J. Fetherston & S. Lenton

WA DRUG TRENDS 2003
Findings from the Illicit Drug Reporting System (IDRS)

NDARC Technical Report No. 179

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2003

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J. Fetherston & S. Lenton

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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
ATSI	Aboriginal or Torres Strait Islander
DAO	Drug and Alcohol Office
HDWA	Health Department of WA
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug Users
KI	Key Informant
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 Car Research Unit

EXECUTIVE SUMMARY

In 2003 the Australian Government Department of Health and Aging commissioned the National Drug and Alcohol Research Centre (NDARC) to conduct the fourth national Illicit Drug Reporting System (IDRS). All states and territories completed all three components of the full IDRS. Additional funding was again secured through the National Drug Law Enforcement Research Fund (NDLERF) to complement core funding from the Department. This additional funding enabled the non-core jurisdictions to undertake the IDU component of the study. NDLERF funding was also provided to allow the Party Drugs Initiative to be expanded to all Australian jurisdictions for the first time.

The 2003 IDRS aims to provide a means by which to identify any emerging drug-related trends and potential harms associated with such trends. It can also be used as a means to identify areas requiring further investigation. As in previous years a specific emphasis was placed on the use of heroin, methamphetamine, cocaine and cannabis. Additional data was also collected to enable the exploration of drug markets dealing in illicit methadone and morphine.

The National Drug Research Institute has conducted the WA component of the IDRS since 1999. This report represents the fifth year of involvement in the IDRS for WA and the fourth year in which all three IDRS data sources were used. These were:

1. Quantitative interviews with 100 injecting drug users (IDU)
2. Qualitative interviews with 29 key informants (KIs) who have regular contact with IDU and are employed in health, outreach, law enforcement and other professions.
3. Analysis of a range of indicator data from survey, health and law enforcement sources.

Demographic characteristics of injecting drug users (IDU)

Males made up 68% of the IDU sample who had an age range from 18 up to 48 with a mean of 34 years. While all IDU indicated that English was their main language, eight identified themselves as having ATSI heritage. Nearly three quarters of the sample lived in their own home or flat. The average number of years of schooling was 10 with one third indicating that they had not gone on to any further study. With regards to drug treatment, 40% indicated that they were currently receiving treatment for their drug use, the most common modality being methadone maintenance therapy. A history of incarceration in prison was noted amongst 30% of the sample.

Table 1: Summary of drug trends in WA 2003

	Heroin	Methamphetamine	Cocaine	Cannabis
Price($)	$550 gram Stabilised	$300 gram for powder and paste, and $350 for crystal methamphetamine. Powder and paste have become more expensive while the price of crystal has fallen.	$250 gram (based on just two purchases)	$270 for ounce of hydro $220 for an ounce of "bush" cannabis. $25 Gram regardless of cannabis type. Prices relatively stable
Availability	Reported as "easy" to "very easy" by approx. same numbers of IDUs as 2002. However, far less available than reported in 2000.	All types generally reported as "easy" to obtain, but numbers reporting powder and base to be "easy" have fallen while numbers reporting crystal to be "easy" to get are increasing	No data due to only two reports with conflicting data	"Easy" to "very easy" to obtain. Situation stable
Purity (user reports only)	Low Stabilised	Powder medium and falling. Base medium and stable Crystal high and stable	No data (see above)	High Stabilised
Use	Stable, numbers of daily users may be increasing.	Remains most commonly injected substance. Crystal has overtaken powder as the predominant form.	Small numbers of users no reports at all of use on a daily basis	Remains widespread with hydroponic and bush both very common

Patterns of drug use among IDU

As in 2002, heroin remained the most popular drug of choice amongst the IDU interviewed in 2003 (40%) with methamphetamine being second (38%). Amphetamine remained the drug most commonly injected in the month before the survey followed by heroin and then by morphine. This same pattern was also seen with regards to the drug most recently injected, with amphetamine again being the most commonly mentioned substance (56%). The most frequent reasons given for disparities between drug of choice and drug most commonly injected were availability (n=9) and health effects (n=8). The average age of first injection was 19 and, on average, IDU in the sample had been injecting for 15 years. Frequency of injection in the month prior to the survey ranged from no instances, up to multiple times a day. However, the largest group were those IDU who reported injecting more than weekly, but less than daily (40%). Injection on at least a daily basis was reported by 41% if IDU interviewed.

Heroin

Although heroin remained the most popular drug of choice amongst the IDU sample, available evidence suggests that the use of heroin in Perth remains relatively low compared to its predominance prior to 2001 with 63% IDU reporting its use in the last six months. The frequency of use and reported availability amongst IDU heroin appears to be relatively unchanged in the last twelve months. Similarly, the price per gram appears to have stabilised at $550. Purity, as reported by IDU is generally seen as being "low", a view supported by the continuing low rates of reported opiate overdose. There is some evidence that homebake heroin continues to be used as a heroin substitute however, its rates of use (n=27) and average number of days of use amongst IDU in the last six months (39) remain significantly unchanged from those reported in the previous year.

Methamphetamine

As noted above, methamphetamine remained the second most popular drug of choice amongst IDU in the survey. Methamphetamine also remained the most commonly injected drug among IDU, it's rates of recent use in WA (89%) in 2003 exceeding that of any other Australian jurisdiction (Breen et al 2004). Certain changes appeared to have taken place with regards to the forms of the drug currently in circulation, with the use of crystal methamphetamine or "ice" being seen for the first time to exceed the traditional powder form of the drug as the most commonly used. In addition, there was some evidence that crystal methamphetamine has become cheaper and more readily available. These price changes have seen the price of crystal per gram fall from $400 to $350. Despite suggestions by some key informants that there may be developing trends towards manufacturers "cutting" crystal methamphetamine with difficult to detect adulterants, the prevailing view amongst IDU was that this form of the drug was generally of a high purity relative to the powder or paste forms. That this high level of purity in an increasingly available form of methamphetamine may be causing problems can be seen reflected in the frequent references by key informants of impulsive and aggressive behaviour witnessed amongst IDU with whom they had contact. Several key informants reported trends by users towards the smoking of methamphetamine as a means of harm reduction, however this is not well reflected in the IDU data which may suggest that this trend may involve newer users taking up smoking as opposed to a transition from injecting by established IDU.

Cocaine

There were only 10 IDU reporting use of cocaine in the last six months. Very few IDU (n=2) and no key informants were able to provide detailed information concerning the price, purity or availability of cocaine in Perth. Where information was provided, it was often seen to be conflicting. Whilst it could be argued that injecting drug users in Perth may be a poor sentinel population for monitoring trends associated with this drug, it appears that cocaine remains scarce in Perth and its regular use amongst injecting drug users continues to be rare.

Cannabis

Cannabis was once again in extremely wide and regular use throughout the IDU sample (81% in the last six months) and generally seen as being very easy to obtain and of high strength. Prices appeared to have remained relatively stable at around $260 per ounce, although this was slightly higher ($270) for an ounce of hydroponically grown cannabis and somewhat less ($220) for an ounce of naturally cultivated or "bush" cannabis. Ounces were the most commonly purchased quantity although the $25 "stick", "bag" or "foil" also remained commonplace. Use of both hydroponic and "bush" cannabis was extremely common, whilst forms of hashish remained unusual. Small time growers were believed to be the most common origin of purchased cannabis although the existence of large scale cultivation by organised crime was acknowledged. Where cannabis was believed to have come from large scale operations, this was invariably seen to involve hydroponically cultivated plants.

Illicit use of methadone

Relatively small numbers of IDU were found to have recently used either illicit methadone syrup (14%) or Physeptone® tablets (eight percent). The great majority of this use was found to be by injection. While price was generally agreed to have been stable, it is difficult to gauge actual price of methadone on the black market due to the very small number of highly diverse purchases. Ease of availability similarly appeared to differ greatly between individual IDU.

Illicit use of buprenorphine

Recent illicit use of buprenorphine amongst the IDU sample was not significantly more common than it was in 2002, although the number of IDU admitting to illicit use exceed that reporting licit use. The drug was most commonly administered by injection. Use of illicit buprenorphine was not commonplace (n=18), and its consumption appeared to occur on an infrequent basis relative to those IDU who consumed the drug legitimately. As days of use of illicit buprenorphine were not specifically asked about in 2002, comparisons with previous years were not feasible.

Morphine

Morphine continued to be the most commonly used opiate other than heroin. Recent illicit use of morphine was reported by 41% of IDU who had consumed the drug in the last six months which while significantly less than in the previous year, was offset by a significant increase in the average number of days of use (n=60). With the exception of one individual, all IDU who had recently used morphine had injected it. MS Contin® was by far the most common variety although occasional use of Kapanol® was reported. Availability of morphine was generally seen as being either "very easy" or "easy" with a 100mg tablet carrying a median price of $50.

Other opioids

Use of other opiates usually involved codeine based pharmaceutical medications (eg: Panadeine Forte®) or, less commonly, Oxycontin®, indicating a narrower range of brands than in the previous year. Significantly less IDU (26%) reported recent use of these drugs than in 2002 and they appeared to be used for a lower average number of days (n=17). Although the majority of use of other opiates was illicit, the most common route of administration was oral. However, recent injection of these drugs was also very common.

Benzodiazepines

Benzodiazepines continued to have been used on a recent basis by a majority (67%) of the IDU sample, albeit a significantly smaller number than was observed in 2002. Similarly, rates of injection also had fallen significantly. A third of the IDU sample reported that their use of these drugs was illicit. One key informant commented that the "pharmacological repertoire appeared to have narrowed". Certainly the range of types of pills observed in the 2003 sample was much less than in 2002 although diazepam, and temazepam preparations remained the most commonly employed.

Associated harms

The prevalence of HIV among WA IDU appeared to remain relatively low and data from the Australian NSP survey suggests that there may be a decrease in the rates of HCV (43% of IDU tested) transmissions. Infections of HBV were self reported by 21% of IDU in that survey. Also evident is a decline in the sharing of injecting equipment, particularly equipment other than needles and syringes (by 34% of IDU) Recent experience of opiate overdose also remained uncommon with just five reported incidences amongst the IDU sample. The less serious injection related health problems were more frequently seen, most notably scarring and bruising and difficulty injecting. "Dirty hits" were not unusual (21%) although at rates very similar to those seen in 2002. While most of these "dirty hits" involved methamphetamine or heroin, a not insubstantial number involved the injection of pharmaceutical drugs. Significantly less IDU in 2003 (25%) had recently sought the services of a mental health professional in the previous year, the most common reason being for treatment of depression, and anxiety followed by drug induced psychosis. With regards to harms associated with legal issues it was noted that less IDU (50%) in the sample admitted to participation in criminal activity than in 2002, and further that significantly less (36%) had been arrested in the 12 months preceding the survey. Law enforcement data similarly recorded a reduced number (n=7858) of drug related arrests.

Implications

While relatively little change has been observed in trends associated with heroin, cannabis or cocaine, implications may arise with regards to methamphetamine and pharmaceutical drugs. Continued high rates of amphetamine use accompanied by reportedly much more pure forms of the drug are likely to present challenges to both law enforcement and health bodies due to the likelihood of increased rates of amphetamine-related psychosis which can result in impulsive or aggressive behaviour.

The use of pharmaceutical drugs, notably benzodiazepines and opioids appears to have become less popular. However, it appears that use may have intensified among those who continue to use providing some cause for concern from a health perspective. This is particularly so with reference to the hazards implicit in actively and regularly injecting

substances intended for oral administration. The ongoing use of homebake heroin is similarly an issue for WA in particular. This is particularly so with reference to the hazards implicit in actively and regularly injecting substances intended for oral administration or, in the case of homebake, corrosive chemicals remaining in the solution from the manufacturing process (Reynolds, et al., 1997).

1. INTRODUCTION

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

The IDRS is funded by the Australian Government Department of Health and Ageing and the National Drug Law Enforcement Research Fund (NDLERF). From 2000-2003, NDLERF has provided funding to complement the core funding from the Department and enables the IDU survey component to be conducted in WA, TAS, the ACT, QLD and the NT. This ensures that comparable data is collected in every jurisdiction in Australia.

This report presents the findings of the fifth 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 marks 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 *2003 Australian Drug Trends* will be published (Breen et al., in prep) and will provide a 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*, available as NDARC Technical reports. Additionally, 2003 marks the first time the Party Drugs Initiative (PDI) has been expanded to include the jurisdiction of Western Australia and the results of this study can be located in Chanteloup & Lenton, in prep.).

Study Aims

The specific aims of the WA component of the 2003 IDRS were to:

- examine trends in illicit drug use in Perth for 2003;
- 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 have filled the role of heroin during this shortage.

2. METHOD

Three data collection methods are used in the IDRS: a survey of injecting drug users (IDU); a key informant (KI) 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 informants 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 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 four year period. Comparisons with 1999 WA data is somewhat limited as only the key informant survey and analysis of existing indicator data were conducted in that year. Direct comparisons have been made with the 2002 data where possible.

2.1 Survey of injecting drug users (IDU)

A survey of 100 IDU was conducted in August 2003. 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. Preference was given to IDU who were not currently involved in treatment as it was regarded that these individuals would have greater contact with the 'drug scene' than their treatment population counterparts. Interviews were conducted at a centrally located cafe convenient to the participating IDU.

While efforts are made to ensure a strong degree of continuing homogeneity in the IDU sample across years, 2003 presented unique challenges that necessitated small but nevertheless significant changes to recruitment techniques. Specifically, these changes were characterised by:

- the lack of peer interviewers thereby lessening access to established social networks of injecting drug users as was possible in 2002 &
- the temporary closure of an NSP that was traditionally a major source of subject recruitment. To compensate for this shortfall, it was decided to include methadone dispensing pharmacies in the 2003 recruitment strategy.

The interview administered consisted of a standardised structured questionnaire, which was a slightly modified version of the questionnaire used nationally in 2002. Included in this questionnaire were sections on demographics, drug use, price, purity and availability of the four main drug types, crime, risk-taking, health and general drug trends. More detailed information than previously was collected concerning the illicit use of methadone and morphine. Other modifications allowed distinctions to be made between hydroponic cannabis and "bush" or naturally cultivated plants and also between licit and illicit use of certain pharmaceutical preparations including dexamphetamine and buprenorphine. 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 informants (KIS)

There were 29 key informant interviews conducted throughout September and October 2003. 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 informants who were interviewed as part of previous IDRS surveys were interviewed again in 2003. Where former key informants 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 informants were provided through snowballing techniques and/or through referral by advisory group members.

As all key informant interviews were conducted over the telephone, 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 informants 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 transcribed in full as soon as practicable after its completion.

The key informant group consisted of 14 male and 15 female respondents. Of these 29 individuals, 11 identified that they were directly involved in the drug treatment field, two were involved in outreach, three were NSP workers and three were specifically involved in youth work. Two others were employed within the law enforcement/criminal justice sector – one as a police officer/educator and one in organised crime research. Also identified were three emergency department medical officers and a clinical nurse specialist. There were two key informants whose role involved peer education and one paramedic. The remaining key informant identified themselves as being a clinical psychologist.

There were 45% of key informants who reported their level of contact with users was at least five days per week, a figure not dissimilar from the 41% reporting this in 2002. There was only one key informant (a paramedic) who indicated that their contact with users was less than two days a week. The average number of days of contact in the past six months was 91.5 days (sd=31.6, range=12 to 120), a figure that was not significantly different to the 99.6 days reported in 2002($t=-1.323$, $df=26$, $p=.197$). Only three key

informants (10.3%) had had contact with 20 IDU or less in the six months prior to interview and twelve (41.3%) had been in contact with more than 100 IDU in that time followed by nine (31.0%) who had had contact with between 51 and 100. Contact with IDUs was predominantly through work (65.5%) with the remainder of key informants having contact with illicit drug users through both work and social/personal contact.

Key informants 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 two years, the drug most commonly identified was methamphetamine. The numbers of key informants able to comment of various drug types was remarkably similar to the pattern seen in 2002, with 21 commenting on primary amphetamine users (up from 20), six commenting on primary cannabis users (down from eight), and as in 2002, one key informant discussing heroin, and one discussing the use of pharmaceutical opiates (specifically MS Contin and buprenorphine). As in previous years there were no key informants who were able to report on IDU contacts who were primary cocaine users.

Although nine key informants indicated that they did not deal specifically with any special populations, the remainder identified a number of such populations, many of them dealing with several specialised groups. As in 2002, the most common of these was young people mentioned by nine key informants followed by IDU mentioned by five. Persons with mental health issues, ATSI backgrounds and women were each mentioned by two key informants. Individual key informants also mentioned gay & lesbian clients, clients coerced by the justice system, sex workers, drug using mothers, people from non English speaking backgrounds and homeless persons. Most key informants were 'moderately certain' (59%) to 'very certain' (41%) of the information they provided.

2.3 Other indicators

Secondary data sources were examined to complement and validate the data collected from both the IDU and key informant 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 2002 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 (ie. 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 2003 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).
- BBV infection 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). Purity and seizure data also normally collected annually, was not available at time of going to press

2.4 Data Analysis

Qualitative data collected as part of the key informant survey were analysed using the word processing and table facilities of Microsoft Word (Windows® 2000 Professional). Quantitative data from the IDU and key informant survey were analysed using SPSS 11.0 for Windows®. For all quantitative analysis alpha was set at .05. All "don't know" type responses were excluded from the analysis. Where Confidence Intervals are documented in relation to prevalence rates they are reported at the 95% confidence level. Where overlap exists between the Confidence Intervals it should be assumed that there is no significant difference between the reported rates. All statistical analyses were calculated using SPSS V.11.

3. RESULTS

3.1 Overview of the IDU sample

As in previous years, 100 injecting drug users from throughout the Perth metropolitan region were surveyed in 2003.

Once again in 2003 the majority of IDU interviewed (68%) were male, a significantly higher percentage than the 58% found in the 2002 sample. (χ^2=4.642, df=1, p=.031). Additionally one IDU identified as transgender, and as such was excluded from all further statistical analysis involving the gender of interviewees.

Reported ages ranged from 18 to 48. The mean age of the sample was 34 years which was found to be a significant increase on the average age reported in 2002 of 30 (t=5.218, df=99, p=.000).

There were eight IDU who identified themselves as being of ATSI descent which was double the number who identified as such in 2002 (χ^2=4.167, df=1, p=.041). All (100%) of IDU interviewed indicated that English was the main language spoken at home.

Nearly three quarters (74%) lived (including renting) in their own home or flat. Another eight indicated that they were homeless at the time of the survey. In addition there were seven IDU who lived in the family home, and another seven who resided in a boarding house or hostel. The remaining four IDU had various other forms of accommodation.

The proportion of the sample who were in some form of treatment for their drug use was found to be significantly higher than the rate reported in 2002. There were 40 IDU who indicated that they were receiving treatment at the time of the survey, an increase from the 35 IDU in 2002 (χ^2=27.473, df=1, p=.000). Of these treatment modalities, the most commonly reported was methadone (48%, n=19), buprenorphine (25%, n=10), counselling (18%, n=7), detoxification (5%, n=2) and naltrexone (5%, n=2). The increase in the number of IDU in the sample reporting receiving treatment appears to be largely accounted for by the increased numbers attending counselling which in 2002 was 6% (n=2). An additional two IDU reported the use of naltrexone in the past six months, however, this use was not necessarily related to any form of treatment.

The average length of time spent in treatment was 33.5 months (range=0 to 180, sd=39.52), a not significantly longer period than the 24 months reported in 2002 (t=1.520, df=39, p=.139).

Unsurprisingly, a somewhat higher figure (n=51) reported having received any treatment for their drug use in the last six months. This represents a significant increase on the 38 who reported doing so in 2002 (χ^2=7.173, df=1, p=.007). This included 22 IDU who had received methadone, two who had undergone detoxification, one who had been in a therapeutic community, four who had received naltrexone and twelve who had received buprenorphine.

The number of years of schooling ranged from seven to twelve (sd=1.3) with a mean of 10. Although only slightly lower than the 2002 average of 11, this decrease was nevertheless significant (t=2.082, df=99, p=.040). The 2003 IDU sample exhibited a

higher rate of unemployment than was seen in the previous year with 66.0% indicating that they were unemployed, a significant increase on the 2002 figure of 47% ($\chi^{2=}$14.492, df=1, p=.000). Of those who did not consider themselves unemployed, 21 (n=7) stated that they were involved in full time employment, 59% (n=20) worked part time, nine percent (n=3) were students and 12% (n=4) were engaged in home duties. In addition, there were three IDU who indicated that they earned some income (or possibly drugs) by engaging in sex work.

There were 30 IDU who reported that the had a history of having been in prison, a figure that proved to be significantly higher than the 18 who fell into this category in 2002 (χ^2=10.153, df=1, p=.0001).

A number of significant differences were observed between the current IDU sample and that surveyed in 2002. It is likely that to a large extent these differences may be an artefact of differences in sampling techniques between the two years (for details refer to Methodology section 2:1).

Table 2: Demographic characteristics of IDU sample (n=100)

	2002	2003	Significance
Age (mean years)	30	33.7	t=5.218, df=99, p=.000
Gender	58% male 42% female	68% male 31% female 1% transgender*	χ^2 =4.642, df=1, p=.031
Employment	Not employed 47% Full time 12% P/T / Casual 31% Student 4% Home duties 3% Sex worker 3%	Not employed 66% Full time 7% P/T / Casual 20% Student 3% Home duties 4% Sex worker 3%**	χ^2=13.733 df=7, p=.008 χ^2=14.492, df=1, p=.000
School education (mean years completed)	10.7	10.4	t=-2.082, df=99, p=.040
Tertiary education	None 47% Trade / tech 42% Uni / college 11%	None 33% Trade / tech 51% Uni / college 16%	χ^2=8.372, df=2, p=.015
Currently in drug treatment	35%	40%***	χ^2=27.473, df=1, p=.000
Type of treatment	N=35 Methadone=49% Buprenorphine=37 Counselling=6% Detoxification= 3% Naltrexone=6%	N=40 Methadone=48% Buprenorphine=25% Counselling=18% Detoxification=5% Naltrexone=5%	
Ever been in prison	18%	30%	χ^2=10.153, df=1, p=.001

*This individual excluded from all analysis involving gender comparisons

**Differences in question format concerning sex work in 2003 have resulted in employment percentage totals exceeding 100%.

***This apparent difference may largely be an artefact arising from 2003 subject recruitment through methadone prescribing pharmacies.

