



WESTERN AUSTRALIAN DRUG TRENDS 2022

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



WESTERN AUSTRALIAN DRUG TRENDS 2022: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to the IDRS in 2022:

- Dr Rachel Sutherland, Fiona Jones, Antonia Karlsson, Julia Uporova, Cate King, Daisy Gibbs, Olivia Price, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Joanna Wilson, Sarah Eddy and Professor Paul Dietze, Burnet Institute, Victoria;
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- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia;
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Participants

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

Contributors

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Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
ALPHA PVP	α -Pyrrolidinopentiophenone
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDPV	Methylenedioxypropylone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-traumatic stress disorder
QLD	Queensland
RAT	Rapid Antigen Test(s)
REDCap	Research Electronic Data Capture
RNA	Ribonucleic Acid
SA	South Australia
SD	Standard deviation
TAS	Tasmania
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales

VIC	Victoria
WA	Western Australia

Executive Summary

The Western Australia (WA) IDRS sample is a sentinel group of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in Perth, Western Australia. Participants were recruited via advertisements in needle syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2022 from May-June. In WA, interviews in 2020 and 2021 were delivered face-to-face as well as via telephone, while in 2022, they were only conducted via telephone to reduce the risk of COVID-19 transmission. This methodological change should be factored into all comparisons of data from the 2020-2022 samples, relative to previous years.**

Sample Characteristics

The WA IDRS sample in 2022 were predominantly males (55%) with a mean age of 44 years, consistent with the WA profile in previous years. The majority (78%) of the sample were unemployed at the time of interview, and most (86%) had received a government pension/allowance or benefit in the month prior to interview. The median income per week remained stable in 2022 (\$370) compared to 2021 (\$363). Drug of choice remained stable in 2022 compared to 2021, with the largest percentage of the sample reporting that heroin was their drug of choice (47%; 52% in 2021). Similarly, there were no significant changes in the drug injected the most often in the last month, with heroin being the drug injected most often (45%; 43% in 2021), followed by methamphetamine (44%; 52% in 2021).

Heroin

After a steady resurgence in recent (i.e., past six month) heroin use up until 2016, a downward trend has been observed since 2017. However, the percentage of respondents who reported recent use of heroin has remained stable between 2021 (61%) and

2022 (60%). Eighty-one per cent of those who had recently used heroin reported weekly or more frequent use in 2022. A significant change was reported for perceived purity between 2021 and 2022 ($p=0.042$). Specifically, an increase was observed in the percentage of participants who reported perceived purity to be 'high' (46%; 31% in 2021), or 'medium' (38%; 31% in 2021). However, perceived availability remained stable between 2021 and 2022, with nearly half of participants (47%) perceiving that heroin was 'easy' to obtain (38% in 2021).

Methamphetamine

Recent use of any methamphetamine has trended upwards over the past few years, with almost eight in ten participants (78%) reporting recent use in 2022. This was mostly driven by a continued increased trend in crystal methamphetamine use (77% in 2022) – the most commonly used form since 2011 in Perth. However, recent use of powder and crystal methamphetamine remained stable between 2021 and 2022, with 13% (9% in 2021) and 77% (80% in 2021) reporting recent use, respectively. Similarly, the perceived purity and availability of any form of methamphetamine remained stable between 2021 and 2022. The median price for one point of crystal significantly increased, however, from \$95 in 2021 to \$100 in 2022 ($p=0.006$), while the price for one point of powder methamphetamine remained stable between 2021 and 2022. Seventy per cent of those who had recently used any methamphetamine reported weekly or more frequent use in 2022.

Cocaine

Cocaine use amongst people who inject drugs in Perth remains infrequent and sporadic. Twelve per cent of the Perth sample had recently consumed cocaine on a median of two days.

Cannabis and/or Cannabinoid Related Products

Recent use of non-prescribed cannabis and/or cannabinoid related products remained stable between 2021 (69%) and 2022 (60%). Forty-five per cent of those who had recently used non-prescribed cannabis and/or cannabinoid related products reported daily use, stable from 2021 (46%). Hydroponic cannabis remained the form most commonly used (97%), with a significant increase in recent use of bush (43%; 15% in 2021; $p=0.001$). There was also a significant increase in the percentage of participants reporting inhaling/vaporising cannabis between 2021 (9%) and 2022 (25%) ($p=0.017$).

Pharmaceutical Opioids

Recent use of all forms of pharmaceutical opioids remained stable in 2022, though an overall downward trend was observed since monitoring of each opioid first began. No significant differences in terms of non-prescribed recent use nor frequency of use were observed for buprenorphine tablet, buprenorphine-naloxone, morphine, oxycodone, fentanyl, codeine, tapentadol and tramadol between 2021 and 2022. However, there was a significant increase in the frequency of non-prescribed use of methadone (syrup) between 2021 (2 days) and 2022 (48 days; $p=0.047$).

Other Drugs

A small percentage of participants (7%) reported recent use of any NPS in 2022. Recent use of non-prescribed benzodiazepines (including alprazolam) (28%; 32% in 2021), non-prescribed pharmaceutical stimulants (10%; 10% in 2021), antipsychotics ($n\leq 5$; $n\leq 5$ in 2021); and pregabalin (16%; 19% in 2021) remained stable between 2021 and 2022. Tobacco use has remained consistently high but stable over the period of monitoring, with 89% reporting recent use in 2022, while alcohol use has been trending downward over the course of monitoring. Furthermore, recent use of non-prescribed e-cigarettes (24%; 20% in 2021), as well as GHB/GBL/1,4-BD (9%; 12% in 2021) also remained stable between 2021 and 2022.

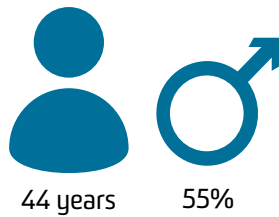
Drug-Related Harms and Other Behaviours

In 2022, the majority of the sample (95%) reported using one or more drugs on the day preceding interview. Eighteen per cent of participants reported experiencing a non-fatal overdose in the 12 months preceding interview on any drug, with 15% reporting a past year non-fatal opioid overdose. Heroin was the most common opioid cited in a past year overdose, being identified by 14% of the sample. The majority of the sample (83%) had heard of naloxone, while 54% had ever been trained in using it. Almost half the sample (47%) reported re-using their own needle in the past month, stable from 51% in 2021. There was a statistically significant change in the location of last injection ($p=0.023$), with an increase in the number of participants who reported they had injected at home (80%; 70% in 2021) or in a street/park or bench (9%; $n\leq 5$ in 2021). One-third (31%) of the sample reported experiencing injection-related problems in the past month, most commonly any nerve damage (17%). Forty per cent of participants reported being in drug treatment at the time of interview, stable from 46% in 2021. Two-fifths of participants in 2022 (43%) reported that they had received a Hepatitis C virus (HCV) antibody test in the past year, while 39% had received an RNA test. Self-reported mental health problems in the past six months remained stable in 2022 (46%; 47% in 2021). Thirteen per cent of recent drivers reported driving over the perceived legal limit of alcohol, while 81% reported driving within three hours of consuming an illicit or non-prescribed drug in the past six months. One-fifth (21%) of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia. In 2022, 85% of the Perth sample had been tested for SARS-CoV-2 in the past 12 months, while 35% of participants had been diagnosed with the virus. At the time of interview, 91% of the sample reported they had received at least one dose of the COVID-19 vaccine.

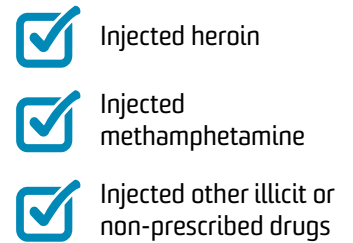
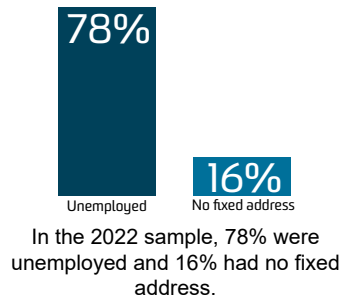
2022 SAMPLE CHARACTERISTICS



In 2022, 100 participants, recruited from Perth, WA, were interviewed.

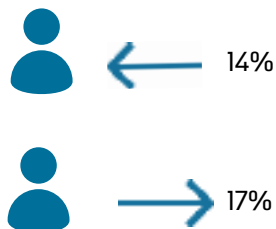


The mean age in 2022 was 44, and 55% identified as male.

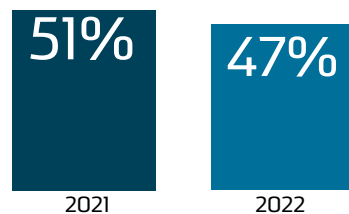


Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

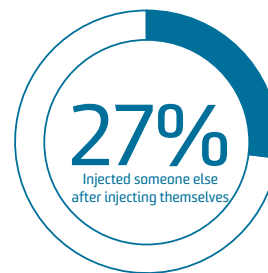
INJECTING RELATED RISKS AND HARMS



In 2022, 14% of participants reported receptive sharing in the past month and 17% reported distributive sharing.



47% of participants reported re-using their own needles in the past month, stable relative to 2021 (51%).

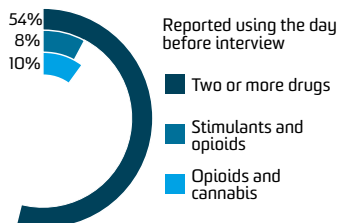


27% of participants reported injecting someone else after injecting themselves in the past month, stable from 2021 (36%).

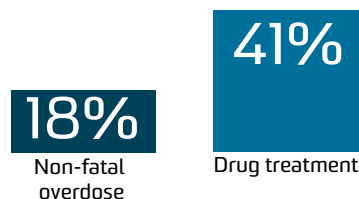


31% of participants reported having an injection-related health issue in the past month, stable from 2021 (33%).

OTHER HARMS AND HELP-SEEKING



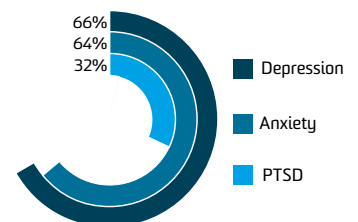
The most common patterns of poly substance use on the day preceding interview were stimulants and opioids, and opioids and cannabis.



Past year non-fatal overdose (18%) and past 6-month drug treatment (41%) remained stable in 2022 relative to 2021.

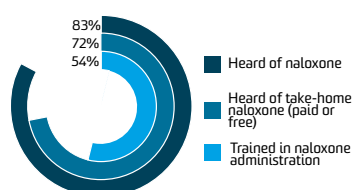


In 2022, 46% of participants reported a mental health problem in the 6 months preceding interview, and 30% had seen a mental health professional.



Among those who reported a mental health problem, the three most common mental health issues were depression, anxiety and PTSD.

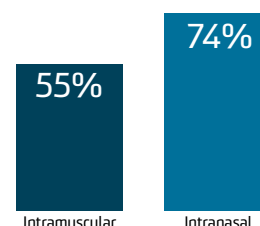
NALOXONE AND HARM REDUCTION



Knowledge of naloxone and take-home naloxone programs remained high and stable in 2022, however fewer participants reported ever being trained in naloxone administration.



Nearly one-third (29%) of the sample reported using naloxone to resuscitate someone who had overdosed at least once in their lifetime.

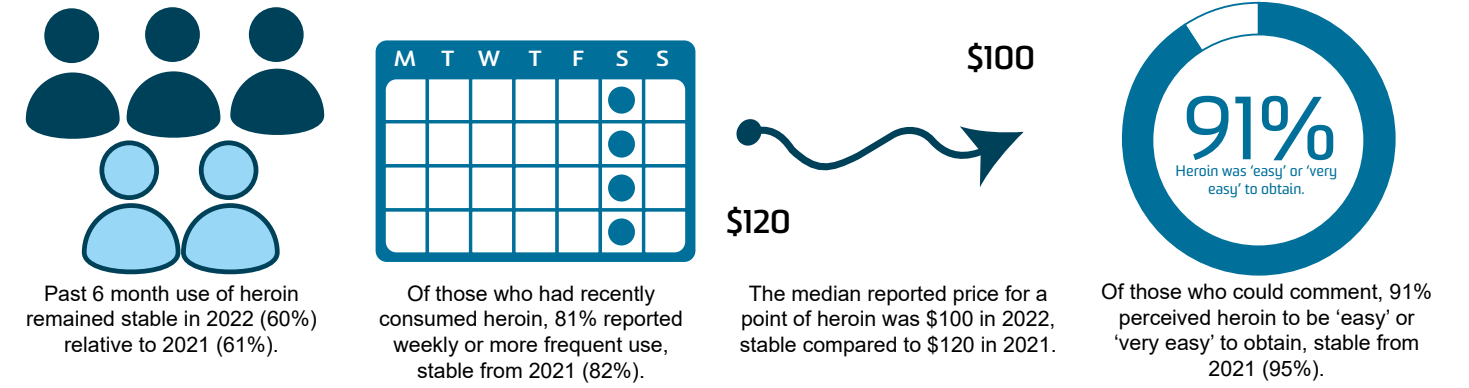


Of those who reported ever accessing naloxone, 74% of participants reported receiving intranasal naloxone on the last occasion of access.

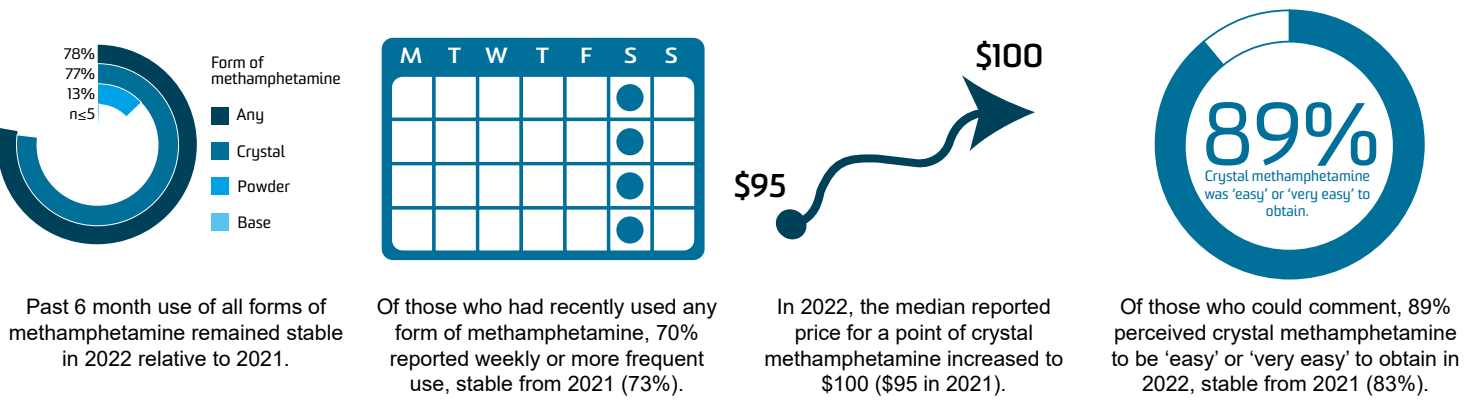


In 2022, 9% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

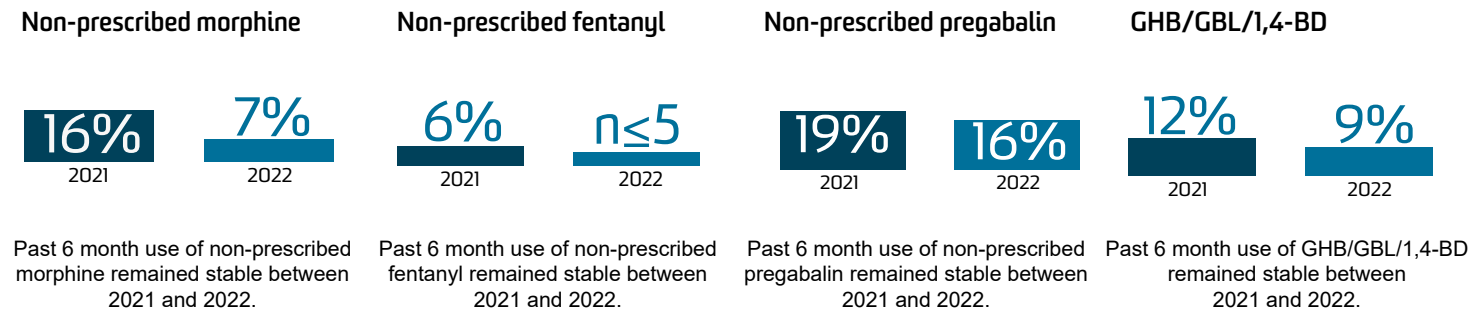
HEROIN



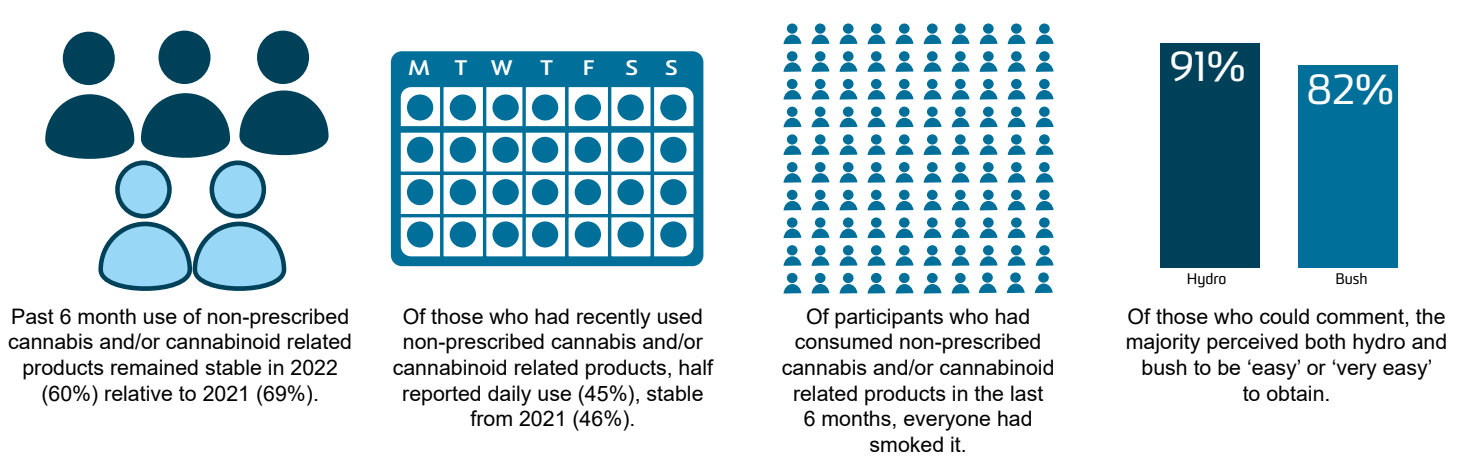
METHAMPHETAMINE



OTHER DRUGS



CANNABIS AND/OR CANNABINOID RELATED PRODUCTS



Background

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

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

Methods

IDRS 2000-2019

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

IDRS 2020-2022: COVID-19 Impacts on Recruitment and Data Collection

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

1. Means of data collection: Interviews were conducted via telephone across all capital cities in 2020, with some capital cities (Darwin, Northern Territory (NT) and Hobart, Tasmania (TAS)) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving \$40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old (16 years old in Perth, Western Australia (WA)) to 18 years old.

In 2021 and 2022, a hybrid approach was used whereby interviews were conducted either face-to-face (with participants reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology; however, telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

A total of 879 participants were recruited across capital cities nationally (May-July, 2022), with 100 participants recruited from Perth, WA between 23rd May-14th June, 2022. In 2022, due to COVID-19 restrictions, all interviews in Perth were conducted via telephone.

In 2022, there was a significant change in recruitment methods compared to 2021 ($p=0.002$), with more participants being recruited via NSPs (58%; 39% in 2021), and less via word-of-mouth (25%; 38% in 2021). In 2022, 18% of the Perth sample reported participating in the 2021 IDRS survey, while in 2021, 9% of participants reported participating in the 2020 survey ($p=0.099$).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness $> \pm 1$ or kurtosis $> \pm 3$), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2021 and 2022. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. References to significant differences throughout the report are where statistical testing has been conducted and where the p -value is less than 0.050. Values where cell sizes are ≤ 5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

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

This report covers a subset of items asked of participants and does not include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Perth, WA (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-2022, must be taken into consideration when comparing 2020-2022 data to previous years, and treated with caution.

