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WA DRUG TRENDS 2014
Findings from the
Illicit Drug Reporting System (IDRS)

NDARC Technical Report No. 133

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Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at www.ndarc.med.unsw.edu.au.

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ABBREVIATIONS

2CI	2,5-dimethoxy-4-iodophenethylamine
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ADHD	Attention deficit hyperactivity disorder
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDH	Australian Government Department of Health
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other drugs
ATS	Amphetamine-type stimulant
ATSI	Aboriginal or Torres Strait Islander
AUDIT-C	Alcohol Use Disorders Identification Test/Consumption
BBV	Blood-borne virus
BPI	Brief Pain Inventory
CI	Confidence interval
CIDI	Composite International Diagnostic Interview
CIN	Cannabis Infringement Notice
CIRS	Cannabis Intervention Requirement Scheme
CPR	Cardiopulmonary resuscitation
DAO	Drug and Alcohol Office
DMT	Dimethyltryptamine
DPMP	Drug Policy Modelling Program
ED	Emergency department
EDRS	Ecstasy and related Drugs Reporting System
EPS	Emerging psychoactive substances
FIFO	Fly in, fly out
GHB	Gamma-Hydroxybutyric acid
GP	General practitioner(s)
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HDWA	Health Department of Western Australia
HIV	Human immunodeficiency virus
Hydro	Hydroponically grown cannabis
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
KE	Key expert(s)
LSD	Lysergic acid diethylamine
MCS	Mental Component Score
MDMA	3, 4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants

NCHECR	National Centre in HIV Epidemiology and Clinical Research
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NNDSS	National Notifiable Diseases Surveillance System
NPS	New Psychoactive Substances
NSAIDs	Non-steroidal anti-inflammatory drugs
NSP	Needle and Syringe Program(s)
OD	Over dose
OST	Opioid Substitution Therapy
OTC	Over the counter
PCS	Physical Component Score
PDI	Party Drugs Initiative
Pharm. Stim.	Pharmaceutical stimulants
PMA	para-Methoxyamphetamine
PTSD	Post traumatic stress disorder
PWI	Personal Wellbeing Index
PWID	People Who Inject Drugs
ROA	Route of administration
SF-12	Short Form 12-Item Health Survey
SD	Standard deviation
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
WA	Western Australia
WAPS	Western Australian Police Service
WASUA	Western Australian Substance Users Association

GLOSSARY OF TERMS

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

Guide to days of use/injection

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

*as appropriate

EXECUTIVE SUMMARY

Common terms used throughout the report

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

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

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

Median: The middle value of an ordered set of values

Mean: The average

Frequency: The number of occurrences within a given time period

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

Methodological caveat: non-representative sample

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

Demographic characteristics of injecting drug user participants

In 2014, 98 participants were recruited for the WA IDRS PWID survey. Demographic characteristics of the sample were broadly comparable to those of the previous year. The mean age was 43 years, with 60% male. Almost the entire sample (98%) reported that English was the main language spoken at home and only six respondents identified as Aboriginal or Torres Strait Islander (ATSI). Most (77%) were unemployed and, on average, had 10 years of schooling, and 63% reported having some form of post-high school education. Currently being in drug treatment was reported by 50% and a history of prison by 51%. Methadone remained the most common form of drug treatment. The majority of respondents in 2014 were recruited via a Needle and Syringe Program.

Patterns of drug use among the IDU sample

Mean age of first injection was 20 years. Amphetamines narrowly displaced heroin as the most common first drug injected, reported by 45% and heroin was reported in this role by 43%. Heroin remained the prime drug of choice in the sample reported by 65% although this was not a significant change from the 56% reporting this in the previous year. Injecting was most commonly reported on a ‘more than weekly but not daily’ basis by 35%. Heroin was the drug most injected in the past month (55%, compared with 50% in 2013), and, for the sixth year running, the principal drug most recently injected (49%).

In 2014, over half the sample reported use of tobacco, alcohol, cannabis, crystal methamphetamine, any form of methamphetamine, any form of benzodiazepines, or heroin in the last six months.

Heroin

Most primary indicators suggest a continuing gradual resurgence in heroin use among the IDRS samples. Although few of these changes from 2013 attained statistical significance this is likely a reflection of the relatively small sample size. Comparisons with 2013 have been accordingly reported here regardless of statistical significance.

Lifetime use of heroin had remained stable, reported by 93%. However, recent use of heroin rose from 75% to 85%, the highest figure ever seen in the WA IDRS sample. Mean days of heroin use rose from 70 to 84 and daily use among recent heroin users was reported by 25% compared with 15% the previous year. These findings, however, did not attain statistical significance.

Recent use of heroin on a daily basis was reported by 25% of recent heroin users compared to 15% in 2013. Recent use of homebake was reported by 21% compared with 25% the previous year. Mean days of homebake use fell from 36 to 21. White or off-white powder displaced brown powder as the form most used, reported by 36%

The median price of recent purchases of one gram of heroin remained stable at $600. The greatest proportion of participants reported on the price of a one-quarter gram which had a median price of $175 down from $200 the previous year. Availability was reported as either 'easy' or 'very easy' by 92% of respondents in 2014, compared to 85% in 2013, and was generally reported as having been 'stable'. There was little consensus among users on the current purity of heroin. However, numbers describing it as 'low' fell significantly in 2014 from 52% to 28%. Numbers describing it as 'high' rose from 8% to 17%. There was also little consensus on whether this purity had changed in the last six months, although the most common response (36%) was that it had remained 'stable'.

Methamphetamine

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

Lifetime use of any form of methamphetamine was reported by 93% of the sample and recent use by 66%. Lifetime use of speed powder was reported by 88% and recent use by 39%. Lifetime use of base or paste methamphetamine was reported by 46% and recent use by 8%. Lifetime use of crystal methamphetamine was reported by 82% and recent use by 53%. Use of liquid amphetamine remained uncommon. Mean days of use of any form of amphetamines in the last six months was 44.

The median price of a point of methamphetamine, regardless of form remained $100. The price of a gram of speed superficially appeared to have risen from $350 to $700, but in practice, this figure is based on irreconcilable information from only two respondents and should be treated with scepticism. The median price of a gram of crystal was $675. There were no data available concerning the price of a gram of base. Prices for methamphetamine were generally agreed to have remained stable.

Regardless of form, an absolute majority of respondents reported obtaining methamphetamines as 'very easy', although it should be noted that only three respondents commented on base methamphetamine. The vast majority of respondents reported that availability had remained 'stable' in the preceding six months for all forms

Current purity was rated as 'high' by the greatest proportion of those who responded for crystal (54%). Speed purity was generally rated as being of 'high' purity by 52%. There had been a significant drop in numbers reporting 'medium' purity from 50% to 20%. There was little consensus about recent changes to the purity of either speed or crystal methamphetamine. There were insufficient data to draw conclusions about user perceptions of base purity.

Cocaine

Lifetime history of cocaine use was reported by 59% of the sample and recent use by 7%. Mean days of use in the last six months remained low, at 11. The most commonly used form as reported by all of those responding was powder. Only one respondent reported on the

price of cocaine, citing $300 for a half weight. There was no information on the price of a gram. Availability was reported on by just two respondents who provided irreconcilable information. Similarly, just two respondents commented on purity, one describing it as 'medium', and the other as 'low'. These extremely small numbers of respondents both in the current sample and in previous years, along with the non-representative nature of the IDRS sample make it inappropriate to make inferences as to the state of the cocaine market in Western Australia.

Cannabis

A lifetime history of cannabis use was reported by 97% and recent use by 69%. Mean days of use in the past six months was 86, representing a significant decrease from the mean of 115 days reported the previous year. Use on a daily basis was reported by 19% of the total sample and by 28% of those who had recently used cannabis. Hydroponic cannabis remained the most commonly used form, reported by 82% of those responding.

The median price of an ounce of hydro remained stable at $350 for an ounce and $25 for a gram. The price of bush was reportedly $250 an ounce, up from $200 the previous year, but the small number of respondents providing this information makes it difficult to determine if this is a significant change. Prices of both forms were generally regarded as having been stable.

Hydro was generally regarded as 'easy' to obtain (48%) which was relatively unchanged from 2013. Availability of bush was generally reported as 'difficult' by 45%. These levels of availability for both forms were largely agreed to have remained stable over the previous six months. Potency of hydro was described by 65% of those commenting as 'high' while potency of bush was primarily described as 'medium' by 48% of those commenting which was a significant decline from 82% in 2013. There were 30% who reported current potency of bush as 'high' compared with 6% in 2013 which was not found to be a significant increase, although this is likely a reflection of the low numbers responding. Potency of both forms was widely held to be stable.

Illicit use of pharmaceutical opioids

Methadone

Lifetime illicit use of methadone was reported by 41% and recent use by 12%. Average days of recent use was stable at 16. Use of illicit Physeptone® was less common with lifetime use reported by 34% and recent use by 9%. The average days of use during the last six months was four. The reported price remained one dollar per one millilitre, which has been comparable to previous years, although this data was based on a very small number of respondents. Of those responding, 50% described obtaining illicit methadone as 'difficult' whereas in 2013 the most common response was 'easy'.

Buprenorphine and buprenorphine-naloxone

Lifetime use of illicit buprenorphine (Subutex®) was reported by 40% and recent use by 19% with a mean of two days of use. Lifetime use of illicit buprenorphine/naloxone (Suboxone®) was reported by 26% and recent use by 4% with a mean of seven days of use which appeared to be a substantial fall from 40 days in 2013, but the small number of cases does not allow for meaningful testing of significance. Lifetime use of Suboxone® film was reported by 25% and recent use by 16% with a mean of 93 days of use.

Median price for an 8 mg pill of Subutex® was reported as $40 compared to $50 the previous year, however, this is based on data collected from only five respondents and should, therefore, be treated with caution. There were only seven respondents who provided

information concerning the availability of illicit Subutex®, with three describing it as 'easy' and two as 'very easy'.

The median price for an illicit pill of Suboxone® was $40 with availability generally described as 'easy' or 'very easy'. The median price of 8 mg Suboxone® film was reportedly $40 and its availability generally described as 'easy' or 'very easy', each respectively reported by 36% and 57%.

Morphine

Lifetime use of illicit morphine was reported by 79% and recent use by 27% with a mean of 21 days of use. As in previous years, MS Contin® remained the most common form of morphine with a 100 mg tablet carrying a median price of $80. Of those responding, 38% reported morphine as currently 'easy' to obtain. Opinion was divided as to whether access to morphine had remained 'stable' or become 'more difficult'.

Oxycodone

Lifetime use of illicit oxycodone was reported by 71% and recent use by 27% with a mean of 29 days of use. Despite recent changes to the formulation of oxycodone designed to render it more difficult to inject, the 27% (n=26) of the sample who reported recent injection was not significantly less than the 33% who reported doing so the previous year. As in previous years, the most commonly reported brand was Oxycontin®. The median price of an 80 mg tablet of original formulation Oxycontin® remained $80. Availability of illicit oxycodone was generally viewed as 'difficult' (39%) or 'very difficult' (26%) compared with 2013 when availability was mostly viewed as 'easy' or 'very easy'. Availability was widely perceived as having become 'more difficult'.

Fentanyl

Lifetime use of fentanyl was reported by 22% and recent use by 11%. Recent illicit use was reported by eight respondents, compared to licit use by three. Mean days of use was 30. Just three respondents provided price data for fentanyl, ranging from $50-$150, although the quantity purchased was not clear. All three agreed that price in the last six months had remained 'stable'. There was no consensus as to the current ease of access to fentanyl or how this had changed in the last six months.

Over the counter codeine

Lifetime use of over the counter (OTC) codeine was reported by 44% and 20% reported consuming them in the last six months. Mean days of use was 17. The primary route of administration (ROA) was by oral consumption, although three respondents reported recent injection.

Other opioids (not elsewhere specified)

Lifetime history of using of other miscellaneous opioids was reported by 32% and recent use by 9% with a mean of 64 days. Other opiates mentioned included Tramadol®, Panadeine Forte® and Diluadid®.

Other drugs

Benzodiazepines

A lifetime use of any benzodiazepine was reported by 85% of the sample and recent use by 69%. Mean days of use was 95. Diazepam remained the most commonly reported form of benzodiazepine. Few respondents commented on the market for benzodiazepines in Perth, suggesting a pill currently cost between two and five dollars with availability mostly described as ‘easy’ and ‘stable’. Recent injection of benzodiazepines among the sample remained uncommon, reported by just one respondent.

Alprazolam (Xanax®) was specifically asked about and had been recently used by 35% down from 55% in 2013. Mean days of use of prescribed alprazolam was 71 days which was significantly less than the 128 days reported in 2013. Conversely, mean days of use of illicit alprazolam had remained stable at 22 days.

A 2 mg tablet of illicit alprazolam was reportedly priced between five to ten dollars, and generally viewed as ‘very difficult’ to obtain. Opinion among respondents as to whether availability of illicit alprazolam had changed since the rescheduling of the drug in early 2014 was evenly divided between becoming ‘more difficult’ and remaining ‘stable’. Similarly, while 36% thought the price of illicit alprazolam had remained ‘stable’ since the change, 27% thought it had ‘increased’. Nevertheless, the halving of mean days of recent use does appear to being consistent with the impact of rescheduling of alprazolam early in 2014.

Pharmaceutical stimulants

Lifetime prevalence of illicit pharmaceutical stimulants by the sample was reported by 61%, and recent use by 24% with an average of 13 days of use. The main form remained dexamphetamine. Of the three respondents who talked about the market for illicit pharmaceutical stimulants, none reported paying cash for them at the last occasion and all agreed that they were ‘very easy’ or ‘easy’ to obtain.

Hallucinogens and ecstasy

Lifetime use of hallucinogens was reported by 79% and recent use by 10% for a mean of five days. The most commonly reported hallucinogen was lysergic acid diethylamine (LSD) followed by psilocybin mushrooms.

A lifetime history of having consumed ecstasy was reported by 71% and recent use by 10%. Ecstasy was taken on a mean of four days of use. All of this ecstasy was in pill form, with the most common ROA being oral.

Inhalants

Lifetime use of inhalants was reported by 28% of the WA IDU and recent use by 6% on a mean of four days of use in the past six months. All of this inhalant use was accounted for by nitrous oxide and amyl nitrate.

Alcohol and tobacco

Lifetime use of alcohol was reported by 99% of the WA sample and recent use was reported by 63%. The average number of days used in the last six months was 55. There were eight respondents who reported drinking on a daily basis. Use of the Alcohol Use Disorders Identification Test-Consumption screen (AUDIT-C) revealed that 41% of those responding were consuming alcohol at potentially harmful levels.

A lifetime history of having smoked tobacco was reported by 96% and recent use by 89%. Virtually all of these respondents smoked on a daily basis with 171 average days of use.

Seroquel® (Quetiapine)

A lifetime history of illicit Seroquel® was reported by 35% and recent use by 11%. Mean days of use was 12 which was a significant decrease on the 2013 mean of 36. There were no reports of recent Seroquel® injection.

Synthetic cannabis

Lifetime use of synthetic cannabis was reported by 42% and recent use by 22%. Days of use ranged from one to 180 with a mean of 21 days. A substantially greater number of brands were mentioned than in 2013, suggesting that the market for synthetic cannabis may be diversifying.

New psychoactive substances

Lifetime use of these synthetic drugs was reported by 11% compared to just one respondent the previous year. There were five reports of recent use compared to none in 2013. Mean days of use was three. It was common for respondents to be unsure of what they had actually taken.

Health-related harms

A lifetime history of heroin overdose was reported by 51%. The median number of overdoses was two times. A heroin overdose in the past year was reported by 11% and there were three reports of overdose in the month preceding the survey. There were 469 narcotic overdoses attended by the ambulance service in WA in the 2013/14 financial year compared with 373 the previous year. Data from NDARC reveals that in 2010 there were 87 fatal overdoses attributable to opioids among persons aged 15-54 in WA. This was the highest figure seen since 72 deaths in 2000. In terms of rates per million population, this equates to 65.9 deaths, compared to the 2010 national rate of 49.5. This was the highest rate reported in Australia, followed by Queensland with 57.2 per million.

Overdose on drugs other than heroin was reported by 15% of the 2014 sample with 13 non-heroin related overdoses in the past twelve months. The drugs implicated in these overdoses where specified included homebake, methadone, morphine, other opiates, alcohol, benzodiazepines, and cocaine.

Calls to ADIS

Data from the Alcohol and Drug Information Service (ADIS) revealed a decline in the 2013/14 financial year in calls with heroin as the primary drug of concern. A substantial increase in calls relating to amphetamines was also observed with the highest number of amphetamine-related calls in a single financial year so far recorded. Numbers of calls dealing with cocaine were difficult to assess due to a very large number of calls being made to the service by one single individual and this data should be treated with scepticism. Calls with cannabis as the primary drug of concern continued to increase although this was largely a reflection of the ADIS cannabis data now including calls to the Cannabis Intervention Requirement Scheme (CIRS).

Hospital admissions

The rate per million persons aged 15-54 years of hospital admissions in which the principal diagnosis was opioid-related in WA fell for a second year running and in 2012/13 were 339 compared to a national rate of 433. Numbers of amphetamine-related hospital admissions in WA continued to increase from 345 per million in 2011/12 to 360 in 2012/13. Compared to the national rate of 272 per million, WA continued to exhibit much higher rates. In 2012/13 there were ten cocaine-related hospital admissions per million population in WA compared with the national rate of 28 per million, which although modest was the highest rate recorded since 1998/99. WA rates per million for cannabis-related hospital admissions were 158 compared with the national rate of 186, an increase from the WA rate of 115 per million the previous year.

Injecting risk behaviours

The median number of injections in the month prior to interview was 29. Respondents typically acquired new needles a median of two times, obtaining a median of 100 new needles in the last month of which slightly less than one-fifth were given away. Some 7% of respondents reported having difficulty accessing new needles in the past month. Needle and syringe exchanges remained the principal source of new injecting equipment. In total 5,047,054 needles were distributed in WA during the 2013/14 financial year, up from 4,795,011 in the previous corresponding period.

In 2013, the vast majority (94%) of the sample reported that they had not used a needle after someone else in the last month. Of the remainder that did report using a needle after someone else, three reported having done so once and three had done so twice. Reporting the use of other equipment after someone else was reported by 19% of respondents. There were 18 respondents who reported that someone else had used a needle after them in the last month. That this had happened once was reported by 11 respondents, twice by four, three to five times by two, and six to ten times by one. Sharing of other equipment was reported by 19%. Reuse of respondents' own injecting equipment was reported by 55%.

In WA, the hepatitis C virus (HCV) continues to be more commonly notified than the hepatitis B virus (HBV). The prevalence of human immunodeficiency virus (HIV) among those people who inject drugs in Australia has also remained stable at relatively low rates over the past decade, with HCV more commonly reported. Data on notifiable diseases shows a slight decrease in numbers of unspecified cases of both HBV and HCV. While numbers of incident cases of HBV remained low and stable, there were 150 incident cases of HCV which was the highest so far recorded for WA.

Among the WA sample interviewed as part of the 2014 IDRS, the most commonly reported injection-related problems were scarring/bruising (n=36) and difficulty injecting (n=48). The proportion reporting a dirty hit did not change significantly, being 10% in 2014 compared to 15% in 2013 with the most commonly implicated drugs being heroin and methadone.

Mental health problems and psychological distress

Mental health problems were reported by 47% of respondents in 2014. As in previous years, the most commonly reported problems were depression and anxiety. Of those that self-reported a mental health problem, 83% reported attending a professional in relation to the problem.

According to the Kessler Scale of Psychological Distress (K10), 53% of the 91 responding in 2014 were at high' or 'very high' risk of psychological distress. Respondents in the WA IDRS sample also completed the Short Form 12-Item Health Survey (SF-12) scale with 61% indicating that their health ranged from 'excellent' to 'good'.

Law enforcement trends

In 2013, 38% of respondents reported that they had been arrested in the past twelve months. Involvement in any criminal activity in the past month was reported by 49%. As in previous years, the most common form of criminal activity was dealing drugs.

In 2012/13, law enforcement data for WA indicated that the number of drug arrests for heroin had decreased, arrests for amphetamine-type stimulants and cocaine had increased, while cannabis arrests had remained relatively stable.

Special topics of interest

Naloxone program and distribution

Of those responding, 85% had heard of naloxone which was generally understood to reverse the effects of heroin. Having been resuscitated with naloxone was reported by 10%. Awareness of naloxone training programs was reported by 62%, with completion of such a program reported by 15%. Of these, half reported having used naloxone to resuscitate another person from an opiate overdose.

Of those who had not participated in training, 71% said they would be willing to undergo training and of these, 83% indicated they would carry naloxone on their person. Those who had not completed training were asked what they would do in the event of an overdose, the most common response being to call an ambulance (88%). There were, however, 20% who suggested ineffective responses such as putting the victim in a shower, or injecting them with salt water. Of those who said they wouldn't call an ambulance, the most common reasons were 'fear of police involvement' or that it 'wasn't necessary'.

Homelessness

A history of having ever been homeless was reported by 66% of the sample. Of these, 45% had been homeless within the previous year and 15 respondents were homeless at the time of interview. Engagement with a case worker was reported by 40% of those currently homeless. Length of the most recent episode of homelessness was typically one to two years. The most common factors identified as leading to becoming homeless were breakdown with family, drug use or dependence and financial issues. Experiences of violent incidents while homeless were not uncommon. The most commonly reported difficulties in locating permanent housing were identified as financial and long waiting lists for public housing.

Oxycontin® use and injection

In early 2014, oxycodone was reformulated with a view to rendering it uninjectable. A series of questions were appended to the 2014 IDRS survey designed to assess numbers of PWID who had tried the reformulated product and how difficult they had found it to inject compared to the original.

Numbers reporting the lifetime use of oxycodone, either prescribed or not prescribed, were substantially lower for the reformulated product, although this is undoubtedly a reflection of the limited time the reformulated product has been in existence. Mean number of days reported for recent use for prescribed oxycodone rose substantially from three to 43 after the reformulation, which is almost certainly a reflection of doctors no longer prescribing the original formulation. Ease of injection fell from a mean rating of eight for the original product to five for the reformulation. Nevertheless, it was evident that some PWID had continued to try to inject it.

Aging

In the 2014 IDRS survey, a series of questions relating to health, heath services utilisation and aging were included.

The most common health conditions reported were liver disease (including HCV) by 43%, asthma by 31%, respiratory disease by 20%, skin problems by 17%, heart or circulatory issues by 15% and gout or rheumatism by 14%.

The most common health providers seen in the last year were general practitioners (85%), dentists (44%), opioid substitution therapists (42%), hospital admittance (32%), hospital as an outpatient (28%) and a social or welfare worker (25%).

The mean number of days in which each of these health services were utilised during the past twelve months was analysed, revealing no significant differences between those under the sample median age of 42 and those who were older. It should be considered however, that the number of cases in the analysis of significance was often very small, necessitating caution in the interpretation of these findings.

1 INTRODUCTION

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

The IDRS is funded by the Australian Government Department of Health (AGDH). The project is coordinated at the national level by the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales, thereby ensuring that comparable data is collected in every jurisdiction in Australia.

The IDRS commenced in New South Wales (NSW) in 1997 and has been conducted in Western Australia (WA) since 1999, with the full People Who Inject Drugs (PWID) interview component introduced the following year. This report presents the findings of the last 13 years of data collection in WA. Results are summarised according to the four main drug types, with the use of other drugs also reported. Additionally, this report continues the initiative commenced in 2003 when the IDRS attempted to collect more detailed information on the illicit markets for pharmaceutical drugs. A separate study monitoring trends in ecstasy and related drug use (the Ecstasy and related Drugs Reporting System, or EDRS, formerly known as the Party Drugs Initiative, or PDI) commenced in NSW in 2000 and has been conducted nationally since 2003. The findings from this study are reported elsewhere in Nelson and Lenton (2015).

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

1.1 Study aims

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

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

1.2 Methodological caveat – non representative sample

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

2 METHOD

Three data collection methods are used in the IDRS:

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

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

2.1 Survey of People Who Inject Drugs

The user survey consisted of face-to-face interviews with regular PWID from Perth between June and August 2014. In 2014, 98 regular PWID were recruited for the WA IDRS compared to 88 user interviews in the previous year's WA sample. Subjects were recruited through flyers distributed at Needle and Syringe Programs (NSP). Snowballing techniques were also utilised. Potential participants were screened upon contact with researchers to ensure they fulfilled the participation criteria. Criteria were having injected at least monthly in the six months prior to interview, having been resident in the Perth metropolitan area for no less than twelve months prior to interview, and being a minimum of 16 years of age. Ethics approval was granted from the Curtin University Human Research Ethics Committee (HR28/2012). This sampling strategy has produced demographic characteristics comparable to PWID interviewed in preceding years.

The interview schedule included sections on demographics; drug use history; the price, purity and availability of illicit drugs; criminal activity; injection risk-taking behaviour; health-related issues; driving risk behaviour; and experiences with law enforcement. Interviews took approximately an hour to complete and participants were reimbursed $40 for their time and travel expenses. Descriptive analyses of the quantitative data derived from the IDU survey were conducted using IBM SPSS Statistics V.22 for Windows. Confidence intervals (CI) were calculated using an Excel spreadsheet available at http://www.cebm.net/index.aspx?o=1023 (Tandberg).

2.2 Survey of Key Experts

In 2014, 17 Key Expert (KE) interviews were conducted. Eligibility for KE participation in the study was having at least weekly contact with illicit drug users in the six months prior to interview and/or contact with 10 or more illicit drug users in that time. KE interviews were either conducted in person or over the telephone subject to convenience and availability. Interviews took approximately 20-30 minutes, with KE invited to comment on drug use patterns, drug availability, criminal behaviour, health and other issues affecting the illicit drug users with whom they had contact. KE in 2014 consisted of needle exchange workers, drug treatment workers, counsellors, outreach workers, crowd controllers, emergency department workers, law enforcement workers and drug analysts for the WA Police.

2.3 Other indicators

Secondary data sources were examined to complement and validate the data collected from both the IDU and KE surveys. Data were utilised that provided indicators of illicit drug use and related harms, and included law enforcement data, national survey data and health data.

The selection criteria to determine what sort of indicator data should be included in the IDRS were developed in the pilot study (Hando et al., 1997b). Where possible, information is provided in financial year format to cover the same time period as that covered by the study. A number of sources provided indicator data for the 2014 IDRS:

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

2.4 Data analysis

The PWID participant survey results are used as the primary basis on which to estimate drug trends. These participants provide the most comparable information on drug price, availability and use patterns in all jurisdictions and over time. However, purity of drug seizures data provided by the ACC, although not a random sample of all seizures, is an objective indicator of drug purity, and such data are also presented in this report. Other indicator data are reported to provide a broader overview and a basis against which trends in PWID participant data may be contextualised. KE data are discussed within the individual jurisdictional reports to provide a context around the quantitative data from the PWID surveys.

All data requiring comparison of means were analysed using t-tests with Statistical Package for the Social Sciences 22.0 (SPSS) for Windows. Chi square analysis was employed for categorical variables. Further analysis was conducted on the main drugs of focus in the IDRS to test for significant differences between 2013 and 2014 for drug of choice, last drug injected, drug injected most often in the last month, recent use, purity and availability. Confidence intervals (CI) were calculated using an Excel spreadsheet available at http://www.cebm.net/index.aspx?o=1023 (Tandberg). Higher and lower CI results which crossed over the value of zero were not significant. Confidence intervals were only included in the report if findings were statistically significant ($p=<0.05$). This calculation tool was an implementation of the optimal methods identified by Newcombe (1998).

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

3 DEMOGRAPHICS

3.1 Overview of the People Who Inject Drugs participants

Demographic characteristics of the 98 PWID interviewed in 2014 had no significant differences from the 88 interviewed in 2013. The mean age of the sample was 43 and 60% (n=59) were male. English was the principal language of 98% (n=96). There were 6% (n=6) who identified as Aboriginal or Torres Strait Islander (ATSI). Identifying as heterosexual was reported by 85% (n=83). The majority (77%, n=75) were unemployed and the mean weekly income of the sample was $454. Having a Government pension, allowance or benefit was reported by 80% (n=78) of respondents. There was just one respondent who reported having received any income from sex work compared with 6% (n=5) in 2013, however, these numbers are too small to permit testing for statistical significance. Mean years of schooling was 10. Having completed some form of tertiary education after school was reported by 63% (n=62). Most commonly this was a trade or technical qualification, reported by 48% (n=47) of the sample. A history of imprisonment was reported by 51% (n=50) of the 2014 PWID sample. Half of the sample (50%, n=49) were currently in treatment for their drug use. This data and that from previous years' samples are displayed in Table 1.

Table 1: Demographic characteristics of PWID participants, 2010-2014

	2010 N=100	2011 N=70	2012 N=100	2013 N=88	**2014 N=98**
Age (mean years, range)	37 (18-63)	40 (21-63)	41 (18-65)	42 (18-66)	**43 (19-67)**
Sex (% male)	65	57	68	65	**60**
Employment (%):					
Not employed	77	70	79	77	**77**
Full time	3	6	6	6	**9**
Part time/casual	14	13	12	11	**6**
Home duties	1	0	0	0	**1**
Student	1	7	2	3	**7**
Other	4	3	2	3	**0**
Received income from sex work last month	1	3	0	6	**1**
Aboriginal / Torres Strait Islander (%)	9	4	1	7	**6**
Heterosexual (%)	88	83	87	83	**85**
Bisexual (%)	7	6	7	10	**7**
Gay or lesbian (%)	5	6	3	6	**3**
Other (%)	0	6	3	1	**5**
School education (mean no. years, range)	10 (6-12)	10 (7-12)	11 (6-12)	10 (7-12)	**10 (6-12)**
Tertiary education (%):					
None	53	37	28	36	**37**
Trade/technical	34	36	48	52	**48**
University/college	13	27	24	11	**15**
Average weekly income	$348	$465	$414	$452	**$454**
Currently in drug treatment^ (%)	47	59	41	59	**50**
Prison history (%)	46	36	54	53	**51**

Source: IDRS user interviews

^Refers to any form of drug treatment, including pharmacotherapies, counselling, detoxification, etc.

3.1.1 Current and previous treatment

Some 50% (n=49) of the 2014 PWID sample were not currently receiving any treatment for their drug use. This figure is somewhat higher than the 30% of the 2013 NSP sample who were not currently in treatment (Iversen & Maher, 2014). Among the 50% (n=49) of PWID who were currently in treatment, methadone remained the most commonly reported treatment by 61% (n=30). This was followed by 27% (n=13) currently prescribed Suboxone® and 8% (n=4) involved in drug counselling. Individual respondents reported being engaged in detoxification or being prescribed Subutex®. The mean duration in current treatment was 51 months (range=1-204). There were 9% (n=9) reported having been turned away when trying to access treatment. Asked how difficult it was to access treatment, 43% (n=40) said it was 'easy', followed by 25% (n=23) who said it was 'difficult', 10% (n=9) who said it was 'very difficult' and 8% (n=7) who said it was 'very easy'. There were 15% (n=14) who didn't know. This situation was described as 'stable' by 46% (n=43), while 9% (n=8) thought it had

become ‘more difficult’ and 7% (n=7) who thought it had become ‘easier’. Having been in some form of treatment in the previous six months was reported by 56% (n=54).

Data from the Australian Institute of Health and Welfare (AIHW, 2014a) reveals that in June 2013 there were 3,288 people receiving pharmacotherapy treatment for opioid use in WA compared to 3,273 in 2012. In 2013, 65% of these were receiving methadone, 38% buprenorphine-naloxone and 3% buprenorphine.

One KE commented that the policies surrounding the dispensing of methadone and buprenorphine need to be revisited, adding that *“it would be interesting to see a trial of kratom as a withdrawal agent”.* A second KE echoed these views saying *“Pharmacotherapy problems for heroin are ongoing due to the punitive nature of programs with no margin for error if clients muck up while stabilizing. Also not enough prescribers or dispensers.”* A third KE specialising in client referral observed that *“it was sometimes necessary to accompany clients to their initial doctor’s appointment to advocate and ensure the issues between patient and doctor are adequately communicated and understood.”*

3.1.2 Recruitment

Participants were asked if they had participated in the IDRS or EDRS in previous years, as shown in Table 2. There were 43% (n=36) of respondents who reported having participated in the survey in previous years. As in previous years, the majority (63%, n=62) had been recruited to the survey via Needle and syringe programs (NSP). A further 34% (n=33) had heard about it via word of mouth and three other individuals had heard about it through other means. Similar to previous years, IDRS recruitment advertising was primarily conducted in NSP sites.

Table 2: Source of recruitment and previous participation in IDRS and EDRS, 2014

Characteristic	2014 N=98
Participated in IDRS in previous years (%)	43
Where found out about IDRS survey (%):	
NSP	63
Word of mouth	34
Chemist	0
Other	3
Participated in EDRS in previous years (%)	3

Source: IDRS user interviews

3.2 Drug use history and current drug use

Table 3 presents injection history, drug preferences and polydrug use of PWID in 2014. The mean age of first injection among current PWID was 20 years, which was not significantly greater than the 19 years reported in 2013.

Amphetamines narrowly displaced heroin as the most common first drug injected, reported by 45% (n=44) which was not significantly different from the 39% reporting it in 2013. Heroin was reported in this role by 43% (n=42) which was relatively unchanged from the previous year. Other substances reported by small numbers of respondents as first drug injected included morphine (n=3), other opioids (n=2), cocaine (n=2) and ecstasy (n=1).

Heroin remained the most commonly reported drug of choice reported by 65% (n=64) compared with 56% in 2013 although this was not a significant increase. Methamphetamines were reported as drug of choice by 14% (n=14) which was relatively unchanged from 16% in

2013 and other opiates were reported as drug of choice by 8% (n=8) which was not significantly different from 15% in the previous year (Figure 1).

