J. Fetherston and S. Lenton

WEST AUSTRALIAN DRUG TRENDS 2005
Findings from the Illicit Drug Reporting System (IDRS)

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WA
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2005

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDHA	Australian Government Department of Health and Ageing
A&TSI	Aboriginal and/or Torres Strait Islander
BBVI	Blood-borne viral infections
DAO	Drug and Alcohol Office
ERDU	Ecstasy and related drug users
HBV	Hepatitis C virus
HCV	Hepatitis B virus
HDWA	Health Department of WA
IDRS	Illicit Drug Reporting System
IDU	Injecting drug users
KE	Key expert(s)
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NESB	Non-English speaking background
NDRI	National Drug Research Institute
PDI	Party Drugs Initiative
WA	Western Australia
WAPRCU	WA Pre-Hospital Care Research Unit

EXECUTIVE SUMMARY

Demographic characteristics of injecting drug users (IDU)

There were no significant differences between the demographics of the IDU sample in 2005 and that of the previous year with the exceptions of an increase in mean age from 33 to 35 and a rise in the proportion of IDU residing in their own house or rental accommodation from 71% to 84%.

Males comprised 66% of the sample and 66% of the sample were unemployed at the time of interview. Involvement in sex work was reported by four percent. Aboriginal and Torres Strait Islanders made up six percent of the sample and there was just one individual who reported that English was not the main language spoken at home. The average number of years of school education was eleven and 42% of the sample had not progressed to any form of tertiary education or training. Half (50%) of the sample were in some form of treatment for their drug use at the time of interview and 33% had a history of imprisonment.

Patterns of drug use among IDU

Average age of initiation to injecting drug use remained 19 years, with users in the sample having been injecting for an average of 16 years, a figure not significantly different from the 15 years reported the previous year. Amphetamine remained most commonly reported as being the first drug injected by 49% and heroin second by 40%. As in previous years the most commonly cited drug of choice was heroin, but this response was given by 63%, up from 47%, a figure unprecedented since collection of IDU data in WA commenced. Conversely, methamphetamines remained the second most common drug of choice but these had fallen to an unprecedented low of 15% (down from 35% in 2004). Heroin was reported as the drug most often injected in the month prior to interview by 37% of the IDU sample, down from 42% the previous year. Despite this, for the first time since 2000, a larger proportion of the sample identified heroin, rather than amphetamines, as the drug most often injected in the past month, with the latter falling from 44% in 2004 to 32% in 2005. Opiates other than heroin were reported as the most injected substance by 27%, up from 10% the previous year. Similar patterns were observed with the most recently injected drug, with 38% stating heroin, 32% methamphetamine and 24% opiates other than heroin. Polydrug use was typical amongst the sample with a mean of eight different drug classes used in the last six months and no IDU reporting less than two classes of drug used in that time.

Table 1: Summary of major drug trends in WA, 2005

	Heroin	Methamphetamine	Cocaine	Cannabis
Price	According to user reports, the price of heroin rose from $500 in 2004 to $550 per gram in 2005. Price stable over the previous 6 months.	According to user reports powder increased in price from $260 to $300 per gram. Paste increased in price from $250 to $300 per gram. Crystal prices from $350 to $400 but this was not statistically significant.	$475 per gram (based on one purchase only), $200 per half weight (based on three purchases only). Conflicting data as to changes in cocaine price.	Evidence that price of hydro ounce may have increased from $250 to $287 on average. Evidence that price of bush ounce may have increased from $200 to $224 on average. Price of both hydro and bush stable.
Availability	"Very easy" to "easy" to obtain. Availability stable.	All forms remain "easy" or "very easy" to obtain. Powder and paste both more available than in 2004. Crystal harder to obtain than in 2004.	Reportedly "easy" but based on very small numbers. Conflicting data on if availability has changed recently.	Hydro reportedly "very easy" to obtain. Bush reportedly "easy" to "very easy" to obtain. Availability of both hydro and bush stable.
Purity/ Potency	Purity by user reported to be "medium" Purity increasing.	Overall perception that purity of all forms has declined. User reports describe powder and paste as "medium". User reports describe crystal as "high". Recent purity of paste and crystal stable, little consensus among users about powder.	User reports suggest purity "high". Suggestions from user reports that purity may have increased but based on very small numbers. Conflicting user data on recent changes to purity.	User reports typically report hydro potency to be "high". User reports typically report bush potency to be "medium". Potency levels of both hydro and bush stable.
Use	Stable rates of use. No significant increase in number of daily users.	Use of powder stable. Use of paste rising. Use of crystal falling. Smoking of crystal falling.	Numbers using stable. Evidence of decreased days of use. No reports of daily use. Powder cocaine remains the dominant type.	Numbers of recent users of cannabis has fallen. Days of recent use stable. Hydro remains most common type. Hash and hash oil remain relatively uncommon.

Heroin

Heroin remained the most commonly cited drug of choice amongst the WA sample with 63% of IDU mentioning it this context, up from 47% in 2004. Despite this, numbers of recent users had remained unchanged from 2004 with 69% of the IDU interviewed having consumed heroin in the past six months. One contributing factor in this may be the increase in the price of heroin, with a gram now costing $550 ($500 in 2004), thereby making the cost of heroin in Western Australia more expensive than any other Australian jurisdiction. The availability of heroin remained unchanged with 81% of those responding reporting obtaining the drug as being either "very easy" or "easy". Some 45% of heroin users interviewed in 2005 said that heroin in Western Australia was of "medium" purity, up from 38% in the previous year. The mean number of days of use was 81 with 16% IDU reporting use on a daily basis, which was not a significant increase on 2004 findings (69 days and 11% using daily).

Use of homebake heroin remained relatively unchanged with 34 IDU reporting its recent use compared with 37 the previous year. Mean days of use also did not significantly differ, with an average of 30 days compared with 44 in 2004.

Methamphetamine

For the first time since 2000, methamphetamines were not the drug most commonly reported as most injected in the month prior to interview, having been narrowly overtaken by heroin. They remained the second most commonly nominated drug of choice, despite having declined from 35% of the 2004 IDU sample citing them in this role to just 15% of the 2005 sample. There had also been a significant drop in the number of IDU reporting recent use of any form of amphetamines from 85% in 2004 to 77%. Much of this drop was attributable to lower numbers (68%, down from 83% in 2004) reporting recent use of crystal methamphetamine. Recent use of the paste form had actually risen from 40% to 54% while rates of use of powder methamphetamine remained unchanged at 61%. This decline in the use of crystal was also reflected in a significant fall in numbers of IDU reporting recent smoking of crystal methamphetamine from 42 in 2004 to just 19 in 2005.

There was evidence that prices of both the powder and base forms had increased significantly, with user estimates of the cost of a gram of either form in 2005 being $300, up from $260 and $250 respectively in 2004. The estimated price of a gram of crystal methamphetamine in 2005 was $400, as opposed to the 2004 price of $350; however, this change was not statistically significant.

There was evidence of a decline in purity regardless of methamphetamine form. Thus: 20% of those responding in 2005 rated the purity of powder as "high" as opposed to 33% in 2004; 32% rated paste purity as "high" compared with 44% the previous year; and 51% described the purity of crystal as "high", down from 65% in 2004.

The availability of both powder and paste appeared to have increased, with 100% of those responding describing powder as "easy" or "very easy" to obtain and 82% saying this of paste. Crystal, however, had become significantly harder to get with just 67% rating its availability as "easy" or "very easy", down from 94% the previous year.

Days of recent use for any form of amphetamine ranged from one to 180, with a mean of 58 days, representing a significant decline from the 83 days in 2004. There were seven IDU reporting daily use of amphetamines compared with 13 in the 2004 sample.

Cocaine

Recent use of cocaine remained relatively uncommon amongst the WA IDU sample with just 19 respondents reporting having used the drug within the last six months. The very small number of purchases maKE it difficult to provide accurate information on the price of cocaine, although available data suggest a price range of $100-$250 for a halfweight and $475 for a gram. Similarly, the small number of reports concerning purity and availability of the drug necessitate that these data be treated with caution. With regards to purity, three of the five IDU responding believed this to be "high" and four of the five commenting on availability described this as being "easy". There were no individuals who had used cocaine for more than 15 days out of the last six months and the median days of use was just three, indicating that regular use of cocaine amongst WA IDU continues to be extremely uncommon.

Cannabis

Despite a significant decline in numbers reporting its use the previous year (from 84% to 76%), cannabis recent use remained extremely common amongst the WA IDU sample. Among recent users, 96% had used hydroponically grown cannabis and 92% had used 'bush', yet 76% said that hydroponic was the form that they had used most. There was evidence that the price of cannabis had significantly increased from the previous year, with purchase data suggesting that an ounce of hydroponic cannabis cost an average of $287 and an ounce of bush cost $224, up from $250 and $200 respectively.

Most users continued to experience little difficulty in accessing cannabis, with the hydroponic variety described as "easy" or "very easy" to obtain by 84% of those responding and bush by 67%. A clear majority (69%) of those who commented viewed the potency of hydroponic cannabis as being "high" while bush was mainly described as being of "medium" strength.

Average number of days of use remained high at 112 days in the last six months. There were 31 IDU who reported using cannabis on a daily basis, representing 41% of all respondents who had recently consumed the drug.

Use of illicit pharmaceuticals

Use of illicit opioids other than heroin has substantially increased in recent years. Of the 2005 IDU sample 78% reported the recent consumption of opiates other than heroin, compared with 82% in 2004. In 2005 this class of drugs was most commonly injected in the month prior to interview by 27% of the IDU sample. Further, amongst IDU whose drug of choice was heroin, other opioids were the drug most injected by 21%. Some 61% of the entire IDU sample reported the recent injection of some form of opioids other than heroin.

Pharmaceutical stimulants had recently been used by 47% of the sample, a figure not dissimilar to the 43% in the previous year. There were no IDU in the 2005 sample who had a valid prescription for these drugs. Mean days of use was 15, which was a significant decline from the mean of 38 in 2004, although this is likely a reflection of the absence of any respondents with a valid script in the 2005 sample.

Illicit methadone

The recent use of illicit methadone syrup was reported by 24% of the IDU sample up from 16% the previous year. Injection of illicit methadone syrup was reported by 16 IDU. Mean days of use was 15 which was not significantly greater than the average of seven in 2004. Recent use of illicit Physeptone® was reported by eight IDU, as was the case in the previous year's sample. Seven of

these IDU reported having recently injected this preparation. Mean days of Physeptone use was 13 which was not a significant deviation from the 2004 mean of 11. The cost of illicit methadone (any form) had remained stable at one dollar per ml/mg. Access to the drug was mostly described as "very easy", mainly being obtained through friends.

Illicit buprenorphine

Recent use of illicit buprenorphine was reported by 34% of the IDU sample which was a significant increase on the 23% in the previous year. The proportion having injected the drug in the previous six months also rose significantly from 21% in 2004 to 31% in 2005. The mean number of days of use in the last six months was 34 which did not represent a significant shift from the 2004 mean of 44 days.

Morphine

Morphine remained the most common opioid used other than heroin, with recent (last six months) use reported by 52% of the IDU sample compared with 46% in 2004. Recent injection was reported by 48% compared with 43% the previous year. Days of recent use had risen significantly with a mean of 63, up from 34 days. Similarly, days of injection had increased significantly with a mean of 64, up from 34 days. A 100mg tablet of morphine was generally held to cost $50, a price unchanged from the previous year. Availability of morphine continued to be regarded as "easy" with most being obtained from friends. The most commonly consumed brand of morphine remained MS Contin®.

Other opioids

Use of illicit oxycodone was reported in the six months preceding the interview by 39% of the IDU sample and its injection by 35%. Mean days of use was 14. Other types of opioids were recently used by 14%. Although this appears to be substantially less than the 31% in 2004, this apparent decrease is almost certainly an artefact of the decision in 2005 to ask about oxycodone separately in the IDRS.

Benzodiazepines

Numbers of IDU reporting recent use of benzodiazepines had changed little, with 73% of IDU reporting having consumed this class of drugs within the last six months compared with 71% in 2004. Similarly, the 82 mean days of use in the last six months was not a significant increase on the 68 reported the previous year. Rates of injection did appear to have fallen, however, with 7% of IDU reporting the recent injection of benzodiazepines in 2005 as opposed to 12% in 2004, and mean days of injection falling significantly from 33 to just three in 2005. As in 2004, the majority of these benzodiazepines were sourced from licit doctors' prescriptions. Diazepam was once again found to be the most common type of benzodiazepine used by a very substantial margin (n=62) followed by oxazepam (n=11) and temazepam (n=5).

Associated harms

In 2005, incident cases of hepatitis C continued to remain more common than those of hepatitis B. With 27 incident cases of hepatitis B, this rate remained relatively unchanged from the 29 cases the previous year. Hepatitis C saw 101 cases, down from 121, but this was still a substantially higher figure than rates prior to 2003.

Although the use of needles after another person had not changed significantly, with nine percent having done so in the last month compared with 13% the previous year, significant drops were

noted in the lending of needles (14%, down from 23%) and of sharing other injecting equipment (29%, down from 41%).

The most common recently experienced injection-related difficulties continued to be scarring/bruising (49%) followed by difficulty injecting (36%). Next most common was a 'dirty hit' reported by 22% with methamphetamine being the most commonly implicated substance. Other harms were relatively uncommon. The mean number of harms experienced had decreased from two to one.

Driving a motor vehicle within one hour of consuming illicit drugs (at least once) in the last six months was reported by 70% of the IDU sample. As these data have not previously been collected, it is not possible to draw comparisons with previous years.

Verbal aggression whilst intoxicated was reported by 30% of IDU and physical aggression by 14%. Verbal aggression whilst in withdrawal was rather more common, reported by 43% and physical aggression by 10%. The substances most commonly implicated in aggression whilst intoxicated were alcohol and crystal methamphetamine, whilst heroin was most commonly implicated in aggression during withdrawal.

There were 29% of the IDU sample who had been arrested during the last 12 months, which was not a significant change from the 34% arrested in the 2004 sample. Offences related to use and possession of drugs remained the most common reason for arrest. Involvement in criminal activity in the month preceding interview was admitted to by 37% of the sample, which was significantly less than the 62% the previous year. Dealing drugs remained the most common form of criminal activity by a substantial margin.

Implications

That there has been an apparent decline in users' perceptions of the availability and quality of methamphetamine may be cautiously interpreted in part as a reflection of the success of recent police strategies to reduce the availability of precursor chemicals.

There are indications that opiate users have become less inclined to call for ambulance services as a first response to overdose situations. This may indicate a need for harm reduction/safer using messages to be specifically targeted at this group of users.

Recent increases in the use of pharmaceutical opioids needs to be viewed with some concern. Firstly, these preparations are not intended to be injected and their increased use by IDU is likely to be accompanied by an increase in injection-related problems (abscesses, vein damage etc.). Secondly, experience of similar drug trends involving these substances in Maine, USA provides considerable evidence that the widespread use of drugs such as Oxycontin® may form a precursor to a surge in heroin use.

The significant decline in recent use of cannabis amongst IDU in the IDRS sample and also amongst the general WA population in the National Drug Strategy Household Survey suggests that recent legislative changes to the criminal status of cannabis has not resulted in an upswing in the drug's use.

1.0 INTRODUCTION

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

The IDRS is funded by the Australian Government Department of Health and Ageing (AGDHA) and the National Drug Law Enforcement Research Fund (NDLERF). From 2000–2005, NDLERF has provided funding to complement the core funding from AGDHA and enables the IDU survey component to be conducted in WA, TAS, the ACT, QLD and the NT. This ensures that comparable data are collected in every jurisdiction in Australia.

This report presents the findings of the seventh year of data collection in WA. Results are summarised according to the four main drug types, with the use of 'other drugs' also reported. This report also continues the initiative commenced in 2003 when for the first time the IDRS has attempted to collect more detailed information on the illicit markets for methadone and morphine. A summary report of the findings of the 2005 Australian Drug Trends will be published (Stafford et al., in prep) and will provide an abbreviated national overview of illicit drug scenes and recent trends. The results of the individual states and territories will also be published as separate Drug Trends Reports, of which this is one, available as NDARC Monographs. Once again, in 2005 the Party Drugs Initiative (PDI) included the jurisdiction of Western Australia, and the results of this study dealing more extensively with users of ecstasy and related drugs (ERDU) can be located in George & Lenton (2006).

1.1 Study aims

The specific aims of the WA component of the 2005 IDRS were to:

- examine trends in illicit drug use in Perth for 2005;
- identify any emerging illicit drug trends in Perth that warrant further investigation;
- monitor the extent to which the relative dominance of heroin and methamphetamine may be interchangeable in an environment characterised by continuing lowered supply of heroin; and
- determine the extent to which substitute drugs such as homebake heroin and pharmaceutical preparations such as morphine and buprenorphine have filled the role of heroin during this shortage.

2.0 METHOD

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

Data collected as part of this year's study were compared with the findings from 2004 (Fetherston & Lenton, 2005), 2003 (Fetherston & Lenton, 2004), 2002 (Fetherston & Lenton, 2003), 2001 (Hargreaves & Lenton, 2002), 2000 (Hargreaves & Lenton, 2001) and 1999 (Hargreaves & Lenton, 2000) to determine what changes have occurred in WA over this period. Comparisons with 1999 WA data are somewhat limited as only the key expert survey and analysis of existing indicator data were conducted in that year. Direct comparisons have been made with the 2004 data where possible.

2.1 Survey of injecting drug users (IDU)

A survey of 100 IDU was conducted between early June and mid-August 2005. Subjects were recruited through advertisements in the street press and through flyers distributed through needle and syringe programs (NSPs) and methadone dispensing pharmacies throughout the Perth metropolitan region. Snowballing techniques were also utilised. Potential participants were screened upon contact with researchers to ensure they fulfilled the entry criteria, namely having injected at least monthly in the six months prior to interview and residing in the Perth area for not less than 12 months prior to interview. Ethics approval was granted from the Curtin University Human Research Ethics Committee (HR5/99), which permitted interviews to be conducted with participants aged 16 years or over. With a view to facilitating recruitment, it was decided in conversation with the national project coordinator to again follow the practice adopted in 2004 of suspending the quota of a 30% maximum of respondents in treatment for their drug use that had been employed in previous years. This sampling strategy has produced a demographic that is highly comparable with IDU interviewed in 2004. Interviews were conducted at a centrally located cafe convenient to the participating IDU.

The interview administered consisted of a standardised structured questionnaire, which was a slightly modified version of the questionnaire used nationally in 2004. Included in this questionnaire were sections on demographics, drug use, price, purity and availability of the four main illicit drug types, pharmaceutical drugs of interest, crime, risk-taking, health and general drug trends. Modifications included minor changes to the section dealing with acts of aggression and the substances implicated with them, and the inclusion of a new section dealing with driving of motor vehicles whilst under the influence of illicit drugs. Interviews took approximately 30 minutes to conduct and participants were reimbursed $30 for out of pocket expenses associated with attending the interview.

The characteristics of the IDU sample are presented in Section 3 below.

2.2 Survey of key experts (KE)

There were 23 key expert interviews conducted throughout September and October 2005. Eligibility for participation in the study was at least weekly contact with illicit drug users in the six months prior to interview and/or contact with 10 or more illicit drug users in that time. For consistency of data, where possible, key experts who were interviewed as part of previous IDRS surveys were interviewed again in 2005. Where former key experts were unavailable or no longer employed in the field, respondents were sought who held a similar position to those previously interviewed and fulfilled the selection criteria. Additional key experts were provided through snowballing techniques and/or through referral by advisory group members.

All key expert interviews were conducted over the telephone, and, where requested, written information about the IDRS was sent by fax or email prior to participation in the survey. Interviews took approximately 30 minutes to administer, with key experts asked to answer questions about drug use patterns, drug availability, criminal behaviour, health and other issues affecting the illicit drug users with whom they had contact. Responses were noted during the interview and reviewed as soon as practicable after its completion.

The key expert group consisted of 11 male and 12 female respondents. Of these, nine identified themselves as drug treatment workers, five as having medical or nursing backgrounds, two youth workers, two workers with needle and syringe exchange programs, two police officers, an outreach worker, a researcher and a counsellor.

Key experts were asked to identify the main illicit drug used by the drug users they had been in contact with during the last six months. As in the previous years, the drug most commonly identified was amphetamine. The numbers of key experts able to comment on various drug types was 11 commenting on primary amphetamine users and eight commenting on primary cannabis users. There were also two key experts who spoke about other opiates generically. With regards to the two key experts from law enforcement backgrounds, one discussed manufacturers and traffickers of amphetamines whilst the other provided information primarily about the manufacture and trafficking of ecstasy.

There were six key experts who indicated that they did not deal specifically with any special populations; however, the remaining 17 identified a number of such populations, many of them dealing with several such groups. As in the last two years, the most common of these populations was young people, mentioned by seven key experts. Other commonly mentioned client groups were prisoners, ex-offenders or their partners by six key experts, five who indicated that they dealt with persons of A&TSI descent, three who mentioned female clients, three who dealt specifically with injecting drug users and two whose client base included significant numbers of people experiencing issues surrounding their mental health. Individual key experts also mentioned street-present persons, HIV+ persons, older people, and organised crime involved in manufacture and trafficking of methamphetamine.

2.3 Other indicators

Secondary data sources were examined to complement and validate the data collected from both the IDU and key expert surveys. Data were utilised when they could provide indicators of illicit drug use and related harms, and included law enforcement data, national survey data and health data.

The selection criteria to determine what sort of indicator data should be included in the IDRS were developed in the pilot study (Hando et al., 1997). Where possible, information is provided in financial year format to cover the same time period as that covered by the study. Note, however, that because of time lags in collecting and analysing data at the source agencies some, indicator data from the 2004 calendar year are reported. It was recommended that sources providing indicator data should meet at least four of the following criteria:

- be available at least annually;
- include 50 or more cases;
- provide brief details of illicit drug use;
- be collected in the main study site (i.e. in the city or state of the study);
- include details on the four main illicit drugs under investigation.

There are a number of data sources identified that meet these criteria and have been incorporated into the 2005 Illicit Drug reporting System. These include:

- telephone advisory service data from the Alcohol and Drug Information Service (ADIS);
- overdose-related calls attended by the WA Ambulance Service provided by the WA Pre-hospital Care Research Unit (WAPCRU);
- drug data on needle and syringe distribution, provided by the Sexual health Branch (HDWA);
- Blood-borne viral injection (BBVI) rates from the Australian NSP survey, prepared by the National Centre in HIV Epidemiology and Clinical Research;
- drug-related offences data for WA 2003 from the Australian Bureau of Criminal Intelligence (ABCI).

2.4 Data analysis

Qualitative data collected as part of the key expert survey were analysed using the word processing and table facilities of Microsoft Word (Windows® 2000 Professional). Quantitative data from the IDU and key expert survey were analysed using SPSS 12.0.1 for Windows®. For all quantitative analysis, alpha was set at .05. Unlike previous years, "don't know" type responses were not excluded, to ensure consistency of data with that presented in the national report. That said, however, the "don't know" responses have been excluded for the purposes of conducting chi square analysis due to their commonly small cell sizes. Where analysis of drug types by form (e.g. brand of morphine most used) was involved, only those respondents who had used the drug within the last six months were included.

3.0 RESULTS

3.1 Overview of the IDU sample

Overall, the 2005 IDU sample was remarkably similar to that of the previous year, with the mean age of IDU interviewed one of the few aspects to differ significantly (t=2.286, df=99, p=.024). This apparent increase in age of injecting drug users, however, is neither new, nor unique to Western Australia. The *Australian Drug Trends 2004* report (Stafford, J. et al., 2005) documents this increase as having been a trend at the national level since at least 2000 when the average age of IDU in the sample was 29, rising to 33 in 2004. The existence of the trend towards increasing mean age of IDU has also been substantiated in external data sources, the 2004 National Drug Strategy Household Survey (AIHW 2005) also reporting this same change in ratio of younger to older IDU since the previous survey in 2001.

The only other significant difference identified in the demographic data pertained to types of accommodation, with a substantial increase in the number of IDU reporting that their main place of residence was their own house or flat (including rentals) which rose from 71% in 2004 to 84% in 2005 (χ^2=8.208, df=1, p=.004). Boarding houses remained the second most common option with 12 IDU in this type of living arrangement, a figure not dissimilar to the 14% in 2004. The remaining four IDU were living with their parents or relatives. There were no IDU in the 2005 sample who indicated that they had no fixed abode, were homeless or squatting. As in previous years, having a language other than English as the main language spoken at home was extremely uncommon, with just one respondent indicating that their main language (Czechoslovakian) was something other than English. The number of IDU identifying as being of Aboriginal or Torres Strait Islander descent remained unchanged from 2004 with six percent of the IDU identifying with these groups.

As in previous years, 66% of the sample was male and 66% were not in any form of employment. Of those who were employed, the most common situation was to be engaged in part-time or casual work (18%), with another 10% employed on a full-time basis. IDU who indicated that they also obtained some income from sex work remained uncommon at just four percent. Although this figure is only half the number reporting sex work in 2004, the small numbers here do not make this difference one of statistical significance (χ^2=2.174, df=1, p=.140).

As this was the first year the IDRS sought to examine the sexual orientation of IDU in the sample, there is no 2004 figure to compare this year's findings with. However, as the 12% of IDU who described their sexual orientation as being other than heterosexual does not differ significantly from the 10% cited by MacEwan & Kinder (1991) as being typical of Western societies (χ^2=.444, df=1, p=.505), this figure is probably unremarkable.

The average length of schooling amongst the sample was 11 years and 42% of them had not gone on to acquire any additional qualifications since leaving school. Some 33% of the sample had a history of having been incarcerated in prison. None of these figures differs significantly from the findings of the previous year.

One half (50%) of the IDU sample was in treatment for their drug use, which did not differ significantly from the 51% in the 2004 sample (χ^2=.686, df=1, p=.407). Whilst treatment figures for both these years represent a substantial increment on figures from 2003 and earlier, it is important to note that this is unlikely to be a reflection of an increased number of IDU entering treatment, but rather an artefact of the removal in 2004 and 2005 of the restrictions on number

of IDU recruited to the IDRS sample who were permitted to be in treatment. Time spent in treatment ranged from one month to ten years with a mean of 27 months, which was not a significant difference from the 2004 mean time in treatment of 31 months (t=-.813, df=47, p=.420). As in previous years, pharmacotherapies remained the most common treatment option although the heavy reliance placed on methadone prescribing pharmacies in recruitment of subjects is likely to have influenced this result. For the first time, methadone – with 40% (n=20) of those in treatment receiving it – was not the most common treatment, as 42% (n=21) of those in treatment were on buprenorphine. The remainder of IDU in treatment were made up of 10% (n=5) receiving naltrexone, six percent (n=3) engaged in counselling, and, interestingly, one individual who claimed to have been prescribed Kapanol® (i.e. morphine) by his GP as a heroin substitute. There were also an additional eight IDU who had been in various forms of treatment in the previous six months but had since discontinued this treatment. In addition to the more common pharmacotherapies, other treatments various IDU had been engaged in during the six months proceeding the interview included five cases of detoxification, two stays in therapeutic communities and two IDU who had been involved with Narcotics Anonymous groups. A summary of the sample's demographic data are presented in Table 2 below.

Table 2: Demographic characteristics of the IDU sample, 2004-2005

Characteristic	2004 N=100	2005 N=100
Age (years, range)	33	35
Sex (% male)	67%	66%
*Employment (%):		
Not employed	61%	66%
Full-time	15%	10%
Part-time/casual	19%	18%
Home Duties	3%	4%
Student	1%	2%
Sex work	8%	4%
A&TSI (%)	6%	6%
Heterosexual (%)	No data available	88%
School education (years, range)	10	11
Tertiary education (%):		
None	44%	42%
Trade/technical	40%	42%
University/college	16%	16%
Currently in drug treatment (%)	51%	50%
Prison history (%)	37%	33%

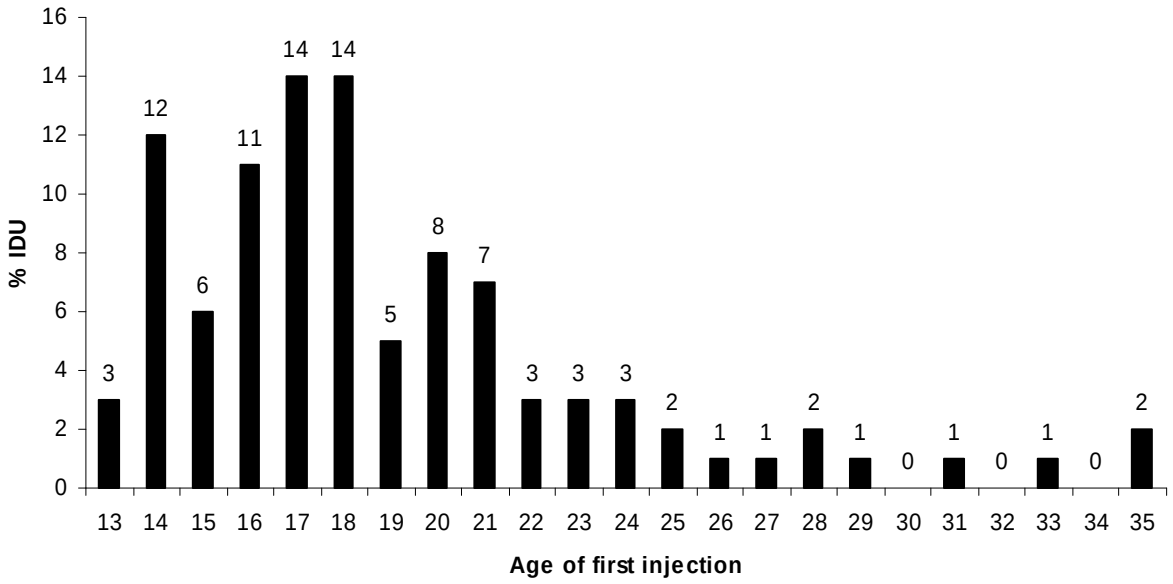
Source: IDRS IDU Interviews

* Total of percentages for employment may exceed 100% due to IDU involved in sex work falling into more than one employment category

3.2 Drug use history and current drug use

The age at which IDU reported initiating injecting drugs ranged from 13 to 35 with a mean of 19 years, a figure unchanged since 2003. The age of first injection distribution is shown in Figure 1. It becomes apparent that more than half of the sample commenced injecting during their late teenage years or early twenties, the interquartile range falling between 16 and 21 years. The distribution, however, is somewhat skewed and it is evident that there are a small number of individuals in the sample who commenced injecting at a relatively mature age.

Figure 1: Age of initiation to injection of WA IDU, 2005

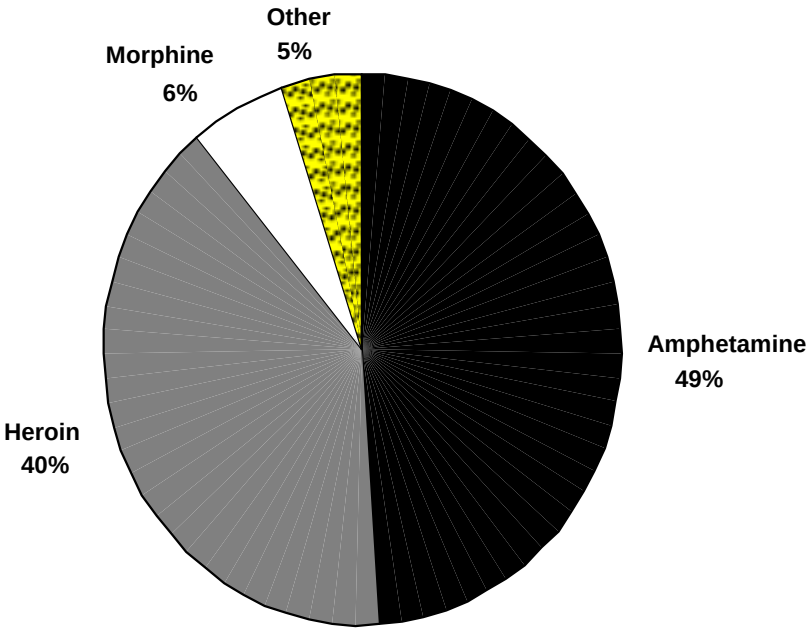


Source: IDRS IDU Interviews

The length of injecting career ranged from one year up to 38 years. While this spread is somewhat greater than that found in 2004, the resulting mean of 16 years was not significantly different from the 2004 average length of injecting of 15 years ($t=1.298$, $df=99$, $p=.197$).

With regards to the drug first injected, amphetamines continued to be predominant with 49% of the IDU sample reporting them in this context. Heroin was again second with 40% of the sample having initiated injecting with this drug; however, it was observed that the gap between amphetamine and heroin as drug first injected appeared to have narrowed, albeit not significantly from the 57% who reported amphetamine and the 34% who had reported heroin as the drugs first injected in 2004 ($\chi^2=2.186$, $df=1$, $p=.139$). In addition to this, there were six percent whose first drug injected had been morphine, two IDU who had commenced injecting with hallucinogens, and three individual IDU who, respectively, had first injected buprenorphine, other opiates or heroin mixed with amphetamine. These data are displayed in Figure 2.

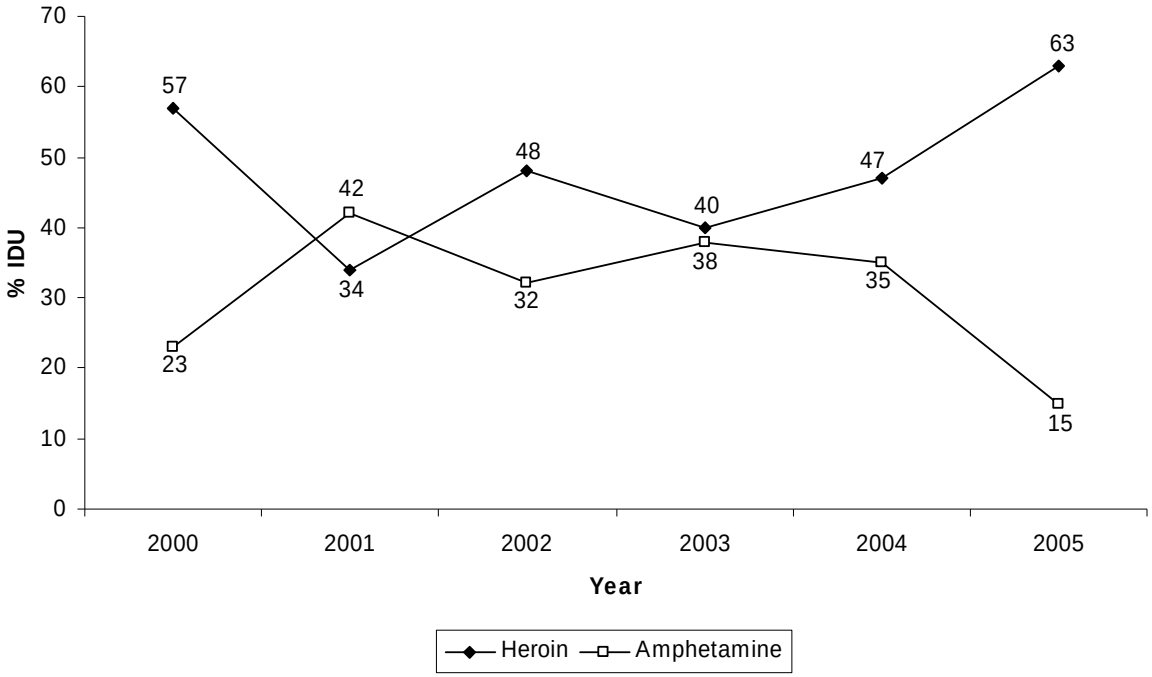
Figure 2: Drug first injected, 2005



Source: IDRS IDU Interviews

With regards to respondents' drug of choice, heroin has historically been the most commonly nominated substance in the WA IDU sample with the exception of 2001 during the peak of the "heroin drought". The past two years, however, have seen heroin being increasingly mentioned as the drug of choice while there has been a downturn in IDU nominating methamphetamine as their drug of choice. Although methamphetamine still remains the second most commonly nominated drug of choice in 2005, this trend increased significantly with heroin rising from 47% in 2004 up to 63% in 2005, while methamphetamine fell from 35% in 2004 to just 15% (χ^2=17.536, df=1, p=.000). This shift is displayed in Figure 3.