Additional Outputs

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

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

1

Sample Characteristics

In 2022, the Perth IDRS sample, for the most part, was similar to the sample in 2021 and in previous years (Table 1).

Gender identity remained stable ($p=0.352$) between 2021 and 2022, with 55% identifying as male (58% in 2021). Participants had a mean age of 44 years ($SD=11$; 45 years ($SD=10$) in 2021; $p=0.545$; Table 1). Three-quarters of the sample (78%) were unemployed at the time of interview, stable from 86% in 2021 ($p=0.281$), and 70% (68% in 2021; $p=0.874$) of the sample reported having received (a) post-school qualification(s). The vast majority of participants (86%) reported receiving a government pension, allowance or benefit in the past month, stable from 92% in 2021 ($p=0.252$). Participants reported their median weekly income amounted to \$370 (IQR=300-462), stable from \$363 (IQR=325-495) in 2021 ($p=0.627$).

Drug of choice remained stable in 2022 compared to 2021 ($p=0.759$), with respondents typically reporting that heroin was their drug of choice (47%; 52% in 2021) (Figure 1). Similarly, the drug injected most often in the last month also remained stable between 2021 and 2022 ($p=0.142$), with 45% nominating heroin as the drug injected most often (43% in 2021), followed by methamphetamine (44%, 52% in 2021) (Figure 2).

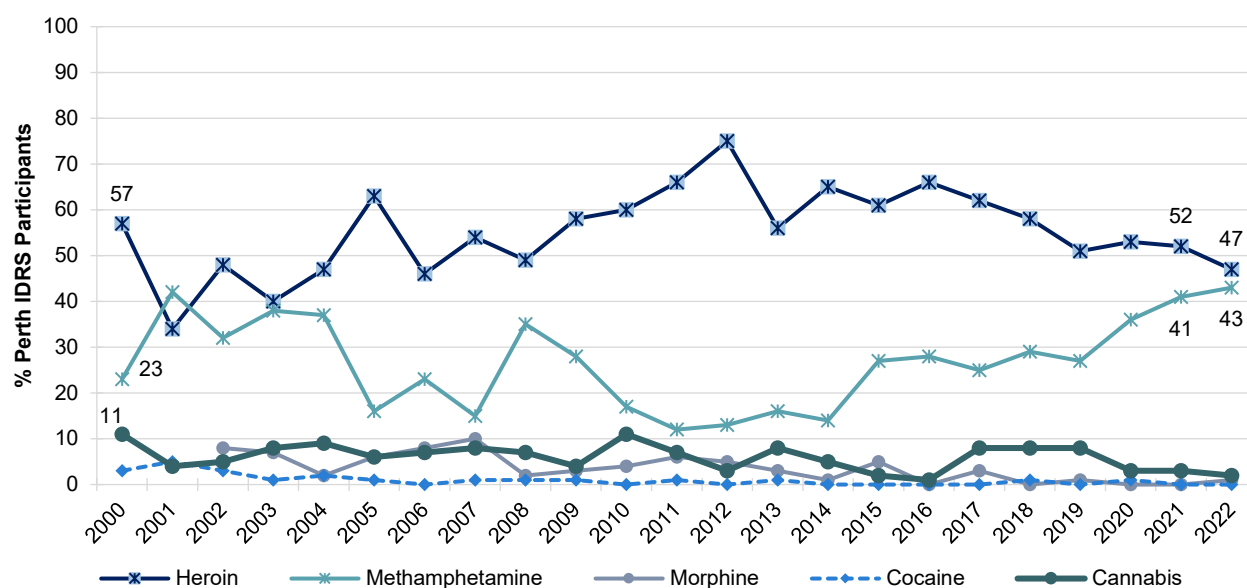
No statistically significant differences were observed in the percentage of participants reporting heroin (48%; 49% in 2021; $p=0.887$), powder methamphetamine ($n\leq 5$; 6% in 2021), crystal methamphetamine (52%; 58% in 2021; $p=0.488$), any methamphetamine (55%; 60% in 2021; $p=0.570$), non-prescribed morphine ($n\leq 5$; $n\leq 5$ in 2021), and cannabis consumption (47%; 56% in 2021; $p=0.209$) on a weekly or more frequent basis (Figure 3).

Table 1: Demographic characteristics of the sample, nationally, 2022, and Perth, WA, 2016-2022

	Perth, WA							National
	2016	2017	2018	2019	2020	2021	2022	2022
	(N=71)	(N=73)	(N=100)	(N=96)	(N=100)	(N=99)	(N=100)	(N=879)
Mean age (years; SD)	44 (10)	43 (12)	43 (10)	43 (11)	43 (10)	45 (10)	44 (11)	46 (10)
% Gender								
Female	34	40	39	31	31	42	42	33
Male	66	60	60	65	67	58	55	66
Non-binary	/	/	/	-	-	0	-	1
% Aboriginal and/or Torres Strait Islander	9	10	13	8	20	13	17	27
% Sexual identity								
Heterosexual	90	90	78	73	87	85	77	83
Homosexual	-	-	9	7	-	-	-	4
Bisexual	-	-	10	16	-	10	17	11
Queer	/	/	/	-	0	0	-	1
Other	0	0	-	-	-	-	0	1
Mean years of school education (range)	11 (8-12)	10 (6-12)	11 (6-12)	11 (8-12)	11 (7-12)	10 (6-12)	10 (6-12)	10 (0-12)
% Post-school qualification(s)^	79	55	71	74	59	68	70	63
% Current accommodation								
Own home (<i>inc. renting</i>)~	78	75	69	56	64	53	58	68
Parents'/family home	11	12	14	7	12	7	7	5
Boarding house/hostel	-	9	-	13	9	15	11	8
Shelter/refuge	-	0	-	8	-	-	-	2
No fixed address	-	-	13	15	13	21	16	16
Other	0	0	-	-	0	-	-	2
% Current employment status								
Unemployed	72	81	81	85	90	86	78	87
Full-time work	13	-	-	-	-	-	6	3
% Past month gov't pension, allowance or benefit	79	88	85	88	92	92	86	92
Current median income/week (\$; IQR)	400 (290-550)	324 (250-450)	325 (272-475)	325 (290-410)	538 (459-594)	363 (325-495)	370 (300-462)	385 (300-490)

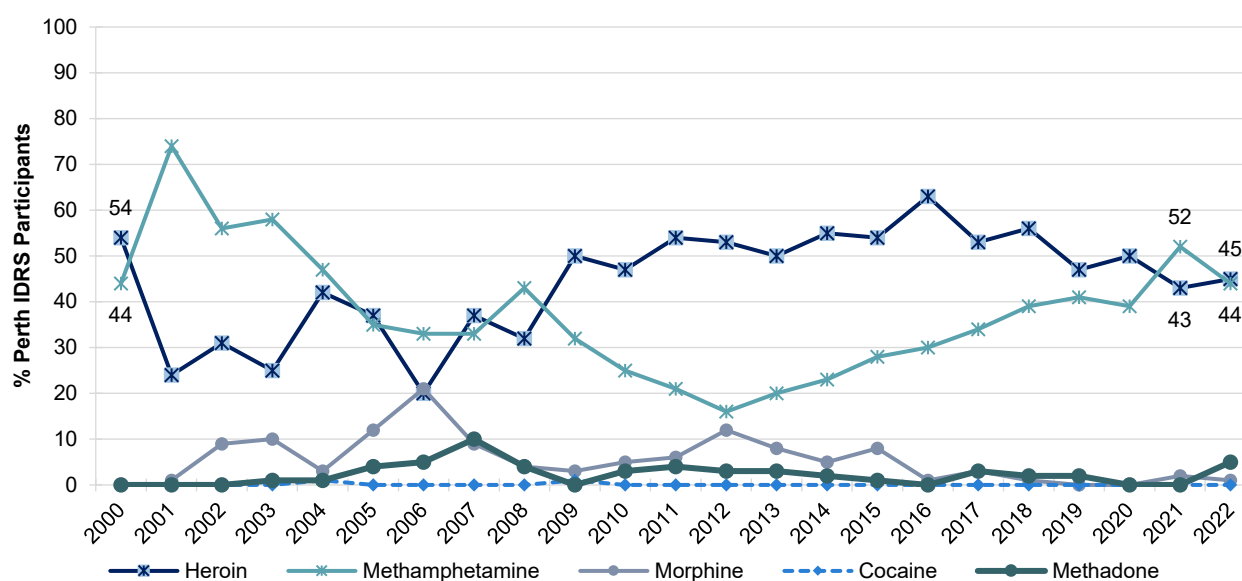
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - Values suppressed due to small cell size ($n \leq 5$ but not 0). / denotes that this item was not asked in these years. For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 among the Perth sample presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 1: Drug of choice, Perth, WA, 2000-2022



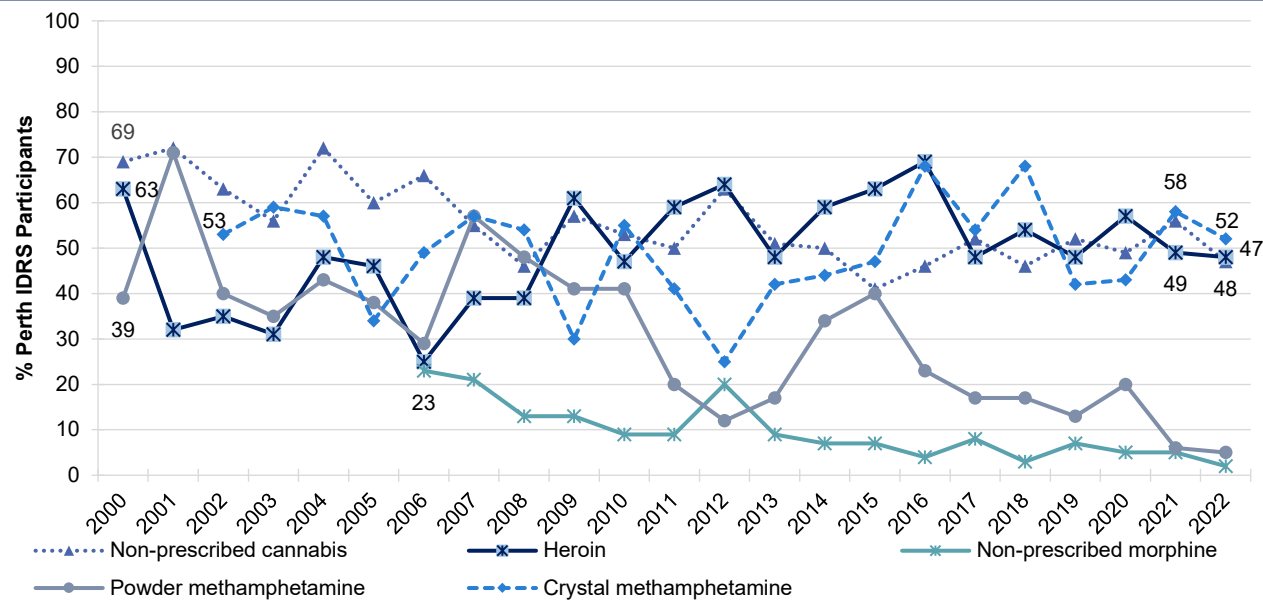
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 2: Drug injected most often in the past month, Perth, WA, 2000-2022



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 3: Weekly or more frequent substance use in the past six months, Perth, WA, 2000-2022



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Non-prescribed morphine frequency of use not asked until 2006. Crystal methamphetamine frequency of use not asked in 2000-2001. Data labels are only provided for the first (2000/2002/2006/) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

2

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

The percentage of respondents reporting recent use of any heroin remained stable between 2021 (61%) and 2022 (60%) (Figure 4).

Frequency of Use

Frequency of use has fluctuated over the course of monitoring. Participants who reported recent use and commented (n=60) had used heroin on a median of 93 days (IQR=42-180) in 2022, stable from 72 days (IQR=30-131) in 2021 ($p=0.180$) (Figure 5). In 2022, 32% of participants who had recently used heroin reported using it daily (20% in 2021; $p=0.148$), while 81% reported weekly or more frequent use (82% in 2021).

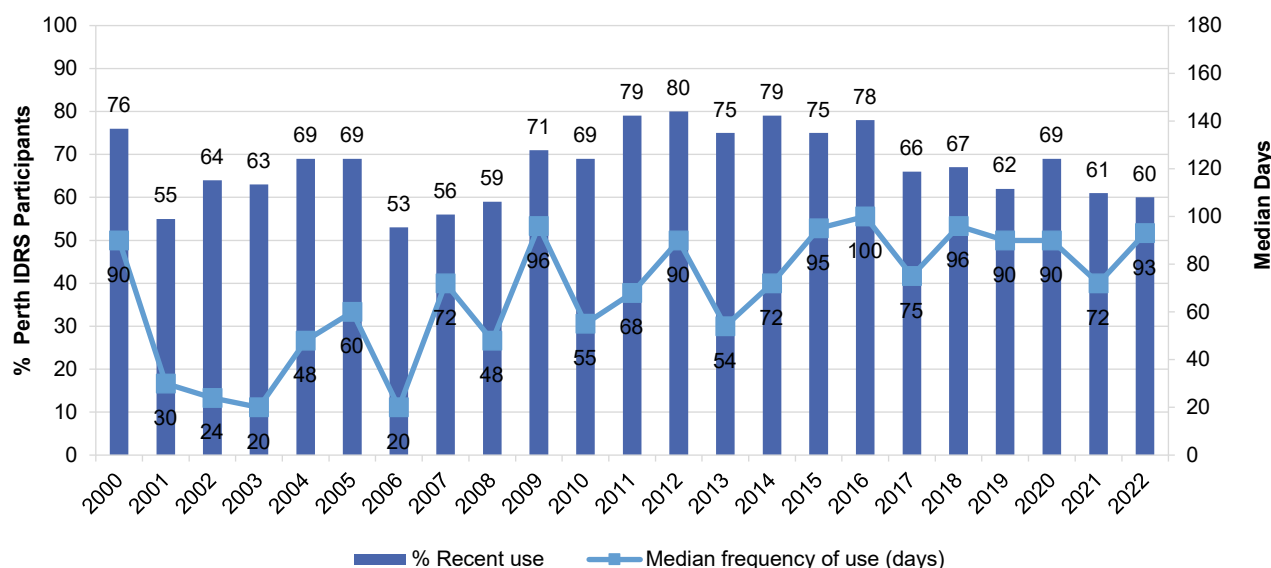
Routes of Administration

Injecting remained the most common route of administration among participants who had recently used heroin in 2022 (98%; 100% in 2021). Participants who reported injecting did so on a median of 96 days (IQR=49-180) which remained stable from 2021 (72 days; IQR=30-131; $p=0.125$). Few participants reported smoking, snorting and swallowing in 2022 and 2021 ($n\leq 5$, respectively; therefore, numbers are suppressed).

Quantity

Of those who reported recent use and responded (n=57), the median amount of heroin used on an average day of consumption in the six months preceding interview was 0.10 grams (IQR=0.10-0.20) in 2022 (0.10 grams in 2021; IQR=0.10-0.20; n=60; $p=0.603$). Of those who reported recent use and responded (n=57), the median maximum amount of heroin used per day in the last six months was 0.30 grams (IQR=0.20-0.50) in 2022 (0.30 grams in 2021; IQR=0.20-0.40; n=59; $p=0.677$).

Figure 4: Past six month use and frequency of use of heroin, Perth, WA, 2000-2022



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e., $n \leq 5$ but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Price, Perceived Purity and Perceived Availability

Price

In 2022, the reported median last price of heroin was \$100 (IQR=100-138; $n=46$) for one point, stable from 2021 (\$120; IQR=100-150; $p=0.274$) (Figure 5). Due to low numbers reporting on the price of a gram ($n \leq 5$), and no participants reporting on the price per cap, current market trends will not be presented. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

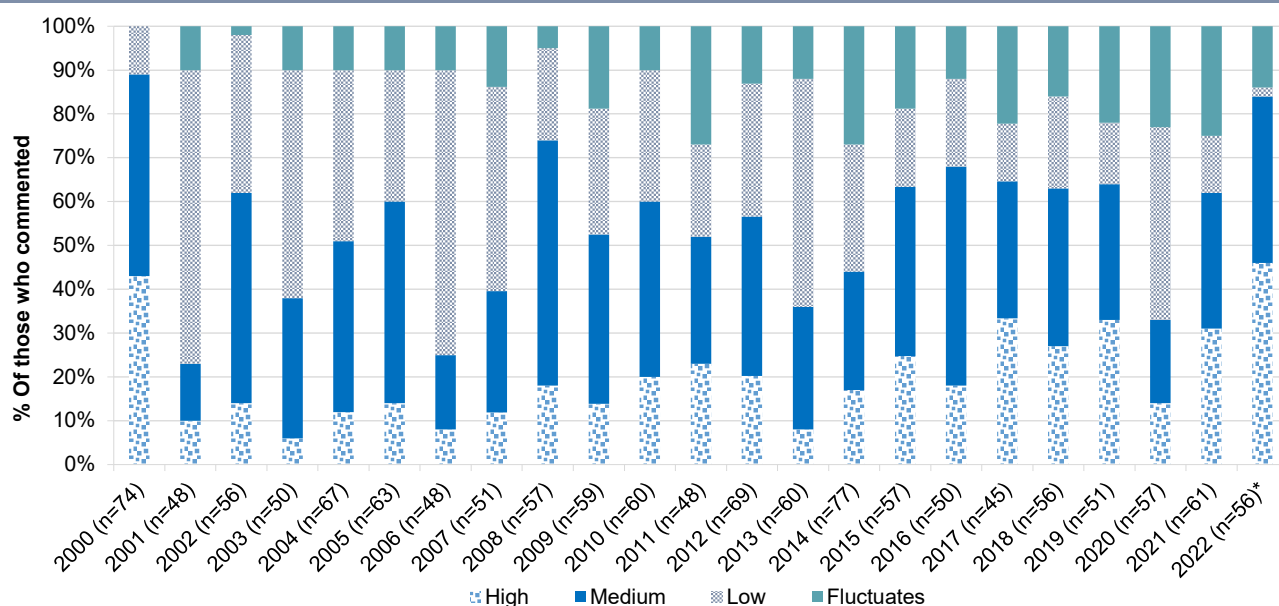
Perceived Purity

There was a significant change in the perceived purity of heroin between 2021 and 2022 ($p=0.042$). Among those who were able to comment in 2022 ($n=56$), there was an increase in the percentage of participants who reported perceived purity to be 'high' (46%; 31% in 2021) or 'medium' (38%; 31% in 2021), and a decrease in those perceiving purity to 'fluctuate' (14%; 25% in 2021). Small numbers ($n \leq 5$) perceived that purity of heroin was 'low' (13% in 2021) (Figure 5).

Perceived Availability

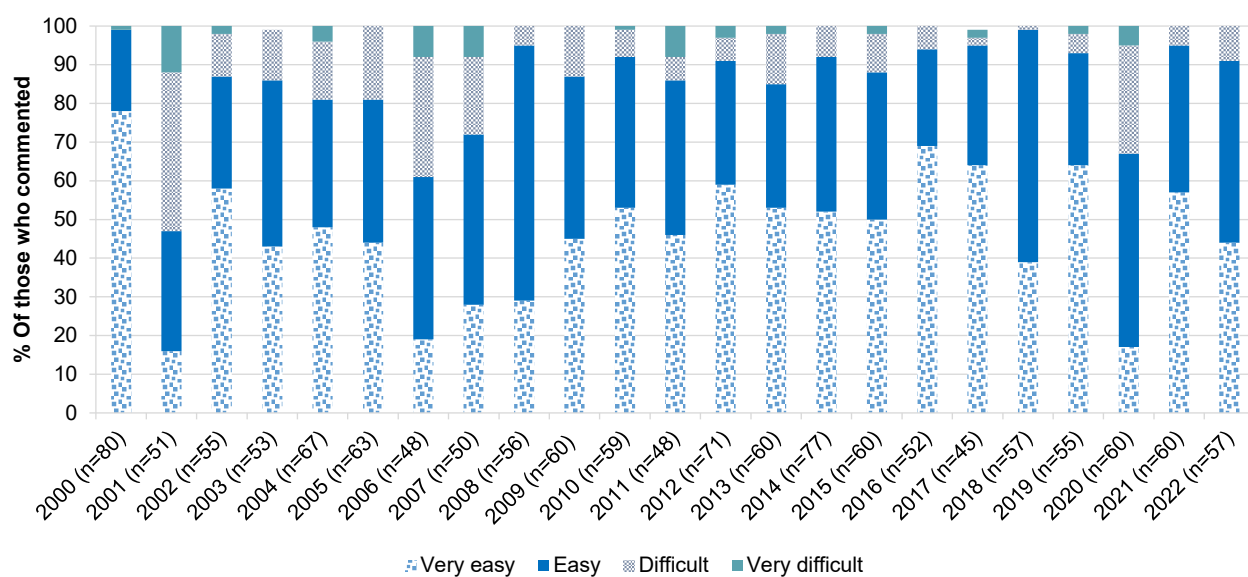
The perceived availability of heroin remained stable between 2021 and 2022 ($p=0.340$). Among those who were able to comment in 2022 ($n=57$), 47% perceived current availability as 'easy' (38% in 2021), followed by 'very easy' (44%; 57% in 2021). Small numbers ($n \leq 5$) perceived that it was 'difficult' to obtain heroin ($n \leq 5$ in 2021) (Figure 6).

