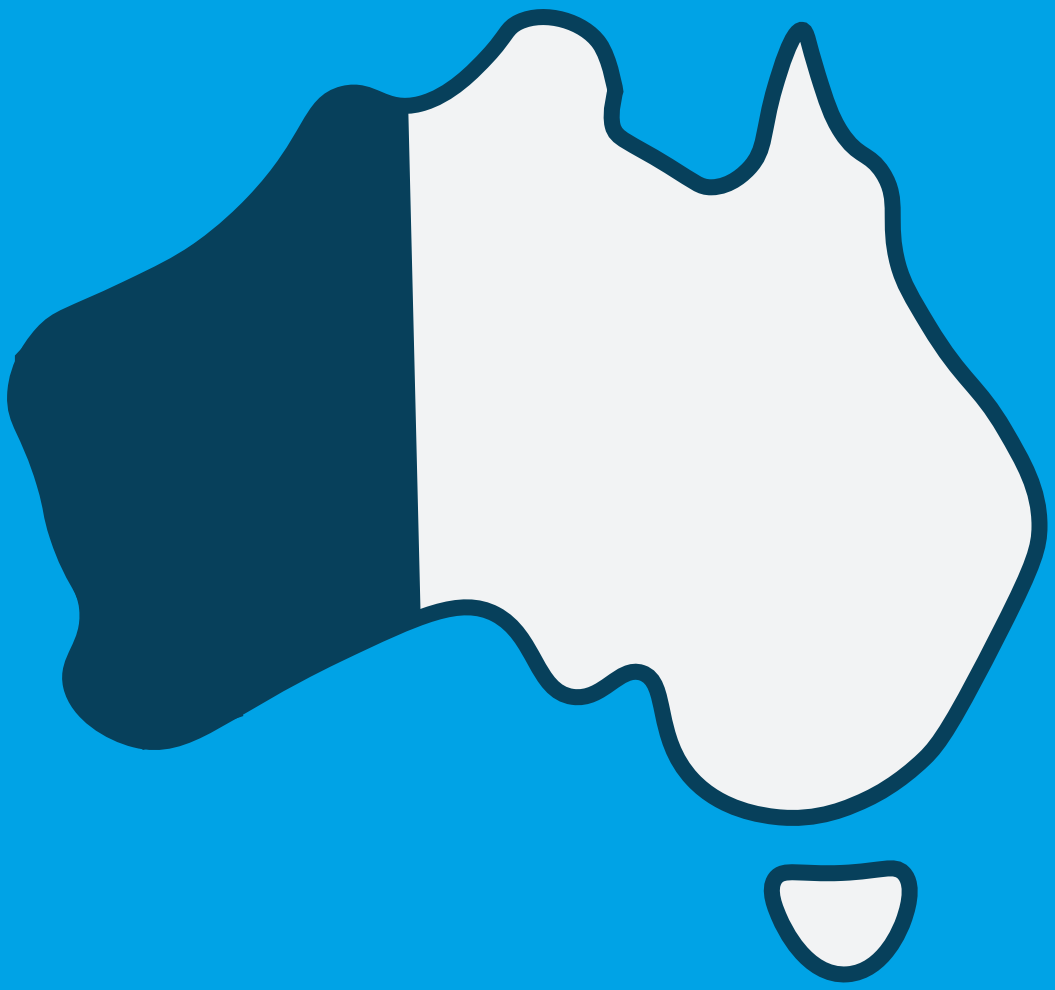
IDRS



WESTERN AUSTRALIAN DRUG TRENDS 2023

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

WESTERN AUSTRALIAN DRUG TRENDS 2023: 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.

This report was prepared by the National Drug and Alcohol Research Centre, UNSW Sydney. Please contact the following with any queries regarding this publication: drugtrends@unsw.edu.au

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Acknowledgements

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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 2023:

- Dr Rachel Sutherland, Fiona Jones, Antonia Karlsson, Julia Uporova, Cate King, Udesha Chandrasena, 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 and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke, Lauren Stafford and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute and EnAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel, and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

We would like to thank past and present members of the research team.