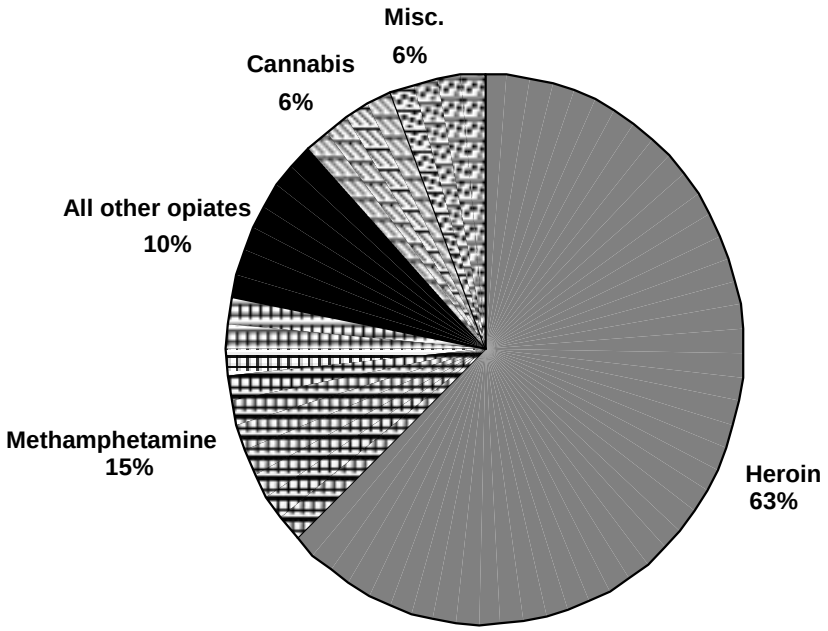
Figure 3: Heroin vs. methamphetamine as IDU drug of choice, 2000-2005



Source: IDRS IDU Interviews

A number of IDU nominated drugs other than heroin or amphetamine as their drug of choice in 2005. The most common of these were morphine and cannabis, both nominated by six percent of the sample. Buprenorphine was nominated as drug of choice by three IDU, ecstasy and LSD were each nominated by two, and individual IDU mentioned cocaine, Oxycontin and dexamphetamine. With specific regards to the 15% of IDU who indicated that methamphetamine was their drug of choice, two-thirds of these (n=10) expressed a preference for the crystalline form of the drug while much smaller numbers preferred either powder (n=4) or paste (n=1). It is worth noting that neither buprenorphine or Oxycontin had been mentioned in this context by IDU before. Also it is worth considering that if we categorise opiates other than heroin as one umbrella group, then this class of drugs in 2005 represented the drugs of choice for 10% of the sample, a figure substantially larger than the three percent seen in 2004 and exceeding the previous largest figure of nine percent in 2002. These data are displayed in Figure 4

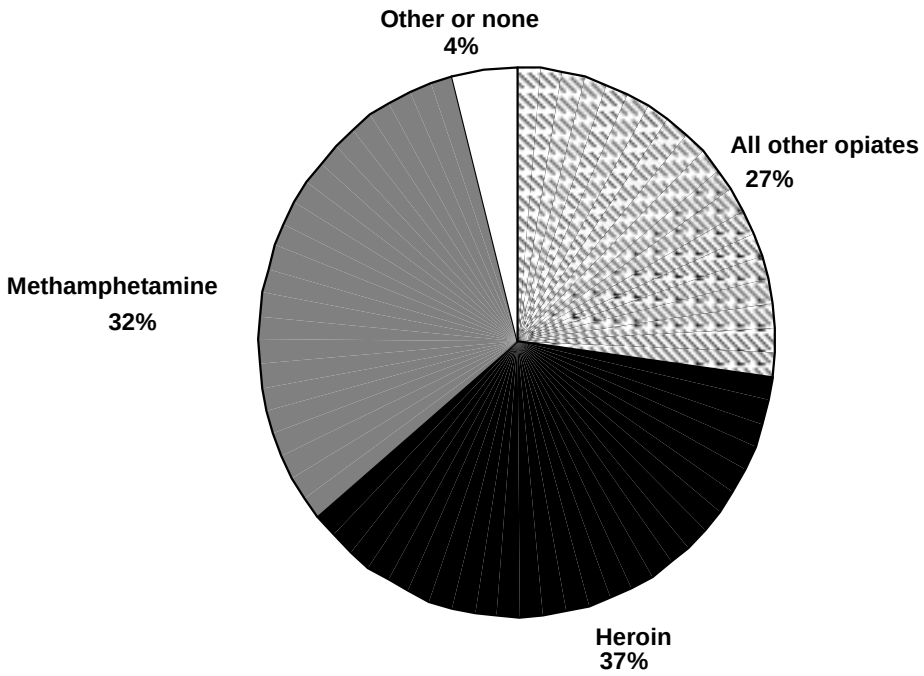
Figure 4: Drug of choice nominated by IDU, 2005



Source: IDRS IDU Interviews

Despite the evident rise in the popularity of heroin amongst the IDU sample, the proportion indicating that it had been the drug most injected in the month prior to interview (37%) was actually slightly less, albeit not significantly, than the 42% in 2004 (χ^2=1.026, df=1, p=.331). Interestingly, methamphetamines had also declined as the drugs most injected by a significant margin from 44% of IDU nominating them in this role in 2004 to 32% in 2005 (χ^2=5.844, df=1, p=.016). This drop also meant that, for the first time since 2000, methamphetamines were not the most injected class of drug. Of these methamphetamine injectors, more than half (56%, n=18) had mostly injected crystal methamphetamine while smaller numbers had injected powder (28%, n=9) or paste (16%, n=5). The next most common substances were morphine, injected by 12%, and buprenorphine, most commonly injected by eight percent. Less commonly mentioned substances nominated as the most injected in the previous month were methadone (4%), dexamphetamine (3%), homebake heroin (2%) and one individual who nominated oxycodone. There was also one respondent who indicated that they had not injected at all in the previous month. If we again consider all opiates other than heroin as an umbrella group, then this drug class accounted for 27% of the sample's most commonly injected drug. These data are shown in Figure 5.

Figure 5: Drugs most commonly injected in month prior to interview, 2005

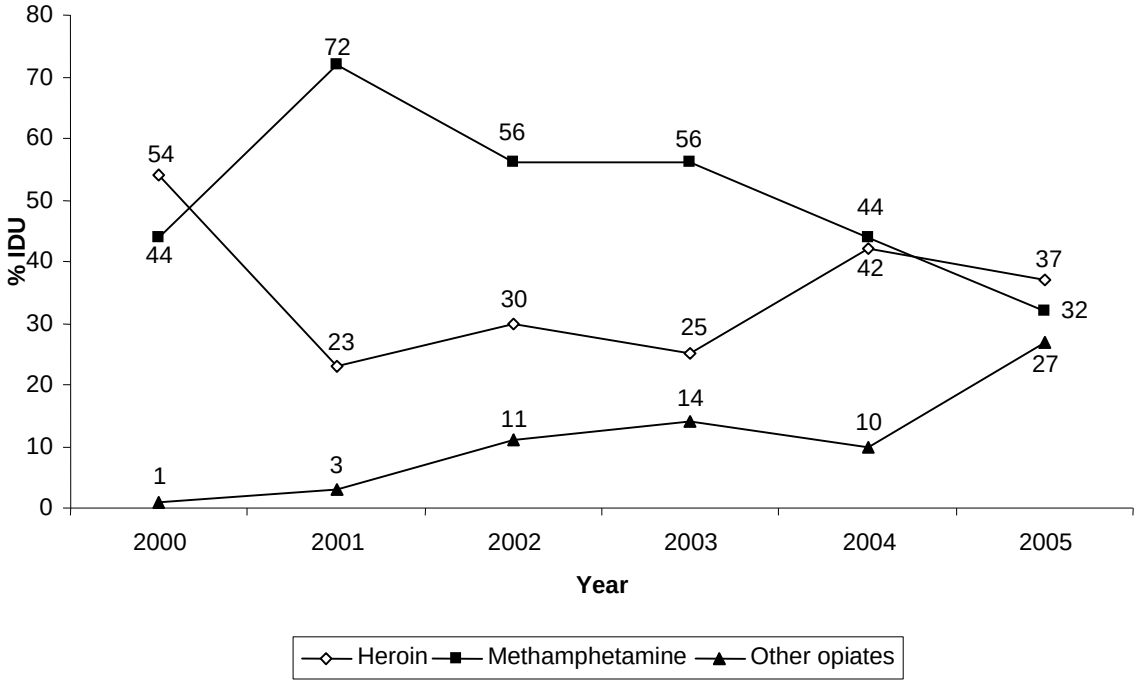


Source: IDRS IDU Interviews

There were 37 IDU who, despite their drug of choice being injectable, had used other drugs more often in the past month. The most common reason for this, given by 38% (n=14), was connected to issues surrounding availability, followed by price issues (22%, n=8) or being in drug treatment (22%, n=8). Less common reasons were associated with purity (8%, n=3) or health reasons (5%, n=2). There were also two IDU who were unable to nominate any one reason as the explanation for why their drug of choice did not correspond with the drug they had most frequently injected.

In looking at changes to these opiates other than heroin that have occurred over the years, some degree of caution is necessitated due to modifications in the ways questions about these drugs have been asked. Nevertheless, it is apparent that their role as drugs most commonly injected has been increasing, with just one individual nominating them in this role in 2000, to 10% in 2004, before making a significant increment to 27% in 2005. It is evident that while for most of the last six years the question of drugs most injected was a relatively dichotomous choice between heroin and methamphetamine, the use of opiates other than heroin has risen to such a degree that these drugs now represent a major third option. This change is displayed in Figure 6.

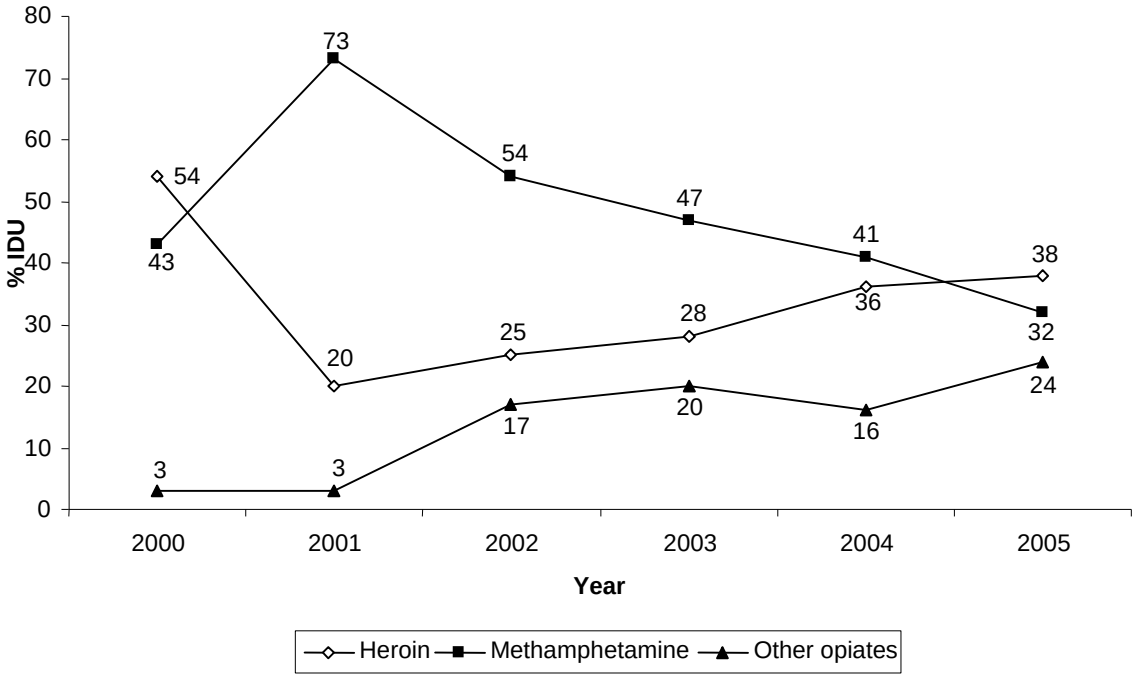
Figure 6: Drugs most injected by WA IDU, 2000-2005



Source: IDRS IDU Interviews

Similar patterns can be observed in looking at the drug last injected, where, again, in the last year we see methamphetamine overtaken by heroin as the predominant drug and other opiates collectively becoming more prominent. These data are shown in Figure 7. Specifically, drugs mentioned as having been the most recently injected were heroin by 38%, methamphetamines by 32%, morphine by 9%, buprenorphine by 8%, methadone by 6%, oxycodone by 3%, dexamphetamine by 2% and two individuals who reported having injected homebake heroin or mixed amphetamines. The proportions of IDU who had last injected heroin, amphetamines or other drugs was not found to be significantly different from 2004 (χ^2=4.217, df=2, p=.121).

Figure 7: Drug most recently injected, 2000-2005

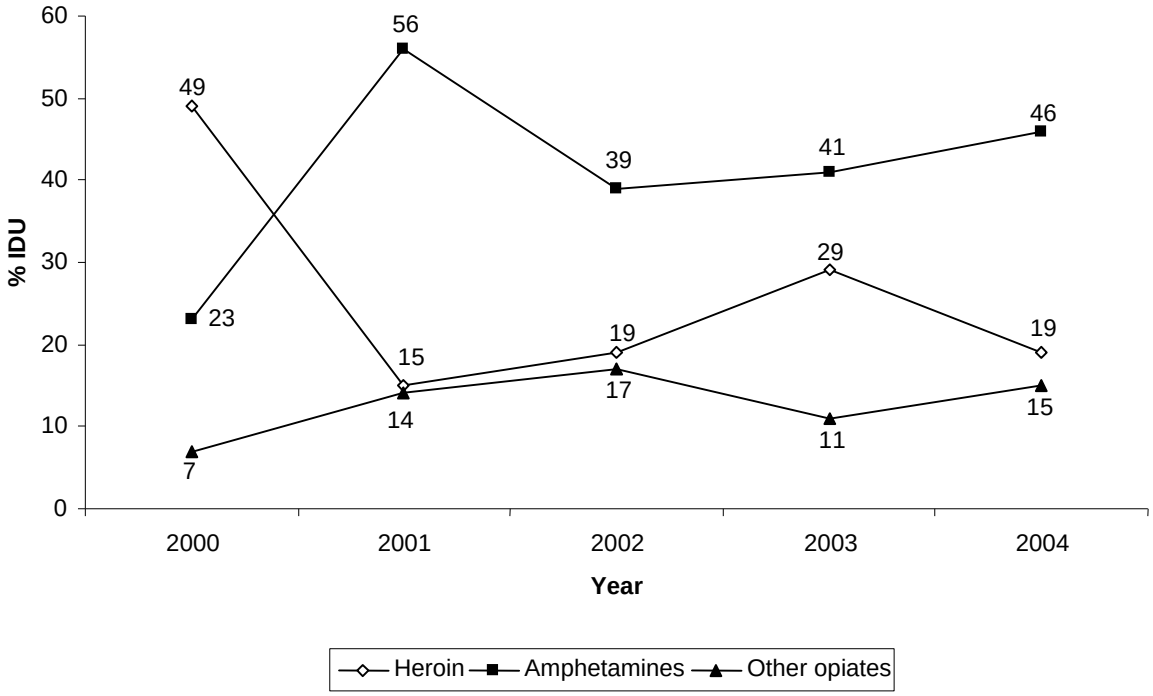


Source: IDRS IDU Interviews

Conversely, comparing these data with information on the last drug injected, collected from the annual NSP Survey for 2004, shows amphetamines to still lead by a large margin (although this presumably includes dexamphetamine) and, while the rise of other opiates collectively is still apparent, the figure for 2004 sits at a more modest 15%, thereby presenting a pattern not dissimilar to the IDRS data for 2004. These data are presented below in Figure 8.

Specifically, the drugs reported as last injected by the NSP sample (n=161) were 46% amphetamines, 19% heroin, 13% mixed substances and 11% morphine. Much smaller numbers reported a variety of other substances, primarily opiates.

Figure 8: Number of respondents attending an inner city needle and syringe program reporting heroin, amphetamines and other opiates as their last drug injected, WA 2000-2004



Source: NSP Survey

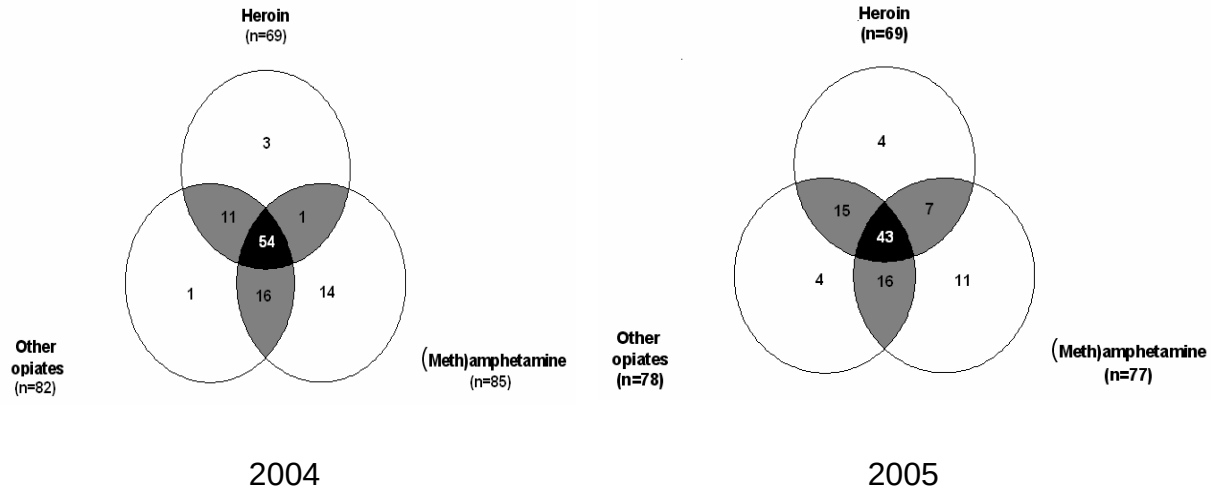
Rates of injection in the 2005 IDRS sample were fundamentally similar to those observed the previous year. Thus, 52% of the sample injected on a less than daily basis, 22% reported injecting once a day, 24% reported doing so two to three times daily and just two percent injected more than three times a day. Thus, 48% of the sample were injecting on at least a daily basis which was not significantly different from the 40% who reported doing so in 2004 (χ^2=2.667, df=1, p=.102).

With regards to polydrug use, there was little apparent change from patterns observed in the previous year. The number of drug classes ever tried ranged from 3 to 17 with a mean of 12, and the number used within the last six months from 2 to 15 with a mean of 8 different drug classes. The number of drug classes ever injected ranged from 1 to 13, with a mean of 7, and the number of types injected within the last six months ranged from 1 to 9, with a mean of 4. It was evident that, as in previous years, polydrug use was largely the norm amongst the sample, with the interquartile range falling between two and six types of drug classes with a modal number of three classes. It should be noted that, with a view to producing results comparable to the 2004 figures for polydrug use, data relating to oxycodone have been collapsed into the "other opiates" class for the purpose of these calculations.

An alternative way of considering polydrug use amongst the sample is by using only the three major classes of injectable drugs: heroin, (meth) amphetamines, and all other opiates, use of which covers all (n=100) of the IDU sample (although the use of cannabis, alcohol and tobacco were all extremely common amongst the sample, participation in the survey required injection as a criteria, therefore all users of these substances would by necessity be polydrug users). This process reveals users who have exclusively consumed only one class of drug in the six months preceding the survey to be relatively uncommon, with 81% having used at least two types of these drugs and almost half the sample (43%) having used all three drug classes. It is interesting

to consider that the number of IDU who have used both heroin and other opiates (n=15) is nearly four times the number who have used heroin or other opiates exclusively. The breakdown from this process is displayed in the Venn diagram in Figure 9 below and it is apparent that this pattern of normative polydrug use amongst the sample is not a new trend but rather appears to be relatively unchanged from the situation in 2004.

Figure 9: Polydrug use in the last six months by three main drug classes



Source: IDRS IDU Interviews

When the other most common class of drugs, benzodiazepines (n=73), is included in this analysis (diagram not shown due to its excessive complexity), we find that the number of IDU using heroin to the exclusion of all other drugs falls to just two, exclusive users of (meth) amphetamines to six and that exclusive users of other opiates or benzodiazepines do not exist at all in the WA IDU sample. Once again, the single largest category was IDU who have used all four of these classes of drugs (n=36). All drug use history has been summarised in Table 3 below.

Table 3: Injection history, drug preferences and polydrug use of IDU, 2004-2005

Variable	**2004 N=100**	**2005 N=100**
Age first injection (years, range)	19	19
First drug injected (%)		
Heroin	34%	40%
Amphetamine	57%	49%
Cocaine	0%	0%
Morphine	2%	6%
Drug of choice (%)		
Heroin	47%	63%
Cocaine	2%	1%
Methamphetamine (any form)	35%	15%
Speed	*2%*	*4%*
Base	*3%*	*1%*
Crystal methamphetamine (ice)	*30%*	*10%*
Morphine	2%	6%
Other opiates	1%	4%
Cannabis	9%	6%
Drug injected most often in last month (%)		
Heroin	42%	37%
Cocaine	1%	0%
Methamphetamine (any form)	44%	32%
Speed	*6%*	*9%*
Base	*2%*	*5%*
Crystal methamphetamine (ice)	*36%*	*18%*
Morphine	3%	12%
Other opiates	7%	15%
Other/Have not injected in last month	5%	1%
Most recent drug injected (%)		
Heroin	36%	38%
Cocaine	0%	0%
Methamphetamine (any form)	41%	32%
Speed	*5%*	*7%*
Base	*7%*	*3%*
Crystal (ice)	*29%*	*22%*
Morphine	6%	9%
Other opiates	12%	18%
Frequency of injecting in last month (%)		
Less than daily	60%	52%
Once a day	20%	22%
2–3 times a day	17%	24%
>3 times a day	3%	2%
Polydrug use		
Mean number of drug classes ever tried	13 (6-17)	12 (3-17)
Mean number of drug classes used in last 6 months	8 (3-13)	8 (2-15)
Mean number of drug classes ever injected	7(1-12)	7 (1-13)
Mean number of drug classes injected in last 6 months	3 (1-8)	4 (1-9)

Source: IDRS IDU Interviews

Table 4: Polydrug use history of the IDU sample, 2005

Drug Class	Ever used %	Ever injected %	Injected last 6 mths %	Mean days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths %	Used^ last 6 mths %	Mean days used^ in last 6 mths*
Heroin	91	90	67	84 (60)	41	3	24	0	20	4	69	81 (60)
Methadone (prescribed)	47	28	11	35 (24)					43	21	22	126 (150)
Methadone (not prescribed)	45	32	16	19 (8)					26	10	24	15 (5)
Physeptone (prescribed)	11	7	0	N/A	0	0	0	0	10	1	1	4 (4)
Physeptone (not prescribed)	34	29	7	14 (5)	0	0	0	0	18	4	8	13 (5)
Buprenorphine (prescribed)	42	31	16	88 (93)	0	0	1	1	40	25	25	148 (180)
Buprenorphine (not prescribed)	45	40	31	35 (9)	1	1	1	1	18	12	34	34 (10)
Morphine	77	75	48	64 (51)	5	2	3	0	30	12	52	63 (44)
Oxycodone (prescribed)	9	9	6	96 (90)	0	0	0	0	5	4	6	107 (120)
Oxycodone (not prescribed)	60	56	35	15 (10)	0	0	0	0	13	8	39	14 (10)
Homebake	69	69	33	31 (10)	2	0	2	0	3	1	34	30 (10)
Other opioids	41	23	2	3 (3)	11	2	4	2	22	12	14	8 (5)
Any opioids (exc. Heroin)	***94***	***89***	***61***		***17***	***4***	***8***	***2***	***73***	***50***	***78***	
Speed powder	82	82	61	26 (10)	20	12	47	9	41	6	61	27 (12)
Base/point/wax	70	70	53	23 (12)	7	4	9	4	10	2	54	14 (5)
Ice/shabu/crystal	86	85	65	30 (12)	39	19	14	4	13	4	68	29 (12)
Amphetamine liquid	21	21	8	2 (2)					2	0	8	2 (2)
Pharmaceutical stimulants	63	41	28	18 (6)	1	0	4	3	42	26	47	15 (6)
Any form meth/amphetamine	***91***	***90***	***75***	***55 (30)***	***46***	***24***	***52***	***14***	***59***	***30***	***77***	***57 (35)***
Cocaine	70	61	13	3 (2)	11	1	44	10	6	0	19	4 (3)
Hallucinogens	80	25	0	N/A	4	0	1	0	79	13	13	11 (3)
Ecstasy	76	46	17	5 (2)	5	1	12	4	69	28	31	9 (4)
Benzodiazepines	82	27	7	3 (3)	5	0	1	0	81	72	73	82 (70)
Alcohol	87	6	0	N/A					87	73	73	52 (24)
Cannabis	86										76	112 (139)
Anti-depressants	44	1	0	N/A					44	26	26	131 (180)
Inhalants	17										1	40 (40)
Tobacco	89										85	176 (180)

Source: IDRS IDU Interviews ^ Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting * Among those who had used/injected. Median days are in brackets.

4.0 HEROIN

4.1 Price

There were 57 IDU able to comment on the current price of a gram of heroin. This not only represents an increase on the 47 able to comment in 2004, but also an increase for the second year running. The mean estimate of the price of a gram was $527 with a median of $550, which was not found to be significantly higher than the 2004 mean of $509 (t=1.343, df=56, p=.185). With regards to actual prices paid at the most recent purchase by the 32 IDU who had bought a gram in the last six months, these ranged, for the most part, from $400 to $650, although one individual reported their most recent purchase of a gram as costing just $50. After excluding the $50 purchase from the analysis as an outlier, the most recent purchases carried a median of $550 and mean of $536 which was a significant increase on the 2004 mean of $461 (t=6.499., df=30, p=.000), thereby suggesting that the price of a gram of heroin may have returned to 2003 levels.

As in 2004, the most commonly purchased quantity of heroin was a quarter of a gram by 52 IDU for a median price of $150. Half weights were also a commonly purchased amount with 38 IDU purchasing for a median of $300. Less frequently purchased quantities were caps purchased by 14 IDU for a median price of $50, and eighth of a gram purchased by five for a median price of $80. These data are presented in Table 5 and the history of the price of a gram of heroin in WA in Figure 10 below.

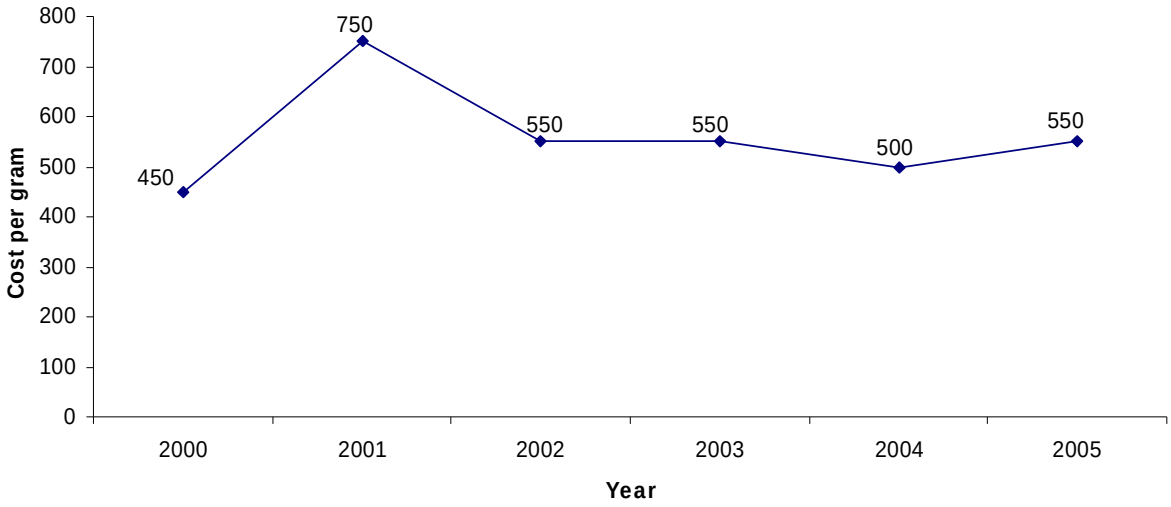
Table 5: Price of most recent heroin purchases by IDU, 2004-2005

Amount	Median price* $	Number of purchasers*
Gram	$550 ($500)	32 (21)
Cap	$50 ($50)	14 (7)
Half gram	$300 ($250)	38 (28)
Quarter gram	$150 ($150)	52 (38)

Source: IDRS IDU Interviews

* 2004 data are presented in brackets

Figure 10: Median price of a gram of heroin estimated from IDU purchases, 2000-2005



Source: IDRS IDU Interviews

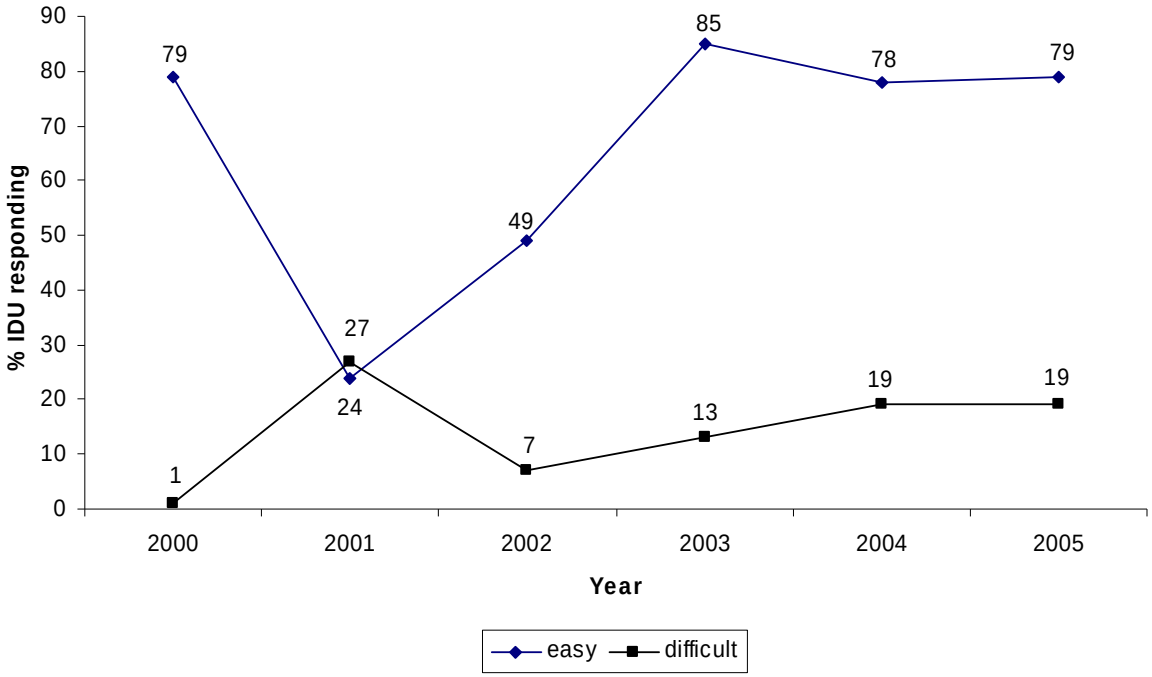
Asked whether the price of heroin had recently changed, an overwhelming majority of IDU responding (69%, n=45) indicated that it had been stable over the last six months. Other responses were relatively infrequent.

There was just one key expert (who spoke of opioids in general) who provided information concerning the current price of heroin, stating that typical prices were $100 a point, $300 for a half weight and from $500-$600 for a full gram. That key expert believed these prices to be stable. Another key expert mentioned that heroin had been relatively affordable (around $500 a gram) about six months ago, but that this was no longer the case.

4.2 Availability

Of the 65 IDU who were able to comment on the current availability of heroin, 79% (n=51) indicated that heroin was either "easy" or "very easy" to obtain, a figure not significantly different from the 78% in 2004 (χ^2=.000, df=1,p=.992).. Figure 11 below shows the availability of heroin since 2000 with user responses classified as "easy" or "very easy" vs. "difficult" and "very difficult".

Figure 11: IDU reports of ease of availability of heroin in the past six months, 2000-2005



Source: IDRS IDU Interviews

A detailed breakdown of IDU responses to the question of heroin's current availability is presented in Table 6 below.

Table 6: Current availability of heroin, 2005

	WA IDU sample (n=100)
Did not respond (%)	35
Did respond (%)	65
Of those that responded:	
"Very easy" (%)	43% (28% of entire sample)
"Easy" (%)	35% (23% of entire sample)
"Difficult" (%)	19% (12% of entire sample)
"Very difficult" (%)	0% (0% of entire sample)
"Don't know" (%)	3% (2% of entire sample)

Source: IDRS IDU Interviews

Asked whether the availability of heroin had changed in the six months prior to the survey, the predominant opinion held by 60% (n=39) of those responding was that access to heroin had remained "stable". This was followed by 20% (n=13) who believed it had become "easier". Other less common opinions included that it had become "more difficult" (9%, n=6), or been in "flux" (8%, n=5). There were two individuals who didn't know.

Of the four key experts commenting on heroin's availability, the first indicated that it was "easy" to obtain and this situation was stable. The other three believed the amount of heroin around Perth may be increasing.

The most common place of purchase for heroin was from a mobile dealer reported by 33% (n=21). This was followed by purchase from a friend given by 30% (n=19). The most common response for 2004 of purchase from a dealer's home was cited by 19% (n=12), thereby suggesting a heroin market more closely resembling that reported in 2002 and 2003. Other responses were substantially less common and included purchase from a street dealer (8%, n=5) and home delivery (6%, n=4). Time taken to obtain heroin ranged from two to 480 minutes (i.e. eight hours) with a mean time of 56 minutes which was not significantly different from the 2004 mean of 41 minutes (t=1.437, df=62, p=.156).

4.3 Purity

There were 65 IDU who attempted to provide information regarding the current level of heroin purity in Perth. From these, by far the most commonly expressed opinion held by 45% (n=29) was that the purity of heroin was "medium". This can be viewed in contrast to findings of the 2004 survey where the most common opinions were equally split between the 38% of IDU who reported purity to be "medium" and the 38% who reported purity to be "low". Although this may be viewed as a slight improvement in purity, it should be noted that only 14% of IDU felt purity levels to be "high" in contrast with "pre-drought" numbers of 32% in 2000. A detailed breakdown of IDU perceptions of current heroin purity is located in Table 7 below.

Table 7: IDU perceptions of heroin purity, 2005

	WA IDU sample (n=100)
Did not respond (%)	35
Did respond (%)	65
Of those that responded:	
"High" (%)	14 (9% of entire sample)
"Medium" (%)	45 (29% of entire sample)
"Low" (%)	29 (19% of entire sample)
"Fluctuates" (%)	9 (6% of entire sample)
"Don't know" (%)	3 (2% of entire sample)

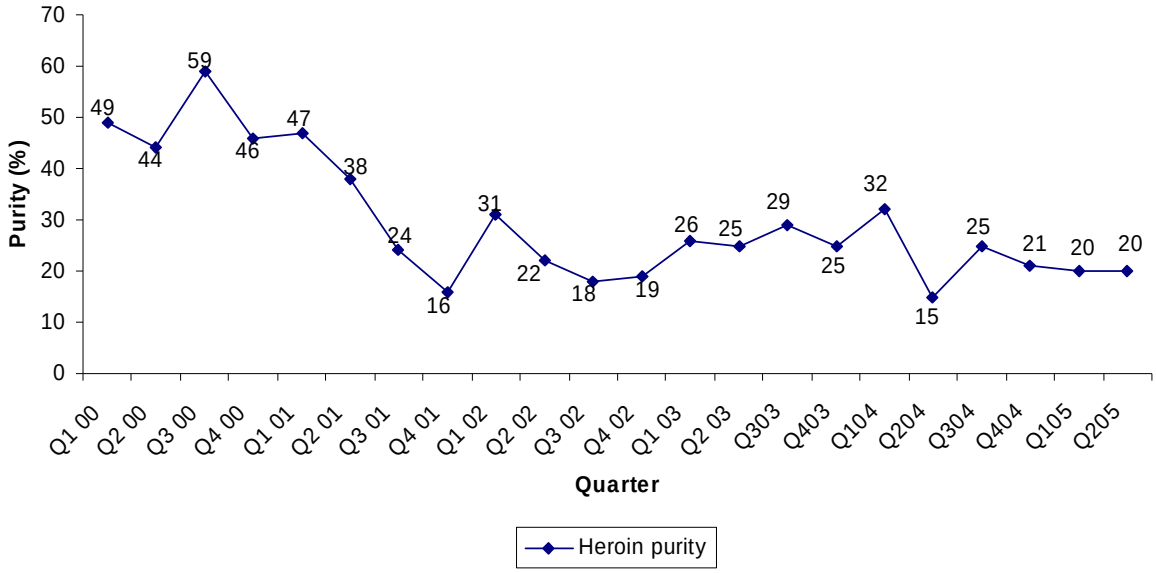
Source: IDRS IDU Interviews

As to whether the purity of heroin in Perth had changed in the six months prior to interview, the most common opinion expressed was that it had been increasing, a view held by 32% (n=21) of those who responded. The next most common view held by 28% (n=18) was that purity of the drug had been fluctuating and this was followed by 22% (n=14) who believed it to have been stable. Just 14% (n=9) thought purity of heroin had been falling.