Figure 5: Current perceived purity of heroin, Perth, WA, 2000-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 6: Current perceived availability of heroin, Perth, WA, 2000-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

3

Methamphetamine

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

Patterns of Consumption (any methamphetamine)

Recent Use (past 6 months)

In 2022, 78% of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2021 (82%; $p=0.586$) (Figure 7).

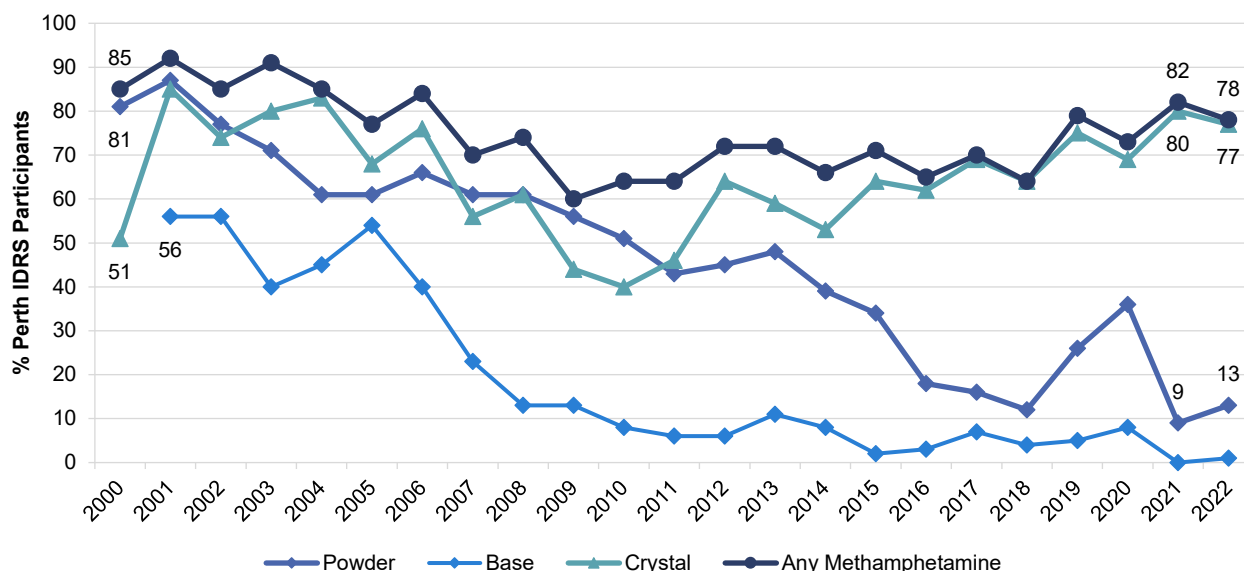
Frequency of Use

In 2022, frequency of use remained largely stable at a median of 50 days (IQR=16-96; 66 days in 2021; IQR=15-180; $p=0.496$) (Figure 8). In 2022, 18% of participants who had recently used any methamphetamine reported using it daily (27% in 2021; $p=0.189$), whilst 70% reported weekly or more frequent consumption (73% in 2021; $p=0.730$).

Forms of Methamphetamine

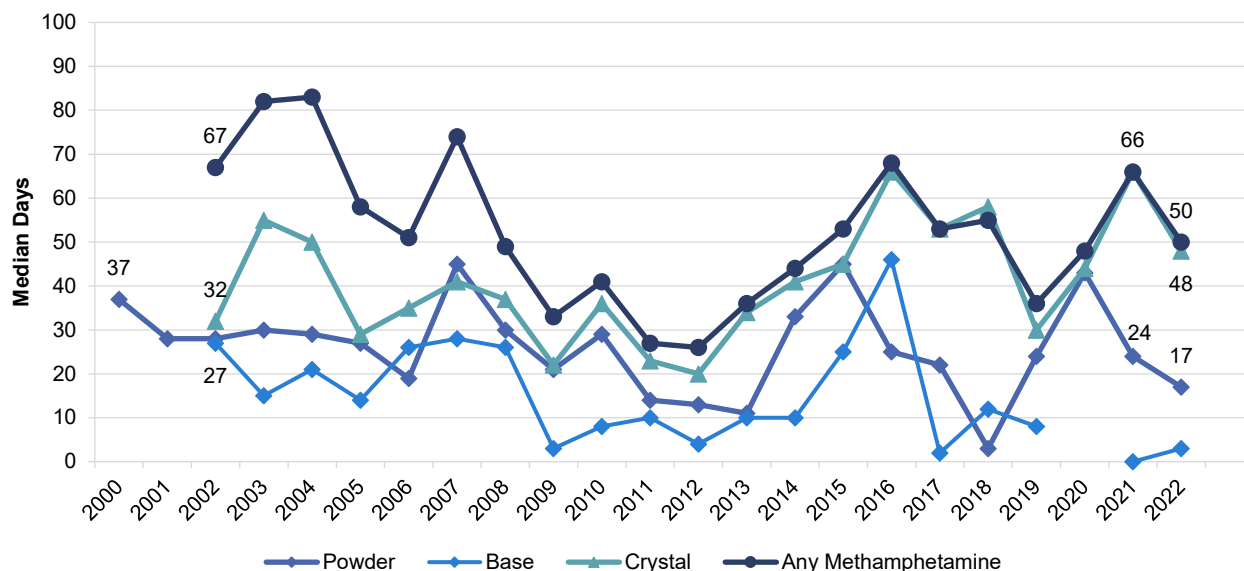
The forms of methamphetamine used by participants have shifted over time. Recent use of base and powder methamphetamine have substantially decreased over the years, while the use of methamphetamine crystal has gradually increased from 2010 onwards (Figure 7). Amongst participants who had used methamphetamine in the six months preceding interview in 2022 ($n=78$), the majority had used methamphetamine crystal (77%; 80% in 2021; $p=0.739$), followed by powder (13%; 9% in 2021; $p=0.503$).

Figure 7: Past six month use of any methamphetamine, powder, base, and crystal, Perth, WA, 2000-2022



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Figures for liquid not reported historically due to small numbers. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 8: Frequency of use of any methamphetamine, powder, base, and crystal, Perth, WA, 2000-2022



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. Data labels are only provided for the first (2000/2002) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Thirteen per cent of the sample reported recent use of methamphetamine powder in 2022, remaining stable from 2021 (9%; $p=0.503$) (Figure 7).

Frequency of Use: Of those who had recently consumed powder and commented ($n=12$), frequency of use remained stable at a median of 17 days (IQR=6-92; 24 days in 2021; IQR=2-90; $p=0.886$) (Figure 8). Forty-two per cent of participants who had recently used powder reported use on a weekly or more frequent basis (67% in 2021; $p=0.387$) in the last six months, with small numbers ($n\leq 5$) reporting daily use.

Routes of Administration: Among participants who had recently consumed powder and commented ($n=13$), all reported recent injection of powder (100%; 100% in 2021) in the six months preceding interview. Participants who reported injecting powder did so on a median of 12 days (IQR=6-78), stable relative to 2021 (24 days; IQR=2-90). Small numbers ($n\leq 5$) reported smoking, swallowing and snorting as routes of administration.

Quantity: Of those who reported recent use and commented ($n=13$), the median amount of powder used on an average day of consumption in the past six months was 0.20 grams (IQR=0.10-0.20; 0.20 grams in 2021; IQR=0.10-0.20; $n=8$; $p=0.729$). Of those who reported recent use and commented ($n=13$), the median maximum amount of powder used per day in the last six months was 0.20 grams (IQR=0.10-0.50; 0.30 grams in 2021; IQR=0.20-0.30; $n=8$; $p=0.853$).

Methamphetamine Base

Low numbers ($n\leq 5$) reported recent use of methamphetamine base, therefore further details are not reported. Please refer to the [National IDRS Report](#) for national trends, or

contact the Drug Trends team for further information.

Methamphetamine Crystal

Recent Use (past 6 months): Recent use of crystal has been generally increasing from 2010 onwards. Since 2011, methamphetamine crystal has been consistently surpassing methamphetamine base and powder. However, recent use of crystal remained stable between 2022 (77%) and 2021 (80%; $p=0.739$) (Figure 7).

Frequency of Use: Frequency of use remained stable at a median of 48 days in 2022 (IQR=15-96; 66 days in 2021; IQR=14-180; $p=0.369$) (Figure 8). Two-thirds (68%) of those who had recently consumed crystal reported use it on a weekly or more frequent basis, stable from 2021 (72%; $p=0.597$), with a further 18% reporting daily use (27% in 2021; $p=0.261$).

Routes of Administration: Among participants who had recently consumed crystal and commented ($n=77$), almost all (99%) participants reported having injected it (97% in 2021) and had done so on a median of 40 days (IQR=12-92; 48 days in 2021; IQR=12-96; $p=0.435$). Forty-eight per cent reported smoking crystal methamphetamine (48% in 2021), while small numbers ($n\leq 5$) reported swallowing and snorting as routes of administration.

Quantity: Of those who reported recent use and responded ($n=77$), the median amount of crystal used on an average day of consumption in the six months preceding interview was 0.10 grams (IQR=0.10-0.20; 0.10 grams in 2021; IQR=0.10-0.20; $n=78$; $p=0.655$). Of those who reported recent use and responded ($n=76$), the median maximum amount of crystal used per day in the last six months was 0.20 grams (IQR=0.10-0.50; 0.30 grams in 2021; IQR=0.20-0.50; $n=77$; $p=0.082$).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: The median price for one point (0.10 of a gram) of methamphetamine powder remained stable at \$100 in 2022 (IQR=100-100; n=13; \$50 in 2021; IQR=50-100; $p=0.139$) (Figure 9). No participants reported on the price of a gram in 2022, therefore these data are suppressed. Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Perceived Purity: Perceptions regarding the perceived purity of powder methamphetamine varied. The perceived purity of methamphetamine powder remained stable between 2021 and 2022 ($p=0.603$). Among those who were able to comment in 2022 (n=16), purity was most commonly perceived as 'medium' (44%; 42% in 2021). Few participants (n≤5) perceived the purity to have been 'low', 'high' or 'fluctuate' (Figure 11). Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Perceived Availability: The perceived availability of methamphetamine powder remained relatively stable between 2021 and 2022 ($p=0.050$). Of those who were able to comment in 2022 (n=16), 44% of participants reported that methamphetamine powder was 'very easy' to obtain (58% in 2021), with a further 50% (8% in 2021) reporting that it was 'easy' to obtain. Few participants (n≤5) perceived the availability of powder methamphetamine to be 'difficult', or 'very difficult' to obtain. Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information (Figure 13).

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2020 and onwards. For historical information, please refer to the [2021 IDRS National Report](#).

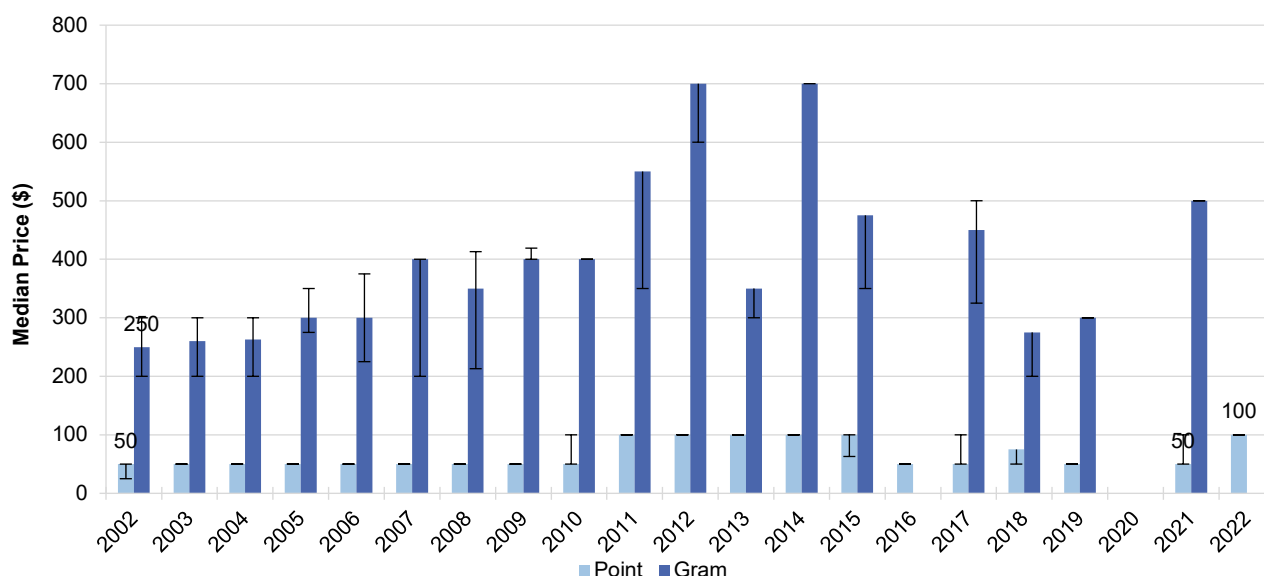
Methamphetamine Crystal

Price: The median price last paid for one point (0.10 gram) of methamphetamine crystal increased significantly in 2022 to \$100 (IQR=100-100; n=61) from \$95 in 2021 (IQR=50-100; $p=0.006$) (Figure 10). few participants (n≤5) were able to comment on the median price of methamphetamine crystal per gram. Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2021 and 2022 ($p=0.068$). Among those who were able to comment in 2022 (n=73), 32% reported that crystal was of 'medium' purity (24% in 2021), with 30% reporting 'high' (28% in 2021) and 18% 'low' purity (9% in 2021). One-fifths (21%) perceived the purity to be 'fluctuating' (39% in 2021) (Figure 12).

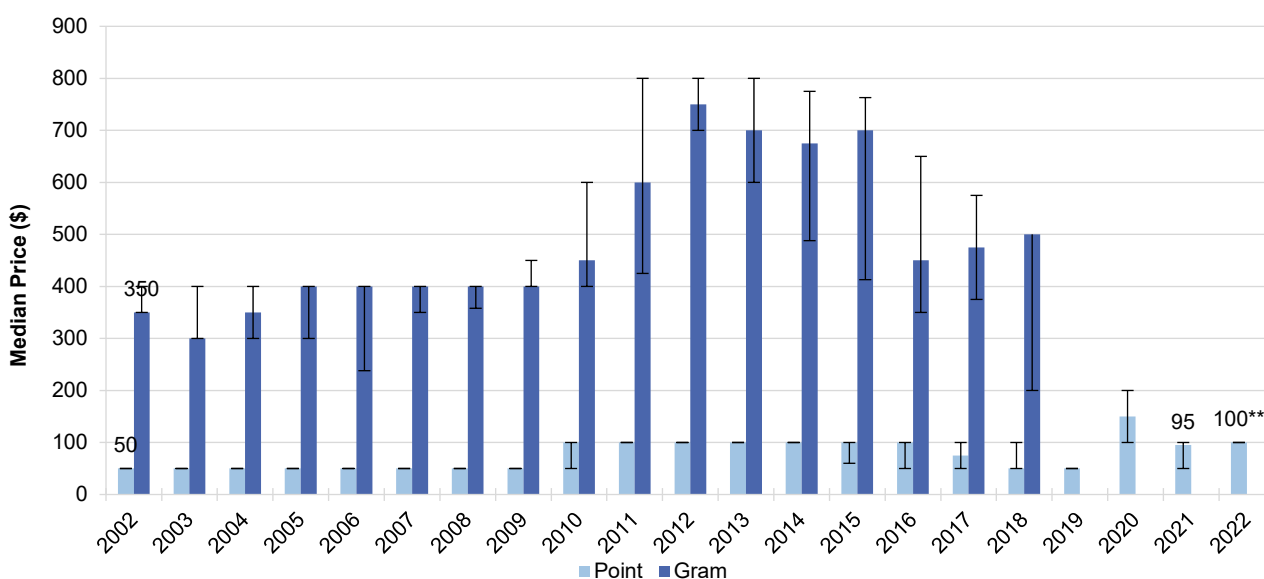
Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2021 and 2022 ($p=0.472$). Among those who were able to comment in 2022 (n=75), almost half (49%) perceived crystal methamphetamine as being 'very easy' to obtain (46% in 2021), while four in ten (40%) participants found it 'easy' to obtain (37% in 2021). A small percentage (11%) perceived methamphetamine crystal to be 'difficult' to obtain (13% in 2021), while no participants perceived it as 'very difficult' to obtain (n≤5 in 2021) (Figure 14).

