IDRS

WESTERN AUSTRALIAN DRUG TRENDS 2024

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

WESTERN AUSTRALIAN DRUG TRENDS 2024: 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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Abbreviations

1,4-BD	1,4-Butanediol
ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
ALPHA PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and Other Drugs
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NHS	National Health Survey
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-traumatic stress disorder
REDCap	Research Electronic Data Capture

RNA	Ribonucleic Acid
SA	South Australia
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SD	Standard deviation
SDS	Severity of Dependence
TAS	Tasmania
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The IDRS sample is a sentinel group of people aged 18 years or older who injected illicit drugs ≥6 days in the preceding six months and resided in Perth, Western Australia (WA). Participants were recruited via advertisements in needle and syringe programs, pharmacies providing Opioid Agonist Therapy (OAT), and other harm reduction services, 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 between June and July 2024. In Perth, WA, interviews in 2020 and 2021 were delivered face-to-face as well as via telephone, while in 2022, they were only conducted via telephone to reduce the risk of COVID-19 transmission. All interviews prior to 2020 were conducted face-to-face. In 2023 and 2024, they were again delivered face-to-face as well as via telephone. This methodological change should be factored into all comparisons of data from the 2020-2024 samples relative to previous years.**

Sample Characteristics

The IDRS sample recruited from Perth, WA in 2024 (N=103) was fairly consistent with the Perth profile in previous years, whereby two thirds (69%) were male, with a median age of 46 years. The majority (82%) of the sample were unemployed at the time of interview, and most (87%) had received a government pension/allowance or benefit in the month prior to interview. The median income per week showed a significant increase, from $395 in 2023 to $450 in 2024 ($p$=0.008). Sexual identities remained consistent with 2023 with most participants reporting being heterosexual (90%). Participants typically endorsed heroin as their drug of choice in 2024 (64%; 55% in 2023), followed by methamphetamine (24%; 38% in 2023).

Heroin

After a steady resurgence in recent (i.e., past six month) heroin use up until 2016, a downward trend has been observed since 2017. However, the percentage of respondents who reported recent use of heroin has remained stable between 2023 (63%) and 2024 (70%). There was a significant increase in the frequency of heroin use in 2024, participants reported using heroin on an average of 90 days (IRQ=72-180) compared to 80 days in 2023 (IRQ=17-168; p=0.028). There was also a significant increase in weekly use of heroin in 2024 (88%) compared to 2023 (71%; p=0.022). In 2024, participants reported injecting heroin on an average of 90 days (IRQ=72-180) a significant increase compared to 80 days in 2023 (IRQ=16-168; p=0.025). Perceived purity and availability of heroin remained stable between 2023 and 2024, while there was a significant decrease in the median price of one point of heroin from $150 in 2023 to $100 in 2024 ($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 an upward trend since 2012. Consistent with the fluctuating use of methamphetamines, there was a significant reduction in recent use of methamphetamines in 2024 (65%; 79% in 2023; p=0.044). However, there was a significant increase in daily use of any methamphetamines in 2024 (24%) compared to 2023 (9%; p=0.021). The use of base and powder methamphetamine has decreased throughout the years which was driven by an increase in the use of crystal methamphetamine (65% in 2024), the most commonly used form since 2011 in Perth. 2024 saw a significant reduction in the participants reporting use of methamphetamine powder (n≤5) compared to 2023 (10%; p=0.046). Most

participants (73%) reported weekly or more frequent use of any methamphetamine in 2024 (65% in 2023), with a significant increase in daily use of methamphetamine in 2024 (24%; 9% in 2023; p=0.021).

The recent use of crystal methamphetamine (65%) significantly decreased in 2024 (79% in 2023; p=0.044). However, there was a significant increase in the daily use of crystal methamphetamine (23%) in 2024 (9% in 2023; p=0.038). There was also a significant decrease in the number of participants who reported swallowing crystal methamphetamine in 2024 (n≤5) compared to 2023 (10%; p=0.038). Of the participants who reported recent use of crystal methamphetamine the median typical amount used per day was 0.2 grams (IQR=0.1-0.2) a significant increase from 2023 (0.1 grams; IQR=0.1-0.3; p=0.043). The median amount used per day in 2024 was 0.3 grams (IQR=0.2-0.6), which was also a significant increase from 2023 (0.2 grams; IQR=0.1-0.3); p=0.014).

The perceived purity and availability of crystal and powder methamphetamine remained stable between 2023 and 2024. However, the reported median price of crystal methamphetamine significantly decreased from $80 for one point in 2023 to $50 in 2024 ($p$=0.004).

Cocaine

Similar to previous years, in 2023, cocaine use amongst people who inject drugs in Perth was infrequent and sporadic. Recent use of cocaine significantly reduced to 9% (21% in 2023; p=0.020), on a median of two days (2 days in 2023). There was a significant decrease in the number of participants who reported injecting cocaine in 2024 (n≤5) compared to 2023 (57%; p=0.042).

Cannabis and/or Cannabinoid-Related Products

Recent use of non-prescribed cannabis and/or cannabinoid-related products remained stable, with 60% of participants reporting recent use in 2024 (66% in 2023). Whilst there was a significant reduction in the use of hydroponic cannabis, it remained the form most commonly used (88%; 98% in 2023; p=0.028), followed by bush cannabis (32%). Smoking remained the most common route of administration in 2024 (97%), while the number of participants who reported inhaling/vaporising (n≤5) as their route of administration in 2024 remained stable. Perceived purity, availability, and price of hydroponic and bush cannabis remained stable between 2023 and 2024.

Pharmaceutical Opioids

Recent use of all forms of pharmaceutical opioids remained stable in 2024, though an overall downward trend was observed since monitoring of each opioid first began. No significant differences in terms of non-prescribed recent use, nor frequency of use, were observed for methadone, buprenorphine-naloxone, morphine, codeine, tapentadol or tramadol between 2023 and 2024. There was a significant decrease in the frequency of non-prescribed use of buprenorphine tablets in 2024 (1 day (IQR=1–2)) compared to 2023 (7 days; IQR=5–24; p=0.044). Conversely, there was a significant increase in the frequency of non-prescribed use of oxycodone in 2024 (24 days (IQR=3–75) compared to 2023 (2 days (IQR=1–3); p=0.025). Furthermore, there was a significant decrease in participants reporting recent use of any (prescribed or non-prescribed) fentanyl between 2024 (n≤5) and 2023 (13%; p=0.049).

Other Drugs

There was a significant reduction in the recent use of use of any NPS between 2023 (12%) and 2024 (0%; p<0.001). No significant differences in terms of non-prescribed recent use nor frequency of use were observed for

benzodiazepines (e.g., Valium, Diazepam, Xanaz, Kalma), pharmaceutical stimulants, antipsychotics, Unisom, or gabapentin between 2023 and 2024. There was a significant reduction in the frequency of use of pregabalin between 2023 (15 days (IQR=5- 54)) and 2024 (5 days (IQR=2–13); p=0.032). Alcohol use continued trending downward over the course of monitoring, with 52% reporting recent use in 2024 compared to 80% in 2000. While tobacco use has remained consistently high but stable over the period of monitoring, with 81% reporting recent use in 2024 (87% in 2023). Furthermore, there was a significant decrease in the recent use of non-prescribed e-cigarettes in 2024 (34%; 54% in 2023; p=0.009). Frequency of non-prescribed use of e-cigarettes remained stable in 2024 (120 days, 150 days in 2023). However, there was a significant decrease in participants reporting recent use of non-prescribed e-cigarettes in 2024 (34%; 54% in 2023; p=0.009). Use of smoked or non-smoked illicit tobacco products was reported by 23% of participants in 2024.

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing
In 2024, 57% of the sample reported using two or more drugs (excluding tobacco and e-cigarettes) on the day preceding interview.

Forty-seven per cent of the Perth sample had binged on one or more drugs for 48 hours or more in the six months preceding interview (47% in 2023).

Injecting behaviours and equipment access
In 2024, 8% of participants reported receptive sharing of a needle or syringe (11% in 2023) and 15% reported distributive sharing in the past month (13% in 2023). Forty-four per cent

of the sample reported that they had re-used their own needles in the past month (41% in 2023). Sixteen per cent of the 2024 sample reported sharing other equipment (including swabs, water, tourniquets, etc.), a significant decrease from 2023 (29%; p=0.031). There was a significant increase in the number of participants reporting using water when injecting in the month prior to the interview (93%; 84% in 2023; p=0.049).

Participants reported a significant increase in the number of times they injected in the past month (30 times; IQR=12-31) in 2024 compared to 2023 (16 times; IQR=8-30; p=0.001). Only 12% of participants reported difficulties accessing needles in the past month (14% in 2023; p=0.827).

A third (31%) of the sample reported experiencing injection-related problems in the past month (41% in 2023).

Overdose, naloxone and drug checking
Nineteen per cent of participants reported experiencing a non-fatal overdose in the 12 months preceding interview on any drug (17% in 2023), with 18% reporting a past year non-fatal opioid overdose (14% in 2023).

The number of respondents who reported having accessed naloxone in the past year remained stable in the last year, 63% in 2023 and 58% in 2024. There was a significant reduction in respondents who reported receiving training in naloxone administration in the last year from 44% in 2023 to 21% in 2024 (p<0.001). The number of participants who reported ever being trained in naloxone administration also showed a decrease in 2024 (49%; 63% in 2023; p=0.050) The number of participants who reported that they had ever resuscitated someone using naloxone remained stable, 44% in 2023 to 41% in 2024.

In 2024, 12% of participants reported that they or someone else had ever tested the contents and/or purity of their illicit drugs in Australia (15% in 2023), with 7% reporting doing so in the past year (9% in 2023). Of the participants who reported testing the contents of their illicit drugs, most (86%) reported using colorimetric or reagent test kits.

Dependence, treatment and Hepatitis C

Seventy percent of participants scored five or above on the Severity of Dependence Scale (SDS; 56% in 2023), indicating possible dependence relating to opioids, and 41% scored four or above (42% in 2023), indicating possible dependence relating to methamphetamine.

Two fifths (43%) of the sample reported being in any drug treatment for their substance use (48% in 2023), with methadone continuing to be the most common treatment received in 2024 (18%; 31% in 2023). Of the participants who were currently in treatment in 2024, a significant number (18%) of them reported being dissatisfied with the treatment (4% in 2023; $p=0.050$).

Half of participants in 2024 (52%) reported that they had received a hepatitis C virus (HCV) antibody test in the past year (51% in 2023), while 38% had received a PCR or RNA test (48% in 2023). There was a significant reduction in the number of respondents who reported they had been tested for human immunodeficiency virus (HIV) in the past six months in 2024 (23%) compared to 2023 (38%; $p=0.035$).

Sexual activity, mental health and health service access

Two fifths (41%) of the participants reported engaging in sexual activity in the past month (49% in 2023). Eighteen per cent of the participants reported having a recent sexual health check in the past six months, a significant decrease from 2023 (39%; $p=0.002$). Participants reporting that they had ever had a sexual health check (60%) also showed a significant decrease compared to 2023 (75%; $p=0.025$).

Self-reported mental health problems in the past six months remained stable in 2024 (47%; 52% in 2023). The two most commonly reported problems were anxiety (64%; 43% in 2023) and depression (62%; 73% in 2023).

The K10 score remained stable between 2023 and 2024 ($p=0.070$), with 38% of participants having a score of 30 or more (28% in 2023).

Most participants (81%) reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2024 (89% in 2023). Primary services reported by participants for AOD support in 2024 were NSPs (63%; 42% in 2023; $p=0.005$), followed by GPs (43%; 45% in 2023), pharmacies (38%; not reported in 2023), and peer-based harm reduction services (22%; 57% in 2023; $p<0.001$).

Ninety-eight per cent of participants reported using a health service for any reason in 2024 (99% in 2023). Primary services included GPs (81%; 73% in 2023) and pharmacies (76%, not recorded in 2023). There was a significant increase in people accessing NSP's (67%) for any health reason in 2024 (44% in 2023; $p=0.001$). However, a significant decrease in the number of individuals (22%) utilising peer-based harm reduction services (61% in 2023; $p<0.001$).

Driving, contact with police and modes of purchasing illicit drugs

Eighty-one per cent of those who had driven recently reported driving within three hours of consuming an illicit or non-prescribed drug in the past six months (69% in 2023) and few participants (n≤5) reported driving while over

the perceived legal limit of alcohol (12% in 2023).

Forty-seven per cent of participants reported engaging in 'any' crime in the past month in 2024 (40% in 2023), with 20% arrested in the past year (24% in 2023), and 48% reporting a lifetime prison history (59% in 2023).

Almost one quarter of participants (24%) reported a drug-related encounter with the police that did not result in charge or arrest (21% in 2023).

In 2024, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding the interview was face-to-face (72%; 70% in 2023).

2024 SAMPLE CHARACTERISTICS

IDRS Illicit Drug Reporting System

In 2024, 103 participants, recruited from Perth, WA were interviewed.

46 years
69% Male

The median age in 2024 was 46, and 69% identified as male.

82% Unemployed **19% No fixed address**
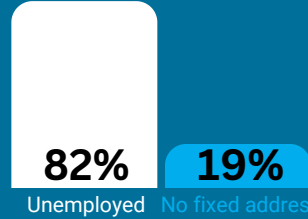
In the 2024 sample, 82% were unemployed and 19% had no fixed address.

- ✓ Injected heroin
- ✓ Injected methamphetamine
- ✓ Injected other illicit or non-prescribed drugs

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

INJECTING-RELATED RISKS AND HARMS

8%
15%
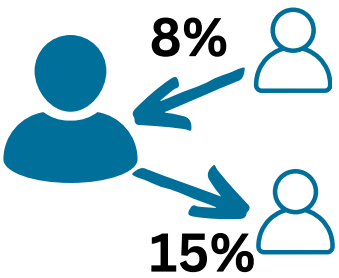
In 2024, 8% of participants reported receptive sharing in the past month, and 15% reported distributive sharing.

41% 2023 **44% 2024**
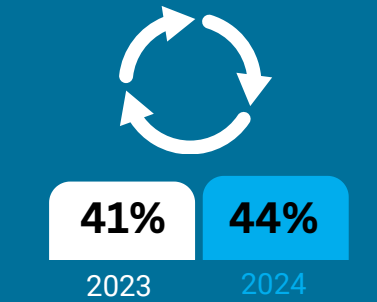
Percentage who reported re-using their own needles in the past month.

37%
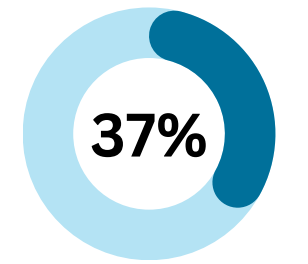
Percentage who reported injecting someone else after injecting themselves in the past month.
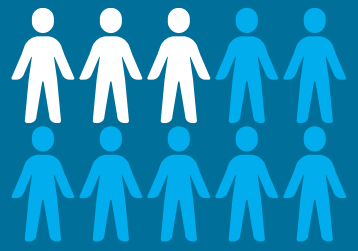
31% of participants reported having an injection-related health issue in the past month, stable from 2023 (41%).

OTHER HARMS

Two or more drugs **57%**
Benzodiazepines and opioids **10%**
Stimulants and cannabis **9%**
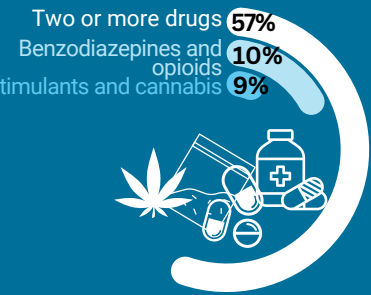
In 2024, 57% reported using two or more drugs on the day preceding interview: the most commonly used combination of drug classes was benzodiazepines and opioids (10%).

17% 2023 **19% 2024**

Past year non-fatal overdose remained stable in 2024 relative to 2023.

In 2024, 47% of participants reported a mental health problem in the 6 months preceding interview.

Anxiety **64%**
Depression **62%**
PTSD **28%**
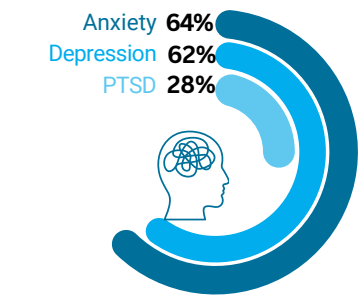
Among those who reported a mental health problem, the three most common mental health issues were depression, anxiety and PTSD.

NALOXONE AND OTHER HARM REDUCTION STRATEGIES

Heard of take-home naloxone **81%**
Naloxone access **58%**
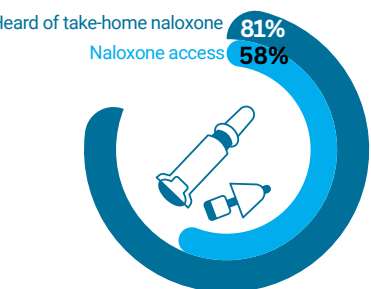
Knowledge of take-home naloxone and past year naloxone access remained stable in 2024.

41%
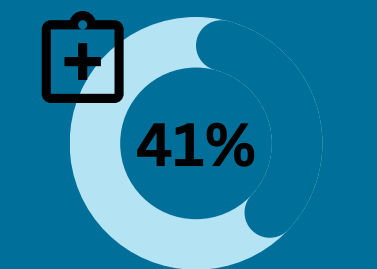
Among those who were aware of naloxone, 41% reported ever using naloxone to resuscitate someone who had overdosed, with 21% having done so in the past year.

7%
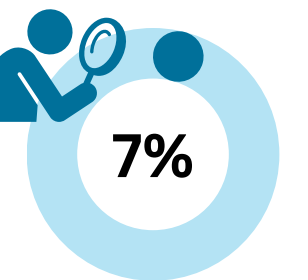
Percentage who reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

43% Drug treatment **81% Health service access**
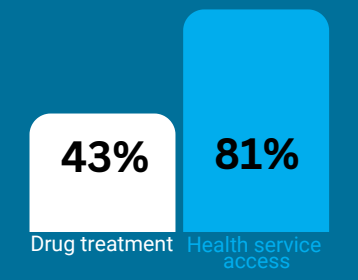
Percentage who reported current drug treatment and health service access for AOD support in the past six months.

HEROIN

Past 6 month use of heroin remained stable in 2024 (70%) relative to 2023 (63%)

88%
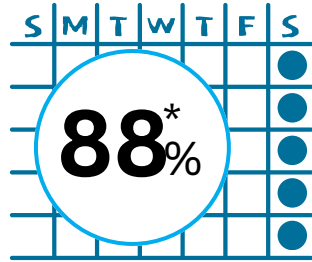
Of those who had recently consumed heroin, 88% reported weekly or more frequent use, a signficiant increase compared to 2023 (71%).

$150 **$100*****
2023   2024

The median reported price for a point of heroin significantly decreased from $150 in 2023 to $100 in 2024.

97%
2024

88%
2023
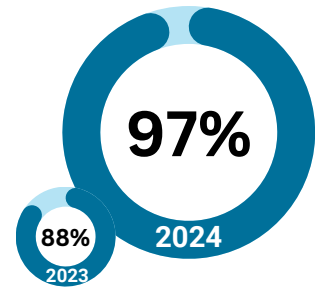
Percentage who perceived heroin as being 'easy' or 'very easy' to obtain.

METHAMPHETAMINE

FORM of methamphetamine

Any   65%*
Crystal 65%*
Powder   n≤5*
Base   n≤5
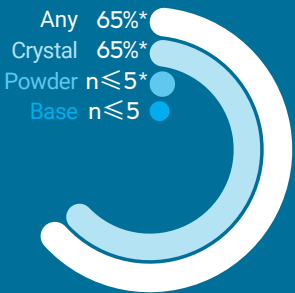
Any, crystal and powder methamphetamine significantly decreased in 2024, relative to 2023

73%
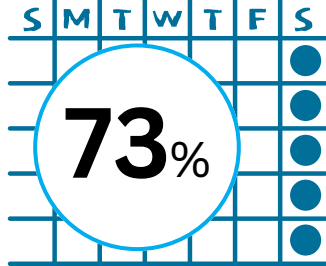
Of those who had recently used any form of methamphetamine, 73% reported weekly or more frequent use, stable from 2023 (65%).

$80 **$50****
2023   2024

The median reported price for a point of crystal methamphetamine significantly decreased from $80 in 2023 to $50 in 2024.

97%
2024

92%
2023
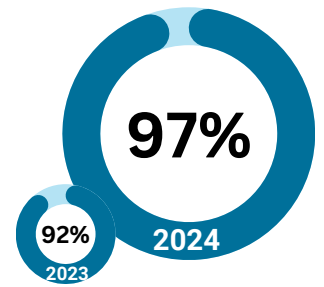
Percentage who perceived crystal methamphetamine as being 'easy' or 'very easy' to obtain.

CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS
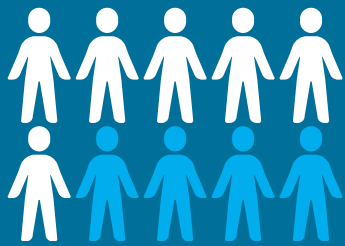
Past 6 month use remained stable in 2024 (60%) relative to 2023 (66%).

45%
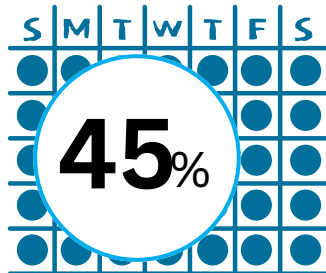
Of those who had recently used non-prescribed cannabis/cannabinoid-related products, 45% reported daily use, stable from 2023 (43%).

Of participants who had consumed non-prescribed cannabis and/or cannabinoid-related products in the last 6 months, 97% had smoked it.

HYDRO **96%**
BUSH **n≤5**
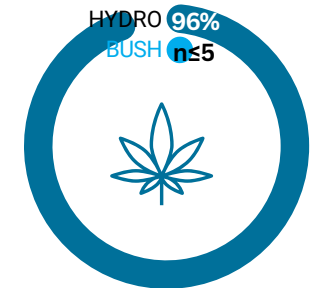
Percentage who perceived cannabis/cannabinoid-related products as being 'easy' or 'very easy' to obtain (stable from 2023).

PAST 6 MONTH USE OF OTHER DRUGS

Non-prescribed morphine

11% 2023
6% 2024

Non-prescribed fentanyl

10% 2023
n≤5 2024

Non-prescribed pregabalin

19% 2023
19% 2024

GHB/GBL/1,4-BD

17% 2023
11% 2024
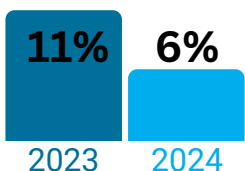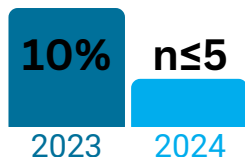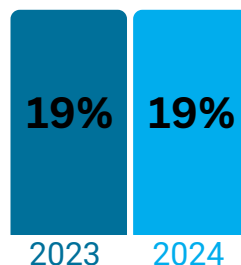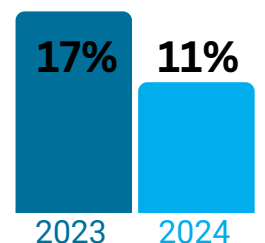
Background

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 the 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 non-prescribed or illicit drugs on at least six days during the six months preceding interview; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. 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.

IDRS 2020-2024: 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 first came into effect in March 2020), face-to-face interviews were not always possible 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 capital cities in 2020, with some capital cities (Darwin, Northern Territory (NT) and Hobart, Tasmania (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 or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old (16 years old in Perth, Western Australia (WA)) to 18 years old.

From 2021 onwards, a hybrid approach was used whereby interviews were conducted either face-to-face (with participants reimbursed with cash) or via telephone (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology;

however, telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

2024 IDRS Sample

A total of 884 participants were recruited across capital cities nationally (1 June-12 July 2024), with 103 participants recruited from Perth, WA between 6 June-10 July, 2024. In 2024, 62 of the Perth interviews were conducted via telephone and the remainder were face-to-face.

In 2024, 21% of the Perth sample reported participating in the 2023 IDRS survey, while in 2023, 15% of participants reported participating in the 2022 survey (p=0.345).

In 2024, most participants were recruited via NSPs (48%; 43% in 2023), followed by word-of-mouth (30%; 31% in 2023), and via their treatment provider (14%; 26% in 2023).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2023 and 2024. References to 'significant' differences or changes throughout the report are where statistical testing has been conducted and where the p-value is less than 0.050. 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. The response options 'Don't know' and "Skip question', which were available to select throughout the interview, were excluded from the analysis.