There were three key experts who provided information on the purity of heroin, the first stating that it was "medium" or possibly "fluctuating", but that this situation had been stable over the previous six months. The others speculated that the quality of heroin may be improving leading, to people beginning to move away from homebake.

Data from police seizures in WA reveal heroin in the last financial year to have an average median purity of 21% although the actual range of purity varied greatly from 17% up to 68%. Seizures of less than two grams tended to be of lower purity (20%) than of larger seizures with an average median purity of 22%. Viewed by quarter, average median purity ranged from 20-25%, which, although higher than the 15% recorded in the second quarter of 2004, is nevertheless lower than some average levels seen in earlier quarters. These data are shown in Figure 12 below. Seizures in WA by the Australian Federal Police tended to be of much higher purity with an average median 75%.

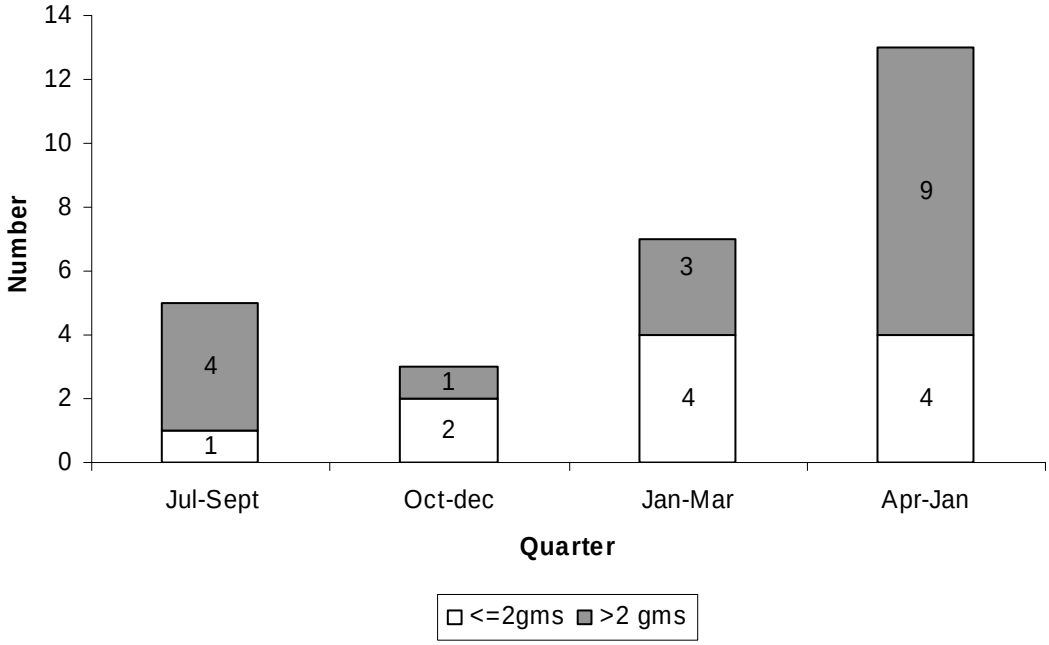
Figure 12: Purity of heroin seizures analysed in WA, by quarter, 2000-2005



Source: ACC

There was a total of just 28 seizures of heroin analysed in the 2004/2005 financial year in WA representing a substantial drop from the 71 the previous year. Most of these seizures (n=17) were greater than two grams. These data are shown by quarter in Figure 13 below. In total, WA police made 120 seizures of heroin during the 2004/2005 financial year compared with 165 the previous year. The total weight of heroin seized was 1,022 grams compared to 2,662 grams the previous year.

Figure 13: Number of heroin seizures analysed in WA, by quarter, 2004-2005



Source: ACC

4.4 Use

4.4.1 Heroin use among IDU

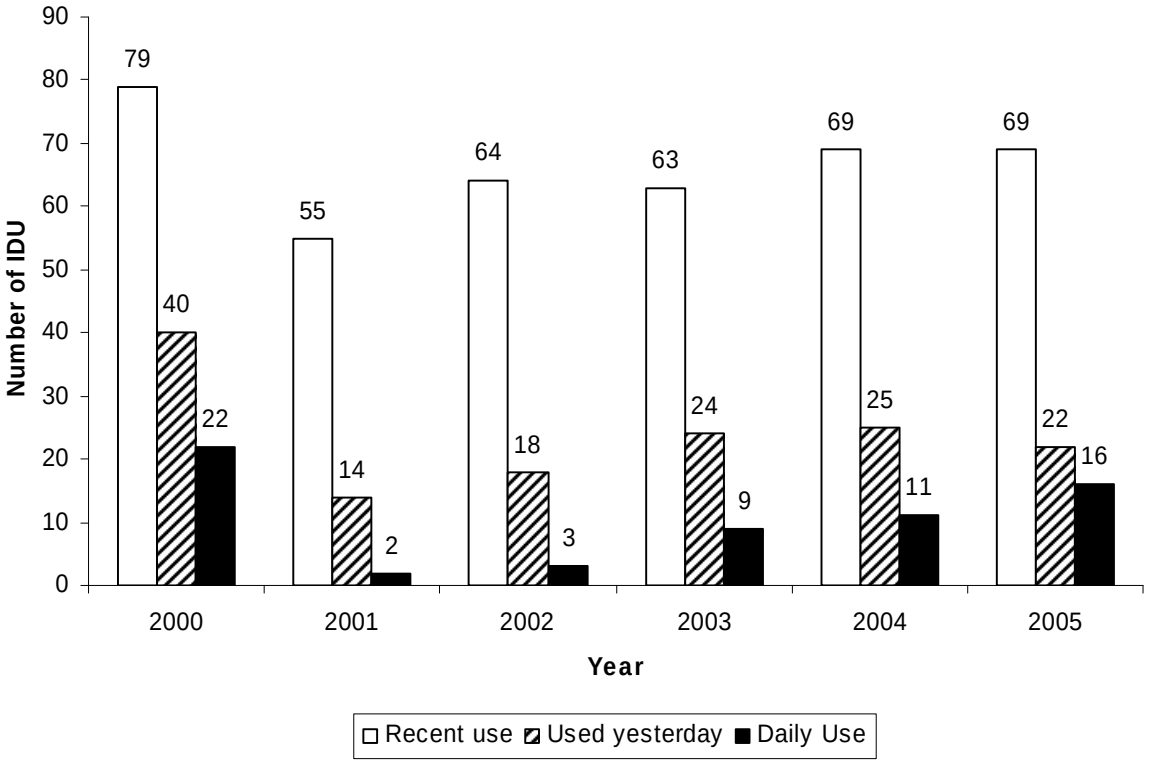
A lifetime history of heroin use was reported by 91% of the IDU sample which was not significantly different from the 87% in 2004 (χ^2=1.415, df=1, p=.234). A history of having injected heroin was reported by 90% of the sample which also was not significantly different from the 87% who reported having done so in the 2004 IDU sample (χ^2=.796, df=1, p=.372).

4.4.2 Current patterns of heroin use

Age of recent users of heroin ranged from 20 to 56 with a mean of 36, which did not differ significantly from the 2004 mean of 35 (t=1.132, df=68, p=.262).

Recent use of heroin (i.e. within the last six months) was reported by 69% of the IDU sample, a figure identical to that found in 2004. Of these, virtually all (97%, n=67) reported having injected heroin in the last six months, while reports of recent uses of alternative means of administration were extremely uncommon with three IDU recently smoking the drug, four reporting oral administration and no reports at all of having snorted it. Days of use in the last six months ranged from one up to 180 with a mean of 81, which did not differ significantly from the 2004 mean of 69 days (t=1.480, df=68, p=.114). IDU reporting the use of heroin on a daily basis numbered 16 which again was not significantly larger than the 11 found in the 2004 sample (χ^2=2.554, df=1, p=.110). As noted in 2004, however, these figures are substantially higher than figures recorded in earlier years and suggest a continual increase over the last four years in both number of IDU in the sample who have used heroin recently and those using the drug on a daily basis. These data are presented in Figure 14 below.

Figure 14: Proportion of IDU reporting recent heroin use, daily heroin use in preceding six months, and heroin use on the day preceding interview, 1996-2005



Source: IDRS IDU Interviews

Asked what form of heroin they had most commonly used 40% of IDU responding (n=31) indicated that the type most frequently encountered was heroin powder. That said, however, there was considerable diversity in the types of heroin forms that had been used within the past six months with all (n=69) having used heroin powder at some point, 61 having used heroin rock and 34 having used homebake heroin.

There was just one key expert, speaking about opiate users in general, who indicated that the majority of drug users they had contact with were actively using heroin. This key expert believed that most of the heroin being used was either powder or homebake, noting that there did not appear to be much "rock" around anymore, also noting that much "rock" was merely compressed powder. The users this key expert was in contact with were generally injecting heroin on a daily basis where it was available (and substituting with morphine when it was not). Use of $100 packets a day was typical.

There were 17 other key experts who – while not dealing primarily with heroin users – were nevertheless aware of small minorities amongst the drug users they had contact with who were using heroin. Of these, however, the majority indicated that the substance being used was for the main part homebake rather than heroin per se.

With specific regard to the use of homebake heroin, the 34 IDU who reported its recent use was not found to be significantly less than the 37 who reported its recent use in 2004 (χ^2=.386, df=1, p=.534). Similarly, days of use ranged from one to 180, but the mean of 30 was not significantly less than the 2004 mean of 44 (t=-1.795, df=33, p=.082). There were two IDU who reported use of homebake heroin on a daily basis and nine IDU who reported that homebake was the only

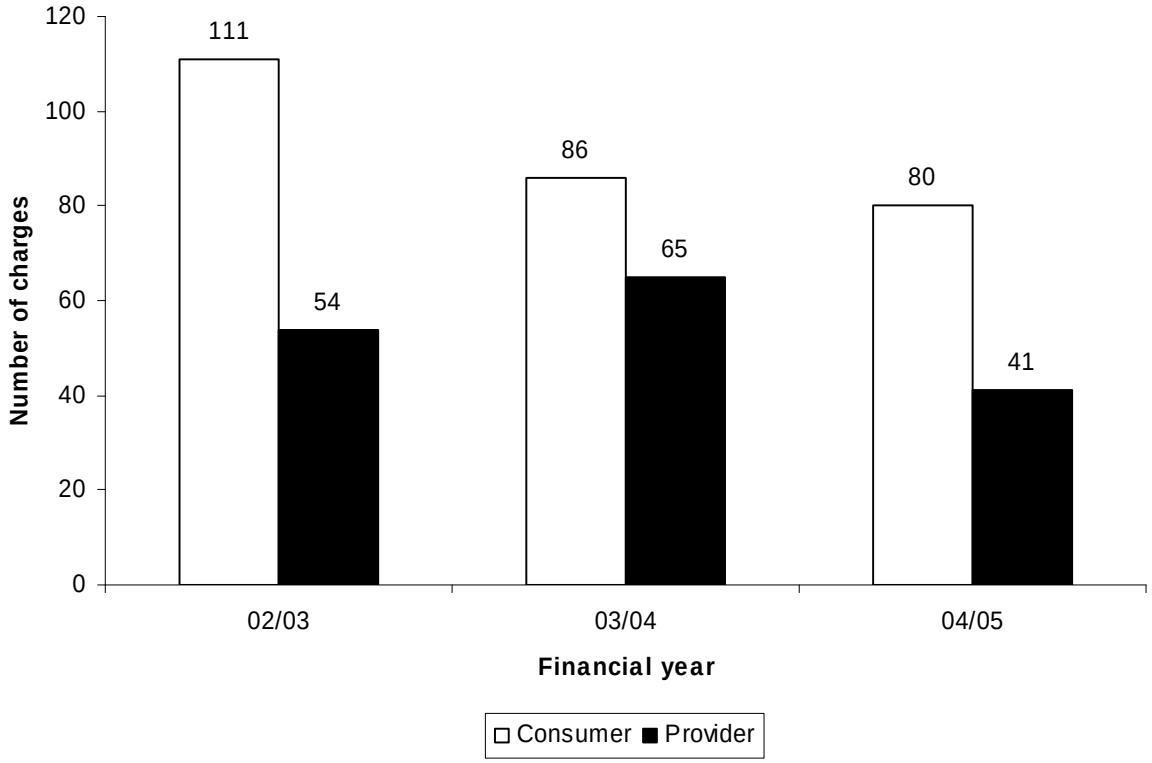
form of heroin they had recently consumed. With one exception who reported oral consumption, all recent use of homebake (97%, n=33) was by injection.

4.5 Heroin-related harms

4.5.1 Law enforcement

During the 2004/2005 financial year there were a total of 121 heroin-related arrests in WA, down from 151 the previous year. Of these the majority (n=80) were for consumer offences and the remainder (n=41) for provider offences. These arrest data for the last three financial years in WA are presented in Figure 15.

Figure 15: Recorded incidents of heroin offences in WA, 2002/2003-2004/2005



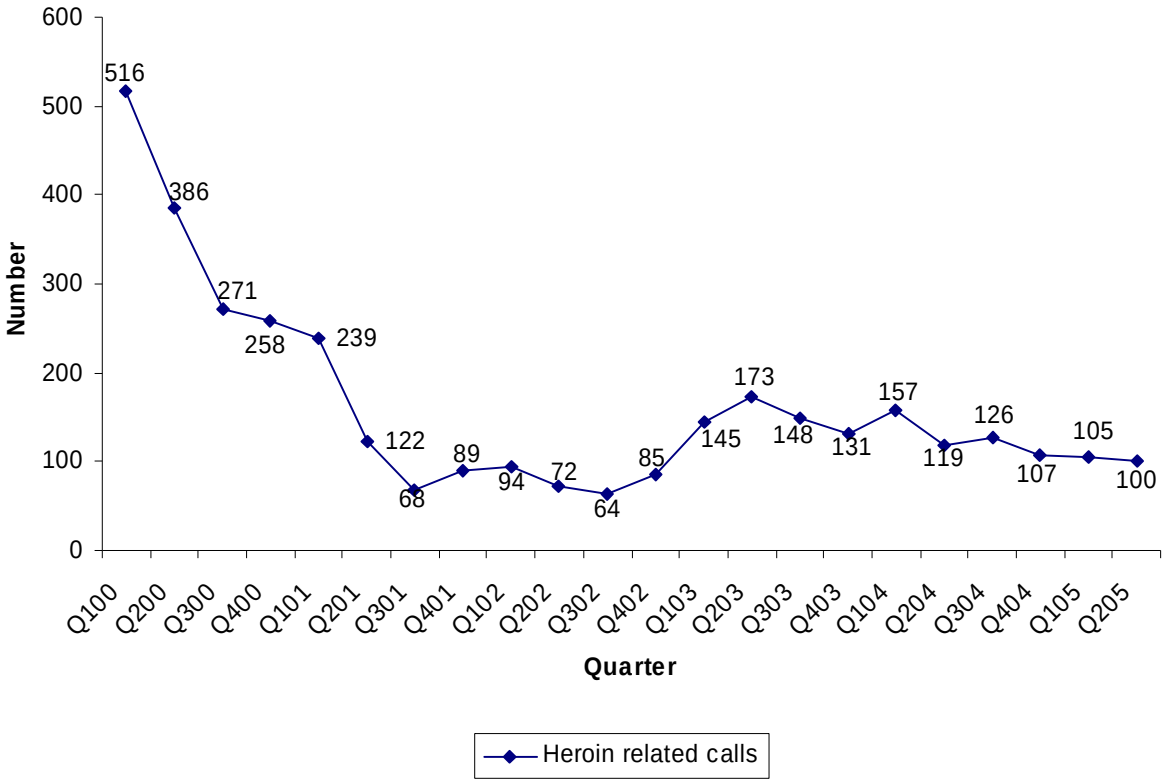
Source: ACC

4.5.2 Health

Calls to telephone helplines

The number of calls to the Alcohol and Drug Information Service concerning heroin continued to remain relatively low compared to figures prior to the third quarter of 2001. That said, the figure of 100 calls in the second quarter of 2005 was the lowest recorded since mid-2003 when calls to ADIS increased when the organisation took on the role of first point of screening for persons seeking entry to pharmacotherapy programs. Throughout the 2004/2005 financial year, calls to ADIS concerning heroin made up between three and four percent of calls received each quarter. Data concerning heroin calls to ADIS since 2000 are displayed in Figure 16 below.

Figure 16: Number of enquiries to ADIS regarding heroin, 1996-2005

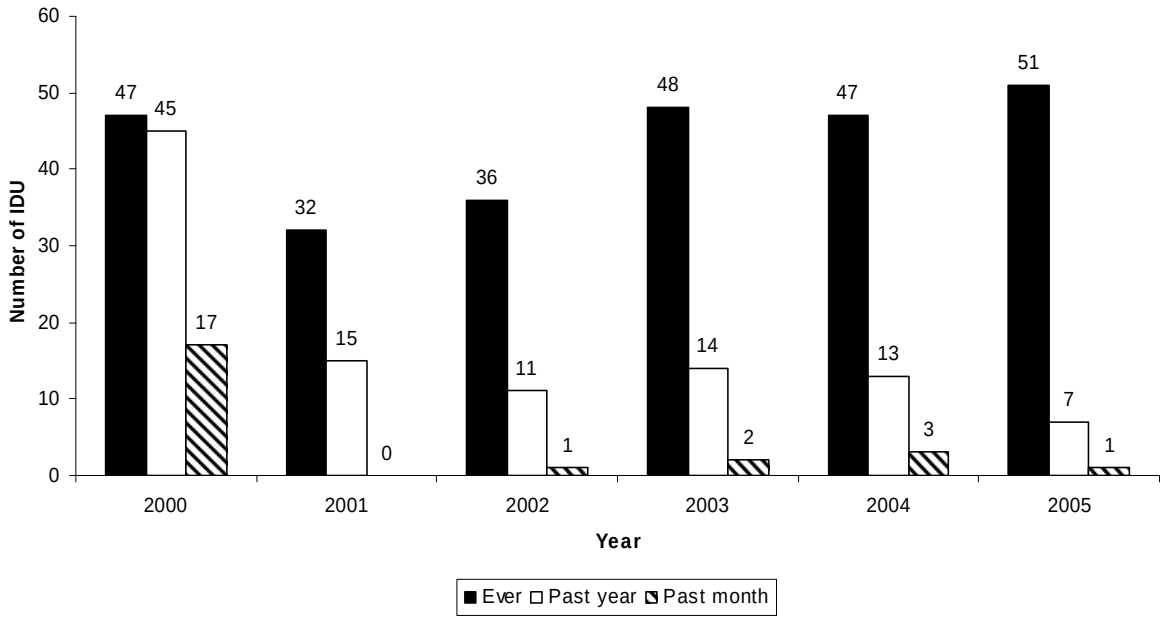


Source: ADIS

Overdose

More than half (51%) of the entire IDU sample had experienced an overdose attributed to heroin at some point in their lives. More recent overdose experience, however, was found to be substantially less common, with just seven IDU (i.e. 10% of recent heroin users) having had one in the last year and only one IDU having overdosed in the month prior to interview. The 7 overdoses within the last twelve months were not a significant change from the 13 reported in the 2004 sample (χ^2=.024, df=1, p=.878). These data on rates of heroin overdose amongst the IDU sample are shown in Figure 17 below.

Figure 17: History of heroin overdoses amongst IDU sample, 2000-2005



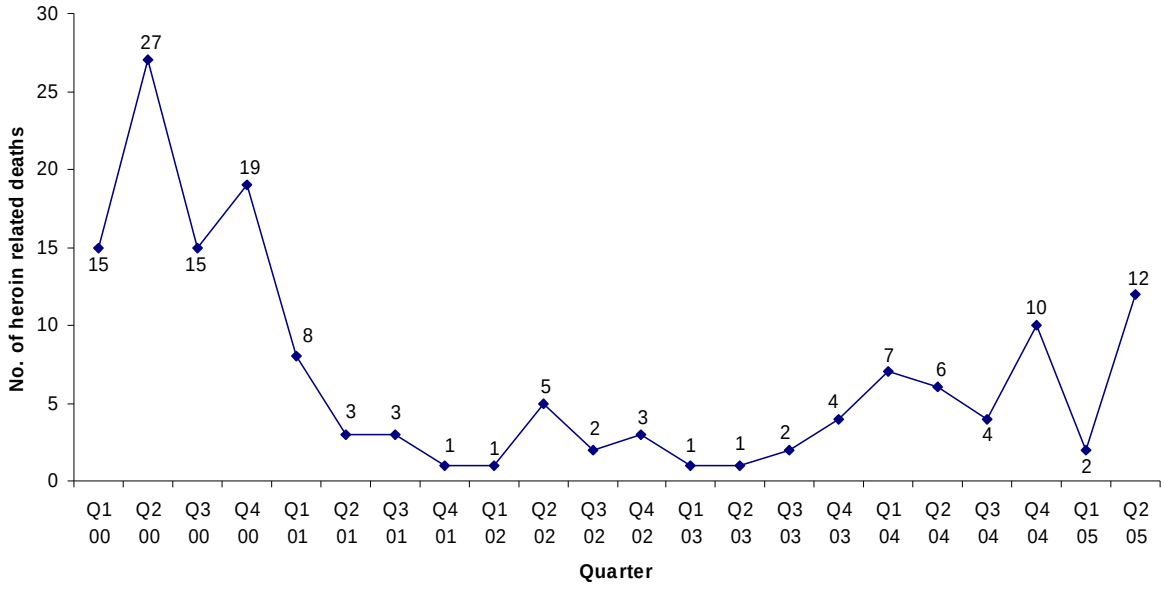
Source: IDRS IDU Interviews

The number of heroin overdoses ever experienced by the IDU sample ranged from 1 to 50 with an average six, which did not differ significantly from the 2004 mean of four (t=1.362, df=50, p=.179). The time since the most recent overdose ranged from one month up to 276 months (i.e. 23 years) with a mean time of 71 months (i.e. approximately six years) which was also not significantly different from the 2004 mean of 63 months (t=.944, df=50, p=.350).

Information from the Drug and Alcohol Office on suspected heroin-related deaths reveals 28 suspected deaths in the 2004/2005 financial year which is substantially higher than any year since 2000/2001. The spike in the second quarter of 2005 has been attributed by some key experts as being due to an unexpectedly pure batch of heroin being released onto the Perth market. One in particular noted that there had been an increase in number of suspected heroin deaths with more deaths in 6-8 weeks than the total for the entire previous year. However, it was felt that this may just be a spike and there were no other indicators to suggest an ongoing trend. A second key expert noted that the fluctuating availability and purity of heroin appeared to be producing "mini-waves" of overdose events. This key expert also noted that there had recently been several accidental overdoses caused by the injection of an unknown substance that the users assumed to be heroin, but was revealed at toxicological analysis to be 2CB (4-Bromo-2,5-Dimethoxyphenethylamine).

Fatal overdose information is presented in Figure 18 below.

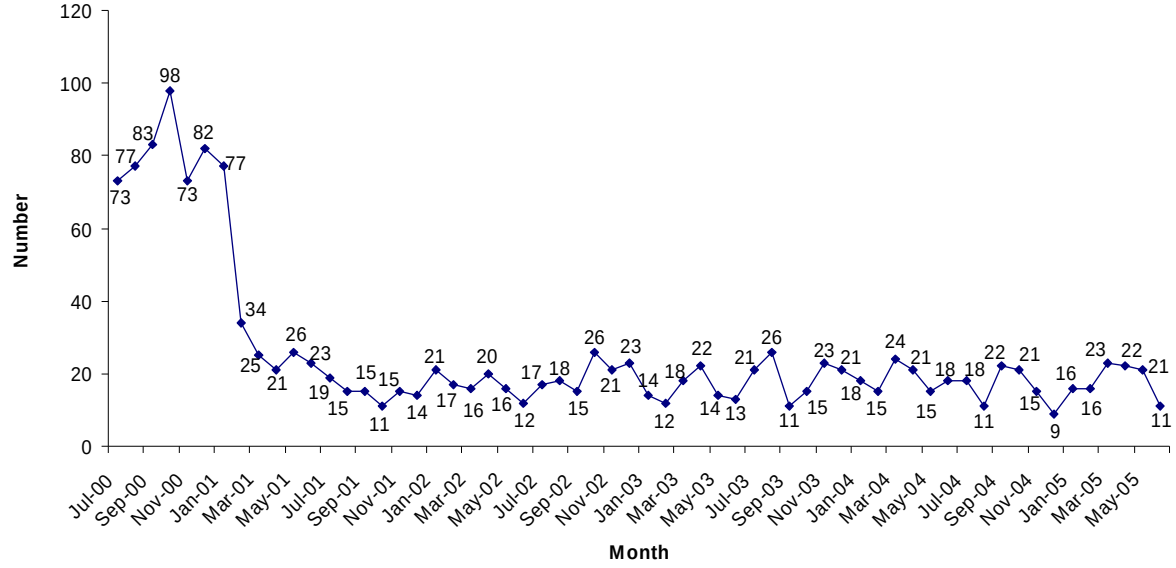
Figure 18: Number of accidental deaths due to opioids among those aged 15-54 years in WA, 2000-2005



Source: Drug & Alcohol Office

Despite this substantial increase in suspected heroin-related deaths, the number of ambulance callouts to opiate overdoses recorded by the WA Pre-Care Research Unit has remained relatively unchanged since the onset of the "heroin drought" at the start of 2001. In the 2004/2005 year the number of callouts has ranged between 11 and 23, which is consistent with patterns observed in the preceding three financial years. The fact that the recent spiKE in suspected heroin-related deaths do not appear to be reflected in recent ambulance callout figures is a matter of some concern since it would seem to suggest that heroin users are not reliably calling ambulances as a response to overdose situations. Patterns of ambulance callouts to opiate overdoses can be seen in Figure 19 below.

Figure 19: Number of ambulance callouts to overdoses 2000-2005

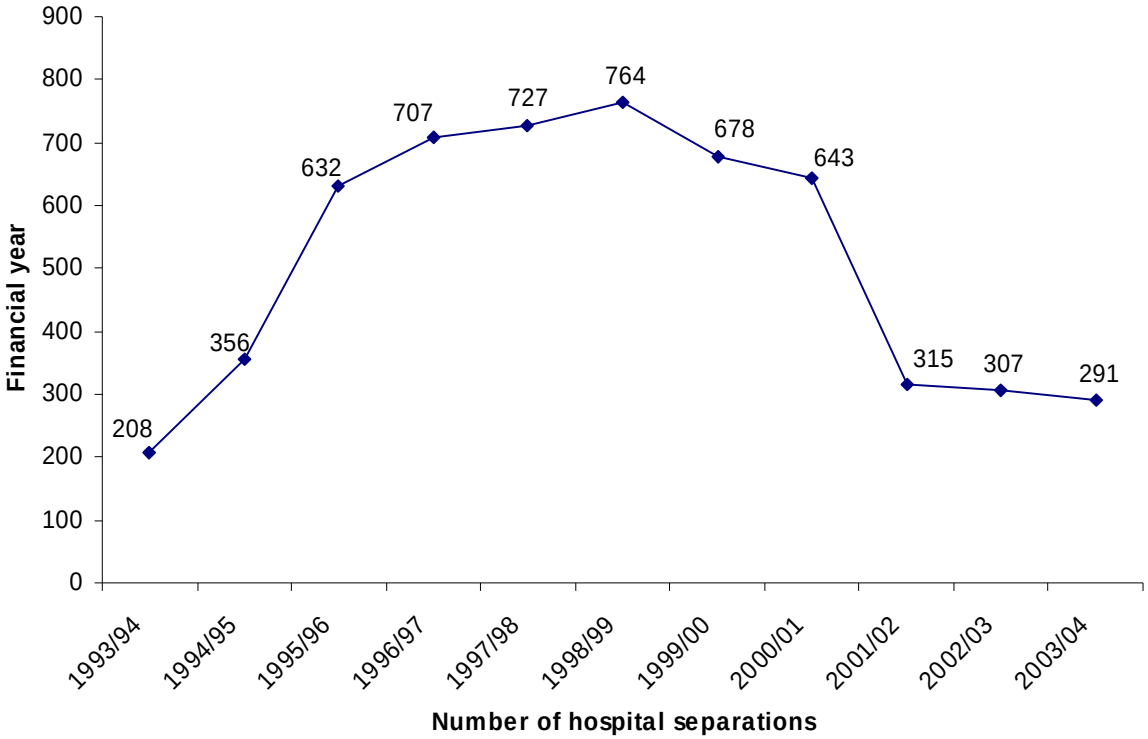


Source: WAPCRU

Hospital admissions

In 2003/2004 there were 291 hospital separations with opioids as a primary diagnosis amongst persons aged between 15 and 54 years in Western Australia, a situation relatively unchanged from the two years preceding (Roxburgh and Degenhardt, in press). Using population data from the last ABS census we can calculate that Western Australia had approximately 2.7 hospital separations for opiates per 10,000 of population in this age group. This figure is substantially lower than the estimated national prevalence for opioid-related hospital separations of 4.7 per 10,000. Data for opioid-related hospital separations in Western Australia are displayed in Figure 20.

Figure 20: Rate of inpatient hospital admissions where opioids were the primary diagnosis in people aged 15-54 years, WA 1993/94 to 2003/04



Source: AIHW and HDWA

Treatment

Methadone treatment

Of the 50 IDU currently in drug treatment, 94% (n=47) were receiving some form of pharmacotherapy. In 2004 the most common of these was methadone, accounting for 55% of those in treatment. In 2005, however, the percentage of IDU receiving methadone treatment accounted for just 40% (n=20), thereby representing a significant fall (χ^2=4.545, df=1, p=.033) and the first time in which methadone was not the dominant form of pharmacotherapy in the WA IDU sample. According to data from AIHW in 2004 there were 2,743 persons receiving methadone in Western Australia, thereby accounting for 11% of the national total number of persons on methadone maintenance therapy. Of these, 15% (n=403) were receiving methadone whilst incarcerated in a correctional facility.

Given the small number of key experts who spoke about opiates, it is unsurprising that relatively few of them reported any significant numbers of drug users they had contact with currently engaged in pharmacotherapies for opiate dependence. From the key experts who did comment briefly on this area, it was apparent that around 25-30% of the users they saw engaged in treatment were prescribed methadone. Where the type of methadone was given, this was inevitably syrup, with the exception of one key expert working in the WA prison system where Biodone® was preferred. One key expert commented that, since the advent of buprenorphine, methadone had become a less popular option.

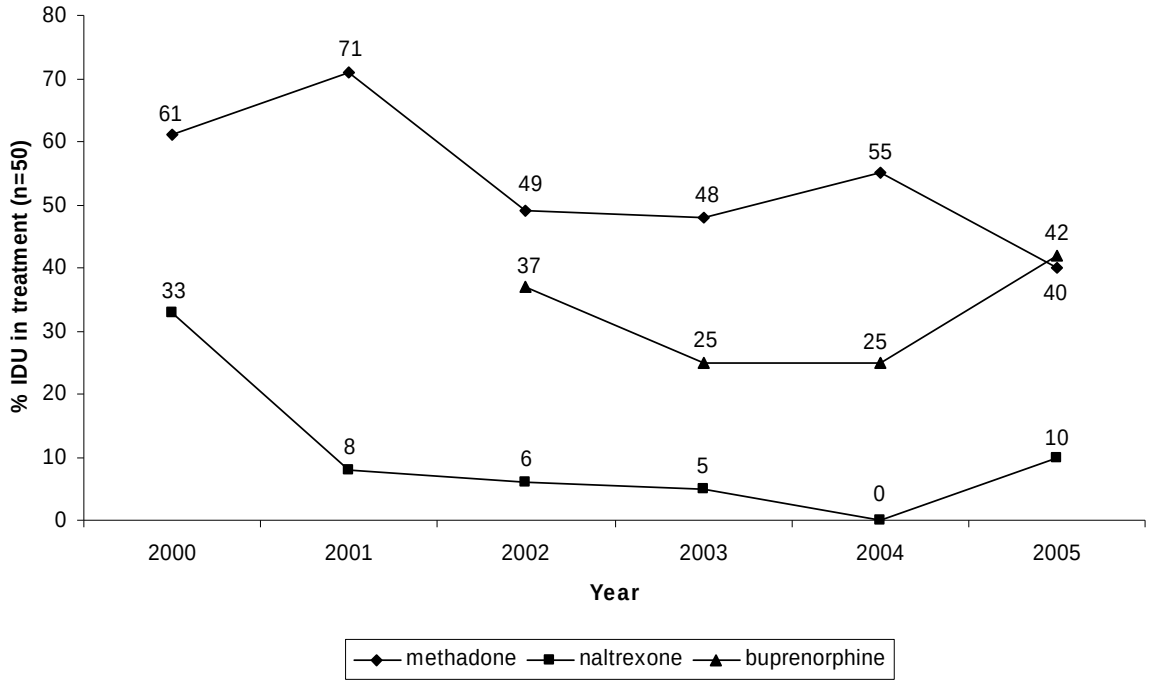
Buprenorphine treatment

Treatment with buprenorphine accounted for 42% (n=21) of IDU receiving treatment for their drug use. Not only does this represent the first year in which buprenorphine was found to be the dominant pharmacotherapy amongst the WA IDU sample, but a significant increase in the numbers of IDU receiving this treatment modality (χ^2=7.707, df=1, p=.006). According to AIHW data, in 2004 there were 1694 recipients of buprenorphine in Western Australia, thereby accounting for 17% of the national total. Of these, just two percent (n=40) were receiving buprenorphine whilst incarcerated in a correctional facility, a practice that was ceased soon after, reportedly due to problems associated with dosing and diversion.

Only three key experts mentioned significant numbers of the drug users they had contact with being engaged in buprenorphine treatment. There were also another three who were in contact with small numbers of users prescribed buprenorphine, one of these working in the WA prison system noting that encountering users with valid scripts for buprenorphine had become increasingly uncommon in this environment since the decision by the Department of Corrective Services to cease prescribing this medication within prisons.

The proportion of IDU in the WA survey engaged in pharmacotherapy since 2000 is displayed in Figure 21 below.

Figure 21: Proportion of IDU in treatment receiving pharmacotherapy, 2000-2005



Source: IDRS IDU Interviews

4.6 Trends in heroin use

With regards to changes in the number or types of people using heroin, relatively few IDU were able to comment, one mentioning that "old junkies" appeared to becoming rarer and another noting that numbers of people using heroin was directly related to the drug's availability. That heroin maybe being increasingly used concurrently with amphetamine was suggested by two IDU and one other observed that there may be a decline in the use of homebake.

As to the quantities of heroin people were using, opinions amongst IDU appeared somewhat divided. A decrease in the amount of heroin being used was suggested by four IDU with one attributing this to people with naltrexone implants moving onto other substances not covered by the antagonist blockade. Conversely, there were seven IDU who thought quantities of heroin used had increased, two of these specifically making reference to increased quantities of homebake being used.

Changes in types of drugs being used in relation to heroin were noted by several IDU, with four observing a move towards heroin away from amphetamines or diverted pharmaceuticals. This, however, was balanced somewhat by three IDU who noted that people were beginning to favour homebake over heroin. One IDU made the observation that availability and use of homebake was directly related to the cost of heroin. An additional IDU observed that use of heroin and amphetamines appears to alternate back and forth. Two IDU noted that the purity of heroin available in Perth had declined noticeably with no corresponding fall in price.

4.7 Summary of heroin trends

Table 8 below summarises the main trends in heroin use.