Participants

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

Contributors

We thank all the individuals who contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Helin Cimen and Troy White for conducting the Western Australia IDRS interviews in 2023. We would like to thank the UNSW Community Reference Panel for their assistance in piloting the interview. We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the IDRS.

We acknowledge the traditional custodians of the land on which the work for this report was undertaken. We pay respect to Elders past, present, and emerging.

Abbreviations

1,4-BD	1,4-Butanediol
ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
Alpha PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and Other Drugs
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
DOI	Digital Object Identifier
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile Range
ISSN	International Standard Serial Number
K10	Kessler Psychological Distress Scale 10
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NHS	National Health Survey
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OAT	Opioid Agonist Therapy
OTC	Over-the-counter

PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-traumatic stress disorder
QLD	Queensland
REDCap	Research Electronic Data Capture
RNA	Ribonucleic Acid
SA	South Australia
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SD	Standard deviation
SDS	Severity of Dependence Scale
TAS	Tasmania
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The IDRS sample is a sentinel group of people aged 18 years or older who injected illicit drugs ≥6 days in the preceding six months and resided in Perth, Western Australia (WA). Participants were recruited via advertisements in needle and syringe programs, pharmacies providing Opioid Agonist Therapy (OAT), and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in June 2023. In Perth, WA, interviews in 2020 and 2021 were delivered face-to-face as well as via telephone, while in 2022, they were only conducted via telephone to reduce the risk of COVID-19 transmission. In 2023, they were again delivered face-to-face as well as via telephone. This methodological change should be factored into all comparisons of data from the 2020-2023 samples relative to previous years.**

Sample Characteristics

The IDRS sample recruited from Perth, WA in 2023 (N=99) was fairly consistent with the Perth profile in previous years, whereby two thirds (65%) were male, with a median age of 46 years. The majority (89%) of the sample were unemployed at the time of interview, and most (94%) had received a government pension/allowance or benefit in the month prior to interview. The median income per week remined stable, from $370 in 2022 to $395 in 2023. However, there were some differences in terms of sexual identities reported in 2022 and 2023 (p=0.009) with an increase in the number of participants who reported being heterosexual (90%; 78% in 2022), and a decrease in the number of participants who reported being bisexual (n≤5; 17% in 2022). Participants typically nominated heroin as their drug of choice in 2023 (55%), followed by methamphetamine (38%). Methamphetamine was the drug injected most often in the past month (51%), followed by heroin (46%).

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 2022 (59%) and 2023 (64%). Perceived purity and availability of heroin remained stable between 2022 and 2023, while there was an increase in the median price of one point of heroin from $100 in 2022 to $150 in 2023 ($p$=0.022).

Methamphetamine

Recent use of any methamphetamine has fluctuated over the years, showing a general downward trend since monitoring began until 2009, which was followed by an upward trend since 2012, with four fifths (79%) reporting recent use in 2023. The use of base and powder methamphetamine has decreased throughout the years which was driven by an increase in the use of crystal methamphetamine (79% in 2023), the most commonly used form since 2011 in Perth. Two thirds (65%) among participants that reported recent use reported weekly or more frequent use of any methamphetamine in 2023. The perceived purity and availability of crystal and powder methamphetamine remained stable between 2022 and 2023. However, the reported median price of crystal methamphetamine decreased from $100 for one point in 2022 to $80 in 2023 ($p$<0.001).

Cocaine

Similar to previous years, in 2023, cocaine use amongst people who inject drugs in Perth was infrequent and sporadic. Recent use of cocaine remained stable at 21% (12% in 2022), on a median of two days (2 days in 2022).