Guide to Table/Figure Notes

Table 1: Guide to Table/Figure Notes

Legend	
/	Question not asked in respective year (for tables)
-	Per cent suppressed due to small cell size (n≤5 but not 0) (for tables)
	Missing data points indicate question not asked in respective year or n≤5 answered the question (for figures)
***p*<0.050; **p*<0.010; ****p*<0.001**	Statistical significance between 2023 and 2024

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 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 Perth, WA (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-2024, must be taken into consideration when comparing 2020-2024 data to previous years, and treated with caution.

Additional Outputs

[Infographics,](#) [the executive summary](#) [and data tables](#) from this report are available for download. There are a range of outputs from the IDRS which triangulate key results from the annual interviews and other data sources and consider the implications of these findings, including national reports, 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

In 2024, the Perth IDRS sample, for the most part, was similar to the sample in 2023 and in previous years (Table 2).

Gender identity remained stable between 2023 and 2024 (p=0.552), with two thirds (69%) identifying as male (65% in 2023). The median age of the sample was 46 years (IQR=39-53; 46 years in 2023; IQR=41-50; p=0.598) (Table 2). In 2024, the current employment status remained stable relative to 2023 (p=0.129), with most participants being unemployed at the time of interview (82%; 89% in 2023). Fifty-nine per cent of participants reported that they had received a post-school qualification(s) (56% in 2023; p=0.670). Sexual identities reported in 2024 remained consistent with 2023 (p=0.650), with most participants reporting being heterosexual (90%; 90% in 2023). Most participants (87%) reported receiving a government pension, allowance or benefit in the past month, stable from 94% in 2023 (p=0.155). In 2024 there was a significant increase in the reported median weekly income to $450 (IQR=354-600; $395 in 2023; IQR=340-500; p=0.008).

Drug of choice remained stable in 2024 compared to 2023 (p=0.087), with respondents typically reporting that heroin was their drug of choice (64%; 55% in 2023), followed by methamphetamine (24%; 38% in 2023) (Figure 1). The drug injected most often in the past month also remained stable in 2024, relative to 2023 (p=0.213), with participants typically nominating heroin as the drug injected most often (56%; 46% in 2023), followed by methamphetamine (39%; 51% in 2023) (Figure 2).

There was a statistically significant increase in the number of participants reporting heroin use on a weekly or more frequent basis (61%; 45% in 2023; p=0.024). No statistically significant differences were observed in the percentage of participants reporting powder methamphetamine (n≤5; n≤5 in 2023; p=0.272), crystal methamphetamine (46%; 51% in 2023; p=0.571), any methamphetamine (47%; 52% in 2023; p=0.571), non-prescribed morphine (n≤5; n≤5 in 2023), and cannabis consumption (44%; 55% in 2023; p=0.128) on a weekly or more frequent basis (Figure 3).

Table 2: Demographic characteristics of the sample, nationally, 2024, and Perth, WA, 2020-2024						
	Perth, WA					**National**
	2020	**2021**	**2022**	**2023**	**2024**	**2024**
	(N=100)	**(N=99)**	**(N=100)**	**(N=99)**	**(N=103)**	**(N=884)**
Median age (years; IQR)	42 (36-49)	47 (38-51)	44 (38-52)	46 (41-50)	**46 (39-53)**	47 (40-53)
% Gender						
Female	31	42	42	35	**31**	30
Male	67	58	55	65	**69**	69
Non-binary	-	0	-	0	**0**	-
% Aboriginal and/or Torres Strait Islander	20	13	17	18	**17**	28
% Born in Australia	/	/	/	/	**81**	88
% English primary language spoken at home	/	/	/	/	**98**	96
% Sexual identity				**		
Heterosexual	87	85	78	90	**90**	85
Homosexual	-	-	-	6	**-**	-
Bisexual	-	10	17	-	**-**	9
Queer	0	0	0	0	**0**	-
Other identity	-	-	0	0	**-**	-
Mean years of school education (range)	11 (7-12)	10 (6-12)	10 (6-12)	10 (3-12)	**10 (3-12)**	10 (1-12)
% Post-school qualification(s)^	59	68	70	56	**59**	62
% Current accommodation						
Own home (inc. renting)~	64	53	58	65	**58**	66
Parents'/family home	12	7	7	8	**12**	-
Boarding house/hostel	9	15	11	-	**-**	6
Shelter/refuge	-	-	-	-	**7**	-
No fixed address	13	21	16	20	**19**	20
Other	0	-	-	0	**0**	1
% Current employment status						
Unemployed	90	86	78	89	**82**	89
Full-time work	-	-	6	-	**10**	-
Part time/casual	/	/	/	/	**-**	6
Self-employed	/	/	/	/	**-**	-
Other	/	/	/	/	**-**	-
% Past month gov't pension, allowance or benefit	92	92	86	94	**87**	94
Current median income/week ($; IQR)	$538 (459-594)	$363 (325-495)	$370 (300-462)	$395 (340-500)	**450 (354-600) **	$424 (350-550)

Note. ^Includes trade/technical and university qualifications. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 among the Perth sample presented in table; *p*<0.050; **p*<0.010; ***p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 1: Drug of choice, Perth, WA, 2000-2024
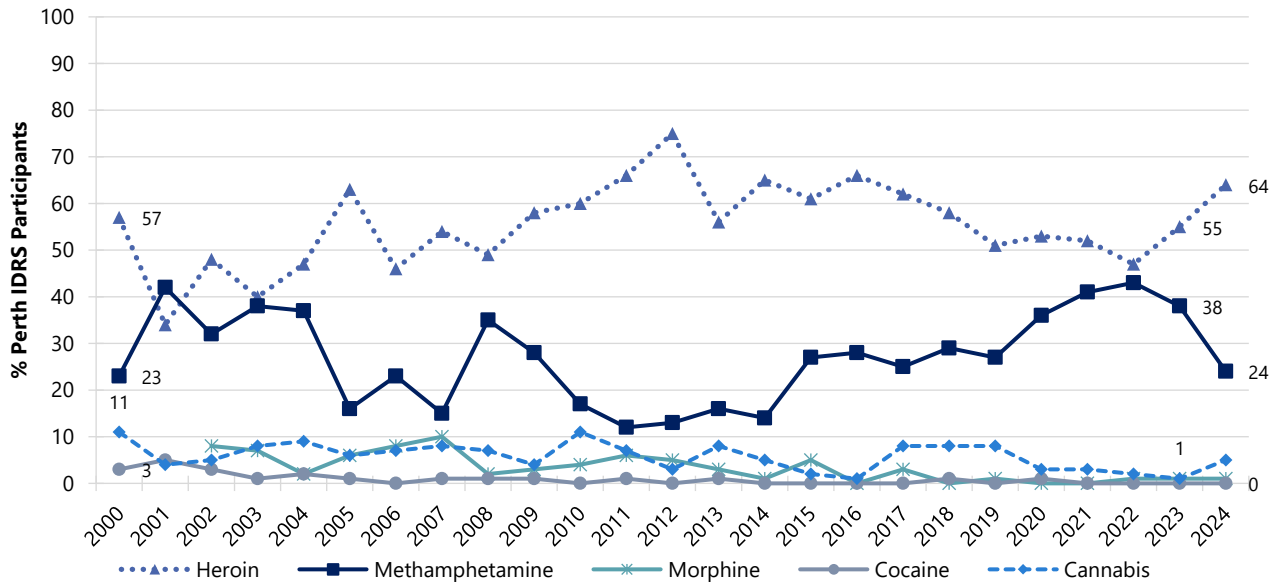
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 2: Drug injected most often in the past month, Perth, WA, 2000-2024
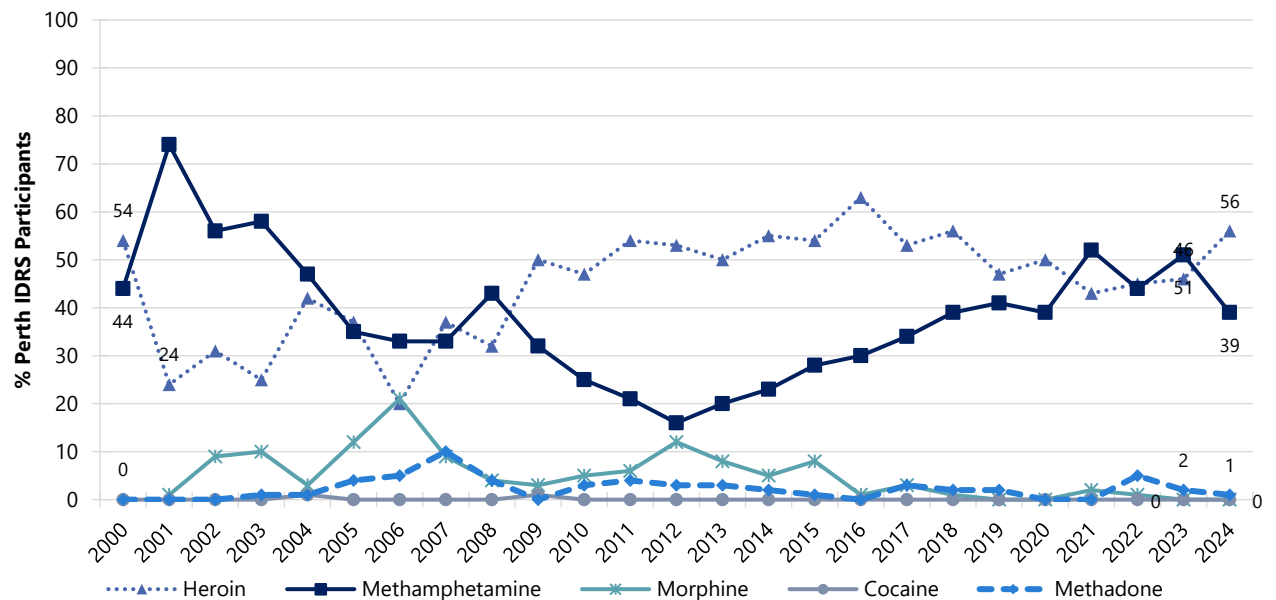
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 3: Weekly or more frequent substance use in the past six months, Perth, WA, 2000-2024
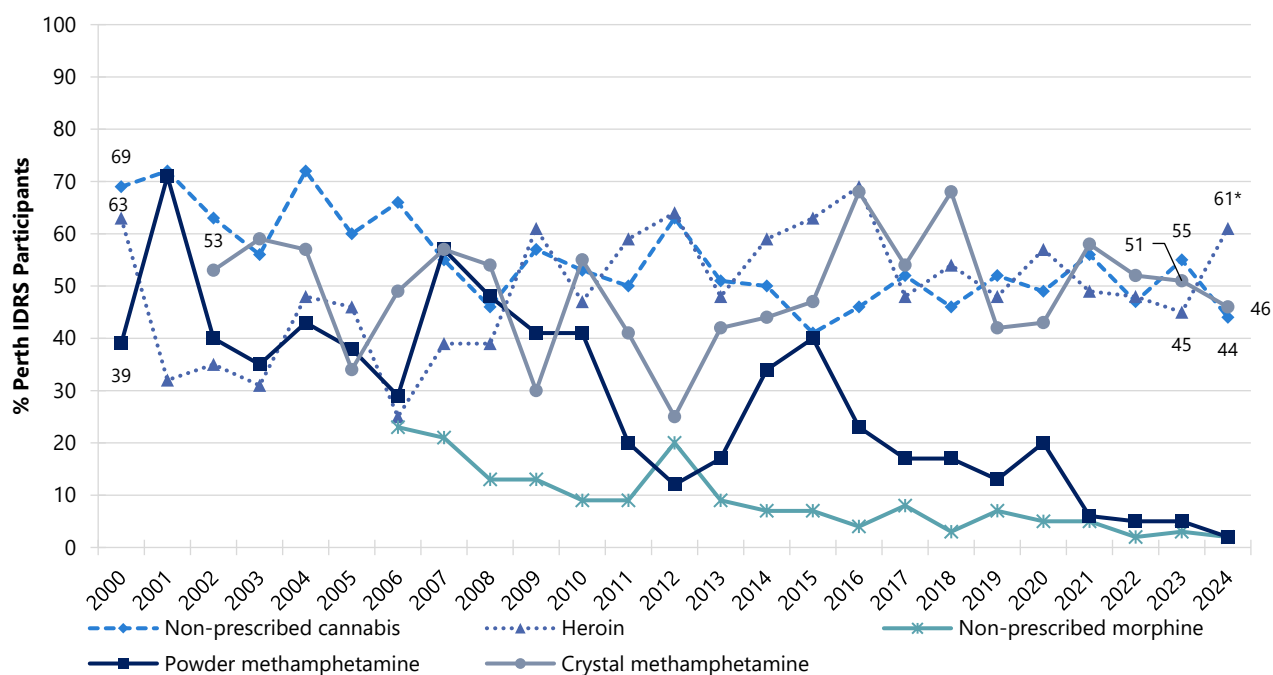
Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data for powder methamphetamine and non-prescribed morphine suppressed in 2023/2024 due to n≤5. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

2

Heroin

Participants were asked about their recent (past six month) use of heroin and homebake heroin. 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 respondents reporting recent use of any heroin remained stable between 2024 (70%) and 2023 (63%) (p=0.371) (Figure 4) and returned to pre-COVID levels.

Frequency of Use

Frequency of use has fluctuated over the course of monitoring. Participants who reported recent use and commented (n=72) had used heroin on a median of 90 days in the six months preceding interview (IQR=72-180) in 2024, a significant increase from 80 days (IQR=17-168; n=63; p=0.028) in 2023 (Figure 4). In 2024, 38% of participants who had recently used heroin reported using it daily (23% in 2023; p=0.095), while 88% reported weekly or more frequent use, a significant increase from 2023 (71%; p=0.022).

Routes of Administration

Among participants who had recently consumed heroin and commented (n=72), injecting remained the most common route of administration (99%; 100% in 2023). Participants who reported injecting had done so on a median of 90 days (IQR=72-180) which is a significant increase from 2023 (80 days; IQR=16-168; p=0.025). Few participants reported smoking in 2024 (n≤5; 6% in 2023; p=0.704), additionally no participants reported swallowing (n≤5 in 2023; p=0.463) or snorting (n≤5 in 2023; p=0.212) in 2024 therefore, numbers are suppressed.

Quantity

Of those who reported recent use and responded (n=72), the median 'typical' amount of heroin used on an average day of consumption in the six months preceding interview was 0.10 grams (IQR=0.10-0.20; 0.10 grams in 2023; IQR=0.10-0.20; n=61; p=0.086). Of those who reported recent use and responded (n=72), the median maximum amount of heroin used per day in the six months preceding interview was 0.20 grams (IQR=0.10-0.40; 0.30 grams in 2023; IQR=0.10-0.40; n=61; p=0.594).

Forms Used

Among participants who reported recent use of heroin and commented (n=71), four fifths (83%) reported using white/off-white rock heroin, stable relative to 2023 (75%; p=0.159), whereas 51%

reported using white/off-white powder heroin, also stable relative to 2023 (60%; *p*=0.666). One third (34%) reported using brown/beige rock, stable relative to 2023 (44%; *p*=0.515), and similarly, one quarter (24%) reported using brown/beige powder, also stable since 2023 (35%; *p*=0.371). Few participants reported using homebake in 2024 (n≤5), stable relative to 2023 (10%; *p*=0.327). No participants reported using purple rock or purple powder in 2024 or 2023.

Figure 4: Past six month use and frequency of use of heroin, Perth, WA, 2000-2024
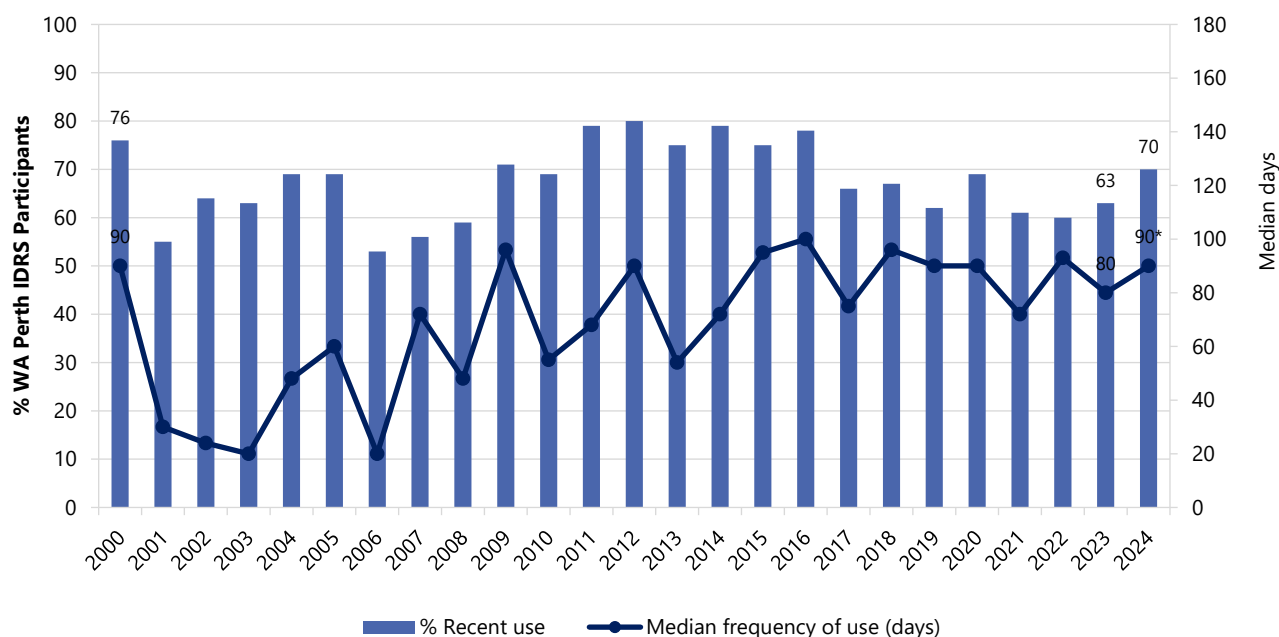
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Price

In 2024, the median price of heroin was $100 (IQR=100-120; n=62) for one point (0.10 of a gram), a significant decrease from $150 in 2023 (IQR=100-150; n=49; *p<0.001). Due to low numbers reporting on the price of one cap and one gram (n≤5, respectively), current market trends will not be presented. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Purity

The perceived purity of heroin remained stable between 2023 and 2024 (*p*=0.481) (Figure 5). Among those who were able to comment in 2024 (n=66), almost half (47%) perceived purity to be 'medium' (35% in 2023), followed by 'high' (26%; 35% in 2023), while 18% reported that it 'fluctuated' (17% in 2023). Nine per cent perceived that purity of heroin was 'low' (13% in 2023) (Figure 5).

Perceived Availability

The perceived availability of heroin remained stable between 2023 and 2024 (p=0.176). Among those who were able to comment in 2024 (n=68), 60% perceived current availability as 'very easy' (54% in 2023), followed by 'easy' (37%; 34% in 2023), and 'difficult' (n≤5; 11% in 2023) (Figure 6).

Figure 5: Current perceived purity of heroin, Perth, WA, 2000-2024
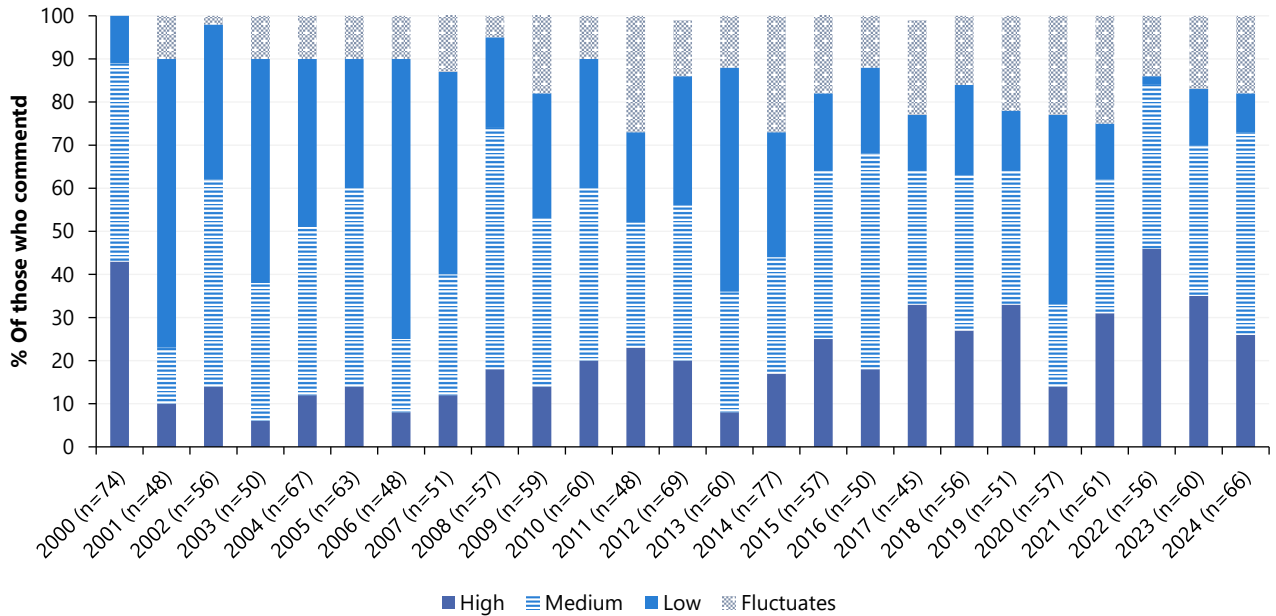
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables and figures.

Figure 6: Current perceived availability of heroin, Perth, WA, 2000-2024
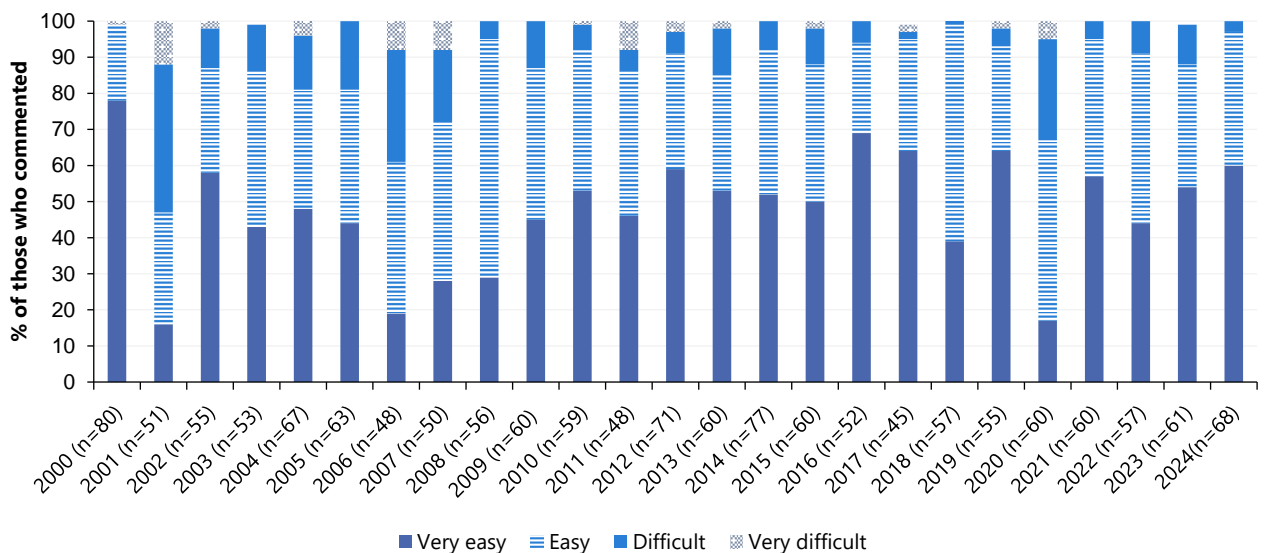
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

3

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). Findings for base methamphetamine are not reported here due to small numbers reporting recent use. For further information on base methamphetamine, please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team (drugtrends@unsw.edu.au).

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)
In 2024, 65% of participants reported recent use of any methamphetamine (powder, base and crystal), a significant decrease from 2023 (79%; $p=0.044$) (Figure 7).