Table 8: Summary of heroin trends

Price	• The price of heroin by user report rose from $500 in 2004 to $550 per gram in 2005 • Price over the previous 6 months was viewed as stable
Availability	• "Very easy" to "easy" to obtain • Availability stable
Purity	• Purity by users reported to be "medium" • Purity increasing
Use	• Stable rates of use • No significant increase in number of daily users

5.0 METHAMPHETAMINE

5.1 Price

Information obtained from the WA IDU sample provided considerable evidence that the price of methamphetamines in Perth has generally increased in 2005. A comparison of 2005 median prices at last purchase with those reported in 2004 is displayed in Table 9 below. Prices for various forms of methamphetamine will be discussed separately.

Table 9: Price of most recent methamphetamine purchases by IDU, 2005

Amount	Median price* $	Number of purchasers*
Speed powder		
Gram	300 (260)	27 (18)
"Halfweight" (0.5 grams)	200 (150)	37 (29)
"Eightball" (3.5 grams)	825 (800)	14 (10)
Point (0.1 gram)	50 (50)	41 (32)
Base		
Gram	300 (250)	19 (15)
"Halfweight" (0.5 grams)	200 (160)	22 (18)
"Eightball" (3.5 grams)	975 (950)	8 (6)
Point (0.1 gram)	50 (50)	30 (19)
Ice		
Gram	400 (350)	34 (27)
"Halfweight" (0.5 grams)	200 (200)	31 (49)
"Eightball" (3.5 grams)	1100 (1025)	13 (10)
Point (0.1 gram)	50 (50)	49 (55)

Source: IDRS IDU Interviews * 2004 data are presented in brackets

Speed powder

Asked about the typical price of a gram of speed powder, IDU interviewed provided prices ranging from $50 to $500 with a median of $300 and a mean of $314, which appeared to be somewhat higher than in 2004 when the mean price was $289. However, this difference was not statistically significant (t=1.975, df=43, p=.055). Significant increases were found, however, in the price of most recent purchase of a gram of speed powder, which in 2005, over 27 purchases, ranged from $120 to $400 and carried a mean price of $306, a substantial increment on the 2004 mean of $263 (t=3.242, df=26, p=.003).

The most commonly purchased quantity of speed powder in the six months preceding the interview was a point of powder by 41 IDU for a median price of $50. Other commonly purchased quantities included 37 purchases of a halfweight for a median of $200, and 14 purchases of an eightball for a median price of $825. Less common were the eight purchases of a quarter of a gram for a median price of $100 and three of an ounce of speed powder for a median of $4000.

Asked whether the price of speed powder had changed in the six months prior to interview, the predominant view held by 51% (n=28) of IDU responding was that it had remained stable, while a further 33% (n=18) thought it had increased. There were also seven percent (n=4) who perceived it as fluctuating, four percent (n=2) who thought it had decreased and six percent (n=3) who didn't know.

Base

Estimates of the current price of a gram of base or paste methamphetamine ranged from $200 to $500 with a median price of $338 and a mean price of $328 which was found to be significantly higher than the 2004 mean of $291 (t=2.990, df=31, p=.005). With regards to actual most recent purchases of a gram of paste, the mean price in 2005 from 19 purchases was $325, which despite being substantially removed from the 2004 mean of $288 did not attain significance (t=2.990, df=31, p=.008).

As with powder, the most commonly purchased quantity of paste was a point, with 30 purchases resulting in a median price of $50. The next most commonly bought quantity was 22 purchases of halfweight for a median price of $200 followed by eight purchases of an eightball for a median of $975. Other sizes of purchases tended to be very uncommon, with just three purchases of a quarter of a gram with a median price of $100 and just one individual who claimed to have recently purchased an ounce of paste for $5000.

Most IDU responding (76%, n=29) thought that the price of methamphetamine paste in the six months previous to interview had remained stable. This was followed by 11% (n=4) who believed it had increased. Also there were three IDU who thought it was in a state of flux and solitary individuals who either perceived it as falling or who didn't know.

Ice

With regards to "ice" or crystalline methamphetamine, IDU estimates of current gram prices ranged from $60 to $600 with a median price of $400 and a mean of $364, which was not a significant increase on the 2004 mean of $345 (t=1.445, df=49, p=.155). There were 34 reports of actual recent purchases of a gram of crystal methamphetamine with prices ranging from $200

to $600, a median price of $400 and a mean of $370, which was not a significant increment on the 2004 mean of $345 (t=1.821, df=33, p=.155).

Once again, the most commonly sized purchase of crystalline methamphetamine was a point by 49 IDU for a median price of $50. Another commonly seen amount was 31 purchases of a half weight for a median of $200. Rather less common was the 13 purchases of an eightball for a median of $1100 and five purchases of a quarter of a gram with a median price of $150. There were also two individuals who purported to have purchased an ounce of crystal methamphetamine for $5000 and $9000 respectively.

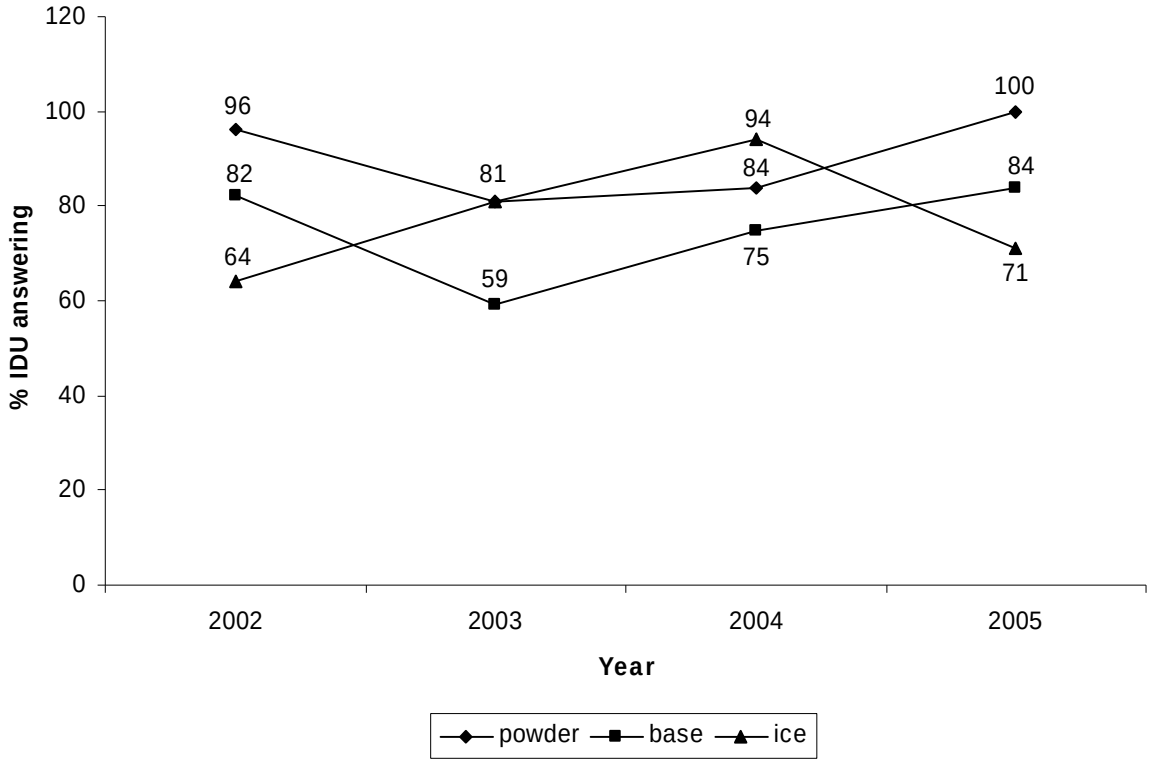
Asked whether the price of crystal methamphetamine had changed during the six months prior to interview, 69% (n=43) of those responding believed it had remained stable and 16% (n=10) thought it had been rising. Other opinions were much less common, including seven percent (n=4) who saw prices as having fluctuated, two percent (n=1) who thought they had decreased and seven percent (n=4) who didn't know.

A number of key experts provided information on the price of methamphetamine, but it was relatively unusual for them to differentiate between forms. Most of these cited current prices of a gram of methamphetamine as falling between $250 and $300, although one key expert thought as high as $500 was possible. Another noted that, depending on quality, cost could be as low as $50. Another observed that while crystal continued to cost $300 now, similar prices could be fetched for powder. The existence of $50 points was also noted by five key experts. The price of an eightball was mentioned by just two key experts, one citing a price range from $600-$700 and the other $800-$900. Most of these key experts thought that prices of methamphetamine had remained stable, although two believed they had decreased and just one that they had increased.

5.2 Availability

Numbers of IDU reporting the powder and paste forms of methamphetamine as being "easy" or "very easy" to obtain appeared to have increased, with availability of powder being thus described by 100% (n=55) of those responding, up from 84% in 2004, and paste by 84% (n=31) up from 75% the previous year. Crystal methamphetamine, by contrast, had declined in IDU-perceived availability, with only 71% (n=42) describing it as "easy" or "very easy" to obtain, down from 94% in 2004, a fall that was found to be significant (χ^2=54.445, df=1, p=.000). This pattern of availability of methamphetamine by type is displayed in Figure 22 below.

Figure 22: IDU reports of "easy" or "very easy" availability of speed, base and ice, 2002-2005



Source: IDRS IDU Interviews

The availability of powder and paste forms of methamphetamine appear to have remained relatively unchanged with "very easy" being the most common response in 2005 as in the previous year. In the case of crystal methamphetamine, however, while in 2004 it was most commonly described as being "very easy" to obtain, in 2005 this had been displaced by "easy" as the most common response. Despite this, however, it must be noted that it was still relatively uncommon for IDU to describe any form of methamphetamine as being "difficult" or "very difficult" to obtain. A complete breakdown of IDU reports of methamphetamine availability by form is provided in Table 10 below.

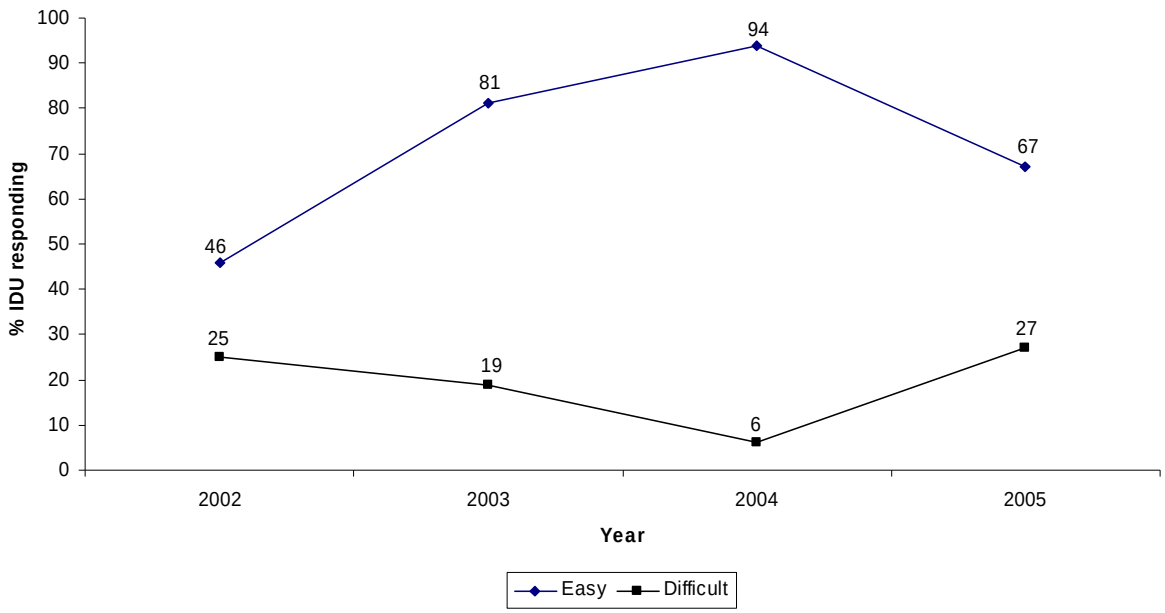
Table 10: Current availability of methamphetamine by form, 2005 (n=100).

	Powder	Paste	Crystal
Did not respond (%)	45	62	37
Did respond (%)	55	38	63
Of those who responded:			
"Very easy" (%)	62 (34% of entire sample)	42 (16%) of entire sample)	30 (19% of entire sample)
"Easy" (%)	38 (21% of entire sample)	40 (15% of entire sample)	37 (23% of entire sample)
"Difficult" (%)	0 (0% of entire sample)	13 (5% of entire sample)	27 (17% of entire sample)
"Very difficult" (%)	0 (0% of entire sample)	3 (1% of entire sample)	0 (0% of entire sample)
"Don't know" (%)	0 (0% of entire sample)	3 (1% of entire sample)	6 (4% of entire sample)

Source: IDRS IDU Interviews

The sudden downturn in the availability of crystal methamphetamine is highlighted in Figure 23 below. As can be seen, after steadily rising availability over the past two years to become the dominant form of methamphetamine in Perth, it is only in the last year that this situation appears to have shifted.

Figure 23: IDU reports of ease of availability of ice in the past six months, 2002-2005



Source: IDRS IDU Interviews

Regardless of amphetamine form, each type had a clear majority of IDU stating that availability had remained stable in the six months prior to interview. In the case of powder methamphetamine, 66% (n=36) of those responding believed availability to have been "stable" while 22% (n=12) thought it had become "easier", 9% (n=5) that it had "fluctuated" and 4% (n=2) who said it had become "more difficult". With regards to paste, 68% (n=26) of those responding said availability had been "stable", 11% (n=4) thought it to have been "in flux", 8% (n=3) thought it had become "more difficult" while another 8% thought it "easier" to obtain, and just 5% (n=2) indicated that they "didn't know". Just over half (52%, n=33) of IDU responding thought availability of crystal had remained "stable" while 19% (n=12) saw it as having become "more difficult" and 18% as having become "easier". There were also 8% (n=5) who said availability had been "fluctuating" and 3% (n=2) who "didn't know".

Of the twelve key experts reporting on methamphetamine availability, virtually all described the drug as "very easy" for users to obtain. That it was "easy" was an opinion expressed by three key experts. As to whether availability had recently changed, nine key experts thought it had been stable with other opinions being very uncommon. There was one who indicated that availability was dependent on form and that while on the whole methamphetamine was "easier" to get, crystal methamphetamine had become "more difficult".

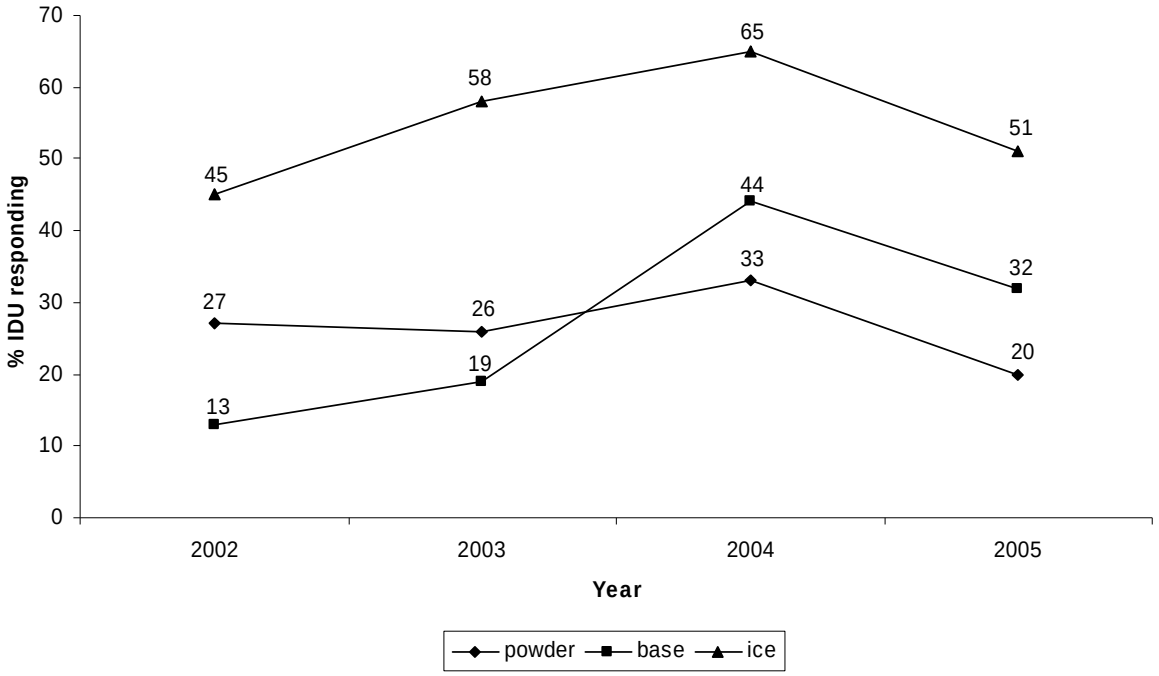
As in previous years, the most commonly cited source of methamphetamine noted by the IDU sample, regardless of form, was from a friend. In the case of powder methamphetamine, friends was the source given by 40% (n=21). Other commonly mentioned sources were 21% (n=11) who said their usual source was a mobile dealer and another 21% who obtained speed powder from a dealer's home. Other sources were relatively uncommon. Friends were given as the source of paste methamphetamine by 46% (n=17) of IDU responding. Other commonly mentioned sources were from a dealer's home 24%, n=9), mobile dealers (11%, n=4) and home delivery (8%, n=3). Crystal methamphetamine was cited by 38% (n=23) of IDU responding as having come from friends. The next most common sources were from dealers' homes (30%, n=18) and mobile dealers (15%, n=9).

The length of time taken to score methamphetamine could be considerable, taking up to eight hours in some cases, but generally speaking usually took much less, with all forms having an average time of approximately one hour. Interestingly, the mean times taken in 2005 were nearly twice those reported in 2004, with only the increase in time taken to obtain paste not being significant. Thus: the mean time to obtain powder methamphetamine was 63 minutes, up from 34 minutes in 2004 ($t=2.295$, $df=53$, $p=.026$); paste had a mean time of 65 minutes, up from 44 minutes ($t=1.498$, $df=37$, $p=.143$); and obtaining crystal took an average of 64 minutes, increasing from 35 minutes the previous year ($t=2.541$, $df=58$, $p=.014$).

5.3 Purity

User perceptions of methamphetamine purity unsurprisingly tended to vary according to the form of the drug. It is notable, however, that regardless of form the percent of IDU reporting purity as high had fallen since 2004, an effect depicted in Figure 24 below.

Figure 24: Proportion of IDU reporting speed, base and ice purity as 'high', 2002-2005



Source: IDRS IDU Interviews

As in 2004, the most common opinion expressed concerning purity of powder methamphetamine was that it was currently of "medium" purity, a view held by 31% (n=17). User perceptions of the purity of paste methamphetamine appeared to have declined, the majority view being that it was of "medium" strength (45%, n=17), whereas in the previous year most users rated it as "high". The prevailing view of crystal methamphetamine was that it remained "high", a view held by 51% (n=32) of users responding. A detailed breakdown of user perceptions of purity is provided in Table 11 below.

Table 11: Current user-reported purity of methamphetamine by form, WA, 2005 (n=100)

	Powder	Paste	Crystal
Did not respond (%)	45	64	21
Did respond (%)	55	36	79
Of those who responded:			
"High" (%)	33 (18% of entire sample)	44 (16% of entire sample)	65 (51% of entire sample)
"Medium" (%)	36 (20% of entire sample)	28 (10% of entire sample)	20 (16% of entire sample)
"Low" (%)	9 (5% of entire sample)	14 (5% of entire sample)	5 (4% of entire sample)
"Fluctuates" (%)	9 (5% of entire sample)	6 (2% of entire sample)	8 (6% of entire sample)
"Don't know" (%)	13 (7% of entire sample)	8 (3% of entire sample)	3 (2% of entire sample)

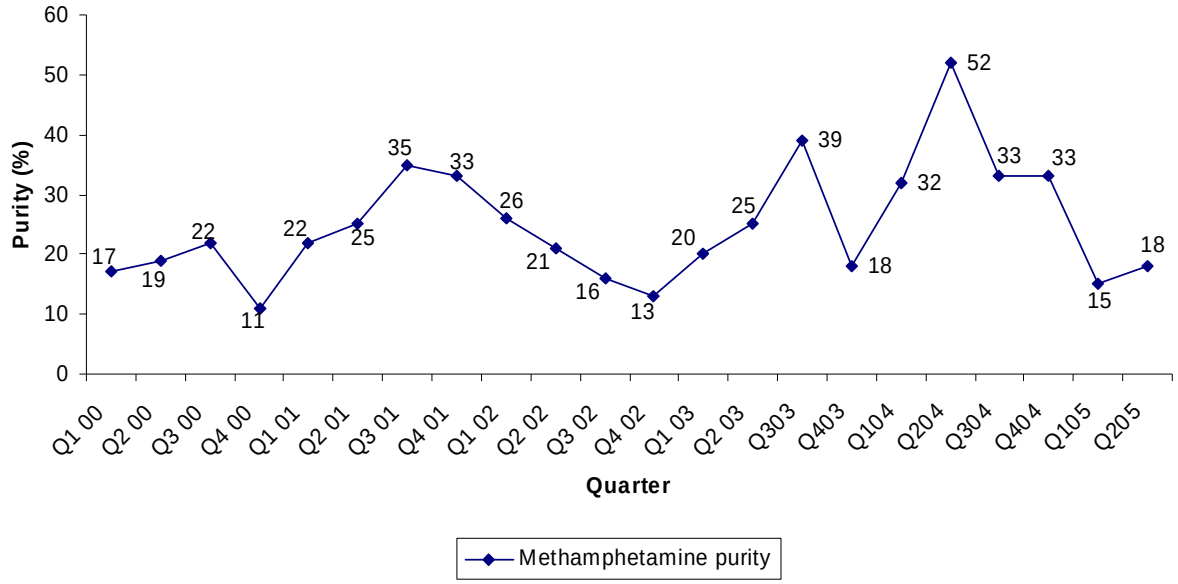
Source: IDRS IDU Interviews

Asked whether the levels of purity of methamphetamine had changed in the six months preceding the survey, there was no clear consensus regarding powder among those who responded, with 27% (n=15) stating that it had declined or the same number stating that it had been "fluctuating" and 26% (n=14) that it was "stable". Smaller numbers (18%, n=10) thought it may have "increased". With other forms of methamphetamine a clearer picture emerged. In the case of paste, 40% (n=15) of those responding indicated that purity levels recently had remained "stable". Other less commonly held views included 24% (n=9) who said it had been "in flux", 16% (n=6) who thought it was "increasing" and the same number who thought it had been "decreasing". Crystal methamphetamine was generally held to have been "stable" by 38% (n=24) of those responding. Less common views included that purity had been "decreasing" (19%, n=12), "increasing" (18%, n=11) or "fluctuating" (14%, n=9).

Key experts providing information about methamphetamine purity were largely split between whether it was "medium" or tending to "fluctuate". Just two thought it "low" and none at all described it as "high". Quality of purchases was reportedly affected by the size of the purchase, with increased quantities being accompanied by increased purity; the practice of cutting methamphetamine with substances like methylsulfonylmethane (also known as MSM, this adulterant is reportedly difficult to detect and possesses a similar appearance and melting temperature to crystal methamphetamine); and depending on the contacts the purchaser had access to. It was also noted by one key expert that quality was vastly inferior in the outer suburbs. Of the ten key experts responding to the question of whether amphetamine purity had recently changed, the majority stated that it had decreased. Another two thought it had fluctuated and two thought it had remained unchanged.

Data from WA police analysis of purity tend to support the view that purity of methamphetamine has declined. Although purity levels in analysed samples varied widely from just 0.1% up to 86%, the median purity of 23% was a substantial decline from the 32% reported the previous financial year. This level of median purity was the same for samples less than two grams and for larger seizures. Median purity by quarter is displayed in Figure 25 below.

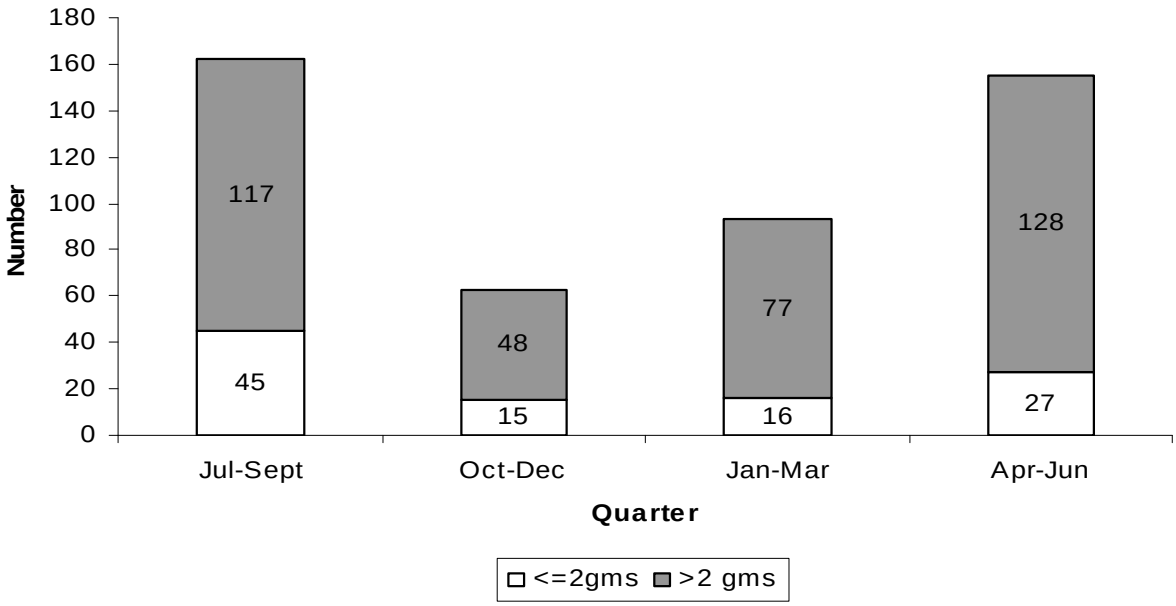
Figure 25: Purity of methamphetamine seizures analysed in WA, by quarter, 2000-2005



Source: ACC

During the 2004/2005 financial year, WA police analysed a total of approximately 475 seizures of methamphetamine which was somewhat less than the 546 seizures analysed the previous year. Most of this decline, however, was in seizures of less than two grams which fell from 249 to 103. Numbers of larger seizures analysed, however, actually increased from to 297 to 370. These data for the last financial year are shown in Figure 26 below. The total number of all methamphetamine seizures of amphetamine-type substances was 2,388, up from 1,930 the previous year. Actual total weight of amphetamine-type substances in these seizures had decreased, however, with 16,822 grams seized in 2004/2005 compared with 21,507 grams in 2003/2004.

Figure 26: Number of methamphetamine seizures analysed in WA, by quarter, 2004/2005



Source: ACC

5.4 Use

5.4.1 Amphetamine use among IDU

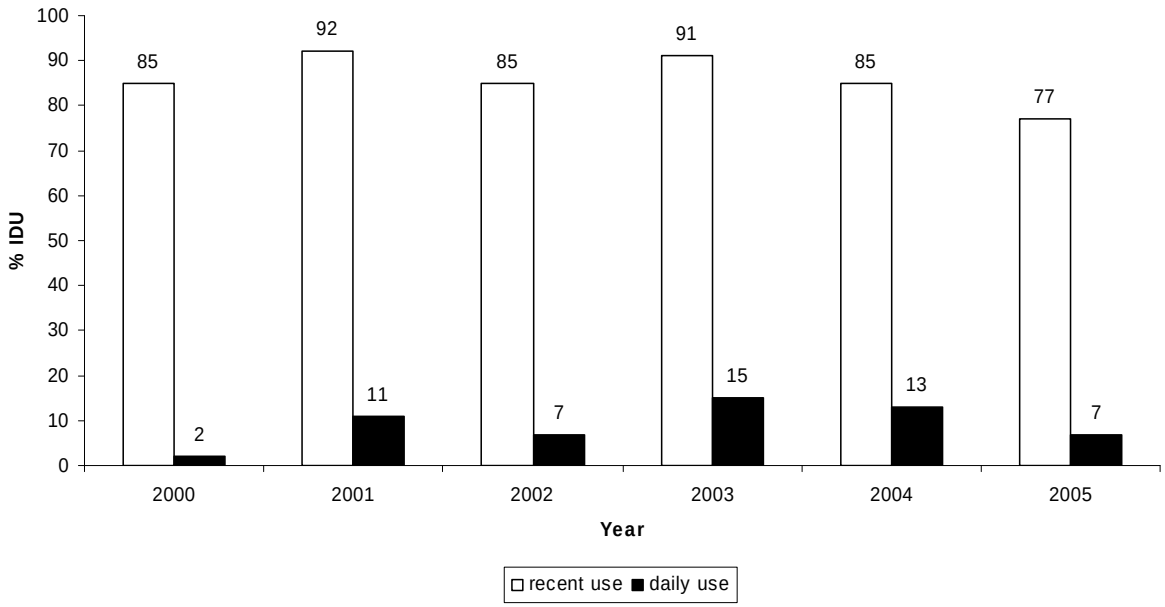
In keeping with findings of previous years, the vast majority (91%) of the IDU sample reported that they had used some form of amphetamine during their lifetime.

5.4.2 Current patterns of amphetamine use

The recent use of any form of amphetamine was reported by 77% of the IDU sample, which represented a significant decline on the 85% who reported use of this class of drugs within the six months preceding the survey in 2004 (χ^2=5.020, df=1, p=.025). There was also a significant fall found in the number of days of recent use, declining from a mean of 83 in 2004 to 58 in 2005 (t=-3.595, df=76, p=.000). There were seven IDU who reported the use of some form of amphetamine on a daily basis. Although less than the 13 who reported daily use the previous year, this was not found to be a significant change (χ^2=3.187, df=1, p=.074).

These patterns of recent and daily amphetamine use are shown in Figure 27 below.

Figure 27: Proportion of IDU reporting amphetamine use and daily use in the past six months, 2000-2005



Source: IDRS IDU Interviews

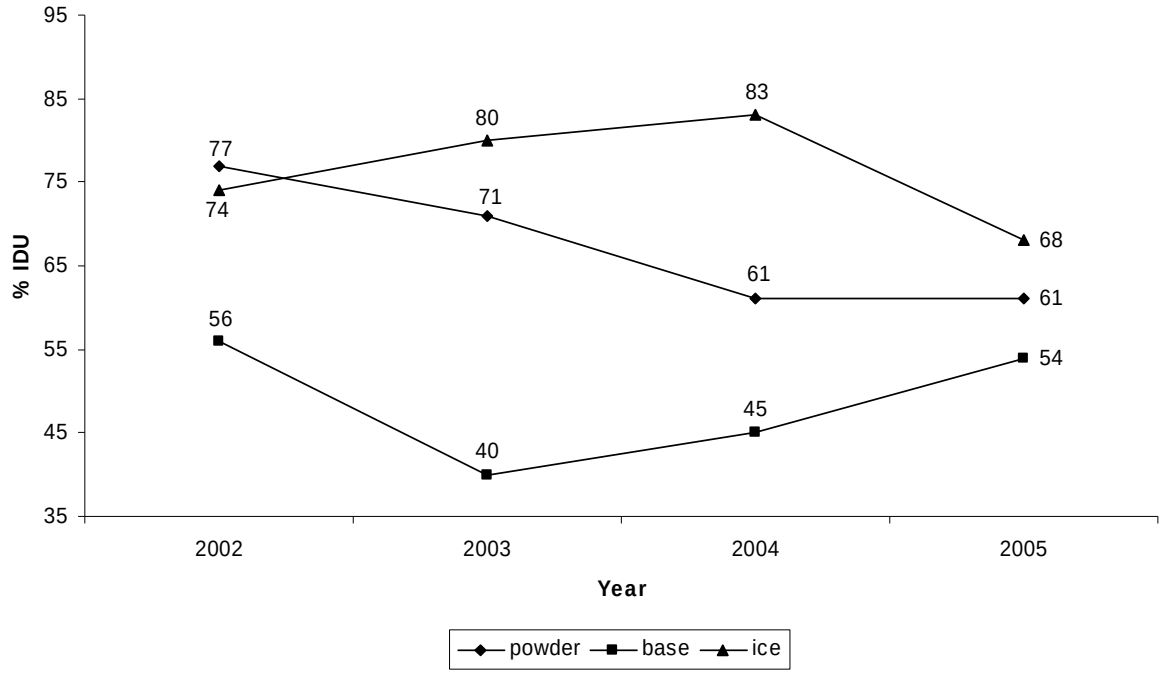
The recent use of the powder form of methamphetamine was reported by 61% of the IDU sample, a figure identical to that who reported having the recent use of powder methamphetamine the previous year. Similarly, no significant change was found in terms of the number of days of recent use, with days ranging from one to 180 with an average of 27 days in the last six months being comparable with the 2004 average of 29 (t=-.394, p=.695).

Numbers of IDU reporting the recent use of paste methamphetamine were found to have increased significantly from 40 in 2004 to 54 in 2005 (χ^2=8.167, df=1, p=.004). Conversely, however, the mean number of days on which it had been used ranged from one to 90 and had significantly declined from a mean of 21 to just 14 (t=-2.903, df=53, p=.005).

The recent use of crystal methamphetamine was found to have declined significantly, with 68% of the IDU sample reporting its recent use compared with 83 in 2004 (χ^2=15.946, df=1, p=.000). Days of use ranged from one to 180, yet had also declined significantly, with a mean of 29 days down from 50 the previous year (t=-4.367, df=67, p=.000).

Patterns of recent use of various forms of methamphetamine since 2002 are shown in Figure 28.

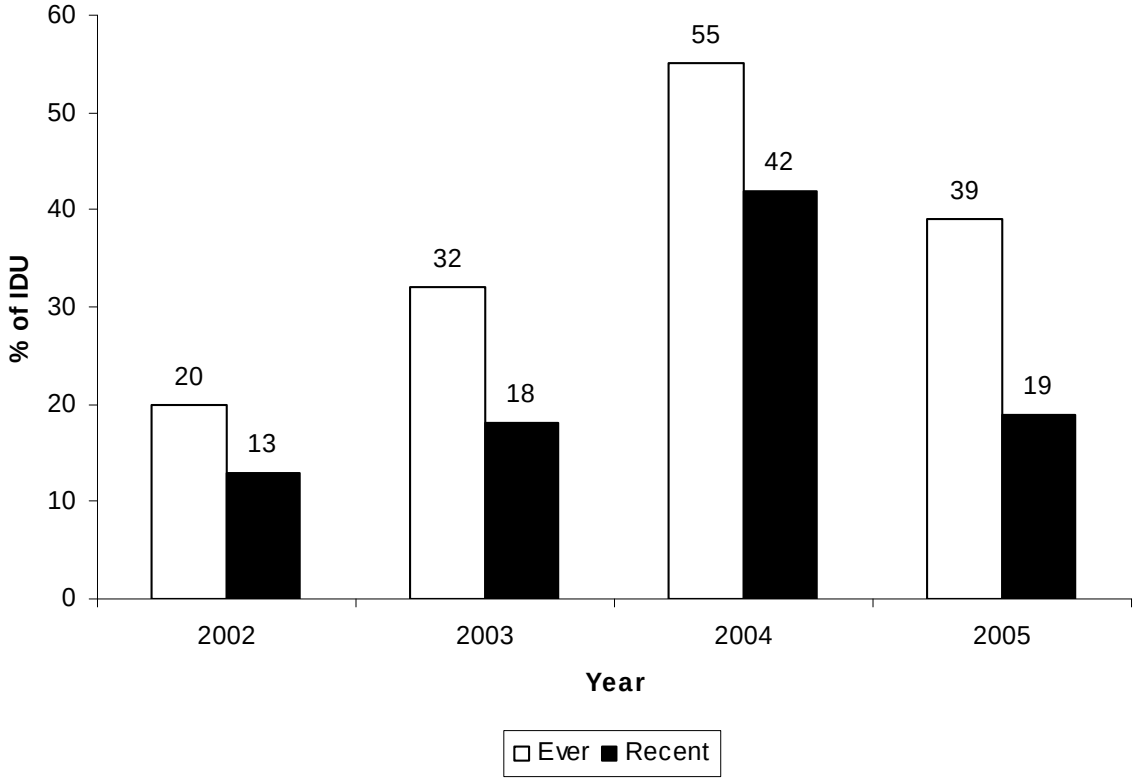
Figure 28: Methamphetamine forms used in the preceding six months, 2002-2005



Source: IDRS IDU Interviews

This decline in the use of crystal methamphetamine has perhaps unsurprisingly also seen a decline in numbers of IDU reporting its recent injection, from 82 in 2004 to 65 in 2005 (χ^2=19.580, df=1, p=.000) and the mean days of injection falling significantly from 48 to 30 (t=3.7000, df=64, p=.000). Interestingly, however, it has also produced a significant decline in numbers of IDU reporting having recently smoked this form of methamphetamine. This trend, which peaked along with use of crystal methamphetamine in 2004, has fallen from 42% of the IDU sample reporting recent smoking to just 19%. These data are displayed in Figure 29 below.