Figure 9: Median price of powder methamphetamine per point and gram, Perth, WA, 2002-2022



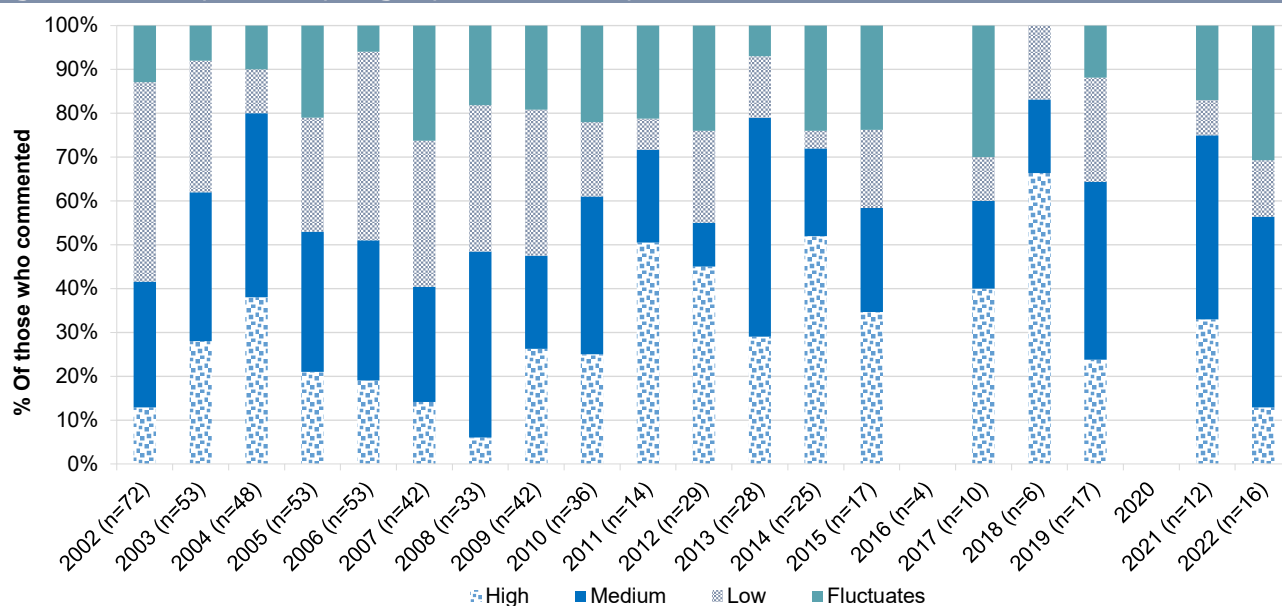
Note. Among those who commented. Price data for powder not collected in 2020. Data labels are only provided for the first (2002) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$

Figure 10: Median price of methamphetamine crystal per point and gram, Perth, WA, 2002-2022



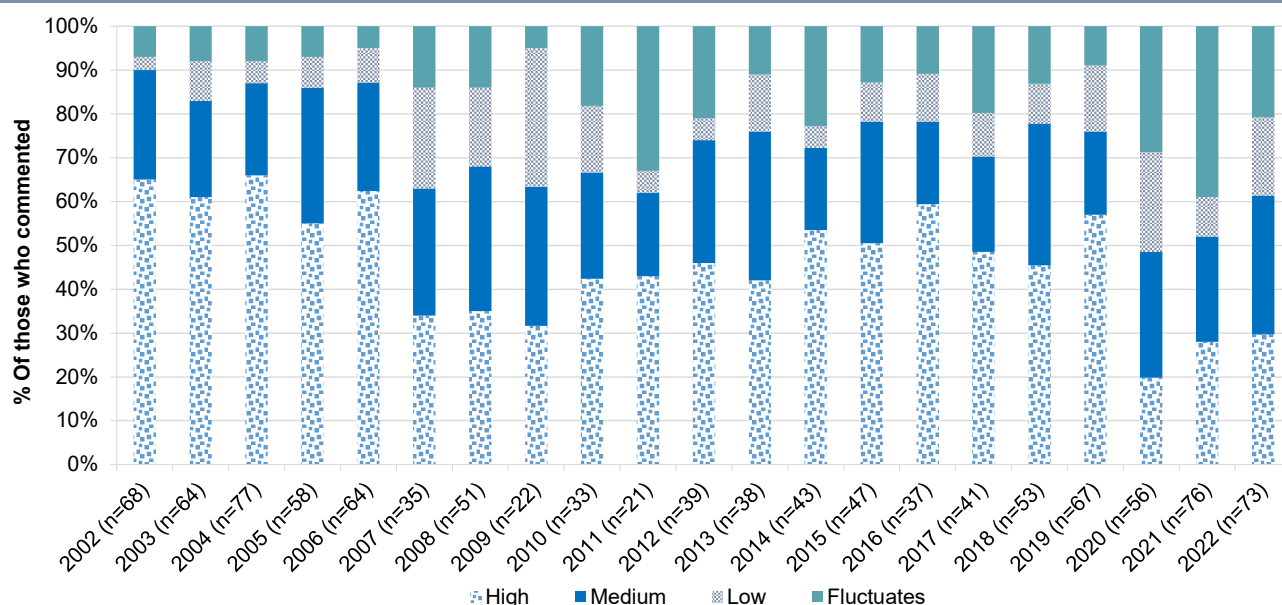
Note. Among those who commented. No data available for gram in 2001. Data labels are only provided for the first (2002) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 11: Current perceived purity of powder methamphetamine, Perth, WA, 2002-2022



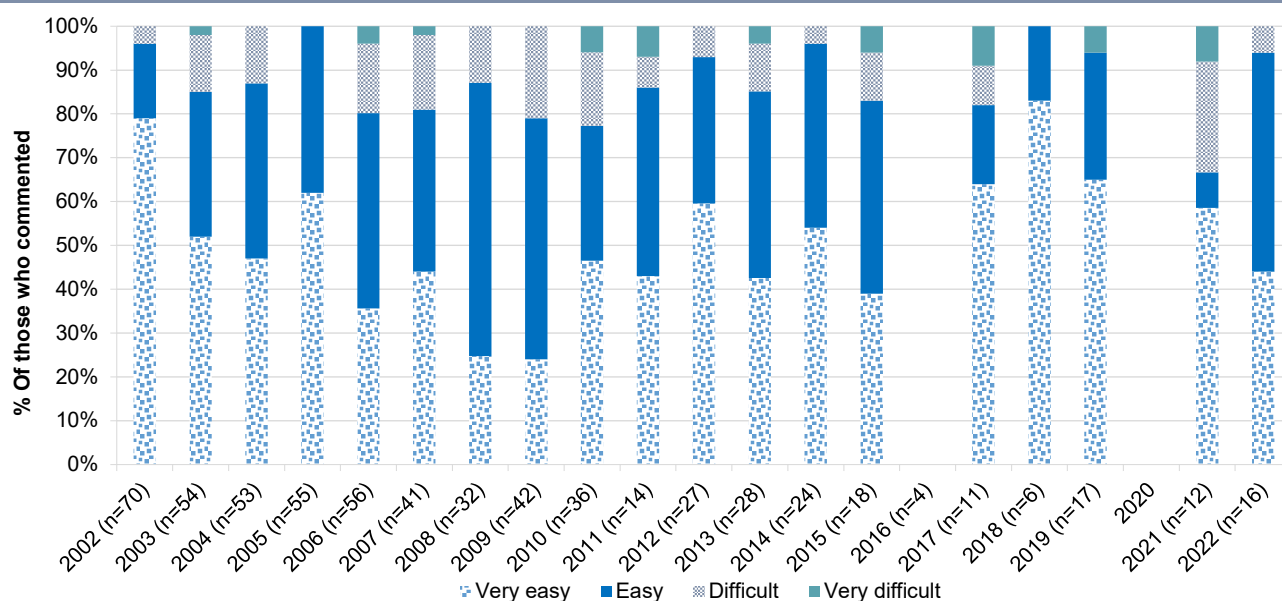
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived purity of powder not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 12: Current perceived purity of methamphetamine crystal, Perth, WA, 2002-2022



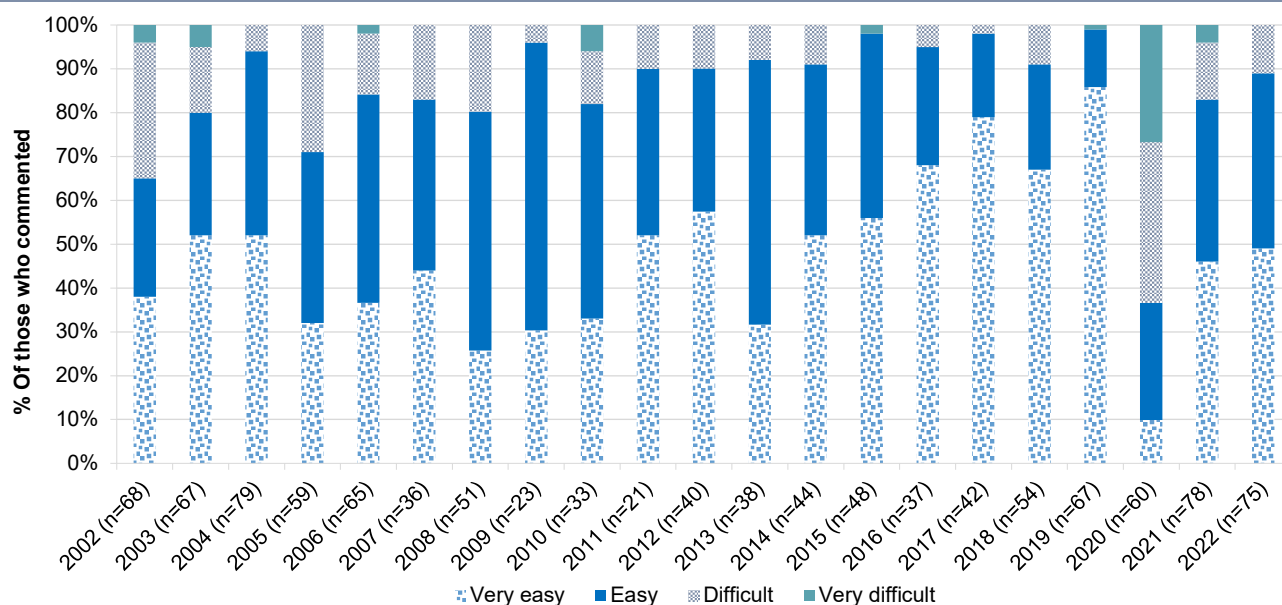
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 13: Current perceived availability of powder methamphetamine, Perth, WA, 2002-2022



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived availability of powder not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 is presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 14: Current perceived availability of methamphetamine crystal, Perth, WA, 2002-2022



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 is presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

4

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Cocaine use amongst people who inject drugs in Perth has remained infrequent and sporadic with 12% of the sample recently consuming cocaine in 2022, stable from 2021 (17%; $p=0.321$) (Figure 15).

Frequency of Use

Frequency of cocaine use in the last six months was reported at a median of two days (IQR=1-4), which was similar to participant reports in 2021 (2 days; IQR=1-5; $p=0.595$) (Figure 15). Few participants ($n\leq 5$) reported using cocaine on a weekly or more frequent basis in the six months prior to interview; please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Routes of Administration

Among participants who had recently consumed cocaine and commented ($n=12$), snorting was the most common route of administration (83%; 65% in 2022; $p=0.408$), followed by injecting (58%; 35% in 2021; $p=0.274$). Participants who reported injecting cocaine did so on a median of 2 days (IQR=1-5), stable from 2021 (5 days; IQR=4-6; $p=0.466$). No participants reported smoking and swallowing cocaine; please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

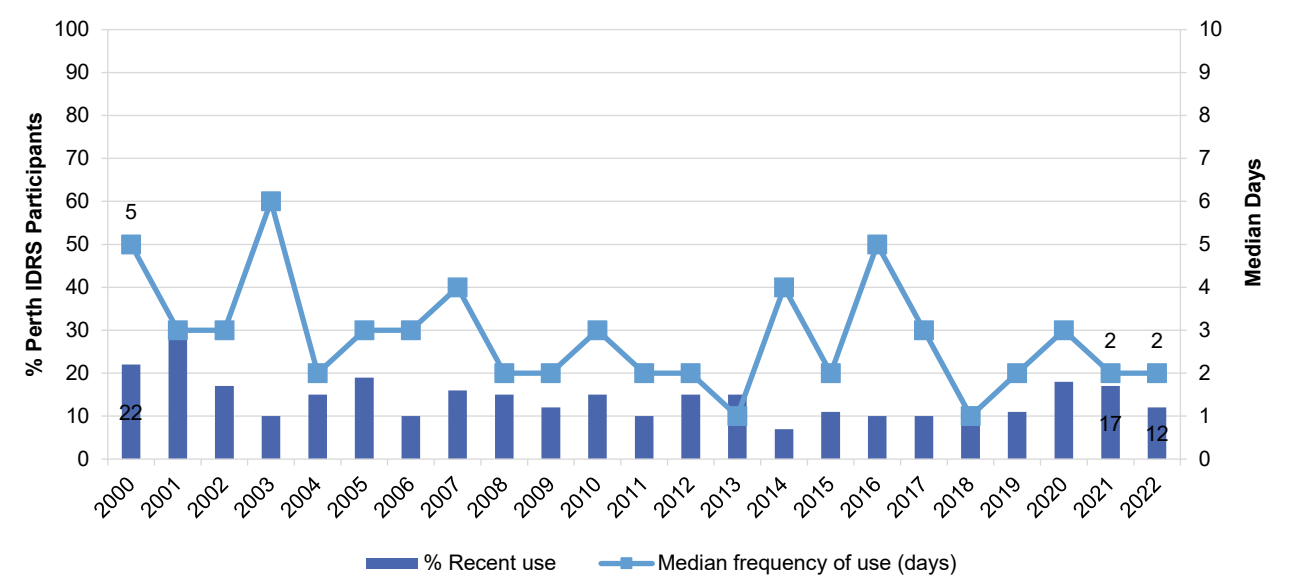
Quantity

Of those who reported recent use and responded ($n=10$), the median amount of cocaine used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-0.50; 0.20 grams in 2021; IQR=0.10-0.90; $n=14$; $p=0.743$).

Forms used

Among those who reported recent use of cocaine in 2022 ($n=12$), all participants reported recent use of powder (100%; 88% in 2021; $p=0.498$). No participants reported using crack cocaine. Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 15: Past six month use and frequency of use of cocaine, Perth, WA, 2000-2022



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2002) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Price, Perceived Purity and Perceived Availability

Few participants ($n \leq 5$) were able to report on the price, perceived purity and perceived availability of cocaine. Therefore, current market trends will not be presented. Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

5

Cannabis and/or Cannabinoid Related Products

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

Terminology throughout this chapter refers to:

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

Patterns of Consumption

In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed cannabis and/or cannabinoid related products (including hydroponic and bush cannabis, hashish, hash oil, CBD extract and THC extract). Few participants ($n \leq 5$) in Perth reported prescribed use in the six months preceding interview.

In this chapter, data from 2021 and 2022, and from 2000-2016, refers to non-prescribed cannabis use only, while data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hashish, hash oil). While comparison between 2021-2022 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2022 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

The per cent reporting recent use of non-prescribed cannabis and/or cannabinoid related products has ranged from a peak of 98% in 2002 to a low of 60% in 2015, before increasing again subsequently thereafter. Past six month use of non-prescribed cannabis and/or cannabinoid related products remained stable in 2022, with 60% reporting recent use (69% in 2021; $p=0.248$) (Figure 16).

Frequency of Use

In 2022, the median frequency of recent use of cannabis and/or cannabinoid related products was 140 days (IQR=29-180). Similar trends were reported in 2021 (150 days; IQR=26-180; $p=0.941$) (Figure 15). Of those who had recently consumed non-prescribed cannabis and/or cannabinoid related products and commented in 2022 ($n=60$), 45% reported daily use, consistent with 2021 reports (46%).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid related products and commented ($n=60$), smoking continued to be the most common route of administration

(100%; 97% in 2021; $p=0.498$), followed by inhaling/vaporising (25%; 9% in 2021; $p=0.017$). Few participants ($n\leq 5$) reported swallowing as a common route of administration (12% in 2021; $p=0.376$).

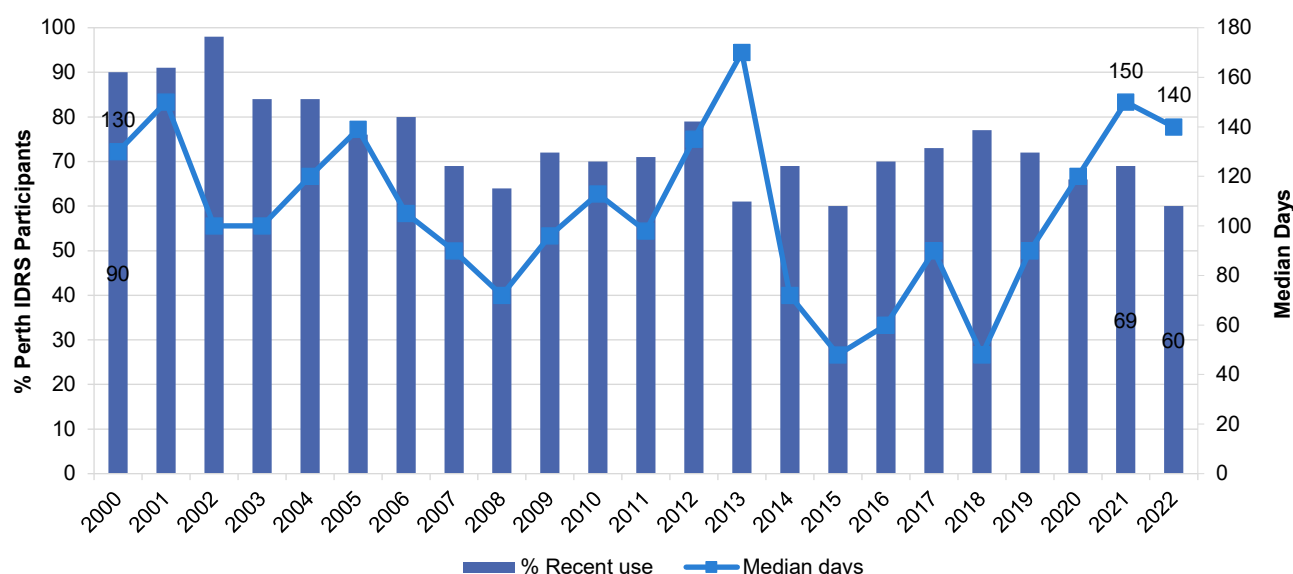
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid related products in 2022 and commented ($n=57$), the median 'typical' amount used on the last occasion of use was 1.00 gram (IQR=0.80-2.00; $n=23$; 1.00 gram in 2021; IQR=1.00-2.00; $n=23$; $p=0.927$) or 3 cones (IQR=2-4; $n=19$; 3 cones in 2021; IQR=2-5; $n=30$; $p=0.370$) or 1 joint (IQR=1-1; 1 joint in 2021; IQR=1-1; $n=14$; $p=0.691$).

Forms Used

Of those who had used non-prescribed cannabis and/or cannabinoid related products in the past six months and commented ($n=58$), 97% reported recent use of hydroponic cannabis (99% in 2021; $p=0.594$), and 43% reported recent use of outdoor-grown 'bush' cannabis (15% in 2021; $p=0.001$). Few participants in 2022 reported using hashish ($n\leq 5$; 0% in 2021; $p=0.095$), hash oil ($n\leq 5$; $n\leq 5$ in 2021), THC extract ($n\leq 5$; not asked in 2021), and no participants reported use of CBD extract in the preceding six months ($n\leq 5$ in 2021).

Figure 16: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid related products, Perth, WA, 2000-2022



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: In 2022, the median last price of hydroponic cannabis remained unchanged at \$350 per ounce (IQR=313-400; $n=10$; \$350 in 2021; IQR=323-400). Similarly, the median last price paid per gram of

hydroponic cannabis remained stable at \$25 (IQR=25-25; n=19; \$25 in 2021; IQR=25-25; $p=0.909$) (Figure 17a).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2021 and 2022 ($p=0.627$). Among those who were able to comment in 2022 (n=52), 56% reported 'high' potency in 2022 (45% in 2021), with one-quarter of participants (25%; 27% in 2021) reporting 'medium', and 17% 'fluctuating' (27% in 2021) potency (Figure 18a). Few participants (n≤5) perceived the potency of hydroponic cannabis as 'low' (n≤5 in 2021).

Perceived Availability: Perceived availability remained stable between 2021 and 2022 ($p=0.540$). Among those who were able to comment in 2022 (n=52), 54% perceived hydroponic cannabis to be 'very easy' to obtain (52% in 2021), with two-fifths (37%) reporting 'easy' obtainment (40% in 2021) (Figure 19a).

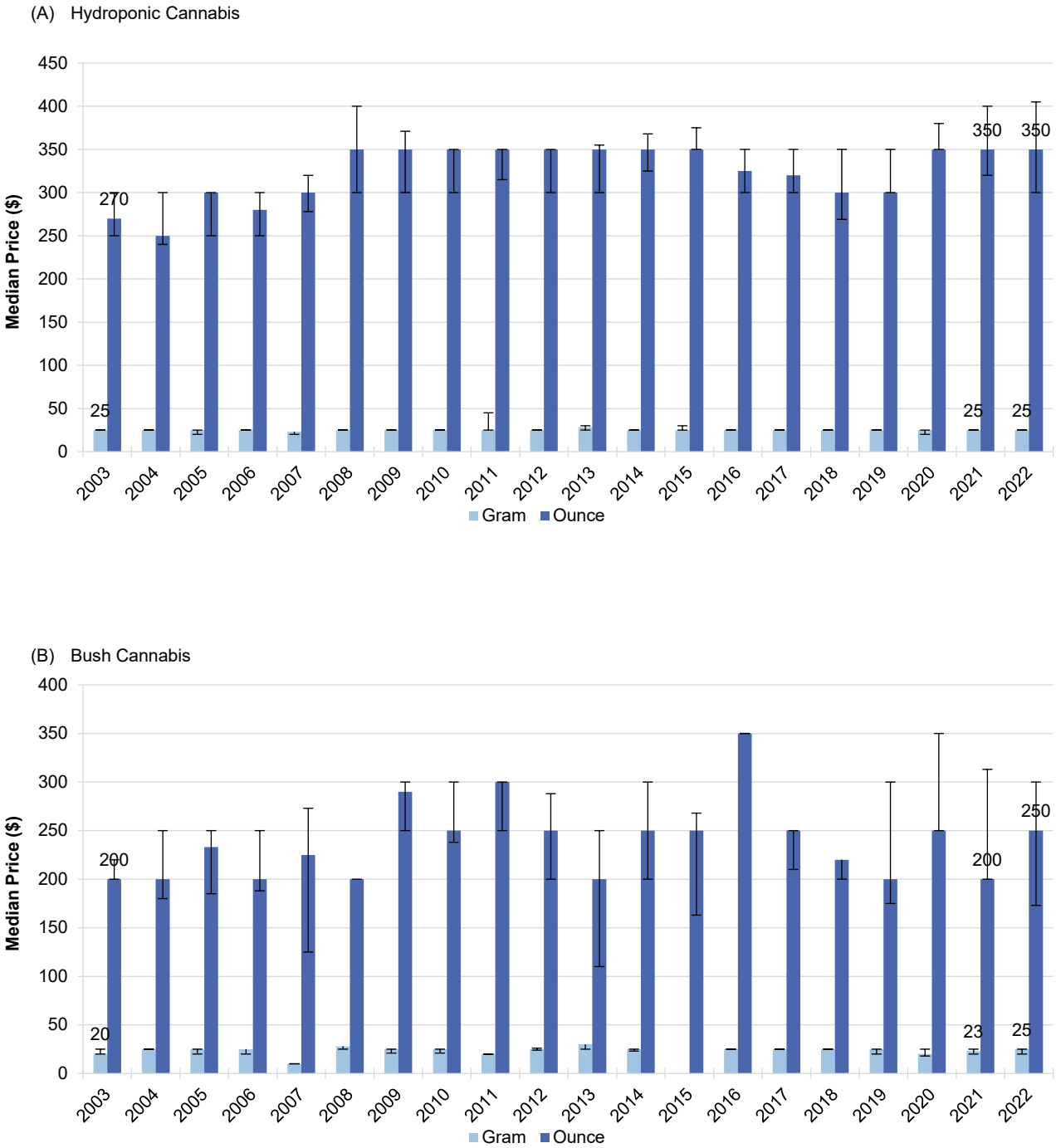
Bush Cannabis

Price: In 2022, the median last price of bush cannabis remained unchanged at \$250 per ounce (IQR=185-300; n=6; \$200 in 2021; IQR=200-238; $p=0.824$). Similarly, the median last price paid per gram of bush cannabis remained stable at \$25 (IQR=20-25; n=8; \$23 in 2021; IQR=20-25; $p=0.923$) (Figure 17b).