Frequency of Use
Participants who reported recent use and commented (n=66), had used any methamphetamine on a median of 66 days in the six months preceding interview (IQR=12-168), stable from 50 days in 2023 (IQR=11-108; n=78; $p=0.291$) (Figure 8). In 2024, 24% of participants who had recently used any methamphetamine reported using it daily, a significant increase from 2023 (9%; $p=0.021$), whilst 73% reported weekly or more frequent consumption (65% in 2023; $p=0.370$).

Forms Used
The forms of methamphetamine used by participants have shifted over time. Recent use of base and powder methamphetamine have substantially decreased over the years, while the use of methamphetamine crystal has gradually increased from 2010 onwards (Figure 7). Of participants who had used methamphetamine in the six months preceding interview in 2024 (n=67), all had used methamphetamine crystal (100%; 100% in 2023), whilst few participants (n≤5) reported using powder (n≤5; 13% in 2023; $p=0.090$) or base (n≤5; n≤5 in 2023).

Number of Forms Used
Among participants who had recently consumed any methamphetamine and commented (n=67), the median number of forms of methamphetamine used in the six months preceding interview was one (IQR=1-1) in 2024, stable relative to 2023 (1 form in 2023; IQR=1-1; n=78; $p=0.086$).

Figure 7: Past six month use of any methamphetamine and of methamphetamine powder, base, and crystal, Perth, WA, 2000-2024
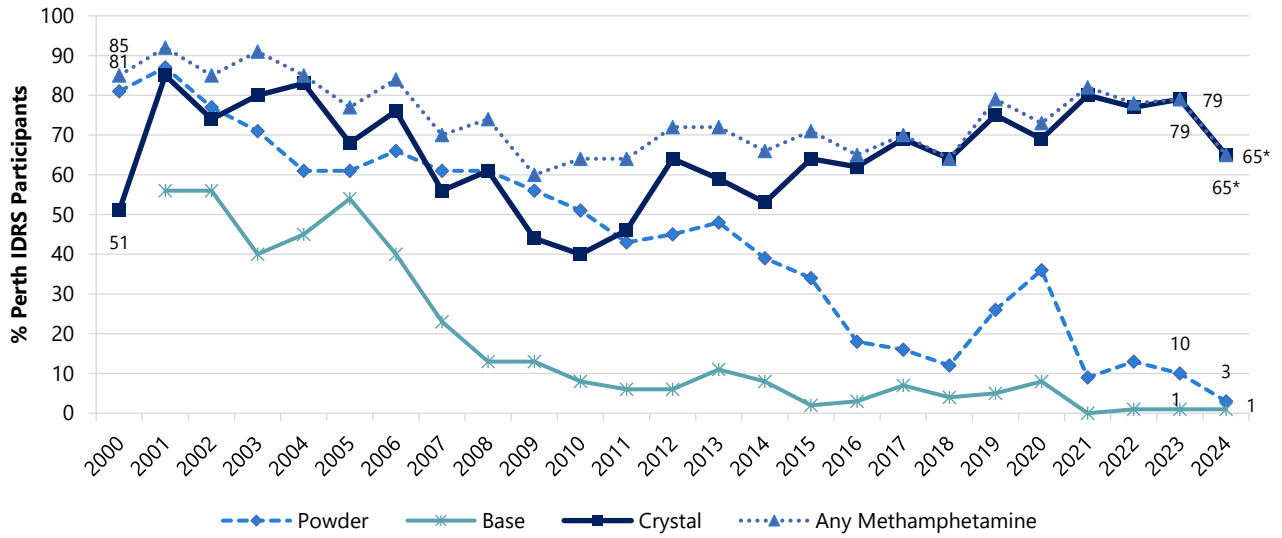
Note. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Questions regarding liquid methamphetamine not asked from 2019. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1for a guide to table/figure notes.

Figure 8: Frequency of use of any methamphetamine and methamphetamine powder, base, and crystal, Perth, WA, 2000-2024
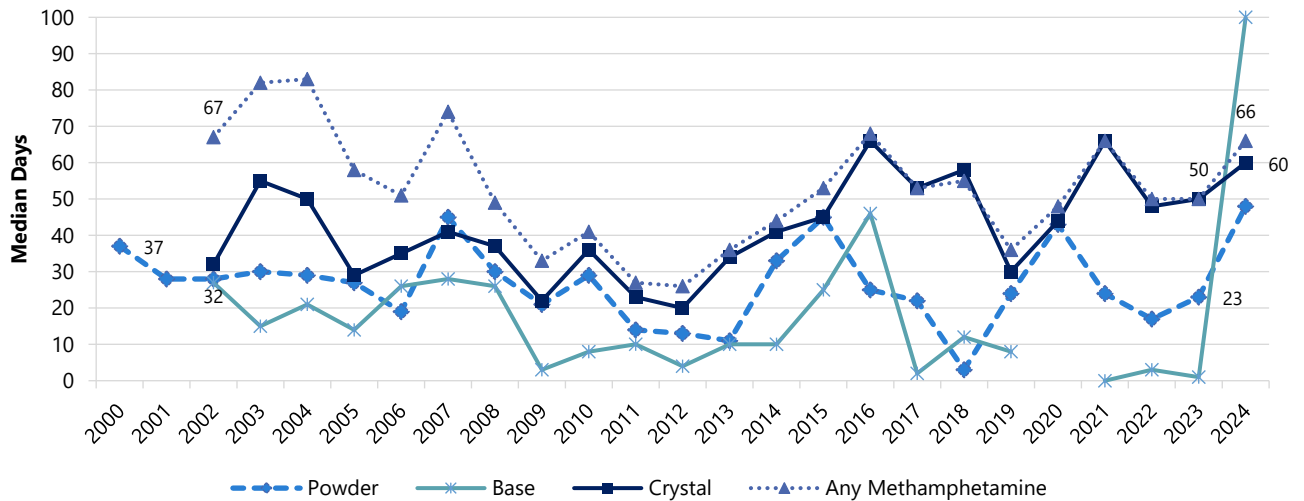
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Few (n≤5) participants reported recent use of methamphetamine powder in 2024, a significant decrease from 2023 (10%; *p*=0.046) (Figure 7). Due to few participants reporting methamphetamine powder use, further details are not reported. Please refer to the [2024 IDRS National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Methamphetamine Base

Few participants (n≤5) reported recent use of methamphetamine base, therefore further details are not reported. Please refer to the [2024 IDRS National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

## Methamphetamine Crystal

Recent Use (past 6 months): Recent use of crystal has been generally increasing from 2010 onwards. Since 2011, methamphetamine crystal has been consistently surpassing methamphetamine base and powder. However, there was a significant decrease in recent use of crystal between 2023 (79%) and 2024 (65%; *p*=0.044) (Figure 7).

Frequency of Use: Of those who had recently consumed crystal and commented (n=66), frequency of use in the six months preceding interview remained stable at a median of 60 days (IQR=12-158; 50 days in 2023; IQR=11-108; n=78; *p*=0.418) (Figure 8). Seventy-one per cent of those who had recently consumed crystal reported weekly or more frequent use, stable from 2023 (64%; *p*=0.376), with a further 23% reporting daily use, a significant increase from 2023 (9%; *p*=0.038).

Routes of Administration: Among participants who had recently consumed crystal and commented (n=67), the majority reported having injected it (97%; 99% in 2023; *p*=0.596) and had done so on a median of 55 days (IQR=12-153; 48 days in 2023; IQR=10-100; n=78; *p*=0.315). Forty-two per cent reported smoking crystal methamphetamine (44% in 2023; *p*=0.864), while few (n≤5) reported swallowing (10% in 2023; *p*=0.038), and no participants reported snorting (9% in 2023; *p*=0.015) as routes of administration, both swallowing and snorting showing a significant decrease from 2023. Both swallowing and snorting were significant reductions in these types of administration of crystal methamphetamine.

Quantity: Of those who reported recent use and responded (n=65), the median 'typical' amount of crystal used on an average day of consumption in the six months preceding interview was 0.20 gram (IQR=0.10-0.20), a significant increase from 2023 (0.10 grams; IQR=0.10-0.20; n=77; *p*=0.043). Of those who reported recent use and responded (n=65), the median maximum amount of crystal used per day in the six months preceding interview was 0.30 grams (IQR=0.20-0.60), a significant increase from 2023 (0.20 grams; IQR=0.10-0.30; n=76; *p*=0.014).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: Few participants (n≤5) reported on the median price for one point (0.10 of a gram) of methamphetamine powder and no participants reported on the price of a gram in 2024. Therefore, data for price (Figure 9), perceived purity (Figure 11), and perceived availability

(Figure 13), are suppressed. Please refer to the [2024 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2020 and onwards. For further information on base methamphetamine, please refer to the [2024 National EDRS Report for national trends](#), or contact the Drug Trends team ([drugtrends@unsw.edu.au](#)).

Methamphetamine Crystal

Price: The median price for one point (0.10 gram) of methamphetamine crystal decreased significantly from $80 (IQR=150-100; n=52) in 2023 to $50 (IQR=50-80; n=44; p=0.004) in 2024. The price of a gram of methamphetamine crystal remained stable between 2023 (n≤5; p=0.747) and 2024 ($500; IQR=450-525; n=8)(Figure 10). Please refer to the [2024 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2023 and 2024 (p=0.516). Among those who were able to comment in 2024 (n=62), 32% reported 'medium' purity (24% in 2023), followed by 29% reporting that crystal was of 'high' purity (39% in 2023). One fifth (19%) perceived the purity to be 'fluctuating' (22% in 2023), while 19% perceived it to be 'low' (15% in 2023) (Figure 12).

Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2023 and 2024 (p=0.646). Among those who were able to comment in 2024 (n=62), 71% perceived crystal methamphetamine as being 'very easy' to obtain (64% in 2023), while one quarter (26%) of participants found it 'easy' to obtain (28% in 2023). Few participants (n≤5) thought that it was 'difficult' (n≤5 in 2023), and none considered it 'very difficult' (n≤5 in 2023) to obtain (Figure 14).

Figure 9: Median price of powder methamphetamine per point and gram, Perth, WA, 2002-2024
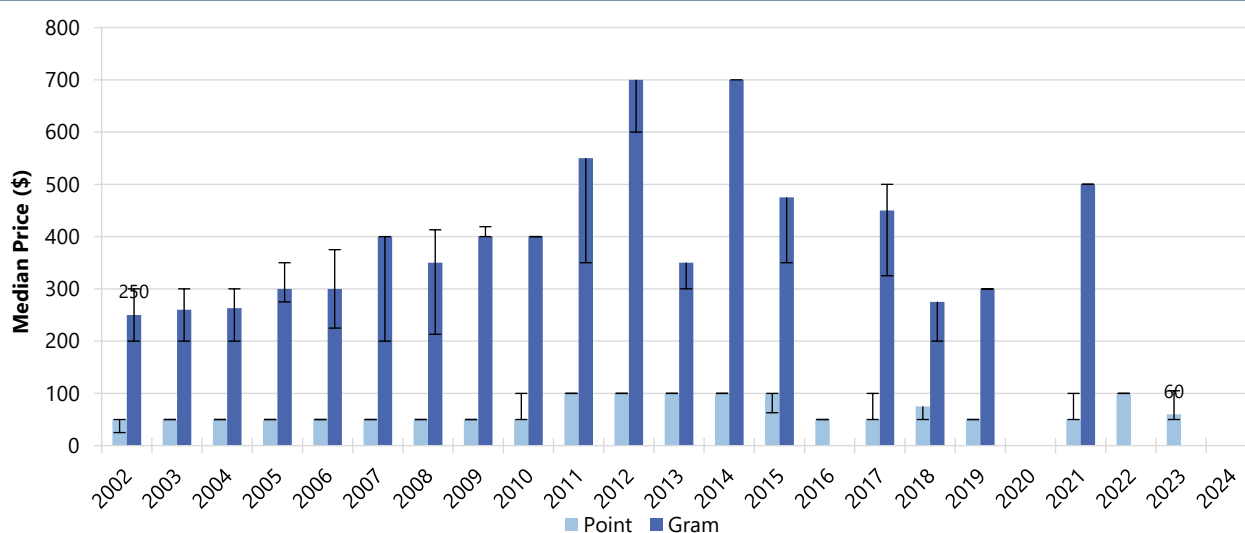
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the [data tables](#). The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 10: Median price of methamphetamine crystal per point and gram, Perth, WA, 2002-2024
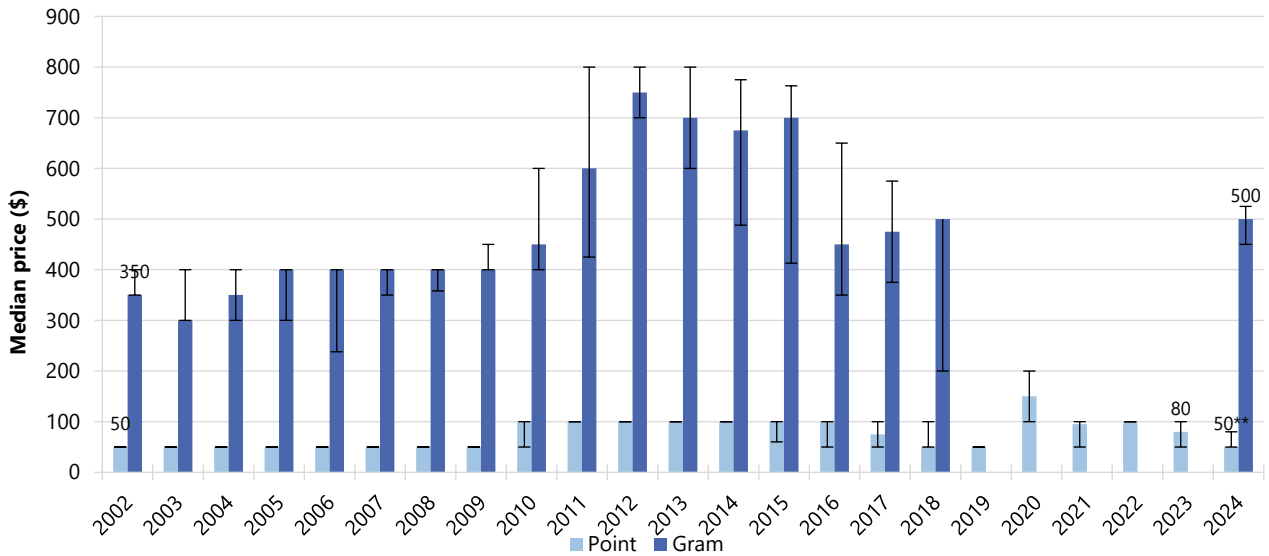
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 11: Current perceived purity of powder methamphetamine, Perth, WA, 2002-2024
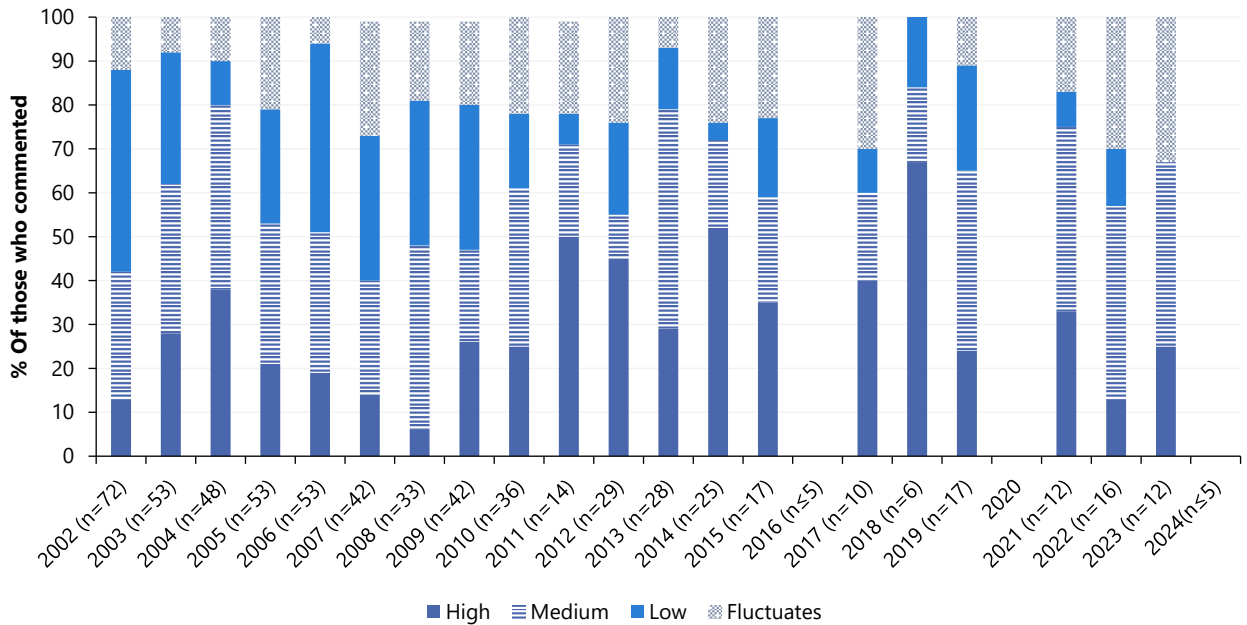
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 12: Current perceived purity of methamphetamine crystal, Perth, WA, 2002-2024
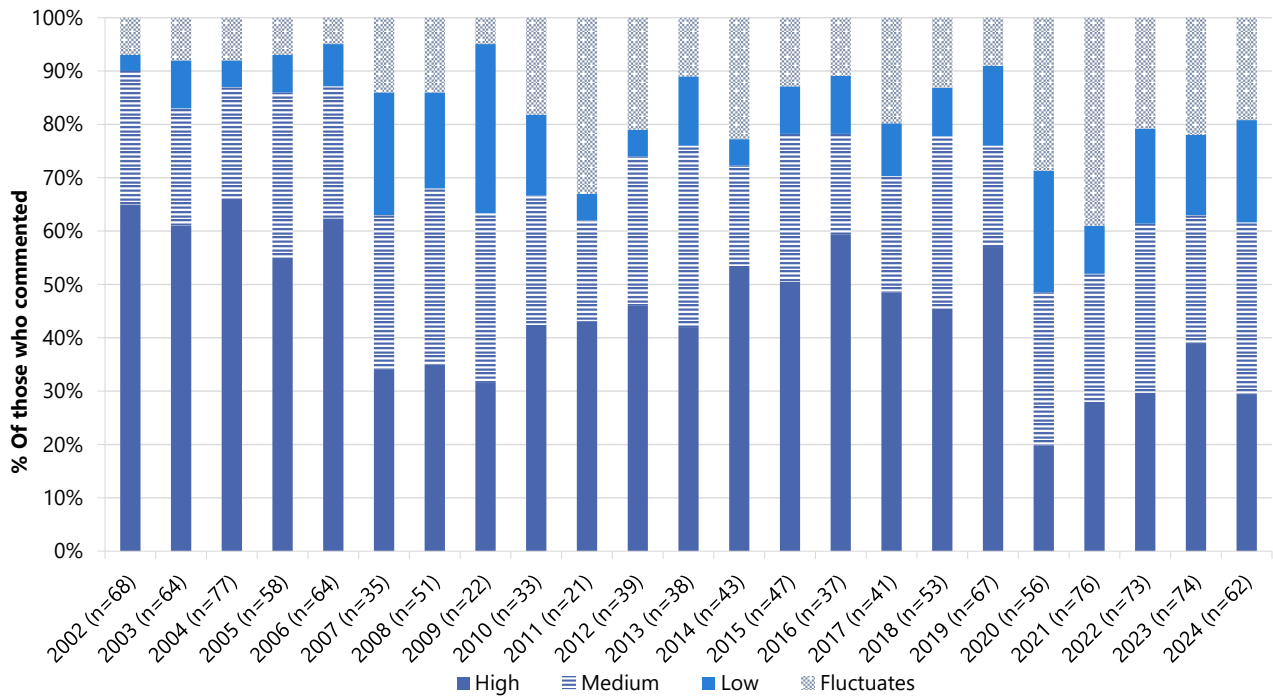
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 13: Current perceived availability of powder methamphetamine, Perth, WA, 2002-2024
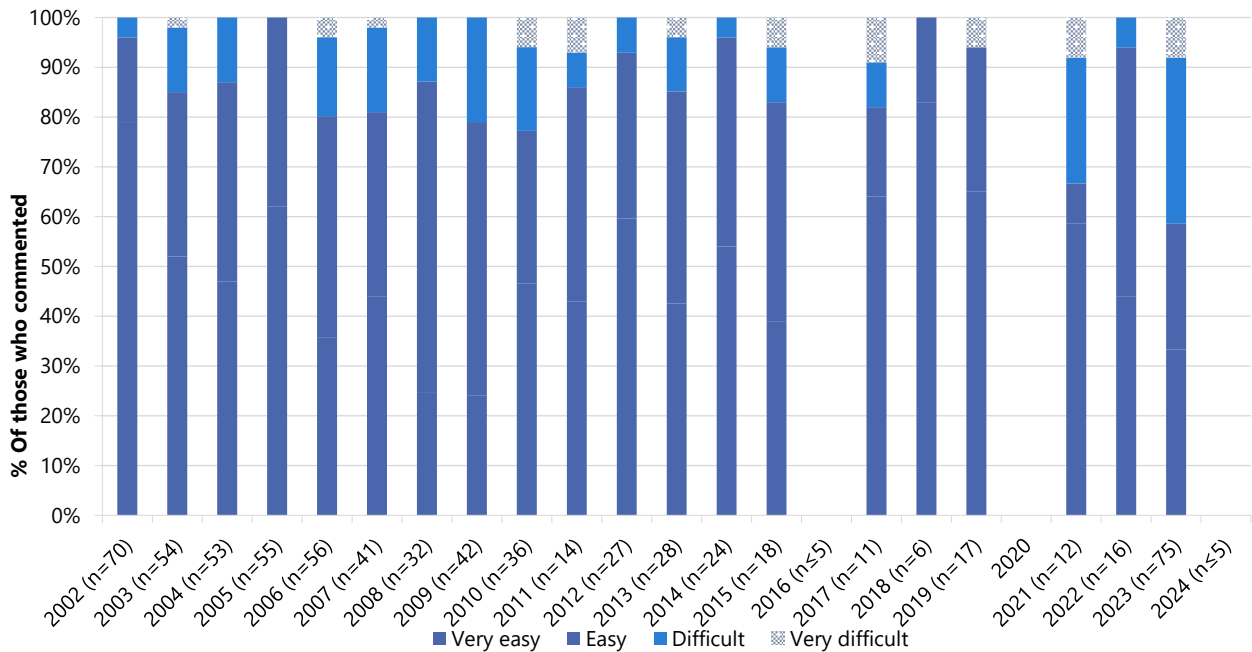
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 14: Current perceived availability of methamphetamine crystal, Perth, WA, 2002-2024
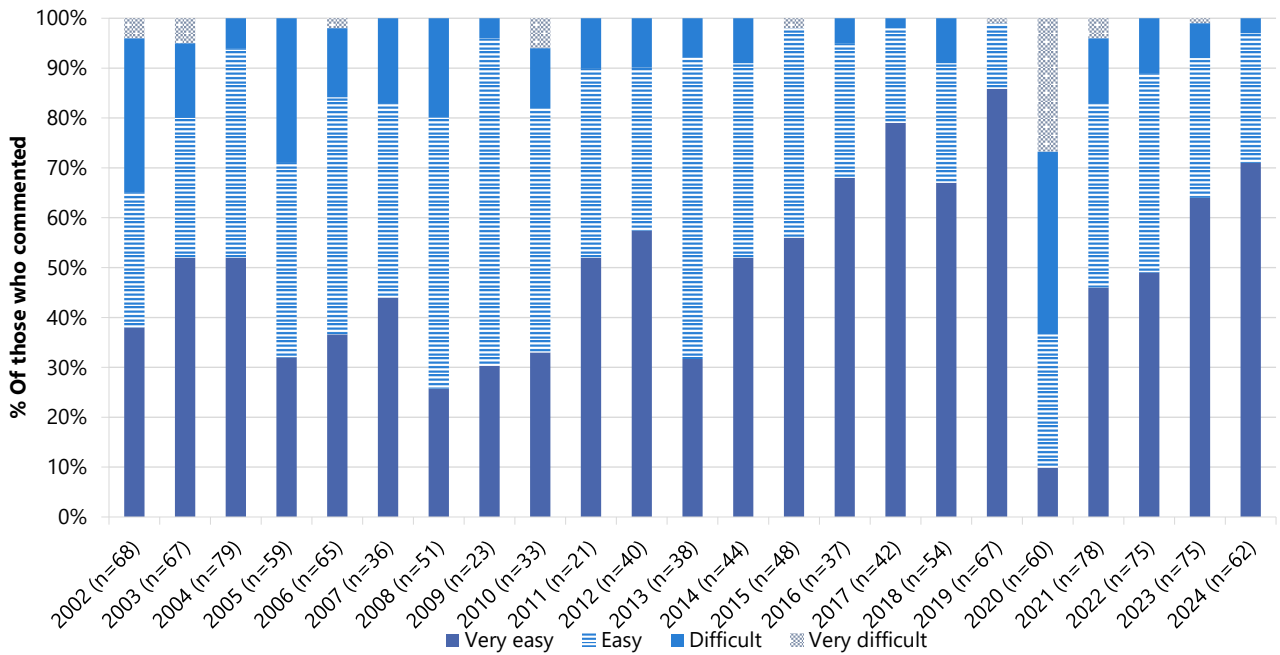
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1for a guide to table/figure notes.