3.2 Drug use history and current drug use

The age of first injection ranged from 12 to 34 (sd=4.9) with an average of 19.3, which did not differ significantly from the 2002 average of 18.6 years (t=1.361, df=99, p=.176).

This would imply that the length of injecting careers amongst the sample ranged from two to 32 years (sd=8.12) with an average of 14.5. As in previous years it was observed that the vast majority (87%) had commenced injecting by the age of 25.

Table 3 shows that the most common rate of injection over the past six months was more than weekly, but not daily, reported by 40% of IDU. This was followed by 23% who reported injecting once a day. It was observed that 41% of the sample were injecting on at least a daily basis, a significant increase on the 27% who reported this frequency of injecting in 2002 (χ^2=9.944, df=1, p=.002). More detailed information of rates of injection can be located in Table 3 below.

Table 3: frequency of injecting among IDU sample (n=100)

Frequency of injecting in month prior to interview	% of respondents
None	2
Weekly or less	17
More than weekly but less than daily	40
Once a day	23
Two to three times a day	14
More than three times a day	4
Total	100

As in 2002, the drug most commonly reported as having been the first injected was amphetamine reported by 56% of the sample. Heroin was mentioned in this context by 37% of IDU. Neither of these figures was significantly different from those reported in 2002 (χ^2=.372, df=1, p=.542, χ^2=2.333, df=1, p=.127 respectively). Morphine remained an uncommon choice of first drug to be injected, reported by just seven IDU. Interestingly, while 2002 saw a wide range of other substances also mentioned as having been the first some IDU had injected (including ecstasy, benzodiazepines, other opiates and hallucinogens) none of these substances were reported in response to this question by any IDU in the 2003 sample.

Heroin remained the most commonly mentioned drug of choice by 40% of the sample, not significantly different from the 48% seen in 2002 (χ^2=2.564, df=1, p=.109). IAmphetamine continued to be the substance next most mentioned as the preferred drug by 38% of IDU, not significantly different from 32% in 2002 (χ^2=1.654, df=1, p=.198 respectively). Other substances commonly mentioned as being IDUs most popular drug of choice included cannabis (8%), morphine (7%), and alcohol (3%). Single individuals from the sample also cited as their drug of choice cocaine, LSD, Ecstasy, and benzodiazepines.

With regards to the drug most commonly injected in the month prior to the survey, amphetamine remained the most commonly mentioned drug cited by 56% of IDU, a figure corresponding exactly to that reported in 2002. Heroin was indicated as the most

commonly injected drug by 25% of the sample, not significantly different from the 30% who had injected heroin most often in 2002 (χ^2=1.063, df=1, p=.303). Morphine remained relatively unchanged in it's position as the next most likely substance to be mentioned in this context, nominated by 10% IDU, not-significantly different from the 9% who cited it in 2002 (χ^2=.147, df=1, p=.702). There were two IDU who indicated that homebake heroin was the substance they had injected most often, a figure not dissimilar to the one IDU who mentioned it in this role in 2002. A variety of other substances were also mentioned by individual IDU as being the most commonly injected. These included methadone, other opiates, benzodiazepines, buprenorphine, and dexamphetamine.

There were 31 cases where differences were seen to exist between individual IDUs' drug of choice and drug most commonly injected. The most common reasons given for these discrepancies were availability (nine IDU) and health effects (eight IDU). Reasons related to price, purity and law enforcement activities were each given by two IDU and a range of miscellaneous reasons were provided by eight individual IDU.

Patterns of the drugs reported as being most recently injected were similar to those reported as having been injected in the previous month with methamphetamine the most commonly mentioned by 47 IDU, followed by heroin (n=28) and then morphine (n=13). In addition, there were three IDU who indicated that the most recently injected drug had been dexamphetamine. Methadone, benzodiazepines, buprenorphine and homebake were each mentioned by two IDU and one individual stated that the last drug they had injected had been Oxycontin ®.

Table 4: Injection history, drug preferences and polydrug use of IDU

Drug Class	Ever used	Ever injected	Injected in last 6 months	Ever smoked	Smoked in last 6 months	Ever snorted	Snorted in last 6 months	Ever swallowed	Swallowed in last 6 months	Mean no. of days used 6 mths*	Days used any form last 6 mths	Used in last 6 months
1. Heroin	90	89	61	33	3	15	2	14	4	61		**63**
2. Methadone (prescribed)	45	21	8					45	22	152	**110**	**22**
2a Methadone (not prescribed)	35	25	11					24	6	17		**14**
2b Physeptone® (prescribed)	10	8	1	0	0	1	0	9	1	92		**2**
2c Physeptone® (not prescribed)	29	26	8	0	0	1	0	13	0	19		**8**
3. Morphine	86	81	40	4	1	3	1	25	7	60		**41**
4. Homebake	65	62	26					7	2	39		**27**
5. Other opiates	55	27	13	21	2	3	1	32	15	17		**26**
6. Speed powder	96	94	69	14	7	49	9	35	10	30	**82**	**71**
7. Amphet liquid	21	20	7					6	0	22		**7**
8. Base/point/wax	60	58	39	3	1	5	2	9	4	15		**40**
9. Ice/shabu/crystal	95	95	80	32	18	20	8	16	6	55		**80**
9a Pharmaceutical stimulants	72	43	24	6	2	9	3	61	34	41		**46**
10. Cocaine	72	61	10	11	1	49	5	8	1	12		**10**
11. Hallucinogens	93	32	1	5	0	2	0	91	14	6		**14**
12. Ecstasy	85	51	13	5	0	13	6	80	35	8		**40**
13.Benzodiazepines	83	34	12	4	0	2	0	80	65	76		**67**
14. Alcohol	100	12	0					99	83	61		**83**
15. Cannabis	100									99		**81**
16. Anti-depressants	61	4	0					60	30	101		**30**
17. Inhalants	39									0.1		**5**
18. Tobacco	96									171		**87**
19. Buprenorphine (prescribed)	21	11	4	1	1	1	1	18	12	115	**58**	**13**
19a Buprenorphine (not prescribed)	33	25	15	1	1	2	2	14	7	7		**18**

- **For those who had used the drug in the last six months (incorrectly reported as being for entire sample in 2002). Daily use would equal 180.**

4. HEROIN

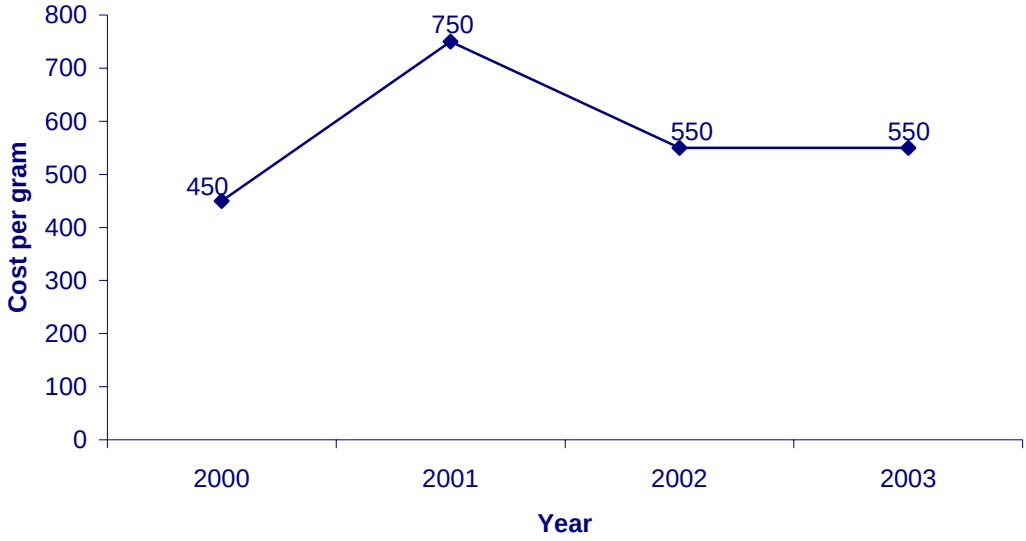
4.1 Price

There were 34 IDU able to report on the current price of a gram of heroin, compared to 48 in 2002. Prices given ranged from $100 to $800 with a median price of $550 as was the case in 2002. The most common median prices were $600 (five respondents), followed by $500 (four respondents). The number of respondents able to comment on the price of a cap of heroin had increased considerably to 13 (up from five in 2002). The most common median price was $50 (11 respondents) which was also the lowest price given by all 13 respondents. Just two IDU reported a high-end price of $100 for a cap of heroin. There were nine IDU who provided information about the weight of a cap of heroin, of whom eight concurred that it was 0.1 grams (ie: "a point"). The remaining respondent said that it ranged from 0.1-0.3 grams.

With regards to quantities of heroin actually purchased over in the last six months, as in 2002 the most common quantity bought was 0.25 grams reported by 25 IDU with prices ranging from $100 to $250, with $150 being both the modal and median price cited, indicating no real change from the situation reported for the purchase of a quarter gram in 2002. Other commonly purchased quantities included 13 IDU who had purchased a gram with prices ranging from $50 up to $800 and a median price of $500, 13 who had purchased a half-weight with prices ranging from $180 to $350 and a median price of $280 and 11 who reported buying a cap for prices ranging from $40 to $100 and a median and modal price of $50.

It was believed by 56% (n=28) that the price of heroin had stabilised, suggesting that the decline in price reported by 54% of respondents able to answer in 2002 has ceased.

Figure 1: Median price of a gram of heroin estimated from IDU purchases, 2000 – 2003



There was only one key informant in 2003 (a paramedic) who commented specifically about heroin using IDU, but this informant was unable to comment on the current price of the drug or on any recent price changes.

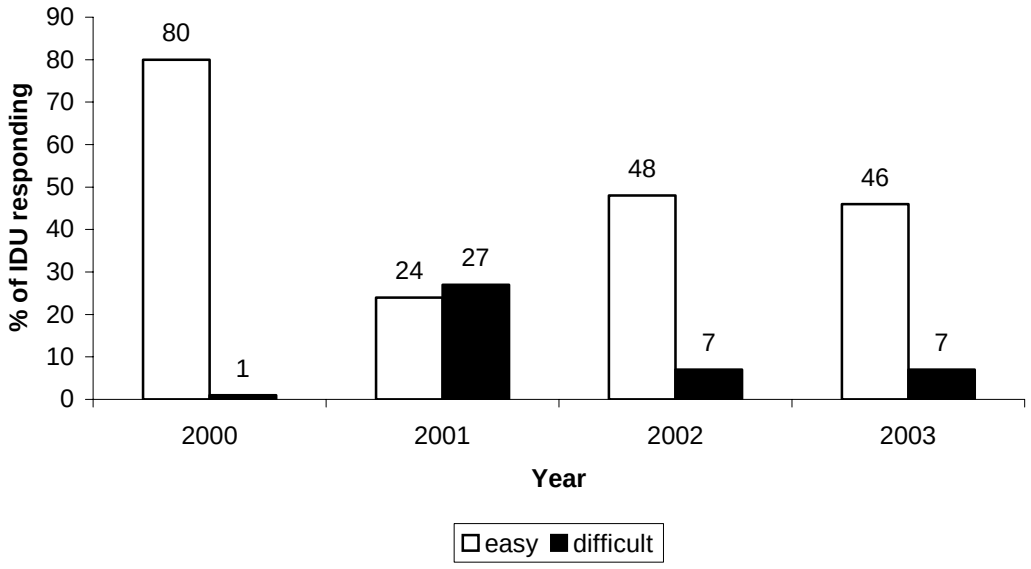
4.2 Availability

Of the 53 IDU able to comment about availability of heroin, opinion was evenly divided between the 43% (n=23) who reported that it was "very easy" to obtain and the 43% (n=23). who said it was "easy". This situation does not appear to be markedly different from 2002 when although a majority of 57% indicated that obtaining heroin was "very easy", a smaller figure of 29% stated that it was "easy" as shown in Figure 2 below. With regards to change in the availability of heroin, 51 IDU were able to provide information, with the majority of 59% (n=30) indicating that this had stabilised. This apparent levelling off in the ease of heroin availability stands in contrast to the 63% in 2002 who reported that it was becoming "easier" to obtain

The most commonly reported usual source for the acquisition of heroin, as in 2002, was from a "mobile dealer" reported by 35% (n=17), with purchase via a "friend" the next most common reported by 33% (n=16). The usual length of time taken to obtain heroin ranged from five minutes to three hours with a mean of just over 44 minutes and a median and modal time of 30 minutes.

The sole key informant commenting on heroin believed that it was currently "very easy" for users to access heroin and that this ease of availability had remained unchanged in the last six months.

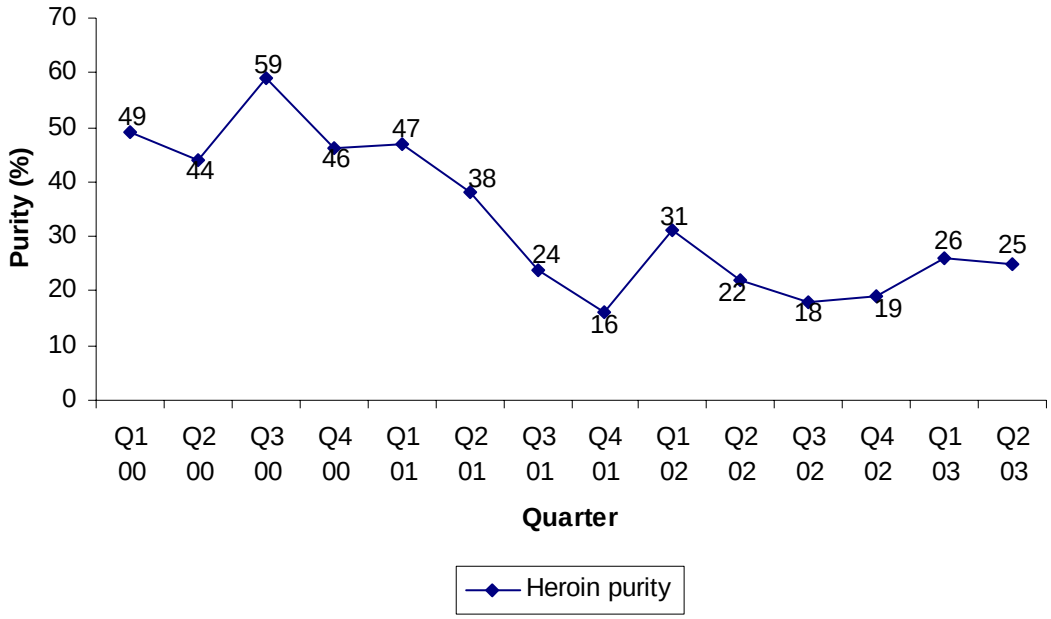
Figure 2: IDU reports of ease of availability of heroin in the past six months, 2000 – 2003



4.3 Purity

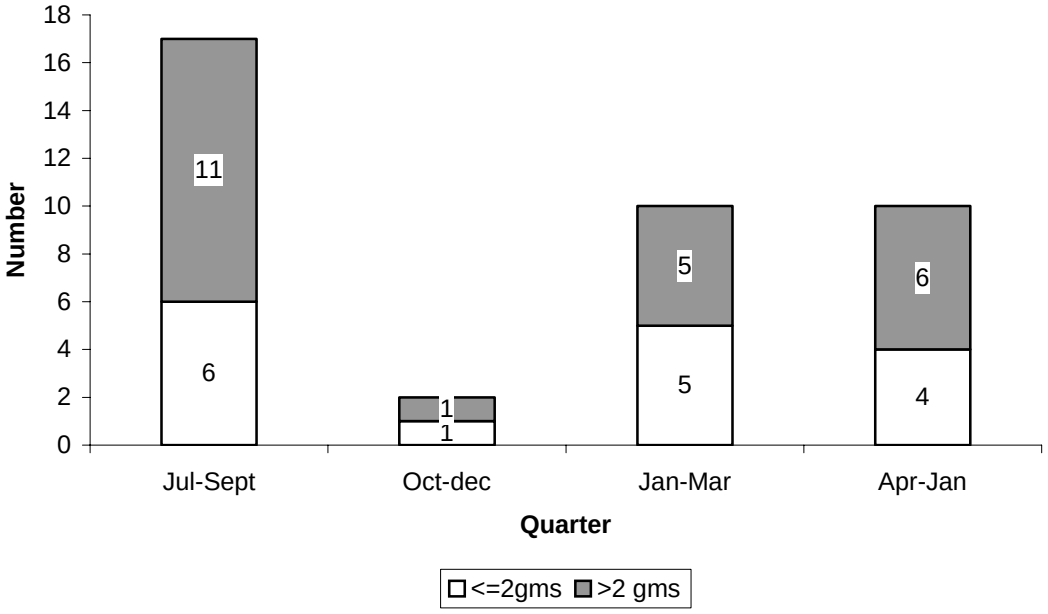
WA police provided data from analysis of 39 heroin seizures during the 2002 / 2003 financial year. It should be noted that these figures do not represent the purity levels of all Western Australian seizures as the Western Australian Forensic Science Lab does not analyse all seizures less than two grams. Therefore, the 39 heroin seizures is an underestimate of the number of samples actually tested. The median purity of heroin analysed during this period was 24%, with a range from 0.6% up to 69%. This is slightly lower than purity levels the previous year when the median was reported as 21% with a range form one percent up to 61%. Median purity of analysed seizures is displayed by quarter in Figure 3 below.

Figure 3 Purity of heroin seizures analysed by law enforcement agencies in WA, by quarter, January 2000 to June 2003 (Source: ACC)



The number of heroin seizures per quarter upon which this analysis was based is shown in Figure 4 below. There was no substantial difference in the median purity of analysed samples of two grams or less (25%) and those of greater than two grams (24%). That the total number of these seizures (n=39) is slightly less than the 44 from the previous year makes it necessary to reiterate the proviso made in 2002 that since analysis are unlikely to be a random sample of all seizures made that care must be taken in assuming that this data is truly reflective of current levels of heroin purity.

Figure 4: Number of heroin seizures analysed by law enforcement agencies in WA, by weight of seizure, 2002 / 2003 (Source: ACC)



There were 50 IDU able to answer questions about the current purity of heroin in Perth, the most common response by 52% (n=26) being that current purity levels were low, a considerable shift in opinion from 2002 were the most prevalent response from 47% was that purity levels were medium.

When asked if these purity levels had changed, the most commonly voiced opinion by 32% (n=16) was that they had remained stable, with a further 22% (n=11) stating that it appeared to be increasing. Viewed in the context of 2002 data in which 60% of the sample felt heroin purity to be increasing, this would tend to suggest a widespread perception amongst Perth IDU that the purity of heroin has recently levelled out and remained stable, at levels lower than those reported in the previous year.

The one key informant who specifically discussed heroin use in 2003 was of the opinion that the current purity of heroin in Perth was "high" and that this situation had remained stable over the proceeding six months.

4.4 Use

Heroin use among IDU

Lifetime history of use of heroin was reported by 90% of the IDU sample in the 2003 survey, and injection of the drug by 89%. Although these figure are both significantly higher than those reported in 2002, (82% lifetime use (χ^2=4.336, df=1, p=.037) and 80% lifetime injection (χ^2=5.063, df=1, p=.024)) this is in part likely to be an artefact of the differences in recruitment procedure employed in 2003 compared to 2002

Heroin remained the main drug of choice amongst the sample with 40% indicating this was the case. This is not a significant change from the 48% in 2002: (χ^2= 2.564, df=1,

p=.109) from the 48% in 2002, it may suggest that the margin between heroin as the most popular drug of choice amongst IDU and the next most (ie: amphetamine) may be narrowing.

4.5 Current patterns of heroin use

In the 2003 survey 63 IDU reported that they had used heroin in the last six months, not significantly different to the 64 who had sone so in 2002 (χ^2= .043, df=1, p=.835). Injection remained by far the most common route of administration, used by 61% of the sample in the last six months, indicating no change in real terms from the 60% who reported using this method in 2002 (χ^2=.042, df=1, p=.838). Other means of administering the drug in the previous six months were seen to be relatively rare. There was no significant difference between the mean number of days of use reported in 2003 (39 days) and that in 2002 (35 days) (t=.574, df=99, p=.567).

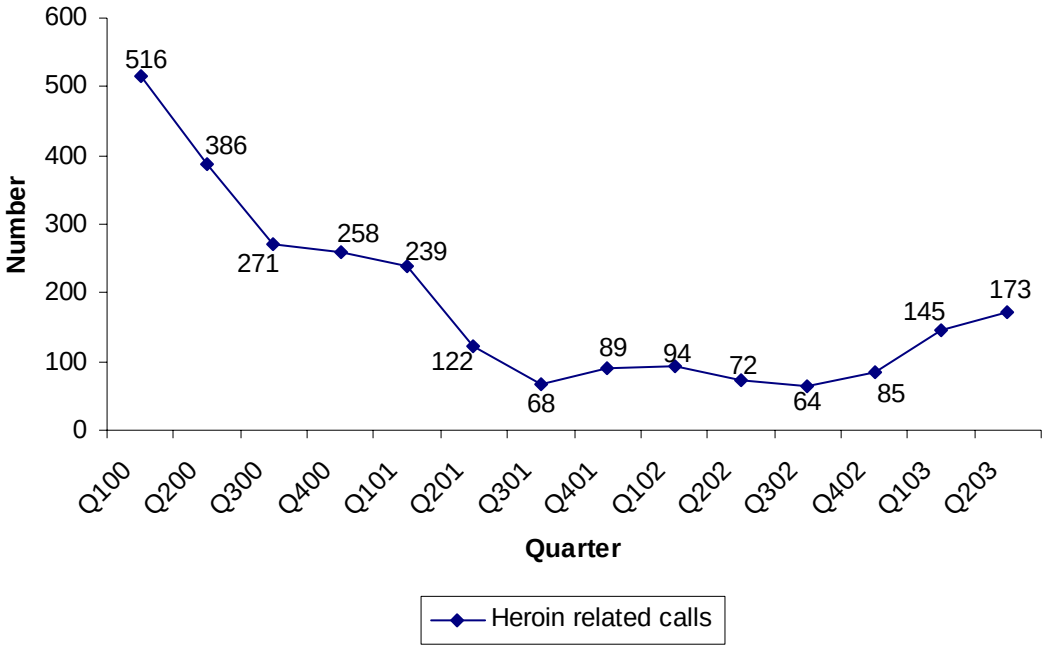
As in 2002, heroin remained the second most commonly injected drug in the previous month, reported by 25% of the IDU sample in 2003. This was not significantly different from the 30% reporting this in the previous year, (χ^2=1.063, df=1, p=.303). Of the 40 IDU citing heroin as being their drug of choice, 58% (n=23) had also injected heroin most frequently in the previous month. Where heroin was their drug of choice but not their most commonly injected drug, reasons given were health effects (15%, n=6) followed by availability (10%, n=4). Also in keeping with patterns observed in 2002, heroin was again the second most likely substance to be reported as having been the most recently injected by 28% of the IDU sample. This was not significantly different from the 25% figure reported the previous year (χ^2=.480, df=1, p=.488). The mean number of days of use of heroin in 2003 was found to be 61, not a significant increase on the 54 days reported in 2002. (t=.821, df=62, p=.415). There were just nine IDU who reported daily use of heroin (all by injection) over the last six months thereby constituting 14% of those IDU who had used heroin and 36% of those who had injected heroin most often in the past month. This figure was significantly lower than the 47% reported in 2002 (χ^2=57.969, df=1, p=.000).