Perceived Potency: Perceived potency of bush cannabis remained stable between 2021 and 2022 ($p=0.561$). Among those who were able to comment in 2022 (n=22), 41% perceived potency to be 'high' (n≤5 in 2021), followed by 'medium' (36%; 53% in 2021) (Figure 18b). Few participants (n≤5) perceived the potency of bush cannabis as 'low' (n≤5 in 2021) or 'fluctuating' (n≤5 in 2021).

Perceived Availability: The perceived availability of bush cannabis remained stable between 2021 and 2022. Among those who were able to comment in 2022 (n=23), two-fifths (43%) perceived that bush was 'very easy' to obtain (43% in 2021), whilst 39% perceived that that bush was 'easy' to obtain (43% in 2021). Few participants (n≤5) indicated that it was 'difficult' or 'very difficult' to obtain in 2022 and 2021 (Figure 19b).

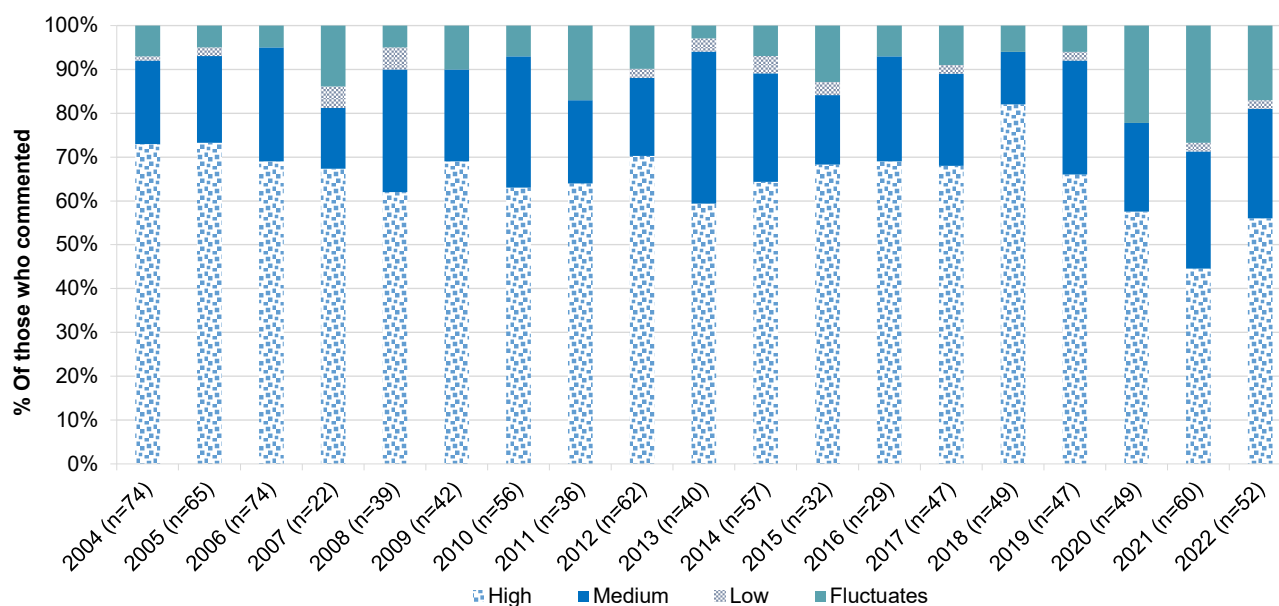
Figure 17: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Perth, WA, 2003-2022



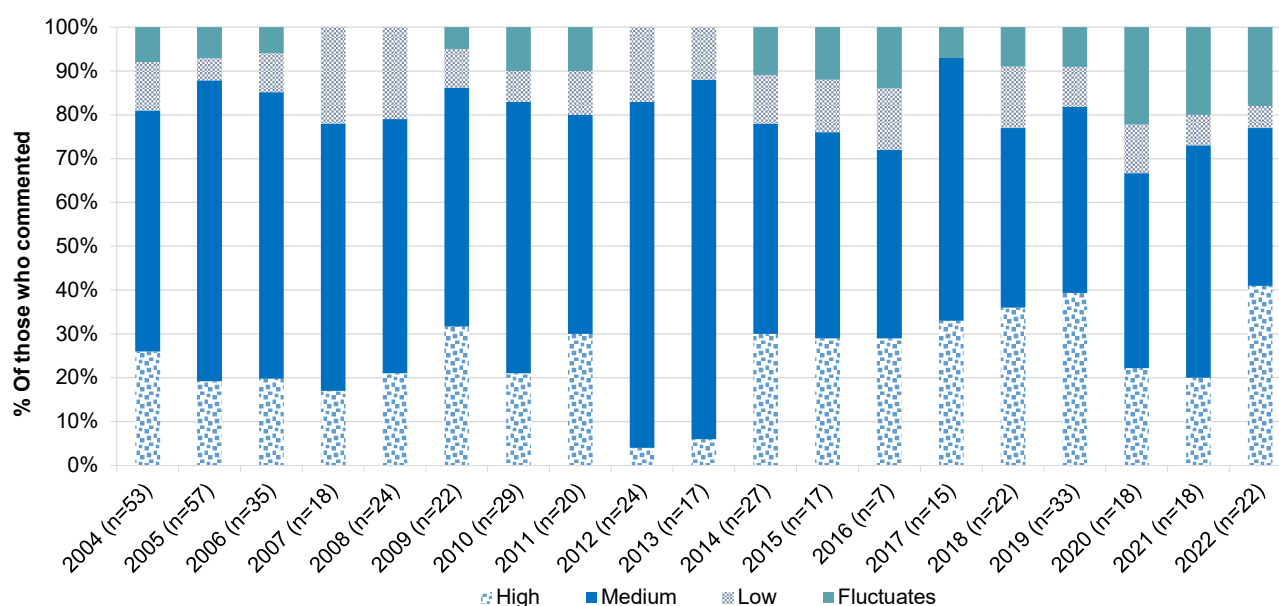
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). The error bars represent the IQR. For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 18: Current perceived potency of non-prescribed hydroponic (a) and bush (b) cannabis, Perth, WA, 2004-2022

(A) Hydroponic Cannabis

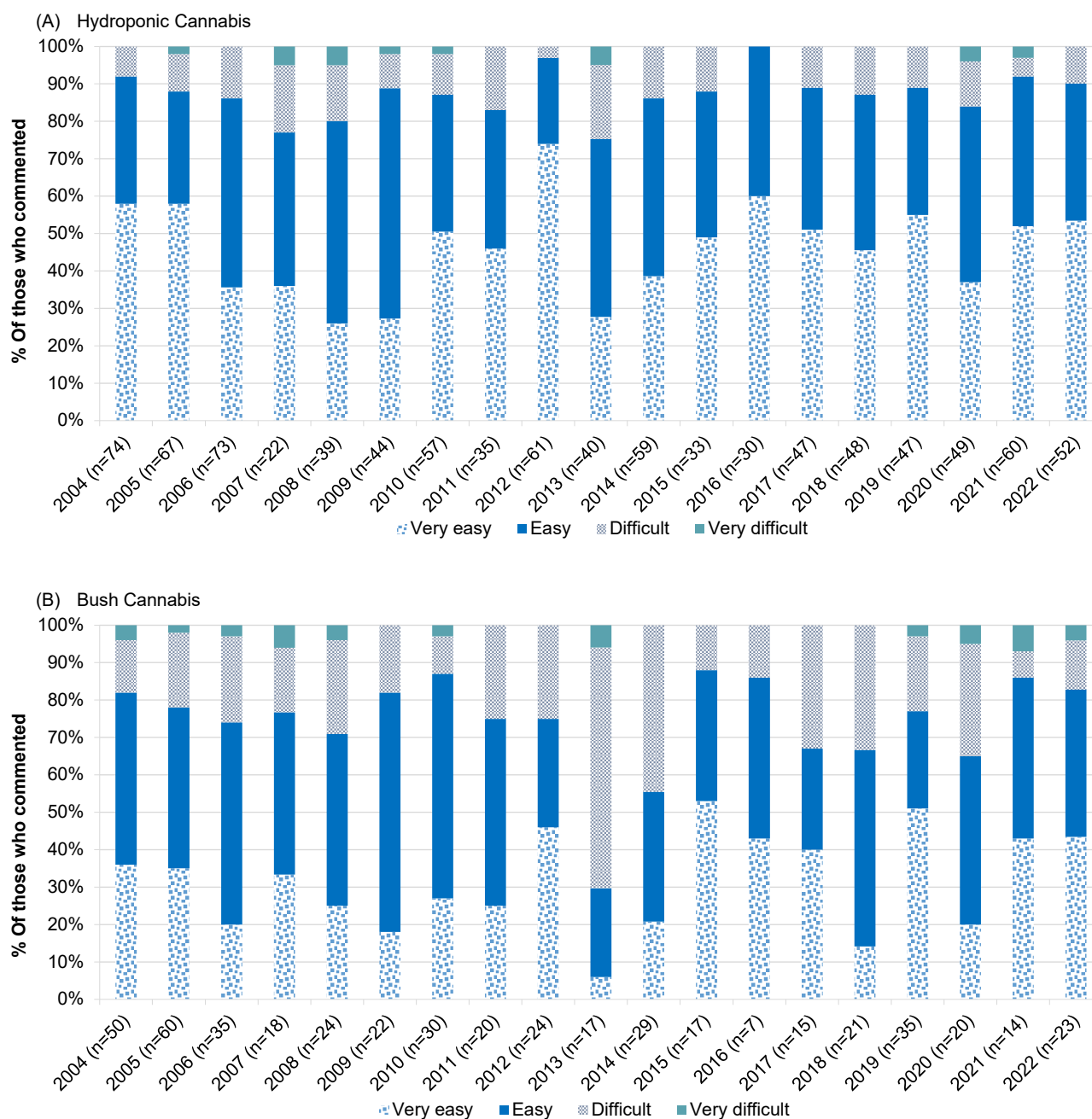


(B) Bush Cannabis



Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 19: Current perceived availability of non-prescribed hydroponic (a) and bush (b) cannabis, Perth, WA, 2004-2022



Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

6

Pharmaceutical Opioids

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

- **Prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
- **Non-prescribed use:** use of pharmaceutical opioids obtained from a prescription in someone else's name or via another source (e.g., online); and
- **Any use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team (drugtrends@unsw.edu.au).

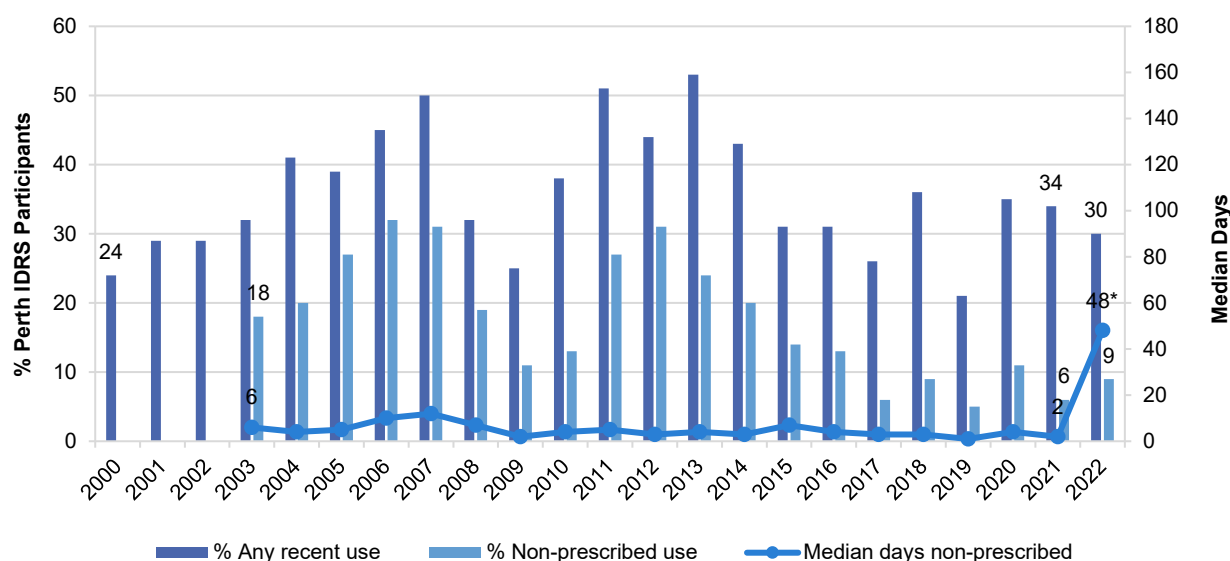
Methadone

Any Recent Use (past 6 months): In 2022, 30% of participants reported recent use of any prescribed and/or non-prescribed methadone (syrup or tablets) (34% in 2021; $p=0.540$). The per cent reporting non-prescribed use remained stable in 2022 at 9% (6% in 2021; $p=0.592$), though methadone use historically has largely consisted of prescribed use, with 24% reporting prescribed use in 2022 (28% in 2021; $p=0.534$) (Figure 20).

Frequency of Use: Of those who had recently consumed non-prescribed methadone and commented ($n=7$), frequency of non-prescribed methadone syrup use increased significantly in 2022 (48 days; IQR=27-180) in comparison to 2021 ($p=0.047$) (Figure 20).

Recent Injecting Use: Of those who had recently used any methadone in 2022 (syrup and tablets) and commented ($n=30$), 43% of consumers reported recently injecting any methadone (24% in 2021; $p=0.121$) on a median frequency of 72 days (IQR=48-150), stable from 2021 (24 days; IQR=11-35; $p=0.069$).

Figure 20: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Perth, WA, 2000-2022



Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2000/2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Buprenorphine Tablet

Small numbers ($n \leq 5$) reported using any prescribed and/or non-prescribed buprenorphine tablet in the six months prior to interview and therefore no further reporting on patterns of use will be included (8% in 2021; $p = 0.251$). Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

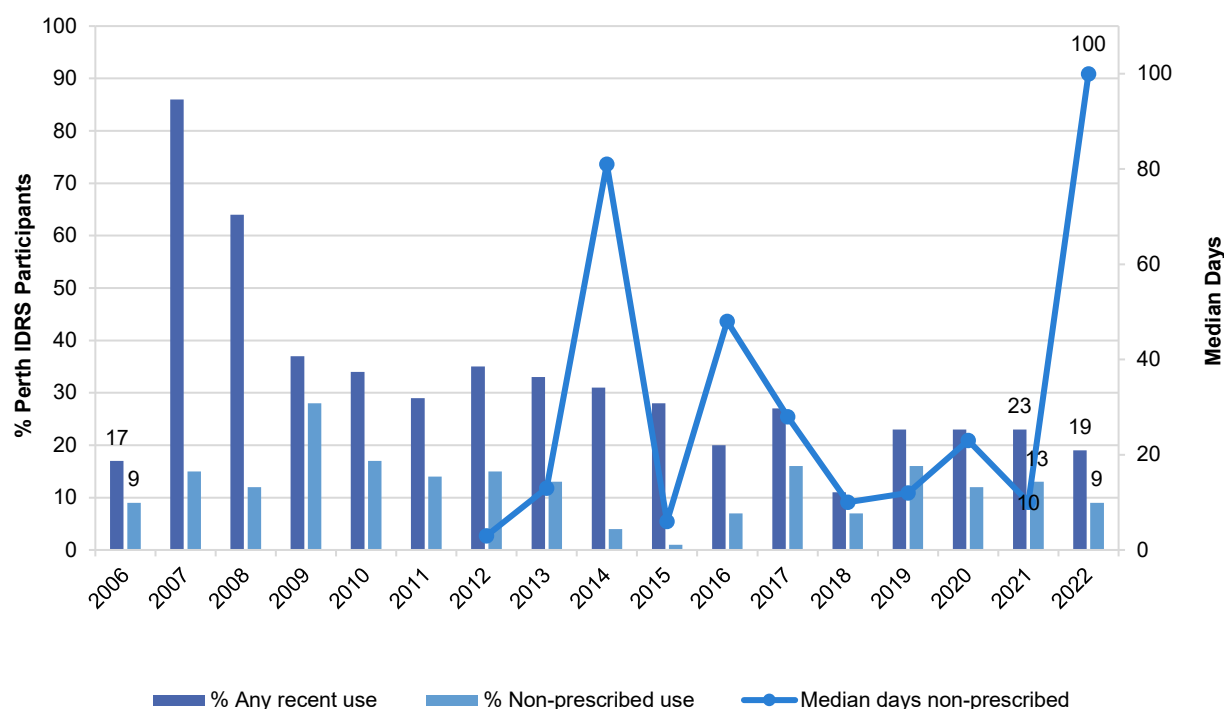
Buprenorphine-Naloxone

Any Recent Use (past 6 months): In 2022, 19% of participants reported recent use of any prescribed and/or non-prescribed buprenorphine-naloxone (23% in 2021; $p = 0.515$). Nine per cent of the sample reported recent use of non-prescribed buprenorphine-naloxone (13% in 2021; $p = 0.365$), while 11% reported prescribed use (10% in 2021) (Figure 21).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine-naloxone and commented ($n = 9$), frequency of use remained stable at a median of 100 days (IQR=4-180) in the past six months (10 days in 2021; IQR=3-24; $p = 0.149$) (Figure 21).

Recent Injecting Use: Of those who had recently used any prescribed and/or non-prescribed buprenorphine-naloxone in 2022 ($n = 19$), half (53%) reported injecting (57% in 2021) on a median of 60 days (IQR=3-180), stable from 2021 (12 days; IQR=3-48; $p = 0.440$).