4

Cocaine

Participants were asked about their recent (past six month) use of various forms of cocaine, including powder and crack/rock 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)

Cocaine use amongst people who inject drugs in Perth has remained infrequent and sporadic with 9% of the sample recently consuming cocaine in 2024, a significant decrease from 2023 (21%; p=0.020) (Figure 15) and relatively stable from pre-COVID levels.

Frequency of Use

Of those who had recently consumed any cocaine and commented in 2024 (n=9), frequency of cocaine use in the last six months was reported at a median of two days (IQR=1-5), which was similar to participant reports in 2023 (2 days; IQR=1-4; n=21) (Figure 15). No participants reported using cocaine on a weekly or more frequent basis in the six months prior to interview; please refer to the 2024 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Routes of Administration

Among participants who had recently consumed cocaine and commented (n=9), the majority (89%) reported snorting (57% in 2023; p=0.204). There was a significant decrease in the number of participants (n≤5) reported injecting cocaine in 2024 (57% in 2023; p=0.042). No participants reported smoking (14% in 2023; p=0.534) or swallowing (n≤5 in 2023) cocaine in 2024 and therefore, further details are not reported.

Quantity

Of those who reported recent use and responded (n=8), the median 'typical' amount of cocaine used on an average day of consumption in the six months preceding interview was 0.10 gram (IQR=0.10-0.40; 0.20 grams in 2023; IQR=0.10-0.30; n=15; p=0.597).

Forms Used

Among those who reported recent use of cocaine in 2024 (n=9), all (100%) reported recent use of powder (95% in 2023). No participants reported using crack/rock cocaine (n≤5 in 2023). Please refer to the 2024 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Figure 15: Past six month use and frequency of use of cocaine, Perth, WA, 2000-2024
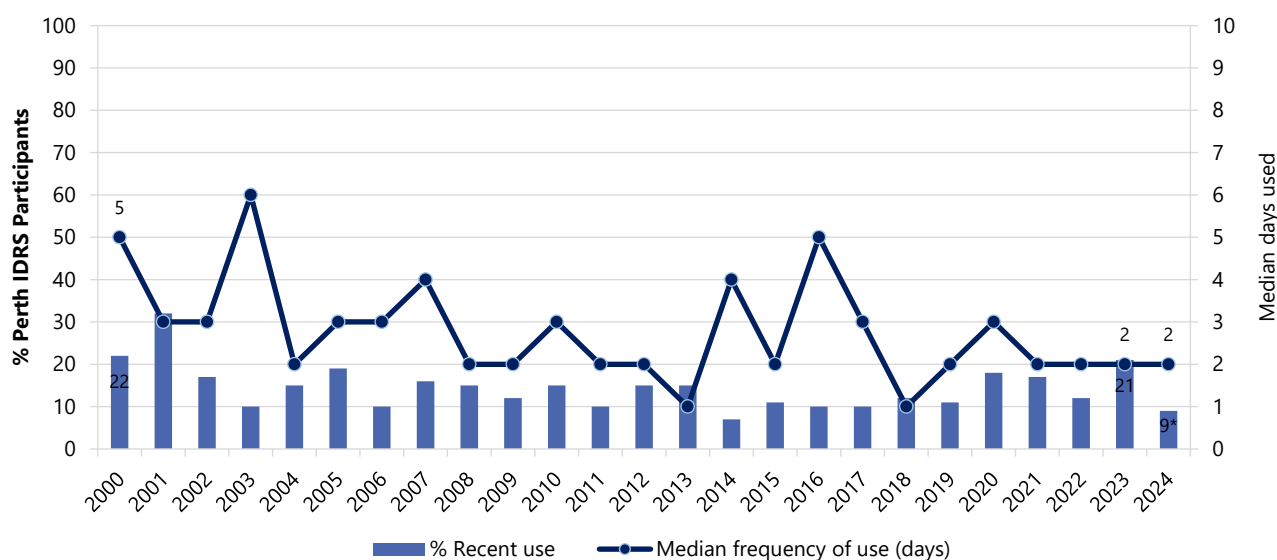
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Few participants (n≤5) were able to report on the price of cocaine. Therefore, current market trends will not be presented. Perceived purity of cocaine remained stable between 2023 and 2024. Few participants (n≤5) reported on the type of purity ('high', 'medium', 'low', and 'fluctuates') of cocaine, hence details have been suppressed. The perceived availability of cocaine remained stable between 2023 and 2024. Few participants (n≤5) perceived the availability of cocaine as 'very easy', 'easy', 'difficult', or 'very difficult', hence details have been suppressed. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

5

Cannabis and/or Cannabinoid-Related Products

Participants were asked about their recent (past six month) use of various forms of cannabis, including indoor-cultivated cannabis via a hydroponic system ('hydroponic'), outdoor-cultivated cannabis ('bush'), hashish, hash oil, commercially prepared edibles and CBD and THC extract.

Terminology throughout this chapter refers to:

• **Prescribed use:** use of cannabis and/or cannabinoid-related products obtained by a prescription in the person's name;
• **Non-prescribed use:** use of cannabis and/or cannabinoid-related products which the person did not have a prescription for (i.e., illegally sourced or obtained from a prescription in someone else's name); and
• **Any use:** use of cannabis and/or cannabinoid-related products obtained through either of the above means.

Patterns of Consumption

From 2022, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. In 2024, 8% of participants reported prescribed use in the six months preceding interview (9% in 2023; p=0.799).

In the remainder of this chapter, data from 2021-2024, and between 2000-2016, refers to non-prescribed cannabis use only, while data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hashish and hash oil). Whilst comparison between 2021-2024 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2023 and 2024 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)
The per cent reporting recent non-prescribed cannabis use and/or related-cannabinoid products has fluctuated throughout the years. Past six-month use of non-prescribed cannabis and/or cannabinoid-related products remained stable in 2024, with 60% reporting recent use (66% in 2023; p=0.383) (Figure

Frequency of Use
Frequency of use in the six months preceding interview remained stable at a median of 160 days in 2024 (IQR=20-180; n=62; 90 days in 2023; IQR=24-180; n=60; p=0.824) (Figure). Forty-five per cent reported daily use, consistent with 2023 reports (43%; p=0.854).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=62), smoking continued to be the most common route of administration in 2024 (97%; 100% in 2023; *p*=0.236), followed by swallowing (n≤5; n≤5 in 2023; *p*=0.266).

Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2024 and commented, the median 'typical' amount used on the last occasion of use was one gram (IQR=0.70-2.00; n=29; 1 gram in 2023; IQR=1.00-2.00; n=65; *p*=0.543) or two cones (IQR=2.0-3.0; n=29; 2 cones in 2023; IQR=1.0-4.3; n=36; *p*=0.984). Few participants (n≤5) reported on median 'typical' number of joints used on last occasion of use, and therefore, these data are suppressed (1 joint in 2023; IQR=1-2; n=7; *p*=0.324). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information

Forms Used

Of those who had used non-prescribed cannabis and/or cannabinoid-related products in the six months preceding interview and commented (n=59), 88% reported recent use of hydroponic cannabis a significant decrease since 2023 (98%; *p*=0.028), and almost one third (32%) reported recent use of outdoor-grown 'bush' cannabis (36% in 2023; *p*=0.708). Few participants (n≤5) in 2024 reported using edibles (no participants in 2023; *p*=0.050), hashish (9% in 2023; *p*=0.276) and THC extract (n≤5 in 2023; *p*=0.607). No participants reported using hash oil or CBD extract (Figure 17).

Figure 16: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Perth, WA, 2000-2024
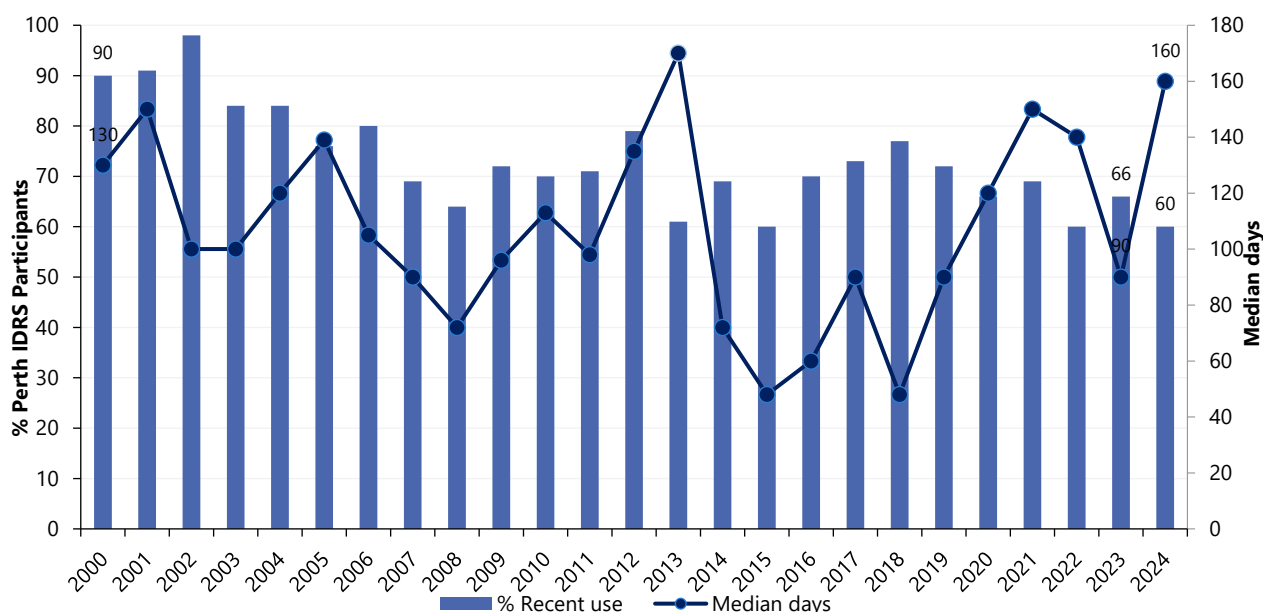
Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 17: Past six month use of different forms of non-prescribed cannabis and/or cannabinoid-related products, among those who reported recent non-prescribed use, Perth, WA, 2018-2024
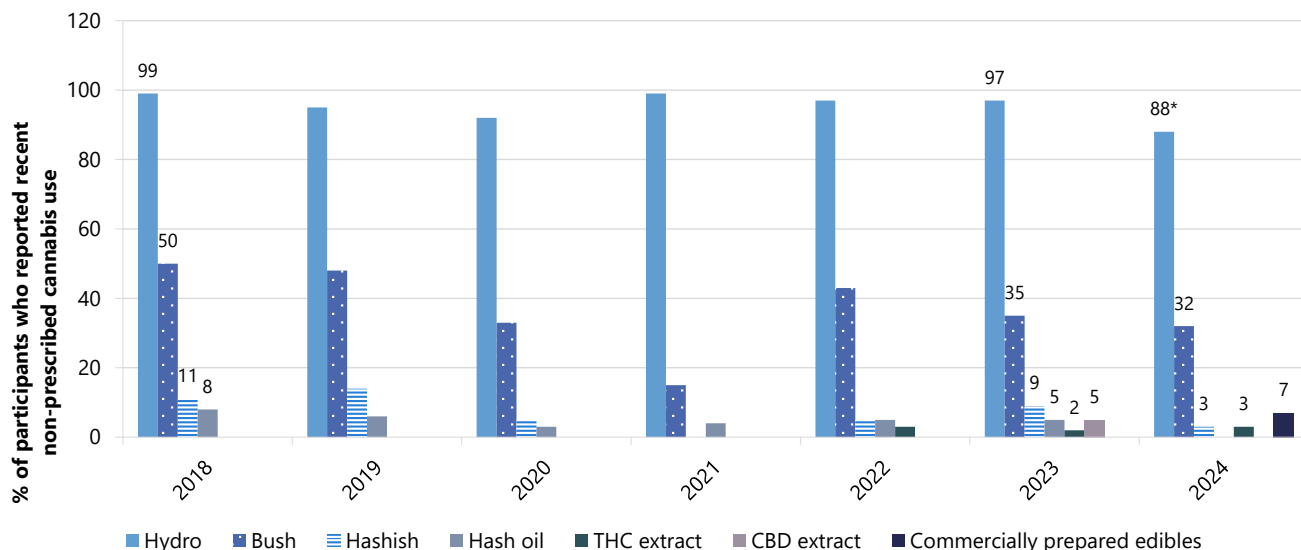
Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2018-2020 figures include some participants who were using prescribed forms of cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: In 2024, the median price of one ounce of hydroponic cannabis remained stable at $350 (IQR=350-375; n=11; $335 in 2023; IQR=305-350; n=6; p=0.113). Similarly, the median price for one gram of hydroponic cannabis remained stable at $25 (IQR=25-30; n=19; $25 in 2023; IQR=25-25; n=22; p=0.051) (Figure 18a).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2023 and 2024 (p=0.746). Among those who were able to comment in 2024 (n=49), 71% reported 'high' potency (66% in 2023), with almost one fifth of participants (18%; 24% in 2023) reporting 'medium', and 10% 'fluctuating' (10% in 2023) potency. No participants perceived the potency of hydroponic cannabis as 'low' consistent with 2023 (0%) (Figure 19a).

Perceived Availability: Perceived availability remained relatively stable between 2023 and 2024 (p=0.576). Among those who were able to comment in 2024 (n=49), almost two thirds (63%) perceived hydroponic cannabis to be 'very easy' to obtain (59% in 2023), with a further one third (33%) reporting 'easy' obtainment (29% in 2023) (Figure 20a).

Bush Cannabis

Due to small numbers of participants reporting on price, perceived purity and perceived availability of bush cannabis in 2024, estimates are shown in (Figure 18b), (Figure 19b), (Figure 20b) but are not interpreted further. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 18: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Perth, WA, 2003-2024

(A)   Hydroponic Cannabis
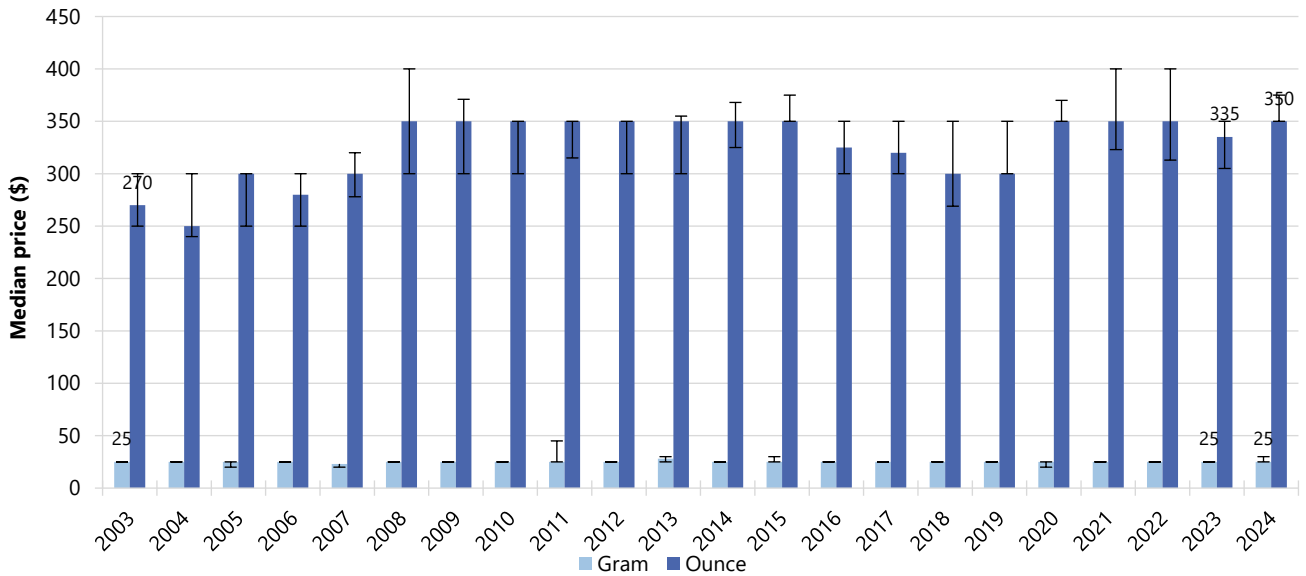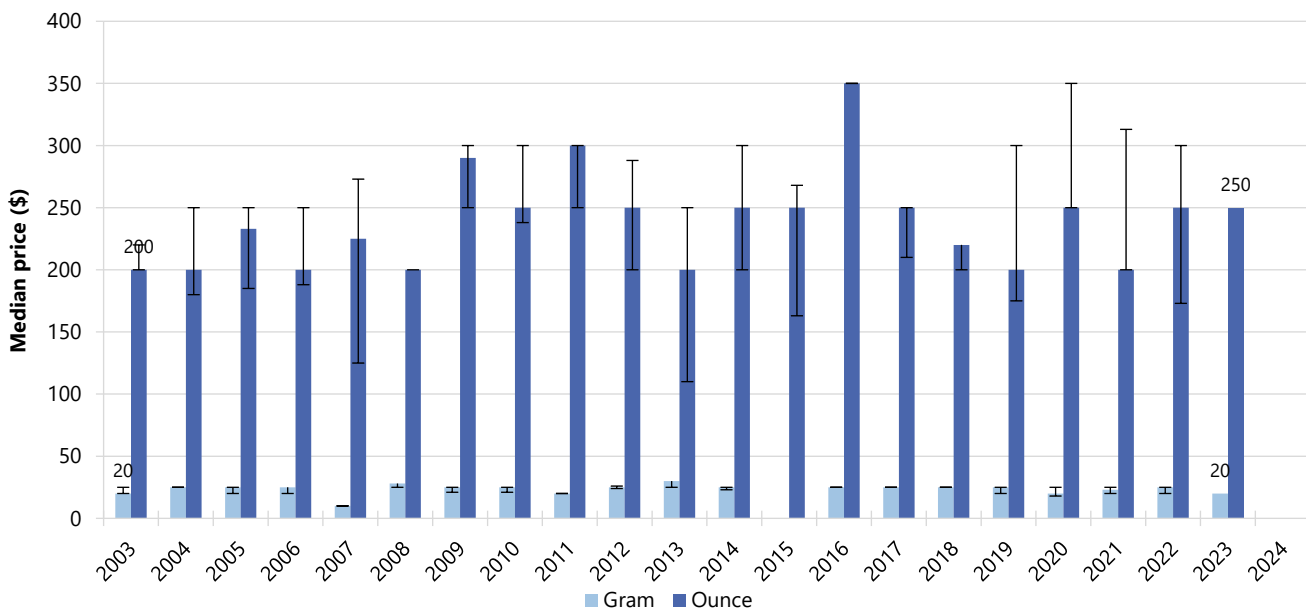
(B)   Bush Cannabis

Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. Median price for a gram or ounce of bush cannabis was not reported by any participants in 2024. Statistical significance for 2023 versus 2024 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 19: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Perth, WA, 2004-2024

(A)   Hydroponic Cannabis

(B)   Bush Cannabis

Note. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the potency of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 20: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Perth, WA, 2004-2024
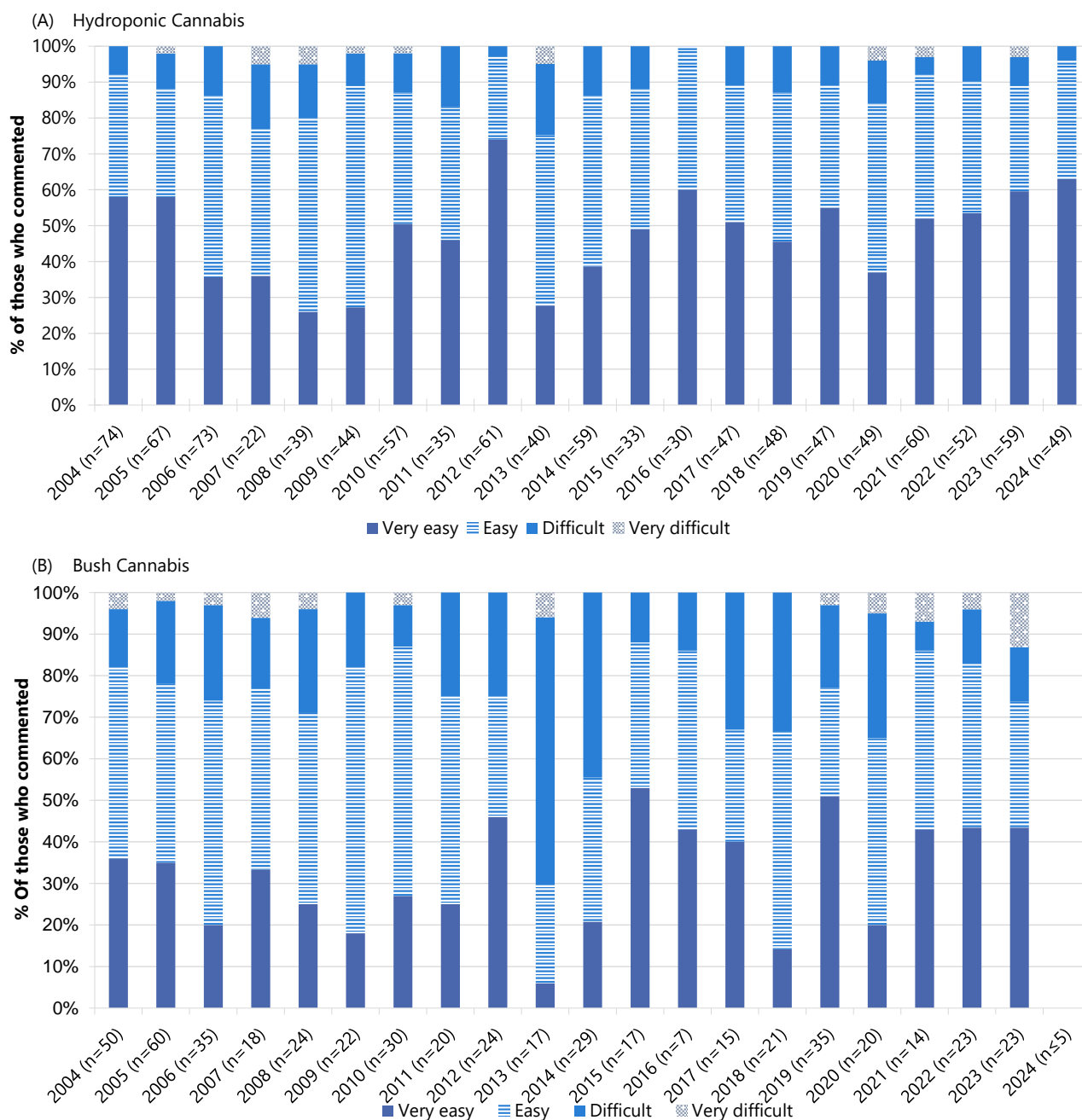
(A) Hydroponic Cannabis

(B) Bush Cannabis

Note. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the availability of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

6

Pharmaceutical Opioids

The following section describes 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 or via another source (e.g., online); 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 (drugtrends@unsw.edu.au).

Methadone

Any Recent Use (past 6 months): In 2024, 28% of participants reported recent use of any methadone (including syrup and tablets) (38% in 2023; p=0.144). Non-prescribed use remained stable in 2024 at 7% (7% in 2023), though methadone use historically has largely consisted of prescribed use, with 22% reporting prescribed use in 2024 (33% in 2023; p=0.090) (Figure 21).

Frequency of Use: Of those who had recently consumed non-prescribed methadone and commented (n=7), frequency of non-prescribed methadone in the six months preceding interview remained stable between 2023 (6 days; IQR=1-12; n=7) and 2024 (5 days; IQR=4-15; p=0.845) (Figure 21).