With regard to forms of heroin currently used in WA, 59% of the IDU sample reported use of powder, 45% of the rock form and 27% as having used homebake heroin. Heroin in its powder form was found to be the type used most often in the past six months with 36% of the IDU sample reporting this to be the case.

With specific regards to the use of homebake heroin, it was found that of those IDU who had used heroin in the last six months, 36% (n=22) had also used homebake, and of those who had used homebake (n=27), 63% (n=17) had indicated that their usual drug of choice was either heroin or morphine. The 27 IDU who had used homebake in the last six months was not significantly different from the 30 who reported having done so in 2002 (χ^2=.351, df=1, p=.554). The average number of days of use of homebake (range=1 to 180, sd=58.815) was 39, a was also not significantly changed from 2002 (t=1.800, df=26, p=.084).

Heroin related calls to ADIS remain low. The apparent increase in the last two quarters shown in Figure 5 is likely an artefact of recent changes by ADIS to their data recording methods.

Figure 5: Heroin-related calls to ADIS*

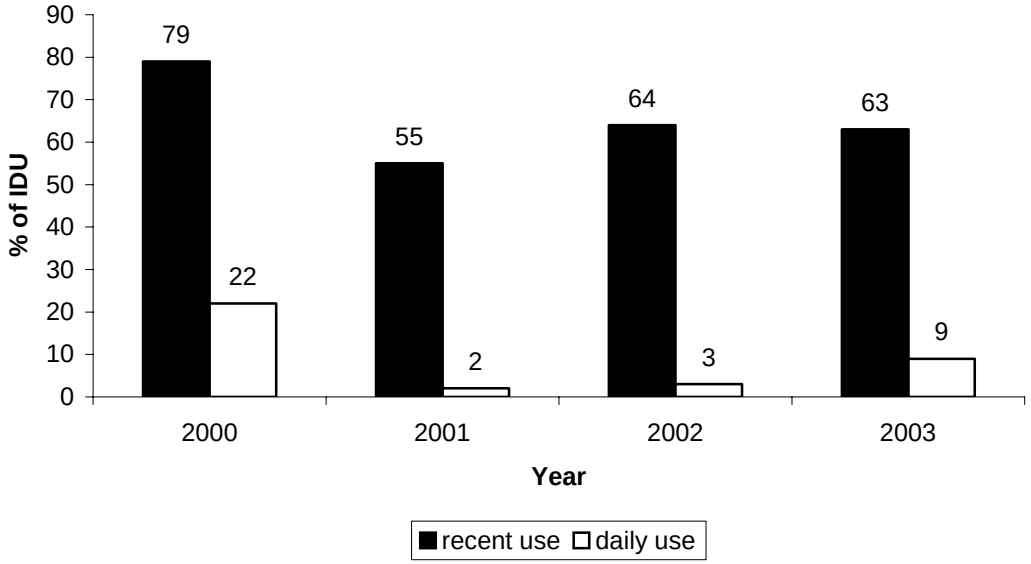


* During the most recent two quarters, ADIS underwent expansion of its scope and implemented changes to its method of data recording

Although only one key informant could be found to comment specifically on heroin, there were 22 key informants who, while commenting on other drugs indicated there existed some level of heroin use among the IDU they came in contact with. Typically this involved relatively low numbers of IDU between five and twenty percent who used either "sporadically" or "by availability", commonly substituting power heroin with homebake. Two exceptions to this were a needle and syringe worker commenting primarily on pharmaceutical opiates and an emergency department toxicologist commenting primarily on amphetamines. In both these cases, it was estimated that up to 50% of the IDU these key informants were in contact with were using heroin, in the first case on a daily basis, and in the second sporadically and supplemented by homebake where necessary.

Trends in recent and daily use amongst respondents from the 2003 IDU sample can be seen below in Figure 6.

Figure 6: Recent and daily use of heroin by IDU 2000-2003



The key informant who specifically discussed heroin use did not believe that there had been any recent changes in the types or number of people using the drug, or the primary method of using the drug which remained injecting. .

4.6 Heroin related harms

Health

Overdose

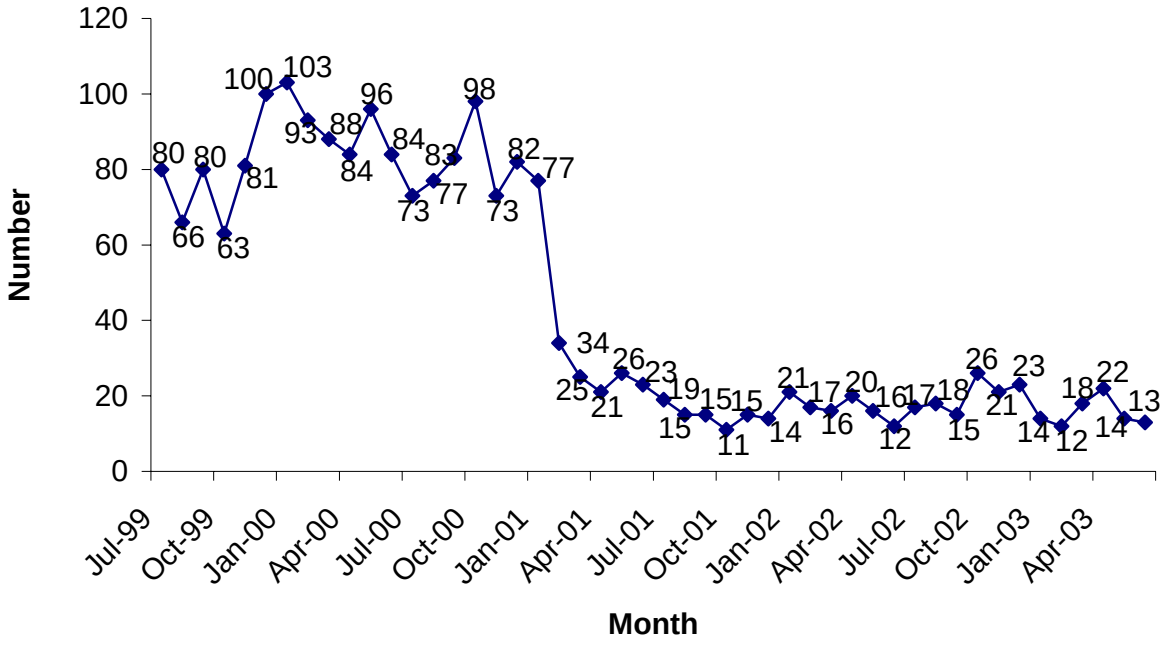
According to the ABS, there were 28 accidental deaths due to opioids among people aged between 15 and 54 in WA in 2002, a figure somewhat lower than the 35 recorded the previous year (Degenhardt and Barker, 2003).

There were 48 IDU who reported that they had at some point experienced a heroin related overdose, thereby representing 53% of those 90 IDU in the sample who had ever used heroin. This is not significantly different from the 44% reported in 2002 (χ^2=3.182, df=1, p=.074). The number of heroin overdoses ever experienced by the sample ranged from one (the modal amount) to 60 (sd=10.99 One case was excluded as outlying data on the basis that such a quantity (200) was unlikely to be realistic.) The median number of overdoses was three and the mean 6, a figure that was not significantly from the mean of 9. overdoses found amongst the 2002 sample. (t=-1.867, df=46, p=.068).

The length of time since the last heroin overdose ranged from one month to 264 months (ie: 22 years) (sd=59.24), however, the mean and modal lapse was found to be 24 months and the mean 48.4, a period not significantly different to the 53 months reported in 2002 (t=-.543, df=47, p=.589). Of the two heroin related overdoses reported amongst the sample in the month prior to the survey, one exclusively involved heroin and the other a combination of heroin and benzodiazepines.

As can be seen in Figure 7, the number of ambulance calls to opiate overdoses in WA has remained consistently low since the end of 2000, with a total of 213 callouts during the 2002/2003 financial year, a figure not dissimilar to the 191 recorded during the corresponding period in 2001/2002.

Figure 7: Ambulance calls to opiate overdoses by month (source: WAPCRU)

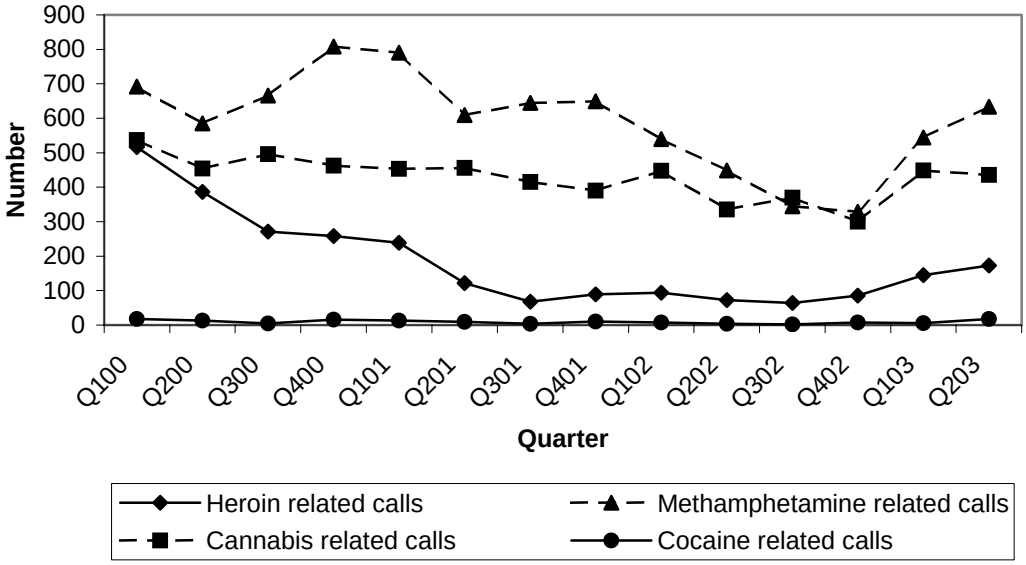


This data is supported by information received by a paramedic who expressed the opinion that there had been no increase in recent numbers of opiate overdoses. However, this same key informant was also of the opinion that overdoses recently attended had been increasing in severity in terms of the level of medical intervention required.

Treatment

The number of calls to the Alcohol and Drug Information Service was used as an indicator of treatment data since it is commonly the first point of referral for many users seeking to enter treatment. Figure 8 shows that calls pertaining to heroin remain very much lower than for either cannabis or methamphetamine. The apparent recent rise in the number of calls across all major drug types appears to be largely a result of ADIS recently expanding its role to become the first point of screening for admission to withdrawal services and community pharmacotherapy programs. Also, the apparent increases in heroin-related calls may be an artefact of recent changes in ADIS' data collection methodology.

Figure 8 Calls by drug type to ADIS*



* During the most recent two quarters, ADIS underwent expansion of its scope and implemented changes to its method of data recording

Methadone treatment

Returning to the IDU survey, there were 19 IDU receiving methadone treatment at the time of the survey, accounting for nearly half of all those in treatment for drug use and a slight increase from the 17 IDU in the 2002 sample. The total duration of methadone treatment ranged from six months to 144 months (ie 12 years) (sd=37.62) for these IDU. The median length of treatment was 36 months and the average was 46 months which was not significantly different from the figure of 39 months in the 2002 sample (t=.863, df=18. p=.400). An additional three IDU reported that they had received methadone maintenance treatment in the course of the previous six months but had since discontinued the therapy.

Buprenorphine treatment

At the time of the interview 10 IDU were found who were currently engaged in treatment using buprenorphine (i.e. Subutex®), a figure not significantly different from the 13 IDU receiving buprenorphine treatment in 2002 (χ^2=.796, df=1, p=.372). The period of time spent in treatment ranged from half a month to 36 months with a mean of 13.5 months. Although this is significantly longer than the 3.7 months found amongst the 2002 sample (t=2.329, df=8, p=.048), this is almost certainly a reflection of the fact that in 2002, buprenorphine had been available as a treatment modality in Australia for a relatively short period of time. An additional two IDU had received buprenorphine treatment in the course of the previous six months but had since discontinued this treatment.

The one key informant to comment specifically about heroin use reported having contact with only one IDU recently receiving licit methadone, and none receiving licit buprenorphine. This informant also expressed the belief that there had been no recent

changes to treatment seeking behaviour amongst the heroin using IDU they had had contact with in the last six months.

Law enforcement:

In the 2002 / 2003 financial year there were 186 arrests in WA related to heroin. Of these, 117 were "consumer" offences (ie: use, possession etc.) and 67 were provider offences (ie: dealing, trafficking etc.). This does not appear dissimilar from the previous financial year in which there were 111 consumer arrests and 54 provider arrests.

4.7 Trends in heroin use

The 20 IDU who commented on trends in heroin use provided a range of perspectives. Five IDU suggested that more people were now using both amphetamines and heroin (or homebake in one case) , four of these linking this trend directly to young users. Conversely, five IDU noted a continued drift away from heroin use generally in favour of methamphetamine. A further 5 IDU suggested that the amounts of heroin used may be increasing and two of these mentioned that this was driven by the lowered purity of heroin in circulation. The absence and poor quality of heroin also seen by 8 IDUs to have resulted in users seeking substitute drugs, two of these mentioning MS Contin®, five of homebake and one noting a move towards buprenorphine although it was not clear whether this was intended to refer to licit or illicit use.

The one key informant who was able to comment specifically on heroin was not able to provide any data on changes to dealing or manufacture of the drug. They did not believe their had been any changes in the type of people using heroin or in the way they used it.

4.8 Summary of heroin trends

A summary of heroin trends is located in Table 5

Table 5: Summary of heroin trends

Price	• $550 a gram, $150 quarter gram, $280 half weight • Stabilised
Availability	• Easy to very easy to obtain • Stabilised
Purity	• Low by user reports • Stabilised
Use	• Stable rates of use • Numbers of daily users may be increasing

5. METHAMPHETAMINE

5.1 Price

There were 44 IDU able to comment on the price of a gram of methamphetamine powder. Prices cited ranged from $100 up to $950, however, median and modal price was found to be $300 (up from $250 in 2002). Only 12 IDU were able to comment on the price of an ounce of methamphetamine powder and provided prices ranging from $1500 up to $7000. The median price was found to be $4350 up from $4000 in 2002. Information about the price of a point was given by 47 IDU with prices ranging from $20 to $100 and a median and modal price unchanged from that reported in 2002 of $50.

The most commonly purchased quantities of methamphetamine powder in the last six months were a point (37 purchases) with a median price of $50, a half weight (25 purchases) with a median price of $150 and a gram (22 purchases) for an average price of $260. Of IDU able to answer, it was the opinion of 62% (n=32) that the price of methamphetamine powder had remained stable. While this is observably true in the case of small quantities such as a point, the increments in price of a gram were found to be significant ($t=2.163$, $df=43$, $p=.036$), although those for an ounce were not ($t=1.615$, $df=11$, $p=.135$).

Fewer IDU were able to comment about the current cost of methamphetamine in its base / paste or wax forms. With regards to the price of a gram, 19 IDU were able to answer providing prices ranging from $100 up to $400. The median and modal price cited however was $300. Slightly more IDU (n=24) were able to answer about the price of a point of methamphetamine base with a price range from $25 up to $50. The median and modal price cited was found to be $50. In neither case were these prices found to be significantly different from those reported the previous year. (respectively; $t=0.71$, $df=18$, $p=.945$, $t=1.483$, $df=23$, $p=.152$).

The most commonly purchased quantities of methamphetamine paste were a point purchased by 17 IDU for an median and modal price of $50, followed by a half-weight purchased by 14 IDU for a median and a modal price of $150, and then a gram by 10 IDU for a median price of $275, and a modal price of $300.

Asked if the price of methamphetamine base had changed in the last six months, the vast majority (76%, n=19) were of the opinion that it had remained stable.

With regards to crystal methamphetamine, 47 IDU were able to provide information on the price of a gram. Prices given ranged from $100 up to $1000, although all other respondents gave maximumprices of $600 or less. The median reported price was $350 as in 2002, and the modal price was $300.This figure was somewhat lower than the median and modal price of $400 reported in 2002, a fall that was found to be significant when the highest price of $1000 was excluded from the analysis as being outlying data. ($t=-2.666$, $df=45$, $p=.011$). Information about the price of a point of crystal methamphetamine, 53 IDUs were able to answer, providing prices ranging from $30 up to $100 with a median and modal price of $50, as was reported in 2002.

Information on the current price of amphetamines was provided by twelve key informants, although this information varied considerably depending on the quantities referred to. The purchase of a point of amphetamine was discussed by five key

informants, three of whom cited a $50 price and one who cited $100. At the other end of the price spectrum, one key informant (a phone counsellor) said IDU reported the purchase of "a couple of points" for $60.

The purchase of grams of methamphetamine was discussed by six key informants, of whom four gave prices in the $180 - $250 range. The remaining key informants either stated that the range could be considerably wider and suggested from $200 to $600 or gave a price of $400. Few key informants who were not from a law enforcement background were able to talk about the purchase of an 'eightball', but the one who did so believed that $1000-$1200 was realistic. The price of dexamphetamine tablets on the black market was discussed by one key informant who indicated that these pills were currently selling for $2 each.

Extremely detailed data on the price of methamphetamine was provided by a law enforcement officer who was the only key informant to differentiate between forms of methamphetamine in the context of purchase price. This individual stated that a point of "pure" amphetamine could be bought for $50-$80. Amphetamine of 20% purity or higher could be purchased for $300 for 0.7 of a gram and one gram for $350-$500. An eightball could be purchased for $1200 or up to $1500 if it was in the crystal form. Larger quantities such as ounces could be purchased for $5000 to $6000, and up to $7000 in the case of crystal methamphetamine.

Among the IDU surveyed the quantity of crystal methamphetamine most commonly reported as having been purchased in the past six months was "a point", reported by 45 IDU for a median and modal price of $50. This was followed by "a half-weight" purchased by 34 IDU for a median price of $195 and a modal price of $200. There were 23 IDU who had purchased a gram of crystal methamphetamine for a median and modal price of $300.

Asked whether the price of crystal methamphetamine had changed in the past six months, the majority (57%, n=35) of IDU who responded indicated that it had remained stable.

There were eleven key informants who reported on price changes in the last six months. Of these, eight were of the opinion that the price of methamphetamine (forms unspecified) had remained unchanged, while three indicated that they thought it may have increased.

A comparison of prices of the various forms of methamphetamine from 2002 to 2003 can be found in Table 6 below. It will be noted that while both speed and base appear to have become relatively more expensive, crystal forms of methamphetamine appear to have fallen in price, a factor likely connected with the increasing popularity of the crystal form of the drug.

Table 6: Median prices per gram of methamphetamine forms 2002-2003.

Median price per gram	2002	2003
Speed powder	$250	$300
Base / paste	$250	$300
Crystal / Ice	$400	$350

5.2 Availability

For both methamphetamine powder and crystal methamphetamine, the prevailing opinion amongst the IDU who answered was that obtaining these drugs was "very easy". This opinion was held by a majority (52%, n=35) of the 67 IDU who provided information on the availability of crystal methamphetamine and in the case of methamphetamine powder by 52% (n=28) of the 23 IDU who answered. Methamphetamine paste was evidently somewhat less readily obtainable, yet 39% (n=9) of the 23 IDU responding stated that obtaining this form of the drug was "easy". A further 30% (n=7) indicated that it was "very easy", and an equal number described it as "difficult" to obtain. This would seem to suggest some changes to the supply and manufacture of methamphetamine in Perth from 2002 when both methamphetamine powder and base were reportedly "very easy" to obtain and crystal methamphetamine was reported to be "easy".

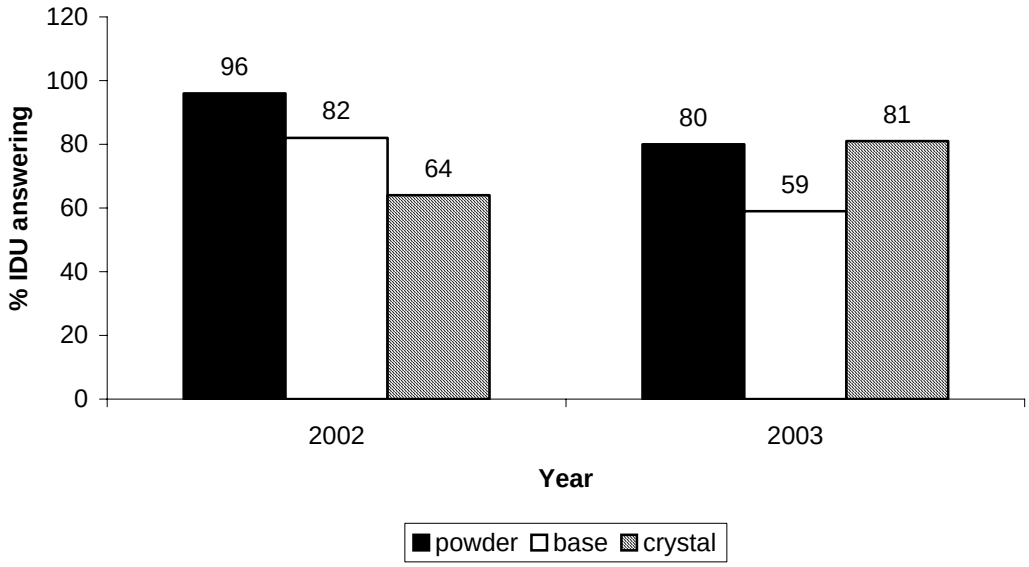
Regardless of form, methamphetamine was invariably reported by the majority of the IDU sample to have been stable in its ease of availability over the previous six months. Some 73% (n=38) of IDU reported this to be the case for methamphetamine powder, 61% (n=14) for the paste form and 63% (n=39) for crystal methamphetamine.