Cannabis and/or Cannabinoid-Related Products

Recent use of non-prescribed cannabis and/or cannabinoid-related products remained stable, with two third (66%) of participants reporting recent use in 2023 (60% in 2022). Hydroponic cannabis remained the form most commonly used (98%), followed by bush cannabis (36%). Smoking remained the most common route of administration in 2023 (100%), while there was a significant decrease in the number of participants who reported inhaling/vaporising (n≤5) as their route of administration in 2023 (25% in 2022; p=0.013). Perceived purity, availability, and price of hydroponic/bush cannabis remained stable between 2022 and 2023.

Pharmaceutical Opioids

Recent use of all forms of pharmaceutical opioids remained stable in 2023, though an overall downward trend was observed since monitoring of each opioid first began. No significant differences in terms of non-prescribed recent use, nor frequency of use, were observed for methadone, buprenorphine tablet, buprenorphine-naloxone, morphine, oxycodone, codeine, tapentadol or tramadol between 2022 and 2023. However, there was a significant increase in the frequency of recent use of any (prescribed or non-prescribed) fentanyl between 2022 (n≤5) and 2023 (13%; p=0.040).

Other Drugs

Recent use of use of any NPS remained stable between 2022 (7%) and 2023 (12%). No significant differences in terms of non-prescribed recent use nor frequency of use were observed for benzodiazepines (including alprazolam), pharmaceutical stimulants, antipsychotics, pregabalin, Unisom, or gabapentin between 2022 and 2023. Alcohol use has been trending downward over the course of monitoring (64% in 2023; 80% in 2000), while tobacco use has remained consistently high but stable over the period of monitoring, with 87% reporting recent use in 2023 (89% in 2022). Furthermore, there was an increase in the recent use of non-prescribed e-cigarettes (54%; 24% in 2022; p<0.001). There was also an increase in the frequency of non-prescribed use of e-cigarettes in 2023 (150 days, 30 days in 2022; p=0.046).

Drug-Related Harms and Other Behaviours

- In 2023, 65% of the national IDRS sample reported using two or more drugs (excluding tobacco and e-cigarettes) on the day preceding interview.
- Seventeen per cent of participants reported experiencing a non-fatal overdose in the 12 months preceding interview on any drug (18% in 2022), with 14% reporting a past year non-fatal opioid overdose (15% in 2022).
- There was an increase in the number of respondents who reported having accessed naloxone in the last year, from 45% in 2022 to 63% in 2023 (p=0.015), and having been trained in naloxone administration in the last year from 29% in 2022 to 44% in 2023 (p=0.042). There was also an increase in the number of participants who reported that they had ever resuscitated someone using naloxone, from 29% in 2022 to 44% in 2023 (p=0.043).
- In 2023, 11% of participants reported receptive sharing of a needle or syringe (14% in 2022) and 13% reported distributive sharing in the past month (17% in 2022).
- Two fifths (41%) of the sample reported experiencing injection-related problems in the past month (31% in 2022), with an increase in the number of participants who reported having

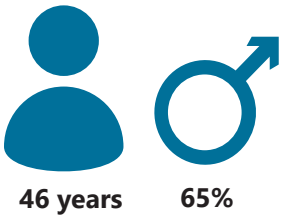
experienced a blood clot near the surface of the skin from 6% in 2022 to 16% in 2023 (p=0.024).