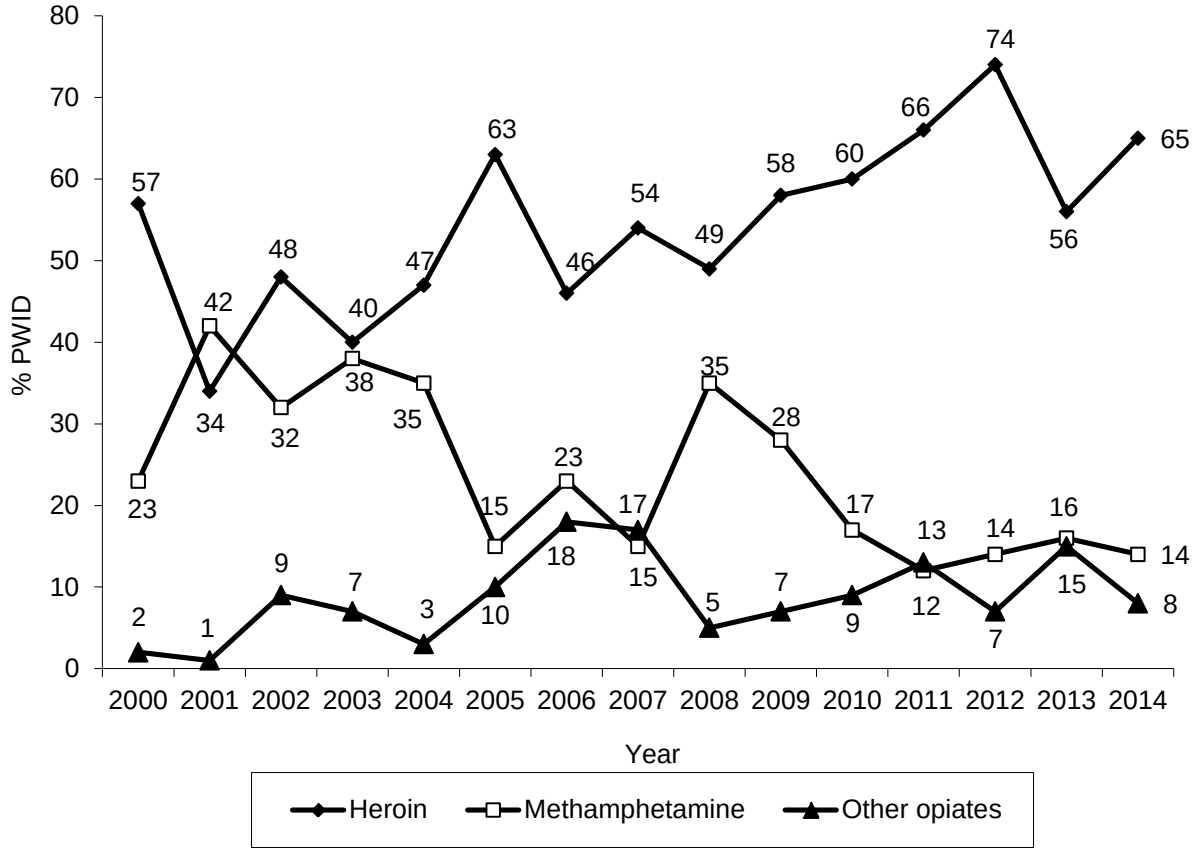
Injecting 'more than weekly but less than daily' remained the most common frequency of injection, reported by 35% (n=34) of PWID in 2014 which was comparable to 44% in 2013. Those reporting injecting on at least a daily basis remained relatively unchanged at 48% (n=47) compared to 40% in the previous year.

Table 3: Injection history, drug preferences and polydrug use of participants, 2009-2014

	2009 N=100	2010 N=100	2011 N=70	2012 N=100	2013 N=88	**2014 N=98**
Age first injection (mean years)	19	19	20	19	19	**20**
First drug injected (%)						
Heroin	34	39	47	36	42	**43**
Amphetamines	56	53	36	52	39	**45**
Morphine	5	3	6	4	7	**3**
Drug of choice (%)						
Heroin	58	60	66	74	56	**65**
Cocaine	1	0	1	0	1	**0**
Methamphetamine (any form)	28	17	12	14	16	**14**
Speed	*17*	*11*	*3*	*5*	*6*	***0***
Base	*0*	*0*	*0*	*1*	*0*	***0***
Crystal methamphetamine	*11*	*6*	*9*	*8*	*10*	***14***
Cannabis	4	11	7	3	8	**5**
Drug injected most last month (%)						
Heroin	50	47	54	52	50	**55**
Cocaine	1	0	0	0	0	**0**
Methamphetamine (any form)	32	25	21	17	20	**23**
Speed	*24*	*17*	*7*	*4*	*5*	***3***
Base	*0*	*0*	*0*	*0*	*0*	***0***
Crystal methamphetamine	*8*	*8*	*14*	*13*	*16*	***19***
Most recent drug injected (%)						
Heroin	46	38	50	46	47	**49**
Cocaine	1	1	0	1	0	**0**
Methamphetamine (any form)	30	25	19	18	22	**28**
Speed	*22*	*18*	*4*	*7*	*7*	***6***
Base	*0*	*0*	*0*	*0*	*0*	***0***
Crystal methamphetamine	*8*	*7*	*14*	*11*	*15*	***21***
Frequency of injecting in last month (%)						
Not injected in last month	1	0	0	1	0	**0**
Weekly or less	16	21	24	12	17	**16**
More than weekly, less than daily	33	35	44	37	44	**35**
Once per day	19	10	11	15	14	**21**
2-3 times a day	26	27	16	27	21	**18**
>3 times a day	5	7	4	8	5	**9**

Source: IDRS user interviews

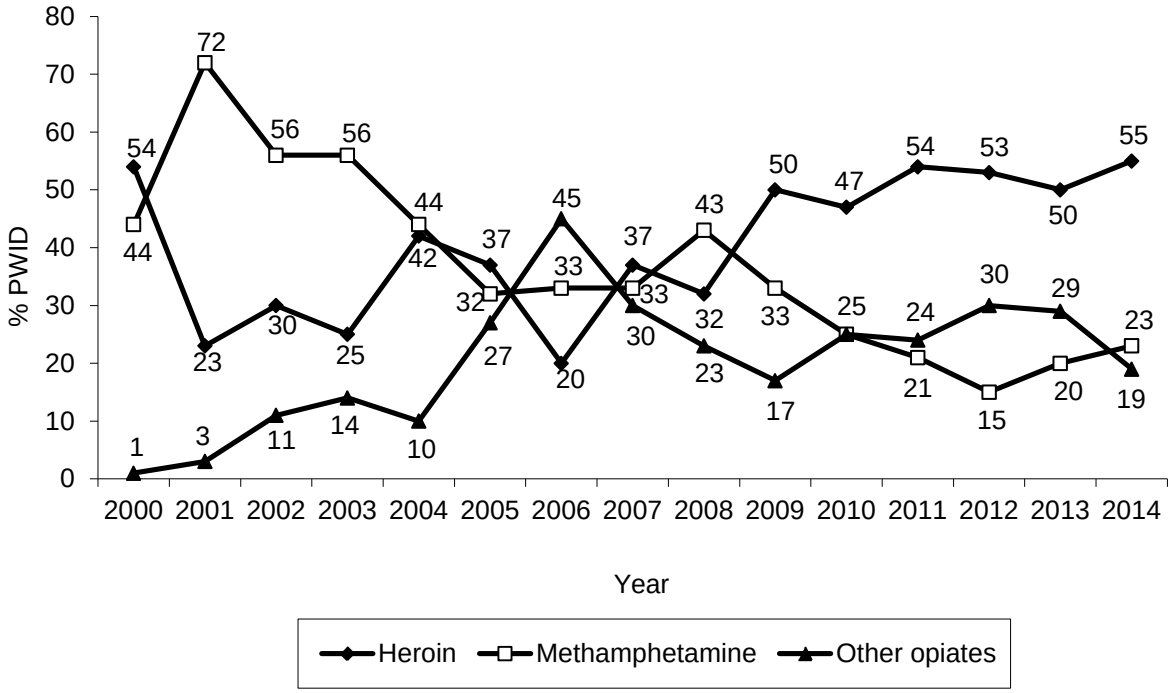
Figure 1: Drug of choice, 2000-2014



Source: IDRS user interviews

Heroin also remained the drug most injected in the month prior to interview for the sixth year running with 55% (n=54) of PWID reporting this which was compatible to 50% in 2013. This was the highest figure reported since 2003. Methamphetamines were reported as the most injected class of drug by 23% (n=23), which was compatible to 20% in the previous year. Other opiates were reported as the most injected class of drug by 19% (n=23) compared with 29% the previous year. Although this decrease was not statistically significant, it does mean that other opiates were less injected than methamphetamines for the first time since 2009 (Figure 2). More detail of drugs most injected in the month prior to interview are provided in Table 4 below.

Figure 2: Drug injected most last month, 2000-2014



Source: IDRS user interviews

Table 4: Drug injected most often in the last month, 2010-2014

Drug %	2010 N=100	2011 N=70	2012 N=100	2013 N=88	2014 N=98*
Heroin	47	54	53	50	**55**
Methamphetamine					
Speed	17	7	4	5	**3**
Ice/crystal	8	14	13	16	**19**
Buprenorphine**	12	10	5	10	**10**
Morphine	5	6	12	8	**5**
Oxycodone	1	4	8	7	**2**
Cocaine	0	0	0	0	**0**
Miscellaneous opiates	1	0	5	5	**4**
Other	6	0	0	0	**1**

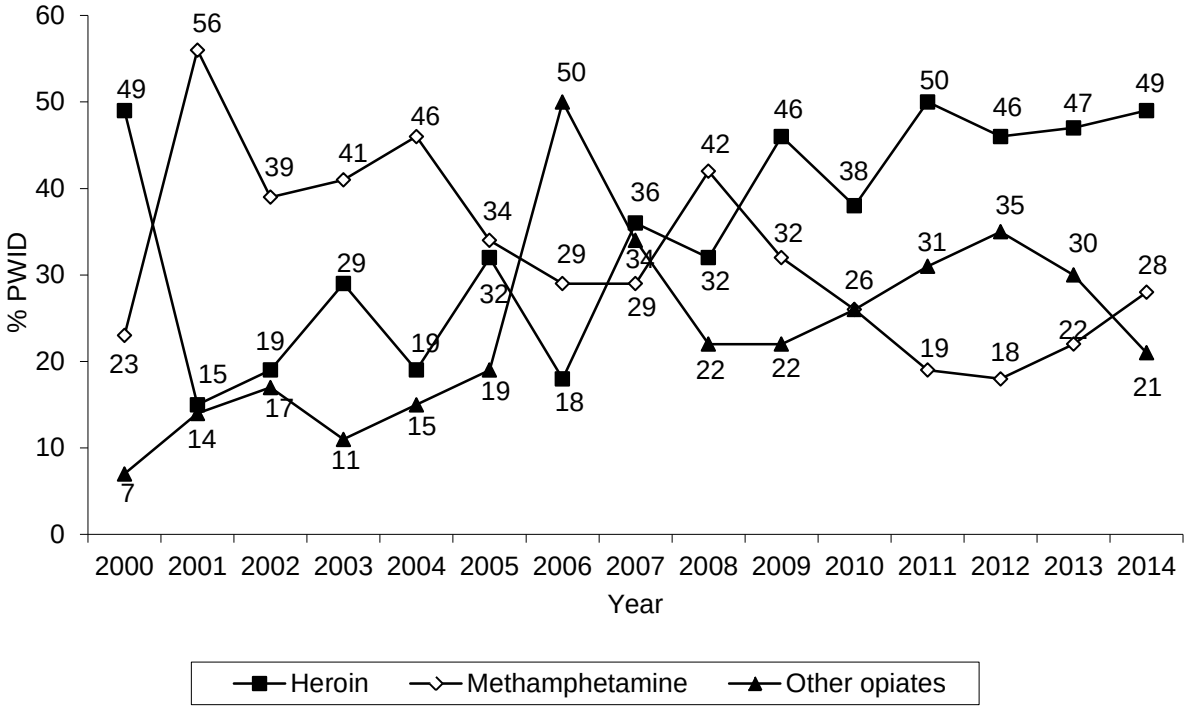
Source: IDRS user interviews

*Totals may not add to 100% due to rounding

** Includes buprenorphine-naloxone (Suboxone®)

In 2014, the greatest proportion of respondents again nominated heroin (49%, n=48) as the drug most recently injected for the sixth year running. This figure was comparable to the 47% of PWID who reported this in 2013. Methamphetamines were reported as the class of drugs most recently injected by 28% (n=27) which was compatible to 22% in 2013.Other opiates were reported in this context by 21% (n=21), down from 30% the previous year. Although this was not a significant fall, it nevertheless has resulted in 2014 being the first time since 2009 where other opiates were reported as the last drug injected less commonly than methamphetamines (Figure 3). These data are somewhat different from the most recent WA NSP survey figures collected the previous year which found the most common last drug injected to have been methamphetamine (36%), followed by heroin (23%), and other opiates (28%) (Iversen & Maher, 2014).

Figure 3: Drug last injected prior to interview, 2000-2014



Source: IDRS user interviews

3.2.1 Locations of injection

Participants were asked about the location of last injection (Table 5). By far the most commonly nominated last location of injection remained at a private home, reported by 83% (n=81) in 2014, which was not significantly different to 74% in 2013. Much smaller numbers of PWID nominated other locations.

Table 5: Proportion of participants reporting the last location for injection, 2010-2014

Location	2010	2011	2012	2013	2014
Private home	80	75	79	84	**83**
Street/car park/beach	6	2	5	3	**5**
Car	11	11	9	9	**10**
Public toilet	3	6	4	3	**2**
Other	0	6	3	1	**0**

Source: **IDRS user interviews**

3.2.2 Money Spent on Drugs

Asked how much money they had spent on drugs yesterday produced responses ranging from none through to $550. Of those who had spent any money, the average amount was $151 which was not significantly different from the 2013 average of $134.

3.2.3 Drug use history of the IDU sample

The drug use histories of PWID participants in the WA IDRS in 2014, including route of administration (ROA), are presented in Table 6. Over one-half of the 2013 sample had used the following drugs in the last six months: tobacco (89%, n=87), heroin (79%, n=77), benzodiazepines (69%, n=68), cannabis (69%, n=68), methamphetamines (66%, n=65) and alcohol (63%, n=62). Further discussion of the use and market characteristics of each drug type can be found under the relevant section heading in the report.

Table 6: Drug use history of the IDU sample, 2014

Drug class	Ever used%	Ever injected %	Injected last 6 mths %	Mean (median) days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mth %	Used^ last 6 mths %	Mean (median) days in treatment last 6 mths	Mean (median) days used^ in last 6 mths*
Heroin	93	93	79	83 (72)	29	1	13	0	9	0	79		84 (72)
Homebake heroin	79	78	21	21 (6)	0	0	0	0	0	0	21		21 (6)
Any heroin (inc. homebake)	*94*	*94*	*79*	*85 (72)*	*29*	*1*	*13*	*0*	*9*	*0*	*79*		*86 (72)*
Methadone (prescribed)	58	22	9	62 (48)					58	31	32	161 (180)	156 (180)
Methadone (not prescribed)	41	27	9	17 (3)					24	4	12		16 (3)
Physeptone® (prescribed)	15	7	0	-	0	0	0	0	10	0	0	-	-
Physeptone® (not prescribed)	34	25	7	3 (2)	0	0	0	0	11	2	9		4 (2)
Any methadone (inc. Physeptone®)	*77*	*46*	*18*	*49 (11)*	*0*	*0*	*0*	*0*	*68*	*35*	*43*		*121 (180)*
Buprenorphine (prescribed)	32	13	1	6 (6)	0	0	0	0	29	2	3	180 (180)	128 (180)
Buprenorphine (not prescribed)	40	37	17	71 (48)	1	0	1	0	10	4	19		64 (2)
Any buprenorphine (exc. buprenorphine-naloxone)	*56*	*41*	*18*	*68 (27)*	*1*	*0*	*1*	*0*	*35*	*6*	*22*		*67 (24)*
Buprenorphine-naloxone (prescribed)	21	3	0	-	0	0	0	0	21	1	1	180 (180)	180 (180)
Buprenorphine-naloxone (not prescribed)	26	19	3	9 (2)	1	0	0	0	10	1	4		7 (2)
Any buprenorphine-naloxone	*35*	*20*	*3*	*9 (2)*	*1*	*0*	*0*	*0*	*25*	*2*	*5*		*41 (2)*
Suboxone® film (prescribed)	*21*	*7*	*3*	*53 (20)*	*0*	*0*	*0*	*0*	*19*	*14*	*15*	*156 (180)*	*100 (90)*
Suboxone® film (not prescribed)	*25*	*21*	*14*	*103 (90)*	*0*	*0*	*0*	*0*	*10*	*6*	*16*		*93 (81)*
Any Suboxone® film	*38*	*22*	*15*	*112 (135)*	*0*	*0*	*0*	*0*	*26*	*18*	*28*		*107 (90)*
Morphine (prescribed)	24	22	4	33 (3)	0	0	1	1	5	2	4	70 (50)	33 (3)
Morphine (not prescribed)	79	75	26	22 (6)	0	0	0	0	14	3	27		21 (6)
Any morphine	*83*	*79*	*28*	*30 (6)*	*0*	*0*	*1*	*1*	*15*	*4*	*29*		*29 (6)*
Oxycodone (prescribed)	22	14	4	11 (10)	0	0	1	1	13	5	7	80 (18)	50 (14)
Oxycodone (not prescribed)	71	67	27	29 (11)	0	0	2	1	14	2	27		29 (11)
Any oxycodone	*76*	*69*	*29*	*28 (11)*	*0*	*0*	*2*	*1*	*24*	*6*	*11*		*37 (12)*
Fentanyl	22	16	8	17 (3)	0	0	1	1	2	1	11		30 (3)
OTC codeine	44	4	3	6 (6)	0	0	0	0	42	18	20		17 (5)
Other opioids	32	12	2	9 (9)	3	0	1	0	21	0	9		64 (12)

Source: IDRS user interviews

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

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

* Use on a daily basis is 180 days

Table 6: Drug use history of the IDU sample, 2014 (continued)

Drug class	Ever used %	Ever injected %	Injected last 6 mths %	Mean (median) days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths %	Used^ last 6 mths %	Mean (median) days in treatment last 6 mths	Mean (median) days used^ in last 6 mths*
Speed powder	88	84	37	32 (8)	14	5	19	2	18	0	39		33 (8)
Base/point/wax	46	45	8	9 (4)	0	0	0	0	0	0	8		10 (4)
Ice/shabu/crystal	82	79	51	42 (17)	29	12	9	5	6	0	53		41 (15)
Amphetamine liquid	*9*	*8*	*3*	*9 (2)*					1	0	*3*		*9 (2)*
Any form methamphetamine#	*93*	*89*	*62*	*46 (18)*	*33*	*15*	*25*	*6*	*21*	*0*	*66*		*44 (15)*
Pharmaceutical stimulants (prescribed)	11	3	1	50 (50)	0	0	2	1	10	2	2	65 (65)	65 (65)
Pharmaceutical stimulants (not prescribed)	61	26	6	24 (8)	0	0	1	0	44	19	24		13 (2)
Any form pharmaceutical stimulants	*67*	*28*	*7*	*28 (12)*	*0*	*0*	*3*	*1*	*50*	*21*	*25*		*17 (3)*
Cocaine	59	41	6	8 (5)	1	0	35	3	7	0	7		11 (4)
Hallucinogens	79	10	1	6 (6)	3	1	2	1	78	10	10		5 (3)
Ecstasy	71	30	3	4 (2)	0	0	3	1	63	8	10		4 (1)
Other benzodiazepines (prescribed)	66	2	0	-	0	0	0	0	65	44	44	158 (180)	113 (180)
Other benzodiazepines (not prescribed)	58	4	1	1 (1)	0	0	0	0	57	40	41		32 (11)
Any other benzodiazepines	*85*	*5*	*1*	*1 (1)*	*0*	*0*	*0*	*0*	*84*	*69*	*69*		
Alprazolam (prescribed)	*28*	1	0	-	0	0	*0*	0	*28*	*10*	*10*	*140 (180)*	*71(45)*
Alprazolam (not prescribed)	*54*	1	0	-	0	0	*0*	0	*53*	*26*	*26*		*22 (8)*
Any Alprazolam	*70*	2	0	-	0	0	*0*	0	*69*	*35*	*35*		
Any form benzodiazepines	*85*	*7*	*1*	*1 (1)*	*0*	*0*	*0*	*0*	*85*	*70*	*69*		*95 (72)*
Seroquel® (prescribed)	*34*	*1*	1	*20 (20)*	0	0			*34*	*14*	*14*	*158 (180)*	*127 (180)*
Seroquel® (not prescribed)	35	0	0	-	0	0			35	11	11		12 (5)
Any Seroquel	*61*	*1*	1	*20 (20)*	*0*	*0*			*61*	*24*	*24*		*83 (48)*
Alcohol	99	9	0	-					99	63	63		55 (24)
Cannabis	97				97	69			47	4	69		86 (72)
Synthetic cannabis	42				42	22			1	0	22		21 (2)
Emerging psychoactives	11	5	4	3 (2)	1	1	4	1	6	1	5		3 (1)
Inhalants	28										6		4 (4)
Steroids	2	1	0	-	0	0	0	0	1	0	0		-
Tobacco	96										89		171 (180)
E-cigarette	26										18		13 (1)

Source: IDRS user interviews

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

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

* Use on a daily basis is 180 days

4 HEROIN

4.1 Use

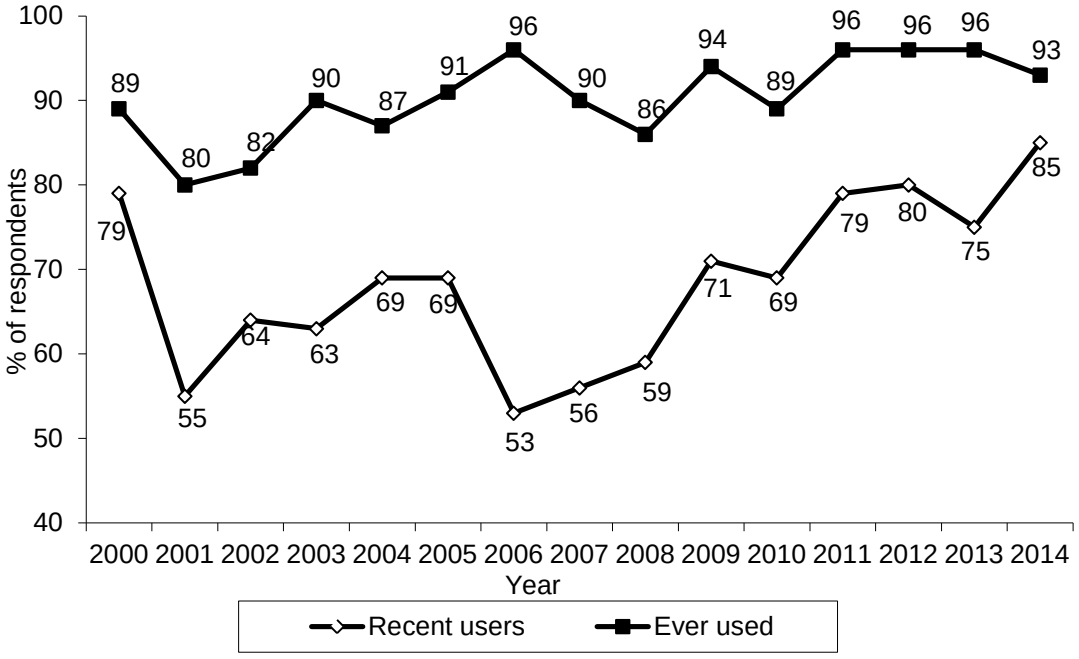
4.1.1 Lifetime history of heroin use among IDU participants

A lifetime history of heroin use was reported by 93% (n=91) of the 2014 PWID sample which was comparable to the 2013 figure of 96% (Figure 4). A lifetime history of use of homebake heroin was reported by 79% (n=77) of PWID in 2014 which was not significantly different from the 88% who reported a history of lifetime use in 2013.

4.1.2 Current patterns of heroin use

Use of heroin in the six months prior to interview was reported by 85% (n=83), which was not a significant increase from the 75% reporting recent heroin use compared in 2013 (Figure 4). Of PWID who had used heroin in the last six months, all (100%, n=83) had injected heroin with the only other route of administration (ROA) being smoking, reported by just one individual.

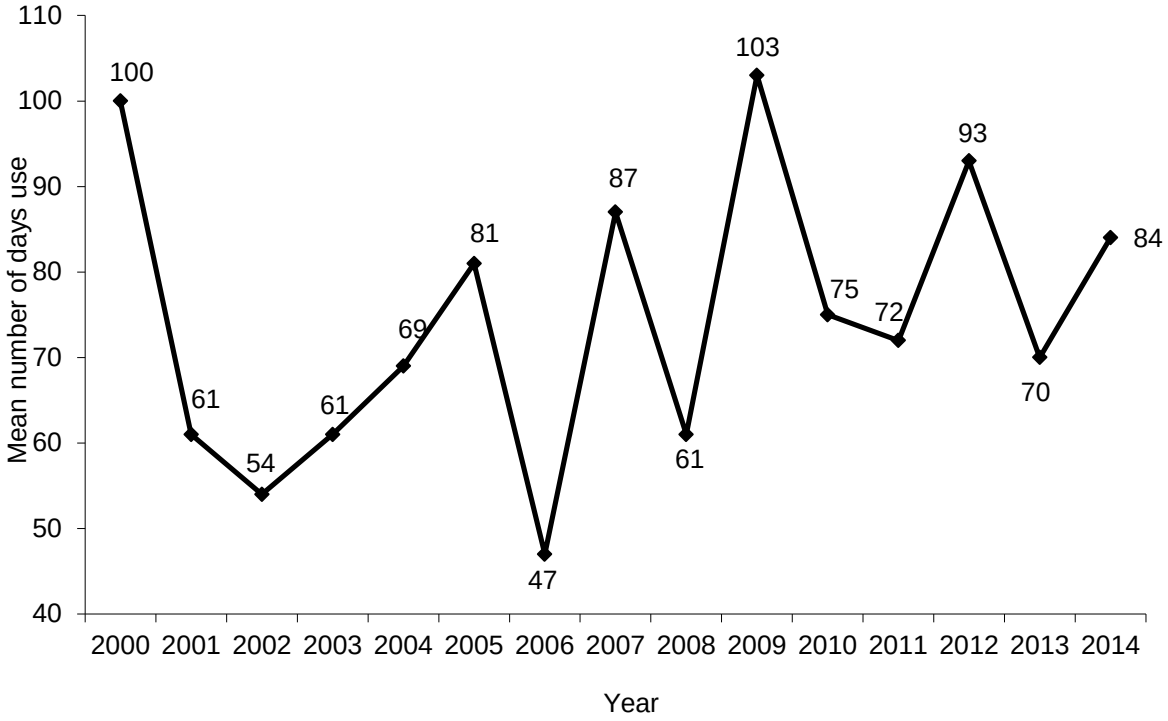
Figure 4: Lifetime and recent use of heroin, 2000-2014



Source: IDRS user interviews

Days of use in the last six months ranged from one to 180 days, with a mean of 84, which was not a significant increase from the 2013 mean of 70 days (Figure 5).

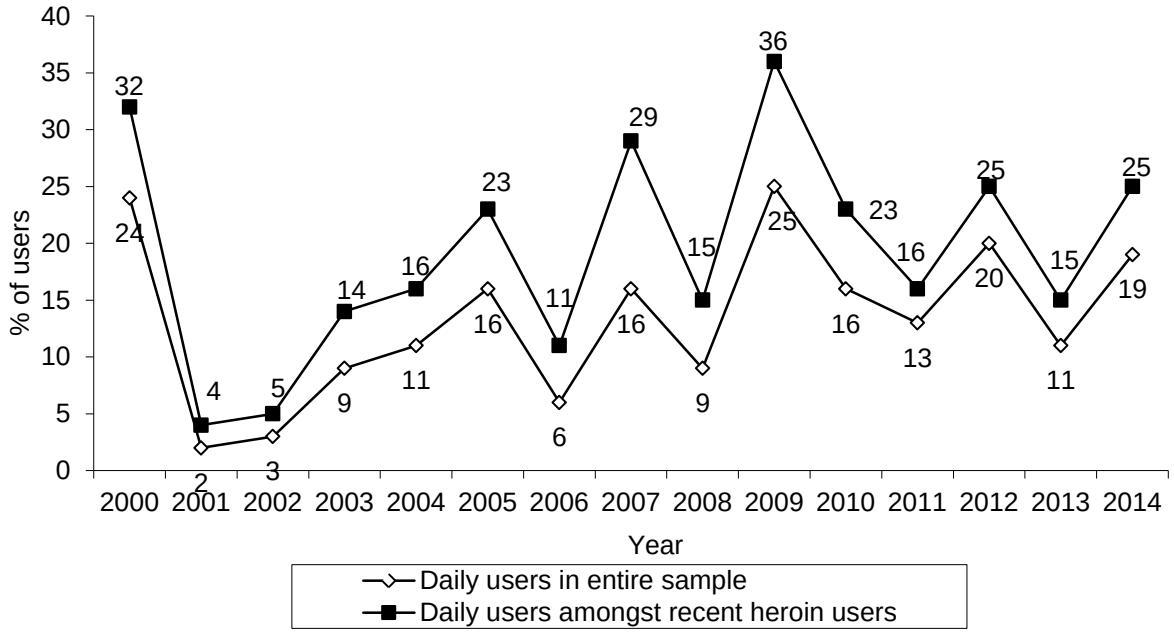
Figure 5: Mean days of heroin use in last 6 months, 2000-2014



Source: IDRS user interviews

The number of daily users of heroin among the entire sample remained comparable, from 11% in 2013 to 19% (n=19) in 2014. The number of recent heroin users reporting daily use was also comparable from 15% in 2013 to 25% (n=19) in 2014 (Figure 6).

Figure 6: Daily heroin users, 2000-2014



Source: IDRS user interviews

The proportion reporting recent use of homebake was 21% (n=21) which was compatible to the 25% in 2013. All of these users reported injection of homebake, with no other ROA being reported. The mean days of use reported was 21 days which was a significant decline from the 36 days reported in 2013 (t=-2.359, df=20, p=.029).

Of the total PWID sample, 79% (n=77) reported use of any form of heroin (including homebake) in the last six months. Of these participants, 100% reported injection as a ROA for any heroin used in the last six months.

One KE noted that *"while heroin was the preferred drug of opiate users, it is also the staple for PWID without access to other drugs."*

In 2014, 75 of PWID provided information pertaining to the forms of heroin they had most used in the last six months. White or off-white powder displaced brown powder as the form most used, reported by 36% (n=27). Brown powder was the most commonly reported form by 23% (n=17), a level unchanged from the previous year. White or off-white rock was reported as the form most used by 33% (n=25), and brown rock by 7% (n=5). It should be noted however, that a number of respondents voiced uncertainty as to whether they were referring to 'rock' in a literal sense, or powder that had been compressed. Homebake had been reported as the most common form by 18% in 2013, but in 2014 was not reported in this context at all.

One KE reported that heroin seen was *"powder, typically white, grey or brown."* Another described it as *"mainly white, but some coloured powder that was easy to use and quite soluble with no acid required."* Several KE reported that for a brief period heroin in the form of a *"brown sticky paste like peanut butter"* had been available in Perth, although there was some speculation as to where it had come from and if it was a failed attempt to manufacture homebake or possibly to manufacture heroin directly from poppy extracts. Apparently this preparation was unsuitable for injection and had resulted in some kidney issues and internal pain. Another KE described heroin as mainly white or beige, but added that homebake remained common.

The typical amount of heroin reportedly used in a session was one to two points. The largest amount reported was three grams. This figure, however, seems very high and may be treated with a degree of scepticism considering that the next two largest amounts of heroin reportedly consumed in one session were one gram followed by six points (i.e. 0.6 of a gram).

4.1.3 Heroin preparation before last injection

Participants were asked questions about the preparation of heroin for last use. Asked if they had heated the heroin mix before injecting, 76 PWID responded and of these 53% (n=40) reported that they had. Just four individuals reported having used citric acid to mix up with. These preparations were usually associated with brown or beige heroin (59%, n=16) followed by white or off-white heroin (37%, n=10).

4.1.4 Use of heroin in the mainstream population

Data from the most recent National Drug Household Survey (AIHW, 2014b) found that a life time use of heroin in the Australian population aged over 14 years was reported by 1.2% of the population which was not significantly different from the 2010 survey which reported a figure of 1.4%. Recent use in the last 12 months was reported by 0.1% which was a significant drop from 0.2% in 2010 (AIHW, 2014).

4.2 Price

The prices of most recent heroin purchases reported by PWID in the 2014 survey for the most part remained substantively unchanged from those reported in 2013. A quarter gram remained the most commonly purchased quantity with a median price of $175 and a mean price of $180 which was unchanged from the previous year. The median price of a gram remained at $600. Median prices of most recent heroin purchases are presented in Table 7.

Table 7: Price of most recent heroin purchases by PWID participants, 2013-2014

Amount	Median price* $	Range $	Number of purchasers*
Cap	(100^) 75	20-100	(3) 9
Point	(100) 100	50-100	(22) 15
Quarter gram	(200) 175	150-300	(34) 53
Half gram (Half weight)	(350) 350	200-600	(21) 26
Gram	(600) 600	100-1,000	(15) 21

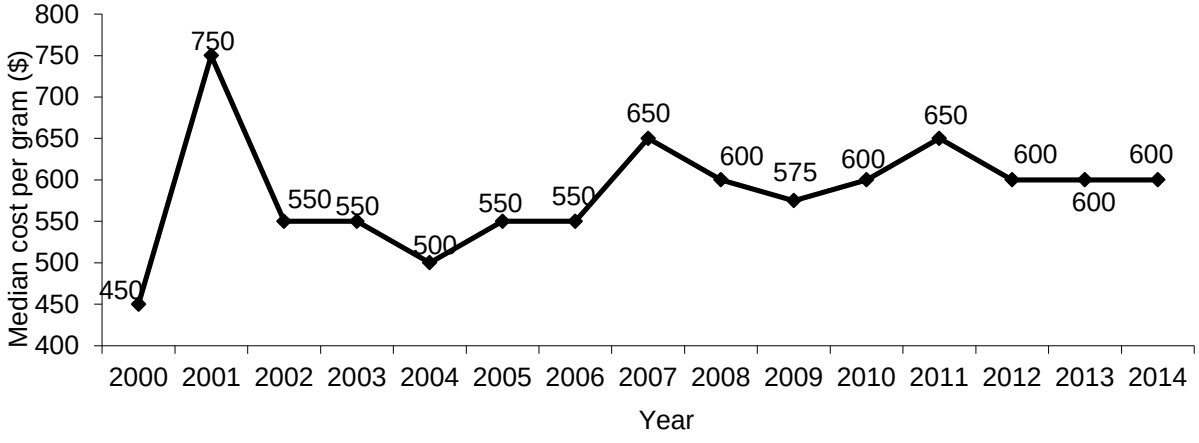
Source: IDRS user interviews

* 2013 data are presented in brackets

^ Figures based on less than 10 reports

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

Figure 7: Median price of one gram of heroin estimated from PWID purchases, 2000-2014



Source: IDRS user interviews

Participants were also asked whether the price of heroin had changed in the last six months. In 2014, 77 PWID responded to this item, with the majority (61%, n=47) reporting the price as stable. There was also 26% (n=20) who believed the price had been increasing, and small numbers who thought the price had decreased (5%, n=4) or fluctuated (5%, n=4).

One KE, who commented on the current price of heroin, suggested figures of $100 a point or $200-$400 for four points where grey or brown heroin was concerned. A second KE reported heroin costing from around $600-$650 for a gram, but also noting that these costs could vary widely. A third reported that heroin currently cost $650 per gram if the buyer was *"well connected"*, and $750 if not. A fourth suggested that current prices for a gram ranged from $600-$700.

4.3 Availability

Participants were asked about the current availability of heroin and any change in availability over the last six months (Table 8). In 2014, 77 PWID commented on this area. The most common response remained that acquiring heroin in Perth was currently 'very easy', reported by 52% (n=40), which was not a significant change from the 53% in 2013. Other findings were also compatible with 2013, with 40% (n=31) reporting heroin availability as 'easy', 8% (n=6) reporting it as 'difficult'. There were no reports of availability being 'very difficult'. Asked whether the availability of heroin in Perth had changed in the previous six months, 77% (n=59) indicated that this had been 'stable'. Other responses were much less common and are displayed in Table 8.

