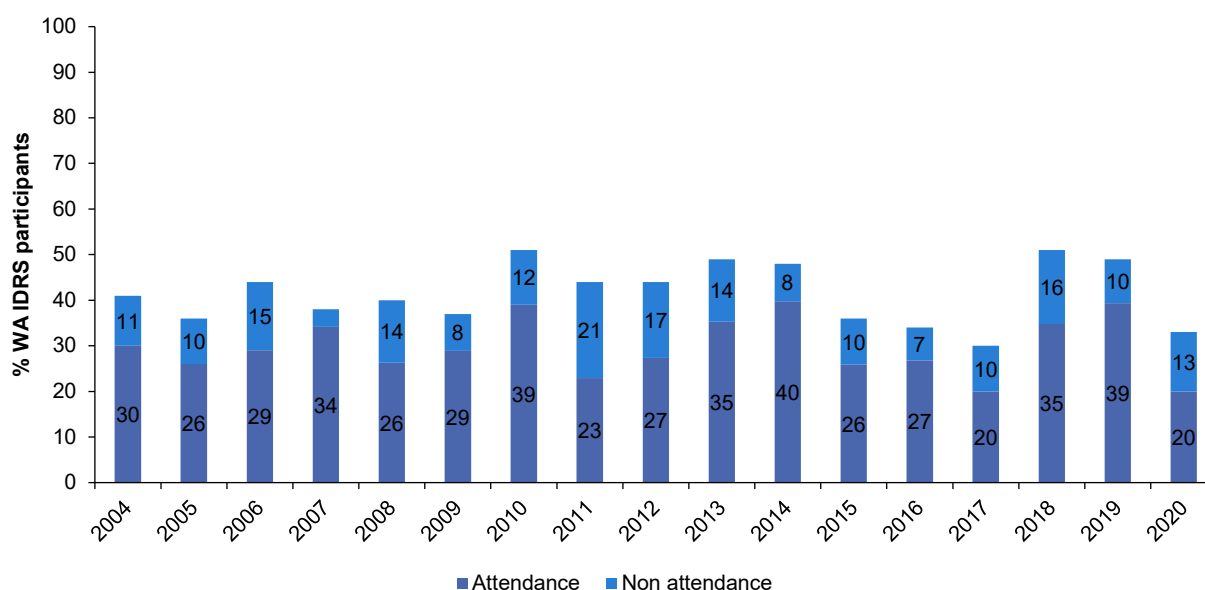
Note. Numbers suppressed when n≤5 (but not 0). / not asked. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Mental Health

In 2020, 33% of the sample self-reported that they had experienced a mental health problem in the preceding six months, a significant decrease from 2019 (49%; $p=0.029$) (Figure 38). Amongst this group, the most commonly reported problems comprised depression (88%; 66% in 2019; $p=0.050$), and anxiety (72%; 59% in 2019; $p=0.346$).

Twenty per cent of the sample (63% of those who reported a mental health problem; 78% in 2019; $p=0.228$) had seen a mental health professional during the past six months. Ninety per cent of those who reported having seen a health professional about a mental health problem had been prescribed medication for their mental health problem in the preceding six months, stable from 2019 (77%; $p=0.409$).

Figure 38: Self-reported mental health problems and treatment seeking in the past six months, Western Australia, 2004-2020



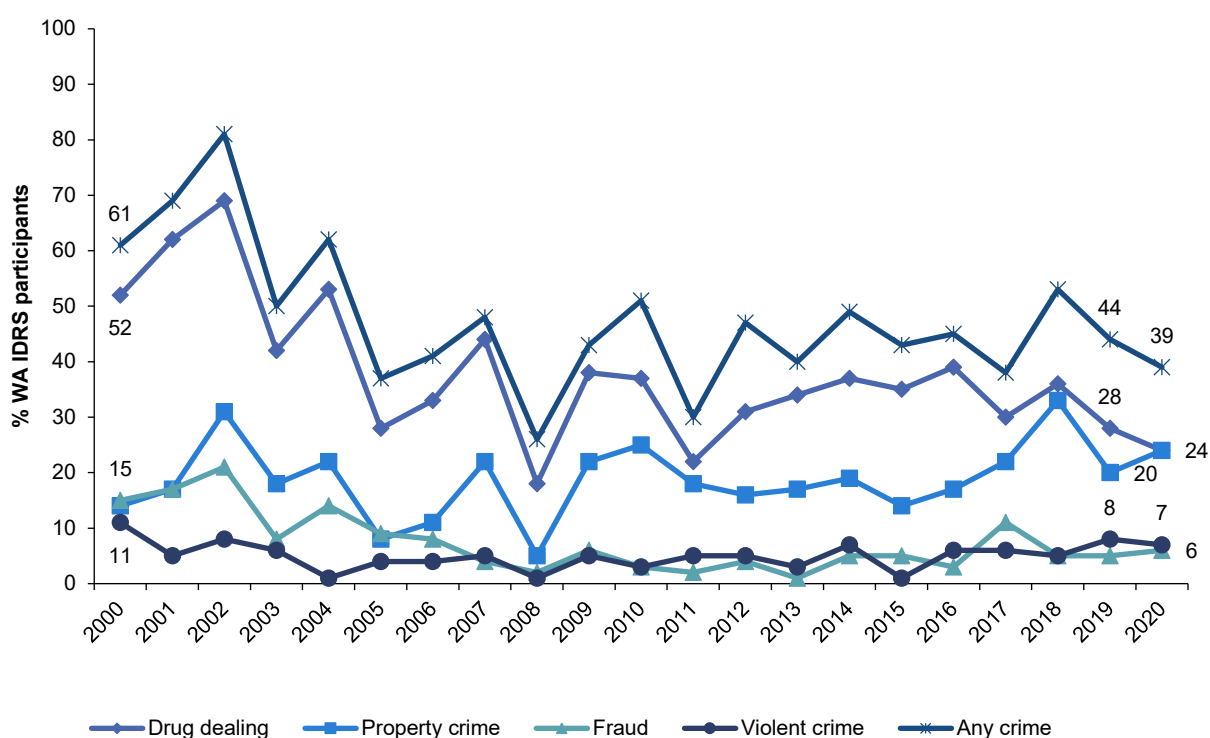
Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the per cent who reported attending a health professional versus the per cent who have not. Values suppressed due to small cell size (n≤5 but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Crime

Slightly more than one-third (39%) of participants reported engaging in 'any' crime in 2020, stable from 44% in 2019 ($p=0.577$). Property crime (24%; 20% in 2019; $p=0.591$) and drug dealing (24%; 28% in 2019; $p=0.680$) remained the most common self-reported crimes in the month preceding interview, followed by violent crime (7%; 8% in 2019; $p=0.967$), and fraud (6%; $n \leq 5$ in 2019) (Figure 39). Conversely, 18% reported being the victim of a crime involving violence (e.g., assault), stable from 2019 (28%; $p=0.113$).

In 2020, 26% the sample had been arrested in the past year, stable from 2019 (29%; $p=0.682$). Over two-fifths (43%) reported a lifetime prison history in 2020, also stable from 46% in 2019 ($p=0.804$).

Figure 39: Self-reported criminal activity in the past month, Western Australia, 2000-2020



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.