Also common to all forms of methamphetamine was that the most frequently mentioned source was purchase from "friends". In the case of methamphetamine powder, this was reported by 48% (n=25) IDU, for methamphetamine paste by 50% (n=13) and by 51% (n=32) for crystal methamphetamine. This appears to be somewhat different from results reported in 2002 when, for all forms of methamphetamine, the most common sources for obtaining the drug were from "dealers' homes" or "mobile dealers".

Reported usual times taken to score methamphetamine were not significantly different from those reported in 2002 when all average times fell between half to three quarters of an hour. In 2003, the average length of time to score methamphetamine powder was 110 minutes ($t=1.412$, $df=50$, $p=.164$), methamphetamine paste 101 minutes ($t=1.151$, $df=25$, $p=.261$), and crystal methamphetamine 62 minutes ($t=1.236$, $df=61$, $p=.221$).

The relative proportions of IDU reporting the various forms of amphetamine to be "easy" or "very easy" to obtain is displayed below (collapsed into one variable) in Figure 8.

Figure 8: Percent of IDU reporting "easy" access to methamphetamine by type 2000-2003



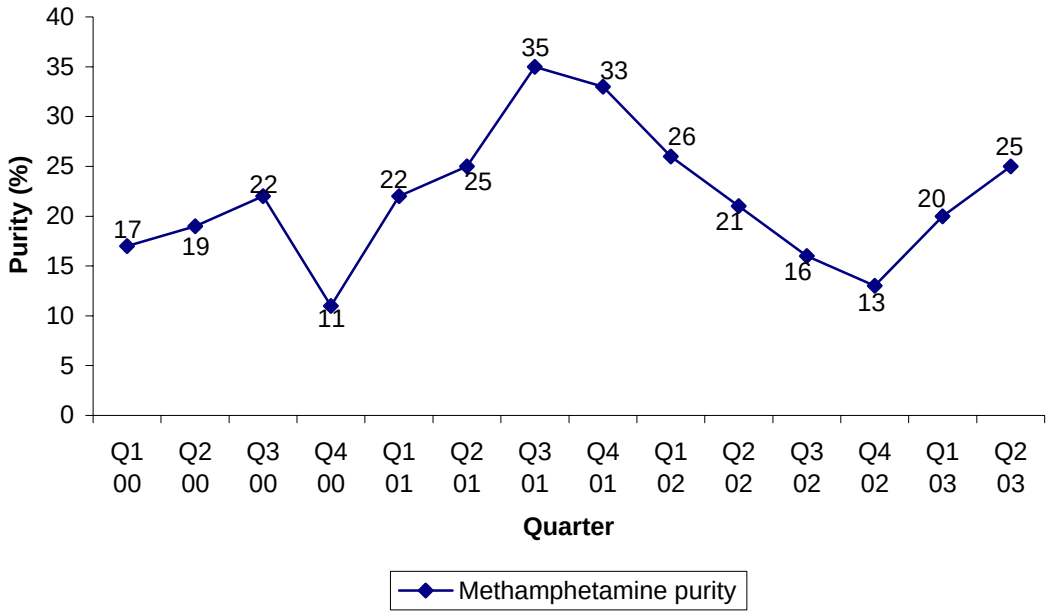
Key informants had little difference of opinion as to the availability of methamphetamine in Perth with 14 indicating that it was "very easy" to obtain and a further five reporting it to be "easy". There were just two key informants who felt obtaining of methamphetamine by IDU to be either "difficult" or "very difficult".

General consensus of opinion among key informants was that this availability had remained stable in the last six months as was reported by 13. There were also two who felt it had become more difficult, three who felt it was now easier and two who maintained that the drug's ability tended to fluctuate.

5.3 Purity

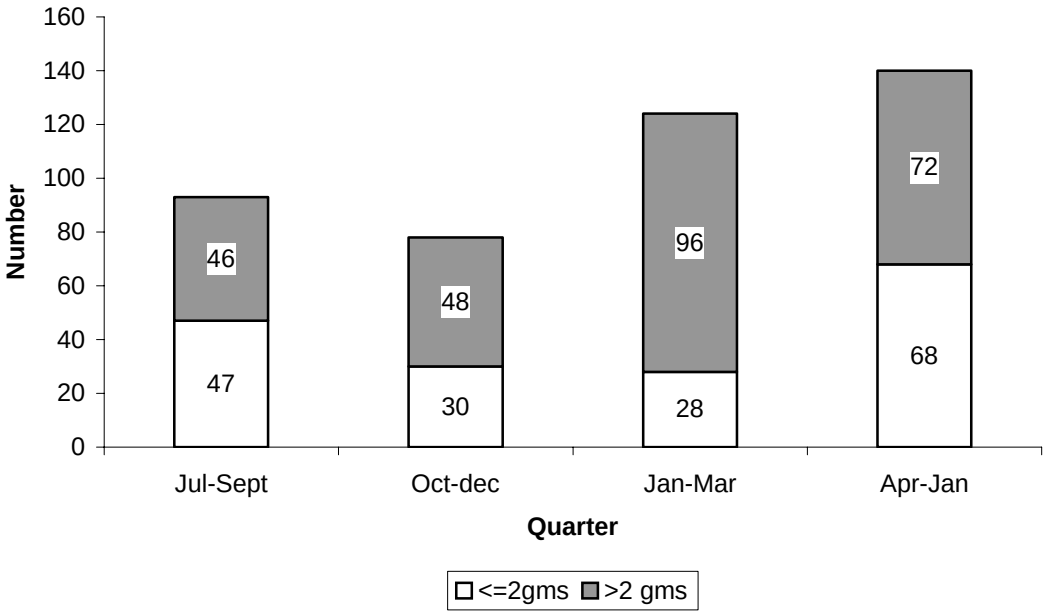
WA police provided purity data based on 435 seizures analysed during the 2002 / 2003 financial year which revealed a median purity of methamphetamine during that time of 18% although actual purity ranged greatly from 0.2% up to 90%. However, it must be noted here that the situation is the same as with police analysis of heroin in that not all samples seized under two grams are analysed. Also, police analytical data does not distinguish between different forms of methamphetamine. That said, this figure is considerably less than the 30% median purity reported in the 2001 / 2002 financial year. Median purity of seizures analysed is displayed by quarter in Figure 9 below.

Figure 9 Purity of methamphetamine seizures analysed by law enforcement agencies in WA, by quarter, January 2000 to June 2003 (Source: ACC)



The number of methamphetamine seizures per quarter upon which this analysis was based is shown in Figure 10 below. There was no difference at all between the median purity of seizures less than or equal to two grams and that of larger quantities (ie: 18%). It should be noted that the total number of methamphetamine seizures for the 2002 / 2003 period (n=435) is slightly reduced from the 499 reported the previous year.

Figure 10: Number of methamphetamine seizures analysed by law enforcement agencies in WA, by weight of seizure, 2002 / 2003 (Source: ACC)



Opinions on the purity levels of methamphetamine currently available in Perth unsurprisingly differed depending on the form of methamphetamine in question.

With regards to methamphetamine powder, 53 IDU provided information, with a considerable mix of opinions being given. Just over a third (34%, n=18) indicated that current purity levels were medium and a further 30% (n=16) indicated them to be low while 28% believed them to be high. This might appear to possibly suggest a significant increase in purity from 2002 where the prevailing opinion held by 46% was that purity was low (χ^2=14.859, df=3, p=.002). Despite this, 35% (n=18) of IDU able to answer believed that over the last six months purity of methamphetamine powder had been falling and 29% (n=15) believed that it was stable.

The question of current purity of base / paste / wax type methamphetamine saw considerably more consensus among the 27 IDU who responded. Of these, just under half (48%, n=13) indicated that it was medium and a further 26% (n=7) said it was low. In 2002, a similar figure (46%) reported paste to be of medium purity while 28% indicated it to be high. Recent changes to purity were reported on by 23 IDU of whom 39% (n=9) reported that it was stable and a further 33% (n=8) said it was falling.
Crystal methamphetamine was described as currently having a high purity by a majority (61%, n=39) of the 64 IDU who answered. This opinion was also held by 65% in 2002. Opinions as to the nature of recent changes in the purity of crystal methamphetamine varied considerably however. While the prevailing view held by 32% (n=20) was that purity levels were stable, there were also 26% (n= 17) who indicated that they tended to fluctuate and they idea that they had either increased or decreased were both supported by 21% (n=13).

Opinion as to the current levels of methamphetamine purity amongst key informants tended to be somewhat divided. That current purity levels were "high" was a viewpoint espoused by seven key informants while a further four felt it to be medium. Additionally, three key informants felt purity levels to fluctuate.

Interestingly, three key informants made specific reference to recent trends in crystal methamphetamine adulterants which included rock salt and the chemical dimethylsulfone (legitimately marketed as MSM or methylsulfonylmethane, a dietary supplement for suffers of arthritis). It was noted that both these adulterants were difficult to detect, especially dimethysulphone which not only has a similar appearance to crystal methamphetamine, but also the same melting temperature.

Most key informants (n=6) believed that these levels of purity had recently been stable, although a further five believed that they may have recently increased. That they may have decreased was only proposed by one key informant while another thought they may have been fluctuating. One key informant (an outreach worker) indicated that they were unable to judge trends in methamphetamine purity as the recent practise of "cutting" with dimethylsulfone made purity difficult to gauge.

5.4 Use

5.4.1 Methamphetamine use among IDU

Lifetime history of use of some form of amphetamine was seen to be widespread across the IDU sample, with virtually all (n=99) reporting having used this class of drugs at some point. Similarly, 97 of the IDU sample indicated that they had injected some form of amphetamine in the past. It was clear that the use of certain forms were more common than others with speed powder (n=96) being the most common, closely followed by crystal methamphetamine (n=95). After this, in descending order, were pharmaceutical stimulants (n=72), base / paste / wax (n=60) and amphetamine liquid (n=21). With the exception of pharmaceutical stimulants, these figures for history of use were extremely closely matched by figures for history of injecting these substances. Specifically: speed powder (n=94), crystal methamphetamine (n=95), base / paste / wax (n=58), amphetamine liquid (n=20), pharmaceutical stimulants (n=43).

5.4.2 Current patterns of methamphetamine use

Amphetamine was cited as being the second most popular drug of choice in 2003 (exceeded only by heroin) by the IDU sample of whom 38% indicated that it was their preferred substance. This is not significantly different to the situation seen in 2002 when amphetamine was cited as drug of choice by 32% of IDU interviewed (χ^2=1.654, df=1, p=.198) and was also the second most popular drug in this sense.

There were 89 IDU who reported that they had taken some form of amphetamine in the past six months, a not significant change from the 85 reported in 2002 (χ^2=2.491, df=1, p=.115). Average number of days of use in the last six months was 82, which superficially appears to suggest an increase on the 67 days reported for 2002, however, these figures have almost certainly been inflated by the inclusion for the first time in 2003 of specific questions relating to the use of pharmaceutical stimulants. With the use of pharmaceutical stimulants excluded from the analysis, this average number of days of

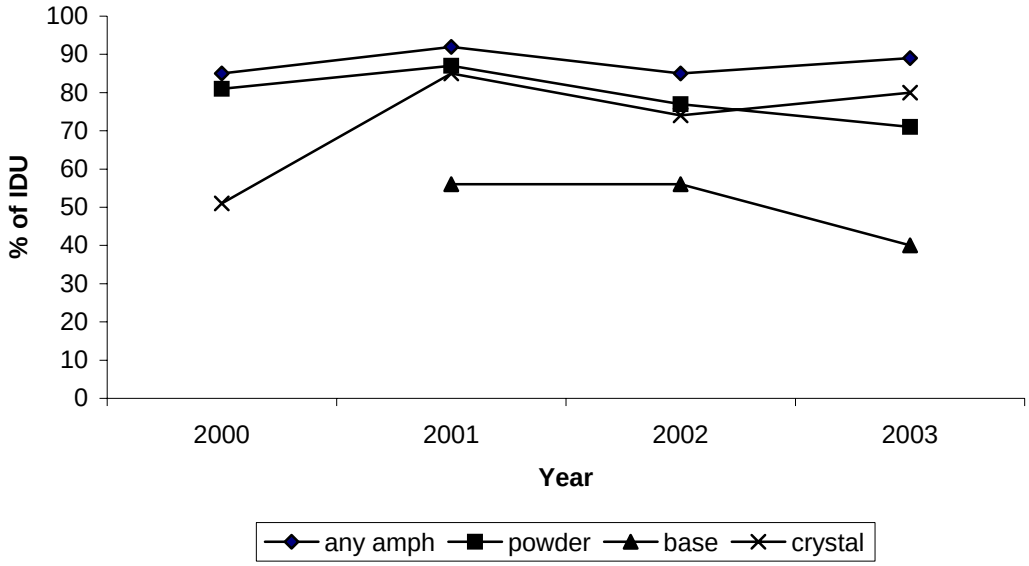
use fell to 72 and was not found to be statistically different from the average for 2002 (t=.746, df=88, p=.458).

The most commonly used type of amphetamine was found to be crystal methamphetamine used by 62% (n=55) of IDU who had used amphetamines, a move from it's place of second most popular type in 2002. Pharmaceutical stimulants were the second most common and had been used by 46% (n=41) IDU. This was followed by methamphetamine powder used by 34% (n=30), amphetamine liquid by 25% (n=22) and amphetamine paste in last position (down from third place in 2002).by 17%, (n=15). Illicit use of pharmaceutical psychostimulants was found to be more common than licit use amongst the IDU sample with illicit use by 42% (n=37) and licit use reported by 16% (n=14).

When asked what type of amphetamine they had used most often in the past six months, crystal methamphetamine was most frequently mentioned, nominated by 58% (n=53) of those IDU who answered. This was followed by the use of methamphetamine powder (20%, n=18), licit prescription amphetamine (11%, n=10) and illicit prescription amphetamine (9%, n=8). Other forms were rarely reported as the most commonly used. It is worth noting that there were no IDU in 2002 who reported use of illicit pharmaceutical amphetamines as the most common form of the drug they had used.

Comparative rates of recent use of these various forms of methamphetamine can be seen in Figure 1 below. Although data values have not been displayed for ease of comprehension, the rise of crystal methamphetamine to become the leading form in 2003 is readily observed.

Figure 11: Use in the last 6 months of methamphetamine by type 2000-2003



Amphetamines were the drugs most commonly reported as having been the most frequently injected in the last month by 56% of IDUs surveyed. This figure is identical to that found in 2002. For the 38 IDU who indicated that amphetamine was their drug of choice, 92% (n=35) indicated that amphetamines had been their most injected drug in the last month, 37 using methamphetamine and one IDU using dexamphetamine.

Reasons given by the remaining three IDU for why amphetamine was not their most commonly injected drug were availability, health effects and habit, each cited by one IDU.

For amphetamine, the most common frequency of injection was "more than weekly, but not daily" by 39% (n=34) of those IDU who had used any type of amphetamine in the last six months. This was followed by injecting "once a day" by 22% (n=19) and weekly or less by 19% (n=17). This indicates that 40% (n=35) were injecting on at least a daily basis which is significantly higher than the rate of 25% (n=21) found in 2002 (χ^2=10.749,df=1,p=.001). Also as in 2002, methamphetamine was the drug most commonly nominated as that having most recently been injected by 47 IDU, a significant fall from the 54% reported in 2002 (χ^2=7.171, df=1, p=.007).

For all types of amphetamine, with the exception of pharmaceutical stimulants, the most common route of administration was injecting. In the case of pharmaceutical stimulants the most common route of administration was oral although this is likely to be partially an artefact of much of the use of these drugs occurring under prescription guidelines. Of those IDU who had recently used each specific form of amphetamine, crystal methamphetamine had been injected in the last six months by 100% (n=80), methamphetamine powder by 97% (n=69), methamphetamine paste by 98% (n=39), amphetamine liquid by 100% (n=7) and pharmaceutical stimulants by 92% (n=24). Interestingly, of those IDU reporting the licit use of pharmaceutical amphetamines, 64% (n=9) reported injecting them on at least some occasions, while injecting use of illicit prescription pharmaceuticals was only reported by 49% (n=18) of IDU who had used these drugs without a valid prescription.

Some key informants (n=five) have suggested that in the case of crystal methamphetamine there may have been a move away from injection of the drug towards smoking. While it is true that there has been a slight increase in the number of IDU reporting smoking methamphetamine in this form in the last six months from 13 (18% of IDU using crystal meth) in 2002 to 18 (23% of IDU using crystal meth) in 2003, this result was not found to be significant (χ^2=2.210, df=1, p=.137) and numbers of IDU who reported recent injection of crystal methamphetamine were found to have actually risen to 80 (100% of IDU using crystal meth) from 73 (99%) of IDU using crystal meth) which also was not significant (χ^2=2.486, df=1, p=.115). It is possible that these key informants are in fact observing newer users of the drug moving from snorting to smoking in preference to injecting as opposed to changes in routes of administration amongst established injectors.

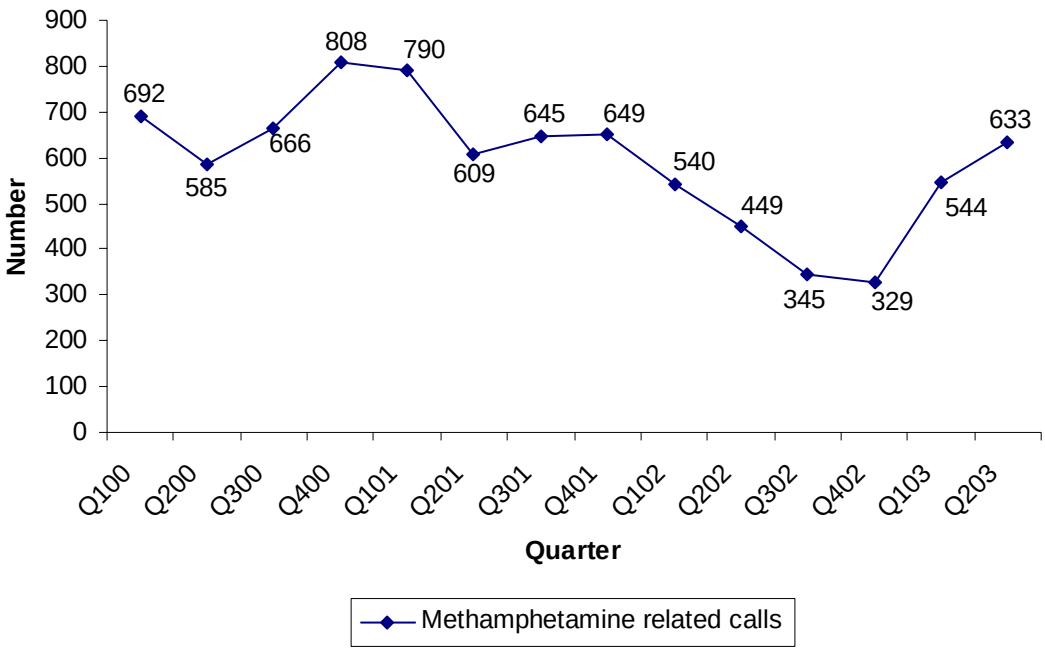
Among the key informants, 21 spoke specifically about IDU who were primarily users of amphetamine as being the type of user with whom they were most familiar, rendering this by far the largest group of IDU discussed by key informants in 2003. However, all key informants (ie: including those who spoke about other types of IDU) noted substantial levels of methamphetamine use amongst the IDU they had contact with.

Of those key informants speaking specifically about users of methamphetamine, the most common form discussed was crystal or "Ice" (n=11). Other forms such as paste (n=6) and powder (n=4) appeared to be less common. Some key informants (n=3) were unable to distinguish the different forms being used and two others mentioned the use of dexamphetamine. Descriptions of the methamphetamine currently in circulation exhibited great disparity, suggesting that a considerable variety of forms remain in

circulation apart from "ice" per se . Not surprisingly, given that they were speaking about an IDU population, injection was the most common means of administration, reported by all key informants discussing amphetamine. However, five key informants also mentioned the increasing prominence of smoking crystal methamphetamine, usually from glass pipes, but occasionally from light globes. One key informant (an outreach worker) noted that this was primarily seen as a harm reduction measure due to a perception that this mode of administration would lessen issues of dependence, withdrawal and psychosis. However, this key informant went on to observe that due to the stronger nature of crystal methamphetamine currently available in Perth that these perceptions would not necessarily hold true. The intensity with which key informants reported that IDU were consuming methamphetamine was seen to vary greatly from recreational use on a weekly basis up to several times a day although one key informant dealing primarily with incarcerated IDU mentioned that for some individuals in this high end group, up to seven or eight injections a day might be realistic when not in custody.

Calls related to methamphetamine have consistently been the most common category of call dealt with by ADIS. Although Figure 12 below appears to suggest that there may have been a recent increase in the rates of methamphetamine related calls, it should be noted that this may have been affected by recent changes in methods of data recording used by ADIS and that organisation's recent expansion in role (see Section 4.6).

Figure 12: Amphetamine-related calls to ADIS*



* During the most recent two quarters, ADIS underwent expansion of its scope and implemented changes to its method of data recording

5.5 Methamphetamine related harms

5.5.2 Health

Of the five "overdoses" reported by IDU in the month preceding the survey, three were identified as having been attributable to methamphetamine. Two of these also involved the use of alcohol or ecstasy. It should be noted that for the purposes of this question, "overdose" was defined as it was perceived by the respondent and so, it was is not clear from this what the clinical symptoms of these methamphetamine overdoses may have consisted of.

"Dirty hits" were rather more common and in 48% (n=10) of those experienced by the sample in the month preceding the interview, methamphetamine was nominated as the prime drug being used at the time. A further individual IDU noted that while methamphetamine had not been the main drug they were using at the time of a recent "dirty hit", it was a secondary drug that may have been involved.