Table 8: Participants' reports of heroin availability in past six months, 2010-2014

	2010 (N=100)	2011 (N=70)	2012 (N=100)	2013 (N=88)	**2014 (N=98)***
Current availability					
Did not respond**	41	18	29	28	**21**
Did respond	59	52	71	60	**77**
Of those who responded:					
Very easy (%)	53	46	59	53	**52**
Easy (%)	39	40	32	32	**40**
Difficult (%)	7	6	6	13	**8**
Very difficult (%)	2	8	3	2	**0**
Availability change over the last six months					
Did not respond** (%)	43	22	29	28	**21**
Did respond (%)	57	48	71	60	**77**
Of those who responded:					
More difficult (%)	12	17	10	18	**9**
Stable (%)	67	69	75	67	**77**
Easier (%)	16	13	9	12	**12**
Fluctuates (%)	5	2	6	3	**3**

Source: IDRS User interviews

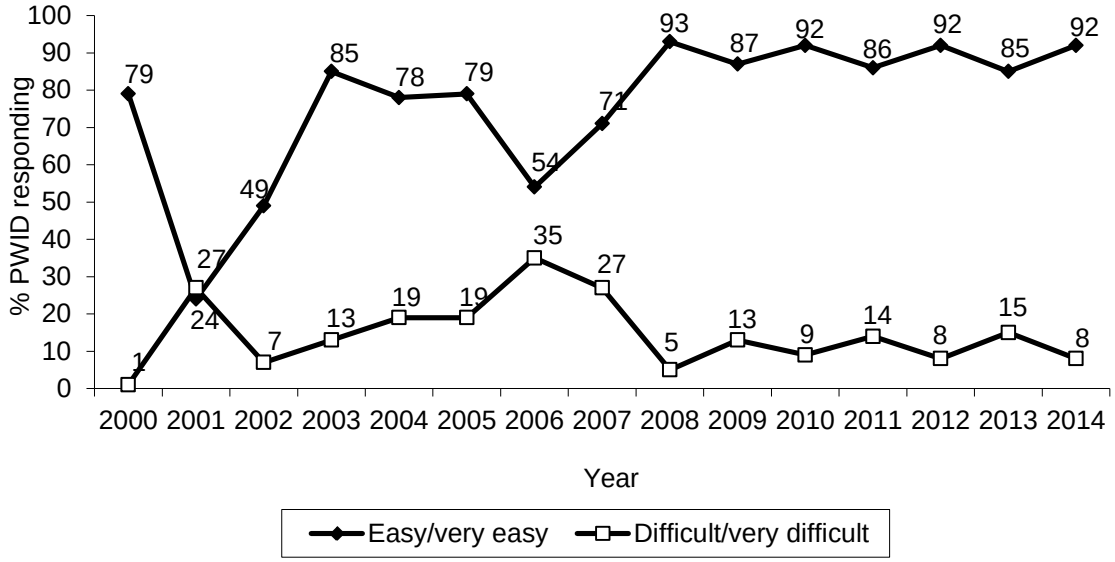
*Totals may exceed 100% due to rounding

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

One KE noted that *"heroin was definitely coming back."*

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

Figure 8: PWID reports of current heroin availability, 2000-2014



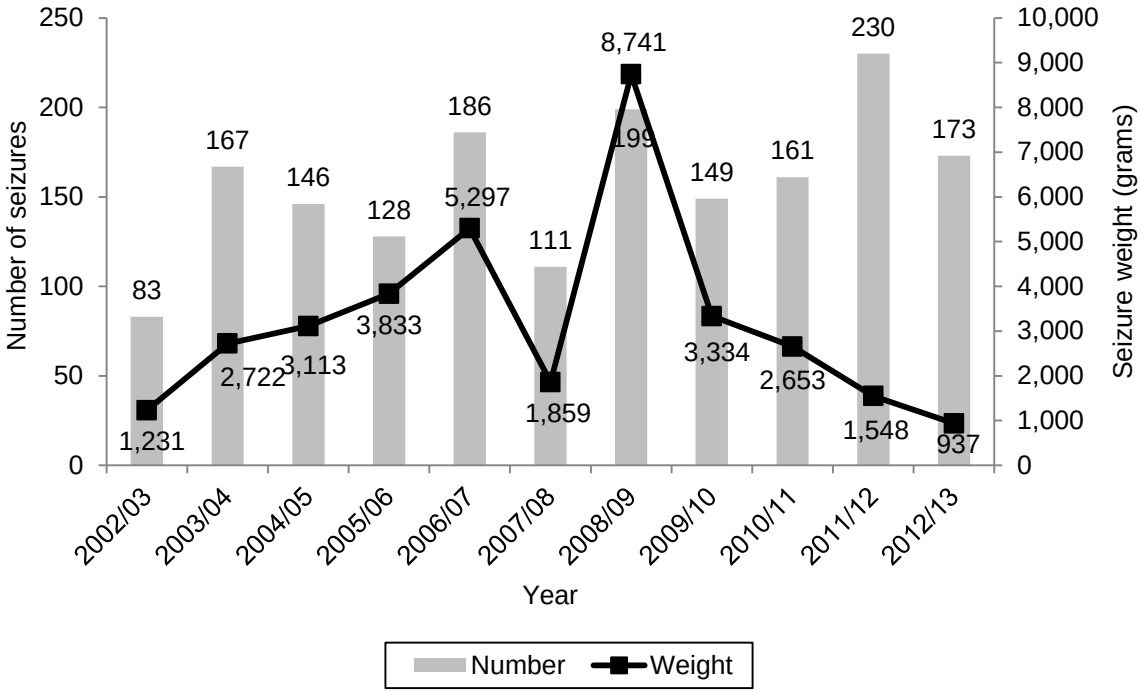
Source: IDRS user interviews

In 2014, 77 PWID responded to questions about persons and locations for last sourcing heroin. The most commonly nominated sources of heroin of last purchase remained 'friends' (49%, n=38), followed by 'known dealers' (33%, n=25). These proportions were comparable to 2013. 'Acquaintances' were nominated by 8% (n=6) and small numbers mentioned 'street dealer' and 'partners or relatives'. One respondent indicated that their last heroin had been sourced online.

As in 2013, the most commonly nominated last location for obtaining heroin was at an 'agreed public location' (31%, n=24). A 'friend's home' was nominated by 23% (n=18), 'home delivery' by 20% (n=15) and a 'dealer's home' by 14% (n=11). A 'street market' was also mentioned by one individual respondent and an 'acquaintance's house' by 5% (n=4).

Figure 9 presents the total number and combined weight of heroin seizures made by the West Australian Police Service (WAPS) and the Australian Federal Police (AFP) in WA from 2002/03 to 2012/13. The number of seizures has declined somewhat since 2011/12 from 230 to 173. The total weight of seizures has continued to decline from 1,548 to 937 grams, the lowest yet recorded by the WA IDRS.

Figure 9: Number and weight of heroin seizures by WAPS and AFP, WA 2002/03-2012/13



Source: **Australian Crime Commission**

4.4 Purity

Participants were asked to comment on their perception of the purity of heroin and any change in purity over the last six months (Table 9). In 2014, 77 participants commented on current levels of purity. There was little consensus on current levels of heroin purity in Perth with 29% (n=22) describing it as 'low', 27% (n=21) describing it as 'medium' and 27% (n=21) describing it as 'fluctuating'. The fall in numbers reporting 'low' purity was a return to 2012 levels and was a significant decline from the 52% reporting this in 2013 (chi sq=31.51, p<0.01, 95% CI 0.3345-0.6088). These trends are displayed in Figure 10.

User perceptions of the purity of heroin in Perth were similarly lacking in consensus with 36% (n=28) reporting it as 'stable', 26% reporting that it had been 'decreasing' and 25% (n=19) saying it had 'increased'. Other responses were substantially less common and are displayed in Table 9.

Table 9: Participants' perceptions of heroin purity in past six months, 2010-2014

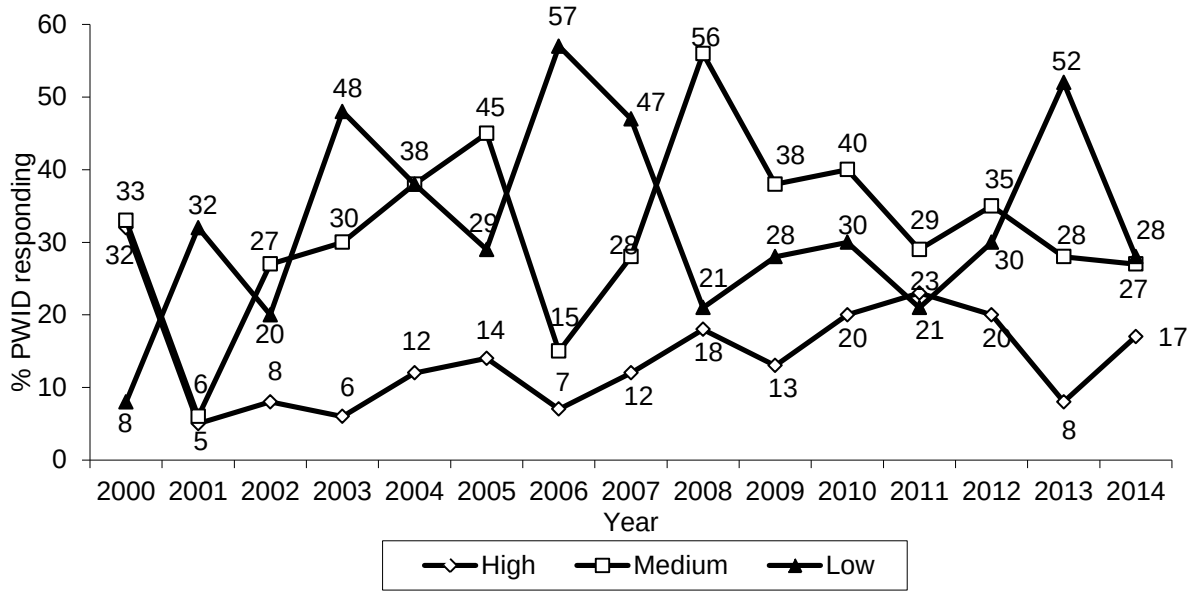
	2010 (N=100)	2011 (N=70)	2012 (N=100)	2013 (N=88)	**2014 (N=98)***
Current purity					
Did not respond**	40	22	29	28	**21**
Did respond	60	48	71	60	**77**
Of those who responded:					
High (%)	20	23	20	8	**17**
Medium (%)	40	29	35	28	**27**
Low (%)	30	21	30	52	**29**
Fluctuates (%)	10	27	13	12	**27**
Purity change over the last six months					
Did not respond* (%)	44	24	30	29	**21**
Did respond (%)	56	46	70	59	**77**
Of those who responded:					
Increasing (%)	30	24	14	9	**25**
Stable (%)	27	41	44	51	**36**
Decreasing (%)	18	7	16	31	**26**
Fluctuating (%)	25	28	20	10	**9**

Source: IDRS user interviews

*Totals may exceed 100% due to rounding

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

Figure 10: Proportion of PWID reporting current heroin purity as 'high', 'medium' or 'low', 2000-2014



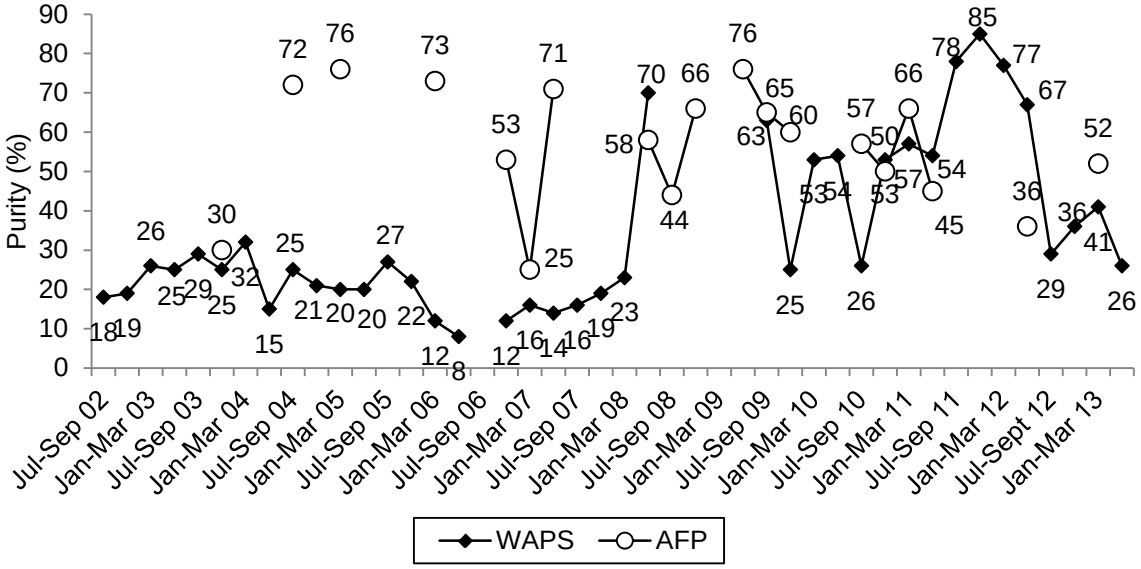
Source: IDRS user interviews

One KE noted that there were *"maybe some stronger batches of heroin around in Perth and this may have recently increased".* Other KE agreed about the recent increase in purity but disagreed as to whether typical heroin purity in Perth was "*medium*" or "*high*".

Figure 11 shows the median purity of heroin seizures made by WAPS and the AFP. From July 2012 to June 2013, the median purity across all WAPS seizures analysed varied between 26% and 41% which were the lowest purity levels detected since 2010. The AFP analysed just two seizures with a median purity of 52%.

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

Figure 11: Purity of heroin seizures analysed in WA, by quarter, 2002/03-2012/13



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

4.5 Summary of heroin trends

- Most primary indicators suggest a continuing gradual resurgence in heroin use among the IDRS samples.
- Heroin remained the principal drug of choice nominated by 65% compared to 56% in 2013.
- Heroin remained the drug most injected in the previous month with 55% compared to 50% in 2013. This was the highest figure reported since 2003.
- Heroin remained the drug most commonly used at the most recent injection, reported by 49% compared to 47% in 2013.
- Lifetime use of heroin has remained stable, reported by 93%.
- Recent use of heroin rose from 75% to 85%, the highest figure ever seen in the WA IDRS sample.
- Mean days of heroin use rose from 70 to 84.
- Daily use among recent heroin users was reported by 25% compared with 15% the previous year.
- The median reported price for one gram of heroin remained at $600. The majority of those who responded reported the price of heroin as ‘stable’ over the last six months.
- Current availability of heroin continued to be rated as ‘very easy’ or ‘easy’ which was comparable to findings in 2013. Respondents generally reported heroin availability had remained stable.
- There was little consensus regarding current purity of heroin. Numbers reporting ‘low’, however, had significantly declined from 52% in 2013 to 28%.

5 METHAMPHETAMINE

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

5.1 Use

5.1.1 Methamphetamine use among IDU participants

In 2014, lifetime use of any form of methamphetamine was reported by 93% (n=91) which was unchanged from 2013. Of these participants, 96% (n=87) had ever injected, 35% (n=32) had ever smoked, 27% (n=25) had ever snorted and 23% (n=21) had ever swallowed a form of methamphetamine.

With regards to lifetime use by methamphetamine form, lifetime use of speed powder was reported by 88% (n=86) of the 2014 PWID sample, lifetime use of base by 46% (n=45) and lifetime use of crystal by 82% (n=80). Patterns of lifetime and recent use of methamphetamine across years are shown in Table 10.

Table 10: Patterns of methamphetamine use in last six months by form, 2010-2014

Form used (%)	2010 (N=100)	2011 (N=70)	2012 (N=100)	2013 (N=88)	**2014 (N=98)**
Speed					
Ever used	91	86	92	89	**88**
Used last six months	51	43	45	48	**39**
Base					
Ever used	29	23	27	40	**46**
Used last six months	8	6	6	11	**8**
Crystal					
Ever used	80	81	87	81	**82**
Used last six months	40	46	64	59	**53**
Liquid					
Ever used	19	9	16	21	**9**
Used last six months	1	1	2	3	**3**
Any methamphetamine					
Ever used	99	96	96	93	**93**
Used last six months	64	64	72	72	**66**

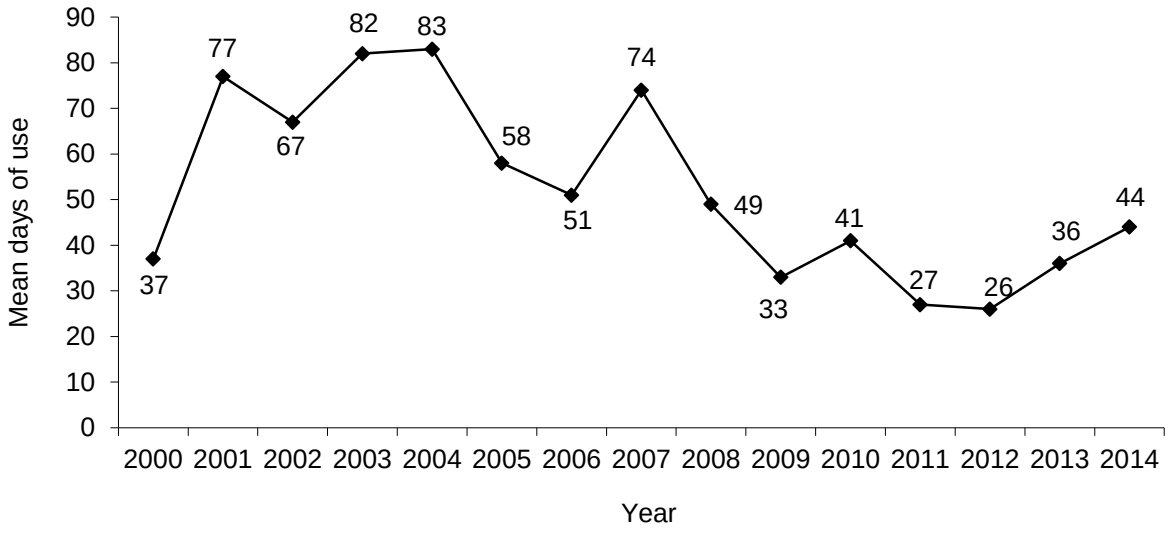
Source: IDRS user interviews

5.1.2 Current patterns of methamphetamine use

In 2014, 66% (n=65) of PWID reported use of any form of methamphetamine in the last six months, which was not a significant change from the 72% reported in the 2013 sample. Of these participants, 94% (n=61) injected a form of methamphetamine during this period and 23% (n=15) reported having smoked it. Other routes of administration were uncommon.

As shown in Figure 12, the average number of days any form of methamphetamine was used during the last six months by these participants was 44 days (median of 15 days). This was not significantly changed from the 2013 mean of 36 days. It was, however, a significant increase on the 2012 mean of 26 days (t=2.453, df=64, p=.017), suggesting that mean days of use of methamphetamines have been increasing over the last two years.

Figure 12: Mean days of use for any methamphetamine by WA PWID, 2000-2014



Source: IDRS user interviews

In 2014, recent use of speed powder was reported by 39% (n=38) of the sample which was not significantly different to the 48% of recent users in 2013. Recent injection of speed was reported by almost all of the recent users (95%, n=36).

Days of use in the last six months ranged from one to 180 days, with three reports of use of powder methamphetamine on a daily basis compared to none in 2013. Mean days of use was 33, which was a significant increase from the 2013 average of 11 days (t=2.573, df=37, p=.014). The typical amount of speed powder used in one session was one point. The largest amount used in one session was five points.

Recent use of base in 2014 remained low and was reported by 8% (n=8) which was not significantly different from the 10% reported in 2013.

Injection of base in the previous six months was reported by 100% (n=8) of these respondents. Days of use ranged from one to 30; no respondents reported using base on a daily basis, which was comparable to 2013 findings. Mean days of use was ten which was unchanged from the previous year. There was little reliable information on the amount of base methamphetamine typically consumed within a session, although one respondent suggested between half a point to one gram.

Recent use of crystal was reported by 53% (n=52) of PWID which was not significantly different from the 59% who reported doing so the previous year. The majority of recent crystal users (96%, n=50) reported injecting crystal in the last six months and 23% (n=12) reported having smoked it. Other ROA were relatively uncommon.

All KE observed that methamphetamine was almost always crystal, but some suggested that increasing numbers of users were moving on to emerging psychoactive substances (EPS).

Days of use ranged from one to 180, with four respondents reporting use of crystal on a daily basis (compared to three in 2013). The mean days of use was 41, which was not a significant increase from the mean of 34 days reported in 2013.

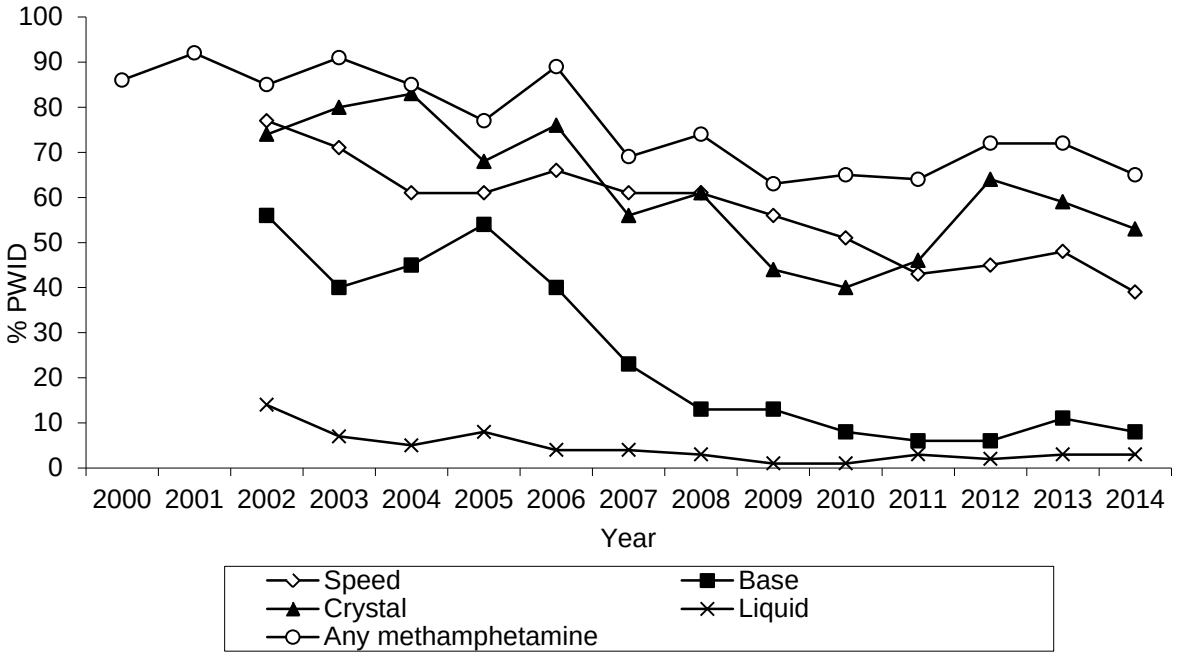
The most common amount of methamphetamine reportedly consumed in a session was one point. The largest amount of crystal methamphetamine reportedly consumed in one session by one individual was 1.3 grams followed by another respondent who had consumed one gram and five respondents who reported consuming half a gram in a single session. There were also two respondents who claimed to have consumed multiple grams in a single session which was considered implausible and excluded from the analysis.

Recent use of liquid methamphetamine remained uncommon; with only 3% (n=3) of respondents reporting this in 2014 which was unchanged from the previous year. All of these respondents reported injection as the sole ROA. Mean days of use was nine compared to four days in the previous year.

Of the 61 PWID who responded to the form of methamphetamine they had most commonly used, crystal remained the most frequently nominated by 64% (n=39), followed by 33% (n=22) who nominated powder.

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

Figure 13: Proportion of PWID reporting methamphetamine use in the last six months, 2000-2014



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

A KE from the crowd control sector commented on some of the issues with methamphetamine use; *"Occasional violence, but more bingeing and being clearly intoxicated and ejected from venue for begging for money and cigarettes. One guy was ejected for dealing and then punched the rear window out of a car. He refused medical attention and then attacked ambulance officers and was restrained by police while bleeding all the while."* This KE also added *"Meth use affects all sorts of people from attractive girls through to homeless people. Smoking meth has evolved into a quite Americanised 'ghetto culture'…there needs to be better user education – some people smoking it like pot without appreciating the consequences."* They also noted that *"75% of all incidents had involved crystal methamphetamine or steroids."*

Another KE observed that methamphetamine users *"spiral downwards in terms of employment, falling out with family, financial, general health and mental health."* This KE also mentioned issues such as poor nutrition, blood borne viruses (BBVs) and violence and also noted that *"most* are *poly drug users, injecting pharmaceuticals like benzodiazepines and buprenorphine for both recreational reasons and to come down."* Similar views were expressed by another KE noting that *"Prolonged use can result in mental health symptoms. Also problems with its illicit nature. Cost can lead to offending behaviour with property crime and drug dealing."*

A third KE working with an NSP noted that it was now more common for clients to present under the influence of methamphetamines than in the past. Problems mentioned included dehydration, abscesses and scabs.

A KE from law enforcement observed that methamphetamine use *"Causes mental health problems like paranoia, and also malnutrition. Because of addictive nature of the drug, even when people are arrested and on bail, they go back to using despite their bail conditions."*

5.1.3 Use of methamphetamine in the mainstream population

Data from the most recent National Drug Household Survey found that a lifetime use of methamphetamine in the Australian population aged over 14 years was reported by 7.0% of the population which was unchanged from the 2010. Recent use in the last 12 months was reported by 2.1% which was similarly unchanged from 2010 (AIHW, 2014b).

5.2 Price

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

Regardless of form, the price of a point of methamphetamine remained unchanged from 2013 at $100. It should be noted that in the case of base, that this was based on only two reports.

There was some limited evidence that the price of a gram of crystal may have fallen from $700 to $675, but this data comes from only seven respondents who cited a very wide range of prices. The price of a half weight of crystal, appears to have remained stable at $350.

The apparent fluctuations in price of a gram of speed from $700 in 2012 to $350 in 2013 and back to $700 in 2014 is almost certainly deceptive, being based on just two respondents in both 2013 and 2014 who offered widely differing responses. As such it is unlikely to be reflective of genuine trends in prices of speed.

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

Table 11: Price of most recent methamphetamine purchases by IDU participants, 2013-2014

Amount	Median price* $	Range	Number of purchasers*
Speed			
Point (0.1 gram)	100 (100)	100-100	14 (17)
Half weight (0.5 gram)	350^ (300^)	250-400	7 (3)
Gram	700 (350^)	600-800	2 (2)
Base			
Point (0.1 gram)	75 ^(100^)	50-100	2(2)
Half weight (0.5 gram)	- (350^)	-	0 (1)
Gram	- (-)	-	0 (0)
Crystal			
Point (0.1 gram)	100 (100)	100-200	24 (28)
Half weight (0.5 gram)	350 (350^)	250-600	15 (14)
Gram	675^ (700^)	400-800	8 (7)

Source: IDRS user interviews

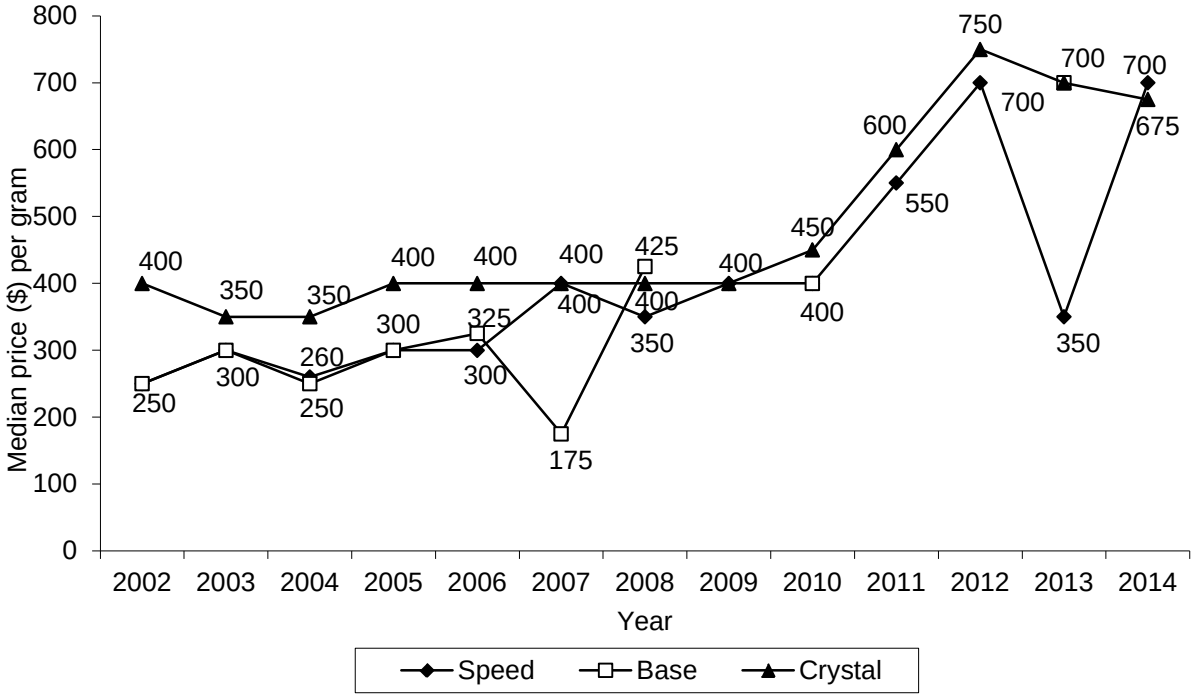
* 2013 data are presented in brackets

^ Based on small (<10) purchases

Figure 14 presents the median prices ($) per gram of most recent purchase for each methamphetamine form across years. Despite the superficial appearance of large changes in the median prices of speed and crystal in recent years, this needs to be viewed in light of the fact that these figures are based on very small numbers of reports. (see Table 11

above). Similarly, there are several years when no respondents at all provided prices for base methamphetamine. As such, some scepticism is advised when considering if these apparent decreases in price of amphetamines are in fact genuine trends.

Figure 14: Median prices of methamphetamine per gram estimated from PWID purchases, 2002-2014



Source: IDRS user interviews

Participants were asked if they perceived any changes in the price of methamphetamine over the last six months. For all forms, an absolute majority of respondents believed that prices had remained 'stable', although in the case of base this was based on just two respondents. With regards to speed or powder methamphetamine, there were 25 PWID who responded, with 56%, (n=14) reporting that the price of speed had remained 'stable'. This was followed by 32% (n=8) who thought it may have 'increased'. Both (100%, n=2) respondents who commented on base methamphetamine believed it had remained 'stable'. Price changes to crystal were reported on by 44 respondents, with 66%, (n=29) describing it as 'stable', followed by 25% (n=11) who believed it may have 'increased'.

Substantial numbers of KE spoke about prices of methamphetamine, suggesting prices from $80-$100 for a point and from $400-$800 for a gram. One KE from the organised crime squad reported prices of $100 per point, $700 per gram, $2,300 per eight ball, $9,000-$13,000 per ounce and $280,000-$330,000 per kilogram. The majority (four) of KE commenting believed that the price of methamphetamine had remained 'stable', while two believed it had 'increased'.

5.3 Availability

Respondents were asked about the current availability of each form of methamphetamine and any changes in availability over the last six months (Table 12). Regardless of form, an absolute majority of respondents reported obtaining methamphetamines as 'very easy', although it should be noted that only three respondents commented on base methamphetamine. Of the 25 participants who commented on speed, 52% (n=13) described

availability as 'very easy', followed by 40% (n=10) as 'easy'. Availability of crystal was rated as 'very easy' by 52% (n=23) followed by 'easy' by 39% (n=17) of the 44 PWID who responded. Only three respondents provided information about availability of base methamphetamine, with two describing it as 'very easy' and one as 'easy'. The vast majority of respondents reported that availability had remained 'stable' in the preceding six months for all forms, with powder at 79% (n=19) and crystal at 73%(n=32). In the case of base, all three respondents reported that availability had remained 'stable'.

Table 12: Participants' reports of methamphetamine availability in the past six months, 2013-2014

	Speed		Base		Crystal	
	2013 (N=88)	**2014 (N=98)**	2013 (N=88)	**2014 (N=98)**	2013 (N=88)	**2014 (N=98)**
Current availability						
Did not respond*	60	**73**	85	**95**	50	**54**
Did respond	28	**24**	3	**3**	38	**44**
Of those who responded:						
Very easy (%)	43	**54**	0	**67^**	32	**52**
Easy (%)	43	**42**	0	**33^**	61	**39**
Difficult (%)	11	**4**	67^	**0**	8	**9**
Very difficult (%)	4	**0**	33^	**0**	0	**0**
Availability change over the last six months						
Did not respond*	62	**73**	85	**95**	50	**54**
Did respond	26	**24**	3	**3**	38	**44**
Of those who responded:						
More difficult (%)	12	**8**	67^	**0**	11	**7**
Stable (%)	81	**79**	33^	**100^**	71	**73**
Easier (%)	8	**12**	0	**0**	13	**21**
Fluctuates (%)	0	**0**	0	**0**	5	**0**

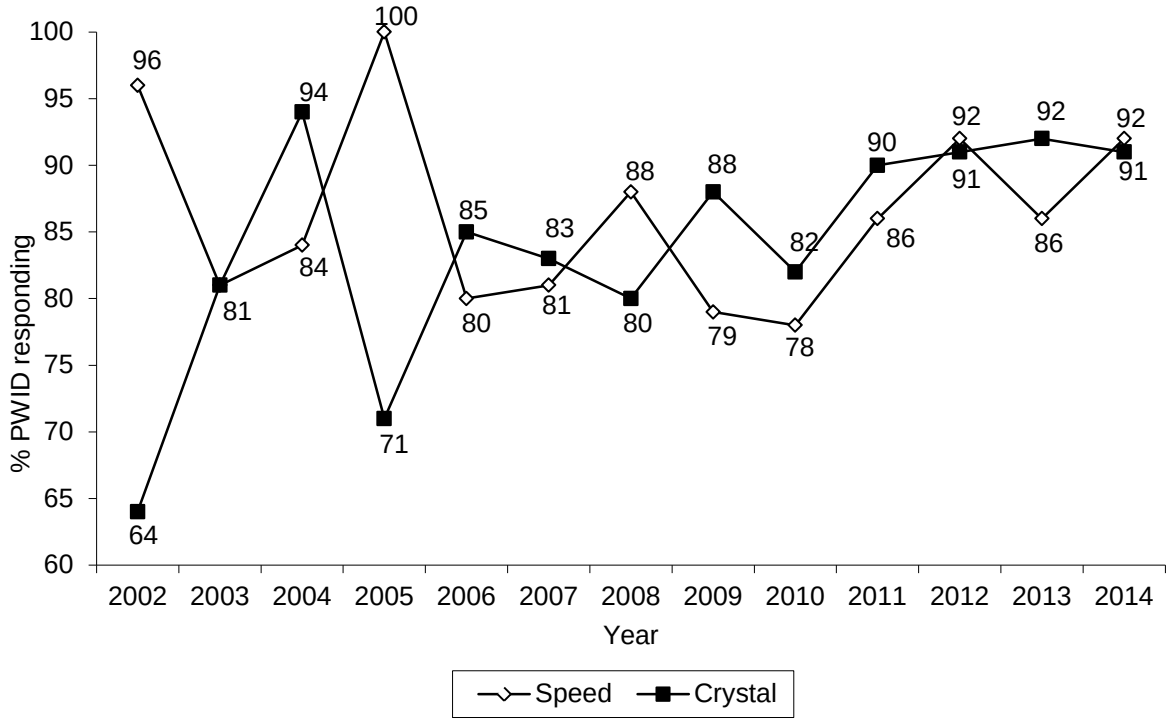
Source: IDRS user interviews

* 'Did not respond' refers to participants who were not confident in their knowledge of the market. 'Don't know' responses were excluded from this table.