Recent Injecting Use: Due to small numbers of participants reporting recently injected any methadone in 2024 (n≤5), details are suppressed and therefore are not interpreted further. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 21: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Perth, WA, 2000-2024
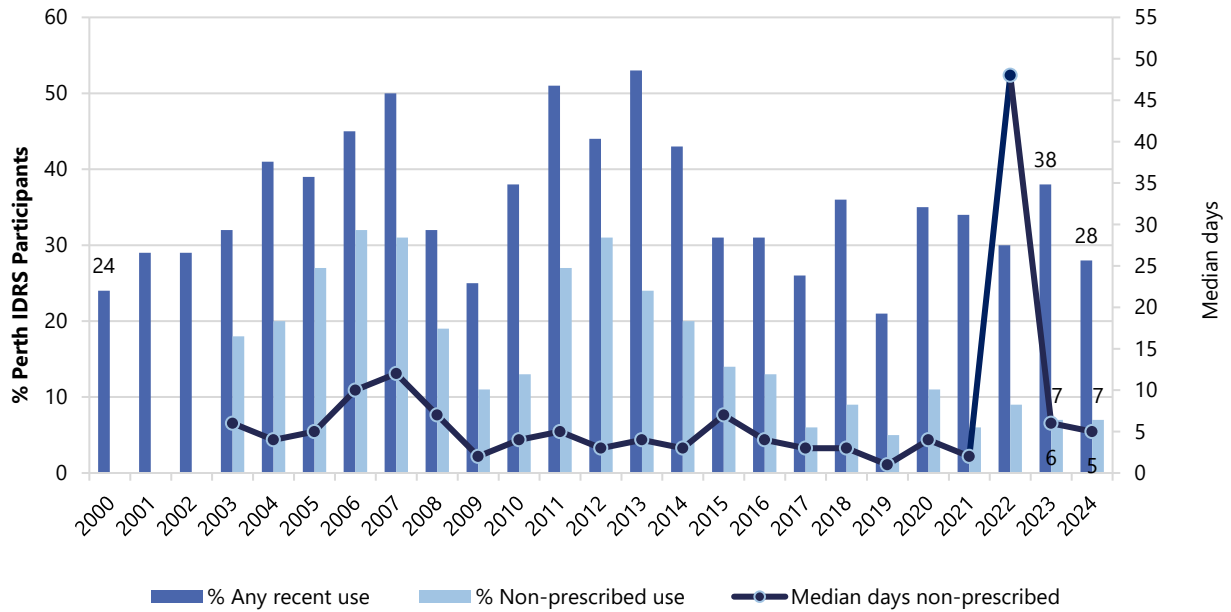
Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished in 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Y axis reduced to 60% to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Buprenorphine Tablet

Eight per cent of the sample reported using any buprenorphine tablet in the six months preceding interview (9% in 2023; *p*=0.799).Six per cent reported recent non-prescribed (n≤5 in 2023) and (n≤5) any injecting use, therefore details on median frequency of non-prescribed use and median frequency of injection in the six months prior to interview are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Buprenorphine-Naloxone

Any Recent Use (past 6 months): In 2024, 23% of participants reported recent use of any buprenorphine-naloxone (17% in 2023; p=0.379). Fourteen per cent of the sample reported recent use of non-prescribed buprenorphine-naloxone (9% in 2023; p=0.377), while 11% reported prescribed use (11% in 2023) (Figure 22).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine-naloxone and commented (n=14), frequency of non-prescribed use in the six months preceding interview remained stable at a median of seven days (IQR=4-15) in the past six months (6 days in 2023; IQR=3-10; n=9; p=0.568) (Figure 22).

Recent Injecting Use: Of those who had recently used any buprenorphine-naloxone in 2024 (n=24), a third (33%) reported injecting (65% in 2023; p=0.066) on a median of thirty days (IQR=6-150), stable from 2022 (5 days; IQR=2-6; n=17; p=0.076).

Figure 22: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Perth, WA, 2006-2024
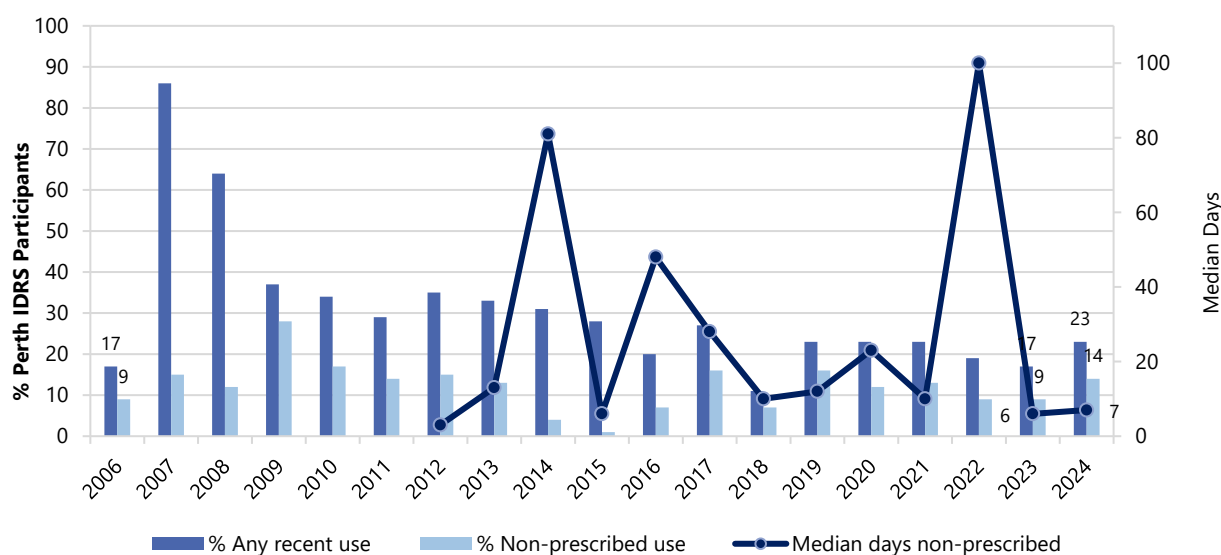
Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days) and is only reported from 2012 onwards to capture film use. Secondary Y axis reduced to 100 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001.
Please refer to Table 1 for a guide to table/figure notes.

Morphine

Any Recent Use (past 6 months): The Perth sample has observed a downward trend in recent use of morphine since 2012 (Figure 23). Recent use of any morphine was reported by 7% of participants in 2024, stable from 2023 (13%; *p*=0.168). This was mostly driven by non-prescribed use (6%; 11% in 2023; *p*=0.215), with few participants (n≤5) reporting recent prescribed use in 2024 (n≤5 in 2023; *p*=0.362).

Frequency of Use: Participants who had recently consumed non-prescribed morphine and commented (n=6) reported use on a median of three days in the six months preceding interview (IQR=2-68) in 2024, stable relative to 2023 (8 days; IQR=2-21; n=11) (Figure 23).

Recent Injecting Use: Due to small numbers of participants reporting recently injecting any morphine in 2024 (n≤5), details are suppressed and therefore are not interpreted further. Please refer to the [2024 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 23: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Perth, WA, 2001-2024
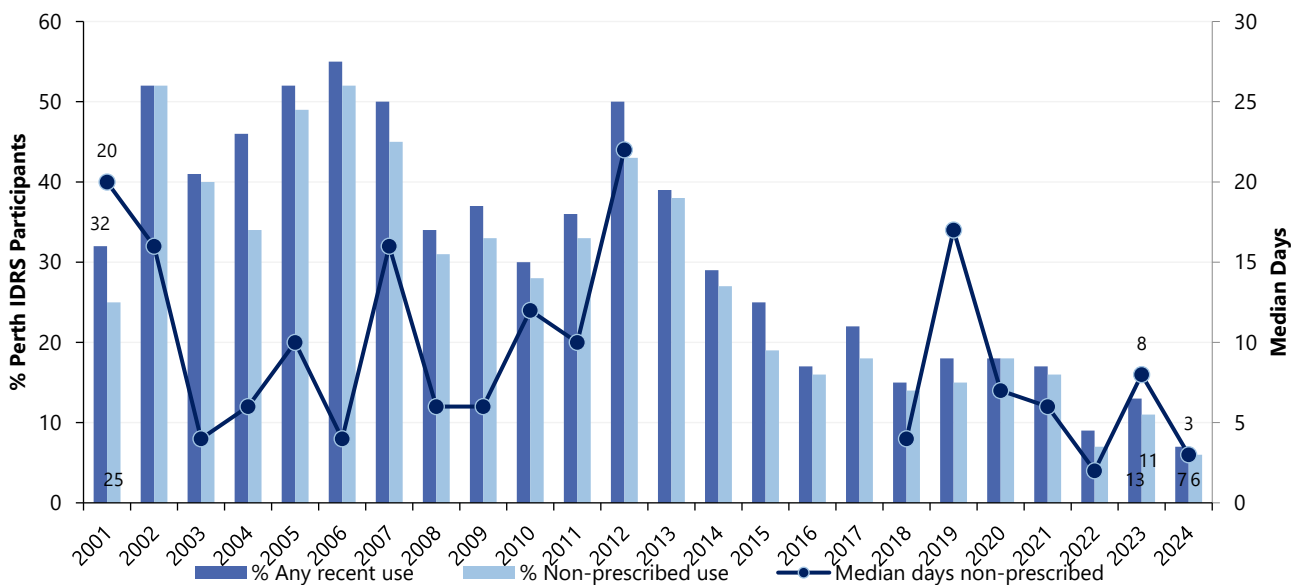
Note. Median days of use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Y axis reduced to 60% and secondary Y axis to 30 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the [data tables](#). Statistical significance for 2023 versus 2024 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

Oxycodone

Any Recent Use (past 6 months): There has been a downward trend in the number of people reporting recent any oxycodone since 2012. However, recent use of any oxycodone remained stable between 2023 (13%) and 2024 (14%) (Figure 24). In 2024, 11% of participants reported non-prescribed use of oxycodone (10% in 2023), while few participants (n≤5) reported using prescribed oxycodone in the six months prior to interview (n≤5 in 2023; $p=0.721$).

Frequency of Use: Participants who had recently consumed non-prescribed oxycodone and commented (n=11) reported use on a median of 24 days in the six months preceding interview (IQR=3-75) in 2024, a significant increase from 2023 (2 days; IQR=1-3; n=10; $p=0.025$) (Figure 24).

Recent Injecting Use: Of those who had recently used any oxycodone in 2024 and commented (n=14), 43% reported injecting oxycodone (54% in 2023; $p=0.708$) on a median of 14 days (IQR=2-74), stable relative to 2023 (2 days; IQR=2-3; $p=0.273$).

Figure 24: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Perth, WA, 2005-2024
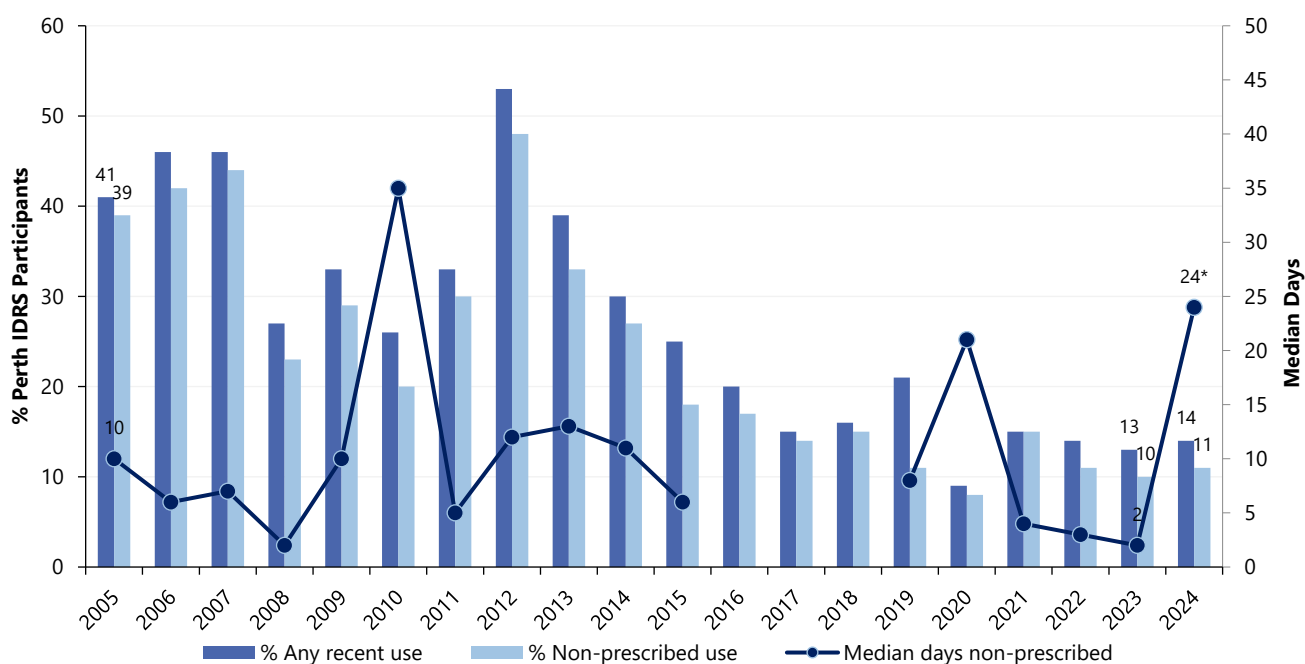
Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2016-2018). From 2019, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone. From 2023, participants were asked about recent use and frequency of use for any oxycodone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Y axis reduced to 60% and secondary Y axis to 50 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has fluctuated but has remained fairly low since monitoring commenced (Figure 25). In 2024, there was a significant decrease in the percentage of participant who reported using any fentanyl in the six months preceding interview (n≤5 in 2024; 13% in 2023; p=0.049). Due to few (n≤5) participants reporting recent use of any fentanyl in 2024, details regarding frequency of use and recent injecting use estimates are shown (Figure 25) but are not interpreted further. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 25: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Perth, WA, 2013-2024
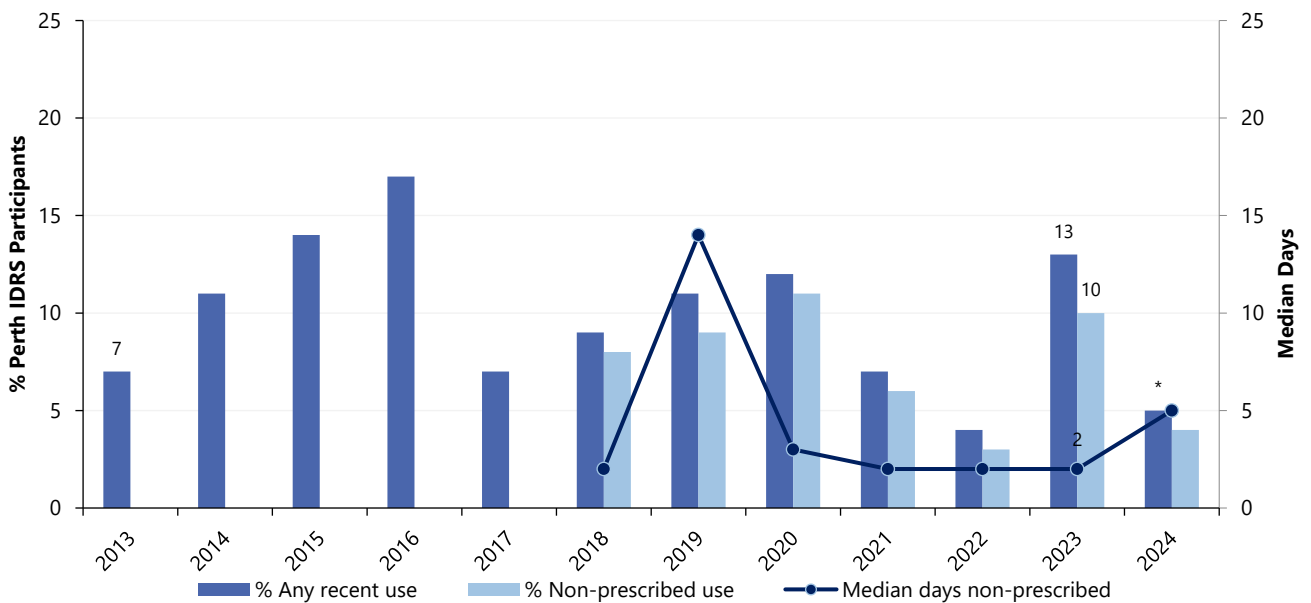
Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Y axis reduced to 25% and secondary Y axis to 25 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

## Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 3). In 2024, 12% of participants reported any recent use of codeine (20% in 2023; p=0.130), with 7% reporting recent prescribed (10% in 2023; p=0.448) and 6% reporting recent non-prescribed use of codeine (10% in 2023; p=0.311). No participants reported any recent injection in 2024 (15% in 2023; p=0.274).

Recent use of any tramadol was reported by 21% of the sample in 2024, stable relative to 2023 (22%). Twelve per cent reported non-prescribed use (9% in 2023; p=0.632), while 13% reported using prescribed tramadol in the six months prior to interview (16% in 2023; p=0.545). Few participants (n≤5) reported any recent injection in 2024 (9% in 2023).

Eight per cent of participants reported recent use of tapentadol in the six months prior to interview (n≤5 in 2023; p=0.569). Seven per cent reported non-prescribed use (n≤5 in 2023; p=0.332), while n≤5 reported using prescribed tramadol in the six months prior to interview (n≤5 in 2023; p=0.616). No participants reported any recent injection in 2024 or 2023. Please refer to the 2024 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of other opioids, Perth, WA, 2019-2024						
% Recent use (past 6 months)	2019 (N=100)	2020 (N=100)	2021 (N=99)	2022 (N=100)	2023 (N=99)	2024 (N=103)
Codeine^						
Any use	26	10	16	10	20	**12**
Non-prescribed use	16	-	9	-	10	**6**
Any injection#	13	0	0	0	15	**0**
Tramadol						
Any use	34	15	16	18	22	**21**
Non-prescribed use	13	8	11	7	9	**12**
Any injection#	9	-	0	-	9	**-**
Tapentadol						
Any use	9	-	7	-	-	**8**
Non-prescribed use	8	-	-	-	-	**7**
Any injection#	11	-	0	0	0	**0**

Note. ^Includes high and low dose. #Of those who reported past six month use. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

7

Other Drugs

Participants were asked about their recent (past six month) use of various other drugs, including use of new psychoactive substances, non-prescribed use (i.e., use of a medicine obtained from a prescription in someone else's name) of other pharmaceutical drugs, and use of licit substances (e.g., alcohol, tobacco).

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 (past 6 months): In 2024, none of the Perth sample reported any recent NPS use, a significant decrease from 2023 (12%; $p < 0.001$) (Table 4). Due to no participants reporting any specific NPS use in the six months prior to interview, no further reporting on patterns of use will be included. Please refer to the 2024 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Table 4: Past six month use of new psychoactive substances, Perth, WA, 2014-2024

% Recent Use (past 6 months)	2014 N=98	2015 N=89	2016 N=71	2017 N=73	2018 N=93	2019 N=95	2020 N=100	2021 N=99	2022 N=99	2023 N=98	2024 N-103
'New' drugs that mimic the effects of opioids	/	/	/	0	0	0	-	-	-	-	0
'New' drugs that mimic the effects of ecstasy	/	/	/	0	-	-	-	-	-	-	0
'New' drugs that mimic the effects of amphetamine or cocaine	-	-	-	/	-	-	-	0	-	-	0
'New' drugs that mimic the effects of cannabis	22	8	-	12	-	-	7	-	-	-	0
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	0	9	-	-	0	0	-	0
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	0	0	-	0	-	0	0
Any of the above	22	8	6	12	18	11	15	-	7	12	0***

Note. #In 2017, participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drugs. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

From 2019 to 2023, participants were asked about their use of non-prescribed alprazolam and non-prescribed use of 'other' benzodiazepines (e.g., diazepam), separately. In 2024, these categories were combined, and as such, participants were asked about non-prescribed use of any benzodiazepines.

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines (e.g., Valium, Diazepam, Xanaz, Kalma) remained stable in 2024 (31%; 28% in 2023; $p=0.753$) (Figure 26).

Frequency of Use: Of those who had recently consumed non-prescribed benzodiazepines and commented (n=32), median frequency of use in the six months preceding interview was 20 days (IQR=6-77), compared to 2023 (4 days; IQR=2-10; n=15).

Recent Injecting Use: Due to no participants reporting recent injecting use in 2024 (7% in 2023; $p=0.205$), details regarding recent injection of any non-prescribed benzodiazepines and frequency of any injection are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Forms Used: Among those who reported non-prescribed benzodiazepine use and responded in 2024 (n=32), the most commonly used brands were Valium (diazepam) (66%), alprazolam (28%) and Diazepam (generic) (25%).

Pharmaceutical Stimulants

Recent Use (past 6 months): Recent use of non-prescribed pharmaceutical stimulants (e.g., Ritalin, dexamphetamine, Modafinil, Concerta, Vyvanse) remained stable in 2024, with 15% of participants reporting recent use (13% in 2023; *p*=0.837) (Figure 26).

Frequency of Use: Participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=15) reported use in the six months preceding interview on a median of 3 days (IQR=2-6) in 2024, stable from two days in 2023 (IQR=1-4; n=13; *p*=0.325).

Recent Injecting Use: Due to few participants (n≤5) reporting on recent injection, details have been suppressed. Please refer to the 2024 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Recent Use (past 6 months): Recent use of non-prescribed antipsychotics remained stable in 2024, with 6% of participants reporting recent use (8% in 2023; *p*=0.585) (Figure 26).

Frequency of Use: Participants who had recently consumed non-prescribed antipsychotics and commented (n=6) reported use on a median of four days in the six months preceding interview (IQR=2-7) in 2024, stable from 9 days in 2023 (IQR=5-26; n=8; *p*=0.195).

Recent Injecting Use: Similar to last year, no participants reported recent injection of antipsychotics. Please refer to the 2024 IDRS National Report or national trends, or contact the Drug Trends team for further information.

Pregabalin

Recent Use (past 6 months): Recent use of non-prescribed pregabalin remained stable in 2024, with 19% of participants reporting recent use (19% in 2023) (Figure 26).

Frequency of Use: Participants who had recently consumed non-prescribed pregabalin and commented (n=20) reported use on a median of five days in the six months preceding interview (IQR=2-13) in 2024, as significant decrease from 15 days in 2023 (IQR=5-54; n=19; *p*=0.032).

Recent Injecting Use: Similar to 2023, no participants reported recent injection of antipsychotics in 2024. Please refer to the 2024 IDRS National Report or national trends, or contact the Drug Trends team for further information.

Gabapentin

Recent Use (past 6 months): Similarly to last year no participants reported on the use of gabapentin in the six months prior to interview in 2024 (Figure 26). Please refer to the 2024 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Figure 26: Past six month use of non-prescribed pharmaceutical drugs, Perth, WA, 2007-2024
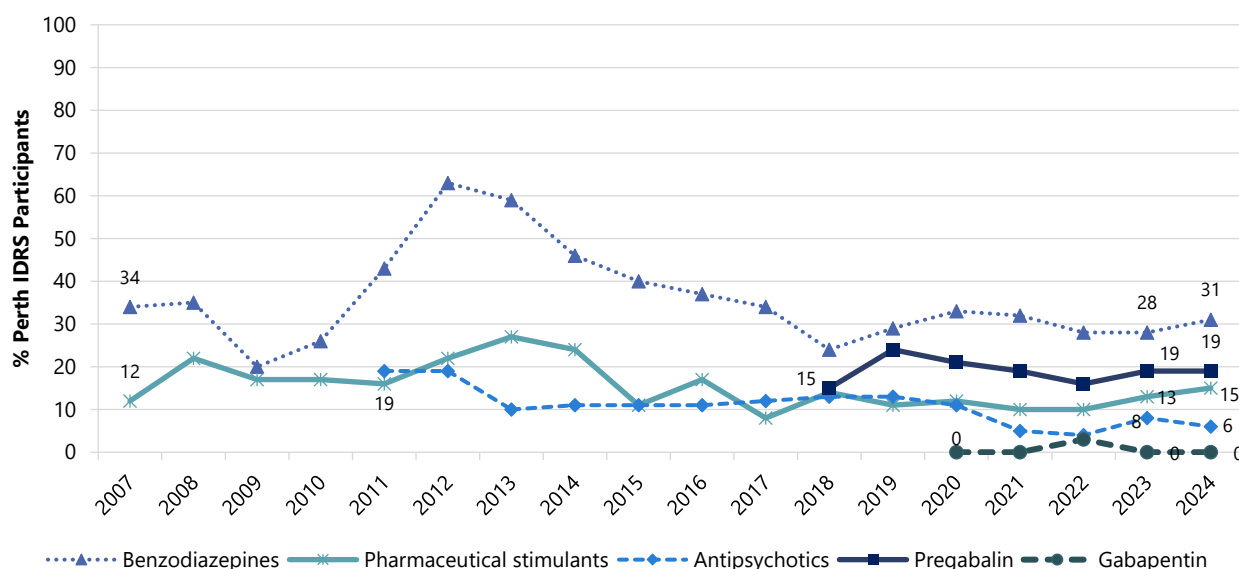
Note. Non-prescribed use is reported. Antipsychotics was asked as 'Seroquel' from 2011-2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Over half of the sample (52%) reported recent use of alcohol in 2024, stable from 64% in 2023 (p=0.124) (Figure 27).