With regards to methamphetamine associated mental health issues, 27% (n=15) of IDU who had used the drug most commonly in the month preceding the interview reported having accessed the services of a mental health professional during that time. However, this figure is not dissimilar to the 28% of primary heroin users who reported contact with such a professional. Of the five cases of drug induced psychosis, all reported forms of amphetamine as being the drug most commonly used in the past month, although it must be considered that this figure has almost certainly been influenced by methamphetamine being the drug most used in the previous month across the entire IDU sample.

Of the six key informants who indicated that there may have been an increase in rates of psychosis amongst IDU, three directly linked this to the use of methamphetamine.

Law enforcement

In the 2002 / 2003 financial year there was a total of 1300 amphetamine related arrests in WA. These included 901 consumer arrests and 395 provider arrests. This appears to be somewhat less than the number recorded the previous financial year which saw 1231 arrests for consumer offences and 494 for provider offences.

5.6 Flashcard Analysis

As in 2002, IDU respondents were shown the flashcard of amphetamine forms compiled by Churchill & Topp (2002) and asked to indicate which photographs most closely resembled the methamphetamine types they had recently encountered with a view to determining those forms which were most abundant.

5.6.1 Speed

Of the 71 IDU who reported the use of speed powder in the previous six months, the most commonly identified form reported by 47% (n=33) was A1, a situation apparently unchanged from the 48% who identified this type of powder in 2002. With regards to those 18 IDU who indicated that powder was the form of amphetamine they most commonly used, the most commonly recognised pictures were equally A1 and A2 (both 44%, n=8).

A1

A2

5.6.2 Base

The 40 IDU who reported the recent use of methamphetamine in its paste form selected a wide range of pictures they reported as most closely resembling the type of amphetamine with which they were most familiar. The most common form was the brownish paste in B4 / B5 selected by 38% (n=15), followed by the apparently similar brown form B8 / B9 selected by 18% (n=7). These forms appear to have superseded the yellowish form B3 that was dominant in 2002. Only one individual IDU indicated that paste methamphetamine was the form they had most commonly used in the last six months and selected the waxy looking B6 as their most familiar form of methamphetamine paste.

B4 / B5

B8 / B9

B3

B6

5.6.3 Ice/crystal meth

There was considerably more consensus evident with regards to the crystalline form of methamphetamine. Of the 80 IDU who reported it recent use, 73% (n=58) reported C2 as the form most commonly encountered, a situation representing little change from 2002 when this picture was nominated by 76%. The picture C2 was also the most predominantly nominated form by a large margin (70%, n=37) of those IDU who reported that crystal methamphetamine was the most common type they used.

C2

5.6.4 Summary

For the first time the crystalline form of methamphetamine appears to have overtaken speed powder as the predominant form on the Perth market. While the situation with commonly observed types of speed powder and crystal methamphetamine appears unchanged from 2002, the types of base or paste available appear to have shifted towards less visually appealing forms which may partially account for the form's decline in use amongst IDU. Alternatively, changes in the availability of the different forms may be a function of supply factors, rather than user preference for one form over another.

5.7 Trends in methamphetamine use

There was a very clear consensus across the board by IDU that the numbers of people using and injecting methamphetamine, particularly "ice" was increasing. It was very common that young people were mentioned in this regard, and three IDU mentioned that the drug was being used by increasing numbers of indigenous people. It was also commonly noted that this increase in numbers of people using methamphetamine extended across socio-economic boundaries. Agreement was also universal amongst IDU who identified changes to the quantities of speed which were being consumed that this was increasing dramatically. Few IDU who spoke about newer drugs being used made direct reference to amphetamine users in particular. The three who did however, all mentioned the move away from amphetamine in its powder form towards "ice". It was extremely common for IDU to mention that users of other drugs (commonly opioids) where gravitating towards amphetamine use.

The majority (n=19) of key informants speaking about methamphetamine users indicated that they were not aware of any changes in the types of people using the drug. Others (n=8) suggested that there may have been an increase in the numbers of people using methamphetamine. Some key informants were quite specific in this regard, with two noting increased numbers of younger users, and two others suggesting that former opiate users had moved towards the use of this stimulant and one other indicating that increased numbers of sex workers may be using the drug.

All bar one key informant indicated that polydrug use amongst amphetamine users was commonplace. Generally this poly drug use involved depressant class substances, mainly alcohol, cannabis, benzodiazepines and occasionally opiates such as buprenorphine or (more rarely) heroin, several key informants indicating that this use was often to deal with coming down after having taken methamphetamines. With regard as to wether these were new trends, few key informants believed them to be so, however, four specifically mentioned the increase in the use of buprenorphine by this group as a recent development. Other substances mentioned by individual key informants included Tramal ®, Endone® (oxycontin), homebake heroin, morphine, ecstasy and what were described as "weird" recipes for designer drugs downloaded from the internet. One key informant (a law enforcement official) noted that they had observed one instance of polydrug use involving GHB.

Relatively few key informants were able to comment about changes to people dealing methamphetamine in Perth. With respect to age, two key informants suggested that dealers (one specifically mentioning user dealers) may be becoming younger. It was also suggested that user dealers may be becoming more scarce and those who do sell drugs on were tending to buy larger quantities. A law enforcement key informant noted that the number of clandestine laboratories within the metro area was increasing and there

appeared to be evidence that these were largely being run by outlaw motorcycle gangs and ethnic gangs Another key informant (an outreach worker) suggested that irregularities in supply may actually be connected to friction between two major manufacturers both in WA and Victoria. The idea that smaller "home cooking" style manufacture of methamphetamine may be occurring was also mentioned by a NSEP worker, an idea supported by an outreach worker who felt less of the methamphetamine in WA was being imported into the state. A couple of key informants have suggested that these trends, however, may be producing some erratic variations in quality with some of the newer cooks perhaps being more skilled, while others tend to have their manufacture rushed and find difficulty locating precursor chemicals

5.8 Summary of methamphetamine trends

A summary of methamphetamine trends is displayed in Table 7 below.

Table 7: Summary of methamphetamine trends

Price	• $300 gram of powder or paste, $350 gram of crystal methamphetamine • Powder and paste may have become more expensive while the price of crystal has fallen
Availability	• All types reported as easy to obtain • Powder and paste may be becoming less available • More users finding crystal easy to get
Purity	• Powder medium and falling • Paste medium and stable • Crystal high and stable
Use	• Remains most commonly injected drug • Crystal has overtaken powder as the predominant form

6. COCAINE

As in previous years the numbers of the IDU sample able to report on cocaine remained very small with just ten individuals having used it in the past six months, and only two able to provide data on changes to price, purity or availability. With this in mind, findings concerning cocaine need to be treated with some caution. However, these low numbers in themselves may be taken to suggest that cocaine, although present, remains scarce in West Australia and its use on a regular basis amongst IDU continues to be rare. In keeping with this trend, as in 2002, there were no key informants located who were able to comment specifically on cocaine in Perth in 2003.

6.1 Price

There were two IDU respondents able to comment about the current price of a gram of cocaine who indicated that it ranged from $250 to $350 thereby implying a median price of $ 263. Just one respondent gave information concerning the price of a cap of cocaine which had a very narrow range of prices from $75 to $80.

With regard to actual purchases of cocaine in the past six months, just one individual indicated the purchase of a gram for $250. The only other size of purchase mentioned was that of a point by one respondent for $50. The varying sizes of quantities purchased in 2002 do not allow comparisons to be readily made in this regard.

Of the two IDU able to comment on changes to the price of cocaine, one believed it was increasing and the other indicated that it tended to fluctuate. In 2002, 50% (n=3) indicated that the price was increasing and 33% (n=2) believed it was stable. However, the very small numbers involved here preclude meaningful comparisons between years .

6.2 Availability

The experiences of the two IDU who provided information concerning the availability of cocaine evidently differed somewhat with one claiming it was "easy" to obtain and the other stating that it was "difficult".

Only one respondent was able to answer the question of whether this availability had changed, believing it to have become "more difficult".

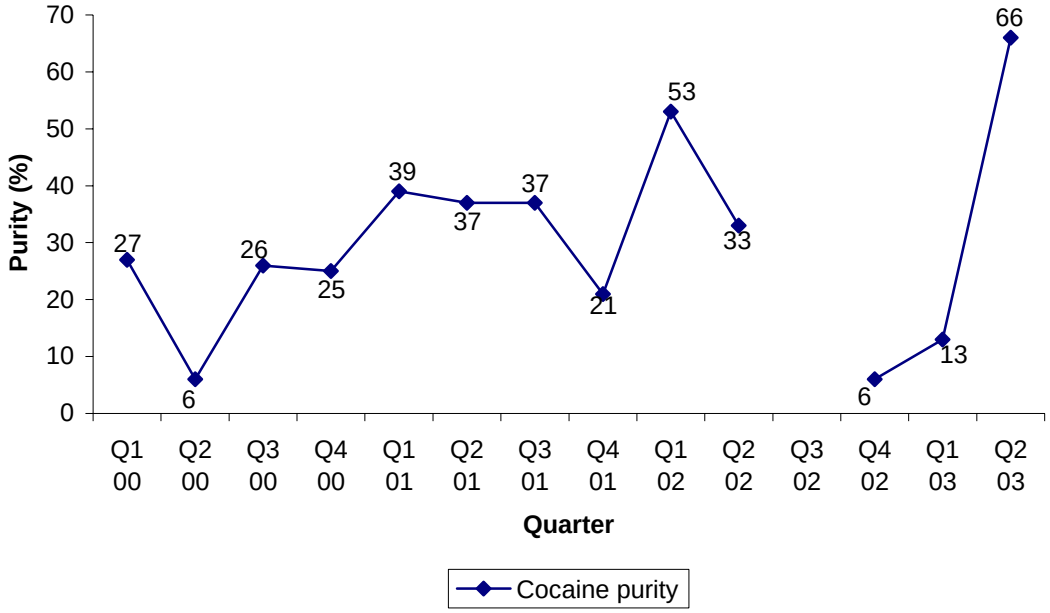
Both IDU who provided data indicated that friends were both their usual and most recent source for obtaining cocaine. In 2003 the usual length of time taken to score cocaine ranged between 15 minutes and one hour with an average time of 38 minutes. Once again the small numbers involved preclude drawing meaningful comparisons between the cocaine availability in 2003 and 2002.

6.3 Purity

As in previous years, the number of police seizures of cocaine submitted for analysis in WA was very small with just six reported in the 2002 / 2003 financial year. This means that some caution must be exercised in assuming this data to be an accurate representation of cocaine currently in circulation in Perth. It will further be noted that there is no data available for the July – September quarter of 2002. From this limited

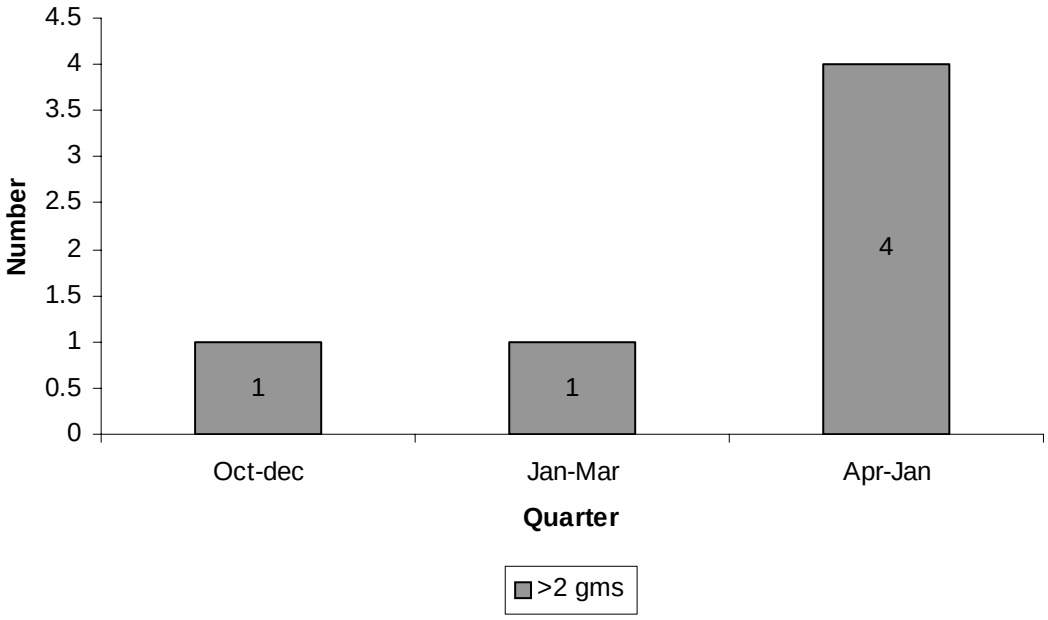
number of seizures, police analysis reveals a median purity of cocaine samples of 59% with a range from six percent up to 76%, a figure noticeably elevated from the 37% recorded in 2001 / 2002. Median purity of these seizures by quarter is displayed in figure 13 below.

Figure 13 Purity of cocaine seizures analysed by law enforcement agencies in WA, by quarter, January 2000 to June 2003 (Source: ACC)



The breakdown of these six analysed seizures by quarter is displayed in Figure 14 below. It will be observed that for both the second and third quarters, purity analysis is based upon only one seizure. There is no recorded analytical data for seizures of cocaine less than or equal to two grams.

Figure 14: Number of cocaine seizures analysed by law enforcement agencies in WA, by weight of seizure, 2002 / 2003 (Source: ABCI)



Only one respondent was able to comment on the current purity of cocaine which was said to be "high". The minimal nature of this data makes comparisons with the wide range of responses received in 2002 from eight respondents to be unfeasible.

Two respondents provided information on changes to the purity of cocaine, with one stating that it had remained stable, and the other indicating that it tended to fluctuate.

6.4 Use

6.4.1 Cocaine use among IDU

It was found that 72% of the IDU sample had used cocaine at some point in their lives representing a significant increase on the 60% who reported having done so in the 2002 survey (χ^2=6.000, df=1, p=.014). Lifetime history of injection of cocaine was reported by 61% of the IDU sample, a considerable increase on the 2002 figure of 37% (χ^2=24.710, df=1, p=.000). These differences may be the result of sample differences between the 2003 and 2002 IDU surveys previously noted in this report.

Cocaine was reported as being the drug of choice by just one percent (ie: one individual) amongst the IDU sample, not statistically different from the three percent who cited the drug in this context in 2002 (χ^2=1.375, df=1, p=.241).

6.4.2 Current patterns of cocaine use

The 2003 survey revealed that 10% of IDU had used cocaine in the proceeding six months. This does not represent a significant change from the 17% reported in 2002 (chi square=3.474, df=1, p=.062). The prevalence of cocaine injection in the last six months

remained stable from the 2002 figure of 10% of the IDU sample. However, the fall in the prevalence of snorting cocaine from 14% of the IDU sample in 2002 to just five percent in 2003 indicates that injection of cocaine has overtaken snorting as the most common route of administration of the drug amongst Perth IDU. Furthermore, of those IDU who had used cocaine in the past six months, all (ie: 100%) reported having injected it in that time as opposed to 59% of recent cocaine users in the 2002 sample.

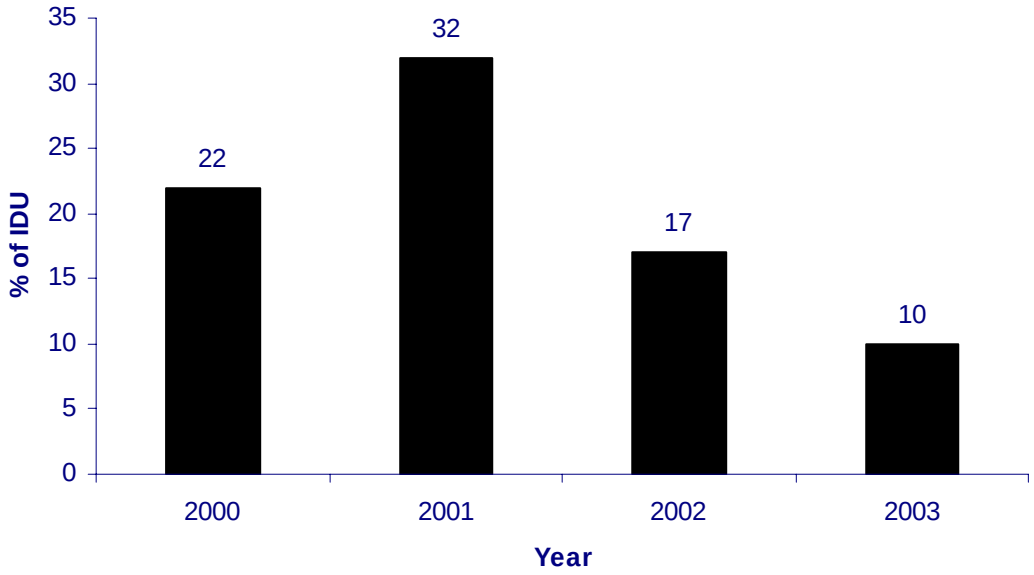
As in 2002 there were no IDU who reported cocaine as having been the drug most commonly injected in the month proceeding the survey. The individual who indicated that cocaine was their drug of choice stated that the reason behind this discrepancy was related to matters concerning drug purity. Similarly, there were no IDU who indicated that cocaine had been the drug most recently injected.

The mean number of days of use of cocaine in the past six months was 12 not significantly different to 9 in the previous year ($t=.656$, $df=9$, $p=.528$). There were no daily users of cocaine found within the IDU sample. The maximum number of days of use reported in the previous six months was 40.

All (100%) of the ten respondents who reported the use of cocaine in the past six months indicated that they had used the drug in its powder form. The use of "crack cocaine" was also reported by 20% ($n=2$), although only one indicated that it was the form of cocaine most used, all nine other respondents citing powder cocaine in this context. As noted in previous reports, the presence of crack cocaine in Western Australia is not supported by either key informant or police seizure data and as such the possibility can not be discarded that these isolated reports are in fact referring to high quality crystal methamphetamine.

These changes in the rates of recent cocaine use amongst IDU are displayed in Figure 15 below.

Figure 15: Use of cocaine in the last six months by IDU 2000-2003

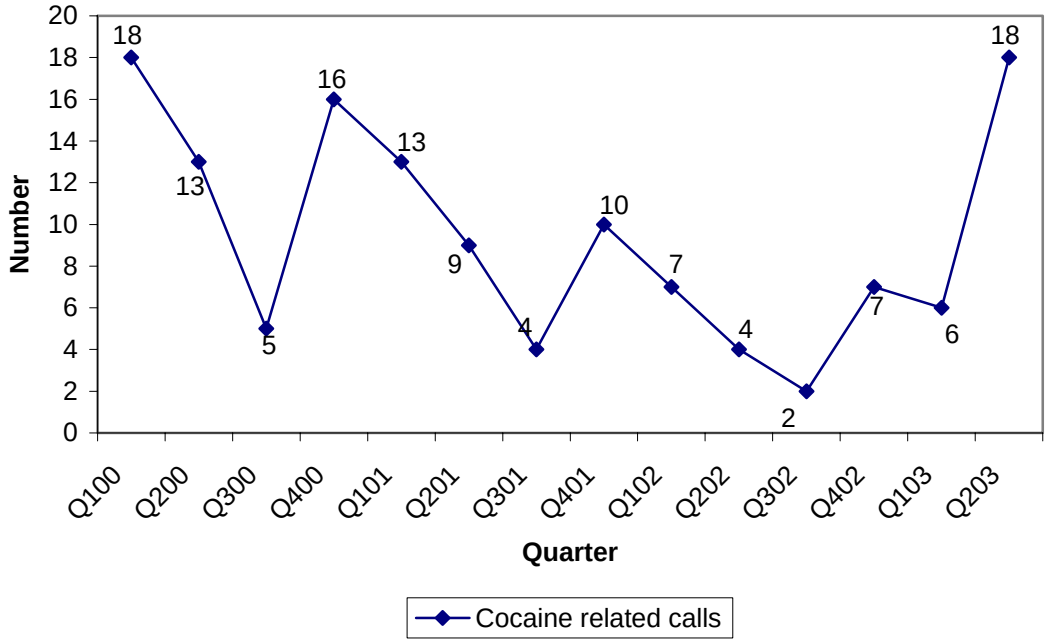


Despite the absence of key informants able to talk specifically about cocaine use, there were ten key informants who were aware of some cocaine use amongst the IDU they had seen albeit, not as the prime drug of choice. In all but one case, this prevalence of use was described as "occasional or rare". There were three key informants who expressed doubts that what their clients reported using was in fact cocaine and may actually be amphetamine. Reports of cocaine use were not restricted to injecting and other routes of administration included snorting, smoking and drinking dissolved in water.

The sole key informant who reported higher prevalence of cocaine use among their clientele was a youth worker who had seen 10-20 IDU in the last six months, 50% of whom were gay or lesbian. Although this informant's estimate of 25% of IDU clients snorting or injecting cocaine on an occasional basis appears at odds with other data collected in the 2003 IDRS, this may actually be a reflection of elevated rates of drug use amongst gay and lesbian populations that has been reported elsewhere (Murnane, Smith, et al. 2000)

The continued scarcity of cocaine in Perth was also evidenced by the very low rates of calls to ADIS the drug accounted for, never exceeding one percent in any quarter. This data is displayed in Figure 16 below.

Figure 16: Cocaine-related calls to ADIS*



* During the most recent two quarters, ADIS underwent expansion of its scope and implemented changes to its method of data recording

6.5 Cocaine related harms

6.5.1 Law enforcement

Cocaine related arrests in WA remained uncommon. The 2002 / 2003 financial year saw a total of just eight arrests, evenly split between arrests for consumer and provider offences. This appears to represent somewhat of a decline from the previous year in which 17 provider arrests were made, although the number of consumer arrests has remained unchanged.

6.5.2 Health

There were no instances identified in either IDU or key informant data in which cocaine was associated with any problems related to health. This is almost certainly more an artefact of the drug's low rates of use amongst Perth IDU than a reflection of any hazards that may be posed by the use of cocaine.

6.6 Trends in cocaine use

As in previous years, the very low numbers of IDU able to comment on cocaine issues and the complete lack of any key informants able to discuss IDU cocaine use renders interpretation of cocaine trends awkward. It may be considered that this very absence of informants in itself says a great deal about cocaine use in Perth, that is, that the drug remains relatively scarce and while it is possible that there may exist cliques of cocaine use among groups not reached by this survey of IDUs its regular use amongst injecting drug users appears to be very uncommon.