^ Based on very small numbers of reports (<10)

The proportion of PWID who rated current availability as 'easy' or 'very easy' for each form of methamphetamine across IDRS surveys is presented in Figure 15. While availability of crystal appears to have remained relatively unchanged since 2011, availability of powder appears to have fluctuated over that time. Base has been excluded from this figure due to the lack of available data in recent years.

Figure 15: PWID reporting 'easy' or 'very easy' availability of methamphetamine by form in WA, 2002-2014



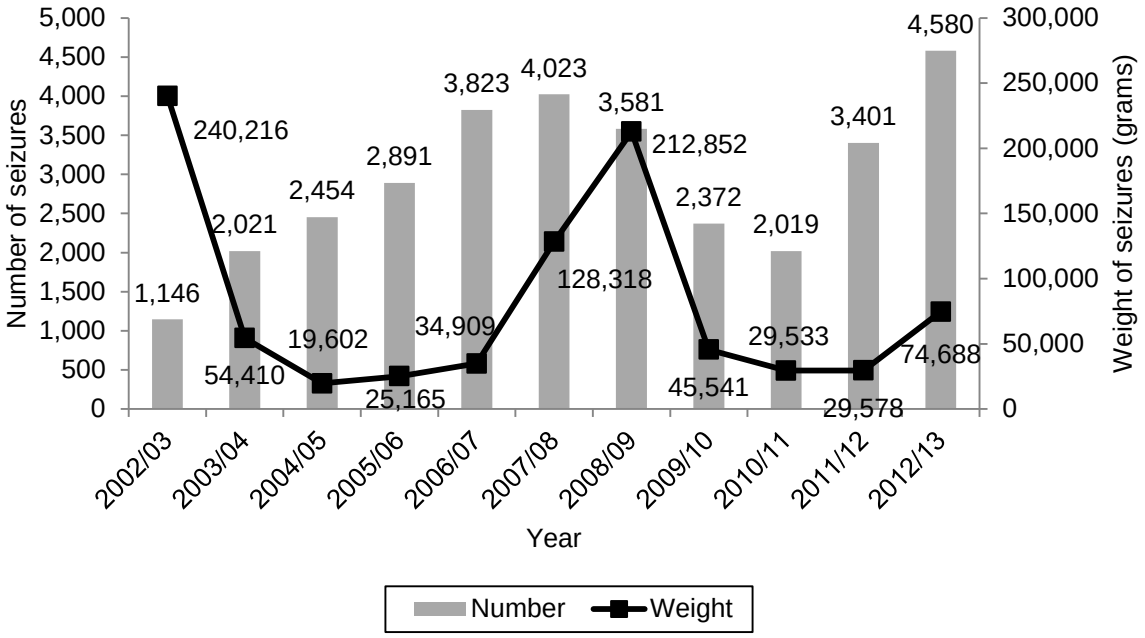
Source: **IDRS user interviews**

Respondents were asked about sources of each form of methamphetamine. Of the 24 participants who reported on speed, 54% (n=13) reported that the most recent source of speed had been from 'friends'. This was followed by 25% (n=6) who had sourced it from 'known dealers'. Other sources were uncommon. The most common venue for obtaining speed powder at the most recent occasion was a 'friend's home' (29%, n=7), followed by a 'dealer's home' (25%, n=6) and 'home delivery' (21%, n=5). Other venues mentioned by very small numbers of PWID included 'acquaintance's house' and an 'agreed public location'.

With regards to crystal methamphetamine, 44 respondents provided information concerning their most recent source. As with speed powder, the most commonly reported source was 'friends' (50%, n=22), followed by 'known dealers' (25%, n=11) and acquaintances (11%, n=5). Small numbers of respondents also mentioned 'unknown dealers', 'street dealers' and 'partners' and 'online'. The most commonly reported venue for obtaining crystal methamphetamine was a 'friend's home' (30%, n=13) followed by 'dealer's home' (21%, n=9) and 'home delivered' (18%, n=8)and 'agreed public location' (16%, n=7). Other venues mentioned by very small numbers of IDU included 'acquaintance's house' and 'online". Only three respondents provided this information for base methamphetamine, reporting that they had last obtained it from 'friends', 'partners' or 'home made'. Two reported last obtaining it at 'home' and one from an 'agreed public location'.

Figure 16 presents the total number and combined weight of amphetamine-type stimulants (ATS) (i.e. amphetamines, metamphetamine and phenythalamines) seizures made by WAPS and AFP in WA from 2002/03 to 2012/13. It is evident that the number of amphetamine seizures had increased substantially to 4,508 from 3,401 in 2011/12 and was the highest number so far recorded by the WA IDRS. The overall combined weight of all seizures rose somewhat to 74,688 grams compared with 29,578 grams in the previous year.

Figure 16: Number and weight of amphetamine-type stimulant seizures by WAPS and AFP, WA 2002/03-2012/13



Source: **Australian Crime Commission**

5.4 Purity

PWID were asked about the current purity of each form of methamphetamine and perceived changes in purity over the last six months (Table 13). Of the 25 participants who responded regarding powder, the greatest proportion (52%, n=13) rated current purity as 'high' which was not significantly different from the 29% in 2013. Reports of 'medium' purity, however, had fallen significantly from 50% in 2013 to 20% (n=5) (chi sq=3.95, p=0.05, 95% CI 0.0416-0.5063). There were also 24% (n=6) who thought purity of methamphetamine powder had 'fluctuated' and 4% (n=1) who reported it as 'low'. Asked if the purity of powder methamphetamine had changed in the past six months found the most common answer was that it had 'increased' given by 29% (n=7), but there was very little consensus about this.

With regards to current purity of crystal methamphetamine, of the 43 PWID who responded, 54% (n=23) described it as 'high', which was not a significant increase on the 42% reporting this in 2013. There were also 19% (n=8) who reported current purity as 'medium', 5% (n=2) who said it was 'low' and 24% (n=10) who thought it tended to 'fluctuate'. Asked if this purity had changed in the last six months, the most common response (35%, n=15) was that it had remained 'stable'. There were also 28% (n=12) who thought it had 'increased', 14% (n=6) who thought it had 'decreased', and 23% (n=10) who thought it had tended to 'fluctuate'.

There were only three respondents who provided information on the purity of base methamphetamine, two of these reporting that purity was currently 'low', and the remaining individual describing it as 'high'. Purity in the previous six months was described by two of these as stable while the remaining respondent described it as decreasing. Due to very small numbers responding these results need to be interpreted with caution.

Table 13: Methamphetamine purity by user report, 2013-2014

	Speed		Base		Crystal	
	2013 (N=88)	**2014 (N=98)**	2013 (N=88)	**2014 (N=98)**	2013 (N=88)	**2014 (N=98)**
Current purity						
Did not respond*	60	**73**	85	**95**	50	**54**
Did respond	28	**25**	3	**3**	38	**43**
Of those who responded:						
High (%)	29	**52**	67^	**33^**	42	**54**
Medium (%)	50	**20**	0	**0**	34	**19**
Low (%)	14	**4**	33^	**67^**	13	**5**
Fluctuates (%)	7	**24**	0	**0**	11	**24**
Purity change over the last six months						
Did not respond*	62	**73**	85	**95**	52	**54**
Did respond	26	**24**	3	**3**	36	**43**
Of those who responded:						
Increasing (%)	27	**29**	0	**0**	11	**28**
Stable (%)	27	**25**	67^	**67^**	56	**35**
Decreasing (%)	31	**21**	0	**33^**	25	**14**
Fluctuating (%)	15	**25**	33^	**0**	8	**23**

Source: IDRS user interviews

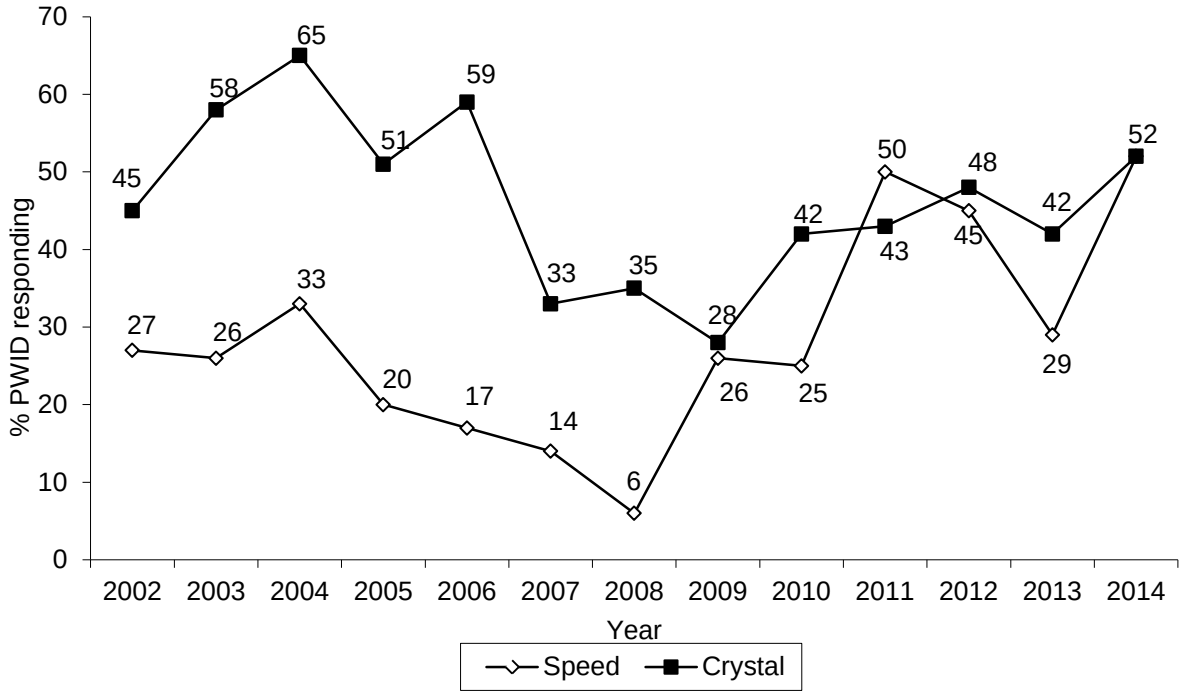
* 'Did not respond' refers to participants who did not feel confident in their knowledge of the market to respond to survey items. 'Don't know' responses were excluded from this table.

^ Based on very small number of responses (<10)

Figure 17 presents the proportion of PWID commenting on methamphetamine who rated each form as 'high' purity across IDRS surveys. While numbers reporting 'high' purity for speed powder appears to have undergone considerable fluctuation since 2012, crystal methamphetamine has been considerably more stable in this regard. Base has been excluded from this graph due to the lack of data in the last few years.

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

2002-2014

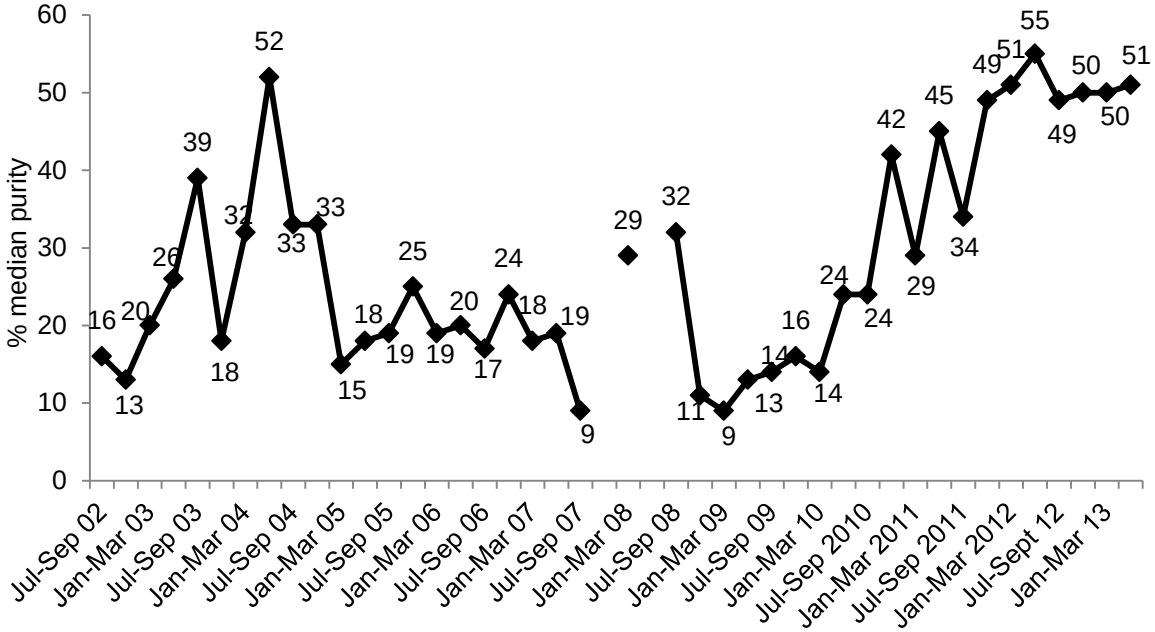


Source: IDRS user interviews

Figure 18 shows the median purity of methamphetamine seizures by WAPS since 2002/03. Although median purity found during 2011/12 ranged from 34 to 55%, purity of analysed seizures during 2012/13 was much more stable ranging from 49% to 51%.

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

Figure 18: Purity of methamphetamine seizures analysed by WAPS in WA, by quarter, 2002/03-2012/13



Source: Australian Crime Commission

For the most part, those KE commenting on current purity of methamphetamine in Perth indicated that it was 'high', with the two providing actual figures suggesting 61% and 70%-85%. One KE described methamphetamine as *"fairly pure, usually very clear crystals."* The one KE with a differing opinion said purity tended to 'fluctuate' due to the large numbers of 'home cooks' making purity very variable. Of those KE who commented on changes to methamphetamine purity, most (six) believed it had increased, but there were also individuals who thought it had decreased, fluctuated or remained stable.

A KE from the law enforcement sector reported on changes to methamphetamine manufacture noting *"There have been some recent seizures of liquid containing methamphetamine. This is an unusual extraction method that has been seen in the Eastern states before, but not here. There has also been a new importation method where towels are soaked with substances, and then the towels are washed to remove it once it has been imported."* This KE went on to add *"most meth manufacturers in WA aren't in big labs – superlabs are few and far between and many manufacturers are also users."*

A second KE from law enforcement reported that while there had been no changes in manufacturing techniques, there had been a *"distinct downturn in the number of 'lower class' labs being found. Manufacturers are becoming more aware of police techniques; this means they are less likely to do it at home and more likely to do it out in the bush where risk of detection is lower."* This KE also observed that *"Small level street dealers are typically unemployed, disorganised, living in poor conditions, often with long histories with the justice system. Dealers who are dealing larger quantities (ounce through kilogram) generally have a good physical appearance, with upper class living conditions."*

5.5 Summary of methamphetamine trends

- There was no significant change in lifetime or recent use of all forms of methamphetamine from 2013 to 2014.
- Among those who had used methamphetamine in the last six months, the average days used for all forms of methamphetamine was 44 days, which was consistent with 36 days in 2013, but a significant increase from 26 days in 2012. Days of use of powder had significantly increased from 11 to 33. Days of use of crystal remained stable. Mean days of use of base methamphetamine remained stable at 10, but was based on very small numbers of respondents.
- The median price for one point for any form of methamphetamine remained $100. The median price for one gram of crystal was $675. There was insufficient data to draw conclusions regarding the price of a gram of speed or base. The greatest proportions perceived price change of speed and crystal as 'stable'. Only two respondents talked about changes to the price of base with two thirds of these describing it as 'stable'.
- Regardless of form, methamphetamines were generally reported as being 'very easy' to obtain. The greatest proportion of respondents reported availability for all forms as 'stable' in the last six months although base methamphetamine was based on only three responses.
- Current purity was rated as 'high' by the greatest proportion of those who responded for crystal (54%). Speed purity was generally rated as being of 'high' purity by 52% which was not significantly higher than 29% the previous year. Numbers rating speed purity as 'medium', however, had significantly fallen from 50% in 2013 to 20%. Purity of crystal was generally thought to have been 'stable'. There was little consensus about changes to speed purity and there was insufficient data to draw conclusions about user perceptions of base purity or recent changes to it.

6 COCAINE

6.1 Use

6.1.1 Cocaine use among IDU participants

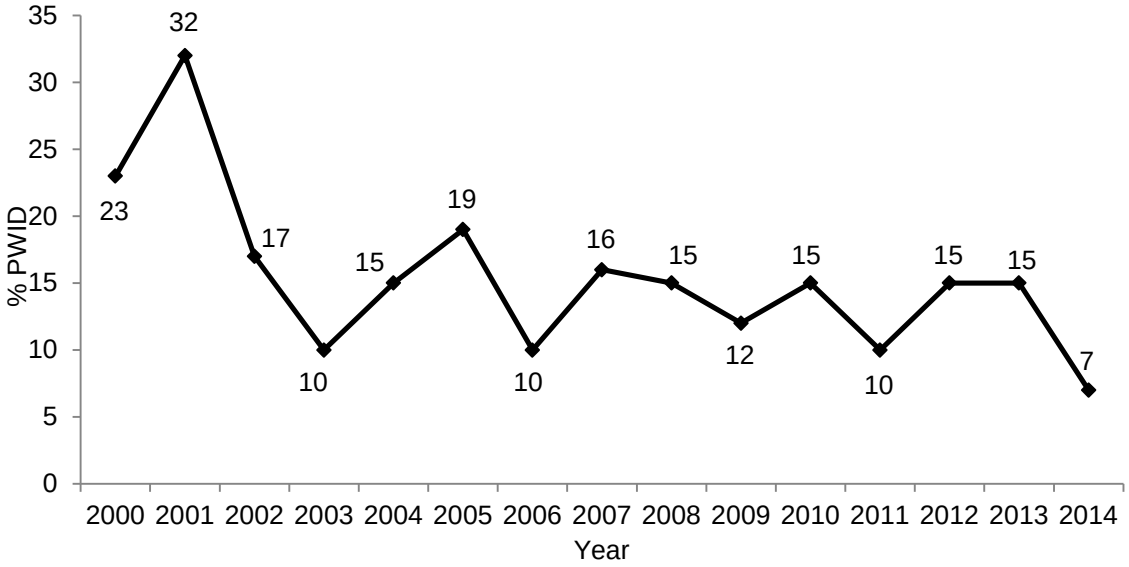
In 2014, lifetime use of cocaine was reported by 59% (n=58) of PWID, which was not significantly different to the 71% reported in 2013. Of these PWID, a lifetime history of having injected cocaine was reported by 41% (n=40), snorting by 35% (n=34), smoking by 1% (n=1), and swallowing by 7% (n=7).

6.1.2 Current patterns of cocaine use

Use of cocaine in the six months preceding interview was reported by 7% (n=7) of the 2014 sample, which was not significantly less that the 15% reported in 2013 (Figure 19). Of these participants, 86% (n=6) reported having injected cocaine in the last six months, and 43% (n=3) had snorted it.

Days of use ranged from one to 36, with an average of 11 days of use in the last six months, compared to four in 2013. The very low number of respondents (n=7) makes testing this difference for statistical significance unfeasible. Recent cocaine use by PWID across IDRS surveys is presented in Figure 19 and shows that it has remained at low prevalence since 2002.

Figure 19: Cocaine use in the past six months, 2000-2014



Source: IDRS user interviews

All seven respondents who had recently used cocaine reported that the form most used was powder cocaine. There were just three respondents who provided information on the amount of cocaine used in a single session. Amounts ranged from half a point to five points.

There were no KEs who commented on cocaine as a major drug of concern, most observing that it was rarely seen in their client load. One observed *"We don't see much. We never see clients with a primary cocaine issue. Amphetamines give a much longer buzz and value for money, so coke tends to be for occasional use."*

Another KE noted that while occasional clients reported one-off instances of cocaine use , the very long duration of effects described made it questionable if this was genuinely cocaine rather than methamphetamine.

A third KE stated *"I very rarely see patients related to cocaine use. The last person I saw was eighteen months ago."*

6.1.3 Use of cocaine in the mainstream population

Data from the most recent National Drug Household Survey found that a life time use of cocaine in the Australian population aged over 14 years was reported by 8.1% of the population which was not significantly different from the 7.3% reported in 2010. Recent use in the last 12 months was reported by 2.1% which was similarly unchanged from 2010 (AIHW, 2014b).

6.2 Price

In 2014, there was only one PWID who provided data on the price of cocaine, citing $300 for half a gram. There was no information available on the price of a gram. This respondent believed that the price of cocaine in Perth had been increasing over the past six months. With only one PWID responding, and only one PWID to compare with in the 2012 and 2013 samples, this data needs to be interpreted with great caution. Numbers reporting in previous years' WA IDRS studies have also been low.

Just two KE commented on the price of cocaine, one describing it as 'stable', and the other saying price had 'decreased'. Prices cited were $360 per gram, $10,500 for 30 grams and $33,500 for 100 grams.

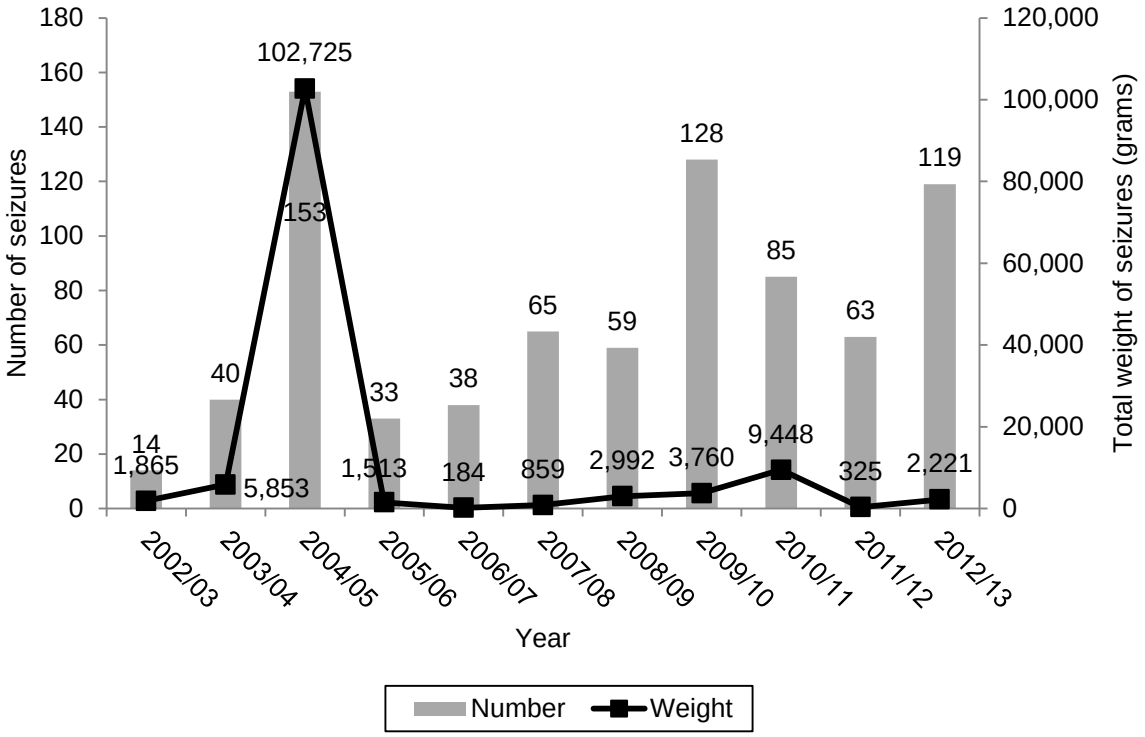
6.3 Availability

Only two respondents commented on the availability of cocaine in 2014. One respondent described current availability as 'very easy' and the other as 'difficult'. One respondent believed that availability over the last six months had remained 'stable' and the other believed it had become easier. One respondent reported having last obtained cocaine from 'friends' and the other from 'known dealers'. The source venue for obtaining cocaine was reported by one as a 'dealer's home' and by the other as an 'agreed public location'. Due to the extremely small number of respondents that reported, these findings should be interpreted with caution.

Two KE reported that there had perhaps been a slight increase in cocaine availability. However, another KE from the law enforcement sector stated *"There is not much detection at the moment. It is hard to obtain and expensive."* A fourth KE also said cocaine was *"difficult to obtain."*

Figure 20 presents the total number and combined weight of cocaine seizures made by WAPS and AFP in WA from 2002/03 to 2012/13. The number of seizures rose from 63 in 20011/12 to 119 in 2012/13. The total weight of seizures also increased from 325 grams to just 2,221 grams in 2012/13.

Figure 20: Number and weight of cocaine seizures by WAPS and AFP, WA 2002/03-20012/13



Source: **Australian Crime Commission**

6.4 Purity

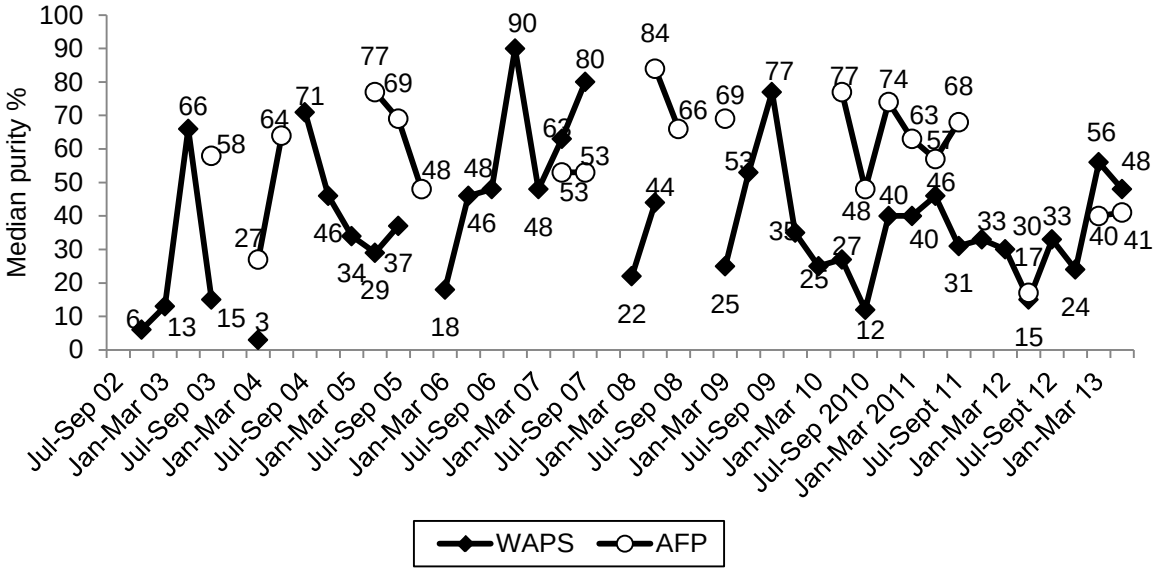
As with availability, only two respondents commented on purity of cocaine. The first respondent described current purity of cocaine in Perth as 'medium' and the other described it as 'low'. Asked about changes in purity in the last six months, one respondent reported it as 'stable' and the other as 'decreasing'. Again, due to the small sample reporting on purity, these findings should be interpreted with caution.

Figure 21 shows the median purity of cocaine seizures by both WAPS and AFP has fluctuated over time. In 2012/13 the median purity of cocaine analysed by WAPS was 36% compared to 19% in the previous period while the median purity analysed by AFP was 40%, down from 65%. It should be noted, however, that the AFP median is based on analysis of only three seizures, with no seizures analysed during the last two quarters of 2012.

Just one KE commented on cocaine purity describing it as 'high' and 'stable'.

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

Figure 21: Purity of cocaine seizures analysed in WA, by quarter, 2002/03-2012/13



Source: Australian Crime Commission

6.5 Summary of cocaine trends

- Lifetime use of cocaine by IDU was reported by 59% of the 2014 sample, which was not significantly different from the 71% who reported lifetime use in 2013.
- Recent use was reported by 7% of the 2014 sample, which was not significantly different from the 15% reported the previous year.
- Frequency of cocaine use in 2013 remained unchanged with an average of 11 days which was not significantly different from the 2013 average of four days.
- Only one respondent commented on the price of cocaine, citing a price of $300 for half a gram.
- Only two participants reported on availability and purity of cocaine, therefore, making it difficult to draw conclusions about the cocaine market in WA.

7 CANNABIS

7.1 Use

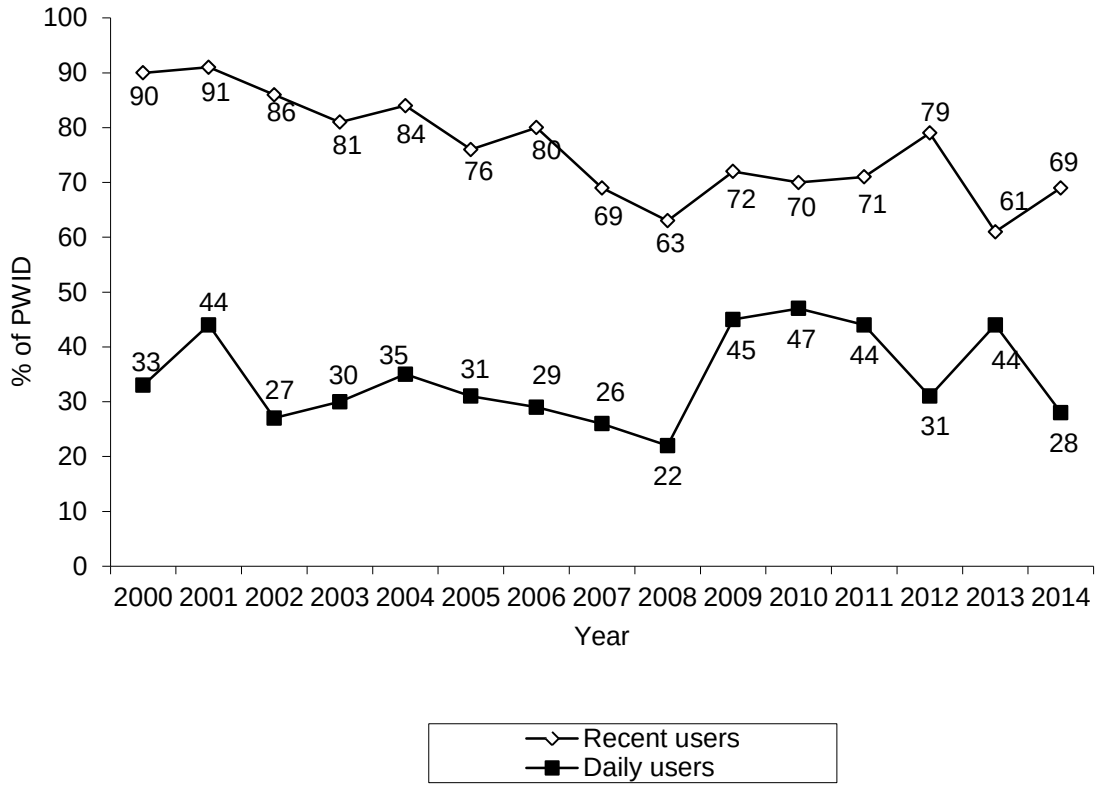
7.1.1 Cannabis use among IDU participants

In 2014, lifetime use of cannabis was reported by 97% of PWID, which was identical to findings from the previous two years.

7.1.2 Current patterns of cannabis use

Use of cannabis in the last six months was reported by 69% (n=68) which was not a significant increase on the 61% in 2013. In 2014, days of use ranged from one to 180, with 19% (n=19) (i.e. 28% of all recent users) of the total PWID sample reporting use of cannabis on a daily basis, which was not significantly different to the 44% reported in 2013. The proportion of PWID reporting any use and daily use of cannabis in the last six months is presented in Figure 22.

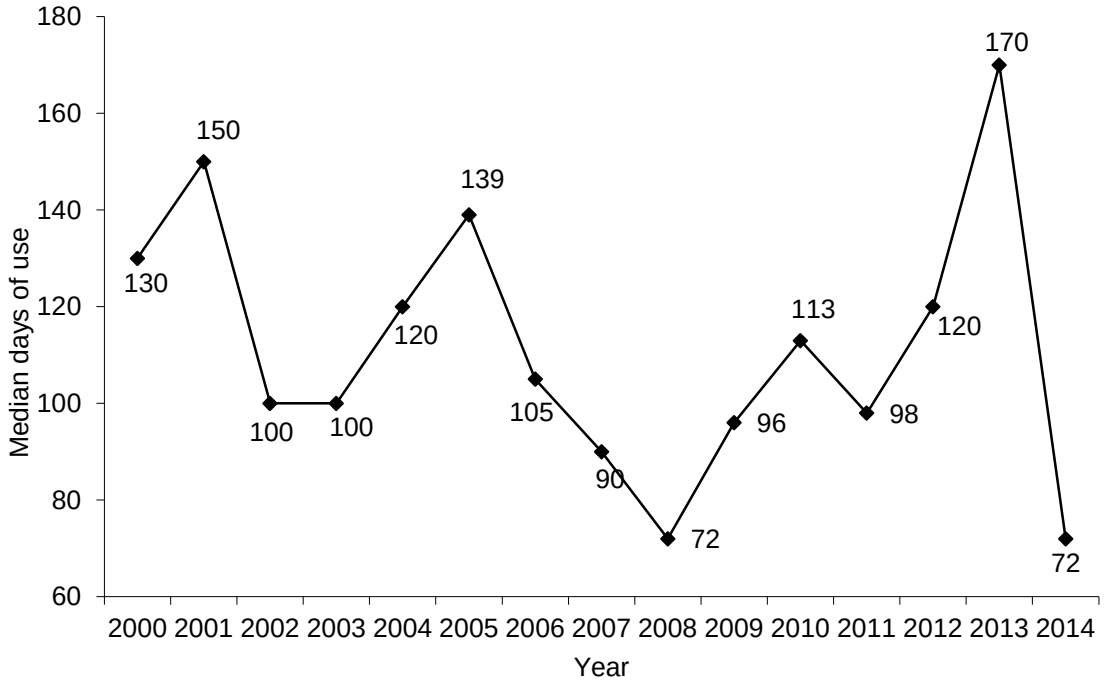
Figure 22: Recent use and daily use of cannabis among recent users in the past six months, 2000-2014



Source: IDRS user interviews

Figure 23 shows the median number of days cannabis was used among IDU across IDRS surveys. The median days of use had substantially decreased from 170 days in 2013 to 72 days in 2014. The mean days of use was 86 which was significantly less than the 2013 mean of 115 days (t=-3.384, df=67, p=.001).