Figure 29: Rates of smoking crystal methamphetamine 2002-2005



Source: IDRS IDU Interviews

The use of amphetamine liquid amongst the IDU sample remained a rare phenomenon, with just eight individuals reporting having consumed it recently, a result not significantly removed from the five IDU who reported recent use of liquid amphetamine the year before (χ^2=1.895, df=1, p=.169). Days of recent use ranged from just one to a maximum of five, with a mean and median of two days as was the case in 2004.

Pharmaceutical stimulants (such as dexamphetamine and, to a lesser extent, Ritalin® and Duromine®) remained in common use, with 47% of the IDU sample reporting their recent consumption, a figure not far removed from the 43 in 2004 (χ^2= .653, df=1, p=.419). Days of use ranged from one to 96, thereby producing a mean of 15 that was significantly less than the 38 reported the previous year (t=-12.442, df=25, p=.000). Likewise, the number of days on which pharmaceutical stimulants had been recently injected had also fallen significantly from a mean of 35 in 2004 to 18 (t=-3.687, df=27, p=.0001). There were no daily users of pharmaceutical stimulants found in the 2005 sample and also no people in the sample who reported having a valid script for these drugs, as opposed to seven the previous year, which is likely to account for the fall in average number of days of use.

When asked what type of amphetamine they had used the most in the last six months it was revealed that crystal methamphetamine remained the most common, with 48% (n=37) of those who had recently used amphetamine indicating that this was the form they had used most. This was followed by 25% (n=19) who had mostly used powder, 13% (n=10) who had mostly used paste and 13% who had mostly used illicit pharmaceutical stimulants. There was also one individual IDU who reported that most of their use had been liquid amphetamine.

From key experts who reported on methamphetamine use, it was evident that most believed the dominant form to be crystal followed by powder, although one indicated that most of the users they had contact with were mainly consuming paste and dexamphetamine. One key expert from the law enforcement sector agreed that crystal remained the predominant form but also indicated substantial quantities of paste in circulation and noted the recent appearance of methamphetamine in tablet form, which was believed to have been imported from South East Asia. Injection remained the prime route of administration described by these key experts, although it was evident that smoking was still popular whereas snorting was much less commonly mentioned. Drinking of methamphetamines dissolved in water was mentioned by two key experts, one of whom noted the practice to be popular amongst ecstasy users.

Quantity and frequency of methamphetamine use described by key experts ranged greatly, with individual key experts noting substantial variation amongst the users they were in contact with. Rates of use ranged from the opportunistic and recreational up to the use of these drugs several times a day. Several key experts noted that use was often restricted to certain times such as on payday or weekend binges. One key expert noted that use was possibly increasing as an adjunct to other social activities. Accordingly, amounts used also varied greatly from quite small amounts, such as use of a point every three weeks, up to very substantial quantities such as an eightball spread over a couple of days. Whilst it is difficult to determine from this information what level of use might be typical, it is evident that there exists sizable amounts of variation amongst Perth methamphetamine users in this respect.

That the use of amphetamine remains widespread was evident from reports from key experts primarily talking about drugs other than amphetamines, with all of these experts being aware of at least some level of amphetamine use amongst the drug users they had contact with. This level of use was generally restricted to "a few" or "half" of users, but in some cases reportedly involved "most" of them. Crystal methamphetamine was the most commonly mentioned form followed by powder. Dexamphetamine use was mentioned by three of these key experts. There was no mention of paste use. It was observed by one of these experts that use of methamphetamines had dwindled approximately six months ago but was now back up again.

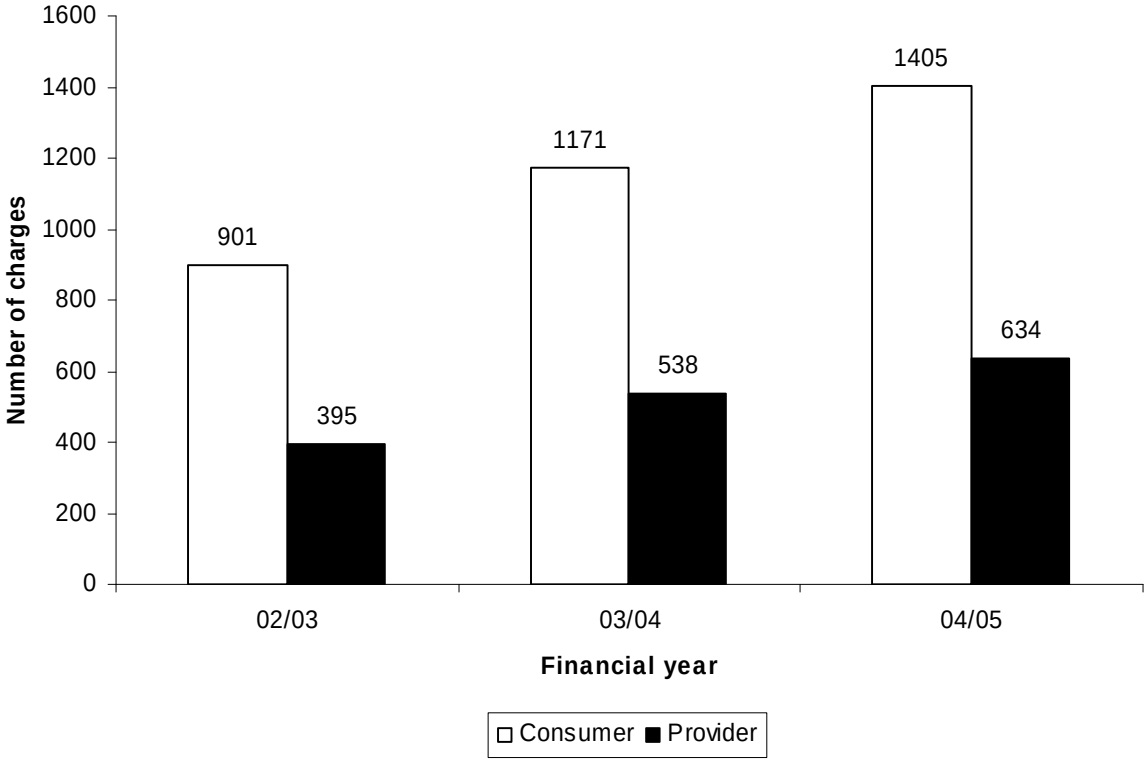
5.5 Methamphetamine-related harms

5.5.1 Law enforcement

The key expert from the law enforcement sector made several comments concerning the manufacture of amphetamine-type substances in WA. While some samples seized had been as high as 80% pure, the average was around 12-25%.

During the 2004/2005 financial year there were 2,045 arrests in WA associated with amphetamine-type stimulants, representing a substantial increase on the 1,711 the year previously. Included in these were 1,405 arrests for consumer offences and 634 for provider offences. Arrests related to amphetamine-type substances in WA since the 2002/2003 financial year are shown in Figure 30 below.

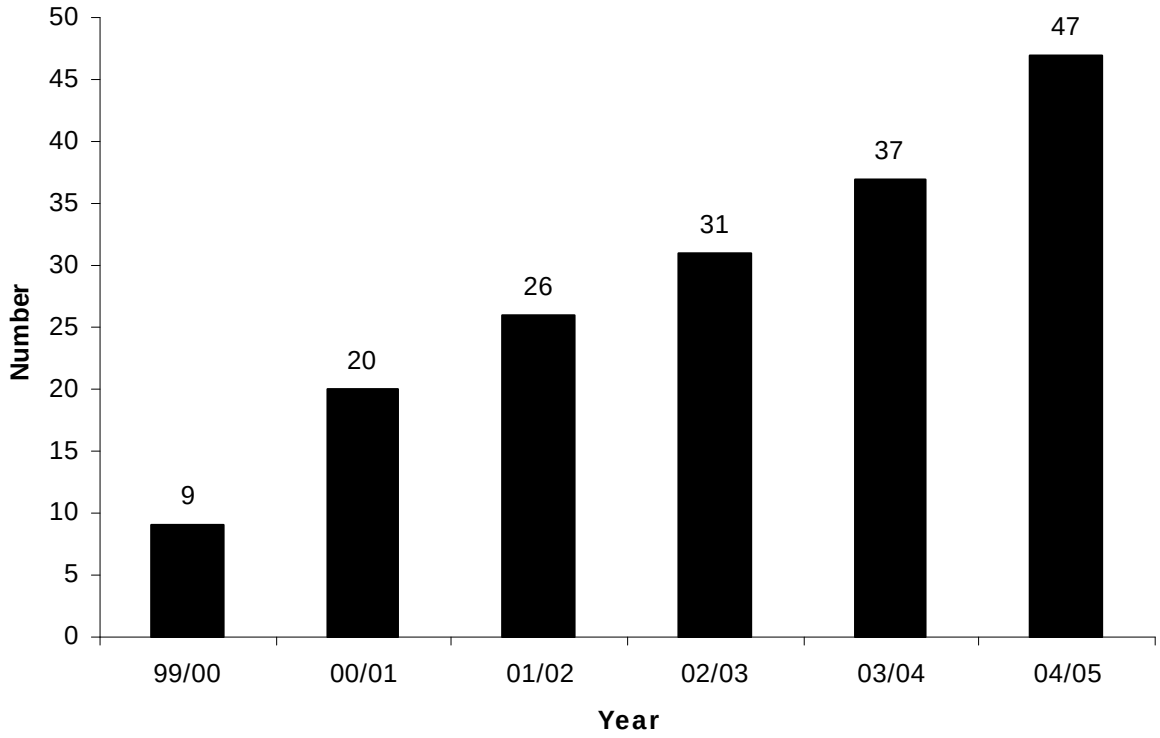
Figure 30: Recorded incidents of amphetamine arrests in WA, 2002/2003-2004/2005



Source: ACC

In the 2004 / 2005 financial year there were 47 clandestine laboratories detected by police in Western Australia, thereby representing a substantial increase on the 37 detected during 2003/2004. These data are shown in Figure 31 below.

Figure 31: Clandestine laboratories detected in WA, 1999/00 to 2004/05

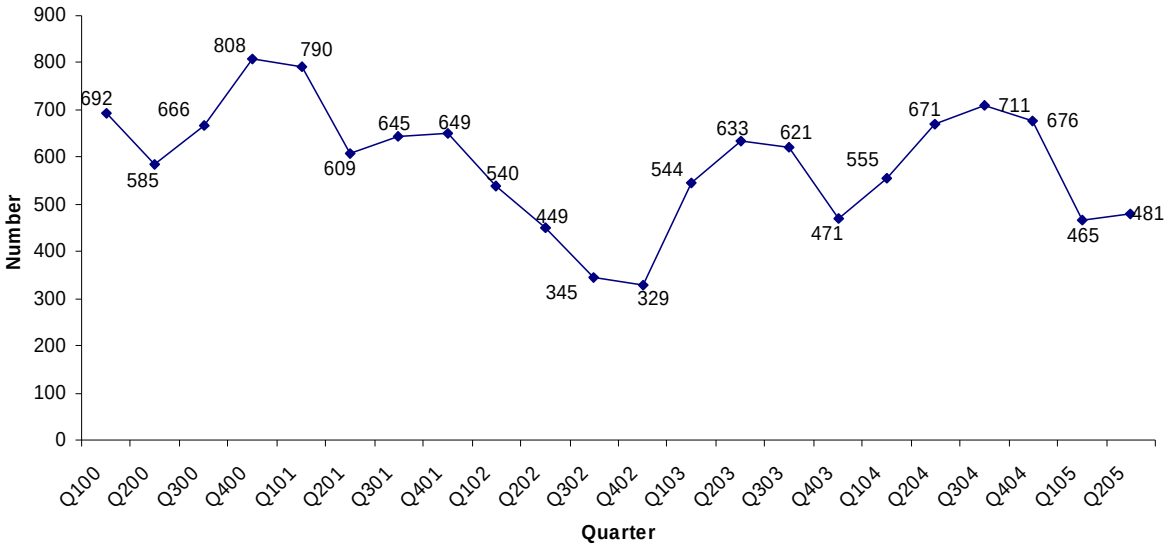


Source: WAPS

5.5.2 Health

Amphetamine remained the most common illicit substance about which ADIS received calls for the last two quarters of 2004, making up approximately 21–23 percent of calls. After this, calls concerning amphetamine use dropped sharply to 15–16% and saw cannabis emerge as the predominant illicit drug in the ADIS statistics. The numbers of amphetamine-related calls received by ADIS per quarter since 2000 are depicted in Figure 32.

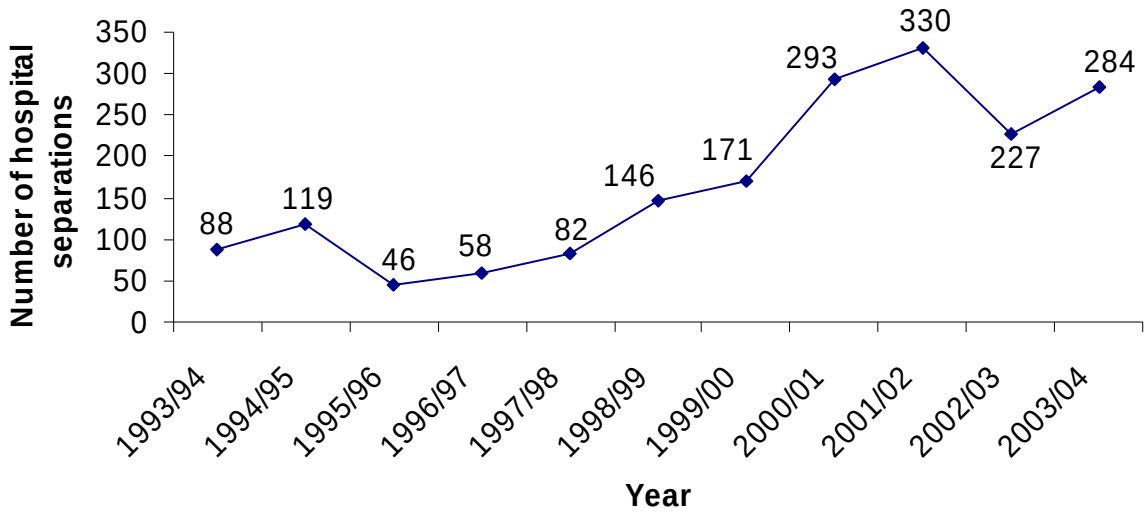
Figure 32: Number of enquiries to ADIS regarding non-pharmaceutical amphetamines, 2000-2005



Source: ADIS

After falling from 330 to 227 in 2002/2003, the number of amphetamine-related hospital separations in 15–54 year old Western Australians were seen to rise again in 2003/2004 to 284. This would seem to imply that in Western Australia there were approximately three hospital separations per 10,000 head of population in this age group compared with the national rate of two per 10,000. These data are shown in Figure 33.

Figure 33: Total number of inpatient hospital admissions in persons aged 15-54 where amphetamines were implicated, NSW, 1993-2004



Source: AIHW and HDWA

Relatively few key experts noted changes to the health problems associated with methamphetamine users. That there may be less psychotic episodes occurring was an observation made by one key expert whilst another suggested that these psychotic episodes come in waves which may be associated with fluctuations in methamphetamine purity. One key expert observed that amongst methamphetamine users, "*More people fried, exhausted, vague and irritable*". It was speculated that this may be due to new speed analogues around leading to more dependence. The key expert from the law enforcement sector noted challenges posed by mental health issues and psychosis amongst these users in that they caused serious risks to emergency department staff, ambulance drivers and police. That needle sharing may have lessened amongst these users was suggested by two key experts, one commenting that they were, "*Actually surprised by the awareness of dangers of equipment sharing*". One youth worker noted several newer problems associated with this group of dug users, including increased risk-taking whilst intoxicated, sharing equipment, unsafe sex and deterioration in general health and hygiene.

5.6 Trends in methamphetamine use

Although opinions of IDU on trends in methamphetamine in general were somewhat mixed, the prevailing opinion was that more people (not necessarily injecting drug users) were using amphetamines and also that the age of these people may be getting younger. With regards to how much methamphetamine people were using, a much clearer picture emerged, with virtually all IDU who commented indicating that quantities consumed were increasing, one observing that this may be due to the decreased purity of available methamphetamine thereby requiring the consumption of larger amounts to produce the same effect. Several IDU noted that there had been a swing towards amphetamine in the absence of heroin, and one observed that its use appeared to be becoming more "socially acceptable". Another noted that, in the relative absence of crystal, users appeared willing to experiment with other forms of methamphetamine. There were also two IDU who commented on an increased inclination towards the use of dexamphetamine.

Of the key experts who commented on other emerging trends amongst methamphetamine users, one believed that amphetamine use itself may have dropped off, but that, of those continuing to take up using, a number were initiating directly to injecting without snorting or smoking etc as an introductory route. Another noted there had been a few reports of the recreational use of anti-psychotics such as Respiridone® amongst this group of users and speculated that the increased number of methamphetamine users receiving psychiatric treatment had produced the unintentional result of those users introducing their friends to the drugs they had been prescribed. Use of "new generation" anti-psychotics among amphetamine users was also mentioned by another key expert who suggested that some users had found they could use these medications to potentiate the effects of their illicit drugs. Another mentioned that increasing mental health issues have resulted in an increased demand for mental health service provision within the prison system. That methamphetamine use was decreasing was suggested by two key experts, but countered by another who felt use of these drugs was not only increasing but their mainstream use was becoming almost normal, "*a bit like dope was 20-30 years ago*".

Another key expert noted that there had been a reduction in smoking, possibly because the types of methamphetamine available have changed; some of these new forms having longer action but less initial rush, which may affect how people use (or increase dependence). There were also other shorter acting analogues around. It was observed by one key expert that high risk IV use was associated with higher rates of psychosis and arrest and that polydrug use of methamphetamine with alcohol or cannabis resulted in problems associated with reduced control and social inhibition.

It was observed by one key expert that some males had talked about using methamphetamine for sexual purposes, while others also used for nightshift jobs, and that lots of criminal activity occurred whilst under the influence.

5.7 Summary of methamphetamine trends

A summary of major trends in methamphetamine is provided in Table 12 below.

Table 12: Summary of methamphetamine trends

Price	• Powder increased in price from $260 in 2004 to $300 per gram in 2005. • Paste increased in price from $250 in 2004 to $300 per gram in 2005. • Reports of increased crystal prices from $350 in 2004 to $400 in 2005 but this was not statistically significant.
Availability	• All forms remain "easy" or "very easy" to obtain. • Powder and paste both more available than in 2004. • Crystal harder to obtain than in 2004.
Purity	• Overall perception that purity of all forms has declined. • User reports describe powder and paste as "medium". • User reports describe crystal as "high". • Recent purity of paste and crystal stable, little consensus among users about powder.
Use	• Use of powder stable. • Use of paste rising. • Use of crystal falling. • Smoking of crystal falling.

6.0 COCAINE

6.1 Price

As in previous years, Western Australian price data on cocaine need to be interpreted with care due to the extremely small number of purchases which render tests of statistical significance inappropriate. Asked about what they believed the price of a gram of cocaine to be, just four respondents gave prices ranging from $350 up to $500 with a median of $450 and a mean of $431, which appeared to be somewhat more than the previous year's mean and median of $350. With regards to actual purchases of cocaine, just one person had actually purchased a gram of cocaine in the last six months, for $475. Three IDU had purchased a halfweight for a median price of $200, which appears to be somewhat less than the 2004 median of $350. There was also one instance of purchasing a cap for $50 and one of a quarter gram for $50.

A summary of cocaine price data is provided in Table 13 below.

Table 13: Price of most recent cocaine purchases by IDU, 2005

Amount	Median price* $	Number of purchasers*
Gram	$475 (-)	1 (0)
Cap	$50 (-)	1 (0)
"Halfweight" (0.5 grams)	$200 (350)	3 (2)
Quarter gram	$50 (-)	1 (0)

Source: IDRS IDU Interviews
NOTE: As it is based on small numbers of user reports, these data should be treated with extreme caution.
*2004 data are presented in brackets

Opinions on whether the price of cocaine had changed in the last six months were highly mixed, with two IDU believing it had fluctuated, one stating it had increased, one that it was stable and one that didn't know.

6.2 Availability

Of the five IDU who provided information on the availability of cocaine, 80% (n=4) thought it was currently "easy", the remaining individual that it was "difficult". As to the question of whether availability of cocaine had changed in the six months preceding the interview, 40% of IDU responding (n=2) thought it had become "more difficult" and another 40% that it had "fluctuated". Just one individual thought it had become "easier". A summary of cocaine availability data for 2005 are displayed in Table 14 below.

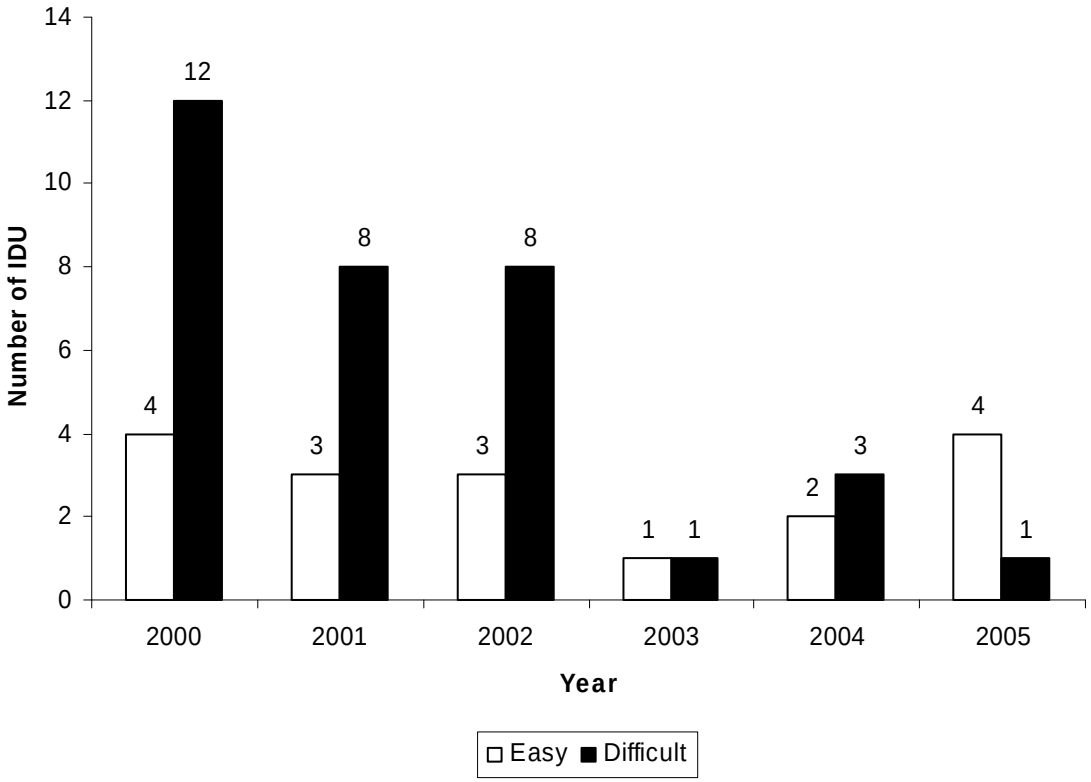
Table 14: Summary of IDU reports of cocaine availability, 2005

	WA IDU sample (n=100)
Did not respond (%)	95
Did respond (%)	5
Of those that responded(%)	
"Very easy" (%)	0%
"Easy" (%)	80% (4% of entire sample)
"Difficult" (%)	0%
"Very difficult" (%)	20% (1% of entire sample)
"*Don't know*" (%)	0%

Source: IDRS IDU Interviews

By collapsing these availability data into a dichotomous format (i.e. "easy" vs. "difficult") which are displayed in Figure 34 below, two things become apparent. Firstly, 2005 is the first year since IDU data collection commenced in WA that numbers reporting cocaine availability as "easy" have exceeded those describing it as "difficult". It also becomes apparent that the numbers of IDU providing these data remain very small, and certainly much less than numbers responding prior to 2003. With this in mind, these availability data, like those concerning price, must be interpreted with caution.

Figure 34: IDU reports of ease of availability of cocaine in the past six months, 2000-2005



Source: IDRS IDU Interviews

As in 2004, the most usually cited source of cocaine was from friends (60%, n=3). The only other source mentioned by one individual IDU was from a dealer's home. The remaining IDU responding didn't know. There were four IDU who gave information relating to the length of

time it took to obtain cocaine. Half of these (n=2) gave a time of 60 minutes, one said 30 minutes and the remaining individual indicated that it usually took them almost 10 days.

6.3 Purity

The majority (60%, n=3) of those IDU providing their perceptions on the current purity of cocaine in Perth was that it was "high", which may be cautiously compared with the prevailing view of the previous year (30%, n=2) that it was "medium". A complete breakdown of users' perceptions of cocaine purity for 2005 in WA is shown in Table 15 below.

Table 15: Summary of user reports of cocaine purity in WA, 2005

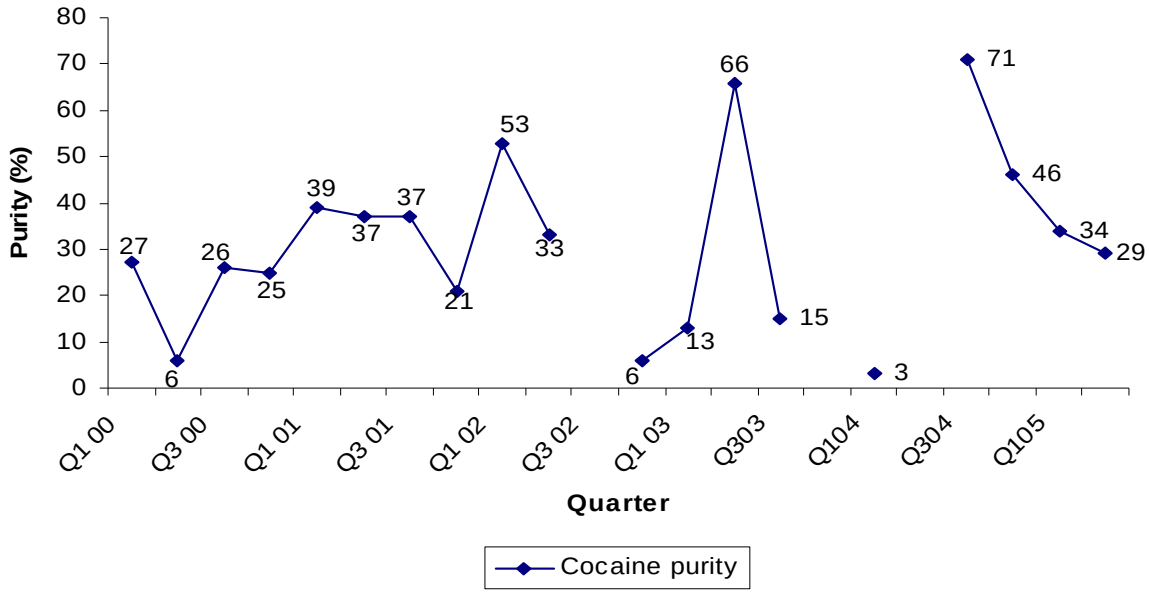
	WA IDU sample (n=100)
Did not respond (%)	95
Did respond (%)	5
Of those that responded (%)	
"High" (%)	60% (3% of entire sample)
"Medium" (%)	20% (1% of entire sample)
"Low" (%)	20% (1% of entire sample)
"Fluctuates" (%)	0%
"*Don't know*" (%)	0%

Source: IDRS IDU Interviews

Asked whether the purity of cocaine had changed recently, 40% (n=2) of those responding said it had "fluctuated", one individual thought it had "increased", one that it was "stable" and one didn't know.

The average median purity of cocaine analysed in WA during the 2004/2005 financial year was 44%, ranging between 15% and 82%. Although this would appear to be a massive increase on the average of the previous year of three percent, it must be remembered that that the average was calculated from just four seizures and therefore requires that caution be used in accepting it as reliable data. There was just one seizure analysed in the 2004/2005 financial year by Australian Federal Police which was found to have a purity level of 77%. Purity levels of cocaine analysed by WA police are shown by quarter in Figure 35.

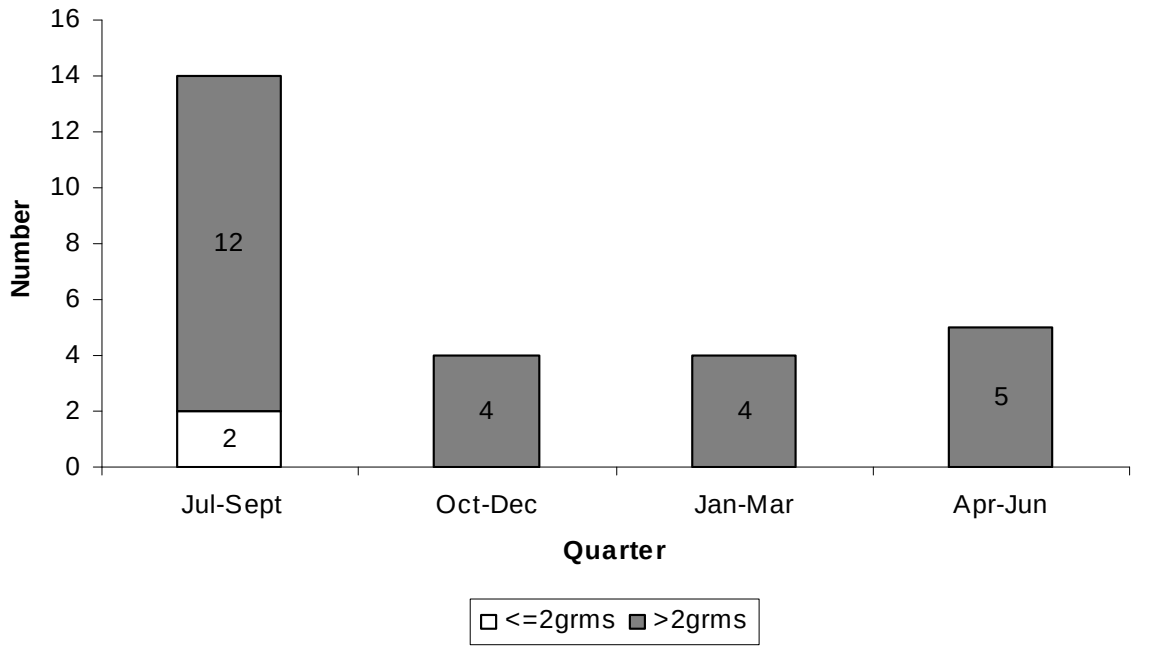
Figure 35: Purity of cocaine seizures analysed in WA, by quarter, 2000-2005



Source: ACC

During the 2004/2005 financial year WA police analysed 27 seizures of cocaine. Of these, 25 were of quantities larger than two grams. These data are shown in Figure 36 below. There was also one seizure analysed by the Australian Federal Police. These figures can be compared with the previous year during which WA police analysed just four seizures. In total there were 44 seizures of cocaine during the 2004/2005 financial year weighing a total of 1,034 grams, which was substantially more than the 94 grams seized across 14 seizures the year previously.

Figure 36: Number of cocaine seizures analysed in WA, by quarter, 2004/2005



Source: ACC

6.4 Use

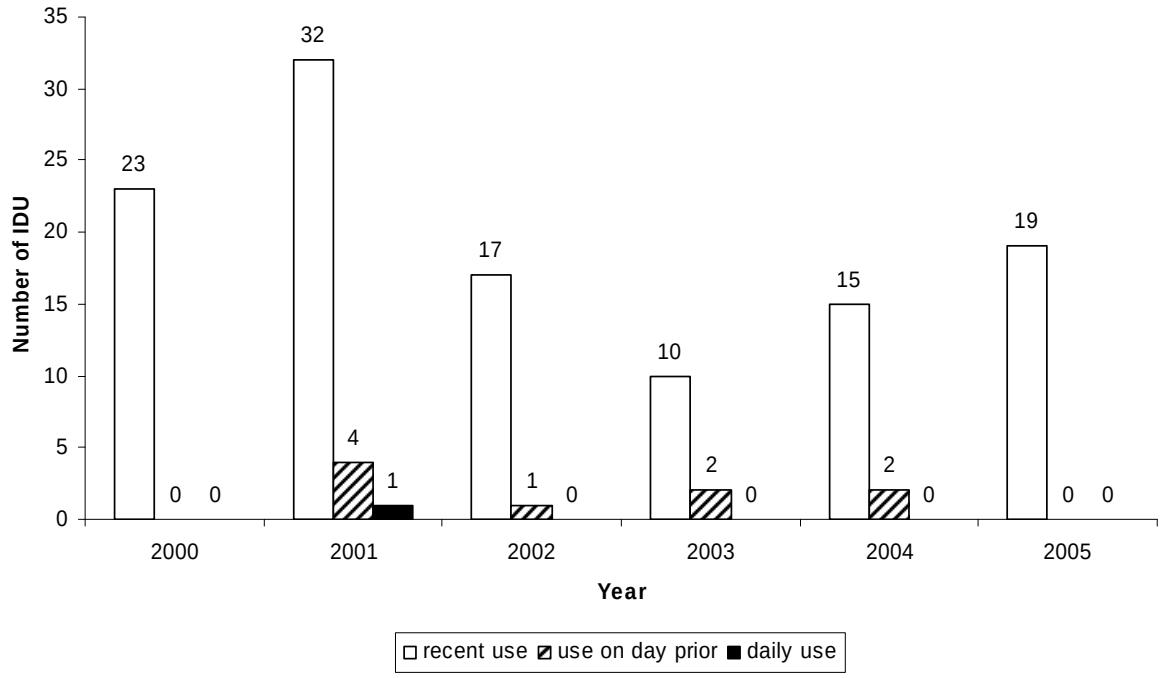
6.4.1 Cocaine use among IDU

A lifetime history of cocaine use was reported by 70% of the IDU sample, which was not significantly different from the 72% reported the previous year (χ^2=.198, df=1, p=.656). There was just one IDU who indicated that cocaine was their drug of choice and none who said it had been the drug they had most injected in the month prior to interview or had been the drug they most recently injected. The IDU whose drug of choice was cocaine cited availability as the reason why it was not the drug most used.

6.4.2 Current patterns of cocaine use

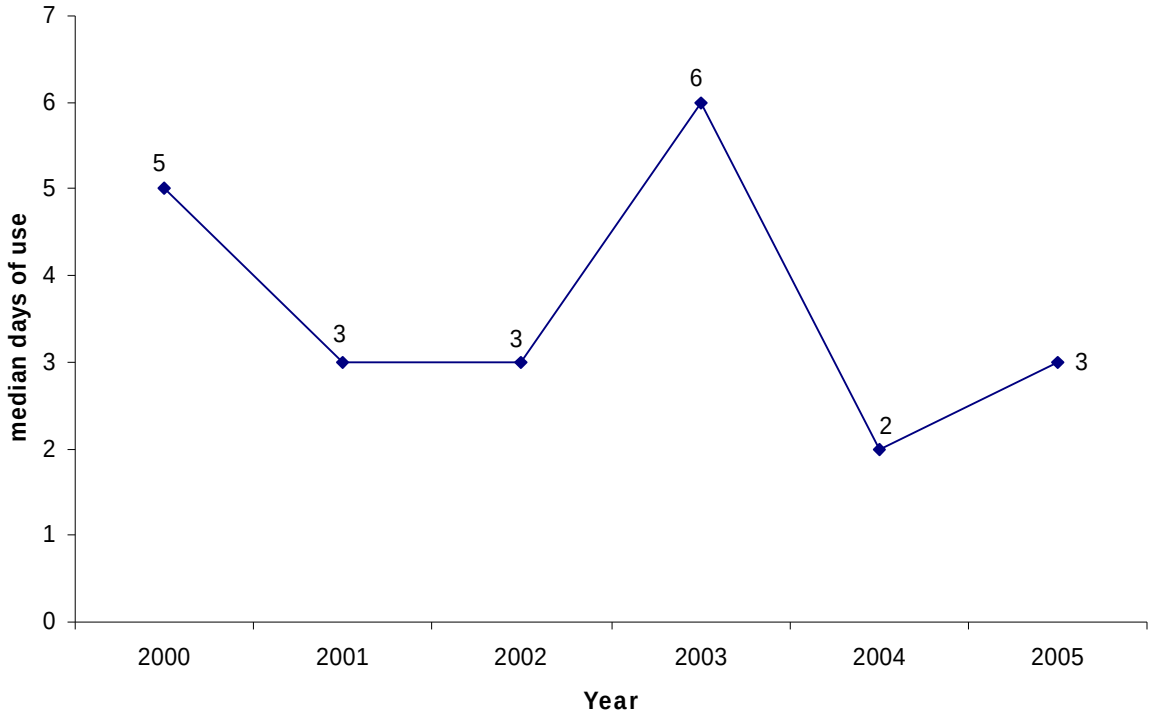
The recent use of cocaine was reported by 19% of the IDU sample, which was not a significant increase on the 15% reported in 2004 (χ^2=1.255, df=1, p=.263). Days of use ranged from 1 to 15 (i.e. no incidences of use on a daily basis) with a median of 3 and a mean of 4, which was significantly less than the 2004 mean of nine days (t=-5.613, df=18, p=.000). These data are depicted in Figures 37 and 38 below.