Figure 21: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Perth, WA, 2006-2022



Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine-naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days) and is only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 110 days to improve visibility of trends. Data labels are only provided for the first (2006/2012) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

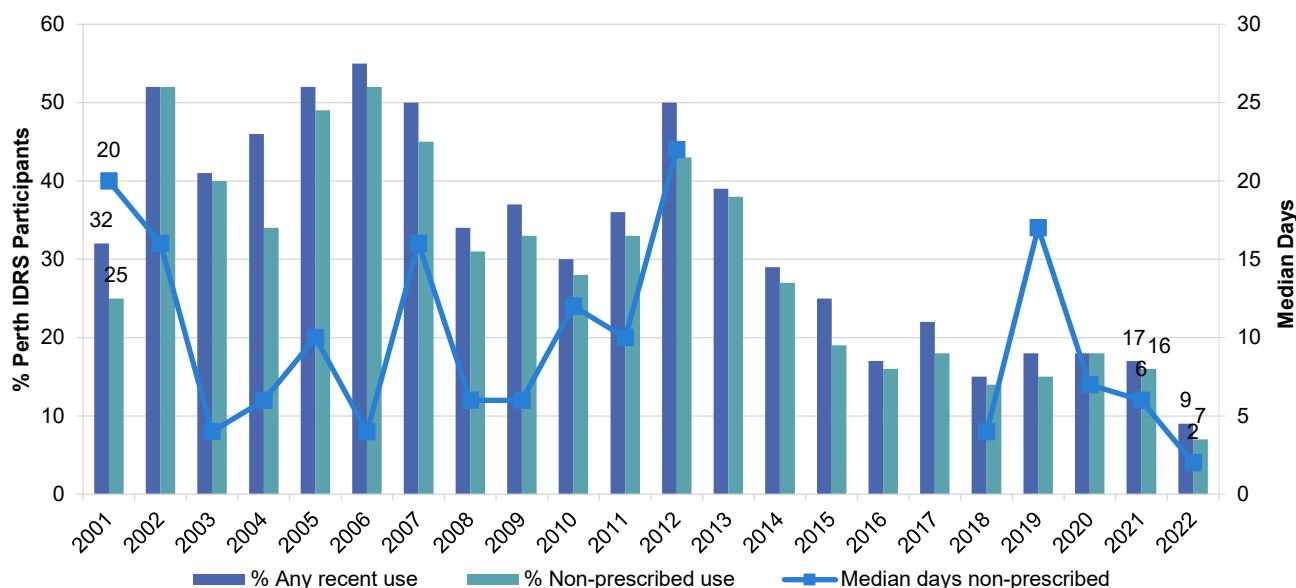
Morphine

Any Recent Use (past 6 months): The Perth sample has observed a downward trend in recent use of morphine since 2012 (Figure 22). Recent use of any prescribed and/or non-prescribed morphine was reported by 9% of participants, stable from 2021 (17%; $p = 0.142$). In 2022, 7% of the sample reported recent use of non-prescribed morphine (16% in 2021; $p = 0.076$), while few participants ($n \leq 5$) reported using prescribed morphine in the six months prior to interview. Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Frequency of Use: Participants who had recently consumed non-prescribed morphine and commented ($n = 7$) reported use on a median of two days (IQR=1-19) in 2022, stable relative to 2021 (6 days; IQR=3-24; $p = 0.364$) (Figure 22).

Recent Injecting Use: Of those who had recently used any morphine in 2022 and commented ($n = 9$), 67% reported injecting morphine (76% in 2021; $p = 0.661$) on a median of four days (IQR=1-7), stable relative to 2021 (6 days; IQR=3-12; $p = 0.377$).

Figure 22: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Perth, WA, 2001-2022



Note. Median days of computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Y axis reduced to 60% and 30 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2001/2006) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

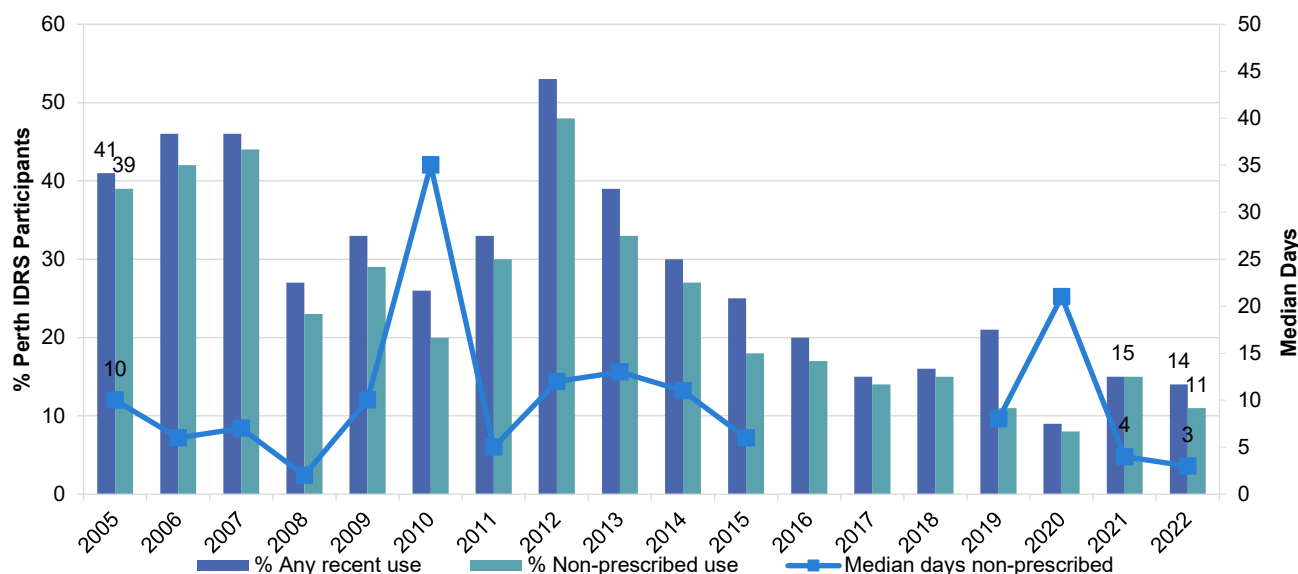
Oxycodone

Any Recent Use (past 6 months): There has been a downward trend in the number of people reporting recent any prescribed and/or non-prescribed oxycodone since 2012. However, recent use of any prescribed and/or non-prescribed oxycodone remained stable between 2022 (14%) and 2021 (15%; $p=0.834$). In 2022, 11% of participants reported non-prescribed use of oxycodone (15% in 2021; $p=0.398$), while few participants ($n \leq 5$) reported using prescribed oxycodone in the six months prior to interview (Figure 23). Please refer to the 2022 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Frequency of Use: Participants who had recently consumed non-prescribed oxycodone and commented ($n=10$) reported use on a median of three days (IQR=1-6) in the six months preceding interview in 2022 (4 days in 2021; IQR=1-9; $p=0.932$) (Figure 23).

Recent Injecting Use: Of those who had recently used any oxycodone in 2022 ($n=13$), 46% reported injecting oxycodone (60% in 2021; $p=0.715$) on a median of three days (IQR=1-12), stable relative to 2021 (6 days; IQR=3-11; $p=0.555$).

Figure 23: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Perth, WA, 2005-2022

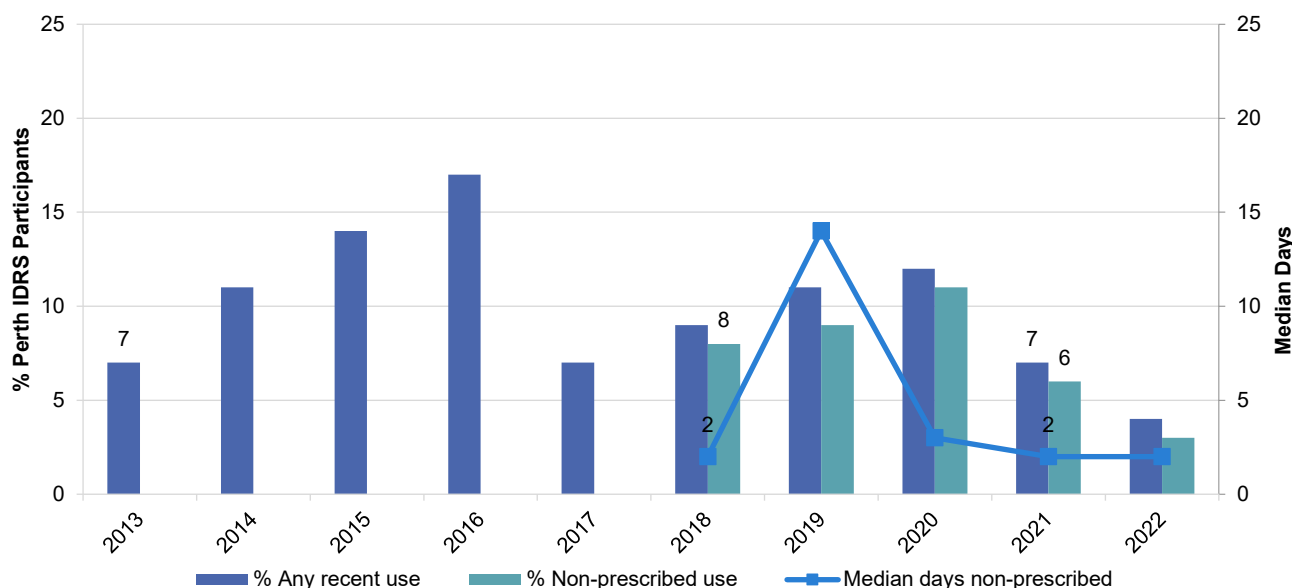


Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2016-2018). From 2019, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 60% and 50 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Fentanyl

Few participants ($n \leq 5$) reported using fentanyl in the six months prior to interview and therefore no further reporting on patterns of use will be included. Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Perth, WA, 2013-2022



Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25% and 25 days to improve visibility of trends. Data labels are only provided for the first (2013/2018) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 2).

In 2022, 10% of participants reported any recent use of codeine (16% in 2021; $p = 0.309$), while few participants ($n \leq 5$) reported using either prescribed or non-prescribed codeine in the six months prior to interview. No participants reported any recent injection in 2022 (0% in 2021). Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Recent use of any tramadol was reported by 18% of the sample in 2022, stable relative to 2021 (16%; $p = 0.857$). Seven per cent reported non-prescribed use (11% in 2021; $p = 0.454$), while 11% reported using prescribed tramadol in the six months prior to interview ($n \leq 5$ in 2021; $p = 0.191$). Seventeen per cent of participants reported any recent injection in 2022 (0% in 2021; $p = 0.230$).

Few participants ($n \leq 5$) reported using tapentadol in the six months prior to interview and therefore no further reporting on patterns of use will be included. Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of other opioids, Perth, WA, 2019-2022

% Recent Use (past 6 months)	2019 (N=100)	2020 (N=100)	2021 (N=99)	2022 (N=100)
Codeine				
Any use	26	10	16	10
Any non-prescribed use	16	-	9	-
Any injection [#]	13	0	0	0
Tramadol				
Any use	34	15	16	18
Any non-prescribed use	13	8	11	7
Any injection [#]	9	-	0	17
Tapentadol				
Any use	9	-	7	-
Any non-prescribed use	8	-	-	-
Any injection [#]	11	-	0	0

Note. - Values suppressed due to small cell size ($n \leq 5$ but not 0). Includes high and low dose. [#]Of those who reported past six month use. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

7

Other Drugs

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

New Psychoactive Substances (NPS)

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

Recent Use (past 6 months): In 2022, 7% of the Perth sample reported any recent NPS use, stable from 2021 ($n \leq 5$; $p=0.767$) (Table 3). Few ($n \leq 5$) participants reported using any specific NPS in the six months prior to interview and therefore no further reporting on patterns of use will be included. Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of new psychoactive substances, Perth, WA, 2013-2022

% Recent Use (past 6 months)	2013 N=15	2014 N=98	2015 N=89	2016 N=71	2017 N=73	2018 N=93	2019 N=95	2020 N=100	2021 N=99	2022 N=99
'New' drugs that mimic the effects of opioids	0	/	/	/	0	0	0	-	-	-
'New' drugs that mimic the effects of ecstasy	0	/	/	/	0	-	-	-	-	-
'New' drugs that mimic the effects of amphetamine or cocaine	0	-	-	-	/	-	-	-	0	-
'New' drugs that mimic the effects of cannabis	17	22	8	-	12	-	-	7	-	-
'New' drugs that mimic the effects of psychedelic drugs	0	/	/	/	0	9	-	-	0	0
'New' drugs that mimic the effects of benzodiazepines	0	/	/	/	/	0	0	-	0	-
Any of the above	17	22	8	6	12	18	11	15	-	7

Note. - Values suppressed due to small cell size ($n \leq 5$ but not 0). / denotes that this item was not asked in these years. #In 2017, participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs' and 'new drugs that mimic the effects of opioids'. #In 2018, participants were asked about use of 'new drugs that mimic the effects of benzodiazepines'. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines remained stable in 2022 (28%; 32% in 2021; $p=0.545$) (Figure 25). In 2022, 10% of the total sample reported recent use of non-prescribed alprazolam (18% in 2021; $p=0.106$), while one-quarter (25%) reported recent use of non-prescribed other benzodiazepines (26% in 2021; $p=0.879$).

Frequency of Use: In 2022, participants reported a median frequency of 8 days (IQR=3-13; 6 days in 2021; IQR=3-48; $p=0.682$) of non-prescribed alprazolam, and of 15 days (IQR=4-48; 24 days in 2021; IQR=8-68; $p=0.879$) of non-prescribed other benzodiazepines.

Recent Injecting Use: Due to low numbers ($n \leq 5$) reporting on recent injection, details have been suppressed. Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Recent Use (past 6 months): Recent use of non-prescribed pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) remained stable in 2022, with 10% of participants reporting recent use (10% in 2021) (Figure 25).

Frequency of Use: Participants who had recently consumed non-prescribed pharmaceutical stimulants and commented ($n=10$) reported use on a median of six days (IQR=4-10) in 2022, stable from three days in 2021 (IQR=3-5; $p=0.265$).

Recent Injecting Use: Due to low numbers ($n \leq 5$) reporting on recent injection, details have been suppressed. Please refer to the 2022 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Few participants ($n \leq 5$) reported using non-prescribed antipsychotics (asked as 'Seroquel' 2011-2018) in the last six months ($n \leq 5$ in 2021) and therefore no further reporting on patterns of use will be included. Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

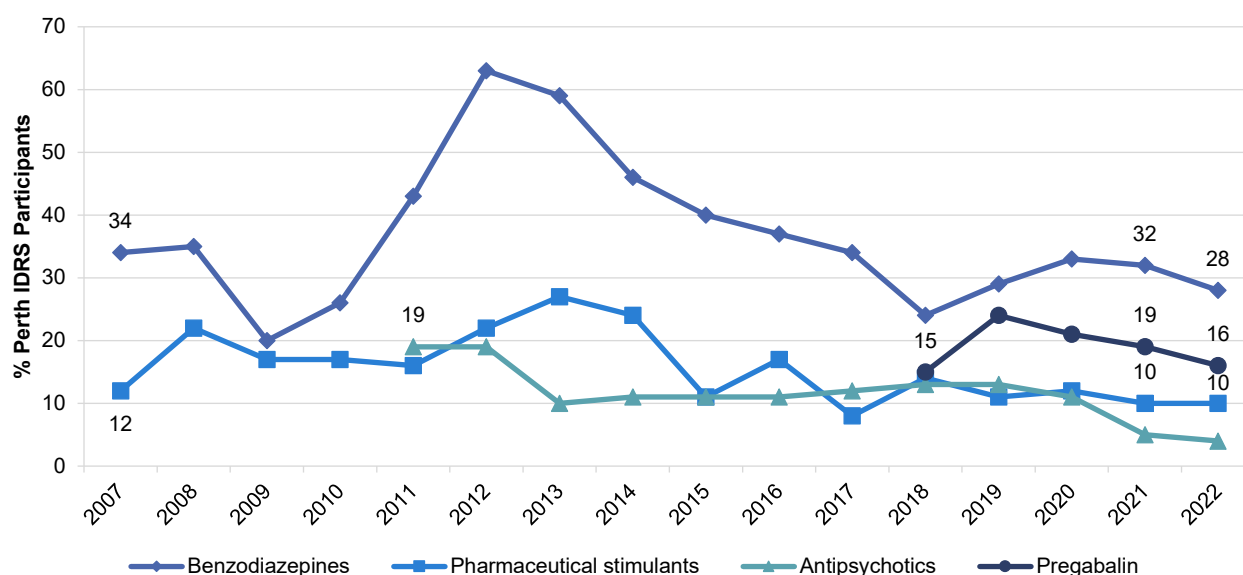
Pregabalin

Recent Use (past 6 months): Recent use of non-prescribed pregabalin remained stable in 2022, with 16% of participants reporting recent use (19% in 2021; $p=0.583$) (Figure 25).

Frequency of Use: Participants who had recently consumed non-prescribed pregabalin and commented ($n=16$) reported use on a median of six days (IQR=4-21) in 2022, stable from six days in 2021 (IQR=4-36; $p=0.516$).

Recent Injecting Use: Due to low numbers ($n \leq 5$) reporting on recent injection, details have been suppressed. Please refer to the [2022 IDRS National Report](#) or national trends, or contact the Drug Trends team for further information.

Figure 25: Past six month use of non-prescribed pharmaceutical drugs, Perth, WA, 2007-2022



Note. Non-prescribed use is reported. Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' 2011-2018) and pregabalin in 2018. Benzodiazepines were separated into prescribed and non-prescribed in 2007. Y axis reduced to 70% to improve visibility of trends. Data labels are only provided for the first (2007/2011/2018) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Sixty per cent of the sample reported recent use of alcohol in 2022, stable from 53% in 2021 ($p=0.324$) (Figure 26).

Frequency of Use: In 2022, median frequency of use of alcohol was 23 days (IQR=3-90), consistent with trends in 2021 (24 days; IQR=5-93; $p=0.410$), with 13% of those who had recently consumed alcohol reporting daily use (21% in 2021; $p=0.311$).

Tobacco

Recent Use (past 6 months): Tobacco use has remained fairly high and consistent across the years, with 89% of participants reporting recent use in 2022 (89% in 2021) (Figure 26).

Frequency of Use: Median frequency of use amongst consumers in 2022 was 180 days (IQR=180-180; 180 days in 2021; IQR=180-180; $p=0.787$), with 90% of those who had recently consumed tobacco reporting daily use in 2022 (87% in 2021; $p=0.639$).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. Few participants ($n \leq 5$) reported recent use of prescribed e-cigarettes in 2022. Data below for 2022 refer only to non-prescribed e-cigarette use; data for 2021 and earlier refers to any e-cigarette use.

Recent Use (past 6 months): Almost one-quarter (24%) of participants reported recent use of non-prescribed e-cigarettes in 2022, stable relative to 2021 (20%; $p=0.618$) (Figure 26).

Frequency of Use: Frequency of non-prescribed use remained stable in 2022 at a median of 30 days (IQR=5-123; 57 days in 2021; IQR=9-180; $p=0.395$), with few ($n \leq 5$) participants reporting daily use (35% in 2021).

Forms Used: Among those who reported recent non-prescribed use and commented ($n=44$), all participants (100%) reported using e-cigarettes containing nicotine (85% in 2021; $p=0.086$), followed by 8% who reported using e-cigarettes containing cannabis (0% in 2021; $p=0.493$) and 8% who reported using e-cigarettes containing both nicotine and cannabis (0% in 2021; $p=0.493$). Seventeen per cent reported using e-cigarettes that contained neither cannabis nor nicotine, stable relative to 15% in 2021. Few ($n \leq 5$) participants reported using e-cigarettes that contained another substance.

Reason for Use: Six in ten (64%) of those who had recently used any (i.e., prescribed or non-prescribed) e-cigarettes in 2022 reported that they used e-cigarettes as a smoking cessation tool.

Steroids

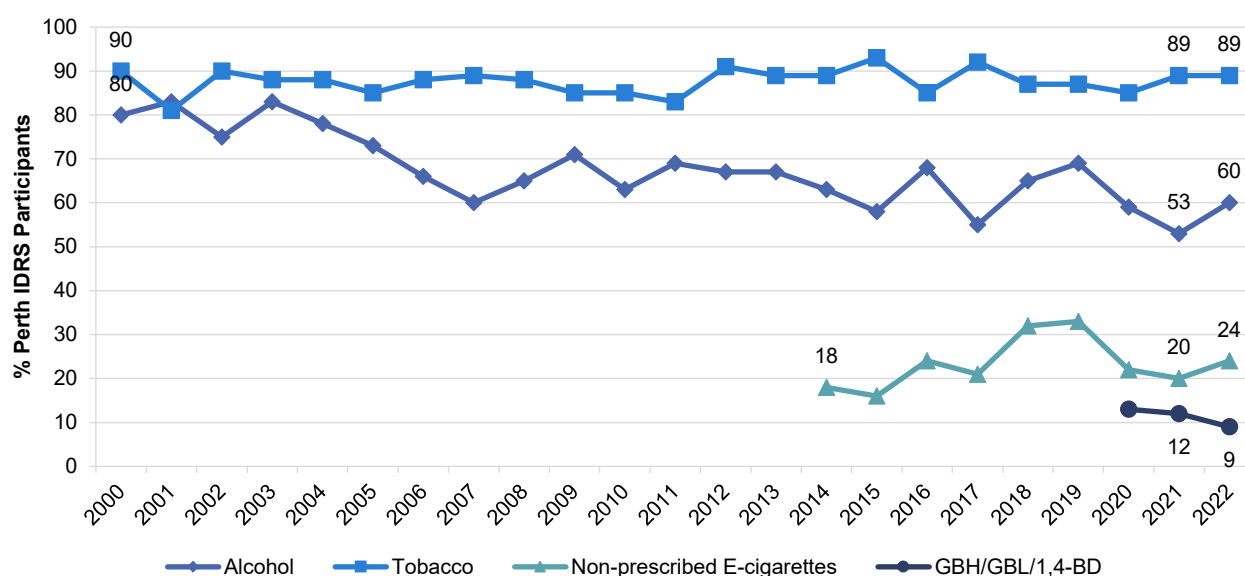
No participants reported using non-prescribed steroids in the last six months in 2022 and 2021 and therefore no further reporting on patterns of use will be included. Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1, 4-BD

Recent Use (past 6 months): In 2022, 9% of participants reported recent use of GHB/GBL/1,4-BD, stable from 2021 (12%; $p=0.648$) (Figure 26).