Figure 23: Median days of cannabis use in the past six months, 2000-2014



Source: IDRS user interviews

PWID who reported use of cannabis were asked about forms of cannabis they had most commonly used in the last six months. As in past years, the vast majority of those responding (82%, n=54) reported that hydroponic cannabis had been the form most commonly used, and just 17% (n=11) nominated bush. There was only one mention of hashish in this context, and none at all of hash oil. The most commonly nominated amounts of cannabis consumed in a typical session ranged from one to 20 cones with the most commonly mentioned quantity being two cones. The most commonly nominated amount smoked in a heavy session was six cones, but some respondents reported up to 40 cones.

Almost all KE commenting indicated that hydroponic cannabis was the most common form although some mentioned a move towards synthetic cannabis. A KE from the law enforcement sector observed *"Hydro is more popular and available. No one interested in bush crops nowadays because the risk of detection is higher (e.g., from planes or people bushwalking), and because there is better quality control with hydro."* This view was not universally shared, however, with one KE saying *"There is still a bit of hydro around but people are going back to using bush cannabis because of the police seizures of hydro crops; people got frightened about losing their houses."*

One KE commented on cannabis use, noting problems with its use including dependence, difficulty engaging with school/jobs, financial problems leading to criminal involvement and contact with the Department of Corrective Services and incarceration. Another KE observed that exposure via social groups led to entrenched use since *"everyone they know uses it."* They also noted that this entrenched use often led to dependence and compromised fitness levels. A third KE described cannabis as *"Used widely, but not problematic, a less evil compared to other drugs, but not without harms."* Another KE indicated that the main issues

with cannabis were that it could exacerbate mental health problems in some people and its illicit nature.

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

7.1.3 Use of cannabis in the mainstream population

Data from the most recent National Drug Household Survey found that a lifetime use of cannabis in the Australian population aged over 14 years was reported by 34.8% of the population which was not significantly different from the 35.4% reported in 2010. Recent use in the last 12 months was reported by 10.2% which was not significantly less than the 10.3% from 2010 (AIHW, 2014).

7.2 Price

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

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

Bush
As in previous years, only a small number of participants reported on price at last purchase of bush (Table 14). Superficially, while small decreases appear to have occurred in the price of a gram ($30 in 2013 vs $25 in 2014), the price of an ounce appears to have risen from $200 in 2013 to $250 in 2014. However, as all these median prices were calculated from ten or less respondents, caution must be exercised in interpreting these findings.

There were just two respondents who reported buying a gram of hashish in 2014. The prices paid at the last purchase were $30 and $50 respectively. Purchase of a cap of hash oil was reported by just one respondent for $50.

Table 14: Price of most recent cannabis purchases by participants, 2013-2014

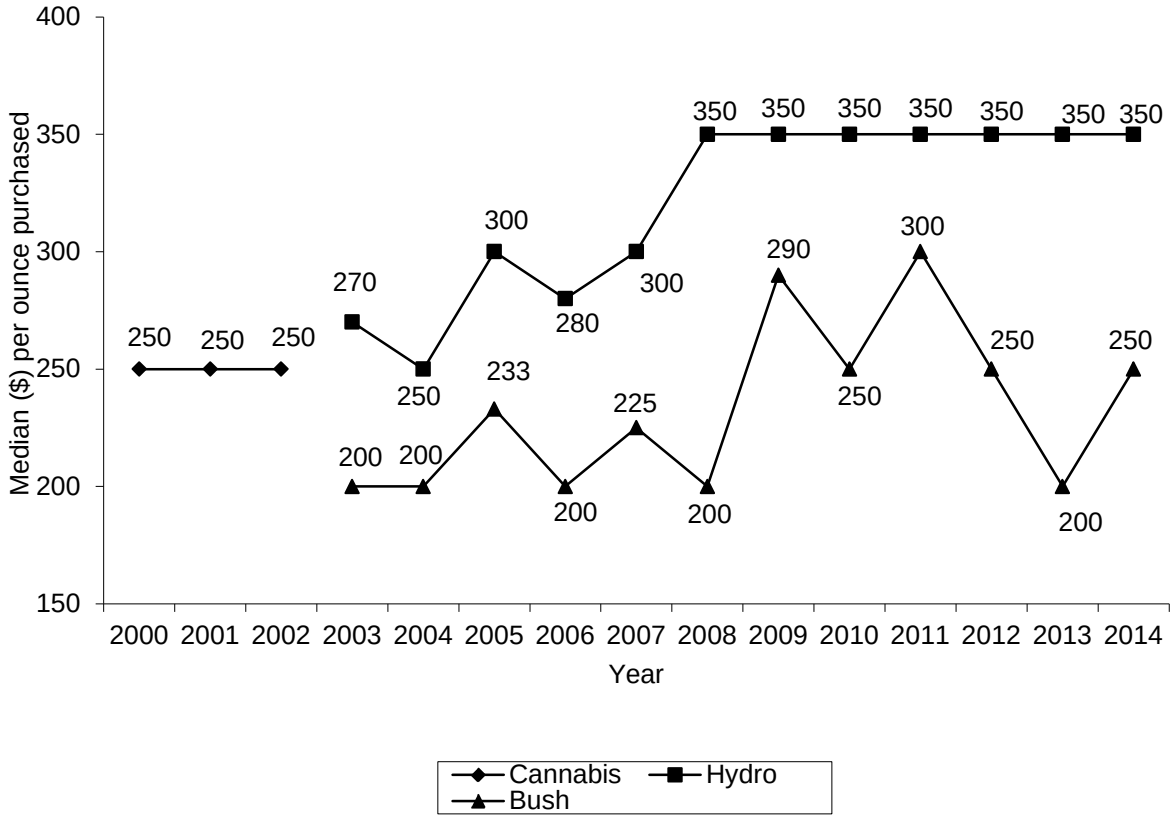
Amount	Median price* $	Range $	Number of purchasers
Hydro			
Gram	25 (28)	25-30	15 (10)
Half ounce	190^ (180^)	100-200	8 (6)
Ounce	350 (350)	200-600	21 (14)
Bush			
Gram	25^ (30^)	20-25	5 (3)
Half ounce	163^ (150^)	50-200	6 (1)
Ounce	250^ (200^)	200-350	7 (7)

Source: IDRS user interviews
* 2013 data are presented in brackets.
^ Based on small (<10) purchases

The median price of one ounce of cannabis as reported by PWID across IDRS surveys is presented in Figure 24. Hydro has consistently been more expensive than bush across time. While the median price of an ounce of hydro has been stable since 2008, the price of an ounce of bush has exhibited considerably more fluctuation. It must be considered, however,

that the median price of bush in recent years has only been calculated from small numbers of reports, necessitating some caution in accepting the accuracy of this price data.

Figure 24: Median prices ($) of an ounce of cannabis estimated from PWID participant purchases, 2000-2014



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

With regard to any change in the price of cannabis over the last six months, 59 participants reported on hydro and 29 reported on bush. Regarding the price of hydro, 49% (n=29) reported it as 'stable', and 36% (n=21) reported it as 'increasing'. For bush, 73% (n=21) reported the price as 'stable', 17% (n=5) 'didn't know', and with individual respondents reporting various other opinions.

Only one KE commented on cannabis prices, stating prices had been 'stable' and that a stick currently cost $25 and an ounce cost $300-$400.

7.3 Availability

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

Hydro
In 2014, there were 59 participants who commented on the current availability of hydro. The majority of these (48%, n=28) reported that it was 'easy', a figure unchanged from the previous year. This was followed by 39% (n=23) who described it as 'very easy', and 14% (n=8) who reported it as 'difficult'.

There were no reports that current availability of hydro was 'very difficult'. With regard to change in availability over the last six months, 78% (n=46) rated it as 'stable', and 12% (n=7) as 'more difficult'.

Bush

In 2014, current availability of bush continued to be most commonly described as 'difficult', reported by 45% (n=13) of the 29 PWID responding. This was not found to be significantly different from the 65% reporting this in 2013. This was followed by 35% (n=10) who described it as 'easy', and 21% who described it as 'very easy'. There were no reports that current availability of bush was 'very difficult'. Asked about changes to availability in the previous six months, 75% (n=22) of those responding reported it had been 'stable'. This data is presented in Table 15.

Table 15: Participants' reports of cannabis availability in the past six months, 2013-2014

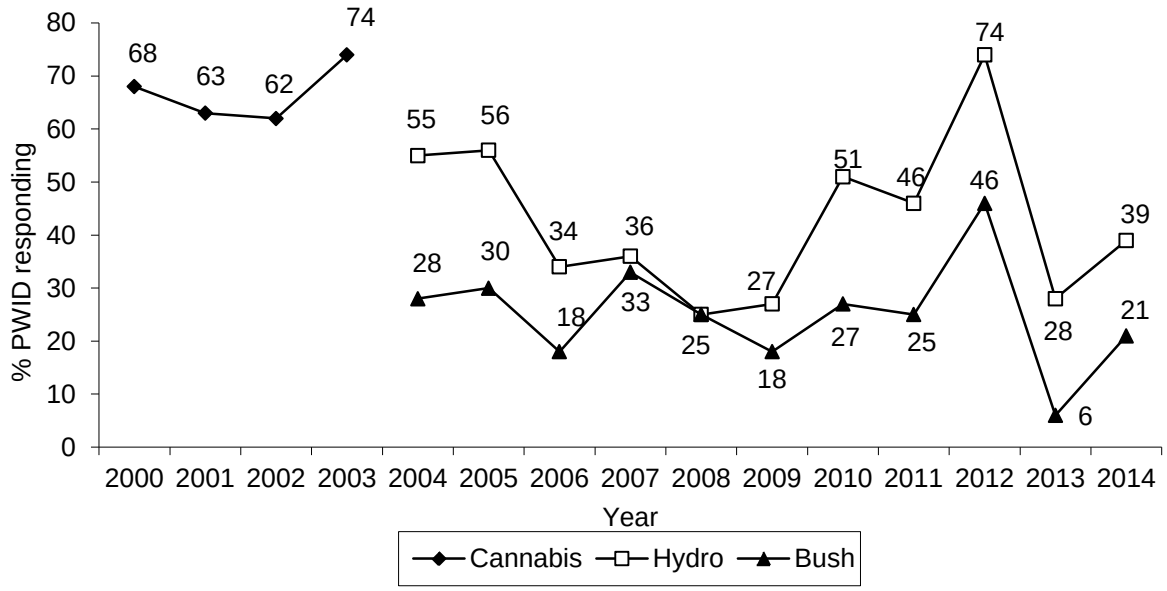
Current availability	**Hydro**		**Bush**	
	2013 (N=88)	**2014 (N=98)**	2013 (N=88)	**2014 (N=98)**
Did not respond*	48	**39**	71	**69**
Did respond	40	**59**	17	**29**
Of those who responded:				
Very easy (%)	28	**39**	6	**21**
Easy (%)	48	**48**	24	**35**
Difficult (%)	20	**14**	65	**45**
Very difficult (%)	5	**0**	6	**0**
Availability change over the last six months				
Did not respond*	48	**39**	71	**69**
Did respond	40	**59**	17	**28**
Of those who responded:				
More difficult (%)	20	**12**	24	**18**
Stable (%)	70	**78**	71	**75**
Easier (%)	5	**3**	6	**7**
Fluctuates (%)	5	**7**	0	**0**

Source: IDRS user interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items. 'Don't know' responses were excluded from this table.

Figure 25 presents the proportion of PWID, who commented, that rated current availability of cannabis as 'very easy'. In 2014, both hydro and bush appeared to experience an increase in availability, but these changes did not attain statistical significance.

Figure 25: Participant reports of current cannabis availability as 'very easy', 2000-2014



Source: IDRS user interviews

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

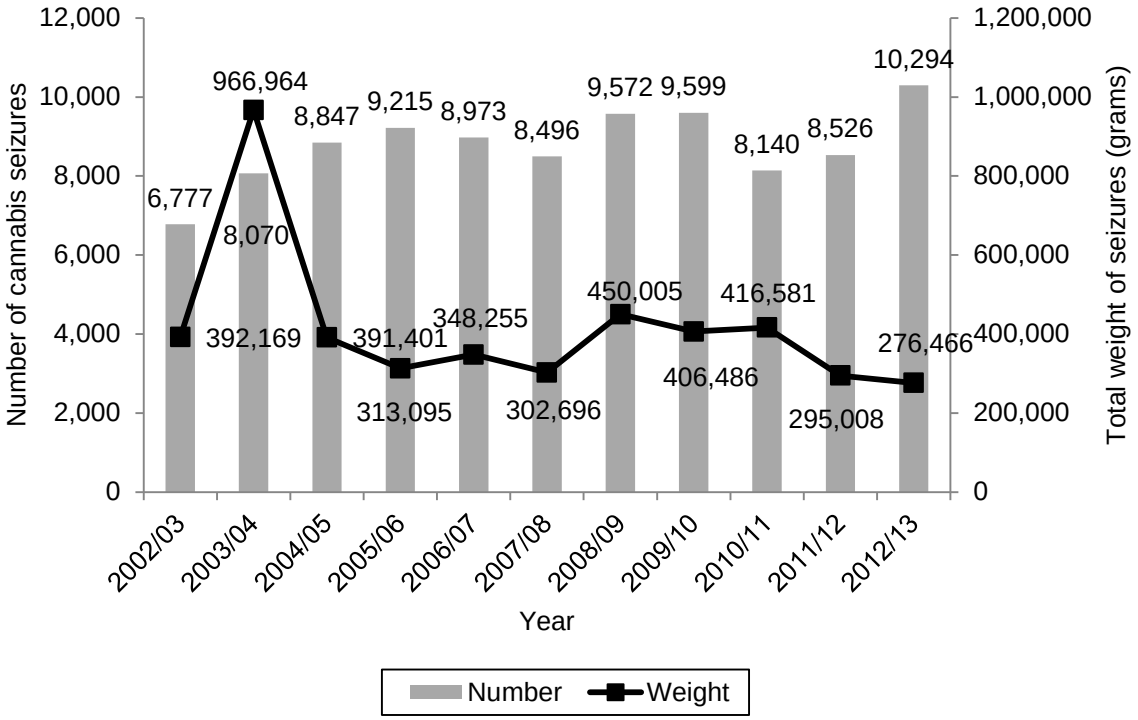
One KE noted that although hydro remained the dominant form of cannabis there was an increasing move towards synthetic brands. Another reported that cannabis was currently hard to get with availability *"absolutely woeful."* There was nevertheless demand for it among both heroin and amphetamine users since cannabis was *"a good stabilising drug".*

Of the 59 PWID responding to questions about who was the last person they obtained hydro from, 56% (n=33) indicated that it came from a 'friend', which was also the most common response in previous years. Other common responses included 'known dealers' (19%, n=11), 'acquaintances' (12%, n=7) and 'partners' (5%, n=3). The most common venue for obtaining hydro remained at 'friend's home' (40%, n=23). Next most commonly mentioned were 'agreed public location' (19%, n=11), 'home delivered', mentioned by 17% (n=10) and 'dealer's home' by 12% (n=7). Other locations were reported by very small numbers of respondents.

There were 29 PWID who provided information concerning where they last obtained bush cannabis from. As with hydro, the most common last source was 'friends' nominated by 59% (n=17), followed by 17% (n=50) who had obtained it from 'acquaintances' and 10% (n=3) who had obtained it from 'known dealers'. Individual respondents reported other sources.

Figure 26 presents the total number and combined weight of cannabis seizures made by WAPS and AFP in WA from 2002/03 to 2012/13. The number of seizures rose substantially from 8,526 in 2011/12 to 10,294 in 2012/13 making this the largest number of cannabis seizures yet reported in the WA IDRS. However, the total weight of seizures fell from 295,008 grams to 276,466 grams during the corresponding period.

Figure 26: Number and weight of cannabis seizures by WAPS and AFP, WA 2002/03-2012/13



Source: Australian Crime Commission

7.4 Potency

Respondents were asked about the current potency of cannabis and any change in potency over the last six months (Table 16). Fifty-seven PWID commented on hydro, with the majority (65%, n=37) nominating current potency as 'high', which was comparable to last year. This was followed by 25% (n=14) reporting purity as 'medium'. With regard to changes in potency over the last six months, the greatest proportion (68%, n=36) reported potency as stable, followed by 17% (n=9) who reported that it had increased.

Twenty-seven respondents provided information regarding the potency of bush cannabis. The majority (48%, n=13) nominated its current potency as 'medium', which was a significant decline from the 82% reporting this in 2013 (chi sq=3.806, p=0.05, 95% CI 0.0478-0.5504). There were 30% (n=8) who reported current potency as 'high' compared with 6% in 2013 which was not found to be a significant increase, although this is likely a reflection of the low numbers responding. That potency was either 'low' or 'fluctuating' were both reported by 11% (n=3). With regard to changes in potency of bush over the last six months, the greatest proportion (73%, n=19) rated it as stable with other opinions being relatively uncommon.

Table 16: Participant estimates of cannabis potency, 2013-2014

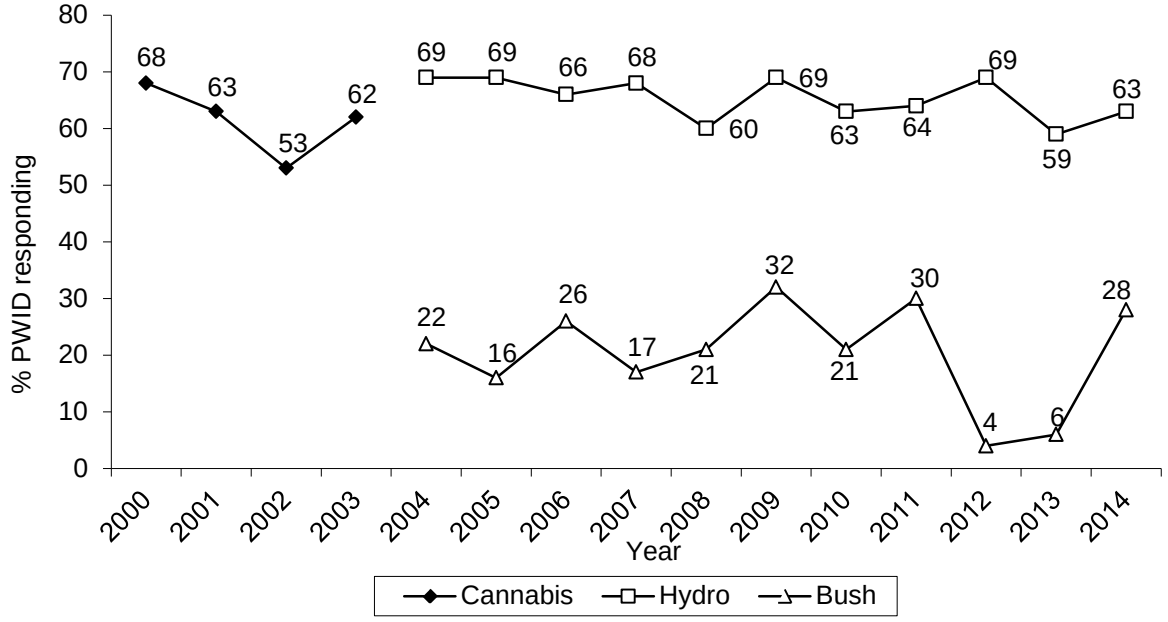
Current potency	Hydro		Bush	
	2013 (N=88)	**2014 (N=98)**	2013 (N=88)	**2014 (N=98)**
Did not respond*	48	**41**	71	**71**
Did respond	40	**57**	17	**27**
Of those who responded:				
High (%)	60	**65**	6	**30**
Medium (%)	35	**25**	82	**48**
Low (%)	3	**4**	12	**11**
Fluctuates (%)	3	**7**	0	**11**
Potency change over the last six months				
Did not respond* (%)	48	**45**	71	**72**
Did respond (%)	40	**53**	17	**26**
Of those who responded:				
Increasing (%)	8	**17**	12	**12**
Stable (%)	70	**68**	82	**73**
Decreasing (%)	13	**6**	0	**4**
Fluctuating (%)	10	**9**	6	**12**

Source: IDRS user interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items. 'Don't know' responses were excluded from this table.

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

Figure 27: Participant reports of current cannabis potency as 'high', 2000-2014



Source: IDRS user interviews

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

7.5 Summary of cannabis trends

- Similar to previous years, the vast majority of PWID sample (97%) reported lifetime use of cannabis.
- Recent use of cannabis was reported by 69% which was not significantly different to 61% in 2013.
- Frequency of use among recent cannabis users was 86 mean days which was a significant decline from 115 mean days of use in 2013. The number of recent cannabis users reporting daily use of cannabis was 28% which was comparable, with 44% in 2013.
- The reported price of hydro was comparable to last year, with the median price for an ounce being $350 since 2008. The median price of one ounce of bush was $250 in 2014, which was comparable to $200 in 2013. However, only a small number of respondents commented on the price of an ounce of bush, making it difficult to draw firm conclusions. Prices for both forms were generally reported as stable.
- Current availability of both forms had reportedly declined. Hydro was mainly described as 'easy' to obtain in 2014 as it was the previous year. Availability of bush continued to be described as 'difficult'. Availability of both forms was reportedly stable in the six months prior to the survey.
- Current potency of hydro was rated as 'high' by 65% of those who responded in 2014 (60% in 2013). Current potency of bush continued to be rated as 'medium' by 48% of those who responded in 2014 although this was a significant decline from 82% the previous year. Potency for both forms was generally agreed to be 'stable'.

8 OPIOIDS

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

8.1 Illicit use of methadone

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

8.1.1 Use patterns

Lifetime illicit use of methadone syrup was reported by 41% (n=40) of respondents. The proportion reporting illicit use of methadone in the last six months was 12% (n=12) in 2014, which was not significantly different from the 19% in 2013. Recent injection of illicit methadone was reported by 9% (n=9) of the sample, and oral consumption by 4% (n=4). Days of use ranged from one to 90, mean days of use was 16 which was not significantly less than the 2013 mean of 20 days. The quantity of illicit methadone used at the last occasion ranged from seven to 120 mls with an average of 51 mls.

Lifetime illicit use of Physeptone® was reported by 34% (n=33) of respondents. The proportion reporting illicit use of Physeptone® in the last six months was 9% (n=9), which was unchanged from 2013. Recent injection of illicit Physeptone® was reported by 7% (n=7) of the 2014 sample and recent oral consumption by 2% (n=2). There were no other reported routes of administration. Days of use ranged from one to 12 days, with a mean of four, which was not significantly different from the 2013 mean of six days. The average amount of Physeptone® used on the last occasion ranged from seven to 60 mg, with an average of 22 mg.

8.1.2 Market characteristics

There were only two respondents who reported purchase of illicit methadone syrup in the past six months. Respectively, these were $50 for 65mls and $80 for 80mls. While this very small number of cases makes it difficult to draw firm conclusions, it may cautiously be extrapolated that the price of illicit methadone syrup remains unchanged from $1 per ml as in previous years. Price changes were commented on by five respondents of whom three reported it to have been ‘stable’ in the previous six months, and a further two described it as ‘increasing’. Only two respondents provided price data for Physeptone®. Both had purchased a 10 mg tablet for $5.

There were six respondents who commented on the current availability of illicit methadone. Of these, 50% (n=3) reported that it was ‘difficult’ as compared to 2013 where 42% described it as ‘easy’. Individual respondents reported it as ‘very easy’, ‘easy’ or’ difficult’. Half of these respondents (n=3) believed that ease of access had remained ‘stable’, while the remainder reported that it had become ‘more difficult’.

Illicit methadone was generally obtained from ‘friends’ (33%, n=2). Individual respondents also mentioned ‘friend’s house’, ‘acquaintance’s house’, or ‘agreed public location’.

8.2 Use of illicit buprenorphine

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

8.2.1 Use patterns

Lifetime illicit use of Subutex® was reported by 40% (n=39) of respondents. Illicit use in the last six months was reported by 19% (n=19), which was not significantly different to 10% reported in 2013. Recent injection was reported by 17% (n=17) of the sample and recent oral consumption by 4% (n=4) with no other routes of administration reported. Days of use ranged from one to 180, with a median of two days, compared to four days in 2013. The average amount used at the last occasion ranged from three to 32 mg with a median of 8 mg. Using heat the last time they injected was reported by 29% (n=4) of those responding and all (100%, n=15) reported having used a filter, most commonly a cigarette filter (n=9), or cotton wool (n=4).

Lifetime illicit use of Suboxone® was reported by 26% (n=25) of respondents. Illicit use in the last six months was reported by just 4% (n=4) compared to the 13% in 2013. Of these participants, three respondents reported recent injecting and just one individual reported swallowing in the last six months. Days of use ranged from one to 24, with a median of 24 days use. Mean days of use was seven, appeared to be a substantial fall from 40 days in 2013, but the small number of cases do not allow for meaningful testing of significance. Typical amounts used at the last occasion ranged from four to 30 mg with a median of 24 mg. Using heat the last time they injected was reported by just one respondent and all responding (n=3) reported using a filter, either cotton wool or a wheel filter.

A history of lifetime use of illicit Suboxone® film was reported by 25% (n=25) of respondents. Recent use was reported by 16% (n=16) which was unchanged from 2013. Recent injection of illicit Suboxone® film was reported by 14% (n=14) of the sample and recent oral consumption by 6% (n=6). Days of use ranged from two to 180 with a median of 81 and a mean of 93, which was not a significant increase on the mean of 61 days reported in 2013. Typical amounts consumed ranged from two to 32 mg with a median of 8mg. Heating prior to injection was rare and reported by only one respondent. Filtering was typical, most commonly with a cigarette filter (n=7), but occasionally with cotton wool (n=3) or other methods. There was just one respondent who did not filter during their last injection.

8.2.2 Market characteristics

There were just five respondents who reported on the price of illicit Subutex®, all describing a purchase of an 8 mg tablet for a range of prices from $6 to$70 with a median of $40. This can be compared to the 2013 data in which all respondents gave a price of $50, but the very small numbers providing this information in both years necessitates great caution in the interpretation of this data. Just one respondent provided price data for a 2mg tablet, citing a cost of $10.There was little consensus among the respondents as to how this price had changed in the previous six months with three describing it as ‘stable’ and two as ‘increasing’. There were seven respondents who reported on the current availability of Subutex® with three stating that it was ‘easy’, two that it was ‘very easy’ and individual respondents describing it as ‘difficult’ or ‘very difficult’. Four of these respondents reported that ease of access had remained ‘stable’, two thought it had become ‘more difficult’ while just one thought it had become ‘easier’.

The most common source of illicit Subutex® was ‘friends’ (n=5) with individual respondents also reporting ‘known dealers’ and ‘partner’. Three respondents reported having paid cash for it, and three had received it for free. The most common source venue was ‘friend’s home’ (n=4) followed by two respondents who said it had been ‘home delivered’. All those who had purchased illicit Subutex® in the last six months (n=7) reported the original source as ‘someone’s take-away dose’.

A wide variety of reasons were given for taking illicit Subutex® on the last occasion including 'as a substitute for heroin', 'for intoxication', 'dependence', 'escape', 'pain', 'to stop feeling ill', and 'to get off ice'.

Just one respondent reported on the Perth market for illicit Suboxone® tablets, with no data available on current prices. This respondent suggested that price had been 'increasing'. Access was described as 'very difficult' and becoming 'more difficult'. The source person was reportedly 'friends' and last obtained from a 'friend's home'. The last time they had obtained it they had been given it for free and the original source was 'somebody else's takeaway dose'. The reason given for having consumed it was 'dependence'. With only one respondent providing information, this data must be interpreted with caution.

There were three respondents able to comment on the price of 2 mg illicit Suboxone® film, all citing a price of $10. Information on the price of 8mg Suboxone® film was provided by 12 respondents with prices ranging from of $25-$50 with a median price of $40 compared to the 2013 median price of $50. There were 14 respondents who commented on whether the price of illicit Suboxone® film had changed in the previous six months with 50% (n=7) of these indicating that it had remained 'increased and 43% (n=6) believing it had remained 'stable'. Current ease of access to illicit Suboxone® film was generally reported as 'easy' (57%, n=8), or ' very easy' (36%, n=5), with one remaining respondent describing it as 'very difficult'. It was generally agreed that this ease of access had recently remained 'stable' (86%, n=12), although individual respondents thought it had either become 'easier' or 'more difficult'. The most common source of illicit Suboxone® film was from 'friends' reported by 10 respondents. Another two reported that they had most often obtained it from 'known dealers' and one respondent from 'acquaintances'. The most common source venue was a 'friend's home' (36%, n=5), followed by 'agreed public location' (29%, n=4) and 'home delivered' (21%, n=3). Although 46% (n=6) reported paying cash for illicit Suboxone® film at the last occasion, another six respondents reported being given it for free, and one respondent reported having exchanged it for other goods. There was no definitive reason for use of illicit Suboxone® film. Reasons given included 'self-treatment', as a 'substitute for heroin or other opioids', 'intoxication', 'dependence', 'needing the needle', 'pain or boredom', 'avoiding withdrawal', 'feeling unwell' and 'slows me down'.

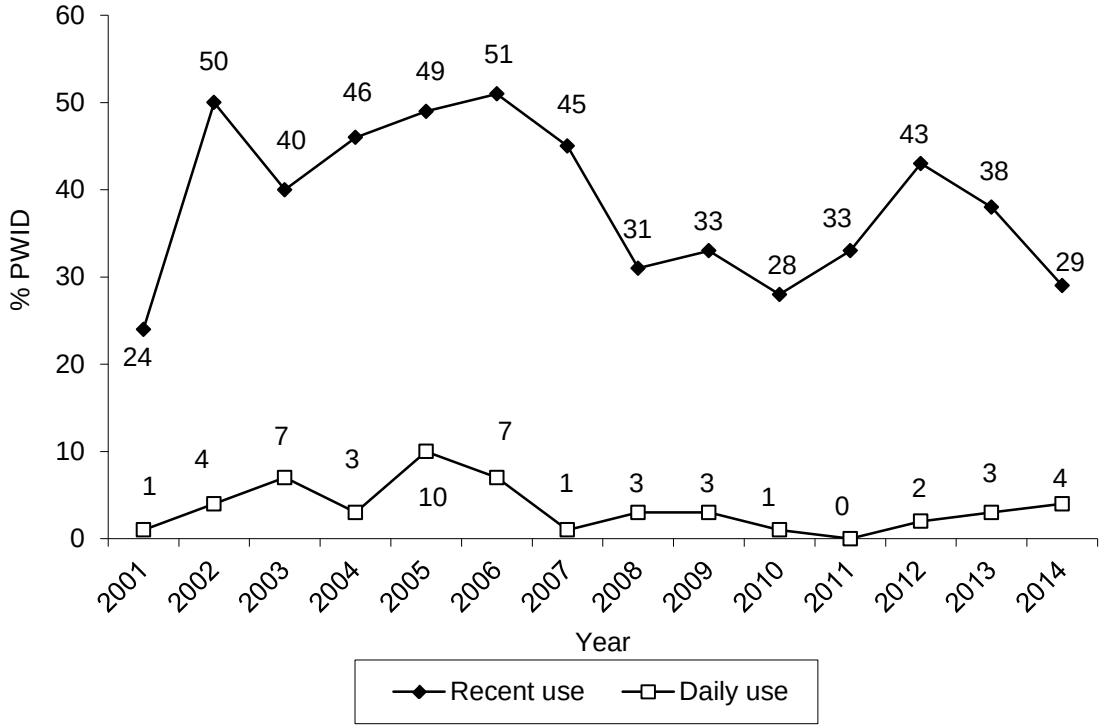
8.3 Morphine

8.3.1 Use patterns

Lifetime illicit use of morphine was reported by 79% (n=77) of the 2014 IDRS sample. The proportion reporting illicit use of morphine in the last six months was 27% (n=26), which was not significantly different to the 38% reported in 2013. Recent injection of illicit morphine was reported by 26% (n=25) of the sample and recent oral consumption by 3% (n=3). There were no other reported routes of administration. Days of use in the last six months ranged from one to 100, with no reports of use on a daily basis. Mean days of use was 21, which had not significantly changed from than the 24 days reported in 2013.

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

Figure 28: Proportion reporting recent and daily illicit morphine use in the past six months, 2001-2014



Source: IDRS user interviews

Asked if they had heated the mixture at the most recent injection, 73% (n=19) of those responding reported having done so. There were no respondents who reported not using a filter. Of those who did use a filter, the most common type remained a cigarette filter (58%, n=15), followed by cotton wool (31%, n=8) and by wheel filters (12%, n=3).

As in previous years, MS Contin® remained the most common brand of illicit morphine consumed with 91% (n=21) of those responding reporting this as their main brand. Individual respondents mentioned Anamorph® or other unspecified brands in this context.

One KE noted that among heroin users there was increasing intravenous use of diverted opiates like MS Contin® and Oxycontin®.

8.3.2 Market characteristics

As in previous years, the most commonly reported form of illicitly purchased morphine was MS Contin®. Twelve participants reported on the price of a 100 mg tablet, (range=$70-$100) with a median price of $80 compared to $70 the previous year. The mean price was $81 which was unchanged from the previous year. Ten participants reported on the price of 60 mg (range=$25-$60) with a median of $40 compared with $50 the previous year. The mean price was $41 which was significantly less than the previous year's mean price of $61 (t=-6.189, df=9, p<.001). There were just three respondents who reported on the price for 30 mg MS Contin® with a median price of $25. There was just one purchase of $10 mg MS Contin® for $10. There were three respondents who discussed purchasing illicit 50 mg Kapanol® for a median of $50, and two who had purchased 100 mg Kapanol® for $80-$100. Purchasing 30 mg Anamorph® was reported by three respondents (range $25-$30) for a median price of $30. More than half (57%, n=12) of the respondents believed the price of

morphine had 'increased' in the past six months, followed by 33% (n=7) who believed that it had remained 'stable'.

Current availability of morphine was reported on by 21 respondents with 38% (n=8) describing it as 'easy' remaining the most common response. This was followed by 29% (n=6) who described it as 'difficult'. There were also five individuals who described it as 'very easy'. Although 48% (n=10) thought recent ease of access to illicit morphine had remained 'stable', 43% (n=9) thought it had become 'more difficult'. Individual respondents thought it had become 'easier' or 'fluctuated'.

The source person for obtaining illicit morphine was most commonly identified as a 'friend' by 76% (n=16) of respondents, followed by 'acquaintances' or 'street dealers', both by 10%, (n=2). Just one respondent nominated 'known dealers'. The most common venues for obtaining illicit morphine remained 'friend's home' (38%, n=8), 'agreed public location' (29%, n=6) and 'home delivery' (14%, n=3). Other locations mentioned less frequently included 'dealer's home', 'acquaintances house', and 'street market'.

The most common reason given for using illicit morphine was 'pain relief'. Other reasons included 'availability', 'cheaper than heroin, 'couldn't get other drugs', 'anxiety', 'relaxation' and 'to cook into homebake'.