Figure 37: Proportion of IDU reporting cocaine use in the past six months, daily use, and use on the day preceding interview, 2000-2005



Source: IDRS IDU Interviews

Figure 38: Median days of cocaine use in the past six months, 2000-2005



Source: IDRS IDU Interviews

Recent injection of cocaine was reported by 13 IDU, which was not a significant increase on the 8 who reported having done so the previous year (χ^2=3.397, df=1, p=.065). The mean number of days of injection was 3, which was a significant decrease on the 2004 mean of 9 days (t=-9.315, df=12, p=.000).

Asked what form of cocaine they had used in the last six months, all 19 IDU who had consumed cocaine in that time responded that they had used the powder form. There was 1 IDU among these who stated that they had also used crack cocaine; however, as this individual did not report any instances of smoking cocaine in the last six months, this information must be considered questionable.

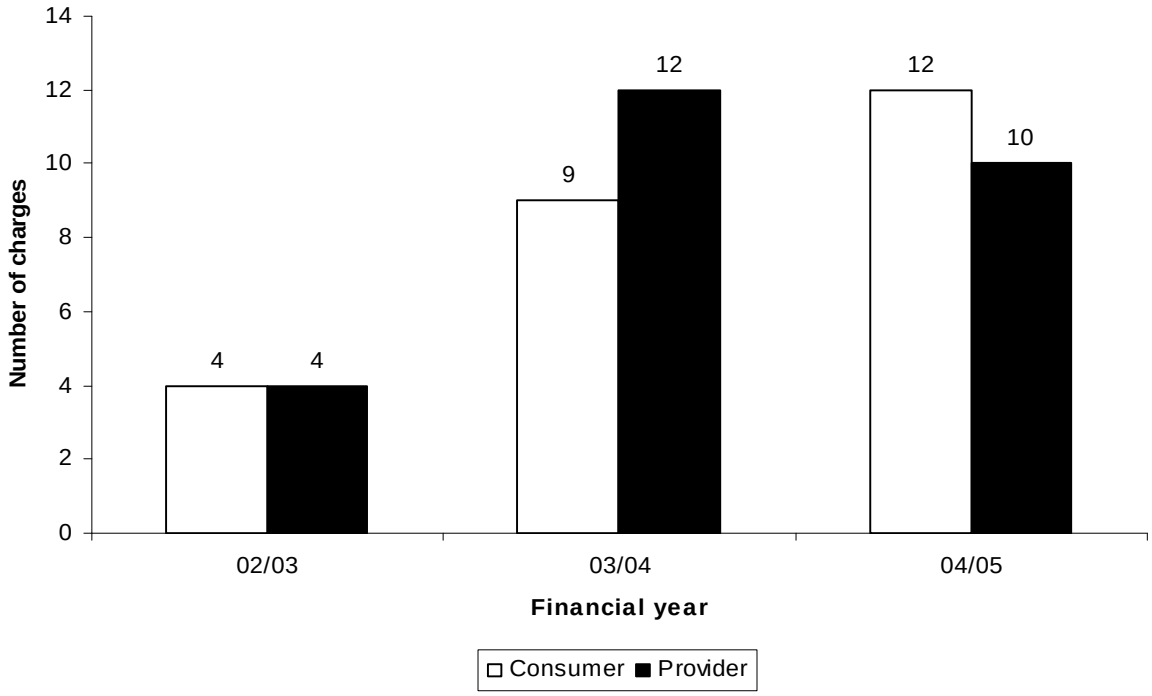
Although there were no key experts who talked specifically about cocaine use, there were nevertheless seven who indicated an awareness of cocaine use amongst small numbers of the drug users they had contact with. In all cases this use was of powder cocaine bar one key expert who believed they knew of one individual using crack. One key expert observed that what cocaine use there was appeared to be on an opportunistic basis. Another commented that use of the drug amongst users they had contact with was restricted to females involved in the modelling industry who had access to cocaine whilst working overseas.

6.5 Cocaine-related harms

6.5.1 Law enforcement

During the 2004/2005 financial year there were 22 arrests associated with cocaine-related offences, which was not dissimilar from the 21 the previous year. Of these, there were 12 arrests for consumer offences and 10 for provider offences. These data are displayed in Figure 39 below.

Figure 39: Recorded incidents of cocaine offences in WA, 2002/2003-2004/2005



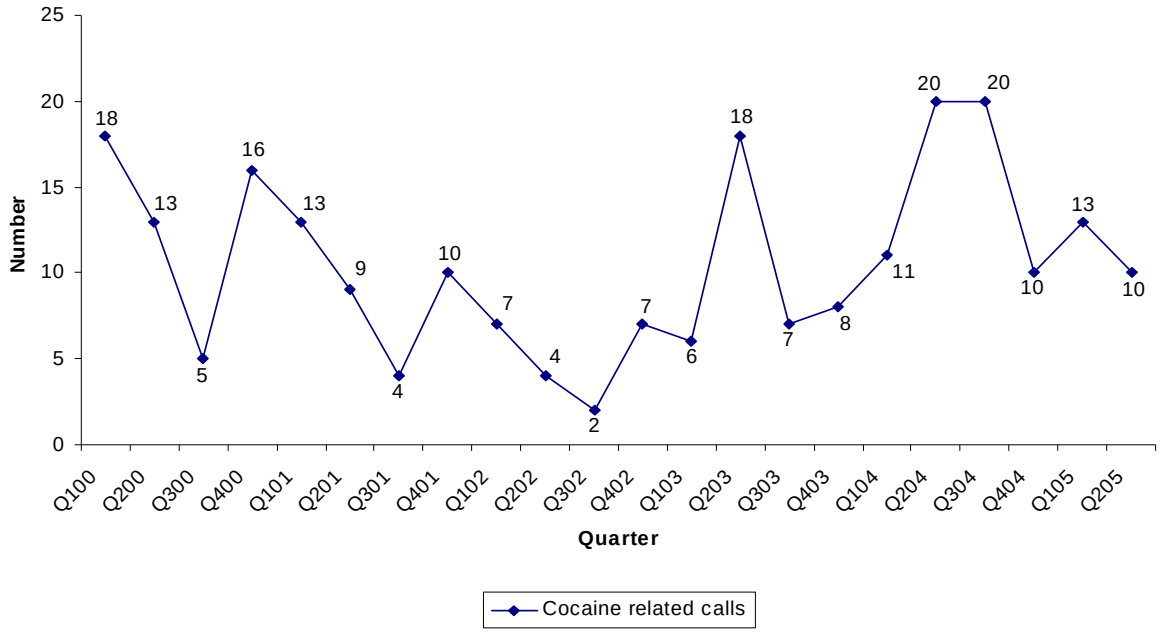
Source: ACC

6.5.2 Health

Calls to telephone helplines

The number of cocaine-related calls received by ADIS during the 2004/2005 financial year remained extremely small, in no quarter accounting for even one percent of calls received. Although 20 calls were received in the first quarter of that year, for the remainder of the time period the number of cocaine-related calls was substantially less. These data are portrayed in Figure 40 below.

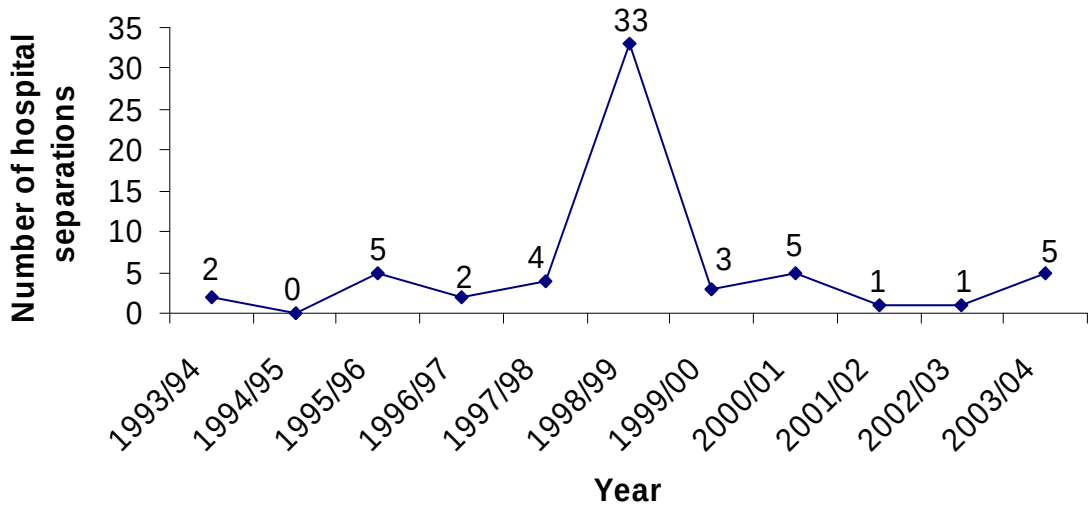
Figure 40: Number of enquiries to ADIS regarding cocaine, 1996-2005



Source: ADIS

With just five hospital separations for primary cocaine diagnoses in 2003/2004 in persons aged 15–54, it was evident that these episodes involving cocaine remained extremely uncommon in Western Australia despite that figure being the highest seen since 2000/2001. This figure would suggest that there were approximately 0.05 hospital separations per 10,000 head of population in that age group compared with the national rate of 0.15 per 10,000. Data on WA hospital separations where cocaine was the primary diagnosis are shown in Figure 41 below.

Figure 41: Total number of inpatient hospital admissions in persons aged 15-54 where cocaine was the primary diagnosis, WA, 1993-2004



Source: AIHW and HDWA

6.6 Trends in cocaine use

There were no IDU who made any comments on general trends that concerned the use of cocaine.

6.7 Summary of cocaine trends

A summary of the main trends associated with cocaine use is located in Table 16 below.

Table 16: Summary of major cocaine trends

Price	• $475 per gram (based on one purchase only) • $200 per half weight (based on three purchases only) • Conflicting data as to changes in cocaine price
Availability	• Reportedly "easy" but based on very small numbers • Conflicting data on whether availability has changed recently
Purity	• User reports suggest purity "high" • Suggestions from user reports that purity may have increased but based on very small numbers • Conflicting user data on recent changes to purity
Use	• Numbers using stable • Evidence of decreased days of use • No reports of daily use • Powder cocaine remains the dominant type

7.0 CANNABIS

7.1 Price

Hydro

Asked what they believe an ounce of hydroponic cannabis to currently cost produced answers ranging from $200 to $1000 with a median price of $300 and a mean of $307, which was not significantly removed from the 2004 mean cost of $286 (t=1.654, df=59, p=.103). However, in the cost of most recent purchases of an ounce of hydroponic cannabis, which in 2005 ranged from $200 to $400 with a mean of $287, it was significantly higher than the 2004 mean price of $250 (t=5.387, df=37, p=.000). The most commonly purchased quantity of hydroponic cannabis was a gram (n=35 for a median price of $25). Other common amounts included a bag (n=33) for a median price of $50, 29 purchases of a half ounce for a median price of $150, 21 purchases of a quater ounce for a median of $75, 21 of two grams for a median cost of $25 and 10 purchases of three grams with a median cost of $50.

Bush

User estimates of the current price of an ounce of bush ranged from $100 to $500 with a median price of $230 and a mean of $227, which was not significantly different from the 2004 mean price estimate of $212 (t=1.782, df=51, p=.081). As with hydroponics, however, a significant price rise did become apparent when prices of the most recent purchase of an ounce of bush cannabis were examined. The 24 purchases ranged in price from $150 to $300 with a median of $230 and mean of $224, which was significantly higher than the previous year's mean price of $200 (t=2.957, df=23, p=.007). The next most common size of purchase was a bag (n=21) for a median cost of $50. Other common amounts of bush purchased included 19 purchases of a gram for a median price of $25, 16 purchases of a half ounce for a median price of $120, 12 of a quarter of an ounce for a median cost of $65, 11 purchases of two grams for a median cost of $25 and five purchases of three grams for a median cost of $30. These price data are summarised in Table 17 below.

It was unusual for key experts to differentiate between cannabis type when discussing prices. The costs suggested for an ounce of cannabis ranged from $240 to $400 with most estimates falling in the $250-$300 mark. Just one key expert gave prices specific to an ounce of hydroponic cannabis, suggesting a range of $250–$350. Key experts also noted the existence of $25, $50 and $100 bags. That these prices had remained stable was agreed to by all but one key expert who thought they had decreased.

Table 17: Price of most recent cannabis purchases by IDU, 2005

Amount	Hydro Median price* ($)	Hydro Number of purchasers	Bush Median price* ($)	Bush Number of purchasers
Ounce	300 (250)	38 (23)	230 (200)	24 (14)
Half ounce	150 (150)	29 (16)	120 (120)	16 (4)
Quarter ounce	75 (90)	21 (9)	65 (50)	12 (3)
Gram	25 (25)	35 (21)	25 (25)	19 (8)

Source: IDRS IDU Interviews
*2004 median prices are in brackets

Despite this evidence of a possible increase in the price of both forms of cannabis, clear majorities of IDU believed that the price of both hydro (86%, n=60) and bush (73%, n=51) had remained stable in the six months preceding the interview.

Hash and hash oil

Purchases of hashish among the 2005 IDU sample were extremely rare with both hash and hash oil each having only two recent purchases made. The two purchases of a gram of hash cost $30 and $35 respectively and the two purchases of a cap of hash oil cost $25 and $50 respectively.

7.2 Availability

With regards to availability, 56% (n=39) reported hydroponic cannabis to be "very easy" to obtain and 29% (n=20) said it was easy, a situation very similar to 2004 where 56% described hydroponic cannabis as being "very easy" to obtain and 32% "easy". In the case of bush cannabis, 37% (n=26) thought access to be "easy" and 30% (n=21) to be "very easy", which was also similar to the findings of the previous year in which 36% found it "easy" and 28% "very easy". A complete breakdown of user reports of availability is located in Table 18 below.

Table 18: Availability of hydro and bush cannabis by IDU report, 2005

	Hydro	Bush
Did not respond (%)	30	30
Did respond (%)	70	70
Of those that responded(%)		
"Very easy" (%)	56 (39% of total sample)	30 (21% of total sample)
"Easy" (%)	29 (20% of total sample)	37 (26% of total sample)
"Difficult" (%)	10 (7% of total sample)	17 (12% of total sample)
"Very difficult" (%)	1 (1% of total sample)	1 (1% of total sample)
"*Don't know*" (%)	4 (3% of total sample)	14 (10% of total sample)

Source: IDRS IDU Interviews

Asked if availability of cannabis had recently changed, a clear majority for both hydro (80%, n=56) and bush (73%, n=51) said availability had remained "stable". Other responses were extremely uncommon.

The most common opinion expressed by key experts as to availability was that it was "very easy" to obtain, followed by a smaller number who described it as "easy". There was one key expert who made the observation that the young users they had contact with fell into two distinct groups for whom the ease of availability varied greatly from "very easy" to "very difficult" depending on how well connected they were. Most key experts thought cannabis availability had remained stable, although two thought it had become easier.

As in the previous two years the most commonly cited source for cannabis regardless of type was from friends. In the case of hydro, 45% (n=31) cited friends, 29% (n=20) went to a dealer's home, 10% (n=7) purchased from a street dealer and 4% (n=3) reported growing their own. The use of mobile dealers, home delivery or being the recipient of a gift were also mentioned by small numbers. With regards to bush, 46% (n=32) said their cannabis came from friends, 20% (n=14) bought it from dealers' homes, 7% (n=5) had received it as a gift, 4% (n=3) reported growing their own and 3% (n=2) obtained it from a street dealer.

Time taken to score hydro ranged from one minute to 10 hours with a mean of 55 minutes, which was not significantly longer than the 2004 mean time of 31 minutes (t=1.710, df=66, p=.092). Time taken to obtain bush also ranged from one minute to 10 hours with a mean of 57 minutes which did not differ significantly from the previous mean time of 34 minutes.(t=1.432, df=54, p=.158).

As to the question of the original source of cannabis, in the case of hydro this was equally likely (30%, n=21) to have come from either a large-scale cultivator (i.e. organised crime) or a small-time backyard user/grower. There were also 7% (n=5) who had grown their own and 32% (n=22) who didn't know. Of those who did know, 64% (n=30) were "very sure" about the accuracy of this information. Bush was most likely (32%, n=22) to have come from a small-scale backyard user/grower. This was followed by large-scale cultivators (21%, n=14) and 7% (n=5) who had grown their own. There were also 40% of those responding (n=27) who didn't know. Of those who did know, 68% (n=28) were "very sure" about the source of their cannabis. The involvement of bikie gangs in the cannabis supply chain was mentioned by one key expert and another noted the increased use of hydroponic techniques.

7.3 Potency

As in 2004, the majority opinion was that the current potency of hydroponic cannabis in Perth was "high" (69%, n=48) and the potency of bush was "medium" (56%, n=39). A complete breakdown of IDU perspectives on cannabis in 2005 can be found in Table 19 below.

Table 19: IDU perspectives on cannabis potency, 2005

	Hydro	Bush
Did not respond (%)	30	30
Did respond (%)	70	70
Of those that responded (%)		
"High" (%)	69 (48% of total sample)	16 (11% of total sample)
"Medium" (%)	19 (13% of total sample)	56 (39% of total sample)
"Low" (%)	1 (1% of total sample)	4 (3% of total sample)
"Fluctuates" (%)	4 (3% of total sample)	6 (4% of total sample)
"Don't know" (%)	7 (5% of total sample)	19 (13% of total sample)

Source: IDRS IDU Interviews

Asked if cannabis potency levels had changed in the last six months, a clear majority for both hydro (73%, n=51) and bush (66%, n=46) indicated that they had remained "stable". The expression of other points of view was relatively uncommon.

The most common opinion expressed by key experts on the subject of cannabis potency was that it was "high" or "medium to high". There were two who thought it tended to fluctuate and one observed that although potency could generally be considered "high" this view often depended upon who you talked to. All five key experts who responded to the question of whether levels of cannabis potency had recently changed indicated that it had remained stable.

7.4 Use

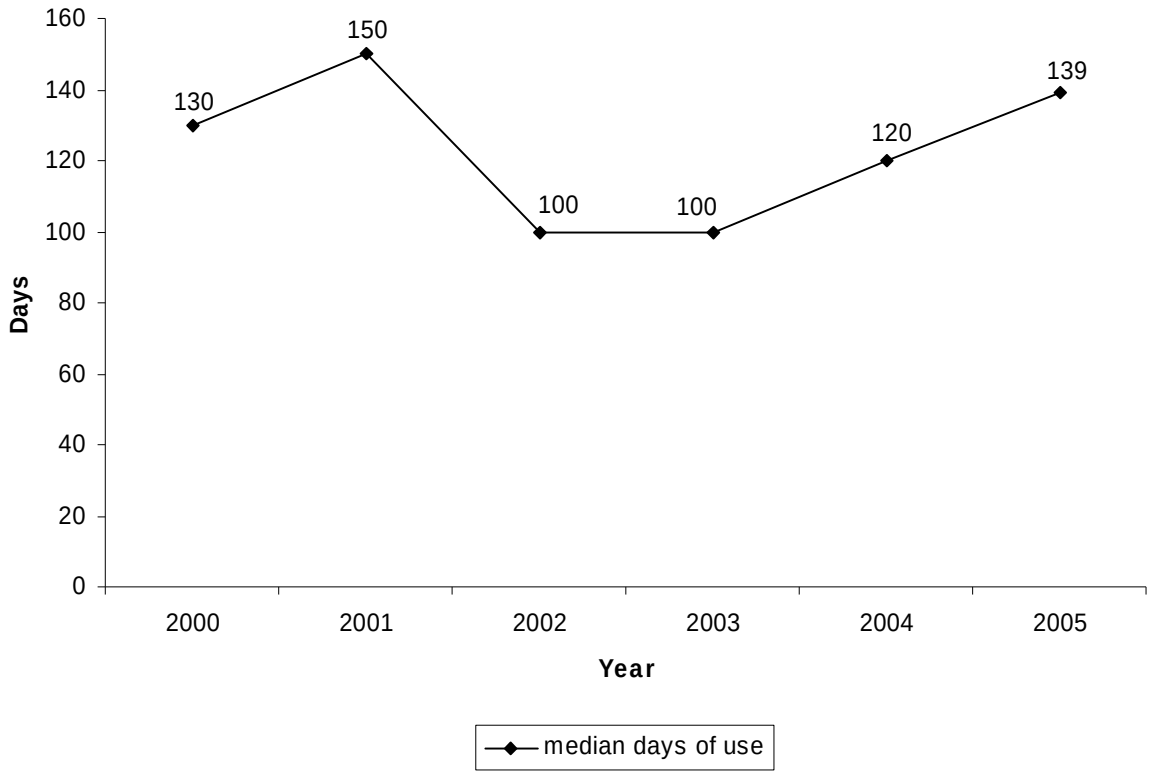
7.4.1 Cannabis use among IDU

A lifetime history of cannabis use was reported by 86% of the IDU sample, a figure which was significantly less than that found in previous years' samples with 100% in 2003 and 99% in 2004 (χ^2=14.037, df=1, p=.000). Ready explanations for this decline, however, are unclear.

7.4.2 Current patterns of cannabis use

Use of cannabis within the last six months was reported by 76% of IDU which represented a significant decline on the 84% in 2004 (χ^2=4.762, df=1, p=.029). Days of use ranged from one to 180 with a median of 139 and a mean of 112, which did not differ significantly from the mean of 110 days the previous year (t=.226, df=75, p=.822). There were 31 IDU who reported consuming cannabis on a daily basis, which also was not significantly different from the 35 daily users in 2004 (χ^2=.703, df=1,p=.402). Median days of use amongst the IDU sample since 2000 are displayed in Figure 42.

Figure 42: Median number of days of cannabis use in the past six months, 2000-2005



Source: IDRS IDU Interviews

As in past years, hydroponically grown cannabis was found to be the type most widely used, with 96% (n=73) of those who had used cannabis within the last six months having used hydro. Bush cannabis had been consumed by 92% (n=70), but, as to the question of what type IDU had *used most of*, 76% (n=58) indicated that this had been hydroponically cultivated cannabis. By comparison, the use of hash and hash oil were relatively rare with 19% stating they had used hash within the last six months and just 8% of IDU having used hash oil in that time. There were no respondents at all who indicated that hash or hash oil had been the form of cannabis that they had consumed most of.

Virtually all key experts who spoke about cannabis use and who specified a type indicated that the predominant form remained hydroponically cultivated cannabis. The one exception to this was the key expert who indicated that the drug users they saw were actively using all forms of cannabis. It was also remarked that there was not much hash around at all, and bush cannabis, while available, was generally seen as a last resort. Smoking was the only route of administration mentioned by key experts, but the methods employed to do so differed somewhat. Bongs (water pipes) and joints were the most commonly mentioned, but several key experts also mentioned the use of pipes and bucket bongs. The observation was made by one key expert that age played a role in this, with bucket bongs generally being used by younger people while pipes tended to be favoured by older users. Amounts of cannabis consumed by the users seen by key experts varied enormously from the relatively modest two or three times a week up to 20-30 cones a day. Such large amounts appeared to be unusual, however, and a more typical picture seemed to be several cones per day when cannabis was available. Among key experts who spoke about users whose primary drug was not cannabis, all were aware of cannabis use amongst the drug users they had contact with, the majority of these stating that most of the users they saw were cannabis consumers and hydroponic cannabis was the type most commonly used. One of these key experts did suggest that although hydroponic cannabis was the most commonly used, its dominance may be declining.

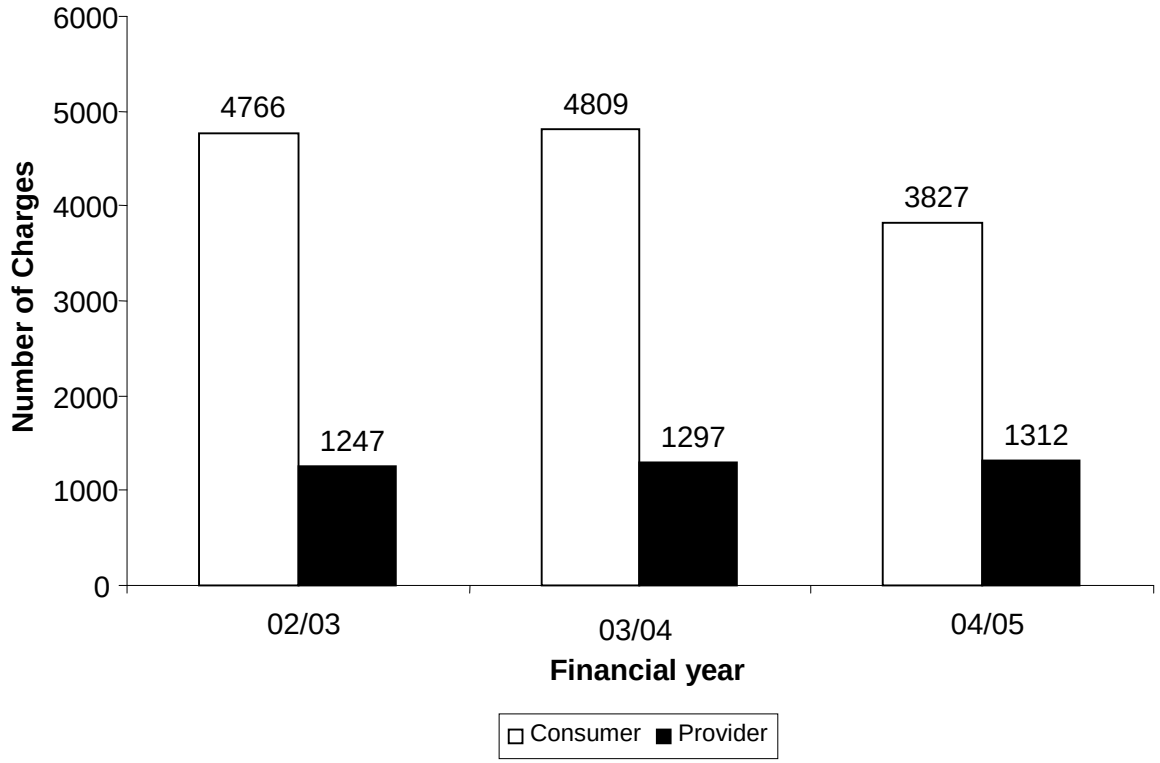
7.5 Cannabis-related harms

7.5.1 Law enforcement

There were three key experts who spoke of problems with a misunderstanding of the recent changes to cannabis legislation in Western Australia, with mistaken beliefs that growing hydroponic cannabis was legal, resulting in persons becoming caught up in the CIN system without realising they had been committing an offence.

There was a total of 5,173 cannabis related arrests in the 2004/2005 financial year, which was compared to the 6,108 the year before. These included 3,827 consumer arrests and 1,312 provider arrests. These data are presented in Figure 43 below. There were also 3,782 Cannabis Infringement Notices issued during this time. WA police made 8764 seizures of cannabis totalling 390,552 grams compared with the 319,352 grams from 7,950 seizures the previous year. Australian Federal Police also made 83 seizures totalling 849 grams of cannabis which was substantially less than the 647,612 grams across 120 seizures by the AFP during the 2003/2004 financial year.

Figure 43: Recorded incidents of cannabis offences in WA, 2002/2003-2004/2005



Source: ACC

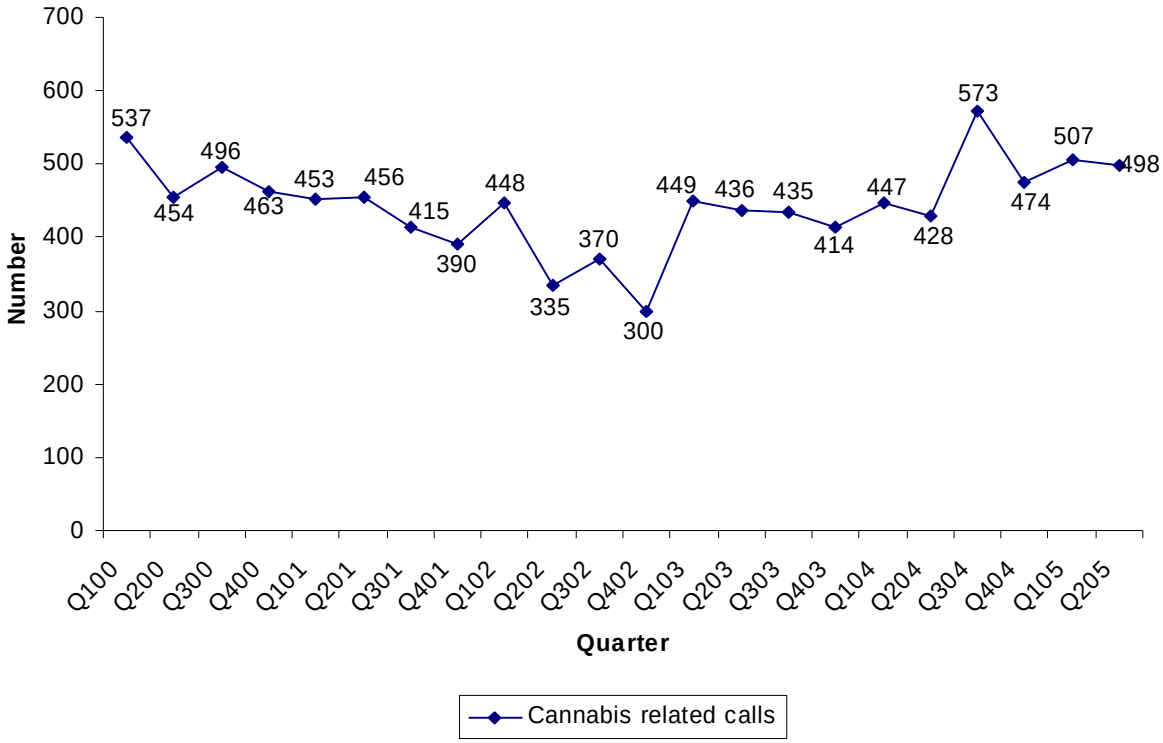
7.5.2 Health

Increased levels of mental health issues amongst cannabis users were mentioned by several key experts although one issued the proviso that this may be an artefact of people being more willing to discuss this aspect of their drug use. That incidences of mental health problems may be increasing in severity was suggested by one expert. Specific mental health problems mentioned included paranoia, mood swings and decreased motivation. Additional problems may be associated with young cannabis users becoming engaged with mental health services; one key expert observing that, on discharge from hospital, some of these young people commenced using their prescribed medications such as Alazapine® and Seroqual® to come down from episodes of illicit drug use. Unsafe sex was also identified as a health risk for cannabis users by two key experts, one of these noting the problem was exacerbated by combining cannabis and alcohol resulting in passing out and unplanned sexual behaviour.

Calls to telephone helplines

Cannabis continued to feature strongly in drug-related calls to ADIS throughout the 2004/05 financial year, accounting for 15-17% of calls from or about drug users received. Trends in cannabis-related calls to ADIS since the first quarter of 2000 are shown in Figure 44 below.

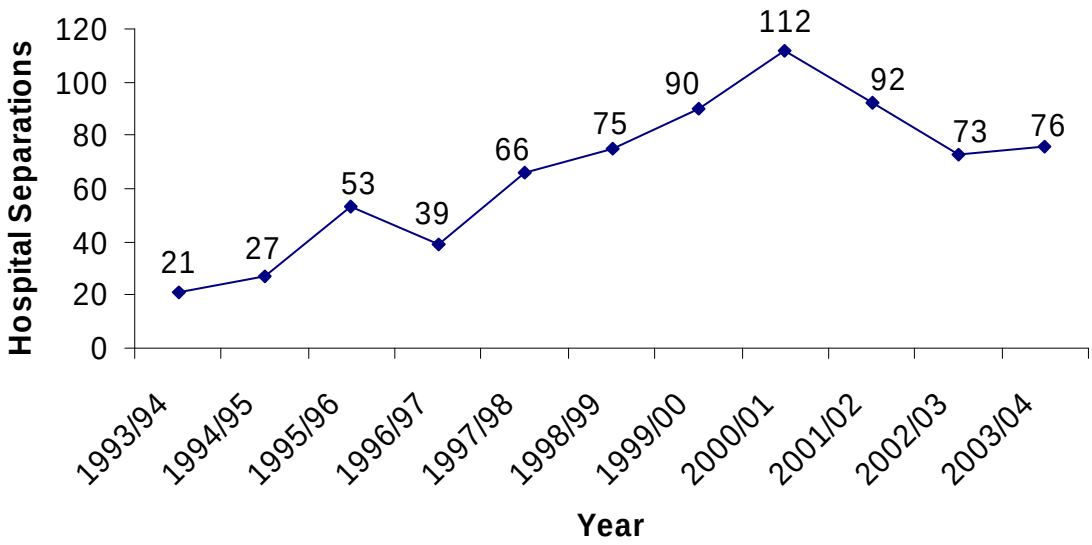
Figure 44: Number of enquiries to ADIS regarding cannabis, 2000-2005



Source: ADIS

There were 76 hospital separations for a primary cannabis diagnosis in Western Australia during the 2003/04 financial year, a figure virtually unchanged from the year preceding it. This translates as approximately 0.7 per 10,000 compared with the national rate of 1.2 per 10,000. Trends in cannabis-related hospital separations are depicted in Figure 45 below.

Figure 45: Number of inpatient hospital separations in persons aged 15-54 where cannabis was implicated, WA, 1993/94-2003/04



Source: AIHW and HDWA

7.6 Trends in cannabis use

It was relatively unusual for IDU to comment of more general trends in cannabis use. There was one individual who noted that fewer of their friends were using cannabis and a second who made the observation that people seemed to be turning away from cannabis in favour of "harder drugs". That increased numbers of younger people were using cannabis was observed by a number of key experts, one indicating that they were aware of consumption of the drug by children as young as eight or nine years. Key experts also noted that cannabis use appeared to be a group activity often among an intimate circle of friends. It was also noted that cannabis users tended to grow or produce their own drugs more so than users of other substances. Polydrug use amongst cannabis users was remarked on by two key experts, both observing that among this group of users the psychoactive repertoire appeared to be limited to psychostimulants and alcohol. Problems associated with unsafe sex among young cannabis users were noted by one key expert. An unusual harm noted by one key expert related to many cannabis users' relative naivety with regard to "harder" drugs, with the result that when attempting to purchase pills they were often susceptible to dealers selling pills that were not what they purported to be, such as psychiatric medications being sold to young cannabis users as "dexamphetamine".

7.7 Summary of cannabis trends

A summary of cannabis trends is located in Table 20 below.

Table 20: Summary of major cannabis trends

Price	• Evidence that price of hydro ounce may have increased from $250 to $287 on average. • Evidence that price of bush ounce may have increased from $200 to $224 on average. • Price of both hydro and bush stable.
Availability	• Hydro reportedly "very easy" to obtain. • Bush reportedly "easy" to "very easy" to obtain. • Availability of both hydro and bush stable.
Potency	• User reports typically report hydro potency to be "high". • User reports typically report bush potency to be "medium". • Potency levels of both hydro and bush stable.
Use	• Numbers of recent users of cannabis has fallen. • Days of recent use stable. • Hydro remains most common type. • Hash and hash oil remain relatively uncommon.