Recent Injecting Use: In 2022, few participants ($n \leq 5$) reported recent injection, therefore no further reporting will be included. Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 26: Past six month use of licit and other drugs, Perth, WA, 2000-2022



Note. Monitoring of e-cigarettes commenced in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Participants were first asked about GHB/GBL/1,4-BD in 2020. Data labels are only provided for the first (2000/2014/2020) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

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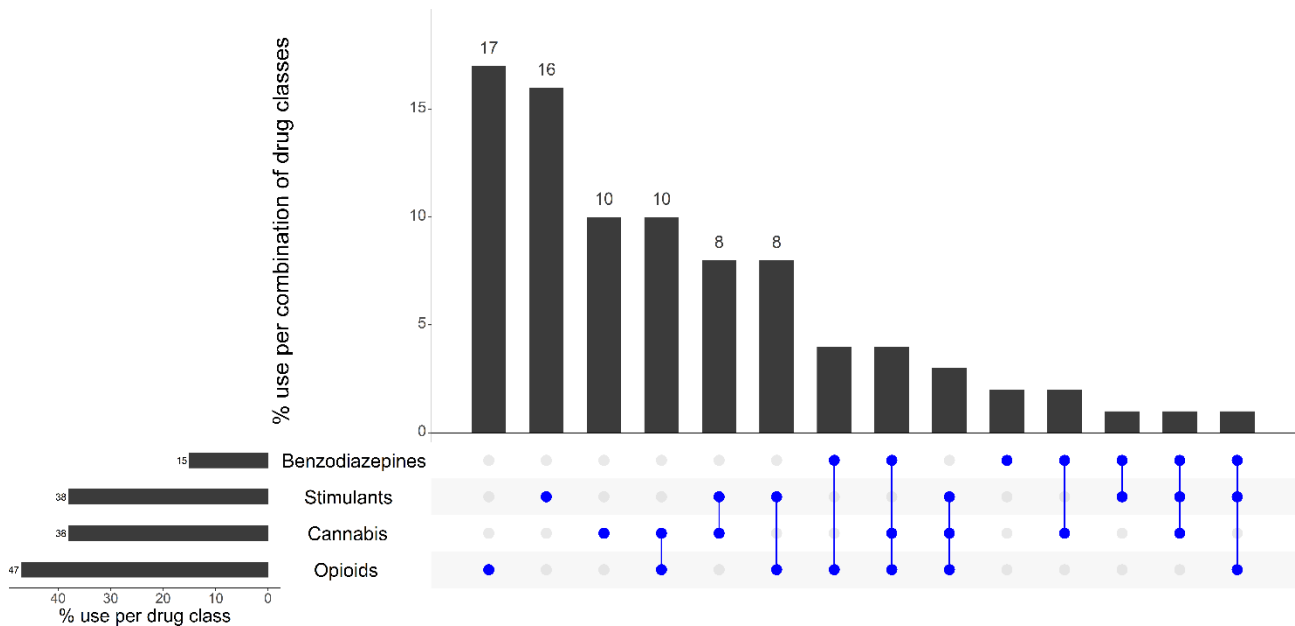
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2022, the majority (95%) of the sample reported using one or more drugs (including alcohol and prescription medications but excluding tobacco and e-cigarettes). Of those who reported using one or more drugs (n=95), the most commonly used substances were opioids (47%), stimulants (38%), cannabis (38%), and benzodiazepines (15%).

Ten per cent of participants reported concurrent use of cannabis and opioids on the day preceding interview, whilst 8% reported concurrent use of stimulants and cannabis, and stimulants and opioids, respectively. Seventeen per cent of respondents reported using opioids alone, whilst 16% reported using stimulants alone and 10% reported using cannabis alone (Figure 27).

Figure 27: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Perth, WA, 2022



Note. % calculated out of total IDRS 2022 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, ecstasy, and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. The response option 'Don't know' was excluded from analysis. Y axis reduced to 20 % to improve visibility of trends.

Overdose Events

Non-Fatal Overdose

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

In 2022, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

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

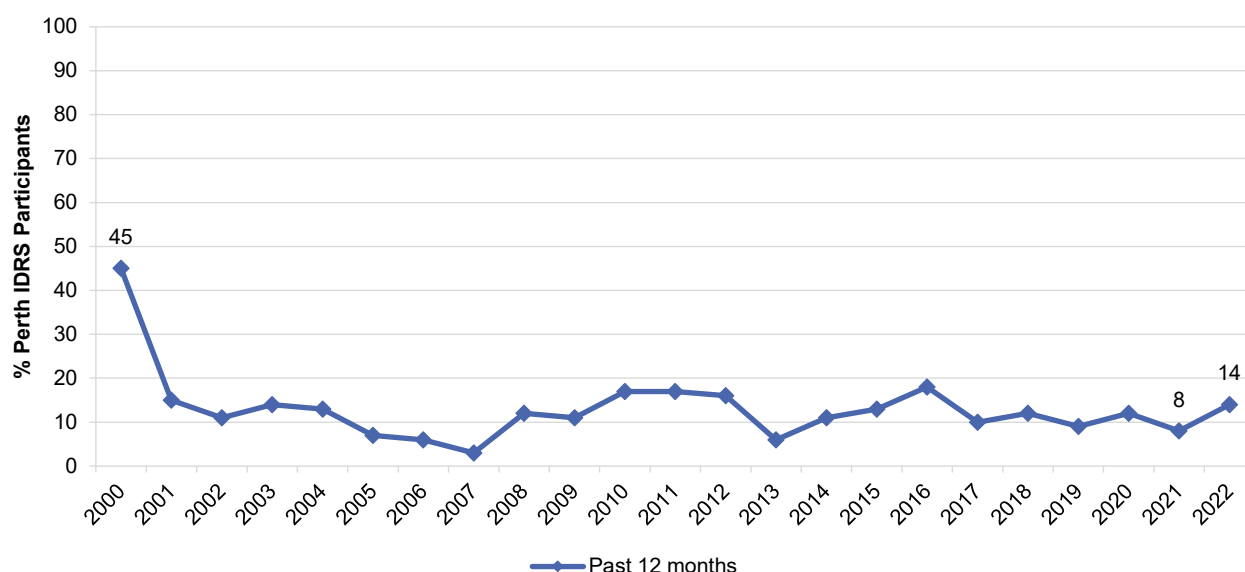
It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see below); however, please note that estimates may vary over time because of changes in how questions have been asked (although the definition has been stable from 2019 onwards).

Non-fatal overdose in the Perth sample has fluctuated over the years (likely due to differences in the way questions regarding overdose were asked). In 2022, almost one-fifth of the sample (18%) reported a non-fatal overdose on 'any' drugs in the past 12 months, stable from 2021 (20%; $p=0.846$).

Fifteen per cent reported a **non-fatal overdose following opioid use** in the past 12 months in 2022 (10% in 2021; $p=0.390$), whilst few participants ($n\leq 5$) reported a **non-fatal overdose following stimulant use** in the past 12 months ($n\leq 5$ in 2021; $p=0.683$). Fourteen per cent reported a non-fatal overdose following heroin use, stable relative to 2021 (8%; $p=0.265$) (Figure 28) (Table 4).

Participants who had overdosed on an opioid had done so on a median of one occasion (IQR=1-2) in the last 12 months. Heroin (14%; $n=14$) was the most common opioid used during the last opioid overdose, while tobacco (57%; $n=8$) was the most common other drug used during the last opioid overdose. The most common treatment received during the last opioid overdose was naloxone (50%; $n=7$). As few participants ($n\leq 5$) were able to comment on the other most common opioids, and other drugs used, and type of treatment received during the last opioid overdose, these data have been suppressed. Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 28: Past 12 month non-fatal heroin overdose, Perth, WA, 2000-2022



Note. Data labels have been removed from figures with small cell size (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Table 4: Past 12-month non-fatal overdose by drug type, nationally, 2022, and Perth, WA, 2018-2022

	Perth					National
	2018	2019	2020	2021	2022	2022
% Any opioid	N=82 13	N=95 12	N=99 12	N=96 10	N=100 15	N=868 12
% Heroin overdose	N=81 12	N=94 10	N=99 12	N=95 8	N=100 14	N=867 11
% Methadone overdose	N=96 0	N=94 -	N=99 0	N=95 0	N=100 -	N=867 1
% Morphine overdose	N=95 -	N=94 0	N=99 0	N=95 -	N=100 0	N=867 0
% Oxycodone overdose	N=93 0	N=94 0	N=99 0	N=95 0	N=100 -	N=867 -
% Stimulant overdose	N=94 -	N=96 -	N=99 -	N=99 -	N=100 -	N=878 4
% Other overdose	/	N=94 -	N=100 -	N=99 8	N=100 -	N=878 3
% Any drug overdose	N=78 15	N=94 16	N=99 16	N=95 20	N=100 18	N=868 17

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. In 2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. – Values suppressed due to small numbers ($n \leq 5$ but not 0). N is the number who responded (denominator). / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over forty years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods

Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone could be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. In 2020 and 2021, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Furthermore, naloxone nasal spray (Nyxoid®) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: The percentage of participants who had heard of naloxone between 2013 and 2022 remained stable, with eight in ten participants (83%) reporting awareness of naloxone in 2022 (90% in 2021; $p=0.211$) (Figure 29).

Awareness of Take-Home Programs (training program): The per cent reporting that they were aware of the take-home naloxone programs has fluctuated over time, with almost three-quarters (72%) reporting awareness of these programs in 2022, stable relative to 2021 (80%; $p=0.248$) (Figure 29).

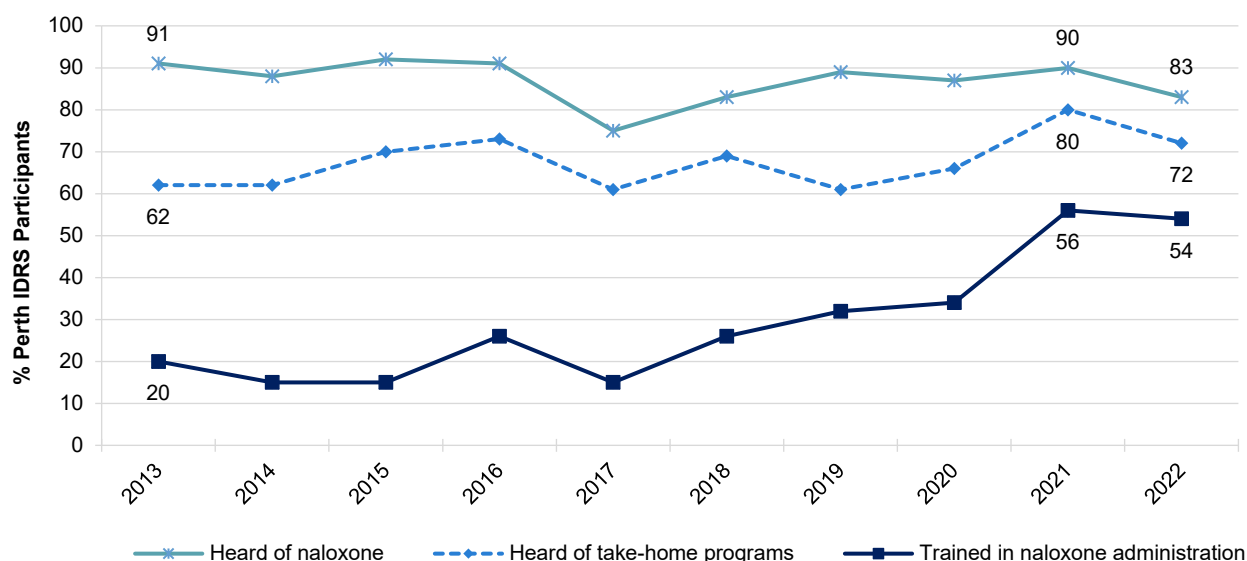
Participation in Training Programs: Since the beginning of the monitoring period, there has been an increasing trend in the number of participants who were trained in naloxone administration. In 2022, 54% had ever received naloxone training, stable relative to 2021 (56%; $p=0.898$) (Figure 29). On the last occasion, the majority of these participants last received naloxone training from a NSP (57%), followed by a pharmacy (29%). Few participants ($n\leq 5$) reported that they had last received naloxone training from a health service, drug treatment service, GP or hospital.

Accessed Naloxone: In 2022, the majority of the sample (87%) reported having ever accessed naloxone (81% in 2021; $p=0.385$), with 57% reporting access within the past year (57% in 2021; $p=0.235$). Few participants ($n\leq 5$) reported that they had tried to access naloxone in their lifetime but had been unsuccessful. Out of those who had never accessed naloxone or reported trouble accessing naloxone ($n=40$), the main reasons reported were 'don't consider myself/my peers at risk of overdose' (28%) and 'don't use opioids' (23%). On the last occasion, the majority of these participants last accessed naloxone from a NSP (57%), followed by a pharmacy (29%). The majority of the sample (88%) reported that they did not have to pay the last time they accessed naloxone.

Of those who reported ever accessing naloxone and commented ($n=58$), on the last occasion, one-quarter (26%) reported last receiving intramuscular naloxone and 45% reported receiving intranasal naloxone, while 29% said both. Of those who reported ever accessing naloxone and could respond ($n=58$), half (52%) reported that they 'always' had naloxone on hand when using opioids in the past month, whilst 19% said 'often', and 12% said 'never'. Small numbers ($n\leq 5$) reported 'sometimes' or 'rarely' having naloxone on hand when using opioids in the past month.

Use of Naloxone to Reverse Overdose: In 2022, 29% of the Perth sample who had heard of naloxone reported that they had resuscitated someone using naloxone at least once in their lifetime (43% in 2021; $p=0.079$). Of those who responded ($n=98$), 7% reported that they had been resuscitated by a peer using narkan/naloxone in the last year ($n\leq 5$ in 2021; $p=0.213$). Of those who reported any opioid overdose in the last year and responded, 54% reported that they had been resuscitated by a peer using naloxone in the past year (30% in 2021; $p=0.402$).

Figure 29: Lifetime awareness of take-home naloxone program and distribution, Perth, WA, 2013-2022



Note. Data labels are only provided for the first (2013) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

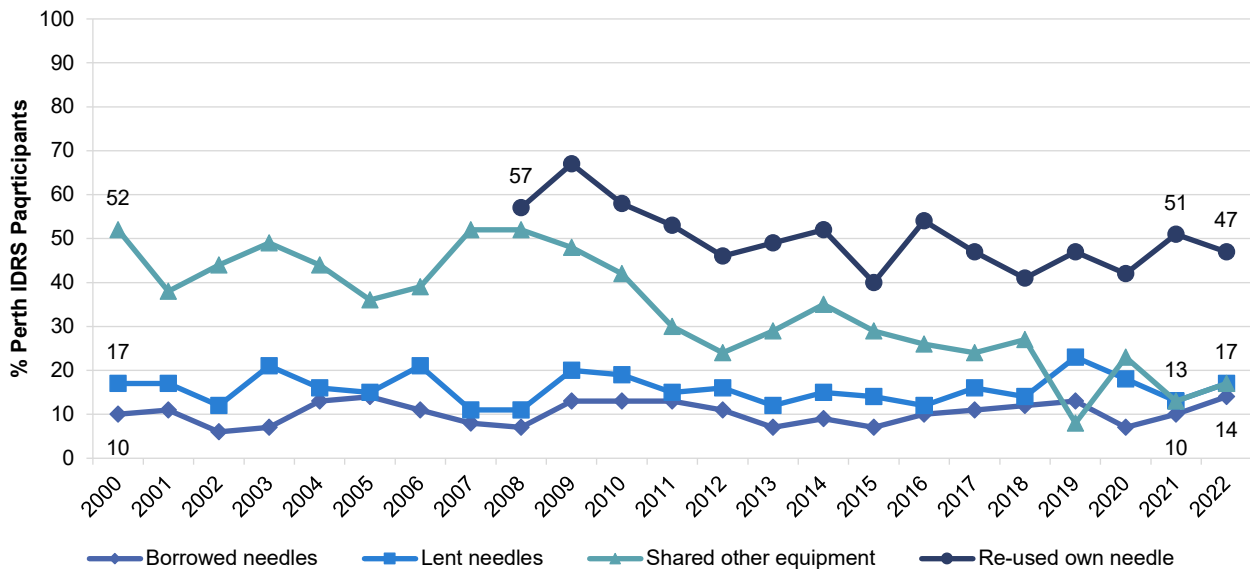
In 2022, 14% of participants reported receptive sharing (10% in 2021; $p=0.520$), and 17% of participants reported distributive sharing in the past month, stable from 2021 (13%; $p=0.546$) (Figure 30).

Two in ten participants (17%) reported having shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month, which remained stable from 2021 (13%; $p=0.572$). Almost half of the sample (47%) reported that they had reused their own needles in the past month (51% in 2021; $p=0.672$) (Figure 30).

Twenty-seven per cent of the 2022 sample reported that they had injected someone else after injecting themselves (36% in 2021; $p=0.153$), and at least one in ten participants (13%) were injected by someone else who had previously injected in the past month (17% in 2021; $p=0.436$) (Table 5).

A significant change was observed in the location of last injection between 2021 and 2022 ($p=0.023$). Consistent with previous years, most participants (80%) reported that they had last injected in a private home, an increase from 70% in 2021. An additional 9% of participants reported that they had last injected in a street, park or a beach ($n \leq 5$ in 2021), and fewer participants ($n \leq 5$) reported injecting in a public toilet (14% in 2021) (Table 5).

Figure 30: Borrowing and lending of needles and sharing of injecting equipment in the past month, Perth, WA, 2000-2022



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels are only provided for the first (2000/2008) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally, 2022, and Perth, WA, 2015-2022

	Perth, WA								National
	2015 N=74	2016 N=69	2017 N=73	2018 N=100	2019 N=95	2020 N=100	2021 N=99	2022 N=100	2022 N=879
% Injecting behaviours past month									
Borrowed a needle	N=74 8	N=69 6	N=70 10	N=94 16	N=95 13	N=100 7	N=99 10	N=100 14	N=868 4
Lent a needle	N=74 14	N=69 15	N=70 21	N=95 17	N=92 23	N=99 18	N=99 13	N=100 17	N=865 8
Shared any injecting equipment ^	N=74 32	N=69 25	N=70 22	N=99 26	N=96 8	N=99 23	N=99 13	N=99 17	N=872 20
Re-used own needle	N=73 39	N=69 38	N=69 48	N=95 44	N=95 47	N=100 42	N=99 51	N=100 47	N=865 35
Injected partner/friend after self~	/	N=69 31	N=70 27	N=96 29	N=95 33	N=100 33	N=99 36	N=100 27	N=866 27
Somebody else injected them after injecting themselves~	/	N=69 17	N=70 14	N=96 12	N=95 25	N=100 16	N=99 17	N=100 13	N=865 15
% Location of last injection	N=74	N=69	N=73	N=100	N=95	N=100	N=99	N=100 *	N=868
Private home	81	83	74	76	76	80	70	80	78
Car	14	7	10	11	10	9	10	-	5
Street/car park/beach	-	-	-	-	8	-	-	9	6
Public toilet	-	-	10	10	-	7	14	-	5
Medically supervised injected services	/	/	/	/	/	0	0	0	2
Other	-	-	-	-	-	-	-	-	1

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Not asked. N is the number who responded (denominator). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Self-Reported Injection-Related Injuries and Diseases

In 2022, one-third of participants (31%) reported having an injection-related health issue in the month preceding interview, stable relative to 2021 (33%; $p=0.894$) (Table 6). The most common injection-related health issues reported consisted of any nerve damage (17%; 13% in 2021; $p=0.554$), followed

by any infection/abscess (9%; 14% in 2021; $p=0.273$), any thrombosis (7%; $n \leq 5$ in 2021; $p=0.170$) and a dirty hit (6%; 10% in 2021; $p=0.323$).