Frequency of Use: Participants who had recently consumed alcohol and commented (n=54) reported use on a median of 24 days in the six months preceding interview in 2024 (IQR=7-90; 24 days in 2023; IQR=5-93; n=63; p=0.939), with 15% reporting daily use (13% in 2023; p=0.790).

Tobacco

In 2024, questions about illicit tobacco were included for the first time. Illicit tobacco was defined as products sold illegally without the necessary taxes added to the price.

Recent Use (past 6 months): Tobacco use has remained fairly high and consistent across the years, with 81% of participants reporting recent use in 2024 (87% in 2023; p=0.259) (Figure 27). Twenty-three per cent of participants reported recent use of smoked or non-smoked illicit tobacco products. Among those who reported recent use of smoked tobacco products (n=24), the most common products used were branded tobacco packs (63%), branded loose tobacco (29%), and non-branded loose tobacco (29%).

Frequency of Use: Participants who had recently consumed tobacco and commented (n=83), reported use on a median of 180 days in the six months preceding interview in 2024 (IQR=180-180; 180 days in 2023; IQR=180-180; n=85; *p*=0.545), with 84% reporting daily use (87% in 2023; *p*=0.666).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. Subsequently, in 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. Few participants (n≤5) reported recent use of prescribed e-cigarettes in 2022, 2023, and 2024. The data presented from 2022 to 2024 refer to non-prescribed e-cigarette use, while data for 2021 and earlier years refers to any e-cigarette use.

Recent Use (past 6 months): A third of participants (34%) reported recent use of non-prescribed e-cigarettes in 2024, a significant decrease from 54% in 2023 (*p*=0.009) (Figure 27).

Frequency of Use: Participants who had recently consumed non-prescribed e-cigarettes and commented (n=35), reported use on a median of 120 days in the six months preceding interview (IQR=23-180) in 2024, stable relative to 2023 (150 days; IQR=24-180; n=51; *p*=0.807). Daily use was reported by 46% of participants (43% in 2023; *p*=0.823).

Contents and Forms Used: Among those who reported recent non-prescribed use in the six months preceding interview and responded (n=35), 97% reported using e-cigarettes that contained nicotine (85% in 2023; *p*=0.081). Among participants who had recently used e-cigarettes and responded in 2024 (n=35), participants most commonly reported disposable devices (91%), followed by re-fillable devices (20%).

Six per cent of the total sample reported vaping substances other than nicotine/vape juice. Few participants (n≤5) reported on specific substances vaped other than nicotine/vape juice and, therefore, these data are suppressed. Please refer to the 2024 IDRS National Report or national trends, or contact the Drug Trends team for further information.

Reason for Use: Of those who reported any (i.e., prescribed or non-prescribed) e-cigarette use in the six months prior to interview and responded (n=36), 53% reported using e-cigarettes as a smoking cessation tool, stable relative to 2023 (60%; *p*=0.518).

Nicotine Pouches

Recent Use (past 6 months): A few participants (n≤5) reported recent use nicotine pouches in 2024. This question was a new addition to this year's survey, so no data was available from last year's survey. Please refer to the 2024 IDRS National Report or national trends, or contact the Drug Trends team for further information.

Kava

Recent Use (past 6 months): Few participants (n≤5) reported recent use Kava in 2024 (0% in 2023; *p*=0.247). Please refer to the 2024 IDRS National Report or national trends, or contact the Drug Trends team for further information.

Steroids

No participants reported using non-prescribed steroids in the six months preceding interview in 2024 (n≤5 in 2023; p=0.490), therefore, no further reporting on patterns of use will be included. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2024, 11% of participants reported recent use of GHB/GBL/1,4-BD, stable relative to 2023 (17%; p=0.224) (Figure 27).

Frequency of Use: Participants reported use of GHB/GBL/1,4-BD on a median of six days in the preceding six months (IQR=2-22; n=11), consistent with 2023 (2 days; IQR=1-9; n=17; p=0.179).

Recent Injecting Use: In 2024, no participants reported recent injection of GHB/GBL/1,4-BD (12% in 2023; p=0.505), therefore no further reporting will be included. Please refer to the 2024 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Unisom

Unisom SleepGels is a Schedule 3 medicine containing diphenhydramine that is available over-the-counter from a pharmacist for use as an antihistamine or temporary sleep aid. It comes in a gel capsule formulation intended for oral use. There have been reports of injecting use in Australia, raising concern of attendant injecting-related injuries.

Recent Use (past 6 months): Similarly to last year, no participants reported on the use of Unisom in the six months prior to interview (0% in 2023) (Figure 27). Please refer to the 2024 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Figure 27: Past six month use of licit and other drugs, Perth, WA, 2000-2024
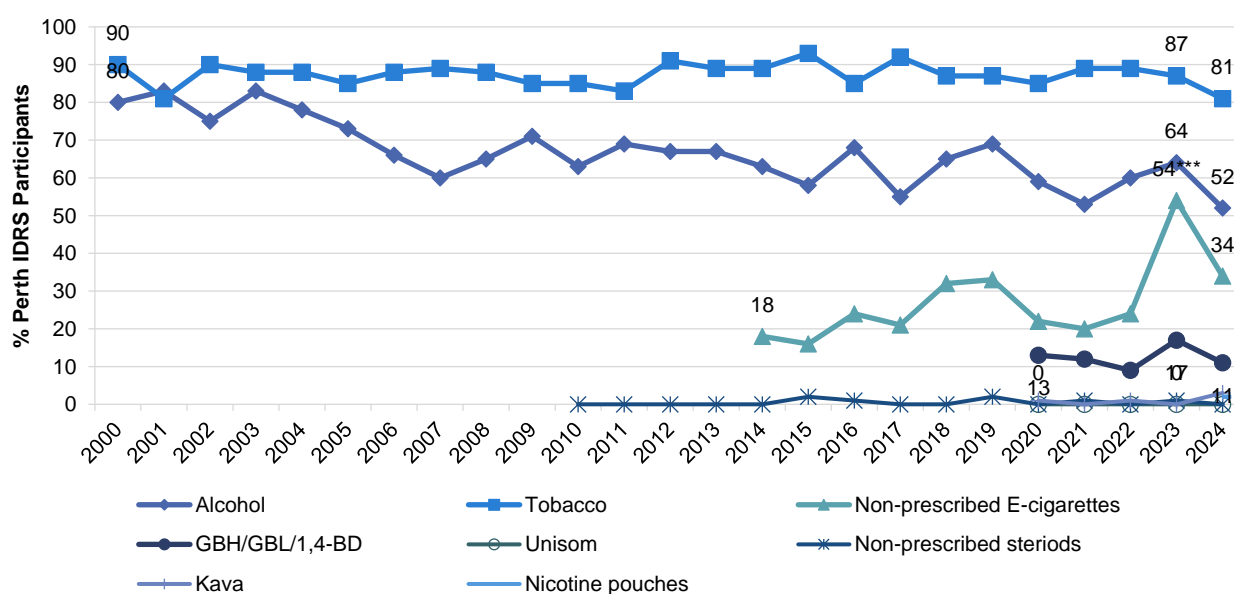
Note. Regarding e-cigarette use on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

8

Drug-Related Harms and Other Behaviours
Polysubstance Use

In 2024, the majority (93%) of the sample reported using one or more drugs (including alcohol and prescription medications but excluding tobacco and e-cigarettes) on the day preceding interview. Of those who reported using one or more drugs (n=96), the most commonly used substances were opioids (65%), cannabis (41%), stimulants (35%), and benzodiazepines (28%).

Fifty-seven per cent of participants (n=59) reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Ten per cent of the participants reported concurrent use of opioids and benzodiazepines on the day preceding the interview (Figure 28). A quarter of the participants reported using opioids alone, 12% reported using stimulants alone, and 7% reported using cannabis alone.

Figure 28: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Perth, WA, 2024
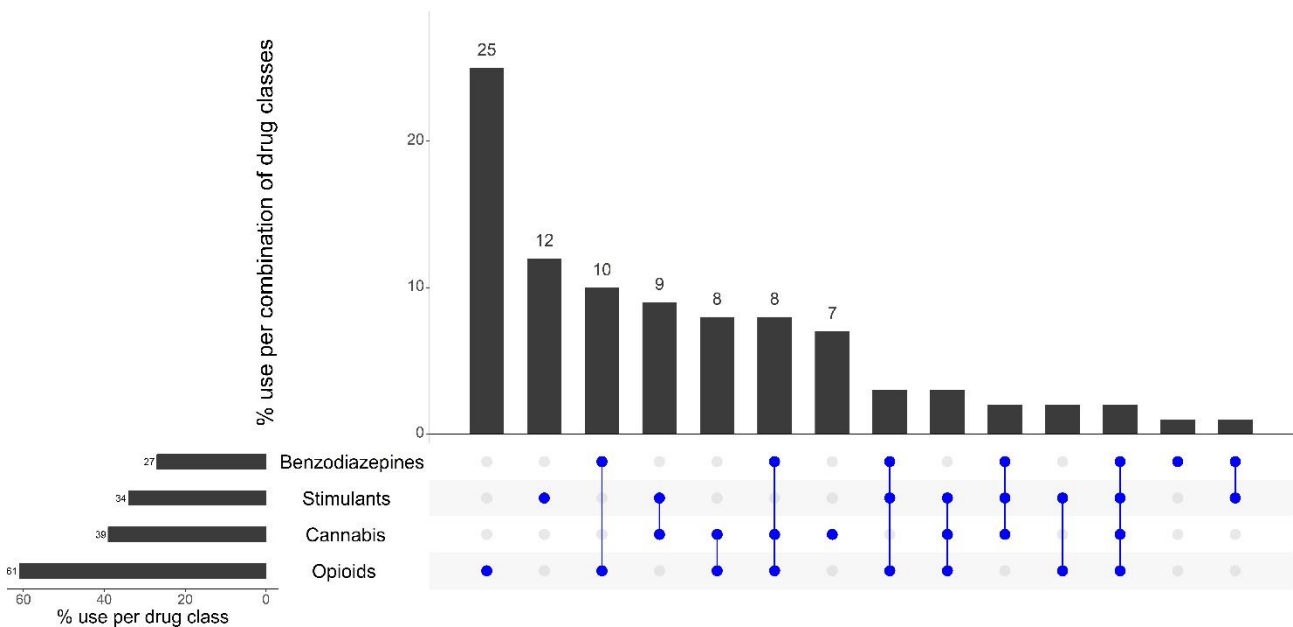
Note. % calculated out of total IDRS 2024 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, ecstasy and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. The response option Y axis reduced to 30% to improve visibility of trends. Please refer to Table 1 for a guide to table/figure notes.

Binge Drug Use

Participants were asked whether they had used any drug/s for 48 hours or more continuously without sleep (i.e., binged) in the six months preceding interview. Forty-seven per cent of the Perth sample had binged on one or more drugs in the preceding six months, consistent with 2023 (47%) (Figure 29).

Figure 29: Past six month use of drugs for 48 hours or more continuously without sleep ('binge'), Perth, WA, 2018-2024
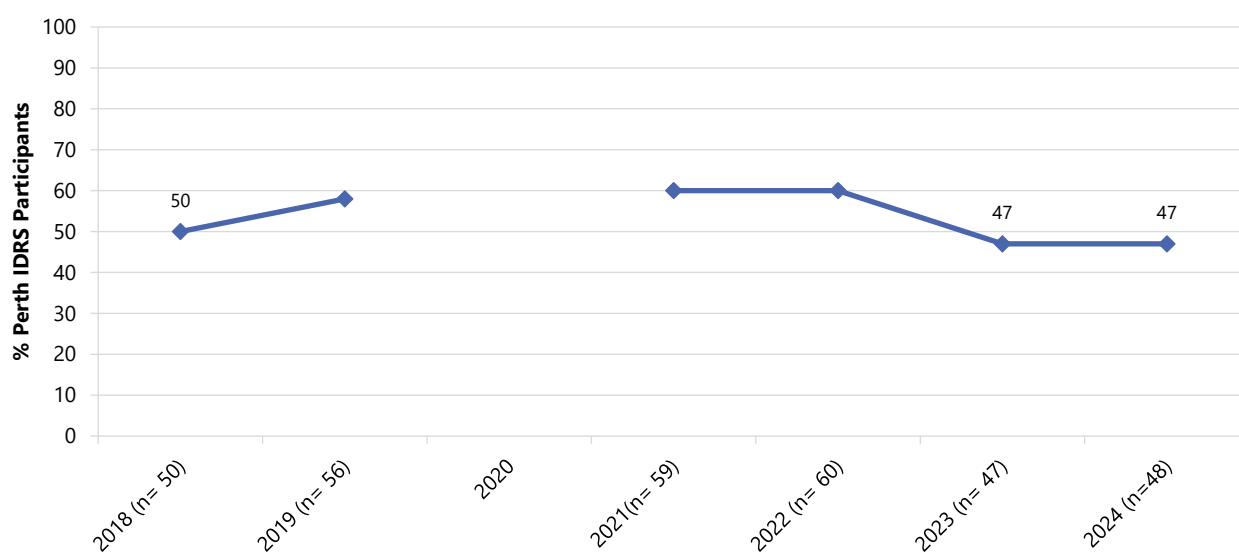
Note. Participants were first asked about bingeing in 2018. Statistical significance for 2023 versus 2024 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001. For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Overdose Events

Non-Fatal Overdose

There have been some changes in the way questions about overdose have been asked over the years, which may account for some variation in estimates.

From 2019 onwards, 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). Drugs other than opioids were split into the following:

- **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.

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 Table 5 below).

Non-fatal overdose in the Perth sample has remained stable over the years. In 2024, nearly one fifth of the sample (19%) reported a non-fatal overdose on 'any' drugs in the past 12 months, stable from 2023 (17%; p=0.851) (Figure 30).

Eighteen per cent of participants reported a **non-fatal overdose following opioid use** in the past 12 months in 2024 (14% in 2023; p=0.565), whilst few participants (n≤5) reported a **non-fatal overdose following stimulant use** in the past 12 months (n≤5 in 2023; p=0.364). Eighteen per cent of participants reported a non-fatal overdose following heroin use, stable relative to 2023 (13%; p=0.443) (Table 5).

Participants who had overdosed on an opioid (n=18) had done so on a median of two occasions (IQR=1-3) in the 12 months preceding interview. Among those who had overdosed on an opioid in the past year and commented (n=18), 61% reported receiving naloxone. The most commonly cited other drugs involved in participants' most recent opioid overdose was pregabalin (33%).

Few participants (n≤5) reported a **non-fatal overdose following other drug use** in 2024 (n≤5 in 2023; p=0.851) and, therefore, these data are suppressed. Please refer to the 2024 IDRS National Report or national trends, or contact the Drug Trends team for further information.

Figure 30: Past 12 month non-fatal any overdose, Perth, WA, 2000-2024
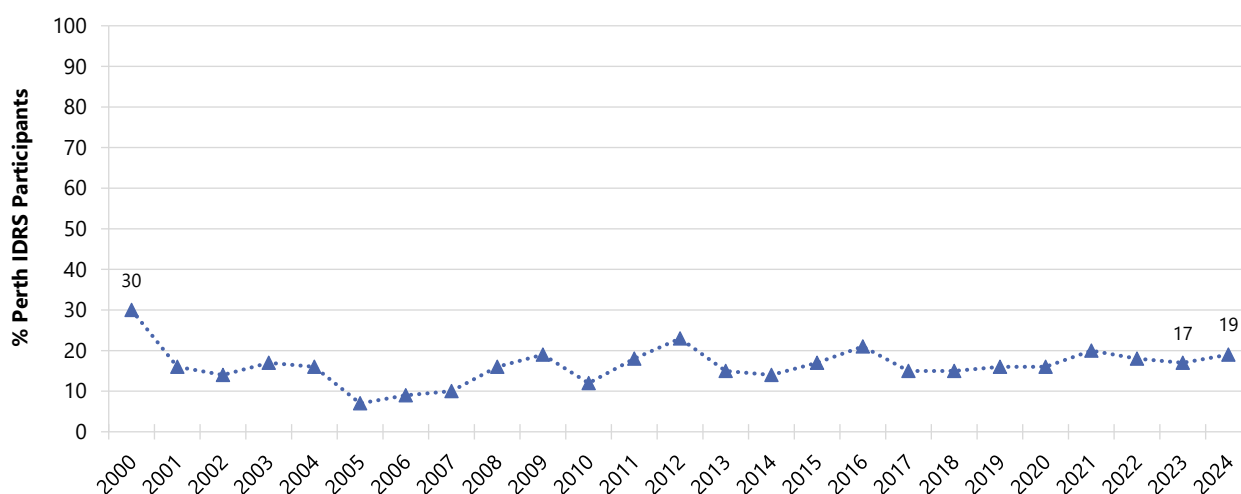
Note. Estimates from 2000-2006 refer to heroin and morphine non-fatal overdose only. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 5: Past 12-month non-fatal overdose by drug type, Perth, WA, 2016-2024									
	Perth, WA								
	2016	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
% Any opioid	N=71	N=73	N=96 10	N=95 12	N=99 12	N=96 10	N=100 15	N=99 14	**N=102 18**
% Heroin overdose	N=69 19	N=68 10	N=81 12	N=94 10	N=99 12	N=95 8	N=100 14	N=99 13	**N=102 18**
% Methadone overdose	N=66 -	N=72 0	N=96 0	N=94 -	N=99 0	N=95 0	N=100 -	N=99 -	**N=102 -**
% Morphine overdose	N=66 -	N=69 0	N=95 -	N=94 0	N=99 0	N=95 -	N=100 0	N=99 0	**N=102 0**
% Oxycodone overdose	N=66 -	N=69 0	N=93 0	N=94 0	N=99 0	N=95 0	N=100 -	N=99 0	**N=102 0**
% Stimulant overdose	N=66 -	N=68 -	N=94 -	N=96 -	N=99 -	N=99 -	N=100 -	N=99 -	**N=102 -**
% Other overdose	/	/	/	N=94 -	N=100 -	N=99 8	N=100 -	N=99 -	**N=102 -**
% Any drug overdose	N=66 21	N=68 15	N=78 15	N=94 16	N=99 16	N=95 20	N=100 18	N=99 17	**N=102 19**

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. From 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. N is the number who responded (denominator). / Not asked. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Alcohol Use Disorders Identification Test-Concise (AUDIT-C)

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with problematic alcohol use in the past 12 months. The AUDIT-C is a modified version of the 10 question AUDIT instrument, comprising three questions and is scored on a scale of 0-12.

The mean score on the AUDIT-C for the total sample (including participants who had not consumed alcohol in the past 12 months) was 2.7 (SD 3.6) in 2024 a significant decrease from 2023(3.4; SD 3.7; p=0.001). AUDIT-C scores of ≥3 (women) and ≥4 (men) are likely to indicate hazardous drinking, and potentially alcohol dependence. In 2024, forty-one per cent of male participants (41% in 2023) obtained a score of four or more. There was a significant decrease in the per cent of female participants, with almost a fifth (19%) who obtained a score of three of more, indicative of hazardous drinking (46% in 2023; p=0.038) (Table 6).

Table 6: AUDIT-C total scores and per cent of participants scoring above recommended levels^, Perth, WA, 2010-2024

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Men															
Mean AUDIT-C score (SD)	4 (4.1)	4.2 (3.9)	4.1 (4)	3.4 (3.4)	4.7 (3.8)	3.6 (3.9)	4 (3.6)	4 (3.4)	3.7 (3.8)	3.8 (3.3)	6.4 (3.5)	5.8 (3.3)	3.9 (4.1)	3.3 (3.4)	3.3 (3.9)
Score of ≥4 (%)	46	50	46	39	56	38	52	47	40	47	72	70	42	41	41
Women															
Mean AUDIT-C score (SD)	2.7 (3.3)	3.5 (3)	3.5 (3)	4 (3.6)	3.9 (4)	2.5 (3.6)	3 (3.6)	5.3 (3.6)	2.5 (3.6)	2.4 (3.1)	4.1 (3.3)	5.5 (4)	1.9 (2.7)	3.5 (4.1)	1.4 (2.5)
Score of ≥3 (%)	43	57	53	55	50	30	39	70	35	32	53	68	26	46	19*

Note. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. 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 could be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. From 1 December 2020 to 30 June 2022, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Following the evaluation of this pilot, the Australian Government announced that a national take home naloxone program was to be implemented in all Australian

states and territories from 1 July 2022. 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 were aware of naloxone in the last decade remained stable, with four fifths of the sample (84%) reporting awareness of naloxone in 2024 (83% in 2023; p=0.846) (Figure 31).

Awareness of Take-Home Naloxone: While survey item wording assessing awareness of take-home naloxone programs was modified in 2023, the percentage reporting awareness of take-home naloxone programs was relatively stable between 2024 (81%) and 2023 (80%; p=0.853) (Figure 31). In 2024, few participants (n≤5) reported having heard of paid access (n≤5 in 2023; p=0.209), and 80% of participants reported having heard of free access (78% in 2023; p=0.708).

Obtained Naloxone: In 2024, two thirds of the sample (65%) reported having ever obtained naloxone (68% in 2023; p=0.656), with 58% reporting access within the past year (63% in 2023; p=0.464). For those who reporting ever obtaining naloxone (n=67), the majority of these participants last obtained naloxone from a NSP (53%), followed by a pharmacy (27%) and 97% of them reported that they did not have to pay the last time they obtained naloxone.

Few participants (n≤5) reported that they had tried to obtain naloxone in their lifetime but had been unsuccessful (0% in 2023; p=0.247). An additional 37% of participants reported that they had never tried to obtain naloxone (note: a small per cent of participants reported never trying to obtain naloxone despite having obtained it in their lifetime – this could reflect that they had been given naloxone, but never actively sought it out) (37% in 2023). Out of those who had never obtained naloxone (n=40), the main reasons reported included: 'don't use opioids' (18%) and 'don't consider myself/my peers at risk of overdose' (18%).

Of those who responded ever obtaining naloxone, had used opioids in the past month, and could respond (n=66), half (53%) reported that they 'always' had naloxone on hand when using opioids in the past month, followed by 'often' (20%).

Education on Using Naloxone: In 2024, 49% had been trained in how to administer naloxone in their lifetime, stable relative to 2023 (63%; p=0.050). Twenty-one per cent of participants reported receiving training in naloxone administration in the past year, a significant decrease from 2023 (44%; p<0.001) (Figure 31). Among those who had been trained in naloxone administration in the last year and responded (n=21), most participants (62%) were taught how to administer naloxone at an NSP.

Use of Naloxone to Reverse Overdose: In 2024, among those who responded (n=102), 41% reported that they had resuscitated someone using naloxone at least once in their lifetime, consistent with 2023 (44%; p=0.776), with 21% having done so in the past year. Of those who responded (n=102), 11% reported that they had been resuscitated by a peer using naloxone in the last year (10% in 2023).