8.0 OPIOIDS

8.1 Use of illicit methadone

There were 11 purchases of methadone syrup reported by IDU as having taken place within the last six months. Quantities varied between 10mls and 120mls or between 40mg and 100mg. Prices paid varied between 25 cents per ml to one dollar per ml, with one dollar per ml being the most commonly cited price in keeping with findings from the last two years. The purchase of illicit Physeptone was extremely rare with IDU reporting only two purchases in the past six months, both of a 10mg tablet for $10 indicating a price unchanged from 2004. When asked if the price of illicit methadone had changed recently, all (i.e. 100%) of the 16 IDU responding said that the price had remained stable.

Asked about the ease of access to illicit methadone, half (n=8) of the sixteen IDU responding indicated that this was "very easy". Of the remaining eight, four stated that access was "easy" and four that it was "difficult". As to whether this availability had recently changed, 15 IDU responded with 80% (n=12) stating that it had remained "stable'. There were just two IDU who thought it may have become "more difficult" and one who thought it was "easier".

Of the 15 IDU who responded, 53% (n=9) indicated that they usually sourced illicit methadone from friends. Other sources were much less common, with street dealers, dealers' homes and mobile dealers each being cited by 13% (n=2). There were thirteen IDU who provided information on what the original source of their illicit methadone had been, although three (23%) of these didn't know, and almost all of the remainder (70%, n=9) indicated that the original source had been a take-away dose. Just one IDU (8%) said the original source had been a daily dose intended to be swallowed.

Although one IDU reported that it typically took them an entire day to obtain methadone, this was not the typical experience, with all other people taking between five minutes and an hour with a mean of 23 minutes, which was significantly less than the 2004 mean time of 36 minutes ($t=-2.356$, $df=12$, $p=.036$).

Recent use of illicit methadone syrup was reported by 24 IDU, which was a significant increase on the 16 who reporting doing so the previous year ($\chi^2=4.762$, $df=1$, $p=.029$). Recent injection had also significantly increased, with 16 IDU reporting the practice as opposed to 10 in 2004 ($\chi^2=4.000$, $df=1$, $p=.046$). With regards to numbers of days used, however, there had been little change. Days ranged from one to 104 with a median of five and a mean of 15, which was not found to be significantly different from the 2004 mean of seven days ($t=1.484$, $df=23$, $p=.151$). Similarly, number of days of injection in the last six months ranged from one to 104 with a median of eight and a mean of 19, which was not a significant shift from the 2004 mean of seven days ($t=1.567$, $df=15$, $p=.138$).

Although 10 key experts indicated an awareness of some level of methadone use amongst the drug users they had contact with, in only one case was this use identified as being illicitly obtained methadone and was limited to only a few of the users they had seen.

Use of illicit Physeptone® remained very much the province of a minority with only eight IDU reporting having consumed it recently, a number identical to that reported in 2004. There were seven IDU who reported that they had recently injected illicit Physeptone® which was not significantly different from the six who reported having done so the previous year ($\chi^2=.177$, $df=1$, $p=.674$). Days of use in the last six months ranged from one to 50 with a mean of 13

which was not significantly different from the 2004 mean of 11 (t=.389, df=7, p=.709). Similarly, days of recent injection of Physeptone® ranged from one to 48 with a mean of 14 days, thereby replicating the 2004 figure.

Injection of methadone within the month prior to survey was reported by 19 IDU. Of these, 10 experienced problems associated with the injection of this drug. The most common problems were swelling of the arm (n=3), difficulty finding veins (n=3), methadone dependence (n=2), scarring/bruising (n=2) and swelling of the hand (n=2). There were also isolated mentions of abscesses/infections, dirty hits, swelling of feet, and feelings of guilt or shame.

8.2 Use of illicit buprenorphine

Numbers of IDU reporting the recent use of illicit buprenorphine had risen significantly in 2005 from 23 the previous year up to 34 (χ^2=6.832, df=1, p=.009). Similarly, numbers reporting the recent injection of the drug had significantly risen from 21 to 31 (χ^2=6.028, df=1, p=.014). Days of recent use ranged from one to 180 with a median of 10 and a mean of 34 which did not differ significantly from the 2004 mean of 44 days (t=-1.104, df=33, p=.278). Similar findings were reported for number of days injected which ranged from 1 to 180 with a median of nine and a mean of 35, not representing any significant change from the 2004 mean of 44 (t=-.126, df=30, p=.900), but suggesting that virtually all illicit buprenorphine is by injection. There were just two IDU who reported the use of illicit buprenorphine on a daily basis which was identical to the number found in the 2004 sample. It was noted that, of the 25 IDU who had a valid script for buprenorphine, more than half (64%, n=16) reported having recently injected their medication.

Price information for illicit buprenorphine was provided by just one key expert who indicated that a tablet typically sold for $10.

There were 17 IDU who reported having injected buprenorphine within the past month. Of these, 41% (n=7) reported no problems. Of those who did experience injection-related problems, the most common were scarring or bruising, dependence and difficulty finding veins, each with five reports. Less commonly reported were swelling of the arm and a 'dirty hit', each with three reports, two reports of abscesses and infections, two of swelling of the hand and one report of skin ulcers.

Just one key expert speaking about opioid use in general indicated a substantial amount of illicit buprenorphine use amongst the users they were in contact with, voicing a belief that this level of use was again increasing. Another seven key experts noted that there was a level of use amongst a small number of the drug users they saw. Two of these stated that they were seeing less IV use of buprenorphine and another that soft tissue damage as a result of injecting the drug appeared to be lessening. This remark, however, contrasts sharply with the views of both key experts who spoke specifically about opioid users who felt problems associated with vein care in the context of buprenorphine injection were actually increasing. One noted that buprenorphine continued to be popular amongst those who did use it due to its being "cheap and available". Another observation was that people injecting buprenorphine were disinclined to use filtering techniques due to the active contents of these tablets being bound to the chalk.

8.3 Morphine

Asked what they believed 100mg tablets of morphine currently cost on the black market elicited responses ranging from $40 to $80 with a median of $50 and a mean of $51, which did not differ significantly from the 2004 mean estimate of $50 (t=1.055, df=1, p=.299).

With regards to actual purchases of morphine, 100mg of MS Contin® was once again found to be the most common, with 31 purchases with a mean and median price of $50, which was not significantly different from the 2004 mean of $46 (t=1.882, df=30, p=.070). Also commonly purchased was 60mg MS Contin® for a median price of $28. Purchase of less potent MS Contin® tablets was relatively rare, with seven purchases of 30mg tablets for a median price of $15 and just one purchase of a 10mg tablet for four dollars. The most commonly purchased other type of morphine was a 100mg Kapanol® capsule with 14 recent purchases for a median price of $50, thereby replicating findings of the previous year. There were also eight purchases of 50mg Kapanol for a median of $25 and just one purchase of 20mg Kapanol for $10.
Most IDU responding (78%, n=28) believed that the price of morphine in the last six months had remained stable. There were also 14% (n=5) who stated that it had increased and 8% (n=3) who didn't know. There were also 10 IDU who reported purchasing 30mg of Anamorph® for a median price of $15 and one report of buying 60mg of Anamorph for $30.

There were two key experts who provided information on the price of morphine, the first indicating that $50 would pay for a 60mg-100mg tablet. The second indicated that a 100mg tablet of MS Contin could be purchased for $50–$60, but the price could be as low as $30 if the tablets were purchased in bulk. A 30mg tablet of MS Contin could be sold for $25 and an Anamorph® tablet for $20.

Asked whether the price of illicit morphine had changed in the last six months, 78% (n=28) of those IDU responding indicated that it had not. Just 14% (n=5) thought it had increased and 8% (n=3) didn't know. Both key experts who spoke about other opioids in general believed the price of these types of pharmaceuticals had remained stable.

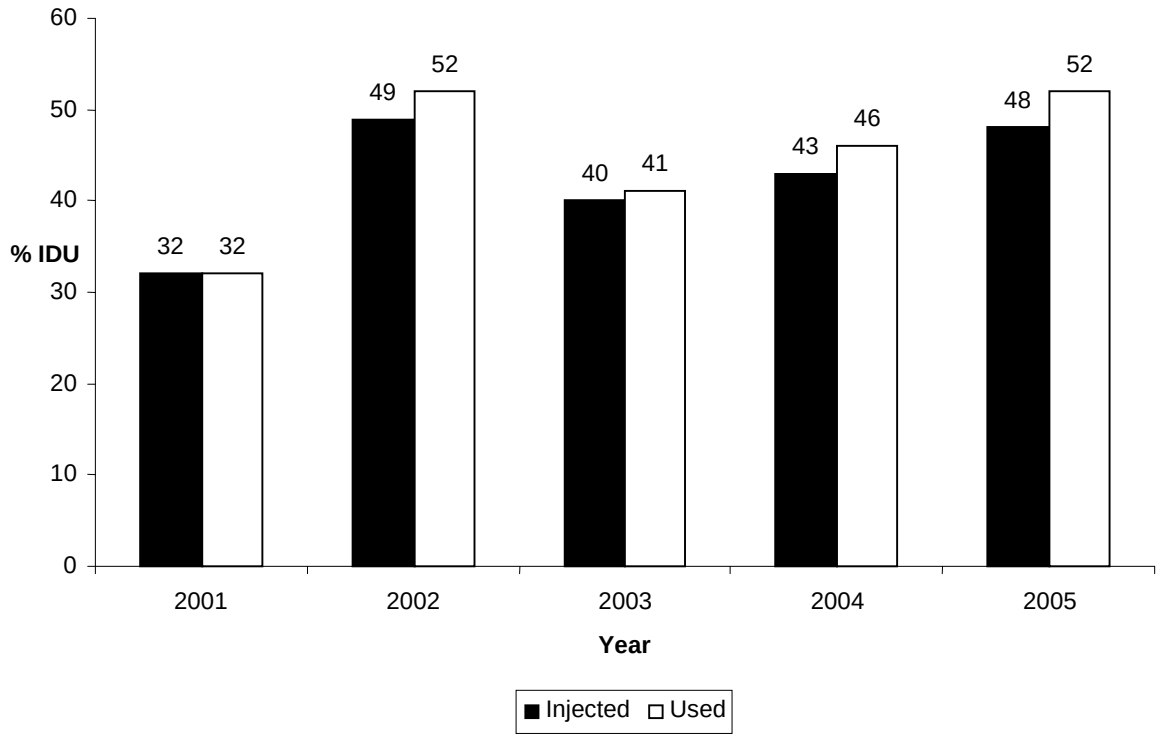
With regards to availability, as in the previous year the predominant view (42%, n=15) among IDU was that illicit morphine was "easy" to obtain. That it might be "very easy" or "difficult" to get were views equally held by 28% (n=10). There was also one individual who said they didn't know. As to whether ease of access to illicit morphine had changed in the six months prior to the survey, 61% (n=22) stated that this had remained "stable" compared to 31% (n=11) who believed it to be "more difficult". There was also three percent (n=1) who thought it had become "easier" and six percent (n=2) who didn't know.

Friends remained the most common source of illicit morphine reported by 64% (n=23) of those IDU responding, followed by 14% (n=5) who scored from a dealer's home and 11% (n=4) who obtained morphine from a street dealer. There was one individual who used a mobile dealer and one who reported their usual source as being a chemist, although it is unclear from these data whether this individual had understood that this question was specific to *illicit* morphine or if in fact this individual was indicating that their morphine had been obtained from burglary of pharmacies.

Time taken to obtain morphine ranged from two minutes to 12 hours with an average of 68 minutes, which was not significantly longer than the 40 minute average reported in 2004 (t=1.316, df=34, p=.197).

Recent use of morphine was reported by 52% of the, sample, which while not a significant increase on the 2004 figure of 46 (χ^2=1.449, df=1, p=.229), nevertheless meant that morphine was second only to heroin as the most commonly consumed opioid amongst the 2005 sample. Recent injection of morphine was reported by 48 % which did not differ significantly from the 43% the previous year (χ^2=1.020, df=1, p=.313). These data are displayed in Figure 46 below.

Figure 46: Proportion of IDU reporting morphine use and injection in the past six months, 2001-2005



Source: IDRS IDU Interviews

Highly significant changes were found to have occurred, however, with regards to days of morphine use in the last six months. Days of use ranged from one to 180 with a mean of 63 compared with the 2004 mean of 34 days (t=3.194, df=51, p=.002). Similarly, days of injection also ranged from one to 180 with a mean of 64, up from the 2004 mean of 34 days (t=3.180, df=1, p=.003). There were 10 IDU who reported the use of morphine on a daily basis compared with three the previous year, making this the highest number of daily users recorded since collection of morphine data commenced in 2001.

Virtually all morphine use in the 2005 sample was found to be illicit, with just six IDU indicating that they had had a valid doctor's prescription for morphine in the last six months. Consumption of illicit morphine was reported by 49 IDU and illicit morphine as the form most used by 47. As in previous years the most common type of morphine consumed by the sample was MS Contin reported as their main brand by 34 IDU. Other brands were substantially less common choices, with Kapanol reported by eight IDU and generic morphine by seven.

Among key experts who talked about drug users who were not primarily opioid users, nine were aware of some morphine use amongst the users they had contact with, but this invariably involved very small numbers of individuals. Where a brand was indicated, this was without

exception MS Contin, one key expert speaking primarily about amphetamine users noting that for this group MS Contin was "*the opiate of choice*". Another noted that where the drug users they dealt with had access to morphine this was generally used to manufacture homebake rather than being consumed immediately.

Of the 29 IDU who reported having injected morphine in the month prior to interview, 28% (n=8) reported encountering no problems in doing so. Of the problems experienced by others, there were 14 reports of morphine dependence, 11 reports of swelling of the arm, 9 reports of difficulty finding veins, and 9 reports of scarring or bruising. Less common problems included swelling of the hand (n=5), dirty hit (n=3) and individual IDU reporting a range of symptoms including abscesses or infections, thrombosis or blood clot, swelling of leg, swelling of feet, and a rash.

8.4 Other opioids

Questions relating to the use other opioids were asked in a different way in 2005, with oxycodone asked about separately, thereby making comparisons to data from previous years extremely difficult to interpret. Although there appear to have been several changes of large magnitude relating to the use of other opioids, these are almost certainly artefacts of this change in methodology. With this in mind, 2004 figures are presented here only in the interests of comprehensiveness and tests of significance have not been included.

Recent use of other opioids was reported by 14% of the IDU sample (31% in 2004) and recent injection of these by two (13% in 2004). Days of use ranged from zero to 40 with a mean of eight (24 in 2004). Mean days of injection in 2005 was just three (29 in 2004).

Of the 14 IDU who had recently taken other opioids, there were only three IDU (21%) who reported that the other opioids they had recently consumed had been licitly obtained, compared with 11 (79%) who reported obtaining these drugs illicitly. That other opiates from illicit sources had been those that they had used most was reported by nine IDU (82%). Asked what types of opiates they had recently taken most commonly, there were five reports of codeine-based preparations, three of tramadol, three of opium and one individual report of pethidine.

With regards to illicit oxycodone, 39% of IDU reported having consumed this within the six months preceding the survey and 35% to have injected it. Days of use ranged from one to 60 with a mean of 14 and a median of 10. Days of recent injection also ranged from one to sixty with a mean of 15 and a median of 10. It is interesting to note, that of the six IDU who reported having a recent licit script for oxycodone and the nine who had ever had a licit script, all (i.e. 100%) of these individuals had injected their prescription on at least some occasions. Further, of the six with recent scripts, two-thirds (n=4) of these also reported having consumed illicit oxycodone within the last six months in addition to the drug they obtained on prescription.

The most commonly reported type of oxycodone was Oxycontin® (n=24) followed by generic oxycodone (n=15) and one report of Endone®.

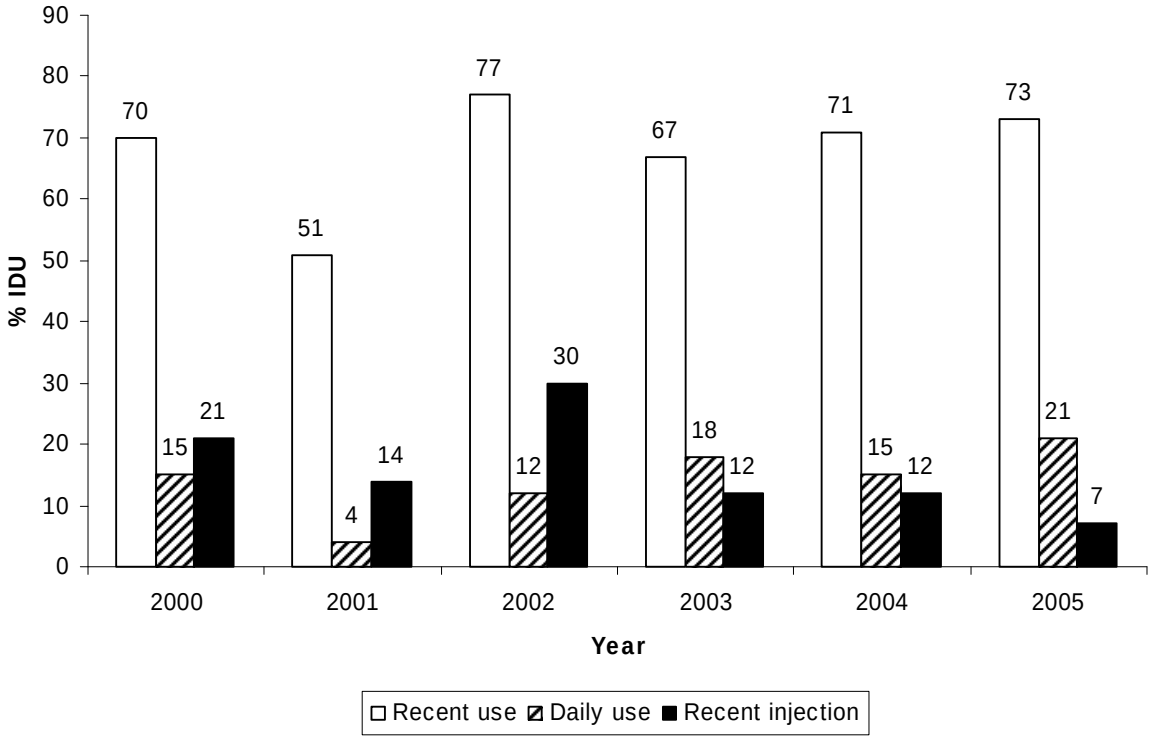
Both key experts who spoke about other opiates indicated that their availability was "easy" and one stated that this situation had remained stable in recent months. Other than morphine and buprenorphine, the oxycodone was the only other opioid that key experts mentioned by name, both observing that its use was increasing and one of these noting that it appeared to be taking over the role formerly occupied by homebake heroin.

9.0 OTHER DRUGS

9.1 Benzodiazepines

It was evident that the use of benzodiazepines amongst the WA IDU had changed relatively little in the past year. Recent use of this class of drugs was reported by 73% of IDU which was not significantly different from the 71% who reported their use the previous year (χ^2=.194, df=1, p=.659. Similarly, numbers reporting the recent injection of benzodiazepines had also not undergone any significant change with seven percent having done so compared to 12% in 2004 (χ^2=2.367, df=1, p=.124). There were 21 IDU who reported using on a daily basis which was not a significant increase on the 15 in 2004 (χ^2=2.824, df=1, p=.093. These data are displayed in Figure 47 below.

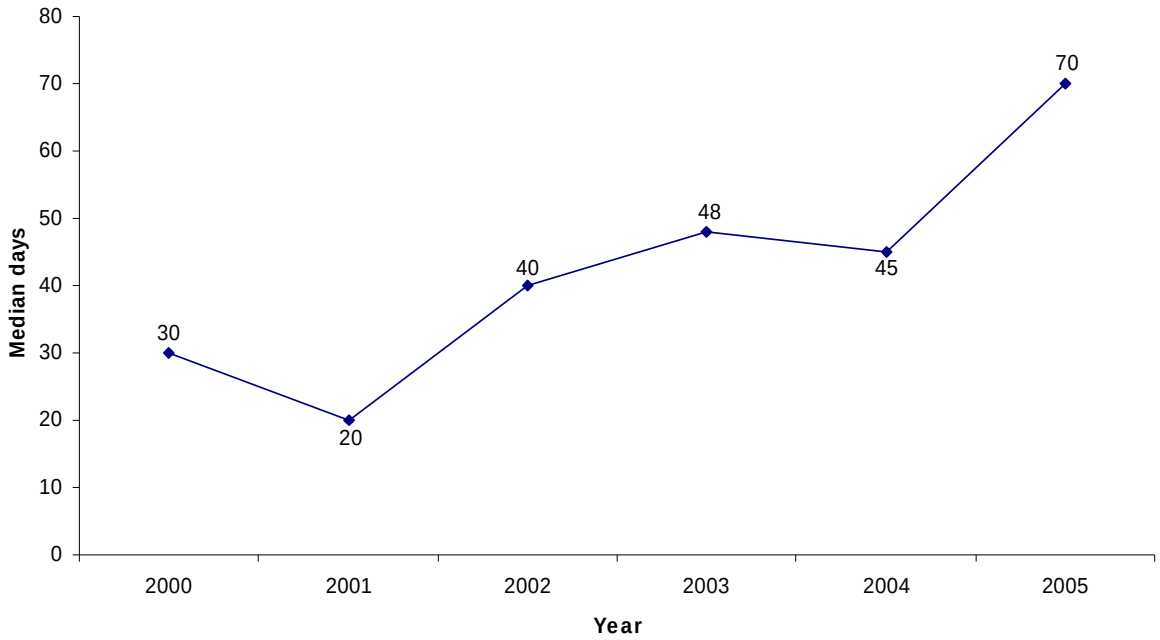
Figure 47: Proportion of IDU reporting benzodiazepine use, daily use and injection in the preceding six months 2000-2005



Source: IDRS IDU Interviews

Days of recent use ranged from one to 180 with a median of 70 and a mean of 82 which was not a significant increment on the 2004 mean of 68 (t=1.728, df=72, p=.088). There was, however, a highly significant decline in the mean number of days on which these drugs had been injected, down from 33 in 2004 to just three in 2005 (t=-45.826, df=1, p=.000). Median days of benzodiazepine use is shown in Figure 48.

Figure 48: Median days of benzodiazepine use in the past six months, 2000-2005



Source: IDRS IDU Interviews

Of the 73 IDU who had used benzodiazepines recently, 74% (n=54) reported having used pills that were licitly obtained via a doctor's prescription and just over half (53%, n=39) indicated that they had consumed benzodiazepines that had been obtained from illicit sources. Legally obtained benzodiazepines were reported as the type most commonly taken by 66% (n=48) of those IDU who had recently consumed this class of drug.

As in previous years, diazepam proved the most common type of benzodiazepine taken, exceeding all other preparations by a very substantial margin, with 62 IDU reporting having used it. Oxazepam had been used by 11 IDU and temazepam by 5. The use of alprazolam and clonazepam were each reported by isolated individuals.

There were only two IDU who reported having injected benzodiazepines in the previous month and only one of these reported any injection-associated problems in doing so, which was difficulty finding veins.

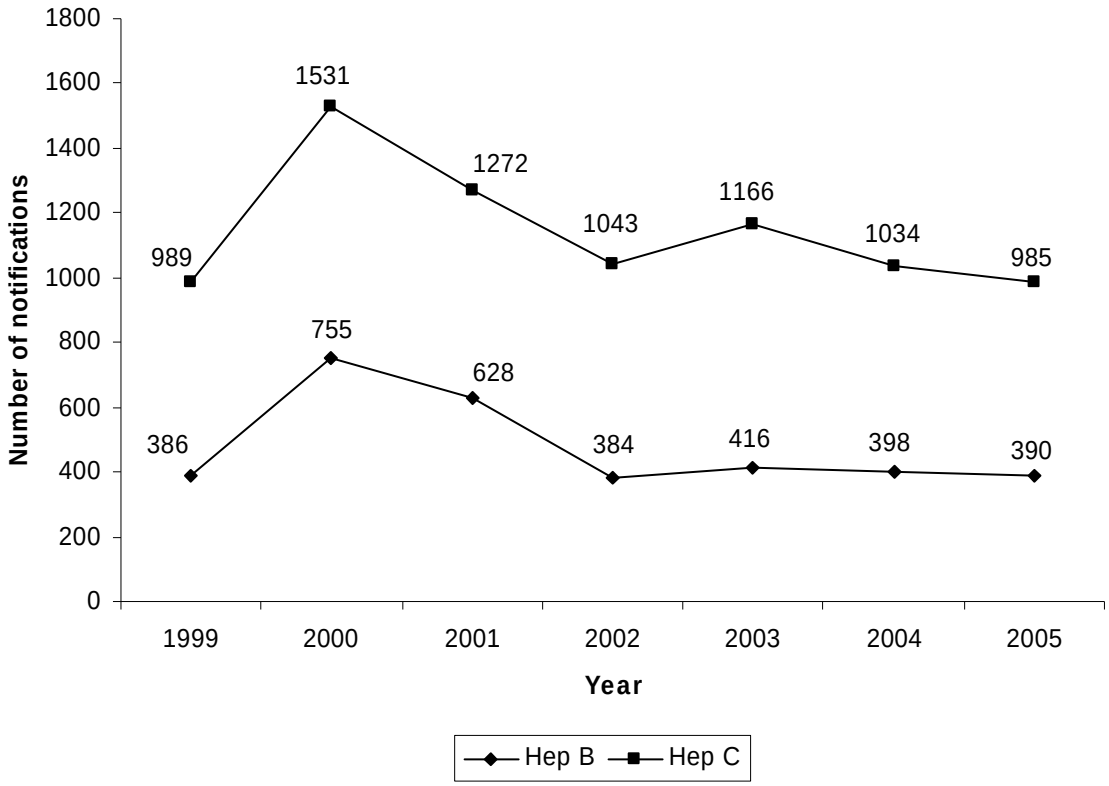
Although no key experts spoke specifically about benzodiazepine users, very large numbers of them were aware of use of these drugs amongst the drug users they had contact with. Generally this involved only a few of these users, but in several cases half of users and two key experts spoke of most users they saw consuming benzodiazepines, one of these believing there had recently been a large increase in the illicit use of these drugs. Key expert data indicated that both licit and illicit consumption were more or less evenly matched amongst these users. Diazepam, oxazepam and temazepam remained the most common types described, but several key experts mentioned more unusual pharmaceuticals including alprazolam, lorazepam, and nitrazepam.

10.0 ASSOCIATED HARMS

10.1 Blood-borne viral infections

As in 2004, data obtained from the National Notifiable Diseases Surveillance System show that hepatitis C continues to be much more common in WA than hepatitis B by a very substantial margin. Both strains saw relatively little change in numbers of unspecified cases in the last year, with 985 unspecified cases of hepatitis C and 390 of hepatitis B in 2005. Both these figures remain substantially lower than the peak figures seen in 2000. These data are displayed in Figure 49 below.

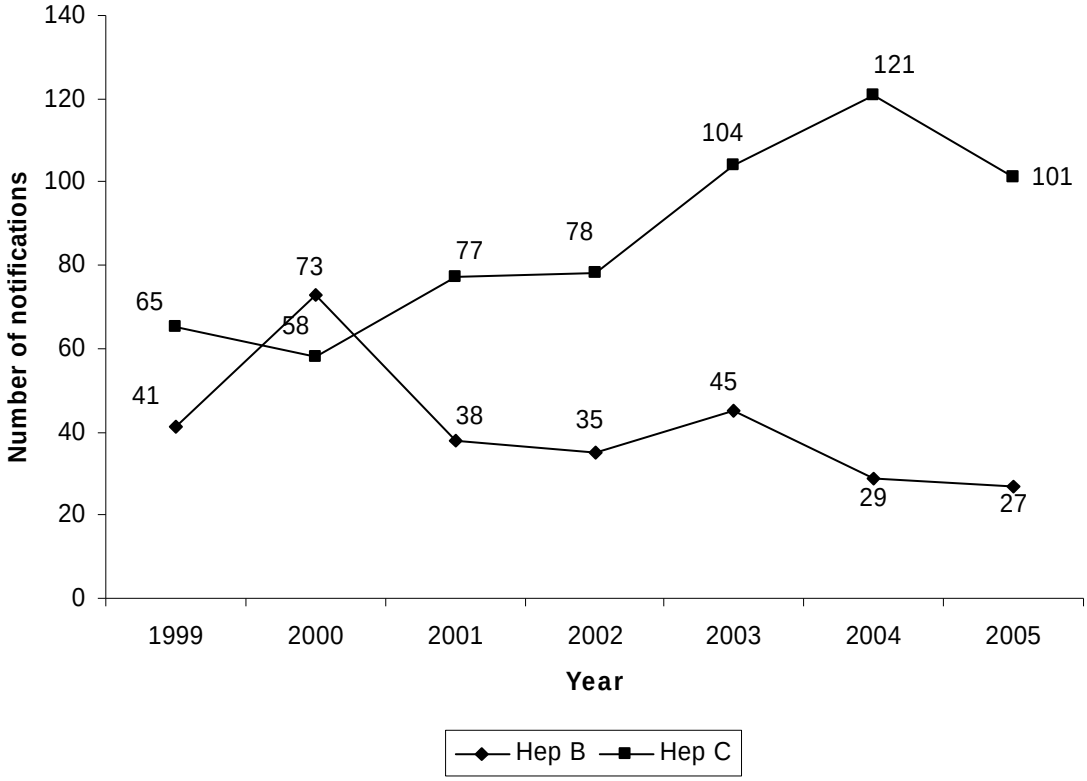
Figure 49: Total notifications for unspecified HBV and HCV infections, WA, 1999-2005



Source: NNDSS

In the case of new or "incident" infections, hepatitis B with 27 incident cases in 2005 appeared to have levelled off after declining from 45 in 2003, with little noticeable change in the last year. Nevertheless, this fact renders the number of incident cases of hepatitis B recorded in Western Australia continuing to be substantially lower than the peak of 73 recorded in 2000. With 101 incident cases, hepatitis C had substantially fewer cases in 2005 than in the previous year but nevertheless these figures remain much higher than those collated prior to 2003. These data are depicted in Figure 50 below.

Figure 50: Total notifications for incident HBV and HCV infections, WA, 1999-2005



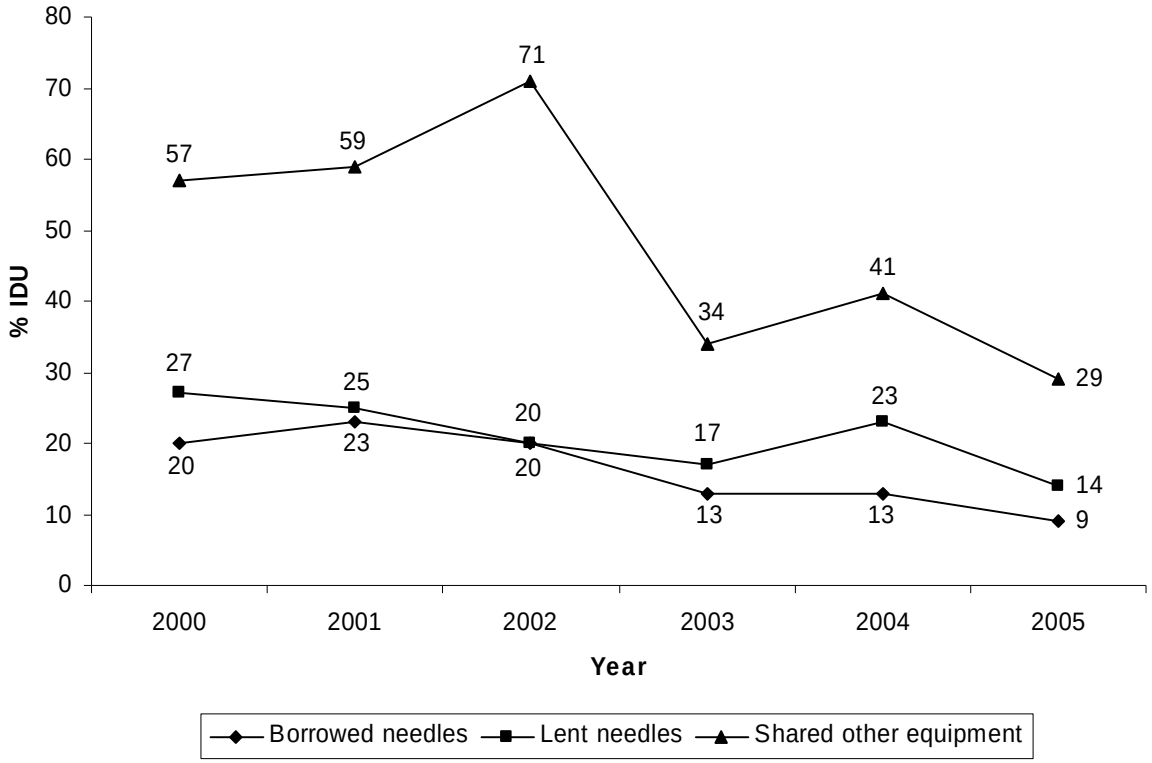
Source: NNDSS

For the fifth year running, the Australian NSP Survey failed to detect any IDU positive for HIV antibodies in the 2004 West Australian sample, thereby suggesting that the prevalence rates of HIV among IDU in this state remains extremely low. Rates of hepatitis B infection in the NSP survey remained relatively low with 21% of the WA sample testing positive in 2004 compared with 20% the previous year. Rates of hepatitis C in the NSP sample had also remained stable with 58% testing positive in 2004, a figure identical to that of the previous year.

10.2 Sharing of injecting equipment among IDU

There were nine IDU who reported having used a needle after someone else in the month preceding the interview, which was not a significant change from the 13 who reported doing so in the previous year (χ^2=1.338, df=1, p=.247). It is, however, significantly less than the 2002 figure of 20 (χ^2=10.815, df=1, p=.007). Lending needles to others had become significantly less common, with 14 IDU reporting doing so as opposed to 23 the previous year (χ^2=4.387, df=1, p=.036). A very substantial drop was also noted in the sharing of other equipment, with just 29 IDU reporting having done so in the month preceding the interview compared with 41 the previous year(χ^2=5.953, df=1, p=..015). This information is displayed in Figure 51 below.

Figure 51: Proportion of IDU reporting sharing injecting equipment in the month preceding interview, 2000-2005

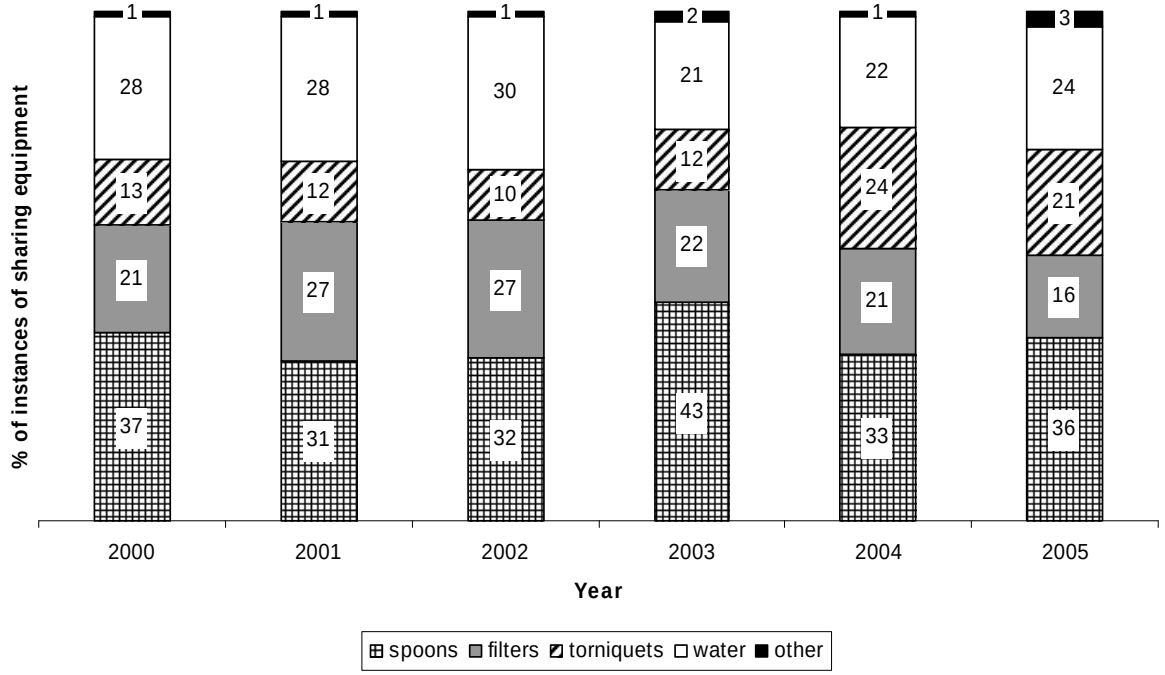


Source: IDRS IDU Interviews

Of the nine IDU who had used a needle after someone else the previous month, two-thirds (n=6) reported that that person had been their regular sex partner. The remaining three mentioned sharing with casual sex partners, friends or acquaintances. Eight of these IDU had shared with only one person and the remaining IDU had shared with two.