Table 6: Injection-related issues in the past month, Perth, WA, 2020-2022

	2020	2021	2022
	(N=100)	(N=98)	(N=100)
% Artery injection	10	-	-
% Any nerve damage	13	13	17
% Any thrombosis	6	-	7
Blood clot near the surface of skin	-	-	6
Deep vein thrombosis	-	0	-
% Any infection/abscess	9	14	9
Skin abscess	7	10	8
Endocarditis	0	0	0
Other serious infection (e.g., osteomyelitis/sepsis/septic arthritis)	-	-	-
% Dirty hit	11	10	6
% Any injection-related problem	33	33	31

Note. - Values suppressed due to small cell size ($n \leq 5$ but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Drug Treatment

The percentage of participants reporting that they were currently receiving any drug treatment in 2022 (40%) compared to 2021 (46%; $p=0.383$) remained stable. Almost one-quarter of participants (24%) reported receiving methadone (27% in 2021; $p=0.619$), which was the most common treatment received in 2022 (Table 7).

Table 7: Any current drug treatment, nationally, 2022, and Perth, WA, 2015-2022

	Perth, WA							National	
	2015	2016	2017	2018	2019	2020	2021	2022	2022
	N=102	N=101	N=100	N=101	N=99	N=100	N=99	N=100	N=879
% Current drug treatment	36	42	48	34	28	48	46	40	38
Methadone	20	18	18	25	10	24	27	24	24
Buprenorphine	-	-	0	0	0	0	-	-	2
Buprenorphine-naloxone	7	7	9	-	7	14	8	10	5
Buprenorphine depot injection	/	/	/	/	0	-	-	-	3
Drug counselling	-	-	-	-	9	17	9	8	9
Other	-	-	-	-	4	-	-	-	3

Note. - Values suppressed due to small cell size ($n \leq 5$ but not 0). / not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Bloodborne Virus Testing and Treatment

In 2022, 43% of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (38% in 2021; $p=0.578$), 39% had received an RNA test (36% in 2021; $p=0.757$), and 9% reported having a current HCV infection (7% in 2021; $p=0.790$) (Table 8). Eight per cent of the total sample reported that they had received HCV treatment in the past year (8% in 2021), of which three-quarters (75%; $n=6$) reported that their treatment had been successful.

Three-quarters of the total sample (77%) reported having ever had a test for human immunodeficiency virus (HIV) (25% within the past six months and 52% more than six months ago), with the vast majority reporting that they had never received a positive diagnosis (97%) (Table 8).

Table 8: HCV and HIV testing and treatment, nationally, 2022, and Perth, WA, 2018-2022

%	Perth, WA					National
	2018 N=100	2019 N=96	2020 N=100	2021 N=99	2022 N=100	2022 N=879
Past year Hepatitis C test (n)						
Past year hepatitis C antibody test	N=87 54	N=86 63	N=98 35	N=99 38	N=98 43	N=846 43
Past year hepatitis C PCR or RNA test	N=76 45	N=63 43	N=91 35	N=86 36	N=92 39	N=803 37
Current hepatitis C status (n)						
Currently have hepatitis C ^a	N=39 41	N=36 22	N=95 0	N=91 7	N=94 9	N=805 7
Past year treatment for hepatitis C (n)						
Received treatment in past year	N=40 28	N=22 27	N=96 6	N=97 8	N=95 8	N=835 10
Most recent treatment was successful (among those who had received treatment in past year)	N=16 94	N=8 100	N=6 100	N=8 -	N=8 75	N=85 69
HIV test (n)	/	/	N=100	N=99	N=100	N=823
HIV test in past 6 months	/	/	/	20	25	23
HIV test more than 6 months ago	/	/	/	69	52	55
HIV status (n)	/	/	N=100	N=98	N=100	N=633
Lifetime HIV positive diagnosis	/	/	/	-	-	3

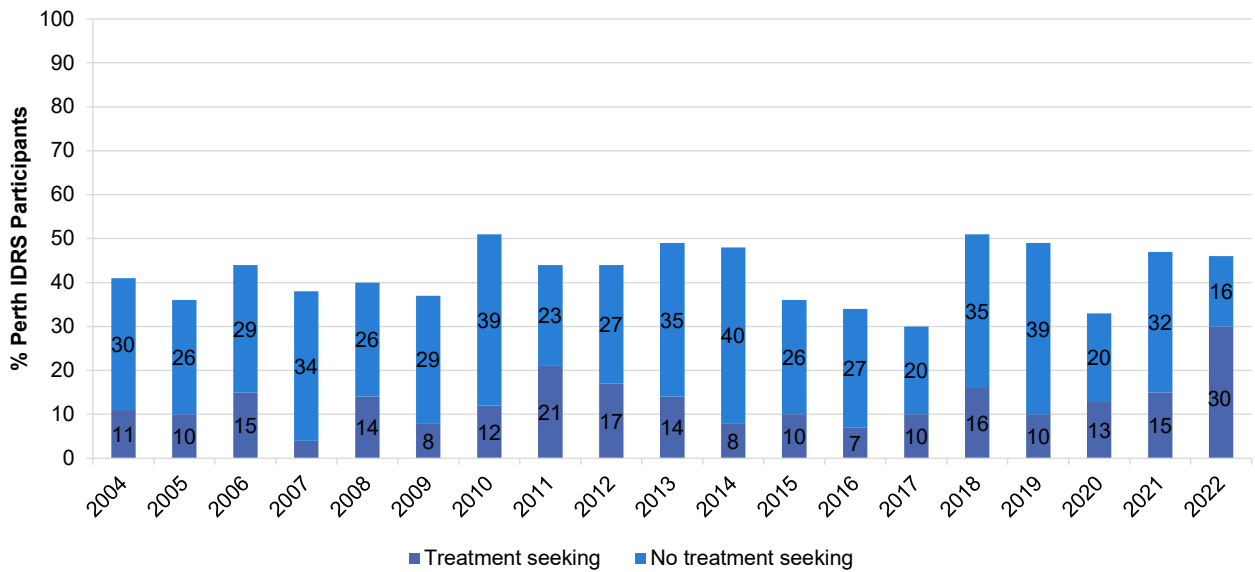
Note. ^aThis includes people who had not been tested for HCV. – Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Mental Health

In 2022, 46% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2021 (47%; $p=0.895$) (Figure 31). Amongst this group, the most commonly reported problems were depression (66%), followed by anxiety (64%), and post-traumatic stress disorder (PTSD) (32%).

Almost one-third (30%) of the sample had seen a mental health professional during the past six months (64% of those who self-reported a mental health problem during the past six months, stable from 68% in 2021 ($p=0.822$)). Nine in ten (86%) of those who had seen a mental health professional (n=29) reported that they had been prescribed medication for their mental health problem in the preceding six months, stable from 2021 (84%).

Figure 31: Self-reported mental health problems and treatment seeking in the past six months, Perth, WA, 2004-2022

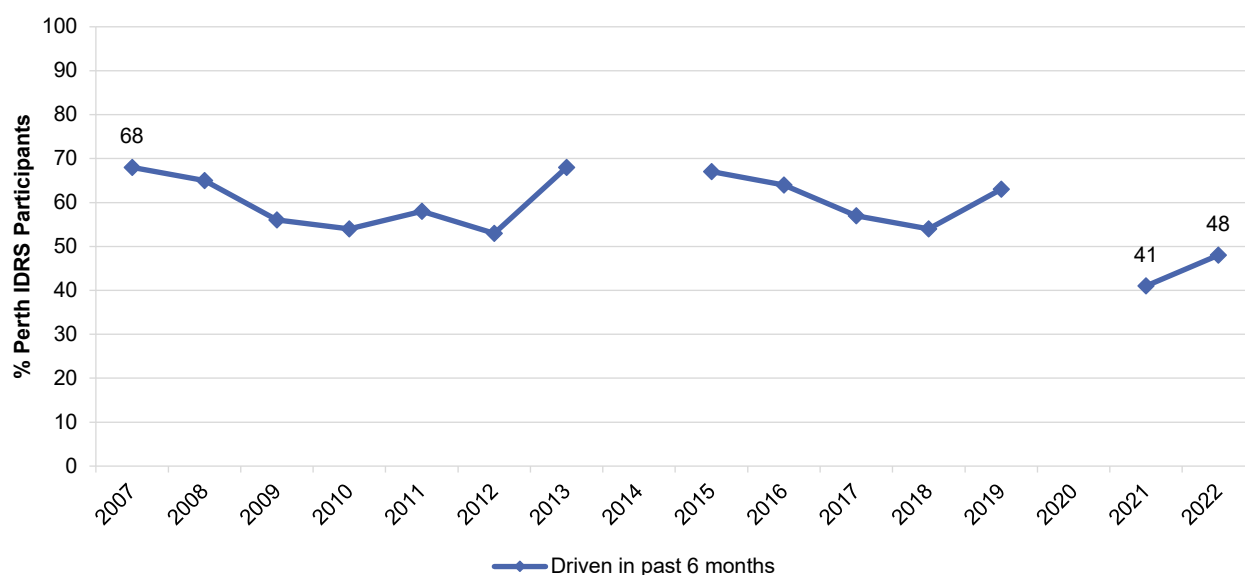


Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Driving

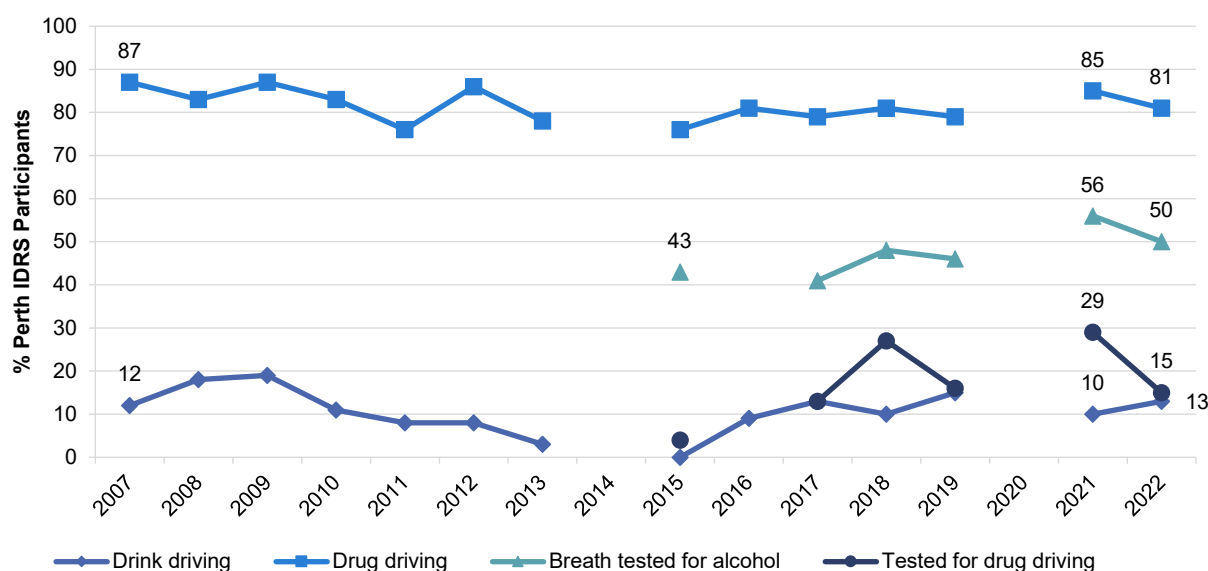
In 2022, almost half of the Perth sample (48%) had driven a car, motorcycle or other vehicle in the last six months (Figure 32). Of those who had driven ($n=48$), 13% reported driving while over the perceived legal limit of alcohol at least once in the past six months, and 81% reported driving within three hours of consuming an illicit drug, at least once in the last six months (Figure 33). Of those who had recently driven, 15% reported that they had been tested for drug driving by the police roadside drug testing service, and 50% reported being breath tested for alcohol by the police roadside testing service in the six months prior to interview (Figure 33).

Figure 32: Self-reported driving in the past six months, Perth, WA, 2007-2022



Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Data labels are only provided for the first (2007) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 33: Self-reported testing and driving over the (perceived) legal limit for alcohol and three hours following illicit drug use, Perth, WA, 2007-2022



Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 and 2020, and questions about breath/drug testing not asked in 2007-2014, 2016 and 2020. For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs.

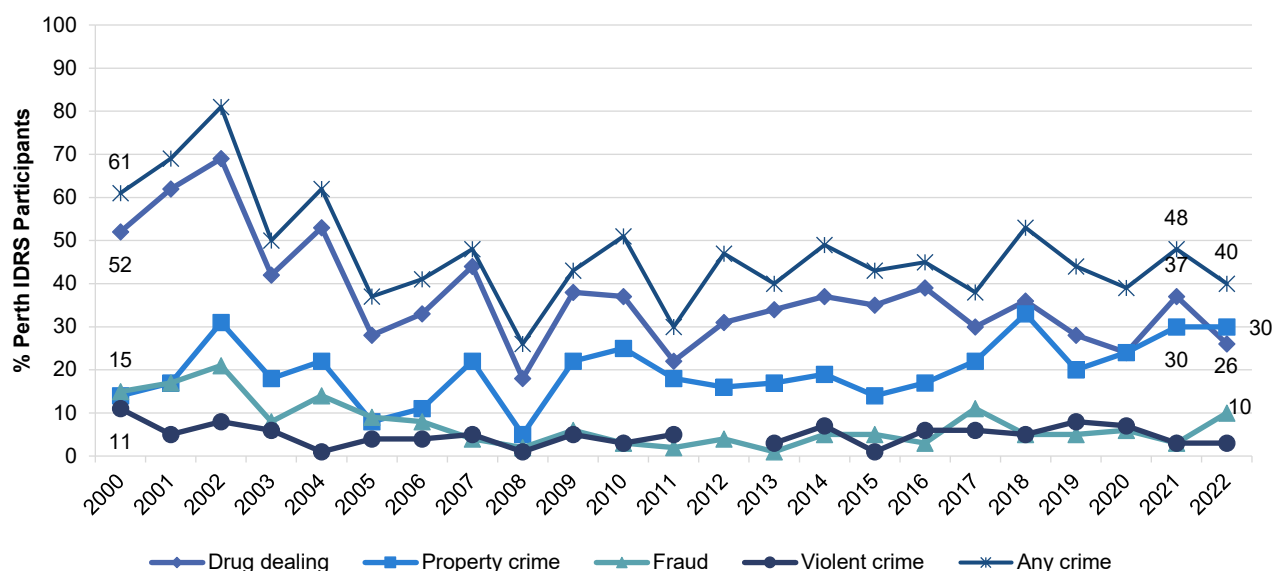
In 2022, 21% of Perth participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia, with 9% reporting doing so in the past year. Of those who reported that they or someone else had tested their illicit drugs in the past year in 2022 ($n=9$), few participants ($n\leq 5$) reported using colorimetric, reagent test kits, testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) or other tests and therefore no further results will be reported. Please refer to the [2022 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Experience of Crime and Engagement with the Criminal Justice System

In 2022, 40% of the Perth sample reported engaging in 'any' crime in the past month, stable from 48% in 2021 ($p=0.310$). Property crime (30%; 30% in 2021) and drug dealing (26%; 37% in 2021; $p=0.125$) remained the most common self-reported crimes in the month preceding interview, followed by fraud (10%; $n\leq 5$ in 2021; $p=0.049$). Small numbers ($n\leq 5$) reported violent crime ($n\leq 5$ in 2021), while 13% reported being the victim of a crime involving violence (e.g., assault), stable from 2021 (12%) (Figure 34).

Seventeen per cent reported being arrested in the 12 months preceding interview, stable relative to 2021 (27%; $p=0.126$). One in ten (11%) reported a drug-related encounter which did not result in charge or arrest (data not collected in 2021). Lifetime prison history was reported by almost half of the sample (49%), stable from 2021 (55%; $p=0.571$).

Figure 34: Self-reported criminal activity in the past month, Perth, WA, 2000-2022



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

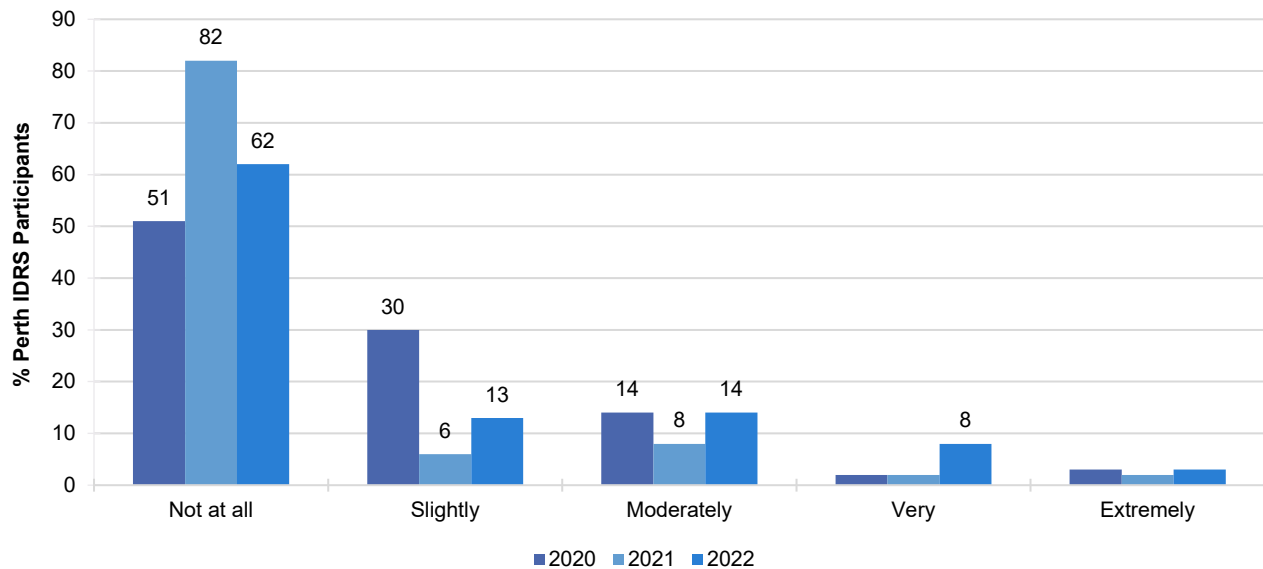
COVID-19 Testing and Diagnosis

Eighty-five per cent of the Perth IDRS sample had been tested for SARS-COV-2 in the 12 months prior to interview (35% in 2021), and 35% of participants had been diagnosed with the virus. The majority of the sample (80%) had been tested via Rapid Antigen Test(s) (RAT), while half (53%) tested via Polymerase Chain Reaction (PCR). Fifty-five per cent reported that they had had quarantined for 7 or more days due to a possible exposure in the month prior to interview, one-third (35%) in the six

months prior to interview, and 7% in the 12 months prior to interview. At the time of interview, 91% reported they had received at least one dose of the COVID-19 vaccine. More specifically, 7% of participants reported they had received one dose, one-third of the sample (36%) two doses, and almost half of the sample (48%) three or more doses. The median number of doses received was three.

Thirty-eight per cent of the sample reported any concern about contracting COVID-19; 13% reported being 'slightly' worried (6% in 2021), whereas 14% reported being 'moderately' worried (8% in 2021), and 8% 'very worried' ($n \leq 5$ in 2021). Small numbers ($n \leq 5$; $n \leq 5$ in 2021) reported being 'extremely' worried (Figure 35). This was a significant change relative to 2021 ($p=0.031$). There was a significant change in being concerned about one's health if contracting COVID-19 in 2022 compared to 2021 ($p=0.025$). Indeed, in 2022, 6 in 10 participants (61%; 74% in 2021) reported that they would be concerned about their health if they did contract COVID-19, with 15% (12% in 2021) reporting that they would be 'slightly' concerned, 16% (16% in 2021) reporting 'moderately', and 28% (30% in 2021) reporting 'very'. Small numbers ($n \leq 5$) reported they would be 'extremely' concerned (15% in 2021).

Figure 35: Current concern related to contracting COVID-19, Perth, WA, 2020-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e., $n \leq 5$ but not 0). Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.