6.7 Summary of cocaine trends

A summary of cocaine trends can be found in Table 8 below.

Table 8: Summary of cocaine trends

Price	• $250 per gram (based on two reports)
Availability	• No data due to only two conflicting reports
Purity	• No data (see above)
Use	• Small numbers of users only • No reports at all of daily use

7. CANNABIS

7.1 Price

Asked about the price of a gram of hydroponic cannabis, 35 respondents indicated that they were able to provide information. Prices given ranged from $10 to $50 with a median and modal price of $25. More respondents (n=55) were able to provide information about the price of an ounce of hydroponic cannabis with cited prices ranging from $150 to $500 and a median and modal price of $300.

"Bush" or naturally grown cannabis was seen to be somewhat cheaper with 23 respondents able to provide information on the price of a gram. Prices given ranged from seven dollars to $50 with a median price of $20 and a modal price of $25. With regards to the price of an ounce, 40 respondents were able to provide information that revealed prices ranging from $50 up to $300. The median price and modal price was $220. (One individual cited a price of $2000 which was excluded from the analysis as being outlying data of somewhat questionable accuracy).

Asking about quantities of cannabis actually purchased in the last six months showed that cannabis was obtained in a wide range of quantities. Indeed, for every quantity included on the questionnaire, there were found to be at least some respondents who had purchased that amount. For hydroponic cannabis, the most common quantity purchased was an ounce, purchased by 22 respondents with a price range from $100 to $350, a modal price of $300 and a median of $270. This was followed by the purchase of a gram, reported by 21 IDU respondents with prices ranging from $20 to $50, a modal and median price of $25.

With regards to "bush" or naturally grown cannabis an ounce was also the most commonly purchased quantity with 15 IDU reporting this. Prices cited ranged from $150 up to $300 with both the median and modal price being $200. The second most commonly purchased quantity was again a gram which had been bought by 11 IDU in the previous six months for prices ranging between $10 and $50. The median and modal price was $20.

There were seven IDU who reported that they had purchased a quantity of hashish in the previous six months .Of these, four IDU reported the purchase of a cap of hash oil and four IDU indicated that they had purchased a gram of hash in that time. It should be noted that there were no reports at all of purchasing hashish in 2002. Prices for a cap of hash oil ranged from $25 to $50 with a median price of $30 and a modal price of $25. Prices for a gram of hashish ranged from ranged from $10 to $50 with $50 being both the modal and median price.

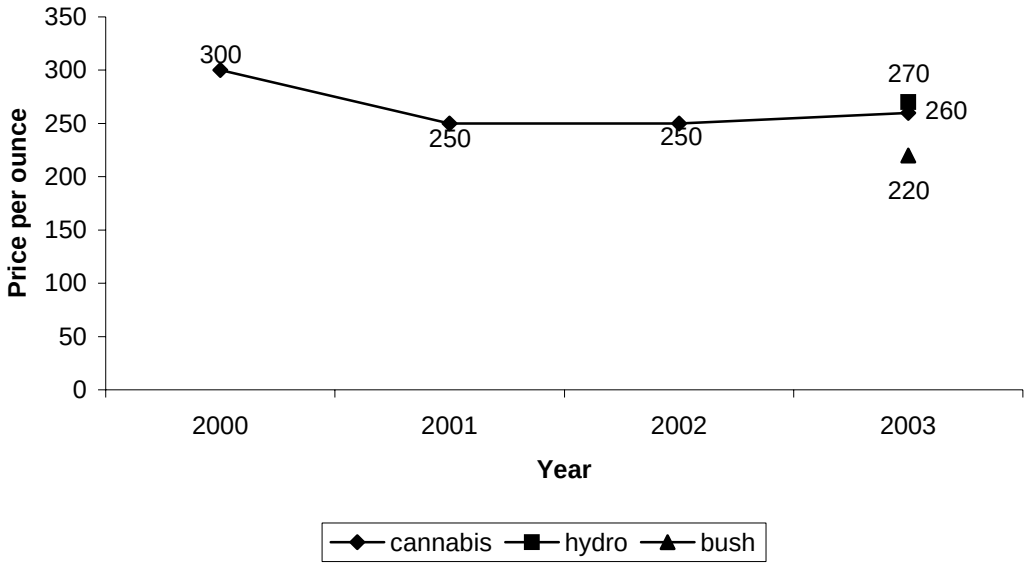
Superficially, this data relating to the price of cannabis appears to suggest that relatively little has changed in the past year. However, as 2003 represents the first year the IDRS has attempted to analyse price based on the type of cannabis involved (ie: "hydro", "bush" and hash), more formalised comparisons of differences in price between 2002 and 2003 are not possible.

That little change has taken place appears to be supported by an overwhelming majority of the IDU sample (85%, n=51) who were able to answer indicating that the price of

cannabis had remained stable. This finding is not dissimilar to the 83% who held this view in 2002.

Changes in the price of cannabis can be seen in Figure 16 below. As data specific to hydro and bush cannabis was not collected prior to 2003, prices for an ounce of these forms of the drug are shown for 2003 in addition to the price of "generic" cannabis.

Figure 16: Price of cannabis per ounce 2000-2003



Of the six key informants who spoke specifically about IDUs who use cannabis, four were able to comment on cannabis prices, all agreeing that $25 sticks or "foils" to be a typical purchase. One of these key informants however, did go on to remark that the size of "foils" may be shrinking. A lack of consensus amongst these key informants was noted with regards to recent changes in the price of cannabis. That it had remained stable was suggested by two key informants, while two others maintained that it had risen, one that it had decreased and one that it the price had been subject to fluctuations.

7.2 Availability

The prevailing view held by 75% (n=41) of the 2003 IDU sample was that cannabis was "very easy" to obtain, a situation not significantly different to the 85% who indicated that this was the case in 2002 (χ^2=4.208, df=2, p=.122). Asked if the availability of cannabis had changed in the last six months, 85% (n=52) of IDU able to provide information indicated that it had not.

It was noted that the most common source given for cannabis was purchase from "friends" for both 'usual' (52%, n=32) and 'most recent' sources (57%, n=35) by a substantial margin. This appears to suggest some change from 2002 where the most common usual source of cannabis was from a "dealer's home" (43%), with purchase from "friends" being the second most common (36%). The usual length of time taken to score cannabis once again saw a much wider range than for other drugs reported. Times given ranged from instantaneous (defined as one minute) up to one day (ie: 24 hours). The average time taken was just under an hour at 57 minutes. Given the change in most common sources of cannabis, it is perhaps unsurprising that these average times are shorter than those reported in 2002 which saw a somewhat but not significantly longer usual average time of 93 minutes (t=-1.440, df=60, p=.155) and a significantly

lengthened average time of most recent purchase at 149 minutes (t=-9.281, df=60, p=.000).

Some intriguing differences in source of cannabis were observed to exist between those cannabis users who most commonly used hydroponically cultivated cannabis and those who used bush or naturally grown cannabis. Purchase from "friends" was the most common source regardless of whether the most commonly used form was hydroponics (49%, n=23) or bush (58%, n=7), a difference that was not significant (χ^2=1.289, df=2, p=.525). The second most common source for both types of cannabis was from dealers' homes with 23.4% (n=11) of hydroponic buyers citing it as the usual source of procurement and 16.7% (n=2) of bush cannabis purchasers a difference which also failed to attain significance (χ^2=.537, df=2, p=.765). Equal second place for bush was gifts from friends (16.7%, n=2), a source that was seen to be quite uncommon for regular users of hydroponic cannabis (4%, n=2). Conversely, the third most common source for hydroponic users was growing their own (10.6%, n=5), a source not reported by any regular users of bush cannabis.

When asked where they believed their cannabis had originated from, the vast majority of IDU able to answer (73%, n=30) reported that it had been grown by a small time / backyard user / grower, a figure not dissimilar to the 67% who cited this source in 2002. Cannabis thought to have originated from large scale cultivators was much less common and mentioned by 17% (n=7), a smaller number than the 27% (n=19) in 2002. Just five IDU (eight percent%) of those able to answer reported the main source of cannabis as being that which they had grown themselves, a figure not significantly different from the 6% who reported growing their own in 2002 (χ^2=2.927, df=2, p=.231). All instances of home cultivation and cannabis grown by large scale cultivators were found to involve hydroponic cannabis. However, regardless of form, the most common original source of cannabis was small time growers making up 66% (n=21) of reported origins of hydroponic cannabis, and 100% for both the bush (n=8) and hash (n=1) forms of the drug.

For the main part, the six key informants agreed that obtaining cannabis was "very easy" or in one case "easy". The sole key informant who disagreed with this maintained that cannabis was difficult to get and becoming more so. Other opinions concerning changes to cannabis availability included three key informants who believed it to have been stable, one who stated that it had become easier to get and one who thought the availability had fluctuated.

7.3 Potency

The view that the current strength of available cannabis was "high" was held by 62% (n=37) of IDU able to comment. This was also the majority view held by 53% in 2002.

Asked whether this potency had changed, 71% (n=41) IDU indicated that it had remained stable which was also the majority view held by 56% of the sample in 2002.

Half (ie: three) of key informants discussing cannabis considered the current strength of the drug to be "high" while a further two thought it to be "medium". The remaining key informant indicated that the strength of the drug tended to fluctuate. This situation was considered to have been stable over the past six months by three key informants, the remainder stating that it had either fallen, fluctuated or, in one case, been unable to answer.

7.4 Use

7.4.1 Cannabis use among IDU

Cannabis was seen to be the most used illicit drug amongst the IDU sample with all (100%) having tried the drug at some point in their lives, a level of prevalence that actually exceeded that of tobacco and was equalled only by alcohol. This situation in which 100% of the IDU sample had a lifetime history of having used cannabis was also reported in the findings of the 2002 IDRS.

Cannabis was nominated by 8% of IDU in the 2003 survey as being their drug of choice, which was not significantly different from the five percent reported in 2002 (χ^2=1.895, df=1, p=.169).

7.4.2 Current patterns of cannabis use

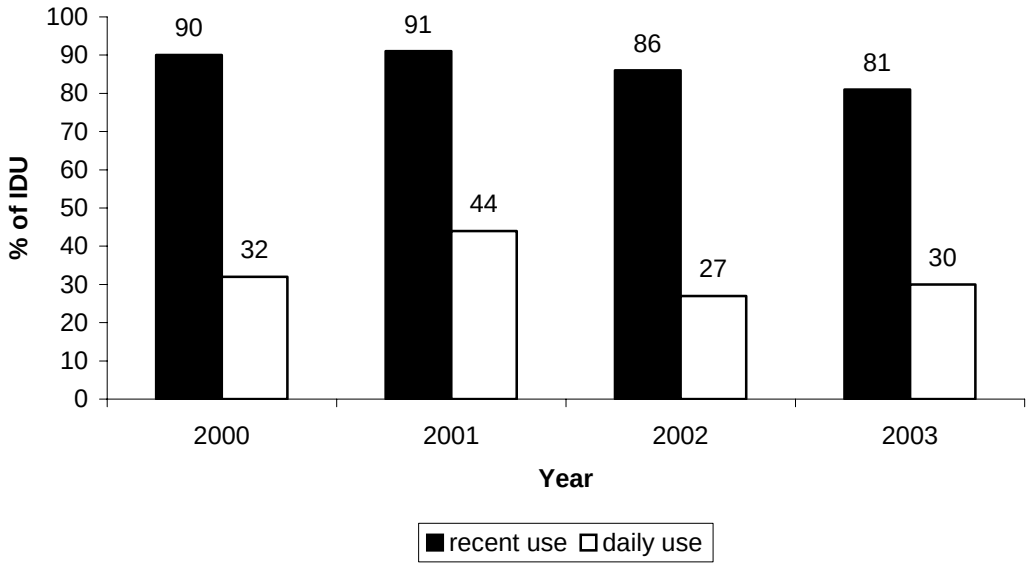
In the 2003 sample 81% IDU reported the use of cannabis in the previous six months a figure not significantly different than the 86% who indicated that they had done so in 2002 (χ^2=.501, df=1, p=.479). This figure makes cannabis the most widely used illicit drug amongst IDU, however, the margin from crystal methamphetamine (used by 80%) was very small.

The mean number of days cannabis was used by IDU over the last six months was 99, a figure unchanged from 2002. . The number of IDU consuming cannabis on a daily basis (n=27) was not significantly different to the 30 reported in 2003. (χ^2=1.197, df=1, p=.274).

Asked what forms of cannabis they had used in the past six months, hydroponically grown was found to be the most common, reported by 90% of those who had used cannabis, followed closely by "bush" or naturally grown cannabis, reported by 89%. Hash and hash oil were found to be considerably less commonly used by 25% and 16% respectively. Regardless of forms used all these figures were not dissimilar to those reported in 2002 . With regards to the form of cannabis they had used most frequently in the past six months, hydroponically cultivated cannabis held a clear lead with 85% (n=56) of those who responded stating this to be the case, a figure not significantly different from the 76% reporting this in 2002 (χ^2=.193, df=1, p=.661).

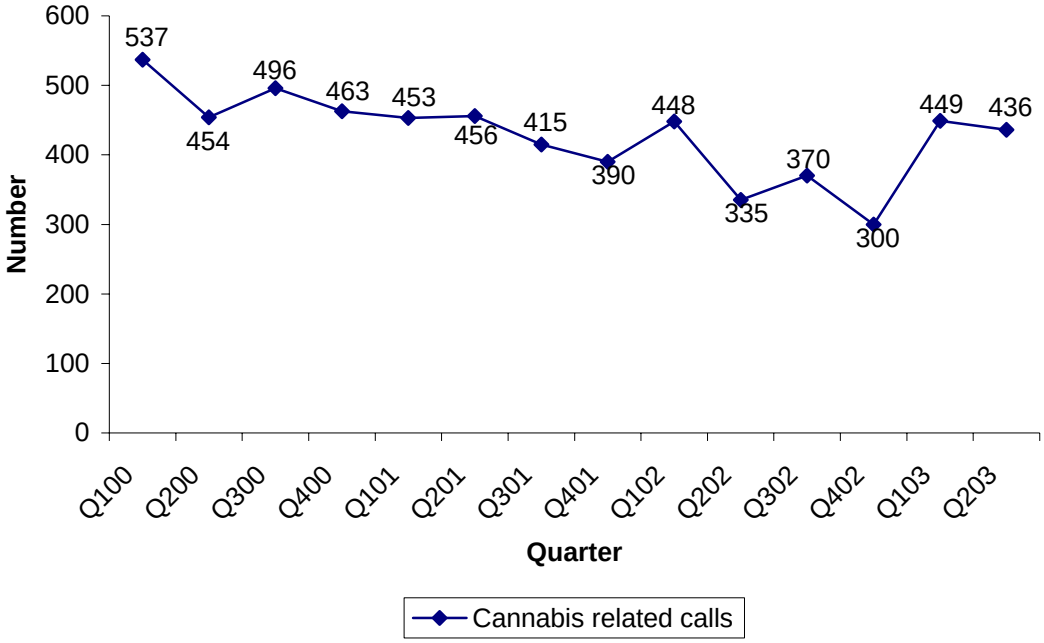
These patterns of recent and daily use of cannabis amongst the IDU sample can be observed in Figure 17 below.

Figure 17: Recent (last six months) and daily use of cannabis amongst IDU 2000-2003



With regards to indicator data, there appears to have been a recent increase in the number of calls to ADIS concerning cannabis during the last two quarters. However, this may not necessarily be an indicator of cannabis use per se, but an artefact of recent changes to ADIS methods of recording data.. These calls are displayed in Figure 18 below

Figure 18: Cannabis related calls to ADIS*



* During the most recent two quarters, ADIS underwent expansion of its scope and implemented changes to its method of data recording

Of the six key informants who spoke about cannabis use all, bar one who mentioned a range of types, indicated that the dominant form in use amongst IDU was hydroponically cultivated cannabis. All agreed that this cannabis was primarily smoked with "bucket bongs" or "cones" being typically mentioned. Just one key informant said that their clients typically smoked cannabis as joints Although one key informant believed that the amount of cannabis smoked daily by the IDU they were in contact with to be around five to six cones, other estimates were much higher with three key informants indicating that up to ten cones per day would be typical, one indicating two to three joints and the remaining key informant simply stating that the daily intake was at "a high rate".

7.5 Cannabis related harms

7.5.1 Law enforcement

As in previous years, cannabis accounted for the largest category of drug related offences recorded in WA during the 2002 /2003 financial year with a total of 6028 arrests made comprising 77% of all drug related arrests. Of these, there were 4766 arrests for consumer offences and a further 1247 arrests for provider offences. These figures are somewhat lower than those recorded in the 2001 / 2002 financial year which saw 5846 consumer offences and 1310 provider offences.

7.5.2 Health

Of the six key informants discussing cannabis, five made mention of increased mental health concerns amongst the IDU they had contact with. Specific issues mentioned included affective problems (ie: depression), anxiety, schizophrenia, obsessive

compulsive disorder, and cognitive impairment. One key informant also mentioned increased dissociation and a lack of insight and one other mentioned increased levels of impulsiveness and aggression in their cannabis using clients. However, no key informants suggested that these problems were associated with IDUs' use of cannabis, one in fact linking these mental health issues to the use of amphetamine.

7.6 Trends in cannabis use

There were very few comments made by IDU on trends in cannabis use (n=3). One of these mentioned increased use of cannabis and amphetamines by young people, while another noted that many young people now using amphetamines had started off using cannabis. The third made a more general comment to the effect that there were now more people using cannabis as well as alcohol and benzodiazepines.

There was a suggestion by three key informants that younger people may be beginning to deal cannabis, one specifically mentioning high school students in this context. That the age of cannabis users may also be falling was suggested by one key informant, while two others suggested that the number of people using cannabis may be increasing. With regards to the use of other drugs by cannabis using IDU, two key informants mentioned illicit buprenorphine and two others increased amphetamine use. Other drugs mentioned were benzodiazepines, dexamphetamine and alcohol. Only one key informant, a youth worker, spoke about other issues facing cannabis using IDU, which included increased concerns surrounding issues of food and shelter.

7.7 Summary of cannabis trends

A summary of cannabis trends is displayed in Table 9 below

Table 9: Summary of cannabis trends

Price	• $270 ounce hydro, $220 ounce of bush • $25 per gram / bag / foil • Stable
Availability	• "Easy" to "Very easy" to obtain • Stable
Purity	• High • Stable
Use	• Remains widespread • Hydro and bush prominent, hashish uncommon

8. OPIOIDS

8.1 Use of illicit methadone

A lifetime history of illicit use of methadone syrup was reported by 35 IDU and of Physeptone® by 29. However, use in the last six months was found to rather less common with use of syrup reported by 14 IDU and Physeptone ® by eight. These figures of recent use however, are not significantly different from those reported in 2002 of 16 recent users of syrup (χ^2=.254, df=1, p=.614) and 11 users of Physeptone® (χ^2=.862, df=1, p=.353),. Injection of syrup in the last six months was reported by 79% (n=11) of IDU who had used the drug recently and was followed by 43% (n=6) who had consumed it orally. All eight (ie: 100%) of IDU who had used illicit Physeptone® in the last six months had injected it with no reports of any other routes of administration . Although there were no IDU in the sample who indicated that methadone was their preferred drug of choice, there were two IDU who indicated that it had been the drug they most recently injected and one who said it had been the drug they had injected most often in the month preceding the survey. Days of use of illicit methadone syrup ranged from one to 125 days with a mean of 17 in the last six months. For Physeptone®, days of use ranged from 1 to 100 with a mean of 19. Comparisons of average days of use data from previous years are not possible due to the 2003 IDRS being the first time the distinction has been clearly drawn between licit and illicit methadone use.

The very low numbers of IDU (n=6) who reported having bought methadone in the last six months means that the cost data which follows needs to be interpreted with some caution. There appeared to be general agreement that 1 mg or 1 ml of methadone cost one dollar. In the case of Physeptone®, there were four reports of having purchased a 10 mg tablet for prices ranging between $5 and $10 with a median price of $6.50. The situation with methadone syrup was less clear cut with some IDU speaking in terms of mg and others in terms of ml. These four instances of purchasing syrup showed considerable variation, specifically: $80 for 80 ml, $30 for 50 ml, $60 for 60mg and $60 for 160mg.

There were 10 IDU who provided data concerning changes to the price and availability of illicit methadone. It was generally agreed (80%, n=8) that the price of methadone had not undergone any recent changes. There was relatively little consensus as to the drugs ease of availability with 40% (n=4) describing it as "easy", 40% (n=4) "difficult" and one saying it was "very easy". However, a majority (60%, n=6) agreed that this availability had been stable for the last six months. The only reported source for recent purchase of illicit methadone was from friends. The only reported origin of illicit methadone was from takeaway dosing scripts. Times usually taken to score methadone ranged from three to 60 minutes with a mean time of 30 minutes.

Where key informants reported the illicit use of methadone by IDU they were in contact with (n=9), this use was generally uncommon, described as involving five percent of less of their clients. Key informants believed most of this use to be oral, with only four reports of IV use, two of which indicating that this was not the usual means of administration employed. Only three key informants reported any substantial (20% or greater) numbers of IDU to be using illicit methadone. It was apparent that for the most part this methadone use involved syrup, with just two key informants mentioning the illicit use of Physeptone® tablets.

8.2 Use of illicit buprenorphine

Although there were 13 IDU in the sample who reported having taken buprenorphine as a legitimate part of treatment for their drug related problems, this number was exceeded by the 18 who reported that they had taken the drug illicitly within the last six months , which did not represent a significant change from the 12 who reported doing so the previous year (χ^2=3.763, df=1, p=.052). Days of use in the last six months ranged from one to 26 with a mean of seven (sd=7.60). As data on days of use of illicit buprenorphine was not collected during 2002, comparison with previous years is not possible.

The most common means of administration of illicit buprenorphine appeared to be by injection, practiced by 83% (n=15) of the 18 IDU who had used illicit buprenorphine in the last six months. Oral consumption was found to be rather less common with just 39% (n=7) IDU having used this method.

Although the use of buprenorphine was reported by a number of key informants as occurring amongst the IDU they had contact with, the licit or illicit nature of this use or its usual route of administration was not generally apparent. However, the implied nature of these remarks would appear to suggest that a not insubstantial black market for this medication may exist amongst IDU in Perth and that its injection was not uncommon amongst IDU the key informants had contact with.