As in 2004, the most common piece of shared injecting equipment other than needles were spoons, shared by 36 IDU. This was followed by 24 instances of sharing water, 21 of sharing tourniquets, 16 of sharing filters and 3 counts of sharing other miscellaneous equipment. These data are presented in Figure 52 below.

Figure 52: Proportion of IDU reporting sharing other injecting equipment by type, 2000-2005

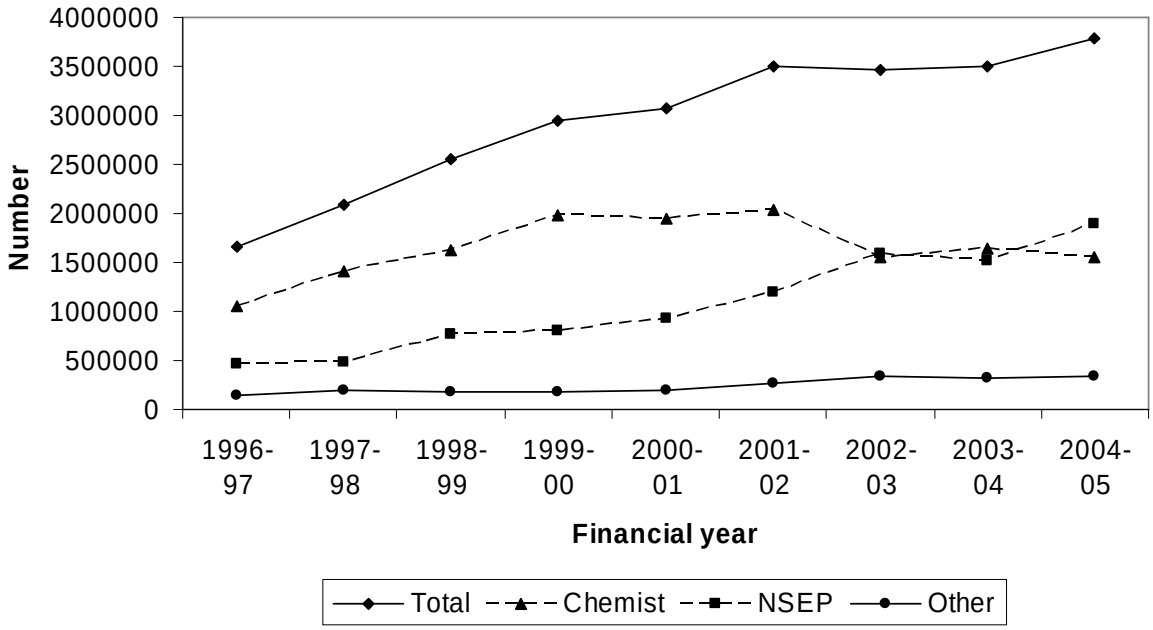


Source: IDRS IDU Interviews

Just three key experts mentioned needle sharing, two of which believed that it had either decreased or at least that awareness of its risks had improved. The other had observed a recent increase in needle sharing amongst the young amphetamine users seen.

The total number of needles and syringes distributed in Western Australia rose by approximately 300,000 in the 2004/2005 financial year to a total of 3,779,770. The main outlet for this distribution was via needles and syringe exchange programs who distributed 1,885,549 units, followed by pharmacies who distributed 1,561,463. The remaining 332,758 units were distributed through other outlets including hospitals and vending machines etc. These data are portrayed in Figure 53.

Figure 53: WA needle and syringe distribution by financial year 1996/97-2004/05



Source: Sexual Health & Blood-borne Virus Program, HDWA

One key expert commented with regards to the provision of injecting equipment that the increase in the use of pharmaceutical opiates had resulted in users of these drugs taking a more experimental approach to their injecting equipment and trying out less familiar types of paraphernalia such as different sizes of barrels.

Another key expert made the somewhat disturbing allegation that some chemists in the Perth area had recently taken to making homemade fit packs including cigarette butts as filters.

10.3 Location of injections

As in 2004, the most common location for injection in the month preceding interview was in a private home, this response being by 84% of the sample. The next most common location was in a car (12%). These data are presented in Table 21 below.

Table 21: Proportion of IDU reporting usual location for injection in the month preceding interview, 2004-2005

Location	2004	2005
Private home	94	84
Street/car park/beach	2	2
Car	2	12
Public toilet	2	2
Other	0	0

Source: IDRS IDU Interviews

A similar pattern was seen with regards to the location of the last injection, with 81% stating that this had taken place in a private home and 12% that it had been in a car. These data are shown in Table 22.

Table 22: Proportion of IDU reporting the last location for injection, 2004-2005

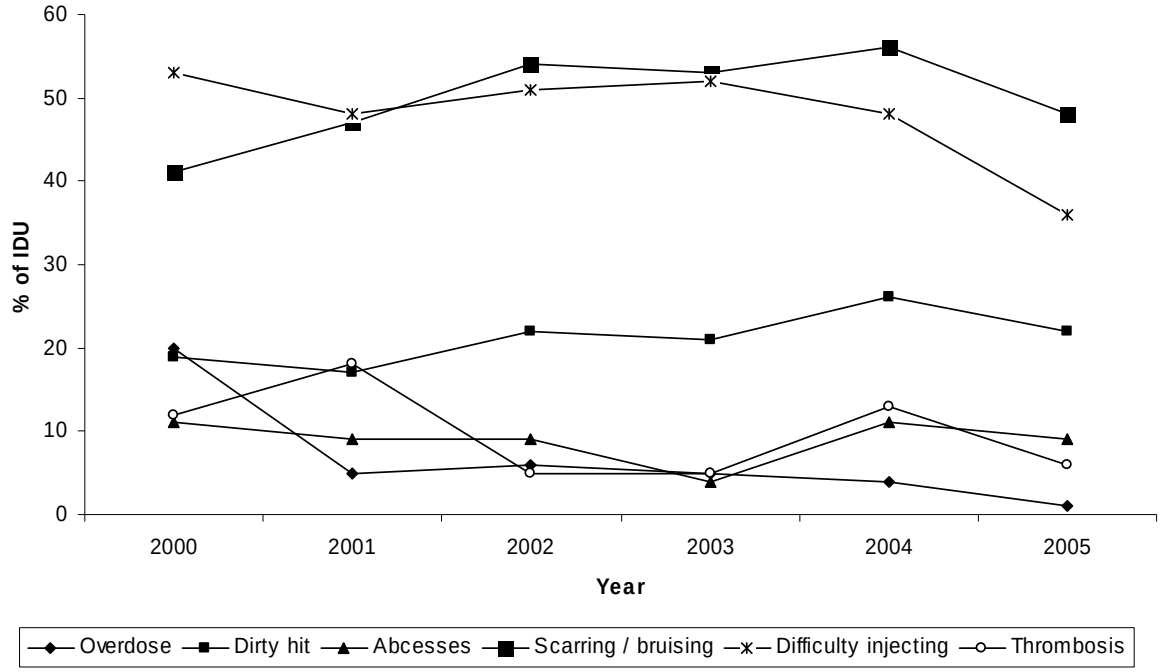
Location	2004	2005
Private home	87	81
Street/car park/beach	4	3
Car	3	12
Public toilet	6	3
Other	0	1

Source: IDRS IDU Interviews

10.4 Injection-related health problems

Injection-related problems were reported by 61% of the IDU sample which was a significant decrease on the 78% in 2004 (chi sq=16.841, df=1, p=.000). As in 2004, the most commonly reported problems associated with injecting in the month prior to interview were prominent scarring and bruising reported by 48% of the sample and difficulty injecting reported by 36%. The next most commonly reported problem a dirty hit (defined as an injection that made the respondent feel sick) which was reported by 22% of the IDU sample. Abscesses had been experienced by nine percent, thrombosis by six and just one individual had experienced an overdose which was attributed to heroin, with no secondary drugs being involved.
These data are shown in Figure 54 below.

Figure 54: Proportion of IDU reporting injection-related problems by problem type, 2000-2005



Source: IDRS IDU Interviews

With regards to the dirty hits, the most commonly implicated drug was methamphetamine, identified as the main drug involved by six IDU, followed by buprenorphine and morphine, both mentioned by five. There were also two mentions of heroin, two of dexamphetamine and one of methadone. Half of these dirty hits (n=11) involved secondary drugs as well as the drug identified as being the main cause. In this context, benzodiazepines and buprenorphine were both mentioned twice as being secondary drugs involved and there were also a large array of miscellaneous substances mentioned by single individuals.

The number of injection-related problems experienced by each IDU were added to produce a total injection-related problem score which could range from zero to six. The 2005 mean number of injection-related problems was two, which indicated no change since 2004 where a mean of two was also reported. Only two key experts spoke of injection-related problems, one mentioning issues surrounding vein care and the other discussing abscesses. Both these key experts identified injection of buprenorphine as being implicated in these problems.

10.5 Driving risk behaviours

Asked if they had driven a motor vehicle within one hour of taking any illicit drugs within the past six months, 70% of the IDU sample indicated that they had done so. The most commonly mentioned drug in this context was heroin, mentioned by 43 IDU. Also common was cannabis (n=37), crystal methamphetamine (n=29), powder methamphetamine (n=22), paste methamphetamine (n=17), benzodiazepines (n=20), buprenorphine (n=17), morphine (n=14), and methadone (n=11). A variety of other miscellaneous substances were mentioned infrequently. The key expert from the law enforcement sector noted that there was becoming an increasingly apparent link to the use of methamphetamines and road rage incidents. The observation that driving whilst under the influence of cannabis was not viewed as a serious problem was made by two key experts, one specifically mentioning older users, despite many of these having lost their licenses for driving whilst stoned and drunk.

10.6 Expenditure on illicit drugs

Expenditure on illicit drugs in the IDRS is calculated from the amount of money respondents had spent on illicit drugs the day before the interview. It was found that there was 10% of the sample who had not consumed any illicit substances the previous day. Of the 90 who had taken drugs, 58 (64%) reported having paid money for them. Amounts paid ranged from four dollars to $300 with a median of $35 and a mean of $76, which was significantly lower than the 2004 mean of $104 ($t=6.429$, $df=57$, $p=.000$)

10.7 Mental health problems

Asked if they had experienced any mental health problems other than drug dependence in the last six months, 36 IDU indicated that they had. Only 26 (72%) of these, however, had attended a mental health professional and therefore had a formal diagnosis. As in previous years, the most common disorder was depression (n=18) followed by anxiety (n=12). Apart from two IDU who had experienced bipolar disorder, there were also individual cases of mania, phobia, panic, obsessive/compulsive disorder, paranoia, schizophrenia and drug-induced psychosis.

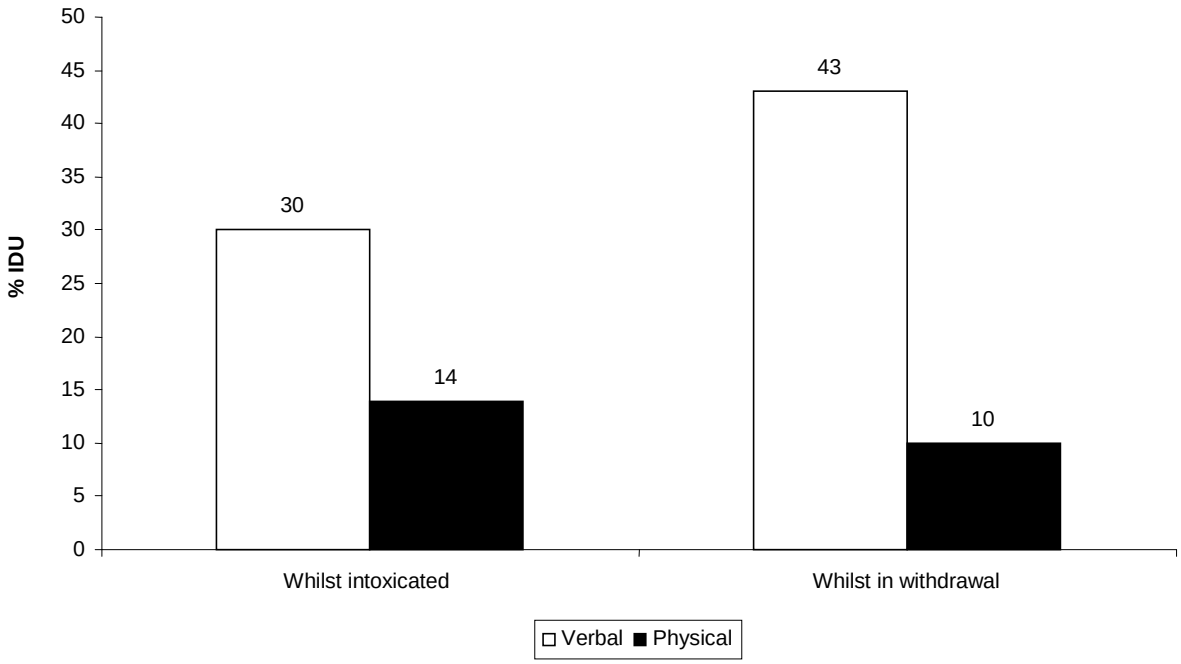
A general practitioner was found the be the most common mental health professional whose services were utilised by IDU (n=16) by a substantial margin. Also common were counsellors (n=9), psychiatrists (n=7) and psychologists (n=5). There were also two IDU who had seen a social worker, one who had seen a mental health nurse and one individual who had utilised the services of a alternative or natural therapist.

The vast majority of key experts were aware of mental health issues amongst the drug users they had contact with. As in previous years, the most common issue was depression by a very substantial margin, followed by psychosis (drug-induced or otherwise) and anxiety. Less commonly mentioned issues included schizophrenia, bipolar disorder and paranoia. There were also small numbers of key experts who discussed personality disorders, self-esteem issues, suicidal ideation or self-harm, post-traumatic stress disorder, flattened affect, Attention Deficit Hyperactivity Disorder, stress and behavioural issues. There was also one mention of cognitive damage with specific reference to sniffers of volatile substances. It was unusual for key experts to perceive that there had been any recent changes to the level of these mental health problems. A general increase was indicated by one, another said that there appeared to be more cases of anxiety and depression presenting, and one believed there had been a slight increase in first episode psychosis. There were also two key experts who thought that episodes of psychosis had declined.

10.8 Substance-related aggression

In the 2005 survey, respondents were asked if they had become aggressive either whilst under the influence of any substance or whilst in withdrawal. There were 30 respondents who indicated that they had become verbally aggressive whilst intoxicated and 14 who had become physically aggressive whilst intoxicated. Verbal aggression whilst in withdrawal proved rather more common, with 43 IDU stating that they had become so and there were also 10 who had become physically aggressive. These data are displayed in Figure 55 below.

Figure 55: Proportions of IDU reporting aggression (verbal and physical) while under the influence or following use of a drug, 2005



Source: IDRS IDU Interviews

The most commonly mentioned drugs in the context of verbal aggression whilst intoxicated were alcohol and crystal methamphetamine, both mentioned by 10 IDU, powder methamphetamine by six, paste by four and heroin and benzodiazepines by three. There were also a variety of miscellaneous drugs less commonly mentioned. With regards to drugs implicated in physical aggression whilst intoxicated, only crystal methamphetamine with six mentions appeared to

feature prominently. Other substances mentioned were powder methamphetamine with three, and paste and alcohol each with two.

The drugs implicated in verbal aggression during withdrawal proved somewhat different from those implicated whilst intoxicated. Heroin was most commonly mentioned by 18 IDU, crystal methamphetamine by 13, powder methamphetamine by 10, morphine by seven, paste methamphetamine by six, benzodiazepines and methadone by five and cannabis by four. In the case of physical aggression whilst in withdrawal, almost all instances involved methamphetamines, with seven mentions of crystal methamphetamine, four of powder and two of paste. Other drugs were only mentioned in individual cases.

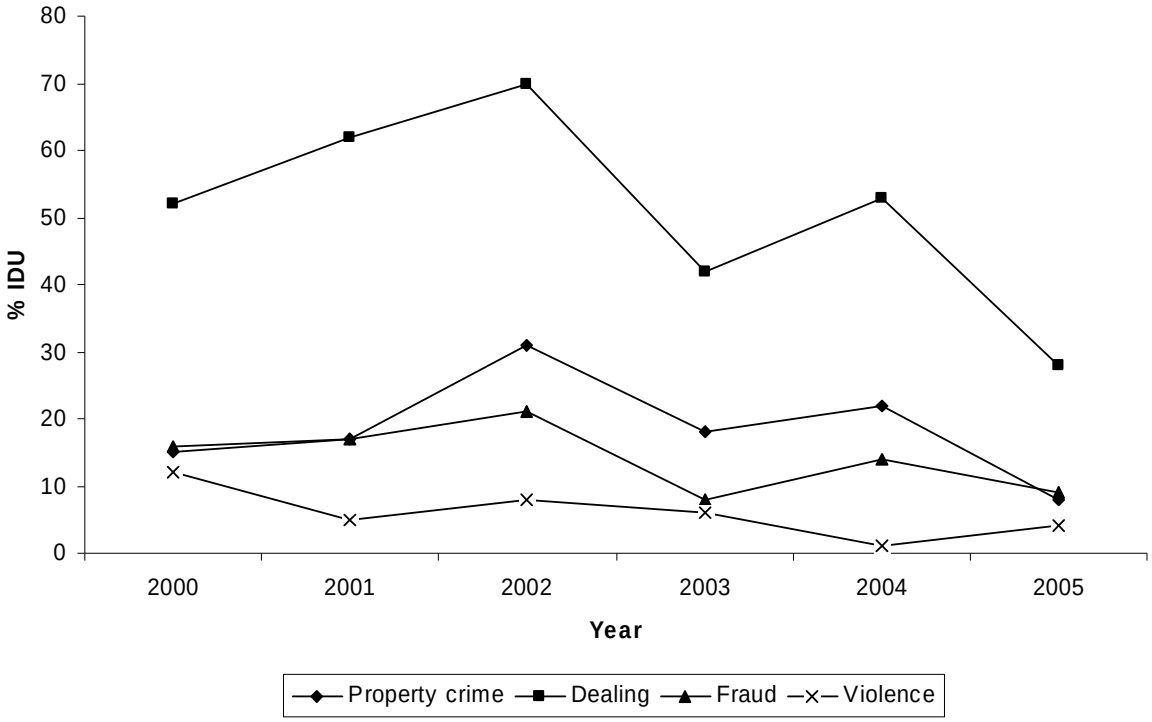
10.9 Criminal and police activity

The experience of having been arrested within the past 12 months was reported by 29% of the IDU sample which was not significantly less than the 34% arrested in the 2004 survey (χ^2=1.260, df=1, p=.262). Perhaps unsurprisingly, the most common reasons for being arrested were offences relating to the use and possession of drugs (n=11). This was followed by property crime (n=8), violent crime (n=6), fraud (n=5), drugs and driving (n=3), prostitution (n=3) and dealing or trafficking (n=2). There was also a range of miscellaneous crimes resulting in the arrest of single individuals.

With regards to crimes committed in the month prior to interview, 37% of the IDU sample admitted to recent criminal involvement, which was a highly significant drop on the 62% admitting to recent criminal activity in 2004 (χ^2=29.900, df=1, p=.000). Surprisingly, few key experts were able to comment about users' criminal involvement.

As in previous years, dealing in drugs was the most common category of criminal activity with 28% of the sample having done so in the month before interview, followed by fraud with nine percent admitting to recent involvement. Engagement in property crimes was reported by eight percent and crimes involving violence by six percent. These patterns of criminal involvement since 2000 are displayed in Figure 56 below.

Figure 56: Proportion of IDU reporting engagement in criminal activity by offence type, 2000-2005



Source: IDRS IDU Interviews

Dealing was not only the category of offence that had the largest number of IDU admitting involvement, but was also the crime category with the highest rates of offending amongst those involved, with 36% (n=10) of those dealing on a more than weekly but less than daily basis and 25% (n=7) dealing on a daily basis. This can be compared with rates of fraud with 22% (n=2) offending on a daily basis and none on a more then weekly but less than daily basis, or rates of property crime in which 13% (n=1) reported offending on a daily basis and none on a more than weekly but less than daily basis. All four IDU admitting involvement in violent crime had done so on a less than weekly basis.

Property crime was discussed by two key experts, one dealing with prisoners, indicating that around 50% of the users seen were involved in a wide variety of property crime, and the other from the law enforcement sector noting the theft of electrical goods from warehouses and the involvement of drug-associated organised crime in vehicle rebirthing.

Dealing was mentioned by four, one of these indicating that slightly over a third of the cannabis users they were in contact with were involved in dealing hydroponic cannabis. Another two key experts mentioned seeing more mandated clients who had been referred after being charged with dealing. One of these observed how difficult it was for these clients to make lifestyle changes due to being surrounded by users and occasionally threatened by their ex-clientele. A key expert dealing mainly with female users observed how these persons occasionally became involved in dealing through being in relationships with dealers and engaging in secondary dealing on their behalf. This key expert also observed that a difficult problem was often encountered by these women if they attempted to quit using drugs, as this generally resulted in the collapse of the relationship, leaving these women with little money to extricate themselves from an environment dominated by drugs and the dealing thereof. Key experts from the law enforcement sector noted

some interesting changes in drug dealing and manufacture. In last six months WA police had seen "very strange" amphetamine-type substances appear at analysis, including 2CC, 2C2, 2CT7, 2CI and TMA2. It was noted that these were very small seizures probably coming from the UK, whose short half life may possibly be an attraction to users. A second key expert from the law enforcement sector also noted this new diversity, mentioning recent discoveries of local manufacture of DMT and GHB.

Very few key experts spoke about fraud, one indicating that there was so little it "*wasn't worth mentioning*" while another observed that there had been a few cases primarily of cheques and doctors' scripts. That there had been a general increase in fraud-related crime was proposed by one other key expert. A key expert from the law enforcement sector indicated that there had been an increase in identity fraud.

With regards to crimes involving violence, one key expert thought there seemed to be less instances recently of disorderly behaviour and aggression, while two others perceived an increase, one specific to drug users getting involved in assault situations with strangers and another indicating this increase was specific to young methamphetamine users.

Using these data on IDU self-admitted rates of offending, a crime total score with a maximum possible of 12 was calculated. Crime total rates in the 2005 IDU sample ranged from zero to nine with a mean of one which was significantly less than the 2004 average score of two (t=-4.996, df=96, p=.000). When looking at the crime score total of just those IDU who admitted involvement in recent criminal activity, this mean rose to three (3.03) which was unchanged from the 2004 average (3.20) (t-.558, df=33, p=.581), thereby indicating that while numbers of IDU admitting involvement in crime has fallen, the rates of offending amongst those who are involved has not.

Asked about police activity in the last six months, 38% of IDU believed that this had increased while a similar figure of 36% thought it was stable. Just three percent believed it had fallen and 23% didn't know.

The most common description of the types of police activity seen as having increased was raids (n=11). This involved a variety of drug types and was described by various individuals as targeting users, dealers and manufacturers. Comments concerning an increased police presence (n=6) were the next most common. Two IDU made specific mention of the use of roadblocks and one described a large clampdown operation that began targeting stolen goods but then expanded to dealers who were exchanging those goods for drugs. This same individual also noted that higher levels of activity included surveillance activities and the issuing of 'move on' notices.

Responding to the question of whether they thought police activity had made it more difficult for them to score drugs recently, most IDU (72%) indicated that it had not. A much smaller number (17%) reported that they had experienced increased difficulty as a result of police activity and the remaining 11% didn't know.

A summary of IDU impressions of criminal and police activity is provided in Table 23 below.

Table 23: Criminal and police activity as reported by IDU, 2004-2005

	2004 %	2005 %
Criminal activity in last month:		
Dealing	53	28
Property crime	22	8
Fraud	14	9
Violent crime	1	4
Any crime	62	37
Arrested in last 12 months	35	29
Police activity in last 6 months		
More activity	51	38
Stable	32	36
Less activity	0	3
Don't know	17	23
More difficult to obtain drugs recently		
Yes	20	17
No	77	72

Source: IDRS IDU Interviews

In the course of the 2004/2005 financial year, WA Police made a total of 9,098 arrests for drug-related offences compared to the previous year's total of 9,605 arrests. As in previous years the bulk of these arrests were associated with cannabis, accounting for more arrests than all other drug charges combined. Males were much more likely to be arrested on a drug-related charge than females accounting for 6,585 of arrests while females accounted for just 1,692. A breakdown of these drug related arrests is located in Table 24 below.

Table 24: Number of drug related arrests in WA, 2004/2005

Drug type	Consumer offence	Provider offence	Year total*
Cannabis	3827	1312	5173
Amphetamine-type stimulants	1393	634	2033
Heroin & other opiates	80	41	121
Cocaine	12	10	22
Other (hallucinogens, steroids etc.)	1279	343	1662
Total	6654	2364	9098

Source: ACC

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

Several key experts commented on recent police activity. On the whole these perceptions were not particularly positive. It was noted by one that the increased use of 'move on' notices had resulted in more arrests of young people, while another two observed that some police officers appeared to be targeting people who were already known to them, including persons newly

released from prison. It was suggested by one key expert that police had been known to use DNA evidence to retain people in jail when they were due for release for other offences. One youth worker noted that there appeared to be a great deal of issuing CINs to young people for possession of smoking implements, but that a lot of police "*didn't bother*" and just sent cannabis users straight to court. Another key expert believed that police interest in drug users appeared to have declined, in that while police were present on the street they seemed disinclined to get users into the system. Another youth worker felt that police presence was often felt more where it wasn't wanted, including entering services when it was inappropriate to do so. That police attitudes towards users in and around Fremantle had become more hardline was noted by two key experts. Positively, however, one key expert stated that there had been a shift in police attitudes to become more tolerant and "*almost therapeutic*".

The police strategy of raids at Casurina Prison in car parks to target visitors was noted by one key expert, who observed it had met with little success. This expert also mentioned that police had become more active with street workers and youth in city malls.

A key expert from the law enforcement sector indicated that police were developing new strategies in collaboration with the Real Estate Industry of Western Australia (REIWA) with a view to targeting people using rental properties for drug manufacture or cultivation. A second key expert from the law enforcement sector reported that the police structure had been modified with an increased squad size to deal specifically with amphetamines. It was also noted by a law enforcement key expert that police were developing special guidelines for police & emergency department services for dealing with psychotic individuals. One of the key experts from law enforcement indicated that there had been more arrests for dealing and possession recently as well as an increase in the number of drug seizures.

10.9.1 Summary

It was evident that the number of IDU admitting to recent involvement in criminal activity had fallen substantially to just 37%. As in previous years, by far the most common category of crime was dealing drugs. With specific regards to dealing and manufacture of drugs, key experts from the law enforcement sector noted the appearance of small quantities of obscure forms of amphetamine-type substances being seized for the first time in WA. Although 38% of IDU believed there had been an increase in police activity, 72% indicated that police activity had not made it more difficult for them to obtain drugs. The 9,064 drug-related arrests made by WA police were not greatly removed from the 9,605 the previous year. Cannabis remained by far the drug most commonly associated with drug related arrests.

11.0 DISCUSSION

11.1 Heroin

In the 2005 survey, heroin hit a level of popularity that was unprecedented in the history of the WA IDRS, with very large numbers of IDU indicating heroin as their drug of choice. Similarly, the drug also overtook methamphetamine as substance most injected in the month prior to interview for the first time since the so-called "heroin drought". It seems curious therefore that there has been no corresponding increase in the numbers of IDU reporting the recent use of heroin or in the number of days of recent use. The explanation for this probably lies in that heroin in WA has not only remained the most expensive of any Australian jurisdiction but has again increased in price. Further compounding this is that user perceptions of heroin purity, whilst improving, remain relatively modest. On the basis of this it is likely that, whist the availability of heroin itself may have improved, accessing good quality heroin at an affordable price remains elusive for many users.

11.2 Methamphetamine

Highlighting the interplay between drug markets amongst Perth IDU, as the popularity of heroin has risen, so has the popularity of methamphetamine as drug of choice declined, despite the dominance of this class of drugs in the 2004 sample. Fewer IDU reported them as the drugs most injected in the month prior to interview and fewer reported having used any form of these drugs in the last six months. Some of this can be explained by the substantial decline in the numbers of IDU reporting recent use of crystal and also the fall in mean days of use of crystal methamphetamine. Yet, although days of use of paste has also fallen, numbers reporting its recent use have substantially increased while rates of the use of powder methamphetamine have remained relatively unchanged. It was apparent that the availability of crystal methamphetamine had significantly declined while that of the other two forms had increased. Also decreased was users' perception of purity of all three forms and the numbers of clandestine laboratories detected by WA police in the 2004/2005 financial year. This combined information would seem to imply that there is less local manufacture occurring, and many of those who are still involved in manufacture are no longer capable of producing the same quality of methamphetamine as in the past. There is also substantial evidence that the price of methamphetamine in general has increased and this, taken with the information already discussed, is likely to have rendered methamphetamine a rather less attractive commodity to WA IDU than it has been in the past.

11.3 Cocaine

There was little evidence of change to the use of cocaine use in Perth in the 2005 survey. Numbers of recent users amongst the IDU sample remained low and days of use appeared sporadic and opportunistic. Numbers of IDU able to provide information concerning price, purity and availability were lower still, producing small amounts of often conflicting data that renders meaningful interpretation difficult. It may well be the case that the small numbers of IDU able to provide any information at all is in itself an indicator of the continuing scarcity of cocaine use amongst Perth IDU. This is not to say that there has not been an increase in cocaine use in WA– recent studies of other sentinel populations (George & Lenton, 2006) show such an increase to be the case– rather, it may be that at this point in time IDU are not an ideal sentinel population for monitoring trends in cocaine use in Western Australia.

11.4 Cannabis

Hydroponically cultivated cannabis remained the most common type and was reportedly "very easy" to obtain and user reports described its potency as "high". Despite this, numbers of IDU

reporting the recent use of cannabis had actually fallen, although rates of days of recent use had remained stable. It is likely that this is at least in part a function of the fact that the price of an ounce of both hydroponic cannabis and bush cannabis appear to have increased substantially in the last year.

11.5 Other opioids

Since the so-called "heroin drought" of 2001, difficulty obtaining heroin has traditionally seen increases in the use of methamphetamine among the IDU sample. Over the last three years, however, and most notably in the last year, there has been a growing inclination to use pharmaceutical opioids to fill this role. In 2005 there were unprecedented numbers of IDU citing other opiates as the drug most injected in the month prior to interview, and, among IDU whose drug of choice was heroin, these other opioids had actually eclipsed methamphetamine (albeit by a narrow margin) in this context. Prime among these other opioids was morphine, used in the last six months by more than half the sample, with a significant increase in numbers of days used and an unprecedented number of IDU consuming morphine on a daily basis. Other popular preparations were illicit buprenorphine and illicit oxycodone.

11.6 Benzodiazepines

There was very little change in terms of numbers of IDU consuming benzodiazepines or in the rate at which they were consumed. Also, the majority of those who had consumed these drugs reported having a valid prescription from their doctor. Where substantial drops had occurred was in the numbers of IDU injecting these pharmaceuticals as well as the number of days of recent injection. One possible explanation for this may be that it is to some extent a result of the continuing restrictions on the availability of temazepam gel capsules (Temaze®). Another possibility is that the rising illicit use of pharmaceutical opiates has diminished the perceived desirability of benzodiazepine injection amongst Perth IDU.

11.7 Associated harms

Although rates of hepatitis B in WA remain relatively unchanged, there is some evidence of a slowing in the notification of new cases of hepatitis C, although rates still remain relatively high compared with pre-2003. It is likely that this development has been assisted by the decreased rates of sharing needles and other injecting equipment, while more syringes were distributed. There was a substantial decrease in the numbers of IDU reporting injecting problems, which would seem to lend some support to the views of several key experts that self-care and injection technique amongst IDU had improved. Of more concern is that 70% of the IDU sample reported driving a motor vehicle within one hour of consuming an illicit drug, most commonly heroin. As these data relating to intoxicated driving have not been collected in previous years, it is not feasible to make comparisons or conclude if these figures are in fact typical. Aggression-induced either by intoxication or withdrawal, was reported by substantial minorities of the IDU sample, heroin being most commonly implicated in aggression during withdrawal and alcohol and crystal methamphetamine most common in instances of aggression whilst intoxicated. Although rates of arrest remained essentially the same as in the previous year, with drug-related offences being the most common reason, actual recent involvement in criminal activity among the IDU sample had significantly declined. That said, however, amongst those who had committed recent offences, the rates of offending remained unchanged, suggesting that, while there were less recent offenders among the sample, those who did admit to criminal involvement continued to commit offences at the same rate as in the past. The most common type of criminal activity was dealing drugs, with other forms of crime being relatively uncommon.

12.0 IMPLICATIONS

It is evident that among regular IDU in Perth there is a declining interest in the use of methamphetamines that appears to be associated with increased prices and a decline in both availability and user-perceived purity, especially of the crystalline form. One interpretation of this is that restricting access to precursor chemicals and police efforts targeting clandestine laboratories may be an effective approach to disrupting the manufacture and supply of methamphetamines, thereby reducing demand for these drugs.

As interest in methamphetamine has declined, so the popularity of heroin amongst the WA IDU sample has reached an unprecedented high. That actual use of heroin in WA has not correspondingly risen appears to be a function of its high price and modest purity. That said, however, the spike in suspected heroin-related deaths in 2005 indicates that there are issues here, and the fact that the spike is not reflected in ambulance callouts to overdoses may indicate that heroin users are not contacting ambulance services as a first response to overdose. Further, it may also reflect that, as public health campaigns over the last few years have concentrated on amphetamines many vital harm reduction messages relating more specifically to heroin use (e.g. don't use alone, don't mix your drugs, call an ambulance, awareness of tolerance issues etc.) have been forgotten or, in the case of newer users, may never have been heard at all. The assumption that the increased popularity of heroin is going to continue necessitates that health campaigns be carefully targeted so as to meet these challenges as they occur.

Although heroin use has not increased, its increasing popularity has seen a sustained increase over the last few years – especially amongst those IDU whose drug of choice is heroin – in the use and injection of diverted pharmaceutical opiate preparations, such as MS Contin®, oxycodone and buprenorphine. Although there is a positive side to this, in that use of these drugs avoid the problems associated with the unknown purity of any given batch of heroin, there are also other issues here. These preparations are not intended for administration by injection, which means there is likely to be increasing presentations for injection-related problems including vein and soft tissue damage or gangrene. This highlights a need for both targeted education campaigns and incentives for users who continue to inject these preparations to employ efficient methods of pill filtering.

In the light of this increased use of diverted pharmaceuticals, it may also be prudent to reflect on the experience of the USA state of Maine. Over a course of approximately three years, Maine experienced the growing use of diverted pharmaceuticals, particularly Oxycontin. Apart from problems discussed above, this also resulted in the evolution of previously uncommon forms of crime, including armed raids on pharmacies with demands for specific drugs and dosages and also burglaries targeting the homes of sufferers of terminal illnesses with a view to obtaining their medications. It was also observed that over time this trend in pharmaceutical opiate use evolved to incorporate the widespread use of heroin leading the Maine Office of Substance Abuse (2002) to conclude "*As has been feared … Oxycontin seems to be a gateway drug to heroin.*" .Recent news reports (Eliot, 2006) documenting a failed attempt to import a large quantity of heroin into WA by a group with links to organised crime in Asia suggests that some dealers may already be taking an interest in Western Australia as a potential new heroin market.

A significant decline was observed in the numbers of IDU reporting the recent use of cannabis. This decline was also noticeable in data contained in the National Drug Strategy Household Surveys for 2001 and 2004 (AIHW, 2002, 2005b). This would suggest that the Western Australian legislative change to apply civil rather than criminal penalties for minor cannabis use and

cultivation offences, enacted in March 2004, has not resulted in an increase in use of the drug in either the mainstream Western Australian population or in the IDRS IDU sentinel population.

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