8.4 Oxycodone

8.4.1 Use patterns

Lifetime illicit use of oxycodone was reported by 71% (n=70) of the 2014 IDRS sample. The proportion reporting use in the last six months was 27% (n=26) in 2014, which was not a significant change from 34% in 2014. Despite recent changes to the formulation of oxycodone designed to render it more difficult to inject, the 27% (n=26) of the sample who reported recent injection was not significantly less than the 33% who reported doing so the previous year. There were also two respondents who reported recent oral consumption and one who reported snorting as a recent ROA. Days of use ranged from one to 180, with two respondents using on a daily basis. The mean days of use was 29, which was comparable to a mean of 33 days in 2013. The most commonly reported brand used was Oxycontin® by 88% (n=22) of those responding. Other individual respondents mentioned Endone®, generic oxycodone and another unspecified brand. The typical amount used ranged from 30 mgs to 240 mgs with a median of 80 mgs.

Asked if they had heated the mix last time they injected illicit oxycodone, 85% (n=22) of those responding indicated that they had. Asked if they had used a filter at the last injecting occasion, all (100%, n=26) of those responding indicated that they had. This was most commonly cotton wool (50%, n=13), followed by a cigarette filter (42%, n=11), or a wheel filter (7%, n=2).

8.4.2 Market characteristics

The most common purchase of Oxycontin® remained 80mg of the original formulation for prices ranging from $35 - $80 with a median price of $80 which was unchanged from the previous year. This was followed by 10 purchases of 40mg original formulation with prices ranging from $35-$50, with a median of $40 which was similarly unchanged from 2013. The market for other illicit Oxycontin® tablets in the 2014 PWID sample varied widely. There was one purchase of a 5mg Oxycontin® tablet for $5, three purchases of 10mg tablets all for $10, two purchases of 15mg tablets ranging from $15-$20, four purchases of 20mg Oxycontin® for $20-$30, and four purchases of 30 mg tablets for $25-$35. There was also one purchase of a 20 mg Oxynorm® tablet for $10.

Purchases of reformulated Oxycontin® tended to be rather less common. There was one reported purchase of reformulated 15mg for $10, one purchase of 20mg for $15, one of 30mg for $20, one of 40mg for $30, and four for 80mg with prices ranging from $50-$100 and a median of $85.

Asked if prices of Oxycontin® had recently changed saw 63% (n=12) reporting that they had 'increased' and 26% (n=5) describing them as 'stable'.

Only a couple of KE commented on the price for illicit oxycodone, one suggesting that a pill of the original formulation might fetch $70-$80 and that this price had increased, or that some generic oxycodone might currently be selling for $90. The other KE suggested that a 50mg tablet of original formulation might cost $100.

Ease of access to illicit Oxycontin® was generally viewed as 'difficult' (39%, n=7) or 'very difficult' (26%, n=5) compared with 2013 when availability was mostly viewed as 'easy' or 'very easy'. That availability had recently become 'more difficult' was reported by 68% (n=13) of those responding, although 16% (n=3) thought it had become 'easier' and 11% (n=2) described it as 'stable'.

The most common source of illicit oxycodone remained 'friends' reported by 68% (n=13). Other sources were relatively uncommon with 'street dealers' and 'acquaintances' both reported by two respondents and 'known dealers' reported by one. The most common source venue was 'friend's house' (39%, n=7), followed by an 'agreed public location' (32%, n=6). A variety of other locations were mentioned by very small numbers of respondents.

Reasons given for using illicit Oxycontin® varied widely, including 'availability', 'affordability', 'knowing what you're getting', 'to see if the new formulation could be injected', 'pain and stress relief', 'need to inject' and simply 'I like it'.

One KE commented on oxycodone, noting that while the reformulation had seen a move onto other opiates depending upon availability, nevertheless, some users appeared to have found ways to inject the new formulation of the product. Another KE also noted that the reformulation of oxycodone had generated issues for users.

8.5 Fentanyl

A lifetime history of use was reported by 22% (n=22). Recent use in the last six months was reported by 11% (n=11) which was not a significant increase on the 6% the previous year. The most common recent ROA was by injection (8%, n=8) followed by use of a transdermal patch (4%, n=4). Individual respondents also reported snorting and oral consumption. Days of use ranged from one to 180 with a mean of 30 days which was not significantly larger than the 2013 mean of six days. Recent illicit use was reported by eight respondents, compared to licit use by three. Eight respondents reported on their average amount used which ranged from 16 to 150 mgs with a median of 100.

Just three respondents provided price data for fentanyl, ranging from $50-$150, although the quantity purchased was not clear. All three agreed that price in the last six months had remained 'stable'. There was no consensus as to the current ease of access to fentanyl or how this had changed in the last six months. Source people for illicit fentanyl included 'friends' and 'relatives'. Source venues included 'home delivered' and 'friend's home'. The original source, when provided, was generally 'somebody else's prescription. At the last occasion of obtaining illicit fentanyl, two respondents had been given it for free while the remaining individual had paid for it. The very small number of respondents necessitates interpreting this data with caution.

One KE reported that use of fentanyl was increasing, in part as a result of the reformulation of oxycodone.

8.6 Use of over the counter codeine

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

In 2014, 44% (n=43) of respondents reported a lifetime use of OTC codeine and recent use by 20% (n=20) which was not significantly different from 10% reporting recent use in 2013. Days of use ranged from one to 180 with a mean of 17 days which was not significantly less than the 2013 mean of 31. The primary ROA was by oral consumption (n=18) although three respondents reported recent injection. Main brands used included Panadeine®, Chemists Own®, Neurofen Plus®, Mersyndol®, Panadol Extra®, Panafen® and Codral®. Average amounts typically used ranged from two to twelve tablets or capsules with a mean of three.

8.7 Other opioids (not elsewhere specified)

Other opioids include (but are not limited to) drugs such as opium and pethidine. In 2014, lifetime use of other opioids was reported by 32% (n=31) of the WA IDRS sample. Recent use was reported by 9% (n=9) compared with 17% in 2013. Average days of use was 64 compared to the previous year's mean of 39 days, but the small number of cases do not allow for meaningful testing of statistical significance. Other opiates mentioned included Tramadol®, Panadeine Forte® and Dialudid®.

8.8 Use of opioids in the mainstream population

Data from the most recent National Drug Household Survey found that a life time illicit use of methadone or buprenorphine in the Australian population aged over 14 years was reported by 0.4% of the population which was unchanged from 2010. Recent use in the last 12 months was reported by 0.2% which was similarly unchanged from 2010. Lifetime illicit use of other opioids had risen significantly from 1.1% in 2010 to 1.4%. Recent use however, remained unchanged at 0.4% (AIHW, 2014).

8.9 Summary of opioid trends

- The proportion reporting illicit use of methadone in the last six months was 12% (n=12) in 2014, which was not significantly different from the 19% in 2013. Mean days of use was 16 which was not significantly greater than the 2013 mean of 20 days.
- The proportion reporting illicit use of Physeptone® in the last six months was 9% (n=9), which was unchanged from 2013. Days of use ranged from one to 12 days, with a mean of four, which was not significantly less than the previous year.
- Illicit use in the last six months of illicit Subutex® was reported by 19% (n=19), which was not significantly different to 10% reported in 2013. Days of use ranged from one to 180, with a median of two days, compared to four days in 2013.
- Illicit use in the last six months of illicit Suboxone® tablets was reported by 4% (n=4), which was comparable to 13% in 2013. Days of use ranged from one to 24, with a median of 24 days use which was unchanged from 2013.
- Recent use of Suboxone® film was reported by 16% (n=14) which was unchanged from 2013. Days of use ranged from two to 180 with a median of 81 and a mean of 93, which was not a significant increase on the mean of 61 days reported in 2013.
- The proportion reporting illicit use of morphine in the last six months was 27% (n=26), which was not significantly different to the 38% reported in 2013. Mean days of use was 21, which was not significantly less than the 24 days reported in 2013.
- The proportion reporting use of illicit oxycodone in the last six months was 27% (n=26) in 2014, which was not a significant change from 34% in 2013. Days of use ranged from one to 180, with two respondents using on a daily basis. The mean days of use were 29, which was comparable to a mean of 33 days in 2013.
- Recent use in the last six months of illicit fentanyl was reported by 11% (n=11) which was not a significant increase on 6% in 2013. Days of use ranged from one to 180 with a mean of 30 days which was not a significant increase on six days in 2013.
- Recent use of OTC codeine was reported by 20% (n=20) compared to 10% in 2013. Days of use ranged from one to 180 with a mean of 17 days which was not significantly less than 31 days in 2013.
- Recent use of other opioids was reported by 9% (n=9) compared with 17% in 2012. Average days of use was 64 compared with 39 in 2013, but the small number of cases did not permit analysis of statistical significance.

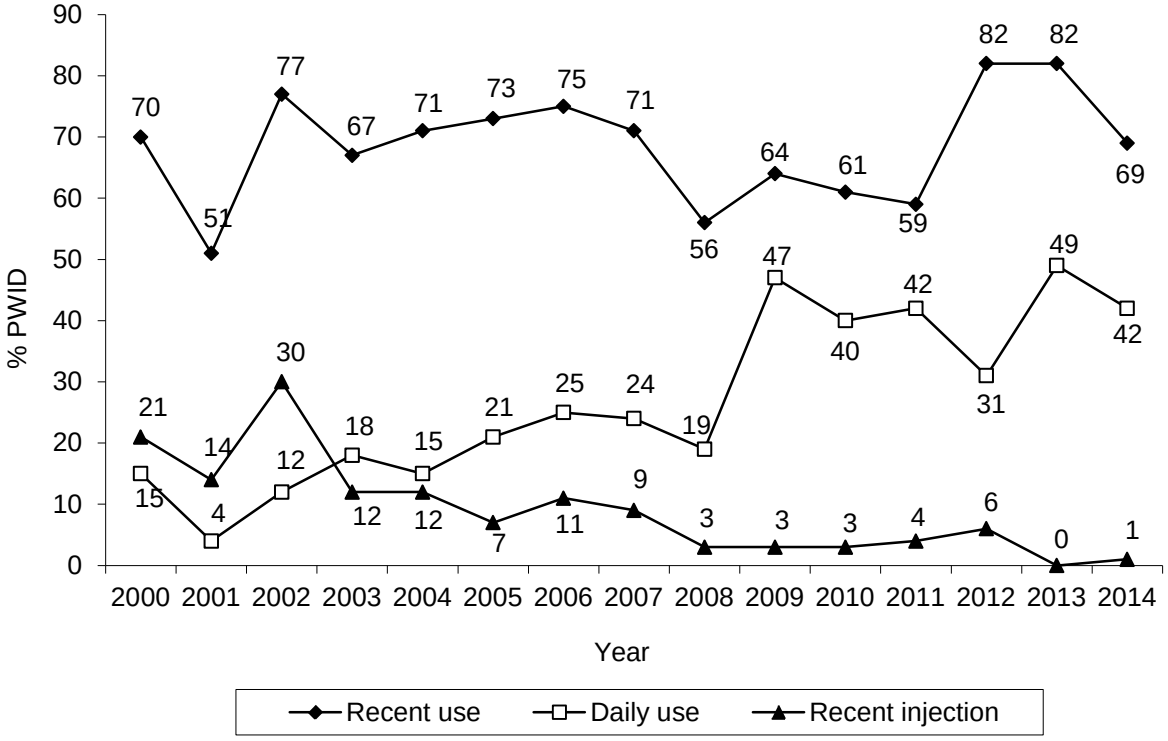
9 OTHER DRUGS

9.1 Benzodiazepines

The majority (85%, n=83) of the WA IDRS sample had reported the use of any form (licit or illicit) benzodiazepines at some stage in their lifetime. Recent use of any form was reported by 69% (n=68) which was not significantly less than the 82% reported in 2013.

Figure 29 presents the proportion of PWID reporting any use of benzodiazepines in the six months preceding interview across IDRS surveys. This data includes both licit and illicit use, which was not explicitly asked about prior to 2007. It is notable that numbers reporting recent injection as an ROA have remained very low.

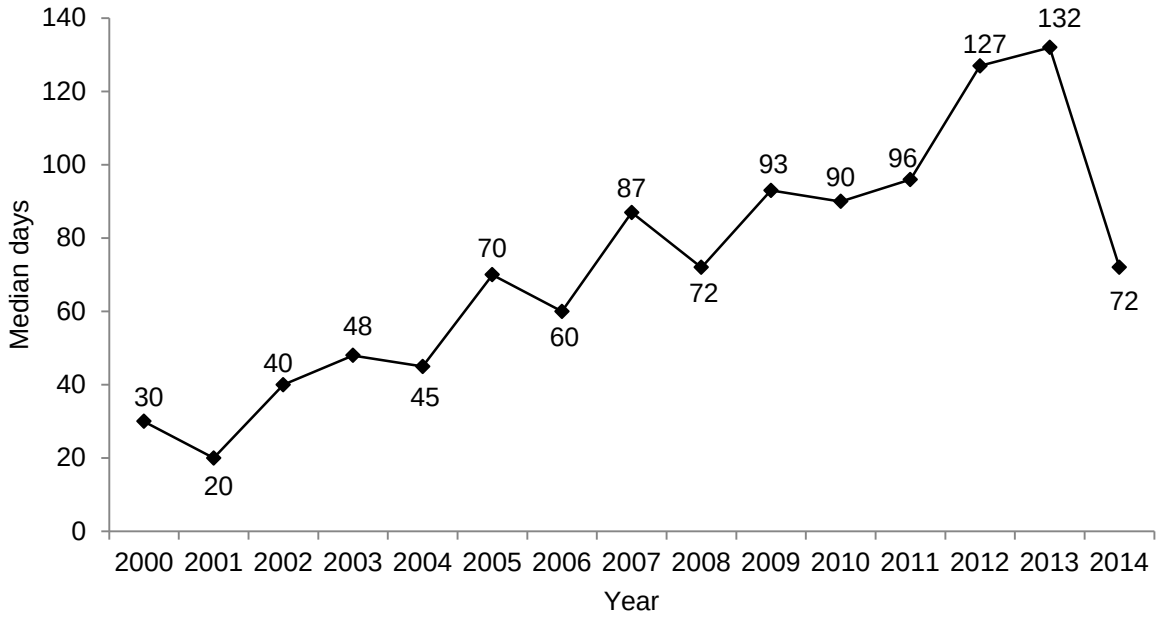
Figure 29: Proportion of PWID reporting any benzodiazepine use (licit or illicit), daily use and injection in the preceding six months, 2000-2014



Source: IDRS user interviews

Days of use ranged from one to 180. Mean days of use of any benzodiazepines was 95 which was not significantly different from the 107 days the previous year. Despite this, median days of use do appear to have declined sharply from 132 to 72 days. Median days of use are displayed in Figure 30. There were 42% (n=29) who reported using benzodiazepines on a daily basis which was compatible to the 39% using daily in the 2013 sample.

Figure 30: Median days use of any benzodiazepines (licit or illicit) in the past six months, 2000-2014



Source: IDRS user interviews

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

9.1.1 Alprazolam (Xanax®)

Lifetime use of any form of alprazolam was reported by 70% (n=69) of the 2014 sample (28% licit, 54% illicit). Recent use of any form of alprazolam was reported by 35% (n=34) (10% licit, 26% illicit) which was significantly less than the 55% in 2013. (chi sq=6.63, p=0.01, 95% CI 0.0555-0.3309). Mean days of use of prescribed alprazolam was 71which was significantly less than 128 in 2013 (t=-2.758, df=9, p=.022) while mean days of use of illicitly obtained alprazolam was 22 which was not significantly different from the 19 days the previous year.

There were 26 PWID who responded to questions about the market in Perth for alprazolam. Of these, 15 were using illicit alprazolam, seven were using it on prescription and a small number were using it both licitly and illicitly. There were two reports of illicitly purchasing 1 mg alprazolam for five dollars and eight reports of illicitly purchasing 2 mg alprazolam for between five and ten dollars. Ease of obtaining alprazolam was generally viewed as ‘very difficult’ (42%, n=5), although two respondents thought it was ‘difficult’, two thought it was ‘easy’ and one thought it was ‘very easy’. Asked if availability had changed since alprazolam was rescheduled at the end of January saw mixed views with 42% (n=5) saying it had remained ‘stable’ and the same number saying it had become ‘more difficult’. Similarly, while 36% (n=4) thought the price of illicit alprazolam had remained ‘stable’ since the change, 27% (n=3) thought it had ‘increased’. Of those who had not used alprazolam since it was rescheduled, the main reason given was that it was ‘harder to access’ (n=6) followed by ‘prescriber shifted me onto another medication’ (n=3).

9.1.2 Other benzodiazepines

Lifetime use of benzodiazepines, other than alprazolam, was reported by 85% (n=83) of the 2014 sample (66% licit, 58% illicit). Recent use of other benzodiazepines was reported by 69% (n=68) (44% licit, 41% illicit) which was not significantly different than the 75% reporting recent use of other benzodiazepines in 2013. Licit benzodiazepines were used on a mean of 113 days which was not a significantly change from the 2013 mean of 109. Illicit benzodiazepines were used on a mean of 32 days which was not a significant change from the 24 days in 2013. By far the most common form of recently used benzodiazepine was diazepam reported by 68% (n=45) of respondents who had recently consumed other benzodiazepines. Much smaller numbers reported the use of oxazepam, clonazepam, and temazepam.

There were just five respondents who commented on the market for illicit benzodiazepines in Perth. Of these, three spoke about diazepam, one about oxazepam and one about clonazepam. A benzodiazepine tablet was currently valued at two to five dollars. It was generally agreed that the price of benzodiazepines had remained 'stable' although one respondent thought it had increased. That current availability of benzodiazepines was currently 'easy' was reported by three respondents while individual respondents thought it was either 'very easy' or 'difficult'. That this availability had remained 'stable' was reported by three, while individual respondents believed it had either become 'easier' or tended to 'fluctuate'. The most common source of illicit benzodiazepines was from 'friends' although one respondent reported obtaining them from their 'partner'. Source venues included 'friends home', 'agreed public location' and 'home delivered'. Of the five commenting, four reported that the last occasion they had obtained benzodiazepines that they had been given them for free. The original source of illicit benzodiazepines was invariably 'somebody else's prescription'.

9.2 Pharmaceutical stimulants

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

Lifetime use of illicit pharmaceutical stimulants was reported by 61% (n=60) of respondents. Recent use in the last six months was reported by 24% (n=24) which was not significantly different from the 27% reported in 2013. Recently swallowing illicit prescription stimulants was reported by 19% (n=19), and 6% (n=6) reported recent injecting. Days of use ranged from one to 80 with a mean of 13 days which was comparable to the mean of 14 days reported in 2013. The main form used remained dexamphetamine reported by 83% (n=81) of recent users. There were also two respondents who reported their main form to be Ritalin® and another two who reported using Duromine®. Only one respondent reported heating the mixture during their most recent injection. Filters most commonly used were cotton wool and wheel filters.

Just three respondents provided information on the Perth market for illicit pharmaceutical stimulants. Of these, two referred to dexamphetamine and one to methylphenidate. Two of these reported having obtained these drugs for no cost at the last occasion, while the other reported an exchange in return for diazepam. All agreed that obtaining these drugs was either 'very easy' or 'easy'. That this availability had been 'stable' was reported by two, while the other thought it had become 'more difficult'. Source people for the last time pharmaceutical stimulants were obtained included 'street dealers', 'friends' and 'partner'. The venue for obtaining was invariably reported as 'friends' homes'.

One KE remarked that *"there was a good market for dexamphetamine in Perth with people regularly selling bottles of 100 pills."*

9.3 Hallucinogens

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

Lifetime use of hallucinogens was reported by 79% of respondents. Recent use was reported by 10% (n=10) which was not significantly different from the 14% reported in 2013. All (100%) of these respondents reported swallowing hallucinogens. Individual respondents also reported recent injection, smoking and snorting. Days of use ranged from one to 18 with a mean of five days which was comparable to four days the previous year. The hallucinogen reported as most used was LSD followed by psilocybin mushrooms.

Just one respondent provided information about the market for hallucinogens in Perth, speaking specifically about Dimethyltryptamine (DMT). The last time they had obtained DMT had been a trade and they were unable to provide any information on price. Potency was reported as 'high' and 'stable'. Access was reported as 'easy' and 'stable'. The drug had last been sourced from friends at their home.

Relatively few KE commented on LSD. One KE from the law enforcement sector stated that they came across LSD very rarely, but had recently detected the drug being sold through social media site Facebook. Another KE suggested that hallucinogen use tended to be recreational in nature and primarily with younger users. A third KE suggested that hallucinogens have largely been supplanted by emerging psychoactive substances. One KE working with users of prescription opiates noted some "*dabbling*" with DMT in their client group.

Data from the most recent National Drug Household Survey found that life-time use of hallucinogens in the Australian population aged over 14 years was reported by 9.4% of the population which was not significantly different from the 8.8% reported in 2010. Recent use in the last 12 months was reported by 1.3% which was not significantly different from 1.4% in 2010 (AIHW, 2014b).

9.4 Ecstasy

'Ecstasy' refers to both 3, 4-methylenedioxymethamphetamine (MDMA) and also to substances sold purporting to be MDMA.

Lifetime use of ecstasy was reported by 71% of respondents. Recent use in the last six months was reported by 10% (n=10) which was comparable to the 13% reporting recent consumption of the drug in the previous year. The most common ROA was oral, reported by 80% (n=8) of recent users. There were three respondents who reported having injected ecstasy in the last six months and one of having snorted it. Days of use ranged from one to 30 with a mean of four which was not substantially different from the previous year's mean of seven days of use. All recent users of ecstasy reported that the most common form consumed was pills.

Just one respondent talked about the ecstasy market for in Perth. They believed the price was $30-$50 for a pill and that the price was 'stable'. They described the current purity as 'low' and 'decreasing'. They reported that ecstasy was 'very easy' to obtain and that this situation was 'stable'. They had last obtained ecstasy from 'friends' at their 'friend's house', receiving it for free.

A KE from the law enforcement sector was the only one to comment on ecstasy as a major drug of concern. This KE noted that ecstasy in Perth was primarily pills or powder which was generally taken orally. A pill generally cost between $30 -$35 and this price was 'stable'. Purity was said to be 'high' and 'stable'.

A number of other KE made passing comments regarding ecstasy, albeit with little agreement about the current state of purity, several suggesting that what was sold as 'ecstasy' was often methamphetamine or para-Methoxyamphetamine (PMA). One KE observed that people with a dependence on ecstasy often found themselves switching to methamphetamines. Another observed that ecstasy use was commonly sporadic and generally linked to use for specific events. One KE opined that availability of the drug in Perth had improved from recent years. A KE working in crowd control suggested that use of ecstasy wasn't really a major problem except that "*some people annoy other patrons with random conversations and getting a bit 'touchy-feely'."*

A KE from the law enforcement sector noted that *"pills are being cut with PMA or hallucinogenic drugs and people are having really bad trips. When there is not much/no MDMA in the pill, people are taking more pills because they don't get the desired effect, and this leads to bad reactions."*

Data from the most recent National Drug Household Survey found that a life time use of ecstasy in the Australian population aged over 14 years was reported by 10.9% of the population which was not significantly different from the 10.3% reported in 2010. Recent use in the last 12 months was reported by 2.5% which was a significant drop from 3.0% in 2010 (AIHW, 2014b).

9.5 Inhalants

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

Lifetime use of inhalants was reported by 28% of the 2014 sample. Use of inhalants in the last six months was reported by 6% (n=6), which was comparable to 10% in the previous year. Number of days used ranged from one to 10 with a mean of four which was unchanged

from the previous year. Nitrous oxide was reported as the form of inhalant most used by four respondents and another two respondents mentioned amyl nitrate in this context.

Data from the most recent National Drug Household Survey found that a life time use of inhalants in the Australian population aged over 14 years was reported by 3.8% of the population which was unchanged from 2010. Recent use in the last 12 months was reported by 0.8% which was not significantly different from 0.6 in 2010 (AIHW, 2014b).

9.6 Alcohol

Lifetime use of alcohol was reported by 99% (n=97) of respondents and 63% (n=62) reported use in the last six months, which was comparable to 67% the previous year. All respondents who had recently consumed alcohol had swallowed it. Although there were nine respondents with a history of lifetime injection of alcohol, there were no recent reports of injection. Days of use ranged from one to 180 with eight respondents consuming alcohol on a daily basis. Mean days of use was 55 which was compatible to 49 mean days of use reported in 2013. The Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) screen (Bush, et al., 1998) was administered to 76 respondents and revealed that, of the 2014 PWID sample, 41% (n=40) were consuming alcohol at hazardous levels.

Data obtained from the AIHW (2014c) revealed that in 2012/13, alcohol was by far the most common principal drug identified by people seeking treatment in WA, accounting for approximately 40% of all treatment episodes.

One KE, commenting specifically about alcohol in dual diagnosis clients observed that *"Patients with alcohol related problems are the ones who request the most readmissions to hospital. They have often experienced more difficulty finding or keeping work because of the damage that alcohol has caused either physically or cognitively."* They also added that *"Patients are commonly aggressive and intoxicated when they come into the unit, and have frequently experienced overdose. Suicidal ideation when people are intoxicated is common."* And that *"Patients need better access to crisis alcohol and drug services; there is currently a minimum one week waitlist for detox services and a six to twelve month waitlist for residential rehab services. There should be better services for dual diagnosis patients; many patients bounce between alcohol and drug and mental health services, getting rejected by one and then the other."*

Another KE observed that there were *"Lots of problems with Fly-In, Fly-Out (FIFO) workers using alcohol; when they come home, alcohol problems re-emerge and this causes problems for the family."*

A KE from the law enforcement sector observed that alcohol was *"Widely used and easily available. Teenagers concealing spirits in soft drink bottles, drinking it in the city from these bottles."*

Another KE involved in crowd control said most physical altercations involved alcohol, especially after consuming methamphetamine which *"conveyed superhuman drinking abilities."*

A KE involved in management of clinical withdrawal reported that the majority of their clients drank and that "*Clients don't always view alcohol as an actual 'drug'."* Another described alcohol *as* making up 70% of the patient load. Due to significant brain and hepatic injury, and end stage liver failure, these patients consume a lot of time and resources.

One KE observed that there was *"lots of alcohol use among former drug users who were*

now developing an alcohol dependence." Another KE working with prescription opiate users observed that alcohol was widely used and often taken to aid withdrawal.

Data from the most recent National Drug Household Survey found significant decreases in alcohol consumption in the Australian population aged over 14 years since 2010. Daily consumption was reported by 6.5%, down from 7.2%, and weekly consumption was reported by 37.3%, down from 39.5%. The number of ex-drinkers increased from 7.4% to 8.0% and the number reporting having never consumed a full serve of alcohol rose from 12.1% to 13.8% (AIHW, 2014b).

9.7 Tobacco

Lifetime use of tobacco was reported by 96% of the 2014 sample and recent use by 89% (n=87), which unchanged from the previous year. Days of use ranged from three to 180 with 92% (n=80) of recent smokers reporting smoking on a daily basis. Mean days of use was 171 which was not significantly different from the mean of 172 reported in 2013.

Data from the most recent National Drug Household Survey found that the number of daily smokers in the Australian population aged over 14 years had significantly fallen from 15.1% in 2010 to 12.8%. Numbers who had never smoked rose significantly from 57.8% in 2010 to 60.1% (AIHW, 2014b).

9.8 Seroquel® (quetiapine)

Lifetime use of illicit Seroquel® was reported by 35% (n=34) of the 2014 sample and recent use was reported by 11% (n=11) which was not significantly different than the 10% reported in 2013. All reported recent use was by oral dosing with no injection reported. Days of use for illicit Seroquel® ranged from one to 48 with a mean of 12 days which was a significant decrease from the 36 day average reported in 2013 (t=-4.413, df=10, p=.001).

9.9 Synthetic cannabis

Lifetime use of these synthetic cannabis was reported by 42% (n=41) and recent use by 22% (n=22) which was not a significant increase on the 17% in the previous year. Days of use ranged from one to 180 with a mean of 21 days which was not a significant increase on the 2013 average of five days. The most commonly reported brand (n=7) remained Kronic. A number of other brands were also mentioned including Atomic Bomb, Black Magic, Bubblegum, Cat Woman, Champagne, Mango, Mojo, Pineapple, Purple Haze, Redback, Space and XXX. This diversity of brands is substantially wider than in 2013 when just five brands were reported by IDRS participants in WA.

Only one respondent described the market for synthetic cannabis in Perth, reportedly paying $35 for a gram, purchased from a sex shop. Price was reportedly increasing and the potency reported as 'medium' and 'stable' although the brand of synthetic cannabis was not specified. Access was reported as 'easy', but becoming 'more difficult'.

Data from the most recent National Drug Household Survey found that a life time use of synthetic cannabis in the Australian population aged over 14 years was reported by 1.3% of the population and recent use in the last 12 months was reported by 1.2% (AIHW, 2014b).
A number of KE made comments regarding the increased use of synthetic cannabis, which suggested that recent attempts by the WA Government to eliminate it have had little real effect with one KE observing that *"There is a constant emergence of new synthetic cannabinoid compounds."*

One KE noted that *"Synthetic cannabis is becoming more widely used, especially with young people."* Another reported *"Increasing presentations of patients with health problems related*

to synthetic cannabis in use the last 12 months. Common clinical presentations include chest pain, palpitations, seizures, disordered thoughts." A third observed that there had been an increase in use of synthetic cannabis and that "*It causes problems because it can induce agitation and the high it produces is very strong. FIFO workers are increasingly using synthetic cannabis because it is hard to detect."* Another noted that *"Synthetic cannabis is very available. It may be dependence forming and have psychotic symptoms. Lots of young people using it."* One KE attributed the increase in synthetic cannabis to disruptions in the supply of 'real' cannabis.

Two KEs from the clinical sector both mentioned possible issues surrounding withdrawal. One commented *"There's a fair bit of synthetic pot around – lots of agitation and withdrawal. Lots of FIFO workers using it."* The other observed *"Withdrawal from synthetic cannabis is more intense than cannabis, more like opiate withdrawal. Clinicians are still getting an idea of what withdrawal actually looks like."*

One KE from the law enforcement sector made a number of comments concerning synthetic cannabis, specifically, that it was easily available, and commonly sold in sex shops for $50-$70 for three grams. They went on to observe that *"Synthetic cannabis is being trafficked from China. Traffickers then send it to the Chem Centre to be analysed; they feel freer to sell it more openly if the Chem Centre can't identify it."* This KE also noted that they were aware of a recent death connected to the use of synthetic cannabis.

Another KE involved in chemical analysis made similar observations *"There is limited scientific literature about these substances and we often don't have a comparison substance to test them against; this makes identification of a substance difficult."*

Data obtained from ADIS revealed a substantial increase in calls related to synthetic cannabis from 87 in 2012/2013 to 258 in 2013/2014, representing an increase of almost 300 percent.

9.10 New psychoactive substances

Lifetime use of these synthetic drugs was reported by 11% (n=11) compared to just one respondent the previous year. There were five reports of recent use compared to none in 2013. Only two of these respondents specified what they had used, these being bath salts and 'buzz'. The remaining three didn't know. Days of use were low ranging from one to 10 with a mean of three. The most commonly reported ROA was by injection, however, given the very small number of respondents reporting these findings must be interpreted with caution.

Of those few KE making reference to emerging psychoactive substances (EPS), several commented that these were generally bought from online sites like Silk Road. Two KE noted that use of these drugs could produce a lot of mental health issues including paranoia and psychosis. Also that tolerance could occur rapidly due to their short term of action. Several KE mentioned the issue of people purchasing NBOMBe under the impression that it was LSD, or using EPS without actually knowing what they are. Other EPS mentioned included Methylenedioxypyrovalerone (MDPV), Alpha DVP, mephedrone, methelone and 'bath salts'. One KE observed that injection of EPS was an emerging trend and that EPS had become quite popular with street-present people. Another noted increased EPS use by younger people. Another KE noted that there were *"an amazing amount of people accessing EPS. Internet becoming an increasing feature of drug use, especially among younger IT savvy people."* This increased use of the internet for dealing and obtaining drugs by young users was also noted by several other KE.

One KE from the law enforcement sector reported *"There is a trend towards seeing EPS (in Perth) as soon as they appear in Europe and other places across the world. There used to be a lag between the time they were seen in Europe and seen here, but now there is no lag. NBOMBe is quite prevalent at the moment."*

9.11 Steroids

A lifetime history of use was reported by 2% of the sample (n=2) There were no reports of recent use. It should be noted however that recruitment methods used by the IDRS do not aim to capture primary steroid users and as several KE observed, steroid users tend not to identify as drug users and, therefore, would be unlikely to respond to recruitment attempts by an illicit drug survey.

Data from the most recent National Drug Household Survey found that lifetime illicit use of steroids in the Australian population aged over 14 years was reported by 0.5% of the population which was not significantly different from the 0.4% reported in 2010. Recent use in the last 12 months was reported by 0.1% which was unchanged from 2010 (AIHW, 2014b).

One KE commented that *"steroid users had increased and now made up approximately 20% of NSP clients. However, they're not traditional drug users and don't think of themselves as such."* This view was mirrored by a second KE who noted that *"steroid users typically don't view themselves as drug users, don't do surveys and don't show up in stats."*

9.12 Miscellaneous substances

Very small numbers of respondents (n=9) talked about lifetime use of other drugs not elsewhere described and use in the last six months was mentioned by four. Drugs involved included ketamine, and NoDoze®.

9.13 Summary of other drug trends

- Recent use of any form of benzodiazepines (licit or illicit) was reported by 69% (n=68), which was not significantly less than 82% in 2013. Mean days of use was 95 which was not substantially different from 107 days the previous year. Reports of recent injection of benzodiazepines remained very low. Recent use and mean days of use of alprazolam (Xanax®) had significantly declined while figures for other forms of benzodiazepines had remained stable.
- Recent use in the last six months of illicit pharmaceutical stimulants was reported by 24% (n=24) which was not significantly different from the 27% reported in 2013. Mean days of use was 13 compared to 14 in 2013. The main form used remained dexamphetamine.
- Recent use of hallucinogens was reported by 10% which was not significantly different from the 14% reported in 2013. Days of use remained stable at five compared with four the previous year. The most common form was LSD.
- Recent use of ecstasy was reported by 10% (n=10) which was comparable to the 13% in 2013. Mean days of use was four which was not substantially different from the previous year's mean of seven days of use.
- Recent use of inhalants remained uncommon in the sample, reported by just six respondents with a mean of just four days of use. Where the form was stated, all this use was accounted for by amyl nitrate and nitrous oxide.
- The majority of IDU across years reported lifetime and recent use of alcohol and tobacco.
- The recent use of illicit Seroquel® (quetiapine) was reported by 11% (11) of the WA sample which was consistent with findings from 2013. Mean days of use had significantly increased from 36 to 12.
- Recent use of synthetic cannabis was reported by 22% which was not a significant increase on 17% in 2013. Mean days of use was 21 which was not a significant increase from five days of use the previous year.
- References to the use of new psychoactive substances, steroids and other miscellaneous drugs were made by small numbers of respondents.