8.3 Morphine

Although 86 IDU reported a lifetime history of morphine use, a much lower figure of 41 reported having used the drug in the last six months, a significantly lower figure than that of 52 reported in 2002 (χ^2=4.445, df=1, p=.035). Just seven IDU reported that morphine was their preferred drug of choice and the preferred drug of choice for just over half (51%, n=21) of those IDU who had recently used morphine was found to be heroin. Of those who had used the drug recently, all bar one (98%, n=40) reported having injected it in this time, a slight and not significant increase on the 94% of morphine users who had injected in 2002 (χ^2=.922, df=1, p=.337). The next most common means of administration was by swallowing, reported by just seven IDU in the last six months.

Licit use of morphine was the exception rather than the rule with only five IDU indicating that they had used morphine with a valid doctors prescription. Virtually all of those who had recently used morphine (98%, n=40) reported use of illicit use of morphine and conversely, only two IDU (5%) reporting that licit morphine had been the form they had used most commonly. There were only two brands of morphine reported (down from five varieties in 2002), with the exception of one IDU who reported the use of Kapanol ®, the main morphine brand was inevitably found to be MS Contin ®.

On average recent users of morphine were found to have used for a mean time of 60 days during the last six months. This represents a significant rise from the average figure of 33 days found in 2002 (t=2.510, df=40, p=.016.).

More detailed information on the price and availability of morphine was provided by 43 IDU. As this was the first year the IDRS attempted to determine this information for morphine, comparisons with previous years are not possible.

With regards to price, 38 IDU gave details on the price of 100mg. Prices given ranged from $20 up to $80, with a median and modal price of $50 and a mean of $51. Consistent with this, the median and modal price of morphine per mg was 50 cents with a mean of 58 cents. The most commonly purchased quantity and type of morphine was 100mg of MS Contin by 31 IDU for a median price of $50. The next most common was 100mg of Kapanol® by 14 IDU for a median price of $40. Other common purchases were 60 mg MS Contin by 12 IDU for a median price of $22.50 and 10 IDU who reported the purchase of 50mg Kapanol ® for a median of $20. The only other brand of morphine purchased was 30mg Anamorph® by four IDU for a median price of $10. The prevailing opinion by 58% (n=25) was that the price had remained stable over the last six months. Similarly, 60% (n=26) believed that the availability of the drug had remained unchanged, with 44% (n=19) reporting access to morphine to be "very easy" and a further 33% (n=14) stating that it was "easy". Friends were found to be the usual source of morphine by a very considerable margin. With 47% (n=20) reporting this to be their usual source. The next most common was from street dealers reported by 14% (n=6). The length of time taken to score varied considerably from instantaneous up to two and a half days in one instance. However, the median time was found to be 20 minutes and the mean to be 128 minutes (sd=604.58).

Morphine as an issue does not appear to feature strongly in statistics of calls to the Alcohol and Drug Information Service (ADIS), in no quarter since 2000 having ever exceeded the figure of 0.18% of all calls received, recorded in the first quarter of 2001.

Descriptions of illicit morphine use among IDU by key informants displayed a very clear pattern. There were twelve key informants who indicated that they were aware of some level of morphine use amongst IDU they were in contact with. This use was almost invariably a minority issue involving five per cent or less of their clients and with the exception of two mentions of Kapanol®, referred to the use of MS Contin®. There were only two mentions of oral consumption, the remainder being by injection. Although one key informant believed this use to be up to twice weekly, generally this use appeared to be infrequent and either opportunistic by availability, or to come down following the use of psychostimulant drugs, typically methamphetamine.

The sole exception to this rule was the one key informant (a NESP worker) who spoke specifically about IDU using pharmaceutical opiates who indicated that 60% of the IDU they were in contact with were using MS Contin® on a regular basis, the remainder using buprenorphine or Oxycontin® by injection on a daily basis where possible. This key informant made the observation that these users tended to be younger and possibly driven towards the use of pharmaceuticals by their guaranteed purity relative to "street" drugs. This key informant also noted a number of injection related health issues connected to the use of these substances and the relatively poor understanding of health issues by these young users. These problems are described in more detail in section 10.4.

8.4 Other opioids

There was a lifetime history of use of other opiates amongst the IDU sample of 55%. Rates of use within the past six months were considerably lower however at 26% representing a significant decline from the 49% reported in 2002 (χ^2=20.481, df=1, p=.000). Although oral administration was the most popular means of consuming these drugs (58%, n=15), half all of IDU who had used other opiates recently (50%, n=13) reported having injected them during the last six months.

It was revealed that the use of illicit opioids was more common than licit, with 77% (n=20) reporting the use of illicit other opiates and 42% (n=11) having used licitly. With regards to which of these forms they had used most commonly, of the 24 IDU who responded, 71% (n=17) indicated that opiates from illicit sources had been the most common.

There were eight varieties of other opiates whose recent use was reported by IDU, representing a narrowing from the selection of 12 described in 2002. The most popular brands were Panadeine Forte® (42%, n=10) and Oxycontin® (25%, n=6).

Although a decline in the number of IDU using other opiates and in the range of brands being used were evident, it was also apparent that amongst those IDU using these drugs, the average number of days of use had lessened significantly with a figure of 17 days being reported, a fall from the 2002 figure of 26 (t=-2.647, df=23, p=.014).

There was one key informant (a NSEP worker) who spoke specifically about injectors of other opiates, the primary drugs in question being MS Contin® (morphine), buprenorphine and Oxycontin® used on a daily basis. Clients seen using these drugs had a wide age range from 15 to 45 with an estimated average of 26, two thirds being male. It was suggested that the age of these users may be decreasing and the proportion of males increasing. It was estimated that around 20% of them may also be receiving some form of pharmacotherapy for opiate dependence such as methadone or buprenorphine. It was suggested that at least half of these users were also using heroin on a daily basis when available, and all to be using the more potent forms of methamphetamine on a recreational basis. The idea was put forward that the move towards pharmaceutical drugs may have been driven buy their relatively certain purity relative to illicit drugs available on the street. It was believed that these drugs were easily available to IDU and that this situation had not recently changed.

This key informant noted certain health issues apparent specific to injectors of pharmaceutical drugs, with particular reference to vein care problems arising from poor needle technique and a lack of understanding about the drugs they were using. Abscesses were mentioned as problem often associated with the use of pharmaceutical opioids, a problem that was often compounded by these substances' analgesic qualities leading users to postpone seeking medical attention.

9. OTHER DRUGS

9.1 Ecstasy and other party drugs

Ecstasy, as in earlier reports, is not the core focus of the IDU component Illicit Drug Reporting System, with results from previous years suggesting that injecting drug users may not constitute an ideal sentinel population for reporting on phenythalamines. In an attempt to address this inadequacy, 2003 represents the first time the IDRS companion project the Party Drugs Initiative has been expanded to include all jurisdictions and more detailed data concerning the use of MDMA and similar substances in WA can be located in the PDI report (Chanteloupe and Lenton, 2004).

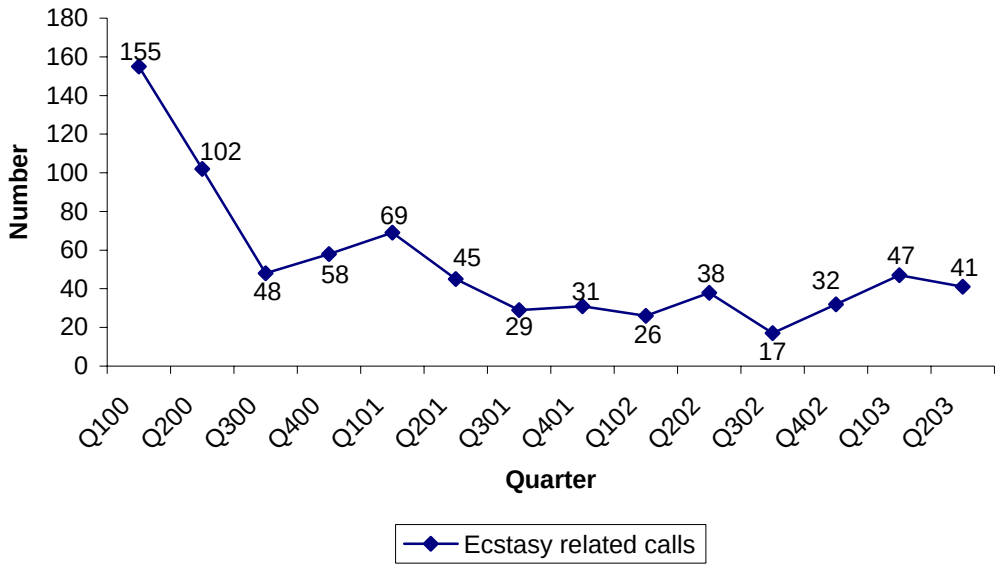
Although a very large majority of the IDU sample (85%) reported that they had ever tried ecstasy, there were no reports at all of ecstasy having been the first drug injected, the last drug injected or the drug injected most often in the month preceding the survey.

There was only one individual in the IDU sample who reported that ecstasy was their preferred drug of choice.

There were 40 IDU who indicated that they had consumed ecstasy in the last six months, a figure very similar to the 43% who reported having done so in the 2002 survey, a difference which unsurprisingly failed to attain statistical significance (χ^2=.367, df=1, p=.545). The most popular route of administration remained swallowing by 88% (n=35) of those who had recently consumed the drug. A much smaller proportion 33%, n=13) indicated that they had injected ecstasy within the last six months, a significant fall in the number reporting this practice in 2002 (χ^2=6.748, df=1, p=.009). A significant fall was also noted in terms of average number of days of use reported being eight down from 17 in 2002 (t=-3.856, df=39, p=.000).

Trends in the rate of ecstasy related calls to ADIS are displayed in Figure 18. It would appear that this has been relatively stable over the course of the last three years.

Figure 18: Ecstasy related calls to ADIS*



* During the most recent two quarters, ADIS underwent expansion of its scope and implemented changes to its method of data recording

Of the fourteen key informants who mentioned some indication of ecstasy use amongst the IDU they had contact with this use was invariably reported to be recreational, on either a weekly or fortnightly basis, and by oral administration. There was no mention of ecstasy use by injection. Generally speaking, the use of this drug involved relatively small numbers of IDU (under 10%) except where the key informants specialised in dealing with young IDU where percentages could be substantially higher, from 20 up to 60%.

9.2 Benzodiazepines

Benzodiazepines were found to have been widely used within the IDU sample with 83% having used these drugs at least once during some point of their lives. However, there were no reports of benzodiazepines having been the first drug injected, and just one

individual indicated that they were the drug of choice or the drug most injected in the last month.

Recent benzodiazepine use was observed in clear majorities of IDU selecting either heroin or methamphetamine as their drugs of choice yet was found to have fallen significantly from the 2002 figure for recent use of 77% to a more modest 67% (χ^2=5.647, df=1, p=.017). Recent rates of injection of these drugs was also seen to fall significantly with just 12% of the IDU sample having done so in the last six months, down from 30% in 2002 (χ^2=15.429, df=1, p=.000). The most common means of consumption remained swallowing which had been recently done by 65% of the sample.

It was apparent that the majority of benzodiazepine use amongst the IDU sample involved pills from licit sources with 52% of the sample reporting having taken such medication within the last six months. Illicit use of benzodiazepines was reported by 33% of the sample. However, when asked about the most common source of pills they had recently taken it was revealed that licit sources were far more common with 73% (n=48) of those who had used these drugs indicating that their most common source was legal.

One key informant (an emergency department doctor) offered an opinion that with regards to benzodiazepines (and some other pharmaceutical drugs including opiates) that "there may have been a narrowing of the pharmacological repertoire." That is to say, that the range of pharmaceutical drugs being illicitly used was diminishing. There is some evidence to support this assertion: in 2002 nine brands of benzodiazepines were mentioned, but by 2003 this had reduced to just four. The two most popular benzodiazepines remained diazepam (69%, n=43) and temazepam (18%, n=11).

The average number of days used in the last six months was 76 which was not significantly different from the 65 in 2002 (t=1.252, df=66, p=.215).
Key informants commenting about benzodiazepine use amongst IDU they had contact with was extremely common, although the distinction between licit and illicit use was often unclear. Although injecting use was often mentioned it was clear that oral administration of these drugs was the norm. Estimates of numbers of clients using these drugs varied widely as did the rate of use, but there was clear agreement on the most common, these being diazepam, temazepam and oxazepam. Several key informants mentioned the use of "rhoies" but given recent prescribing restrictions placed on Rohypnol® (flunitrazepam), it is likely that this term was used as a generic description of benzodiazepines as a whole.

9.2.2 Summary

Benzodiazepines continued to have been used on a recent basis by a majority of the IDU sample, albeit a significantly smaller number than was observed in 2002. Similarly, rates of injection also appeared to have fallen significantly. A third of the IDU sample reported that their use of these drugs was illicit. As with the use of many pharmaceutical opiates there appeared to have been a slight although not significant increase in the average number of days of use. One key informant commented that the "pharmacological repertoire appeared to have narrowed". Certainly the range of types of pills observed in the 2003 sample was much less than in 2002 although diazepam, and temazepam preparations remained the most commonly employed.

9.3 Anti-depressants

Antidepressants were found to have been widely used amongst the IDU sample with 61% reporting a history of having taken these drugs at some point in their lives. However, figures for use within the last six months were much lower with just 30% of IDU having consumed these drugs, a figure not dissimilar to the 33% reported in 2002. (χ^2=.407, df=1, p=.523).

A lifetime history of injection of antidepressants was found to be rare with only four IDU indicating that they had ever done this. There were no reports of recent injection of these drugs at all.

Also rare was the use of antidepressants derived from illicit sources with just seven percent (n=2) of IDU who had used these drugs stating that they had used illicit antidepressants. Interestingly, these two individuals were also the only IDU to report that illicit sources formed their main supply of antidepressants.

The average number of days of use in the last six months was found to be 101which was not significantly different from the 116 reported in 2002 (t=-1.074, df=29, p=.292). It was noted that of those using licit antidepressants, nearly three quarters (74%, n=20) reported rates of use of 90 days or more. In contrast, those two individuals using illicit antidepressants had used for just two and five days respectively, thereby indicating such illicit use to be at best, occasional, and in likelihood either experimental or opportunistic.

The use of a total of nine of brands of antidepressants was reported amongst the IDU, down from 12 in 2002. The two most commonly reported brands were Cipramil® (citalopram) by 36% (n=9) and Avanza® (mirtazapine) used by 24% (n=6).

Key informants commonly reported the use of antidepressants amongst the IDU they were in contact with, the use of these drugs being reported by 21 key informants. Numbers of IDU taking these drugs varied greatly from under five percent to up to 70% of IDU seen. However, there was no suggestion that the use of these drugs was either illicit or that they were typically injected. Use was typically described as being "as needed" or "as prescribed". On those rare occasions when key informants were actually able to identify brands being used the most commonly mentioned were Cipramil, Zoloft and unspecified SSRI drugs.

10 ASSOCIATED HARMS

10.1 Blood borne viruses

The Annual Surveillance Report for 2003 (National Centre in HIV epidemiology and Clinical Research, 2003) indicates that currently around seven percent of HIV diagnoses in Australia have been in injecting drug users, although around half of these were males with a history of homosexual contact. Western Australia accounted for 6.7% of AIDS diagnoses in Australia in 2002, although the report does not allow those cases arising from the injecting risk category to be readily identified. HIV prevalence among IDU utilising NSEPs were low, at around one to two percent, from 2000 to 2002. This would appear to be especially true of Western Australia for which the annual NSP survey National Data Report 1995-2002 has consistently reported no confirmed cases of HIV antibody prevalence in its sample since 1998.

The prevalence of HCV antibodies in WA IDU who participated in the NSP survey in 2002 was found to be considerably higher however, with 43% (n=53) of the 124 tested returning a positive result. This is however suggestive of a decrease on 2001 figures in which 53% tested positive. It would also appear to be less than the national rate of HCV prevalence for 2002 in IDU in contact with Needle and syringe exchange services of approximately 55% (National Centre in HIV epidemiology and Clinical Research, 2003). There were 135 reported cases of newly diagnosed HCV infection in WA in 2002, a decrease from the 158 reported in 2001. (National Centre in HIV epidemiology and Clinical Research, 2003).

A slight drop was also reported in the WA rate of newly acquired HBV infections with 35 reported in 2002, down from 39 in 2001 and 75 in 2000, however, not all of these cases were necessarily found in IDU (National Centre in HIV Epidemiology and Clinical Research, 2003). In the 2002 NSP survey, 21% (n=26) of the sample self reported HBV infection, a figure that appears to be somewhat of an increase on the 15% reported in 2001. It was noted however, that the rate of self reported HBV vaccination had remained essentially stable at 52%, a figure comparable to the 51% reported in 2001.

Interestingly, only one key informant mentioned increased rates of blood borne viruses (HCV) per se as a major presenting issue for clients. Somewhat curiously, this comment was made by a clinical nurse specialist commenting specifically on IDU who were primary cannabis users. One other key informant (a phone counsellor) mentioned that there appeared to be heightened concern amongst IDU over getting blood tests, however, went on to note that this concern was usually "after the event". However, there were a number of key informants who mentioned changes in needle sharing behaviours (see 10.2 below).

10.2 Sharing of injecting equipment among IDU

There were 13 IDU who reported that they had used a needle after another person, and 17 who indicated that they had allowed others to use a needle after they had used it. However, compared to figures found in 2002 where 20 IDU reported having borrowed and 20 having lent syringes, neither case was this difference found to be significant. (respectively: χ^2=3.063, df=1, p=.080 & χ^2=.563, df=1, p=.453).

A lessening in rates of sharing needles was also observed in the 2002 NSP survey with 91% of WA respondents indicating that they had not reused another's syringe in the last month, up from 72% in 2001.

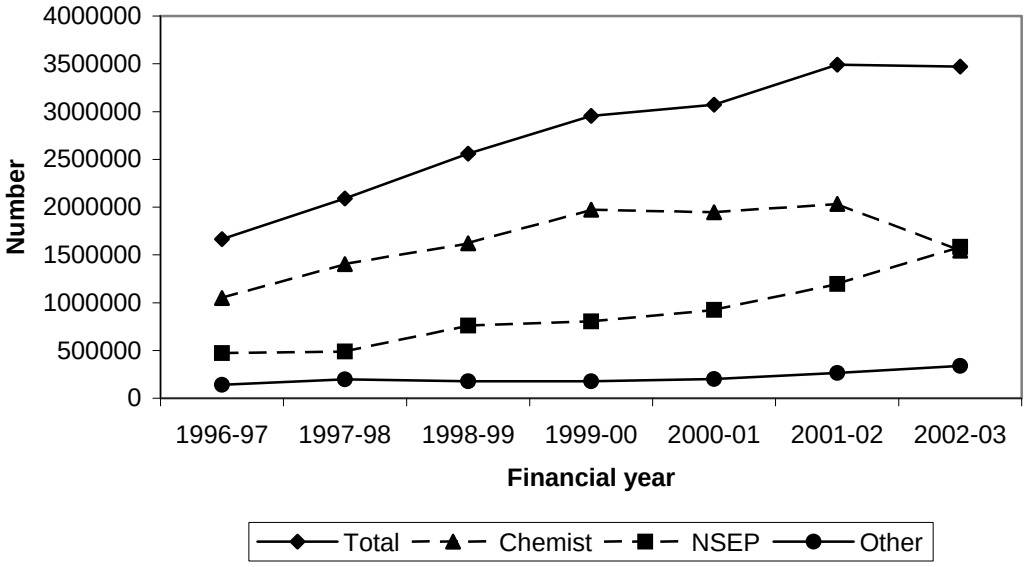
With regards to borrowing of used syringes, for the most part this had only happened on one (four IDU) or two (five IDU) occasions in the last six months. There was only one IDU who indicated that they had done so on ten or more occasions. Accordingly, it was uncommon for this sharing to have involved multiple other persons, with only two IDU indicating that they had shared with two others and no reports of higher quantities of other people being involved. Typically these other people who had used syringes before the interviewed IDU were close friends (reported by six IDU) or regular sex partners (reported by five IDU). In addition there was one instance of using a syringe after a casual sex partner, and one of using a syringe after an acquaintance.

A highly significant downwards shift appeared to have occurred with regards to the sharing of other injecting equipment with 34 IDU reporting having done so as opposed to the 71 instances found in 2002 (χ^2=45.633, df=1, p=.000). The most common item

shared was mixing spoons (25 IDU), followed by filters (13 IDU). There were also 12 reports of sharing water and seven of sharing tourniquets.

The 2002 / 2003 financial year saw a decline in the total number of syringes distributed in WA, falling from 3492, 384 to 3469, 478. A more noticeable fall appears to have occurred in the number of syringes distributed via chemists, falling from 2033, 765 in 2001/2002 to 1545, 365 in 2002 / 2003. While the reasons behind this shift remain a matter for conjecture to some extent it has been offset by the continuing steady rise in the number of syringes being distributed via dedicated needle and syringe exchange services (ie: WASUA & WAAC), rising from 1194 722 in 2001 / 2002 to 1586 214 in 2002 / 2003. Syringes distributed via other sources (eg: NGOs, hospitals, vending machines etc remained comparatively uncommon with 3378 99 syringes being distributed in the last financial year. This data is displayed in Figure 19 below.

Figure 19: Syringe distribution by financial year (source HDWA)



A number of key informants spoke about equipment sharing behaviour amongst IDUs, however, there was not always agreement over the direction in which these trends might be moving. While two key informants believed that increased awareness of issues around BBVs had led to a decrease in the sharing of equipment, there were also two who reported increases in the rates of sharing equipment amongst users. A third (a youth worker) speculated that there could be a surge of young naïve users who have a poor understanding of issues surrounding the sharing of equipment. An emergency department medic made the observation that while a strong awareness of needle safety had developed, there remained a poor understanding about sharing issues where other equipment was concerned.

10.2.1 Summary

Generally speaking rates of sharing injecting equipment continued to decrease in 2003. This was especially noticeable in the case of equipment other than needles and syringes such as spoons. Where sharing had occurred this was for the main part with a small number of individuals well known to the respondent. A decrease appeared to have

occurred in the overall number of syringes distributed in WA, particularly in the case of syringes distributed from pharmacists. This was partially offset however by increased numbers of syringes distributed by dedicated NESPs.