Figure 31: Lifetime awareness of naloxone, and education in naloxone administration, Perth, WA, 2013-2024
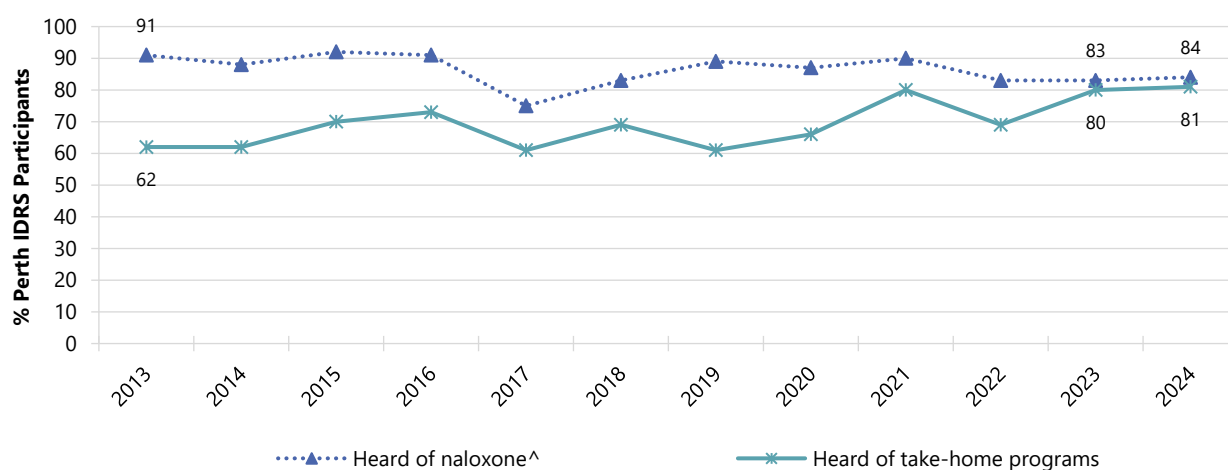
Note. ^Wording of this question changed from 'Have you heard about take home naloxone programs' (after receiving a blurb about what these programs entailed: 2013-2022) to 'Are you aware that naloxone is available for people to take home' in 2023. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001. Please refer to Table 1 for a guide to table/figure notes..

Equipment Access and Injecting Behaviours

Equipment Access

In 2024, participants reported obtaining a median of 60 new needle and syringes in the past month (IQR=20-200; 60 in 2023; IQR=21-200; *p*=0.803), having a median of 25 'stored away' (IQR=5-100; 20 in 2023; IQR=2-100; *p*=0.640) and providing a median of 10 to others (IQR=0-50; 10 in 2023; IQR=0-50; *p*=0.838).

Twelve per cent of the sample reported difficulties obtaining new needles and syringes in the past month (14% in 2023; *p*=0.827), and only a few (n≤5) reported difficulties accessing filters (n≤5 in 2023; *p*=0.680) (Table 7). The majority of participants reported that they obtained needles from a Needle and Syringe Program (84%; 82% in 2023; *p*=0.844), followed by a chemist (19%; 32% in 2023; *p*=0.068).

Injecting Behaviours

In 2024, there was a significant increase in the median number of occasions participants reported injecting. Participants reported injecting on a median of 30 occasions in the past month (IQR=12-31; 16 occasions in 2023; IQR=8-30; *p*=0.001). In 2024, 8% of participants reported receptive sharing (11% in 2023; *p*=0.471), and 15% of participants reported distributive sharing in the month prior to interview, stable from 2023 (13%; *p*=0.837) (Figure 32).

Sixteen per cent of participants reported having shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month, which is a significant decrease from 2023 (29%; *p*=0.031). Forty-four per cent of the sample reported that they had reused their own needles in the past month (41% in 2023; *p*=0.774) (Figure 32).

Nearly two fifths (37%) of the 2024 sample reported that they had injected someone else after injecting themselves (38% in 2023; *p*=0.880), and sixteen per cent were injected by someone else in the past month (19% in 2023; *p*=0.576) (Table 8).

The location of last injection remained stable between 2023 and 2024 (*p*=0.961). Consistent with previous years, most participants (74%) reported that they had last injected in a private home (76% in 2023). An additional 10% of participants reported that they had last injected in a street, park or a beach (9% in 2023), 9% in a car (9% in 2023), and 7% of participants reported injecting in a public toilet (n≤5 in 2023) (Table 8).

Table 7: Injecting equipment access in past month, Perth, WA,2023-2024		
Perth, WA		
	2023 **(N=99)**	**2024** **(N=103)**
% Location of needle/syringe access past month		
NSP	82	**84**
NSP vending machine	-	**-**
Chemist	32	**19**
Friend/Partner	19	**9**
Dealer	8	**-**
Hospital	6	**0***
Outreach/peer worker	-	**0**
Medically supervised injecting Centre/Room	0	**0**
Other	-	**-**
%Difficulties accessing filters^ in the past month	-	-
% Difficulties accessing needles/syringes in past month	14	**12**
% Equipment used past month		
Spoons/mixing containers	67	**73**
Tourniquet	47	**58**
Swabs	89	**88**
Water	84	**93***
Any filters	71	**75**

Note. ^Filters included wheel filters, Sterifilt basic filters, sterifilt plus filters and commercial cotton filters (e.g., Stericups). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 is presented in figure for national estimates; **p*<0.050; ****p*<0.010; ******p*<0.00. Please refer to Table 1 for a guide to table/figure notes.

Figure 32: Borrowing and lending of needles and sharing of injecting equipment in the past month, Perth, WA, 2000-2024
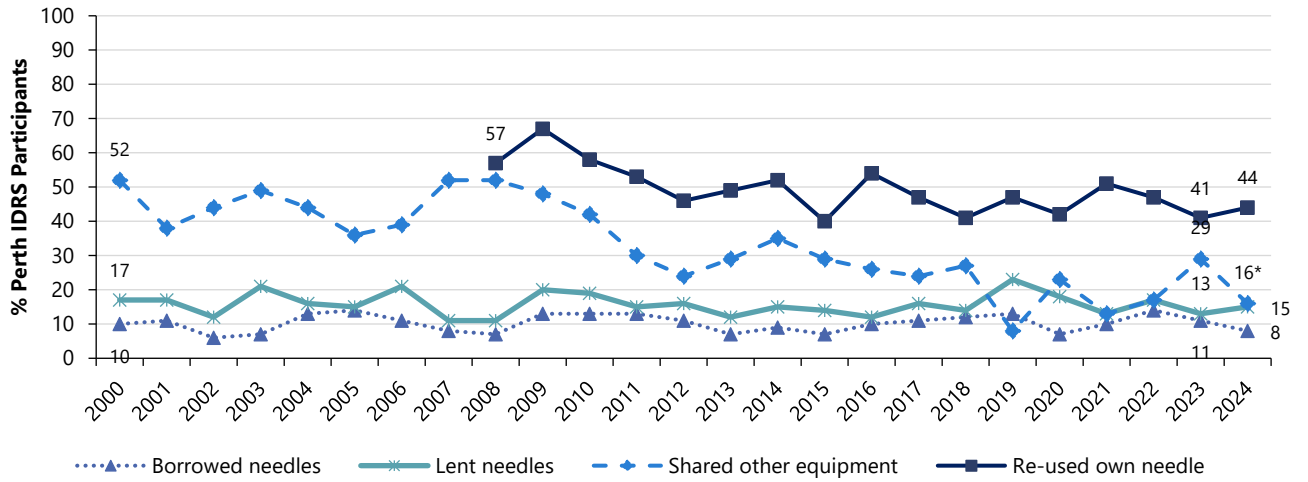
Note. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Table 8: Injecting behaviours in the past month, and location last injection use, Perth, WA, 2015-2024										
Perth, WA										
	2015 (N=74)	2016 (N=69)	2017 (N=73)	2018 (N=100)	2019 (N=95)	2020 (N=100)	2021 (N=99)	2022 (N=100)	2023 (N=99)	2024 (N=103)
% Injecting behaviours past month										
Borrowed a needle	N=74 8	N=69 6	N=70 10	N=94 16	N=95 13	N=100 7	N=99 10	N=100 14	N=99 11	**N=102 8**
Lent a needle	N=74 14	N=69 15	N=70 21	N=95 17	N=92 23	N=99 18	N=99 13	N=100 17	N=99 13	**N=101 15**
Shared any injecting equipment ^	N=74 32	N=69 25	N=70 22	N=99 26	N=96 8	N=99 23	N=99 13	N=99 17	N=97 29	**N=102 16***
Reused own needle	N=73 39	N=69 38	N=69 48	N=95 44	N=95 47	N=100 42	N=99 51	N=100 47	N=99 41	**N=101 44**
Injected partner/friend after self~	/	N=69 31	N=70 27	N=96 29	N=95 33	N=100 33	N=99 36	N=100 27	N=99 38	**N=101 37**
Somebody else injected them after injecting themselves~	/	N=69 17	N=70 14	N=96 12	N=95 25	N=100 16	N=99 17	N=100 13	N=99 19	**N=101 16**
% Location of last injecting use										
Private home	81	83	74	76	76	80	70	80	76	**74**
Car	14	7	10	11	10	9	10	-	9	**9**
Street/car park/beach	-	-	-	-	8	-	-	9	9	**10**
Public toilet	-	-	10	10	-	7	14	-	-	**7**
Medically supervised injecting Centre/Room	/	/	/	/	/	0	0	0	0	**0**
Other	-	-	-	-	-	-	-	-	-	**0**

Note. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ With a new or used needle. N is the number who responded (denominator). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Self-Reported Injection-Related Injuries and Diseases

The per cent of participants who had experienced any injection-related injuries and diseases in the month preceding interview remained stable in 2024 (31%), relative to 2023 (41%; p=0.154) (Table 9). The most common injection-related health issues reported consisted of artery injection (11%; 7% in 2023; p=0.453), any nerve damage (11%; 13% in 2023; p=0.668), any infection/abscess (10%; 18% in 2023; p=0.109), and dirty hit (10%; 9% in 2023).

Table 9: Injection-related issues in the past month, Perth, WA, 2020-2024					
	2020	**2021**	**2022**	**2023**	**2024**
	(N=100)	**(N=98)**	**(N=100)**	**(N=99)**	**(N=103)**
% Artery injection	10	-	-	7	**11**
% Any nerve damage	13	13	17	13	**11**
% Any thrombosis	6	-	7	16	**8**
Blood clot	-	-	6	16	**8**
Deep vein thrombosis	-	0	-	0	**-**
% Any infection/abscess	9	14	9	18	**10**
Skin abscess	7	10	8	16	**8**
Endocarditis	0	0	0	-	**-**
Other serious infection (e.g., osteomyelitis/Sepsis/Septic arthritis)	-	-	-	-	**-**
% Dirty hit	11	10	6	9	**10**
% Any injection-related problem	33	33	31	41	**31**

Note. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Drug Treatment

The percentage of participants reporting that they were currently receiving any drug treatment in 2024 (43%) compared to 2023 (48%) remained stable (p=0.473). Nearly one fifth (18%) of participants reported receiving methadone (31% in 2023; p=0.053), which continued to be the most common treatment received in 2024 (Table 10). Among those who reported methadone or buprenorphine treatment and commented (n=29), two thirds (66%) reported receiving takeaway doses (84% in 2023; p=0.154).

Amongst those who were currently receiving drug treatment and commented (n=44) in 2024, 75% of participants reported being satisfied with their current treatment (82% in 2023; p=0.442), with a further 18% reporting being dissatisfied (n≤5 in 2023; p=0.050) (Figure 33). Seventeen per cent of participants reported having tried to access treatment in the past six months but were unable to (14% in 2023; p=0.567). The most commonly cited drug the last time treatment was required for comprised heroin (72%; 57% in 2023; p=0.465). The most common service that participants tried to access, but were unable to, were rehabilitation/therapeutic communities (44%; 29% in 2023; p=0.471), with the most common reason being 'too hard to get into treatment (e.g., no places available, long waiting lists' (61%; 57% in 2023).

Table 10: Current drug treatment, Perth, WA, 2015-2024

	Perth, WA									
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
	(N=102)	**(N=101)**	**(N=100)**	**(N=101)**	**(N=99)**	**(N=100)**	**(N=99)**	**(N=100)**	**(N=99)**	**(N=103)**
% Any current drug treatment	36	42	48	34	28	48	46	40	48	**43**
Methadone	20	18	18	25	10	24	27	24	31	**18**
Buprenorphine	-	-	0	0	0	0	-	-	-	**0**
Buprenorphine-naloxone	7	7	9	-	7	14	8	10	-	**10**
Buprenorphine depot injection	/	/	/	/	0	-	-	-	-	**9**
Drug counselling	-	-	-	-	9	17	9	8	11	**-**
Other	-	-	-	-	-	-	-	-	-	**-**

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). / not asked. The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 33: Treatment satisfaction amongst those who reported current treatment, Perth, WA, 2019-2024
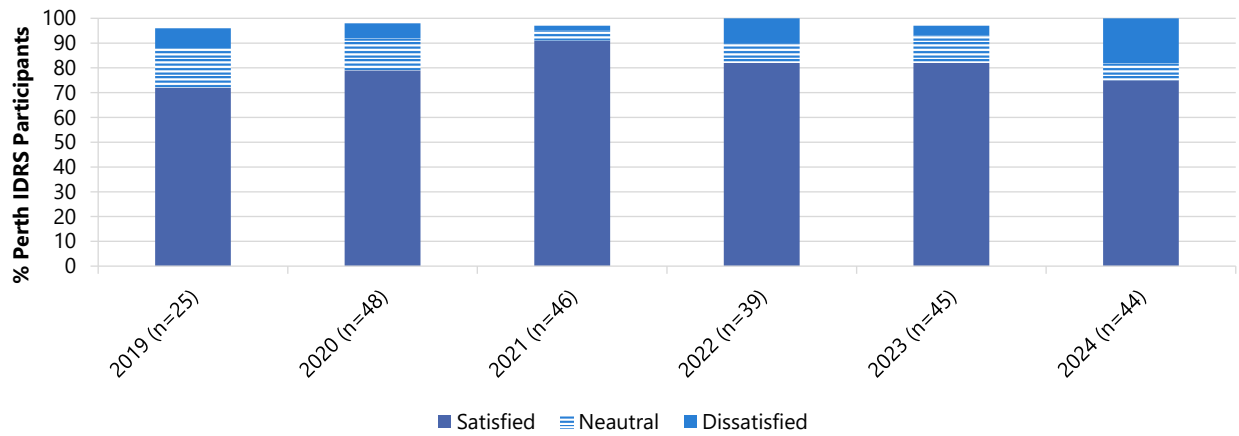
Note. For historical numbers, please refer to the data tables. 'Too early to say' excluded from analysis. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Opioid and Methamphetamine Dependence

From 2017, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate opioid and methamphetamine dependence. The SDS is a five-item tool designed to screen for potential dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, preoccupation with, and anxiety about use. A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

To assess methamphetamine dependence in the past six months, a cut-off value of four was used, as this has been found to be a good balance between sensitivity and specificity for identifying dependent methamphetamine use. No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of five as an indicator of likely dependence.

Of those who had recently used an opioid and commented (n=74), the median SDS score was eight (IQR=3-12), with 70% scoring five or above, indicating possible dependence (Table 11) (56% in 2023; *p*=0.092). Of those who scored five or above (n=52). Sixteen per cent of participants obtained a score of zero on the opioid SDS (18% in 2023; *p*=0.822), indicating no symptoms of opioid dependence.

Of those who had recently used methamphetamine and commented (n=64), the median SDS score was three (IQR=1-6), with 41% scoring four or above, indicating possible dependence (42% in 2023) (Table 11). Almost a quarter (23%) of participants obtained a score of zero on the methamphetamine SDS (27% in 2023; *p*=0.701), indicative of no symptoms of methamphetamine dependence.

Table 11: Total opioid and methamphetamine SDS scores and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Perth, WA, 2017-2024

	2017	2018	2019	2020	2021	2022	2023	2024
Opioid	N=57	N=76	N=59	/	N=66	N=60	N=72	**N=74**
Median total score (IQR)	7 (3-10)	6 (2-9)	6 (3-9)	/	6 (2-9)	7 (3-11)	5 (1-9)	**8 (3-12)**
% score 0	12	18	17	/	14	-	18	**16**
% score ≥ 5	67	59	61	/	64	60	56	**70**
Methamphetamine	N=50	N=64	N=67	/	N=81	N=75	N=77	**N=64**
Median total score (IQR)	1 (0-5)	2 (0-6)	2 (0-5)	/	4 (0-6)	4 (0-7)	2 (0-5)	**3 (1-6)**
% score 0	44	42	33	/	31	24	27	**23**
% score ≥ 4	32	39	39	/	51	52	42	**41**

Note. Severity of Dependence scores calculated out of those who used opioids/methamphetamine recently (past 6 months). A cut-off score of ≥5 and ≥4 is used to indicate screening positive for potential opioid and methamphetamine dependence, respectively. Imputation used for missing scale scores. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p*<0.050; **p*<0.010; ***p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

Bloodborne Virus Testing and Treatment

In 2024, 52% of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (51% in 2023), 38% had received a PCR or RNA test (48% in 2023; p=0.193) and few participants (n≤5) reported having a current HCV infection (n≤5 in 2023; p=0.493) (Table 12). Few participants (n≤5) reported that they had received HCV treatment in the past year (6% in 2023; p=0.326), and as such, few participants (n≤5) were able to comment on whether treatment was successful. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Amongst those who had undergone a HCV RNA test in the last year and commented (n=35), forty-three per cent reported it took a median time of more than 5 days to receive a result (whether positive or negative), 31% reported they received the results in 1-5 days, and 17% received the results in 0-14 hours, following the administration of the last HCV RNA test.

The majority (83%) of the sample reported having ever had a test for human immunodeficiency virus (HIV) (23% within the past six months; 38% in 2023; p=0.035), with few participants (n≤5) reporting that they had ever received a positive diagnosis (0 in 2023; p=0.242) (Table 12).

Table 12: HCV and HIV testing and treatment, Perth, WA, 2018-2024

	Perth, WA						
	2018 (N=100)	2019 (N=96)	2020 (N=100)	2021 (N=99)	2022 (N=100)	2023 (N=99)	2024 (N=103)
Past year Hepatitis C test							
Past year hepatitis C antibody test	N=87 54	N=86 63	N=98 35	N=99 38	N=98 43	N=97 51	**N=99 52**
Past year hepatitis C PCR or RNA test	N=76 45	N=63 43	N=91 35	N=86 36	N=92 39	N=94 48	**N=97 38**
Current hepatitis C status							
Currently have hepatitis C^	N=39 41	N=36 22	N=95 0	N=91 7	N=94 9	N=94 -	**N=97 -**
Past year treatment for hepatitis C							
Received treatment in past year	N=40 28	N=22 27	N=96 6	N=97 8	N=95 8	N=94 6	**N=97 -**
Most recent treatment was successful (among those who had received treatment in past year)	N=16 94	N=8 100	N=6 100	N=8 -	N=8 75	N=6 -	-
Re-tested with a PCR or RNA test to determine re-infection (among those who underwent successful treatment)	/	/	/	/	/	-	**-**
HIV test	/	/	N=100	N=99	N=100	N=99	**N=99**
HIV test in past 6 months	/	/	/	20	25	38	**23***
HIV test more than 6 months ago	/	/	/	69	52	46	**60**
HIV status	/	/	N=100	N=98	N=100	N=99	**N=82**
Lifetime HIV positive diagnosis	/	/	/	-	-	0	**-**

Note. ^This includes people who had not been tested for HCV. N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Sexual Health Behaviours

In 2024, 40% of the sample reported some form of sexual activity in the past four weeks (49% in 2023; $p=0.204$). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if the interview was undertaken face-to-face).

Amongst those who reported engaging in sexual activity in the past four weeks and commented (n=40), participants reported a median of one partner (IQR: 1-1; 1 partner in 2023; IQR:1-2; $p=0.049$). Few participants (n≤5) reported engaging in sexual activity in the past four weeks in exchange for money, drugs, or other goods and services (data not collected in 2023).

Of those who commented (n=99), nearly a fifth (18%) reported having a sexual health check-up in the six months prior to interview, a significant decrease from 2023 (39%; $p=0.002$). Sixty per cent of participants reported undergoing a sexual health check in their lifetime, a significant reduction from 2023 (75%; $p=0.025$). Of the total sample who responded (n=99), n≤5 reported that they had

received a positive diagnosis for a sexually transmitted infection (STI) in the past six months in 2024 (n≤5 in 2023) and 27% had received a positive diagnosis in their lifetime (15% in 2023; *p*=0.059) (Table 13).

Table 13: Sexual health behaviours, Perth, WA, 2022-2024			
	2022	**2023**	**2024**
Of those who responded#:	**N=94**	**N=99**	**N=100**
% Any sexual activity in the past four weeks	51	49	**40**
Of those who reported any sexual activity in the past four weeks and responded#:	/	/	**N=40**
% Engaged in sexual activity in exchange for money, drugs or other goods or services	/	/	-
Of those who responded#:	**N=92**	**N=97**	**N=99**
% Had a sexual health check in the last six months	23	39	**18****
% Had a sexual health check in their lifetime	66	75	**60***
Of those who responded#:	**N=92**	**N=97**	**N=99**
% Diagnosed with a sexually transmitted infection in the last six months	-	-	**-**
% Diagnosed with a sexually transmitted infection in their lifetime	22	15	**27**

Note. # Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Mental Health and Psychological Distress (K10)

Mental Health

In 2024, 47% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2023 (52%; p=0.570) (Figure 34). Amongst this group, the two most commonly reported problems were anxiety (64%; 43% in 2023; p=0.335), depression (62%; 73% in 2023; p=0.184), and PTSD (28%; 18% in 2023; p=0.495).

Nineteen per cent of the total sample had seen a mental health professional during the past six months (27% in 2023; p=0.185) (Figure 34). This is equivalent to 40% of those who self-reported a mental health problem during the past six months, stable from 53% in 2023 (p=0.235). Fifty-eight per cent of those who reported having seen a mental health professional about a mental health problem reported that they had been prescribed medication for their mental health problem in the six months preceding the interview, a significant decrease from 2023 (85%; p=0.049).

Figure 34: Self-reported mental health problems and treatment seeking in the past six months, Perth, WA, 2004-2024
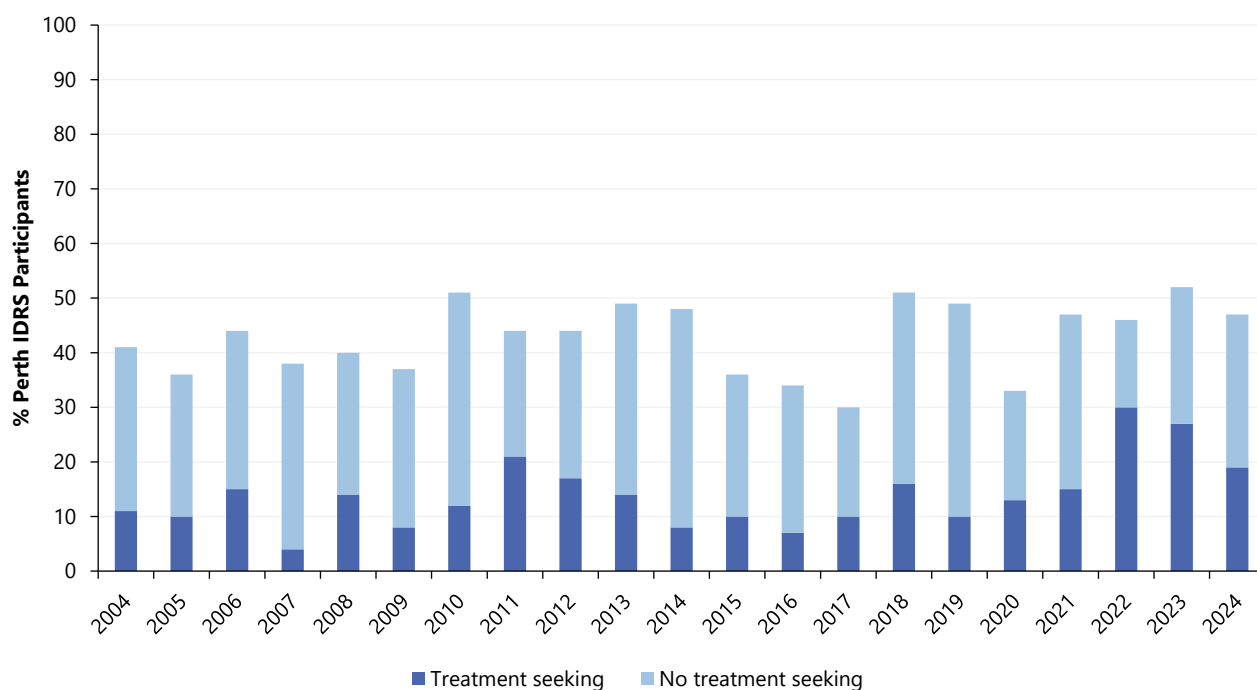
Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Psychological Distress (K10)

The [Kessler Psychological Distress Scale 10 (K10)](#) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders and the Structured Clinical Interview for DSM disorders.