10 HEALTH-RELATED HARMS ASSOCIATED WITH DRUG USE

10.1 Overdose and drug-related fatalities

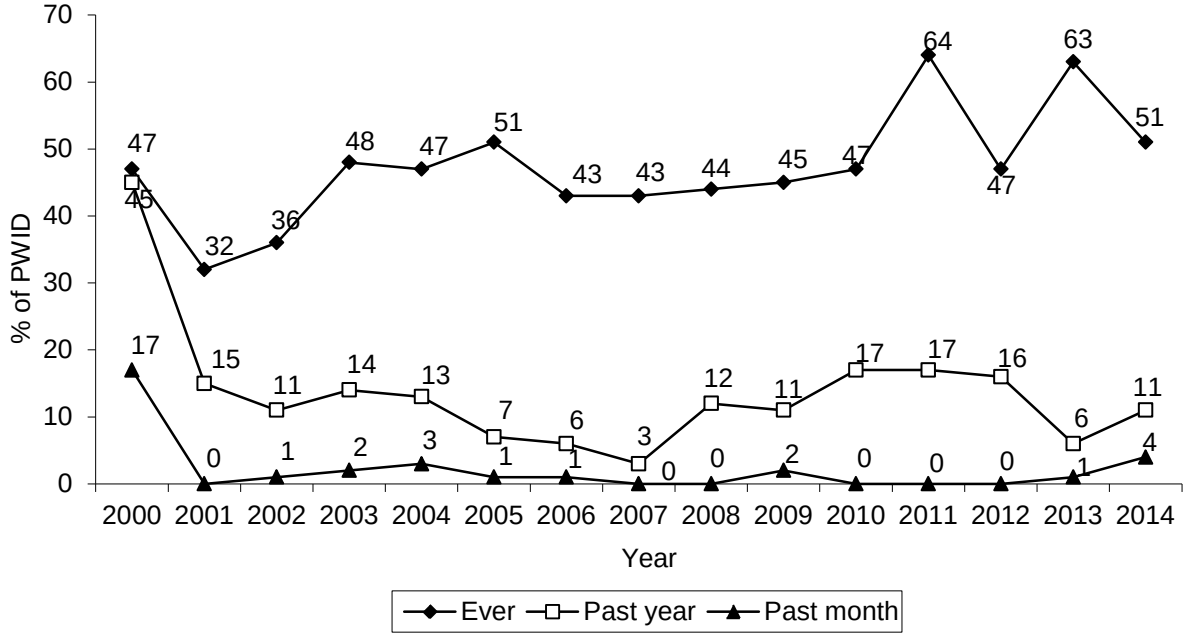
10.1.1 Heroin and other opioids

10.1.1.1 Non-fatal opioid overdose

The IDRS participants were asked how many times they had overdosed on heroin and the length of time since their last heroin overdose. A lifetime history of heroin overdose was reported by 51% (n=50) which was not significantly less than the 63% reported in 2013. Having received naloxone at the most recent overdose event was reported by 29% (n=15) of those with a history of heroin overdose. The median number of times respondents reported ever overdosing on heroin was two (range 1-50) which was unchanged since 2013. Time since the most recent heroin overdose ranged from one month up to 30 years.

There were 11% (n=11) of respondents who had overdosed within the previous twelve months which was not significantly more than the 7% in 2013. Of these, just three reported having received ambulance attendance and two receiving naloxone as a response to their most recent overdose. There were two reports of having received Cardiopulmonary resuscitation (CPR) from a friend, partner or peer, and one from a health professional. Two respondents reported having been transported to hospital. Only one of these recent overdose cases reported seeking post-overdose treatment or information. There were just three reports of experiencing a heroin overdose in the month prior to survey compared with one in 2013. Overdose data since 2000 is displayed in Figure 31.

Figure 31: Proportion of WA participants who had ever overdosed, overdosed in the past 12 months and in the past month on heroin, 2000-2014



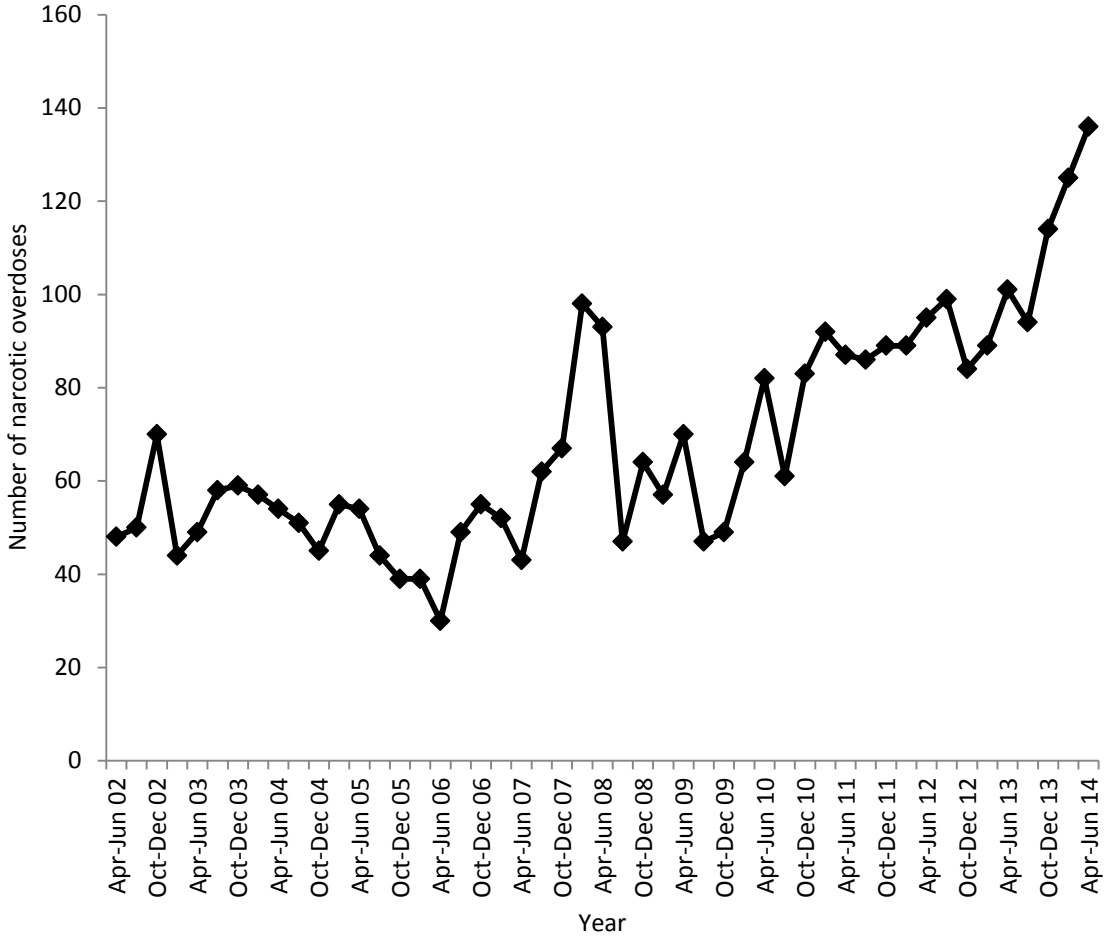
Source: IDRS user interviews

One KE noted that "*they were seeing more overdoses and people were losing consciousness for longer."* This KE reported that typical heroin overdoses were primarily males over 45 years old. Another KE observed that polydrug use was commonly a factor in

heroin overdoses where 85% of cases had also consumed alcohol or benzodiazepines. One KE commented that there were now better outcomes from overdose events due to using in groups and being more willing to call an ambulance.

Figure 32 presents the number of narcotic overdoses attended by St John Ambulance by quarter from April 2002 to June 2014. There were 469 overdoses attributed to narcotic drugs attended by ambulance during the 2013/14 period compared to 373 in the previous financial year. In the second quarter (April-June) of 2014, there were 136 ambulance callouts which was the highest recorded since the disruption to the heroin supply occurred in 2001.

Figure 32: Number of ambulance callouts to narcotic overdoses, WA, 2nd quarter 2002-2nd quarter 2014



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

10.1.1.2 Fatal opioid overdose

Data from NDARC reveals that in 2010 there were 87 fatal overdoses attributable to accidental opioid overdose among persons aged 15-54 in WA compared to 71 the previous year. This was the highest figure seen since 72 in 2000. In terms of rates per million, this equates to 65.9 deaths, compared to the 2010 national rate of 49.5. This was the highest rate reported in Australia, followed by Queensland with 57.2 per million.

10.1.2 Other drugs

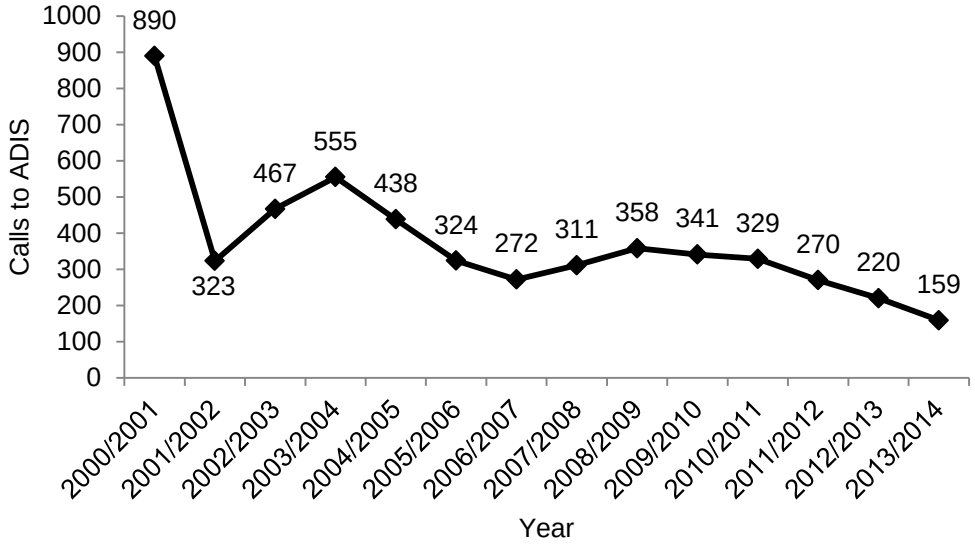
10.1.2.1 Non-fatal overdose

In addition to heroin overdose, participants were asked whether they considered themselves to have ever accidentally overdosed on any other drug(s). A lifetime history of overdose on any other drug was reported by 15% (n=15) which was not significantly different from 19% of respondents in 2013. Time since the last overdose ranged from under one month to 25 years. There were 13 respondents who reported a non-heroin related overdose in the last twelve months. The drugs implicated in these overdoses where specified included homebake, methadone, morphine, other opiates, alcohol, benzodiazepines, and cocaine.

10.2 Calls to telephone help lines

Figure 33 presents the number of telephone calls to the WA ADIS regarding heroin from 2000/2001 to 2013/2014. It is evident that the number of calls to the service concerning heroin as the primary drug of concern have generally continued to decrease over the past decade. Calls with heroin as the primary drug of concern fell from 220 during the 2012/2013 financial year to 159 in 2013/2014 and accounted for just 0.6% of all calls received by ADIS.

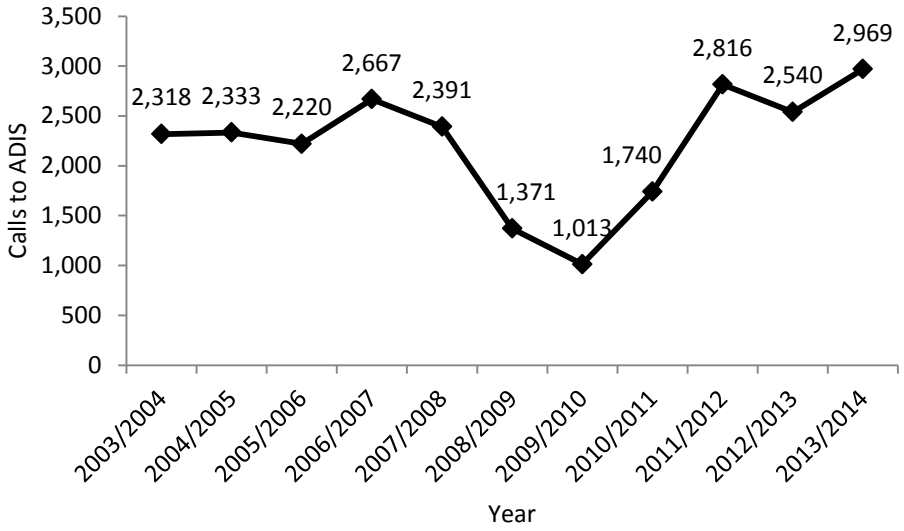
Figure 33: Number of enquiries to ADIS regarding heroin, 2000/2001- 2013/2014



Source: Alcohol and Drug Information Service

Figure 34 presents the number of telephone calls to WA ADIS regarding amphetamines from 2003/2004 to 2013/2014. It is evident that the number of calls regarding amphetamines has tended to increase since 2009/2010. In the last financial year there were 2,969 calls with amphetamines as the primary drug of concern compared to 2,540 in the previous year. In 2013/2014 amphetamines accounted for 11.5% of calls to ADIS.

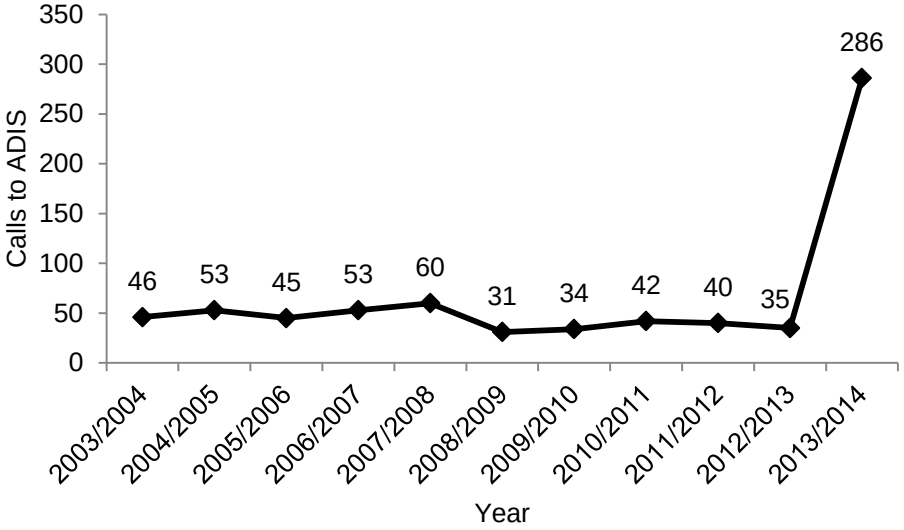
Figure 34: Number of enquiries to ADIS regarding amphetamines, 2003/2004-2013/2014



Source: Alcohol and Drug Information Service

Figure 35 presents the number of telephone calls to WA ADIS regarding cocaine from 2003/2004 to 2013/2014. While there appears to have been a massive surge in calls involving cocaine as the primary drug of concern, the service notes that this is largely accounted for by multiple calls from a single individual and as such, this figure should be interpreted with scepticism.

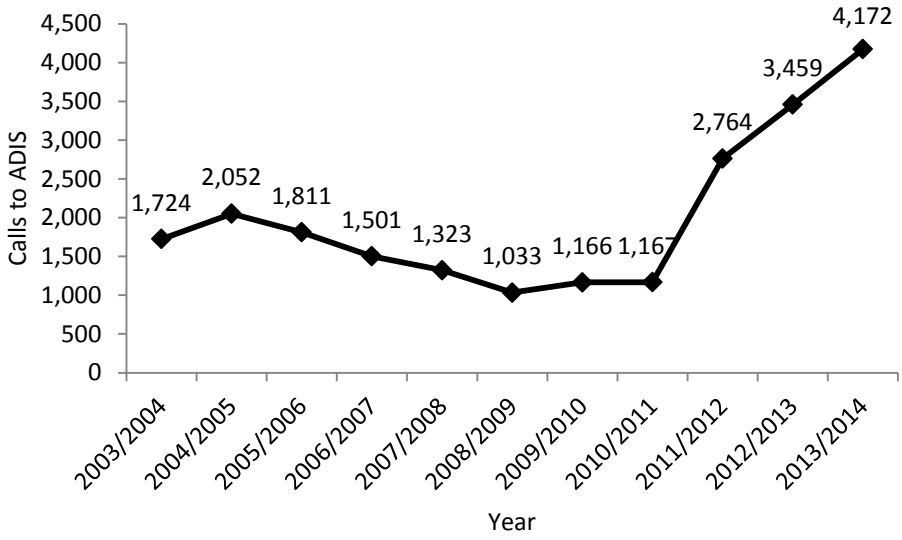
Figure 35: Number of enquiries to ADIS regarding cocaine, 2003/2004 - 2013/2014*



Source: Alcohol and Drug Information Service
*It should be noted that the large spike in calls during 2013/2014 was attributed to multiple calls from an individual client

Figure 36 presents the number of cannabis-related calls received by ADIS from 2003/2004 to 2013/2014. During the 2013/14 financial year there was a substantial increase in calls to ADIS with cannabis as the primary drug of concern. In that year there were 4,172 calls compared to 3,459 in the corresponding period the previous year. The apparent increase in calls with cannabis as the primary drug of concern in recent years is likely not to a reflection of a new trend, but rather of ADIS changing the methods of recording this data which since the start of 2012 has also included booking calls to the Cannabis Intervention Requirement Scheme (CIRS).

Figure 36: Number of enquiries to ADIS regarding cannabis, 2003/2004-2013/2014*



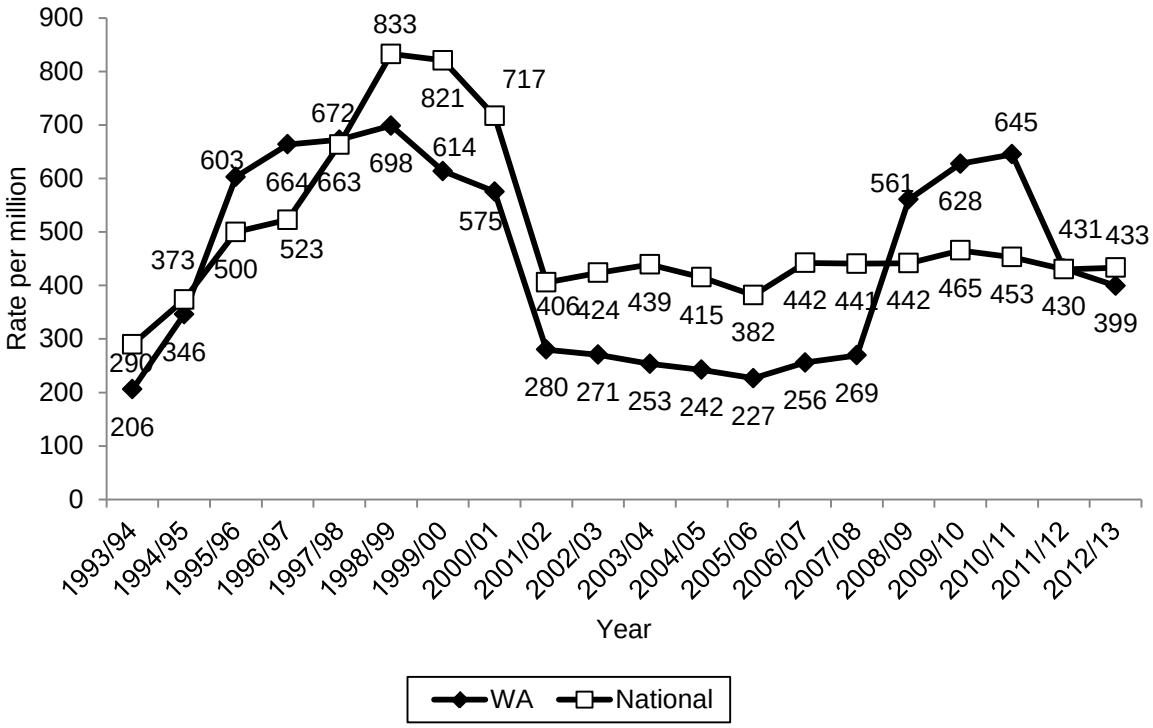
Source: Alcohol and Drug Information Service
* Data collected since 2011 also includes calls to the Cannabis Intervention Requirement Scheme (CIRS) as well as cannabis as primary drug of concern.

10.3 Hospital admissions

10.3.1 Opioids

The rate per million persons aged 15-54 years of hospital admissions in which the principal diagnosis was opioid-related is shown in Figure 37. A principal diagnosis that is opioid-related is recorded where opioids are established (after discharge) to be chiefly responsible for occasioning the person's episode of care. WA rates per million fell for a second year running and in 2012/13 were 339 compared to a national rate of 433.

Figure 37: Rate per million persons of principal opioid-related hospital admissions among people aged 15-54 years, WA and nationally, 1993/94- 2012/13

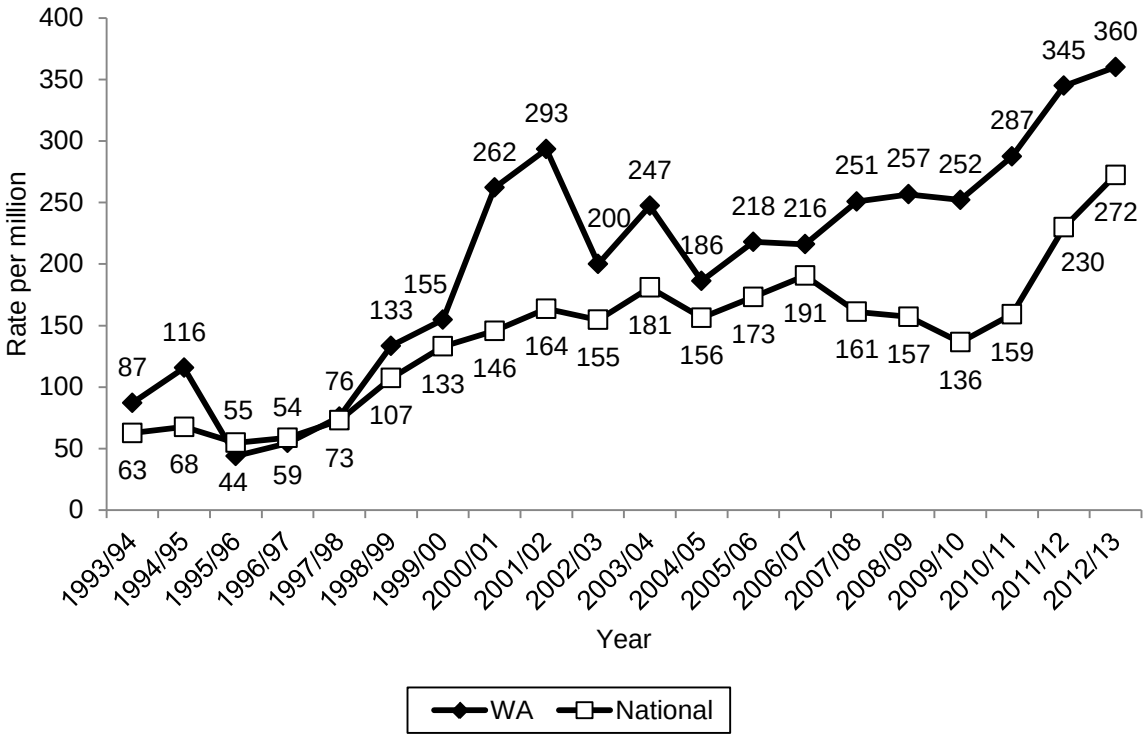


Source: Roxburgh & Burns (in press)

10.3.2 Amphetamines

The rate per million persons aged 15-54 years of hospital admissions in which the principal diagnosis was amphetamine-related is shown in Figure 38. Numbers of amphetamine-related hospital admissions in WA continued to increase from 345 per million in 2011/12 to 360 in 2012/13. Compared to the national rate of 272 per million, WA continued to exhibit much higher rates.

Figure 38: Rate per million persons of principal amphetamine-related hospital admissions among people aged 15-54 years, WA and nationally, 1993/94-2012/13

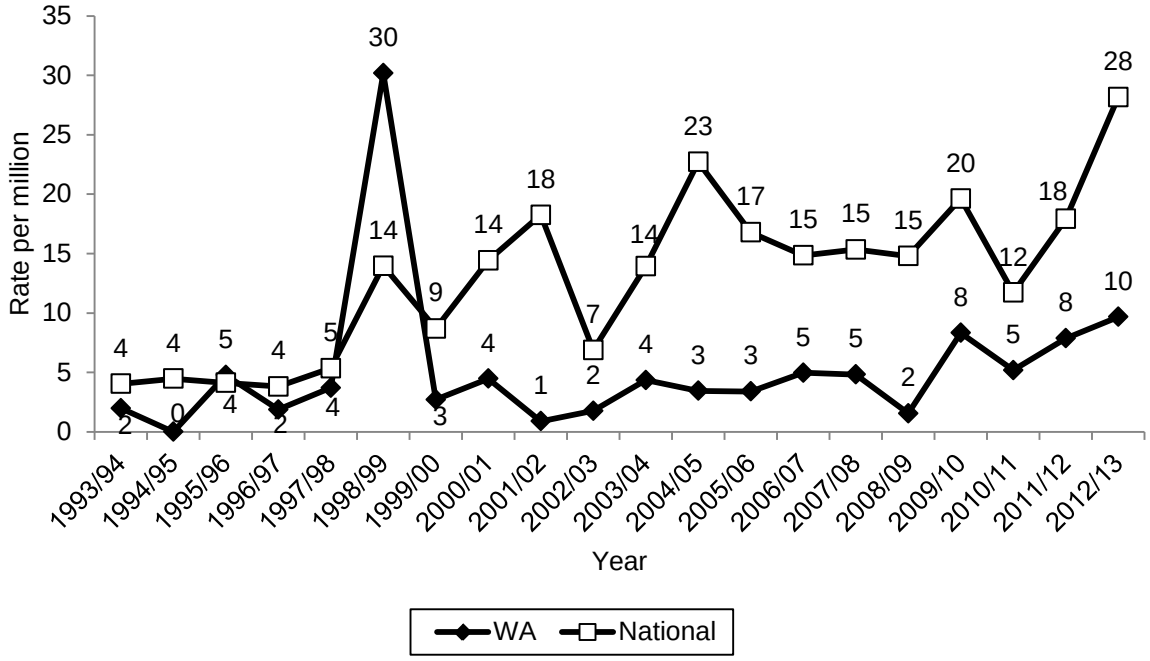


Source: Roxburgh & Burns (in press)

10.3.3 Cocaine

The rate per million persons aged 15-54 years of hospital admissions in which the principle diagnosis was cocaine-related is shown in Figure 39. WA rates have been consistently low since 1998/99 when the rate peaked at 30. National rates have fluctuated across time and have been consistently higher than WA rates, with the exception of the WA peak in 1998/99. In 2012/13 there were ten cocaine-related hospital admissions per million population in WA compared with the national rate of 28 per million, which although modest was the highest rate recorded since 1998/99.

Figure 39: Rate per million persons of principal cocaine-related hospital admissions among people aged 15-54 years, WA and nationally, 1993/94-2012/13

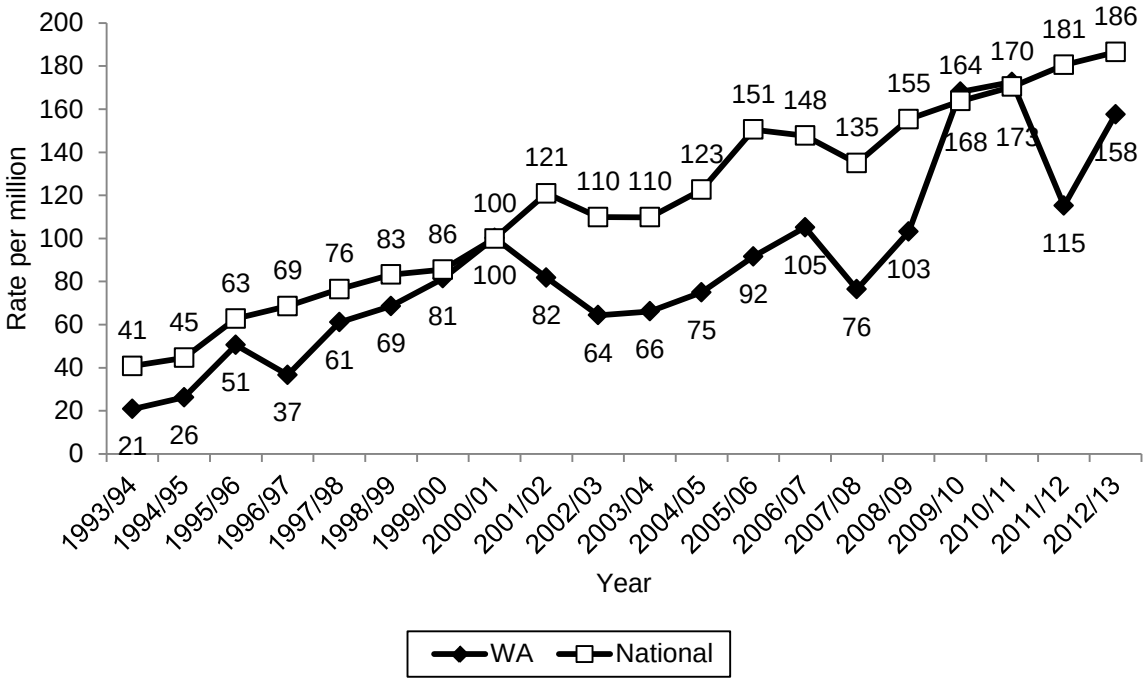


Source: Roxburgh & Burns (in press)

10.3.4 Cannabis

The rate per million persons aged 15-54 years of hospital admissions in which the principal diagnosis was cannabis related is shown in Figure 40. WA rates per million were 158 compared with the national rate of 186, an increase from the WA rate of 115 per million the previous year.

Figure 40: Rate per million persons of principal cannabis-related hospital admissions among people aged 15-54 years, WA and nationally, 1993/94 -2012/13



Source: Roxburgh & Burns (in press)

10.4 Injecting risk behaviours

10.4.1 Access to needles and syringes

IDRS participants were asked to report on the frequency of injecting and frequency of obtaining needles and syringes over the month preceding interview. Of the 90 PWID responding, number of injections in the last month ranged from two to 180 with a median of 29. The number of times in the last month respondents went to obtain new needles and syringes ranged from zero to 40 with a median of two times. The actual number of needles and syringes acquired ranged from zero to 1,500 with a median of 100. Asked how many needles and syringes they had sold or given away in the last month saw a range from zero to 1,000 with a median of 15. There were 7% (n=7) who reported experiencing any difficulty accessing needles and syringes in the past month.

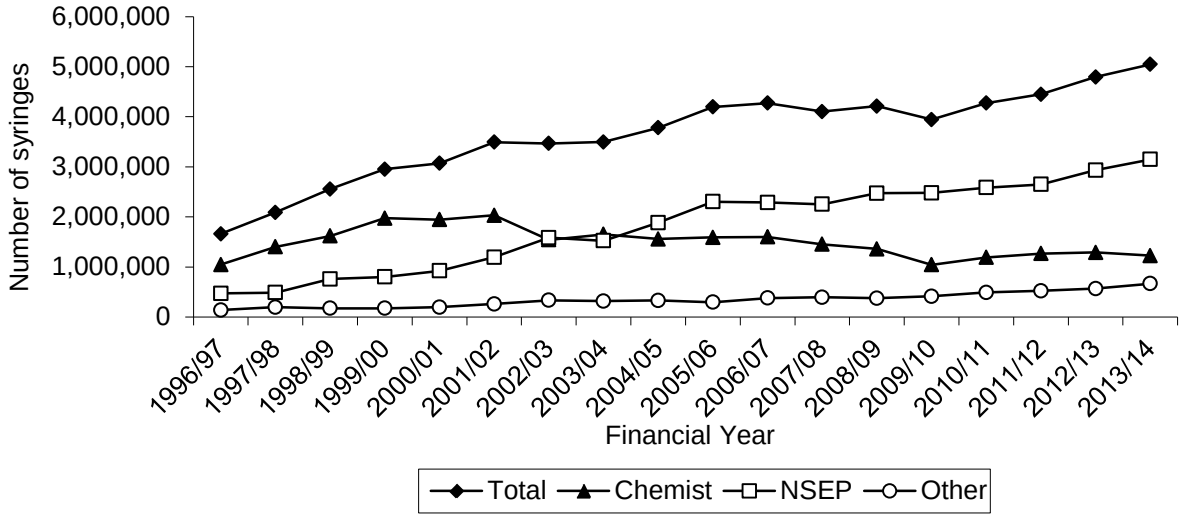
NSP remained the most common source of injecting equipment in the last month reported by 89% (n=84) of those responding, followed by 'chemists', (18%, n=17), 'friends' (7%, n=7), and 'dealers' (6%, n=6). There were also individual respondents who had obtained needles from 'partners', 'hospitals', or 'outreach workers'. Asked about the availability of filters at these outlets, 63% (n=50) reported being able to access cotton filters (eg: Sterafit), 55% (n=44) wheel filters, 18% (n=14) cigarette filters, and 9% (n=7) reported being able to access other unspecified types of filter.

The most commonly reported injecting equipment used in the month prior to interview was a 1 ml syringe (94%, n=88) followed by cotton filters (17%, n=16), a 3 ml syringe (16%, n=15), infusions (16%, n=15), wheel filters (16%, n=15), 10 ml syringes (11%, n=10), 5ml syringes (11%, n=10), detachable needles (10%, n=9) and 20ml syringes (9%, n=8).

Figures from the Sexual Health Branch of the Health Department of Western Australia show that 5,047,054 syringes were distributed in WA during the 2013/14 financial year compared

to 4,795,011 in the 2012/13 period. As has been the case since 2003/04, the bulk of these were distributed via NSP, accounting for more than half of all syringes in 2013/14 with 3,148,875 units. Less common sources of syringes were chemists distributing 1,228,511 and other sources such as hospitals and vending machines accounting for 669,668. Data concerning syringe distribution in WA since 1996/97 is portrayed in Figure 41.