10.3 Location of injections

As in 2002, by far the most common location for injecting activity amongst the sample was reported to be in private homes, reported by 76% as having been the location of their last injection and by 84% as having been the most usual location. The next most commonly mentioned location was in cars, being the location of 12% of last injections and the most common recent location for nine percent of IDU surveyed. Other locations were observed to be relatively uncommon and are displayed in tables 10 and 11.

Table 10: Location of most recent injection by percent of respondents

	2002	2003
Private home	75	76
Car	12	12
Street / car park / beach	4	7
Public toilet	8	4
Other	1	1
Total	100	100

Table 11: Usual location of injection in previous month by percent

	2002	2003
Private home	76	85
Car	11	9
Street / car park / beach	7	3
Public toilet	6	2
Other	-	1
Total	100	100

10.4 Injection related health problems

Respondents were asked to indicate what if any health problems they had experienced relating to the injection of drugs in the last month. It was found that 66% of the IDU sample had experienced health problems of some kind. The most commonly reported problem was prominent scarring or bruising reported by 53% of the IDU sample followed by 52% who indicated that they had experienced difficulty injecting. Next most common was the experience of a "dirty hit" reported by 21%. Nearly half (n=10) of these "dirty hits" involved methamphetamine as the primary dug used. Other primary drugs mentioned by individual IDU included heroin, methadone, benzodiazepines, dexamphetamine and Physeptone ®. Other secondary drugs used at the time that may have contributed to the "dirty hit" included alcohol (n=7), cannabis (n=3), benzodiazepines (n=2), methamphetamine (n=1), buprenorphine (n=1), ecstasy (n=1), and dexamphetamine (n=1).

Overdoses were relatively uncommon, having been experienced by only five IDU in the last month, a figure not dissimilar to the six reported in 2002. Three of these reportedly involved methamphetamine as the main drug and two involved heroin. Two of the

methamphetamine overdoses involved other drugs as well, alcohol and ecstasy respectively. One of the heroin overdoses also involved reportedly benzodiazepines. Only one of these IDU who had overdosed (a 32 year old male experiencing his first overdose from heroin) reported receiving any treatment following the overdose event. This treatment included ambulance attendance, admittance to the hospital emergency department as well as utilising the services of a general practitioner and a psychiatrist.

Only two key informants mentioned overdoses amongst the issues seen among the IDU they had contact with. In both cases these remarks were in reference to the fact that the frequency of overdose had lessened, and in the case of an NESP worker that they had only seen one overdose in the last six months.

The other health problems enquired about were thrombosis reported by five IDU and abscesses or infections reported by four. These health related problems were added to calculate a total injection related problem score. This score ranged from zero to five with a mean of 1.41 (sd=1.24) which was not significantly different from the mean of 1.48 in 2002 (t=-.537, df=96, p=.592). The frequency with which these various health problems were reported compared with 2002 can be found in Table 12

Table 12: Injection related health problems in 2002 and 2003

	2002	2003
Prominent scarring or bruising	54	52
Difficulty injecting	51	52
"Dirty hit"	22	21
Overdose	6	5
Thrombosis	5	5
Abscesses or infections	9	4
Total	147	189

Due to the increased rates of injection of pharmaceutical drugs observed in the 2002 IDRS, this year additional questions were asked about harms directly attributable to specific medications: benzodiazepines, methadone, buprenorphine and morphine.

With regard to benzodiazepines, there were nine IDU who reported having injected these drugs in the course of the last month and of these, five (56%) had experienced some problem arising from this injection. Four of these had only experienced one problem, but one individual reported no less than seven problems or symptoms, primarily swelling of limbs. Problems reported included difficulty finding veins (n=4), scarring or bruising (n=3) and individual reports of swelling of arms, legs, feet, hands, skin ulcers and benzodiazepine dependence.

There were eight IDU who reported having injected methadone in the month previous to the survey (it was not possible to determine if this methadone was in syrup or tablet form). Seven of these IDU (88%) reported experiencing problems arising from doing so. The most common problems reported were difficulty finding veins (n=4), scarring or bruising (n=3) and methadone dependence (n=3). There were also individual reports of abscesses or infection, a "dirty hit", thrombosis, swelling of arm, swelling of feet and a rash. Half of these IDU (n=4) experienced only one of these problems, one IDU experienced two, one experienced three and one individual reported experiencing seven.

Buprenorphine had been injected by six IDU in the previous month of whom four (66%) had experienced problems arising from their having done so. Difficulty finding veins was the most commonly reported (n=4), but a number of other problems were also reported. These included scarring or bruising (n=2), swelling of the arm (n=2), swelling of the feet (n=2), skin ulcers (n=2), buprenorphine dependence (n=2), swelling of the leg (n=1), and swelling of the hand (n=1). Two of these IDU had experienced just one problem each, but the remaining two each reported seven distinct problems.

Morphine injection in the preceding month was found not to be uncommon with 31 IDU having done so of which 23 (74%) reported having problems. There were 14 reports of scarring or bruising, 13 of difficulty finding veins and seven of morphine dependence. Other less common problems included swelling of the arm (n=5), "dirty hits" (n=2), thrombosis (n=1), swelling of the hand (n=1), pins & needles and a strong headache (n=1) and a rash (n=1). The most commonly reported number of health complaints arising from morphine injection was two, reported by nine IDU, followed by one problem, reported by seven IDU. The highest number of complaints reported was five from one individual.

In comparison to the number of mentions of mental health issues (see 10.6), key informants mentioning injection related problems amongst the IDU they were in contact with was relatively uncommon. Of the four key informants who did raise these types of problems as an issue, two were NESP workers who both made reference to vein damage and abscesses. Other issues mentioned include an increase in endocarditis and gangrene leading to amputations, unspecified infections associated with the injection of contaminated buprenorphine tablets, and problems associated with the immune system although it is unclear what was meant by this. An additional key informant mentioned the "prolonged effects of amphetamines" although it is somewhat ambiguous as to whether this comment referred to psychological or physiological symptoms.

10.5 Expenditure on illicit drugs

Asked how much money they had spent on illicit drugs the previous day, there were found to be only seven IDU who had not consumed any drugs that day. Of those who had consumed drugs the previous day, 49% (n=46) had not paid any money for them, suggesting that acquiring drugs free of charge was not an unusual occurrence amongst Perth IDU. Among those who had paid for drugs, quantities of money involved ranged considerable from $20 to $1200 with a median of $80 and a mean of $115 (sd=176.25) a figure that not significantly different from the $147 spent by the 2002 IDU sample (t=-1.241, df=45, p=.221).

10.6 Mental health problems

Asked if they had attended a mental health professional for a mental health problem other than drug dependence in the last six months, 25% of the sample indicated that they had done so. This represents a significant decline from the 44% of IDU who reported having attended a mental health professional in the 2002 IDRS (χ^2=15.312, df=1, p=.000). The most commonly reported problem was depression reported by 12 IDU, closely followed by anxiety, reported by 11. A variety of other problems were also found in the sample but were relatively less common. Chief amongst these were drug induced psychosis (n=5), schizophrenia (n=4), panic (n=4) and ADHD (n=3). Although a definite causal link can not be concluded, it is nevertheless interesting to note that for all

five cases of drug induced psychosis, the drug most commonly injected in the month prior to the survey was amphetamine, including one case of dexamphetamine.

IDU interviewed mentioned a variety of different mental health workers whose services they had utilised. However, the most common of these were psychiatrists mentioned by 12 IDU, followed by general practitioners mentioned by ten. Also common were psychologists and counsellors, both of whom had been utilised by seven IDU.

All (n=27) non-law enforcement key informants were able to talk about mental health issues they had observed amongst the IDU they had been in contact with. Most commonly mentioned symptoms included depression (n=18), and drug induced psychosis (n=14). Where a specific drug was mentioned as the cause of this psychosis, it was almost invariably amphetamine, although there were a small number (n=2) who attributed these psychotic symptoms to cannabis use. Other commonly mentioned conditions included personality disorder (n=9), non-drug associated psychosis (n=8), anxiety (n=7), paranoia (n=5), behavioural problems such as impulsiveness or aggression (n=5), schizophrenia (n=4), post traumatic stress disorder (n=4), bipolar disorder (n=3), ADHD (n=2), and self harming or suicidal behaviours (n=2).

That there had been no recent changes in the situation surrounding mental health amongst IDUs was an opinion held by 13 key informants. However, 12 key informants opined that there had been an increase of some kind, psychosis being mentioned most commonly (n=6), and three key informants directly linking this increase to recent amphetamine use. One key informant made the observation that not only had the frequency of mental health problems amongst IDU recently increased, but so too had their diversity and complexity. Two other key informants made the observation that it was possible that perceived increases in mental health issues amongst IDU may in fact be an illusion generated by improved screening techniques.

10.7 Criminal and police activity

Asked if they had been involved in criminal activity, half the IDU sample (50%) admitted that they had committed crimes involving property, deal drugs, fraud or violence in the past month. This constitutes a significant fall from the 80% of IDU who admitted to being involved in crime during 2002 (χ^2=56.250, df=1, p=.000). Similarly, the crime score total ranged from zero to eight with a mean of one (sd=1.96), a significant fall from the two. reported in 2002 (t=-.5.408, df=99, p=.000). It is possible however, that this apparent lower level of criminality may have been affected by the non-use of peer interviewers in 2003 resulting in respondents being less forthcoming with potentially incriminating information. Of the various crime categories, dealing drugs was the most common with 35% of IDU interviewed admitting to some degree of involvement. This was followed by crimes involving property (18%) and fraud (8%). Crimes involving violence were mentioned least often by just six percent of IDU, however, it must be considered that the sensitive information involved with violent types of crimes may constitute a considerable disincentive to complete disclosure in this area. For most categories of crime, the most common response was that in the last month, these had occurred less frequently than once a week. An exception to this however was the dealing of drugs with 13 IDU indicating their involvement to be less than weekly, but another 13 indicating that they dealt drugs more than weekly, but not daily. In addition, dealing was the only category of crime in which IDU admitted to involvement on a daily basis (n=7).

With regards to rates of arrest, 36% of the IDU sample reported that they had been arrested during the course of the past 12 months. This represents a highly significant fall from the situation seen in 2002 where a majority (61%) of the sample reported having been arrested in the corresponding timeframe (χ^2=26.272, df=1, p=.000). The most common category of crime to be arrested for was property crime (n=20), followed by use or possession of drugs (n=7). There were four arrests for violent crime, three for driving offences not involving drugs or alcohol. There were also a number of miscellaneous offences committed by individuals in the sample. Given the high rate of IDU who admitted to the interviewer that they had recently been involved in the dealing of drugs, it is interesting to note that there were no arrests for this class of offence.

Asked if their had been any change in police activity recently, 50% of the sample indicated that it appeared to have been stable while 32% believed it had increased. Asked to comment about the nature of these changes the majority (n=19) of comments made reference to increased levels of police presence and 12 to increased numbers of raids, searches and arrests. There were also four comments that mentioned increased levels of surveillance and one comment to the effect that this surveillance was becoming more sophisticated. More than three quarters of IDU (77%) indicated that police activity had not made it more difficult for them to obtain drugs recently.

According to the Australian Crime Commission, there was a total of 6028 drug related arrests in WA during the 2002 / 2003 financial year. Of these the majority (4766) were for consumer offences and the remainder (1247) were for provider offences. This figure is somewhat lower than those recorded in the previous financial year which saw the ACC record 7513 arrests for consumer offences and 2016 arrests for provider offences. In 2002 / 2003, it was observed that males were rather more likely to be arrested on a drug related charge than females, accounting for 4908 (81%) of all arrests as opposed to just 1120 (19%) for females. Greater detail on drug related arrests is displayed in Table 13 below:

Table 13 Number of charges laid in WA 2002 / 2003 for sell /supply offences by drug type (source: ACC)

Drug type	Consumer Offence	Provider Offence	Year total*
Cannabis	4766	1247	6028
Amphetamine-type stimulants	901	395	1300
Heroin & other opiates	117	67	186
Cocaine	4	4	8
Other (hallucinogens, steroids etc.)	221	105	336
Total	6009	1818	7858

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

As in previous years, cannabis related arrests accounted for the vast bulk of these drug related offences, with a total of 6028 offences representing 77% of the total. This was followed by 1300 offences related to the possession or sale of amphetamine type substances, accounting for 17% of all drug offences. Compared to these figures, offences involving other classes of drugs were relatively uncommon.

It was noted that males were arrested on drug related charges much more often than females, with a total of 6325 offences recorded (80%) as opposed to the female total of 1533 offences.

Relatively few key informants believed there had been real changes to patterns of crime committed by IDU. With regards to property crime, eleven key informants stated that there had been no recent changes, as compared to seven who thought the rates of property crime amongst IDU may have increased. However, only three of these commented on what might be considered property crime per se, two mentioning housebreaks or burglaries and one stating that shop lifting, particularly of pharmacies may have increased. Other forms of property crime mentioned included opportunistic car theft, theft from housemates and vandalism, these other forms all mentioned by key informants specialising in work with young people.

Only three key informants believed there may have been an increase in fraud type crimes, one making reference to social security scams and debt evasion and two mentioning scams involving doctors prescriptions. One of these was very specific suggesting that there had been an upswing in scams involving prescriptions for buprenorphine. However, in contrast to this data, 13 key informants stated that they were not aware of any changes that had occurred in the frequency or types of crimes involving fraud committed by IDU.

Of the 18 key informants who commented on changes to crimes of violence, opinion appeared very mixed. That no noticeable changes had taken place was the opinion of nine key informants, while one (a clinical nurse specialist discussing primary cannabis users) believed that violent crime may have actually decreased. Conversely, eight key informants believed that instances of crimes of violence amongst IDU had increased, all those mentioning specific crimes indicating they were referring to assault, as well as one mention of armed robberies and one of domestic violence. Three key informants noted that the nature of these assaults were crimes committed on impulse or opportunistically, and three others made a direct connection between these type of crimes and amphetamine use. One key informant (a youth worker) said that while assaults had increased, they primarily appeared to by users inflicted upon other users.

With regards to crime amongst IDU involving the dealing of drugs, of key informants able to comment, 15 did not believe there had been any changes worth mentioning. Changes to patterns of dealing was mentioned by six key informants, these changes including increased rates of dealing amphetamines and cannabis, more and younger people dealing, more user dealers and one key informant dealing with coerced clients noting that there appeared to be more dealing and on a larger, more organised scale. One key informant (a youth worker commenting primarily about cannabis users) also remarked that there appeared to be more "bad deals" occurring which in turn were resulting in retaliatory behaviours.

With regards to police activity, 16 key informants did not feel that there had been any changes of note, however, there were nine who felt they had observed some recent changes. The recent Northbridge curfew prohibiting minors from being in certain inner city areas at night was mentioned by three key informants and increased levels of activity or surveillance by four others. One emergency department worker noted that police were more regularly bringing IDU into the emergency department when necessary and one police officer commented specifically on recent actions directed at chemical

manufacturers and retailers to control the distribution of precursor chemicals in the manufacture of illicit drugs. One key informant (a needle and syringe exchange worker) indicated that some police appeared to be increasingly present at mobile NESPs and a number of raids had taken place as a result.

10.7.1 Summary

Although half of all IDU interviewed admitted to some degree of criminal involvement in the past month, this actually represents a substantial decline on 2002 figures. A decrease was also noted in average crime scores, suggesting that even among those involved in crime, their level of involvement was less intense than in the previous year. Similarly, the number of IDU who reported having been arrested in the past year appeared to have fallen significantly. Correspondingly, police data also recorded a decline in drug related arrests for both consumer and provider offences. As in other years, the vast majority of those arrests that were recorded by the police in the 2002 / 2003 financial year involved cannabis. Half of all IDU interviewed did not perceive any change in the levels of police activity although a smaller number believed that it may have become more intense. More than three quarters of IDU indicated that police activity had not made it more difficult for them to obtain drugs recently. Relatively few key informants believed there had been any notable changes to patterns of crime committed by IDU.

11 DISCUSSION

11.1 Heroin

Although heroin remained the most popular drug of choice amongst the IDU sample, available evidence would appear to suggest that the use of heroin in Perth remains relatively low compared to its predominance prior to 2001. In terms of its rate of use and reported availability amongst IDU heroin appears to be relatively unchanged in the last twelve months. Similarly, the price per gram appears to have stabilised at $550. Purity, as reported by IDU is generally seen as being "low", a view supported by the continuing low rates of reported opiate overdose. There is some evidence that homebake heroin continues to be used as a heroin substitute however, its rates of use and number of days of use amongst IDU remain significantly unchanged from those reported in the previous year.

11.2 Methamphetamine

Methamphetamine remained the second most popular drug of choice amongst IDU in the survey, and also remained the most commonly injected drug among IDU, its rates of use in WA exceeding that of any other Australian jurisdiction. Certain changes appeared to have taken place with regards to the forms of the drug currently in circulation, with the use of crystal methamphetamine or "ice" being seen for the first time to exceed the traditional powder form of the drug as the most commonly used. In addition there was some evidence that crystal has become cheaper and more readily available, the price of per gram falling from $400 to $350. Despite suggestions by some key informants that there may be developing trends towards manufacturers "cutting" crystal methamphetamine with difficult to detect adulterants, the prevailing view amongst IDU was that this form of the drug was generally of a high purity relative to the powder or paste forms. That this high level of purity in an increasingly available form of methamphetamine may be causing problems can be seen reflected in the frequent references by key informants of impulsive and aggressive behaviour witnessed amongst IDU with whom they had contact. Several key informants reported trends by users towards the smoking of methamphetamine as a means of harm reduction, however this is not well reflected in the IDU data which may suggest that this trend often involves newer users taking up smoking as opposed to a transition from injecting by established IDU.

11.3 Cocaine

Very few IDU and no key informants were able to provide detailed information concerning the price, purity or availability of cocaine in Perth. Where information was provided, it was often seen to be conflicting. Whilst it could be argued that injecting drug users in Perth may be a poor sentinel population for monitoring trends associated with this drug, it would seem a safe assumption to state that cocaine appears to remain scarce in Perth and its regular use amongst injecting drug users continues to be a rarity.

11.4 Cannabis

Cannabis was once again in extremely wide and regular use throughout the IDU sample and generally seen as being very easy to obtain and of high strength. Prices appeared to

have remained relatively stable at around $260 per ounce, although this was slightly higher ($270) for an ounce of hydroponically grown cannabis and somewhat less ($220) for an ounce of naturally cultivated or "bush" cannabis. Ounces were the most commonly purchased quantity although the $25 "stick", "bag" or "foil" also remained commonplace. Use of both hydroponic and "bush" cannabis was extremely common, whilst forms of hashish remained unusual. Small time growers were believed to be the most common origin of purchased cannabis although the existence of large scale cultivation by organised crime was acknowledged. Where cannabis was believed to have come from large scale operations, this was invariably seen to involve hydroponically cultivated plants.

11.5 Other opioids

Considerable numbers of IDU were seen to be using illicit opioids of varieties other than heroin. Illicit use of methadone continued and its injection, both of methadone syrup and Physeptone® tablets was seen to continue at rates not significantly different those recorded in 2002. There was some evidence that illicit use of buprenorphine is continuing with rates of illicit use amongst the IDU sample actually exceeding the rate of licit use. Injection appeared to be the most common means of administration, a situation that may well carry health implications. Morphine continued to be the most commonly use illicit opioid, although by a significantly less number of IDU than in 2002. However, among those continuing to use it the number of days of use over the last six months was seen to have increased significantly suggesting more intense use of the drug. This pattern of increased days of use was also observed to a lesser degree with both buprenorphine and other pharmaceutical opiates. Injection of morphine was seen to almost invariably involve the MS Contin® form of the drug. Availability of morphine was generally seen as being "very easy" or "easy" with a 100mg tablet carrying a median price of $50. Other pharmaceutical opiates were also mentioned by both IDU and key informants on a much less frequent basis primarily included codeine based preparations such as Panadeine Forte ®, followed by Oxycontin ®.

11.6 Benzodiazepines

Benzodiazepines continued to have been used on a recent basis by a majority of the IDU sample, albeit a significantly smaller number than was observed in 2002. Similarly, rates of injection also appeared to have fallen significantly. A third of the IDU sample reported that their use of these drugs was illicit. One key informant commented that the "pharmacological repertoire appeared to have narrowed". Certainly the range of types of pills observed in the 2003 sample was much less than in 2002 although diazepam, and temazepam preparations remained the most commonly employed.

11.7 Associated harms

The prevalence of HIV among WA IDU appeared to remain relatively low and there may be a decrease in the rates of HCV and HBV transmissions occurring. This may be in part a result of an evident decline in the sharing of injecting equipment, particularly equipment other than needles and syringes. Recent experience of opiate overdose also remained uncommon. However, less serious injection related health problems were more frequently seen, most notably scarring and bruising and difficulty injecting. "Dirty hits" were not unusual although at rates very similar to those seen in 2002. While most of these "dirty hits" involved methamphetamine or heroin, a not insubstantial number involved the injection of pharmaceutical drugs. Significantly less IDU in 2003 had

recently sought the services of a mental health professional in the previous year, the most common reason being for treatment of depression and anxiety, followed by drug induced psychosis. With regards to harms associated with legal issues it was noted that less IDU in the sample admitted to participation in criminal activity than in 2002, and further that significantly less had been arrested in the 12 months preceeding the survey. Law enforcement data similarly recorded a reduced number of drug related arrests although this must be viewed as being a reflection not only of criminal activity, but also that of the police.

12 IMPLICATIONS

While relatively little change has been observed in trends associated with heroin, cannabis or cocaine, implications may arise with regards to methamphetamine and pharmaceutical drugs. In the case of the first, methamphetamine's continued high rates of use accompanied by reportedly much more pure forms of the drug would seem likely to present challenges to both law enforcement and health bodies due to the likelihood of increased rates of psychosis often manifesting as impulsive or aggressive behaviour patterns.

While the use of pharmaceutical drugs such as benzodiazepines and opiates appears to have curbed somewhat in terms of their popularity, evidence that their use may have intensified among those who continue to use them provides some cause for concern from a health perspective. The ongoing use of homebake heroin is similarly an issue for WA in particular. This is particularly so with reference to the hazards implicit in actively and regularly injecting substances intended for oral administration or in the case of homebake, corrosive chemicals remaining in the solution from the manufacturing process (Reynolds, et al., 1997).

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