The minimum score is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of distress: scores from 10–15 are considered to indicate 'low' psychological distress; scores between 16–21 indicate 'moderate' psychological distress; score between 22–29 indicate 'high' psychological distress; and scores between 30–50 indicate 'very high' psychological distress. Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem, and possibly requiring clinical assistance.

Among those who responded in 2024 (n=99), the per cent of participants scoring in each of the four K10 categories remained stable between 2023 and 2024 (p=0.070). In 2024, 38% of the IDRS participants had a score of 30 or more (28% in 2023).

The [National Health Survey 2022-23](#) provides Australian population data for adult (≥18 years) K10 scores. IDRS participants in 2024 reported greater levels of 'high' and 'very high' distress compared to the general population (Figure 35).

Figure 35: K10 psychological distress scores, Perth, WA, 2008-2024 and among the general population 2022-23
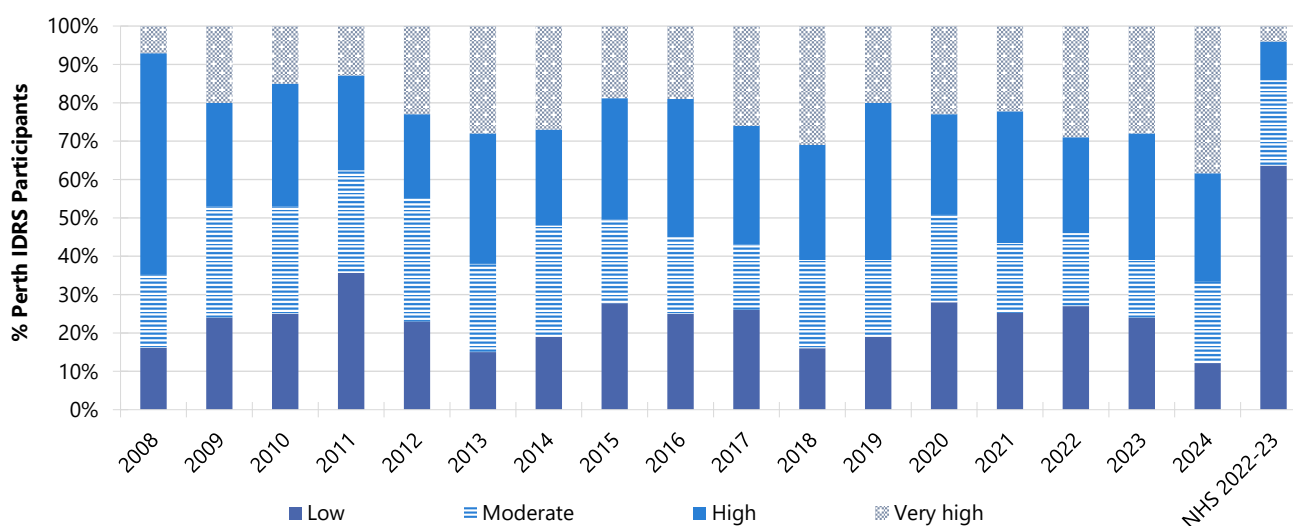

Note. Data from the National Health Survey are a national estimate from 2022-23 for adults 18 or older. Imputation used for missing scale scores (IDRS only). For historical numbers, please refer to the [data tables](#). Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Health Service Access

Four fifths (81%) of participants reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2024 (89% in 2023; p=0.126) (Table 14). Primary services reported by participants for AOD support in 2024 were NSPs (63%; 42% in 2023; p=0.005), followed by GPs (43%; 45% in 2023; p=0.777), pharmacy (38%; not asked in 2023), and peer-based harm reduction services (22%; 57% in 2023; p<0.001).

Ninety-eight per cent of participants reported accessing any health service for any reason in the six months preceding interview in 2024 (99% in 2023) (Table 14). Primary services reported by participants in 2024 were GPs (81%; 73% in 2023; p=0.248), pharmacy (76%; not asked in 2023), NSPs (67%; 44% in 2023; p=0.001), and emergency departments (28%; 23% in 2023; p=0.522) (Figure 36).

Figure 36: Health service access for alcohol and other drug reasons, and for any reason in the past six months, Perth, WA, 2021-2024
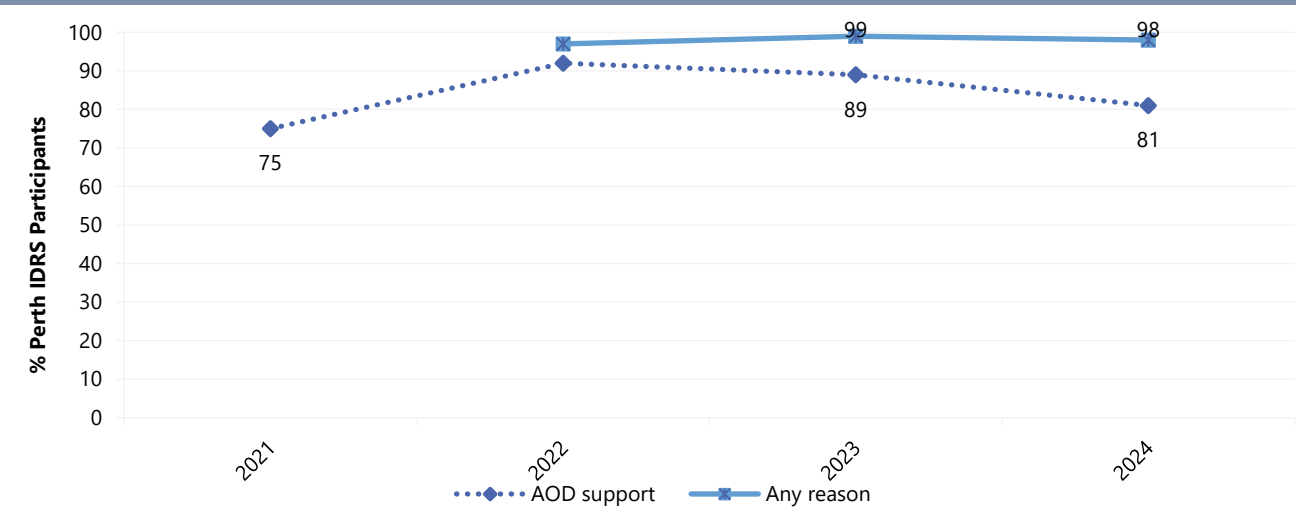
Note. Questions regarding health service access for any reason were first asked in 2018, however due to differences in response options between 2018-2020, data are presented from 2021. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 14: Types of health services accessed for alcohol and other drug reasons and for any reason in the past six months, Perth, WA, 2022-2024

Type of service accessed *(participants could select multiple services)*	AOD support			Any reason		
	2022 (N=100)	2023 (N=99)	2024 (N=103)	2022 (N=100)	2023 (N=99)	2024 (N=103)
GP	37	45	**43**	76	73	**81**
Emergency department	9	16	**9**	31	23	**28**
Hospital admission (inpatient)	7	14	**9**	19	21	**16**
Medical tent (e.g., at a festival)	0	0	**0**	-	-	**0**
Drug and Alcohol counsellor	24	17	**12**	24	19	**12**
Hospital as an outpatient	-	-	**-**	6	17	**12**
Specialist doctor (not including a psychiatrist)	16	6	**6**	26	11	**11**
Dentist	-	-	**-**	18	14	**19**
Ambulance attendance	8	9	**-**	15	16	**10**
Pharmacy	/	/	**38**	/	/	**76**
Other health professional (e.g., physiotherapist)	-	7	**-***	20	12	**13**
Psychiatrist	8	-	**-**	15	7	**7**
Psychologist	9	-	**-**	17	7	**8**
NSP	68	42	**63****	69	44	**67****
Peer based harm reduction service	53	57	**22*****	54	61	**22*****
Other harm reduction service	0	7	**-**	-	11	**-**

Note. For historical numbers, please refer to the [data tables](#). Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.
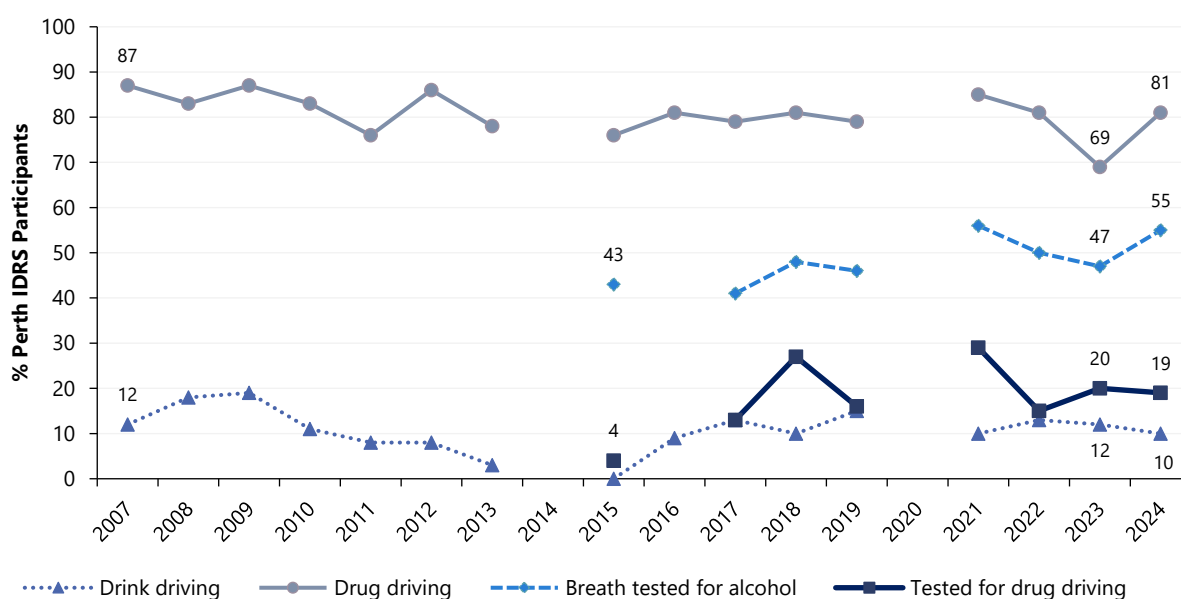
Driving

In 2024, less than half of the Perth sample (42%) had driven a car, motorcycle or other vehicle in the last six months (52% in 2023; *p*=0.206) (Figure 37). Of those who had driven recently and responded (n=42), 10% reported driving while over the perceived legal limit of alcohol in the last 6 months, stable relative to 2023 (12%; *p*=0.750), and 81% reported driving within three hours of consuming an illicit or non-prescribed drug, stable relative to 2023 (69%; *p*=0.239) (Figure 37).

Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded (n=34), participants most commonly reported using heroin (74%) prior to, followed by cannabis (38%), and crystal methamphetamine (24%).

Of those who had recently driven (n=42), one fifth (19%) reported that they had been tested for drug driving by the police roadside drug testing service (20% in 2023), and 55% reported that they had been breath tested for alcohol by the police roadside testing service (47% in 2023; *p*=0.530) in the six months prior to interview.

Figure 37: Self-reported testing, and driving over the (perceived) legal limit for alcohol or within three hours following illicit drug use, among those who had driven in the last six months, Perth, WA, 2007-2024

Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked in 2007. Data labels are only provided for the first and two most recent years of monitoring For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; **p<0.050; **p<0.010; ***p<0.001*. Please refer to Table 1 for a guide to table/figure notes.

Drug Checking

Drug checking is a common strategy used to test the contents and purity of illicit drugs. At the time interviewing commenced in 2024, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019), at CanTEST, a pilot fixed-site dug checking service in Canberra which has been operational since 17 July 2022, and at CheQpoint. Queensland's first fixed-site drug checking service in Brisbane, which

opened on April 20, 2024. CheQpoint, opened a second service on the Gold Coast in July 2024, shortly after IDRS recruitment had finished.

In 2024, 12% of Perth participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia (15% in 2023; p=0.533), with 7% reporting doing so in the past year (9% in 2023; p=0.609) (Figure 38). Of those who reported that they or someone else had tested their illicit drugs in the past year and commented (n=7), 86% reported using colorimetric or reagent test kits. No participants reported using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) or other tests and therefore no further results will be reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 38: Lifetime and past year engagement in drug checking, Perth, WA 2019-2024
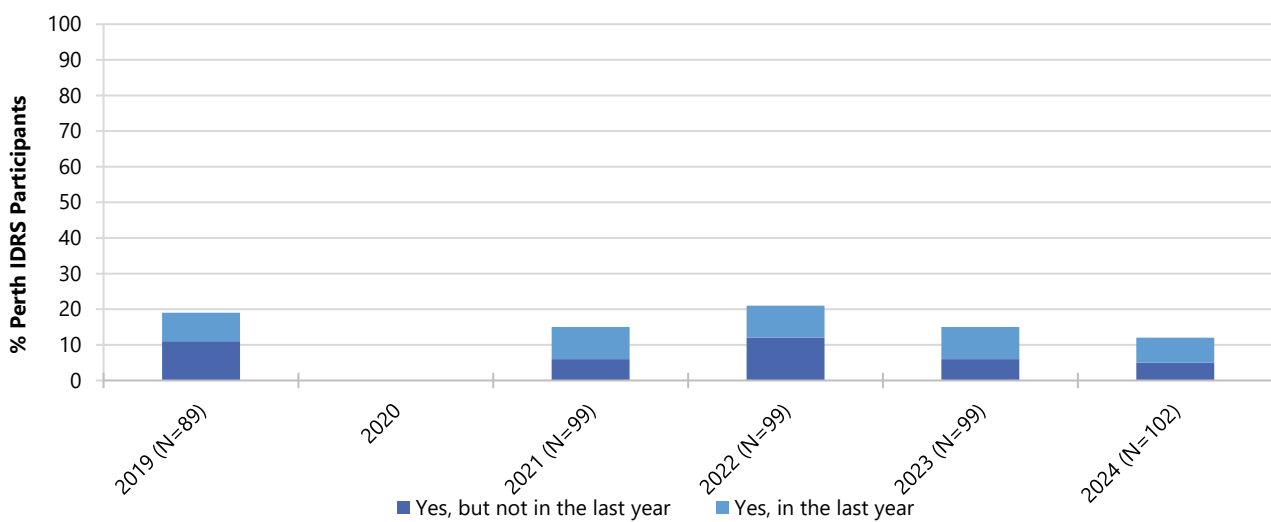
Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Experience of Crime and Engagement with the Criminal Justice System

In 2024, 47% of the Perth sample reported engaging in 'any' crime in the past month, stable from 40% in 2023 (p=0.320). Property crime (31%; 26% in 2023; p=0.527) and drug dealing (23%; 22% in 2023; p=0.862) remained the most common self-reported crimes in the month preceding interview (Figure 39). Small numbers (n≤5) reported fraud (n≤5 in 2023; p=0.678) and violent crime (7% in 2023; p=0.096). Six per cent reported being the victim of a crime involving violence, stable from 2023 (15%; p=0.063) (Figure 40).

In 2024, one fifth (20%) of participants reported being arrested in the 12 months preceding interview, stable relative to 2023 (24%; p=0.492). Of those who had been arrested and commented (n=25), the main reasons for arrest in 2024 were use/possession of drugs (37%), property crime (32%), and other driving offences (11%).

A quarter of the sample (24%) reported a drug-related encounter which did not result in charge or arrest (21% in 2023; p=0.618). This predominantly comprised being stopped and searched (40%; 71% in 2022; p=0.044), followed by being stopped for questioning (36%; 57% in 2023; p=0.239). Lifetime prison history was reported by 48% of the sample, stable from 2023 (59%; p=0.132) (Figure 41).

Figure 39: Self-reported criminal activity in the past month, Perth, WA, 2000-2024
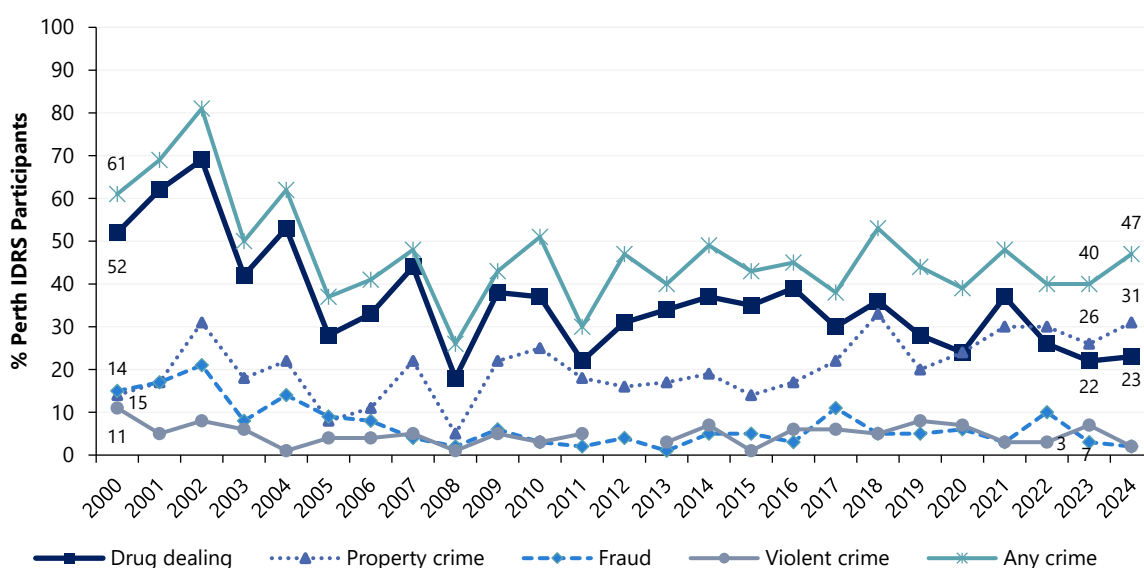

Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first and two most recent years of monitoring For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 40: Victim of crime involving violence in the past month, Perth, WA, 2019-2024
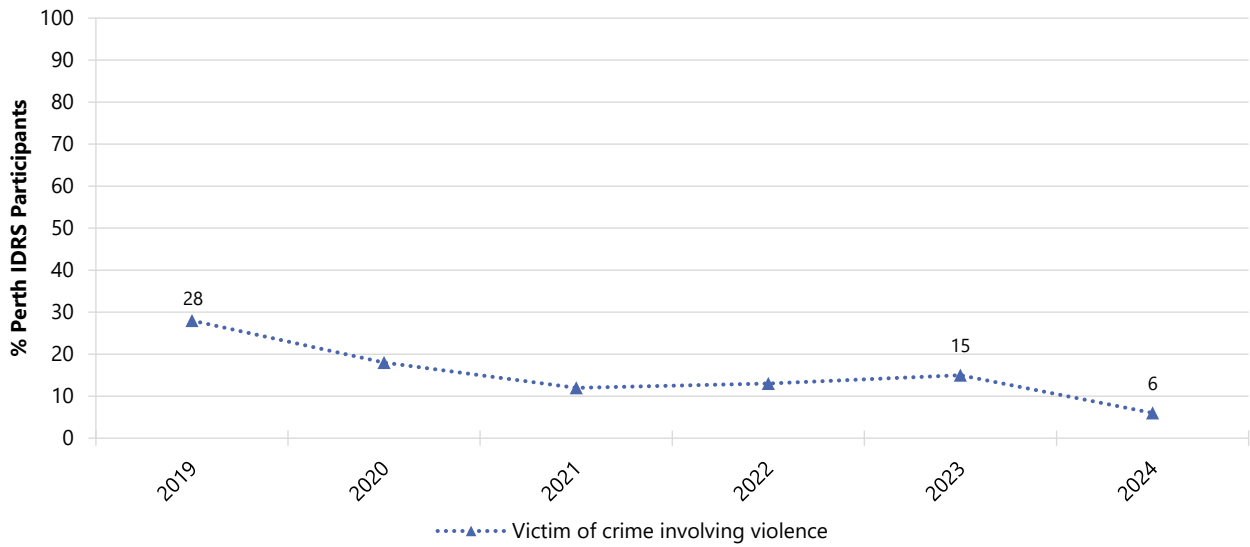
Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first and two most recent years of monitoring. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 41: Lifetime incarceration, and past 12 month arrest and drug-related encounters with police that did not result in arrest, Perth, WA, 2003-2024
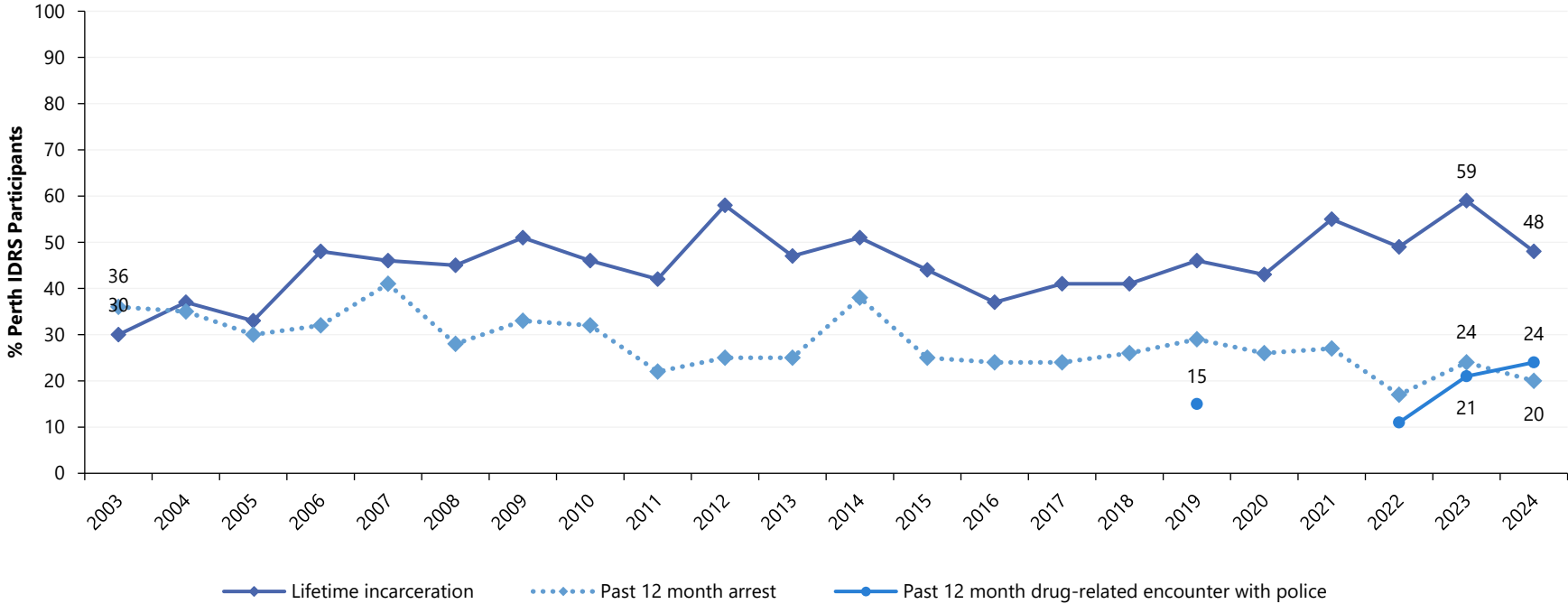
Note. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Modes of Purchasing Illicit or Non-Prescribed Drugs

In interviewing and reporting, 'online sources' were defined as either surface or darknet marketplaces.

Purchasing Approaches

In 2024, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (72%; 70% in 2023; $p=0.874$), followed phone call (59%; 62% in 2023; $p=0.774$). Half (50%) of participants reported arranging the purchase of illicit or non-prescribed drugs via text messaging (42% in 2023; $p=0.774$), followed by social networking or messaging applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (41%; 18% in 2023; $p<0.001$). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person.

Table 15: Purchasing approaches in the past 12 months, Perth, WA, 2024		
	2023	**2024**
% Purchasing approaches in the last 12 months^#		
Face-to-face	70	**72**
Surface web	-	**-**
Darknet market	-	**-**
Social networking or messaging applications`	18	**41*****
Text messaging	42	**50**
Phone call	62	**59**
Grew/made my own	/	**-**
Other	/	**0**

Note. ^ participants could endorse multiple responses. #This refers to people *arranging the purchase* of illicit or non-prescribed drugs. ` This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.