Figure 41: Sources of syringe distribution in WA 1996/97-2013/14



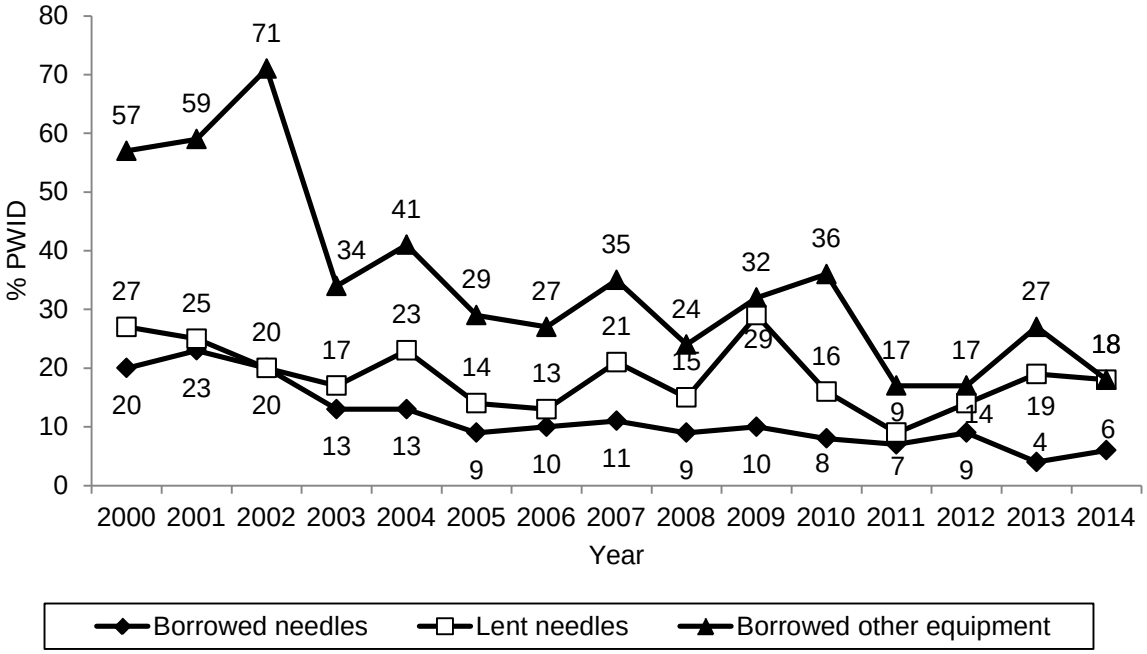
Note: Chemist figures were not finalised at time of writing
Source: Sexual Health Branch, Health Department of Western Australia

10.4.2 Sharing of needles and equipment by IDU participants

With regard to sharing needles, the vast majority of those responding (94%, n=88) reported that they had not used a needle after someone else in the last month. Of those that did report using a needle after someone else (6%, n=6), three respondents reported using a needle once, and three respondents reported using a needle two times after someone else. Where this information was provided, these people were reportedly 'close friends' (n=2), 'regular sex partner' (n=2), or 'acquaintances' (n=1). The use of other equipment after someone else was reported by 19% (n=18) of respondents. Most commonly, this other equipment consisted of spoons (n=14), tourniquets (n=8), water (n=5), and filters (n=4). There were 18 respondents who reported that someone else had used a needle after them in the last month. That this had happened once was reported by 11 respondents, twice by four, three to five times by two, and six to ten times by one.

Figure 42 presents the proportion of respondents across IDRS surveys that reported sharing needles and injecting equipment in the month before interview. The proportion reporting borrowing a needle since 2005 has remained relatively stable. The practice of lending needles to others was reported by 18% (n=18) which was compatible to the 19% reported in the previous year. The sharing of other injecting equipment was reported by 18% (n=18) which was not significantly different to the 27% reported in 2013.

Figure 42: Proportion of PWID reporting sharing injecting equipment in the month preceding interview, 2000-2014



Source: IDRS user interviews

Asked if they had reused their own needles in the last month, 55% (n=51) of those responding indicated that they had not which was compatible to the 56% in 2013. Having done so once was reported by 8% (n=7), twice by 20% (n=19), three to five times by 7% (n=6), six to ten times by 4% (n=4) and more than 10 times by 7% (n=6). The most commonly reused type of needle and syringe was a 1 ml (n=34), a 50 ml syringe (n=4), a winged vein infusion set (butterfly) (n=4) and a 20 ml barrel (n=2). Other commonly reused equipment included spoons or mixing containers (n=44), tourniquets (n=25), water (n=7), other filters (n=4), swabs (n=3) and wheel filters (n=2).

The most common injection sites reported at the last injecting event among those responding were the arm (76%, n=71), and the hand or wrist (16%, n=15). Much smaller numbers reported that the last injection site had been the neck, the foot, the leg, neck, or the groin. The most commonly reported location for the last injection remained a 'private home' (83%, n=77) followed by 'in a car' (10%, n=9), 'a street or park' (5%, n=5) and 'a public toilet' (2%, n=2).

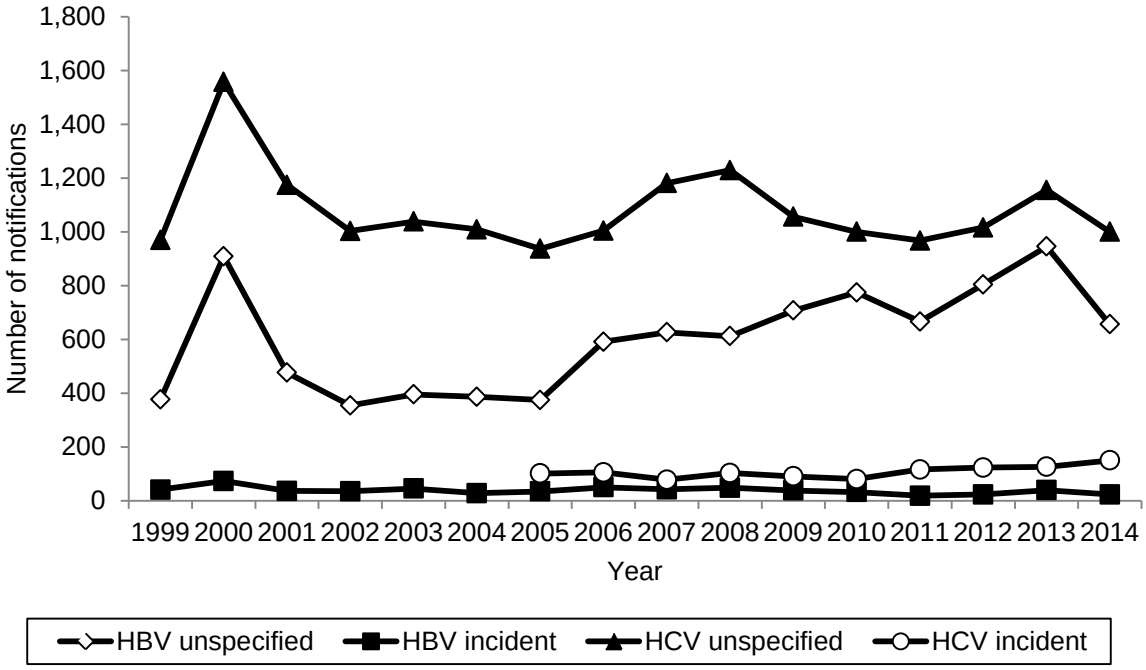
10.4.3 Blood-borne viral infections

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

Figure 43 presents data from the National Notifiable Diseases Surveillance System (NNDSS) for cases of unspecified and incident HBV and HCV for WA from 1999 to 2014. Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. A decline was observed in unspecified cases with HBV falling from 945 to 656 notified cases and HCV falling from 1'155 to 1'000. While incident cases of HBV remained low and stable at 23, there were 150 incident cases of HCV, up from 126, which was the highest figure recorded so far in WA.

Data collected from the annual NSP Survey (Iversen & Maher, 2014) found in its WA sample a HCV prevalence of 46% in 2013 compared with 56% in 2012. HIV prevalence was 3% compared to 2% the previous year.

Figure 43: Total notifications for unspecified and incident HBV and HCV infection, WA, 1999-2014



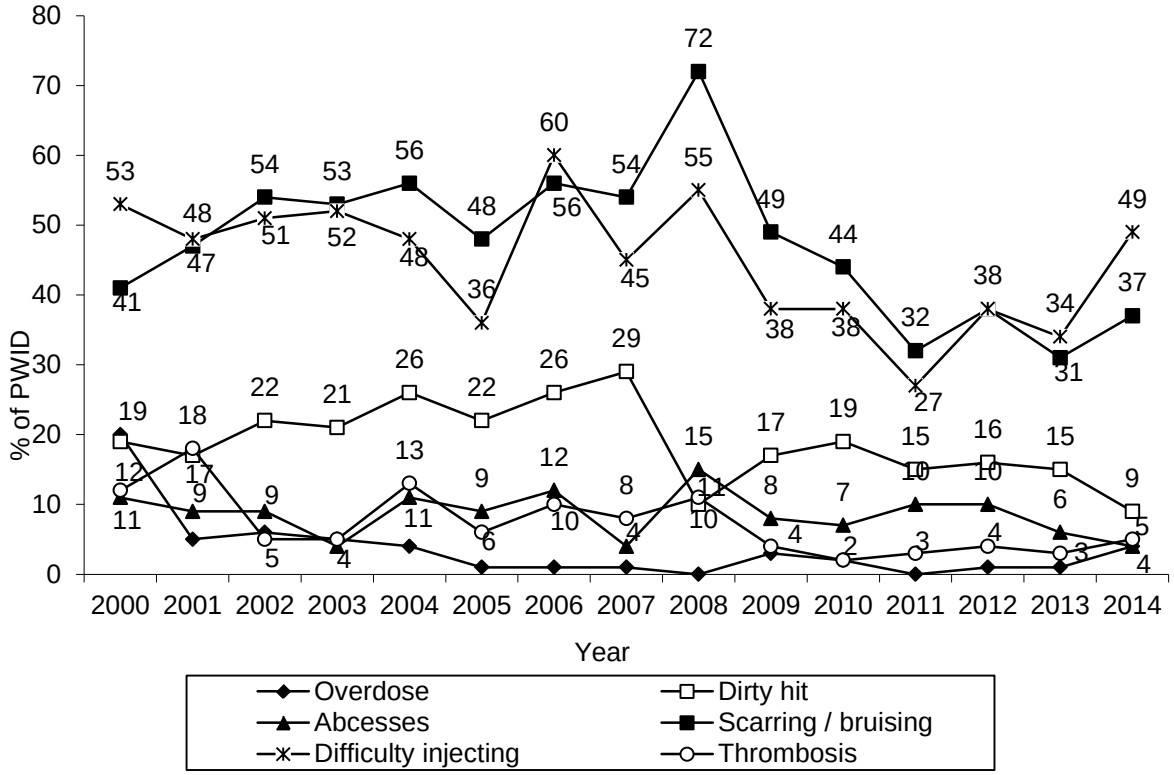
Source: Communicable Diseases Network – Australia – National Notifiable Diseases Surveillance System [1]
Note: Data for HCV incident for WA was not available prior to 2005

10.4.4 Injection-related health problems

Participants were asked about injection-related health problems they experienced in the month prior to interview. In 2014, four respondents reported a heroin related overdose in the month prior to interview compared with just one during the previous two years. Other drugs involved included benzodiazepines and alcohol. Ten percent (n=10) of the 2014 sample reported experiencing a dirty hit, which was not significantly different to the 15% in 2013. The drugs most commonly implicated in a dirty hit were heroin (n=3), methadone (n=2), with Subutex®, Suboxone® and other opiates all mentioned by individual respondents. It should be noted, however, that this is not solely a reflection of these drugs' potential to result in a dirty hit, but also of the frequency with which they are consumed by the 2014 PWID sample. The most commonly reported injection problems remained difficulty injecting (n=48) and prominent scarring/bruising (n=36). Smaller numbers reported thrombosis or blood clots (n=5) and abscesses or infections from injecting (n=4). The relative incidence of these injection-related problems since 2000 is presented in Figure 44.

[1] There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to represent only a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time.

Figure 44: Proportion of PWID reporting injection-related problems in past month, by problem type, 2000-2014



Source: IDRS user interviews

One KE observed that apart from overdose other major health concerns related to injecting included endocarditis, abscesses, and people who no longer have viable veins but need to have intravenous treatment. A second KE noted *"there's a lot of poor injecting practices leading to sepsis, abcesses, endocarditis with resulting long hospital stays and considerable morbidity and mortality."* This KE also observed that there were increasing numbers of overdoses as people move back from pharmaceuticals to heroin and that sometimes *"increased negotiation with patients was necessary, possibly including provision of opioid maintenance drugs throughout the hospital stay, to prevent patients discharging themselves from hospital against medical advice."* A third KE reported common problems to include endocarditis, abscesses and dirty hits and that their service had taken steps to *"encourage people to use swabs and explaining that just washing hands is not sufficient."* Another KE described main injecting problems as *"Opioid overdoses, bacterial infections, abscesses, endocarditis, caused by licking needles, not washing hands and reusing own equipment, or using clean needles, but reusing barrels, however, this is improving."* Contrary to this, another KE believed that there was a trend towards poorer injection techniques although they were not sure why.

10.5 Mental and physical health problems and psychological distress

10.5.1 Self-reported mental health problems

In 2014, 47% (n=46) of respondents self-reported experiencing a mental health problem in the last six months, which was not significantly different to the 33% in 2013. As in previous years, the most commonly reported mental health problems were depression, reported by 39% (n=38) of respondents, followed by anxiety, reported by 24% (n=23). Less common self-reported problems included bipolar disorder (n=11), panic (n=5), schizophrenia (n=4), drug-induced psychosis (n=4), obsessive compulsive disorder (n=3), and paranoia (n=3).

Of those reporting a mental health problem, 83% (n=39) reported attending a professional in relation to the problem. These health professionals were most commonly a general practitioner (n=28), a psychologist (n=9), a psychiatrist (n=9), or a counsellor (n=5). Asked if they had been prescribed medication for their condition, 79% (n=37) said they had. Most commonly, these medications were benzodiazepines, most commonly diazepam (n=24), a wide variety of antidepressants (n=23), antipsychotics, most commonly Seroquel® (n=10) and mood stabilisers (n=1).

10.5.2 The K10 psychological distress scale and SF 12

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

In 2014, 91 participants completed the K10 and scores are presented by risk category. The median total score in 2014 was 22 (range=10-45). In 2014, using the interpretation scheme suggested by Andrews and Slade (2001), 19% (n=17) scored at low risk, 29% (n=26) scored at moderate risk, 25% (n=23) scored at high risk and 28% (n=25) scored at very high risk.

The Short Form 12-Item Health Survey (SF-12) is a questionnaire designed to provide information on general health and wellbeing and includes 12 questions from the SF-36. The SF-12 measures health states across eight dimensions concerning physical functioning, role limitations due to physical health problems, bodily pain, general health, energy/fatigue, social functioning, role limitations due to emotional problems and psychological distress and wellbeing. A higher score indicates better health. These 91 respondents also completed the SF-12 scale describing their general health.

That their general health was ‘excellent’ was reported by 3% (n=3), as ‘very good’ by 21% (n=19), as ‘good’ by 37% (n=34), as ‘fair’ by 21% (n=19), and as ‘poor’ by 18% (n=16).

11 Law enforcement-related trends associated with drug use

11.1 Reports of criminal activity among IDU participants

11.1.1 Criminal activity

In 2014, 38% (n=37) of respondents reported that they had been arrested in the past twelve months which was not significantly greater from the 25% reported in the previous year. Respondents were asked about the types and frequency of crimes they had been involved in in the month prior to the survey. Involvement in any form of criminal activity was reported by 49% (n=48) which was not significantly different than the 40% reported in 2013. Involvement in dealing drugs was once again the most common class of crime reported by 37% (n=36). Involvement in property crime was reported by 19% (n=19), violent crime by 7% (n=7) and fraud by 5% (n=5). None of these crime categories were significantly changed from in 2013 (Table 17).

Table 17: Criminal activity as reported by PWID participants, 2012-2014

Criminal activity (%)	2012 (N=100)	2013 (N=88)	**2014 (N=98)**
Criminal activity in last month:			
Dealing	31	34	**37**
Property crime	16	17	**19**
Fraud	4	1	**5**
Violent crime	5	3	**7**
Any crime	47	40	**49**
Arrested in last 12 months	25	25	**38**

Source: IDRS user interviews

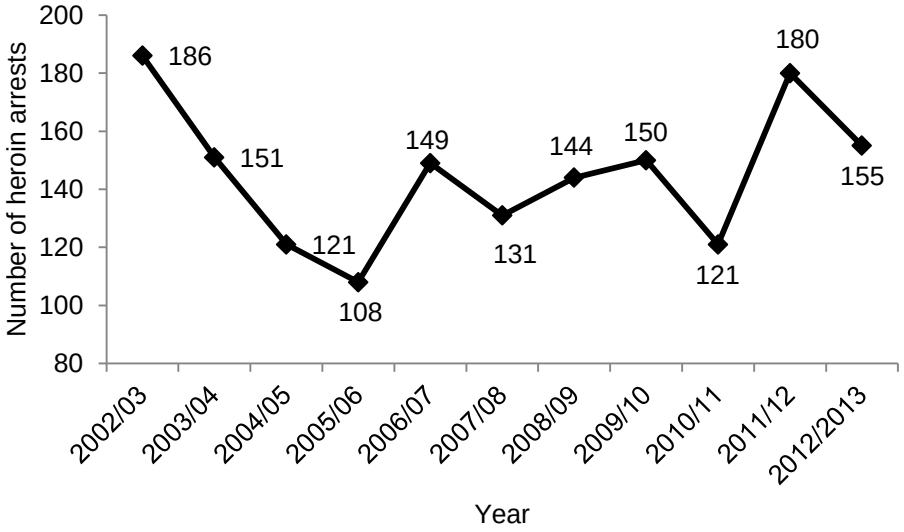
Frequency of criminal acts was analysed by computing a crime total which at a mean score of 1.42 was a significant increase from the 2013 mean of 1.00 (t=2.020, df=96, p=.046), indicating that the frequency of criminal activity by participants in the PWID survey has increased since 2013.

11.2 Arrests

11.2.1 Heroin

The number of arrests for heroin and other opioids made in WA by WAPS and AFP from 2002/03 to 20012/13 is shown in Figure 45. There were a total of 155 heroin-related arrests in WA in 2012/13, which was somewhat lower than the previous reporting period of 180. These included 94 consumer arrests and 61 provider arrests.

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

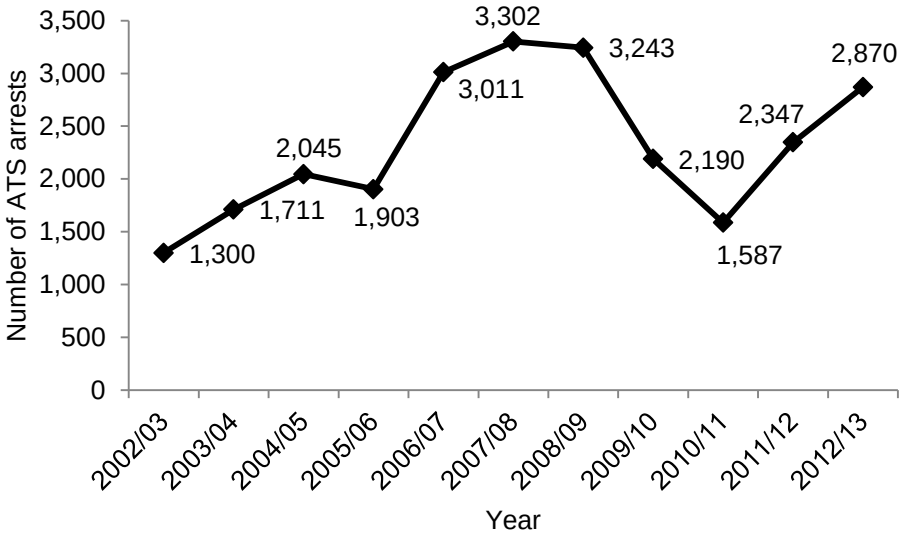


Source: **Australian Crime Commission**

11.2.2 Amphetamine type stimulants (ATS)

The number of ATS arrests made in WA by WAPS and AFP from 2002/03 to 2012/13 is shown in Figure 46. It is evident that the number of ATS arrests have risen for the second year running with 2,870 ATS related arrests. These arrests included 2,024 consumer arrests and 846 provider arrests.

Figure 46: Total number of ATS consumer/provider arrests, WA, 2002/03-2012/13

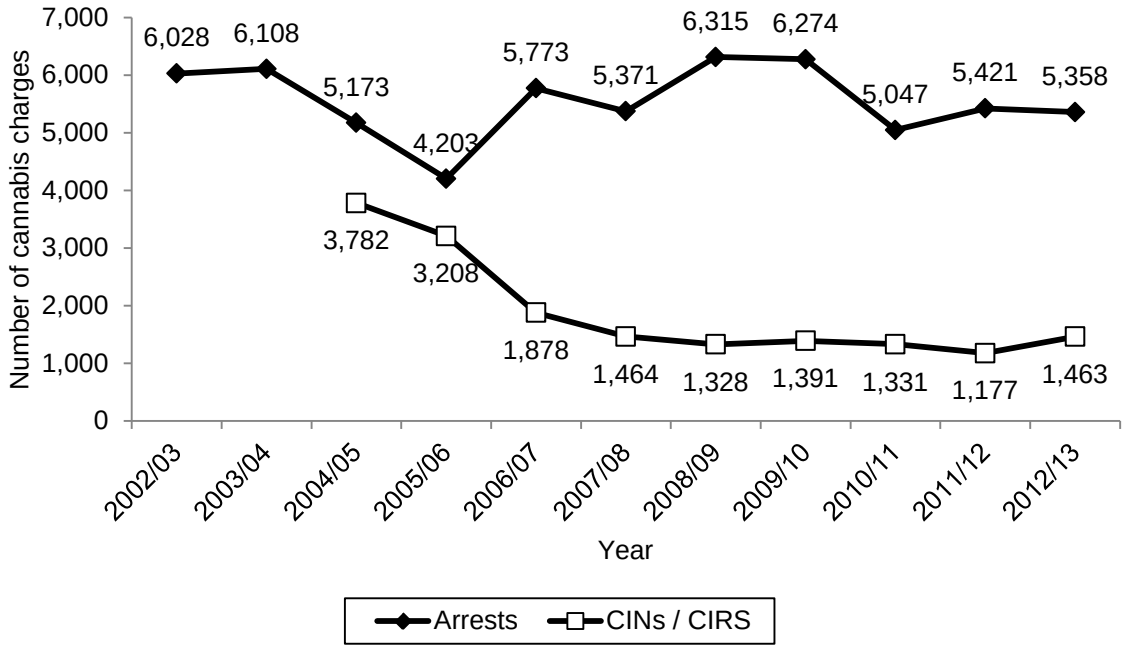


Source: **Australian Crime Commission**

11.2.3 Cannabis

The number of cannabis arrests made in WA by WAPS and AFP from 2002/03 to 2012/13 is shown in Figure 47. Cannabis arrests have decreased slightly in the last year with 5,358 arrests in 2012/13. These arrests included 4,165 consumer arrests and 1,193 provider arrests. Cannabis Infringement Notices (CINs) were introduced in March 2004 after the passage of the *Cannabis Control Act 2003* (WA), but their use has continued to decrease over time and they were replaced by the Cannabis Intervention Requirement Scheme (CIRS) in August 2011. In 2012/13 there were 1,463 CIRs issued in WA, the most since 2007/08.

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

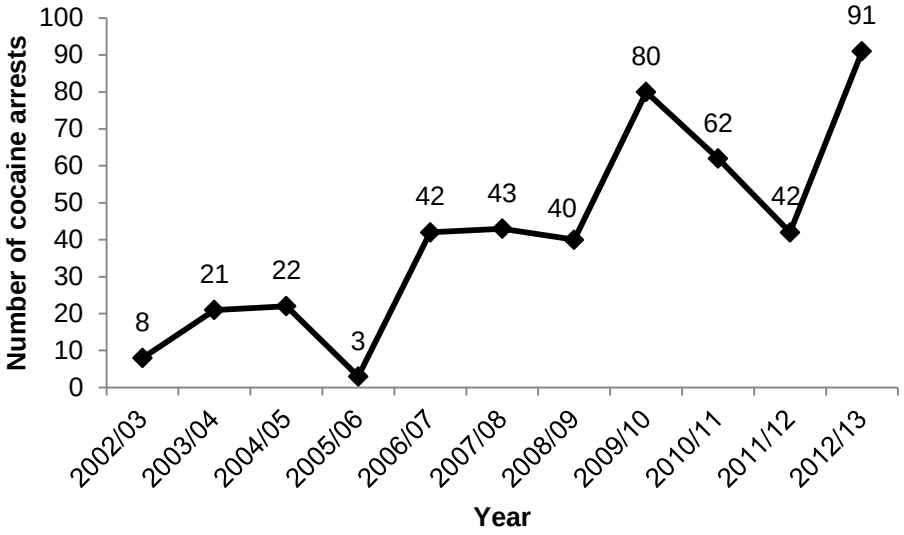


Source: **Australian Crime Commission**

11.2.4 Cocaine

The number of cocaine arrests made in WA by WAPS and AFP from 2002/03 to 2012/13 is shown in Figure 48. In 2012/13, the number of cocaine arrests rose from 42 to 91 which was the largest number so far recorded by the IDRS. These arrests included 45 consumer arrests and 46 provider arrests.

Figure 48: Total number of cocaine consumer/provider arrests, WA, 2002/03-2012/13



Source: **Australian Crime Commission**

12 SPECIAL TOPICS OF INTEREST

12.1 Naloxone program and distribution

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

Respondents were asked about their opinions and awareness of naloxone (Narcan®). Of the 94 respondents to the WA IDRS sample who responded, 85% (n=83) had heard of naloxone which was generally understood to 'reverse heroin' (59%, n=58), to 're-establish consciousness' (21%, n=21) or 'to help someone start breathing' (8%, n=6). There were 10% (n=10) of those responding who reported having been resuscitated with naloxone.

There were 62% (n=58) who said they were aware of the existence of naloxone programs. Having been trained under such a program and received a prescription for naloxone was reported by 15% (n=14). Of these 14 respondents, 50% (n=7) reported that since completing their training that they had used naloxone to resuscitate between one to six other people with a mean of two people resuscitated.

Those respondents who had not undertaken naloxone training were asked additional questions about their response to overdose. The most common responses were that they would 'call an ambulance' (88%, n=68), followed by 'administering mouth to mouth and CPR' (52%, n=40). Less common responses included 'turning the victim on their side' (29%, n=22), and 'staying with the victim' (3%, n=2). Ineffective responses (e.g. ice, showers, slapping, move them around, injection with salt water etc.) were suggested by 20% (n=16).

A number of respondents explained why they wouldn't call an ambulance in response to an overdose situation. Reasons given included 'fear of police involvement', 'not necessary', and 'can handle it myself'.

Having had the nature of naloxone training programs explained to them, of the respondents who had not undertaken training, 71% (n=55) of those responding said they would be willing to participate in a naloxone training program and of these, 83% (n=44) said they would carry naloxone on their person and all said they would be willing to administer naloxone in an overdose situation. Asked if they would want peers to give them naloxone if they had overdosed, 94% (n=51) agreed. Asked if they would stay with someone after administering naloxone to them, all agreed that they would.

12.2 Homelessness

A history of having ever been homeless was reported by 66% (n=65) of the 2014 WA PWID sample. Time elapsed since the last episode of having been homeless ranged from over five years through to being currently homeless at the time of the interview. There were 45% (n=29) of those with a history of having been homeless who had been homeless within the previous 12 months. Of these, 15 were homeless at the time of the interview, and a further eight had been homeless within the past six months. Length of the most recent episode of

homelessness ranged from less than six months up to more than 10 years with the most common duration being one to two years (n=23).

Of the 15 currently homeless, 40% (n=6) reported that they were currently engaged with a case worker. Current contact with family members was reported by 60% (n=9) as was regular contact with people.

The various circumstances under which respondents have found themselves homeless are presented in Table 18.

Table 18: Circumstances and median age of homelessness (N=65)

Circumstances of homelessness	Ever	Last six months	Median age
Slept rough on streets, in parks etc.	77% (n=50)	26% (n=17)	25
In crisis/emergency accommodation	46% (n=30)	5% (n=3)	23
In medium/long term agency accommodation	22% (n=14)	6% (n=4)	29
With relatives/friends etc. due to nowhere else to live	77% (n=50)	28% (n=18)	32
In boarding houses/pubs/hostels*	48% (n=31)	6% (n=4)	25
In caravan parks*	38% (n=25)	5% (n=3)	27

Source: WA user interviews
*Other than when on holiday

Respondents were asked to identify factors contributing to their becoming homeless. Of the 61 who responded, the most common factors were relationship breakdown with family (39%, n=24), drug use or dependence (31%, n=19) and financial issues (16%, n=10). Other less commonly identified factors included alcohol use or dependence, physical or mental health issues, breakdown of friendships, abuse, unemployment, release from prison, disability and a wide range of miscellaneous reasons.

Respondents were asked about experiences of violence during their last episode of homelessness. Of the 41 responding, 27% (n=11) reported being stood over, 29% (n=12) reported being physically attacked, 12% (n=5) had been mugged, and 17%, n=7) had been robbed.
Asked if they had ever experienced difficulties finding permanent housing, 86% (n=53) of the 62 responding reported that they had. A very wide range of difficulties were described, the most common of which were financial (n=25) and long waiting lists for public housing (n=14).

12.3 Oxycodone use and injection

Over the past decade there has been a considerable rise in the prescribing of pharmaceutical opioids in Australia: between 1992 and 2012, the number of pharmaceutical opioid dispensing episodes in Australia increased 15-fold (Blanch, Perarson and Haber, 2014). The rise in opioid prescriptions – including oxycodone – has seen a concurrent increase in extra-medical use of these medications among samples of people who inject drugs. This includes tampering with opioid medications (e.g. crushing, chewing, snorting, smoking, injecting or dissolving/drinking opioid medications intended for oral administration; (Katz, et al., 2011) to allow a larger quantity of the active ingredient to become available and resulting in increased euphoric effects.

In response, pharmaceutical companies have begun developing formulations that are less prone to tampering. Oxycodone is a semi-synthetic opioid agonist prescribed for the treatment of moderate to severe chronic pain. It is available in eight different products in Australia, with Oxycontin® being the most frequently prescribed controlled release formulation. A new tamper resistant formulation of controlled release oxycodone hydrochloride tablets (Reformulated Oxycontin®) were released onto the Australian market in April 2014. The tablets are designed to be bioequivalent to the original formulation, but

employ a controlled release technology (that makes them difficult to crush) with a hydro-gelling matrix (so the tablet develops into a viscous gel when dissolved in water) (Sellers et al., 2013). Early U.S. surveillance of the reformulation suggests that there have been reductions in misuse ((Butler, et al., 2013; Havens, et al., 2014) , street price (Sellers, et al., 2013) and Oxycontin® poisonings (Severtson, et al., 2013) .

Post-marketing surveillance of the new formulation is currently underway in Australia (Degenhardt, et al., advance online) , and early findings have indicated that there has been a decline in national pharmacy sales of 80mg Oxycontin® (the dose most commonly used and injected among people who inject drugs), as well as a reduction in prevalence of overall use and injection, street price and attractiveness for misuse via tampering among a prospective cohort of people who tamper with pharmaceutical opioids (Degenhardt, et al., Submitted; Larance, et al., Submitted) .

Given the concerns regarding oxycodone and the changes in the types of oxycodone available, the aim of the oxycodone module was to examine the use and misuse of oxycodone products. Participants were asked about their use of the original Oxycontin®, in addition to the reformulated Oxycontin®. Please refer to Degehardt, Larance and colleagues for further information on oxycodone use (Degenhardt, et al., Submitted; Larance, et al., Submitted).

A series of questions were appended to the 2014 IDRS survey designed to assess numbers of PWID who had tried the reformulated product and how difficult they had found it to inject compared to the original. Respondents were asked to rate ease of injection on a scale of one to ten, with ‘one’ being impossible to inject and ‘ten’ being extremely easy.

Although a wide range of forms of oxycodone were asked about, only Endone® 5 mg, Oxynorm®, Oxycontin® original formulation® and Oxycontin reformulation® had a substantial number of respondents with a history of having used them. Although Oxynorm® had three reports of prescribed use, and eight reports of non-prescribed use, days used in the past six months were extremely low (range 0-1) and it was not included in this analysis. Apart from one individual who reported having smoked Oxycontin original formulation®, the only reported ROA were by injection and oral consumption.

Although Endone® 5 mg was ever used by eight respondents, mean number of days of recent use, regardless of ROA, was very low. Ease of injection was rated as moderate with a mean and median score of five.

Numbers reporting the lifetime use of oxycodone, either prescribed or not prescribed, were substantially lower for the reformulated product, although this is undoubtedly a reflection of the limited time the reformulated product has been in existence for. Mean number of days reported for recent use for prescribed oxycodone rose substantially from three to 43 after the reformulation, which is almost certainly a reflection of doctors no longer prescribing the original formulation. Ease of injection fell from a mean rating of eight for the original product to five for the reformulation, that is, equivalent to the less popular Endone®. Nevertheless, it was evident that some PWID had continued to try to inject it. This data is shown in Table 19.

Table 19: Oxycodone use and relative ease of injection (N=28)

Brand	Ever used	Mean (median) Days used in last six months	Ever injected	Mean (median) Days injected in last six months	Ever swallowed	Mean (median) Days swallowed in last six months	Ease of injection (Any form)	Mean (median) Days used (Any form)
Endone 5 mg prescribed	1	14 (14)	0	-	1	14 (14)	5 (5)	4 (6)
Endone 5 mg not prescribed	7	2 (1)	6	3 (2)	1	-		
Oxycodone original prescribed	10	3 (0)	8	8 (10)	1	-	8 (8)	39 (12)
Oxycodone original not prescribed	22	29 (8)	22	40 (12)	2	3 (3)		
Oxycodone reformulated prescribed	5	43 (4)	3	16 (16)	2	92 (92)	5 (5)	31 (2)
Oxycodone reformulated not prescribed	9	14 (1)	6	19 (1)	1	3 (4)		

Source: WA user interviews, 2014

- Not applicable or missing data

12.4 Aging

In the 2014 IDRS survey, a series of questions relating to health, heath services utilisation and aging were included. Respondents were asked if they had ever been diagnosed with a range of conditions, the age at which they were first diagnosed, and if they had received treatment for that condition within the last 12 months. This data is presented in Table 21.

Table 20: Health conditions associated with aging (N=91)

Condition	% Lifetime Diagnosis	Mean (median) age first diagnosed	Number receiving treatment in last 12 months (% of those diagnosed)
Asthma	31	12 (8)	17 (61)
Gout, rheumatism, arthritis	14	39 (40)	5 (39)
Respiratory disease	20	24 (20)	11 (61)
Heart/circulatory condition	15	37 (37)	7 (50)
Skin problems	17	28 (25)	6 (38)
Cancer	8	37 (25)	1 (17)
Stroke	4	39 (34)	1 (25)
Diabetes/high blood sugar levels	6	30 (32)	4 (80)
Liver disease (inc. HCV)	43	31 (33)	5 (13)

Source: WA user interviews, 2014

Respondents were then asked to identify the types of health services they had accessed over the previous 12 months, and the number of time they had accessed them. The mean days of service utilisation was compared between respondents under the median sample age of 42 and those who were older (Table 21). Although no statistically significant differences were identified, it should be considered that following stratification for age, the number of cases being tested was often very small, necessitating caution in the interpretation of these findings.

Table 21: Health service utilisation by age in the last 12 months (N=89)

Health Professional	% Accessing professional in last 12 months	Mean days seen	Mean days seen (age <42)	Mean days seen (age42 or greater)	sig
General Practitioner	85	21	24	17	P=.467
Opioid substitution specialist	42	17	29	8	P=.152
Drug Counsellor	12	10	13	3	P=.276
Psychiatrist	10	10	4	17	P=.302
Psychologist	18	14	16	10	P=.449
Other Specialist	18	4	4	5	P=.860
Social or welfare worker	25	24	33	10	P=.385
Dentist	44	13	12	13	P=.907
Other health professional	15	19	16	28	P=.559
Ambulance	17	2	2	2	P=.786
Hospital admittance	32	3	2	4	P=.304
Outpatient	28	6	1	10	P=.326

Source: WA user interviews, 2014

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