- Almost half (48%) of the sample reported being in any drug treatment for their substance use (40% in 2022), with methadone continuing to be the most common treatment received in 2023 (31%; 24% in 2022).
- Fifty-six percent of participants scored five or above on the Severity of Dependence Scale (60% in 2022), indicating possible dependence relating to opioids, and 42% scored four or above (52% in 2022), indicating possible dependence relating to methamphetamine.
- Half of participants in 2023 (51%) reported that they had received a Hepatitis C virus (HCV) antibody test in the past year (43% in 2022), while 48% had received a PCR or RNA test (39% in 2022). Almost two fifths (38%) of the sample reported they had been tested for human immunodeficiency virus (HIV) in the past six months (25% in 2022).
- Self-reported mental health problems in the past six months remained stable in 2023 (52%; 46% in 2022). The two most commonly reported problems were depression (73%; 66% in 2022) and anxiety (43%; 64% in 2022).
- Most participants (89%) reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2023 (92% in 2022). Primary services reported by participants for AOD support in 2023 were peer based harm reduction services (57%; 53% in 2022), followed by GPs (45%; 37% in 2022), NSPs (42%; 68% in 2022; p<0.001), and drug and alcohol counsellors (17%; 24% in 2022).
- Fifty-four per cent of the sample reported experiencing stigma in any setting in the six months preceding interview. These experiences of stigma most commonly occurred when visiting a general health care service (36%; 23% in 2022).
- Sixty-nine per cent of those who had driven recently reported driving within three hours of consuming an illicit or non-prescribed drug in the past six months (81% in 2022) and 12% reported driving while over the perceived legal limit of alcohol (13% in 2022).
- In 2023, 15% of participants reported that they or someone else had ever tested the contents and/or purity of their illicit drugs in Australia (21% in 2022), with 9% reporting doing so in the past year (9% in 2022).
- Fifteen per cent of participants reported being the victim of a crime involving violence (13% in 2022).
- In 2023, 96% of the sample had been tested for SARS-CoV-2 in the last 12 months (87% in 2022) and 94% reported that they had received at least one COVID-19 vaccine dose by the time of interview (91% in 2022).

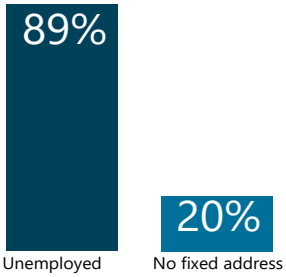
IDRS Illicit Drug Reporting System

2023 SAMPLE CHARACTERISTICS

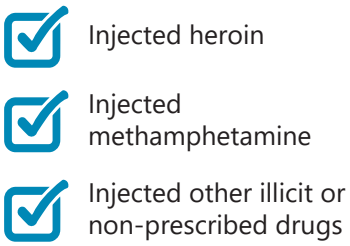
In 2023, 99 participants, recruited from Perth, WA were interviewed.



The median age in 2023 was 46, and 65% identified as male.

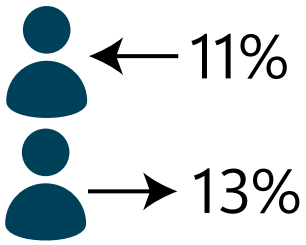


In the 2023 sample, 89% were unemployed and 20% had no fixed address.

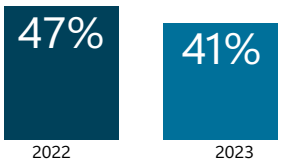


Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

INJECTING RELATED RISKS AND HARMS

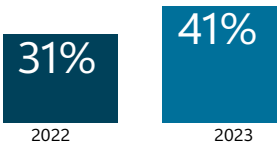


In 2023, 11% reported receptive sharing in the past month and 13% reported distributive sharing.



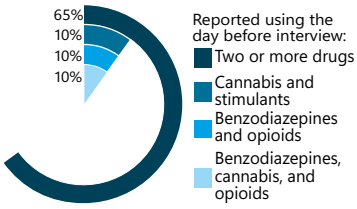
41% of participants reported re-using their own needles in the past month, stable from 2022 (47%).

Almost two fifths (38%) of participants reported injecting someone else after injecting themselves in the past month, stable relative to 2022 (27%).

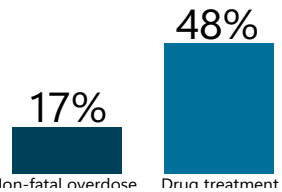


41% of participants reported having an injection-related health issue in the past month, stable from 2022 (31%).

OTHER HARMS AND HELP-SEEKING

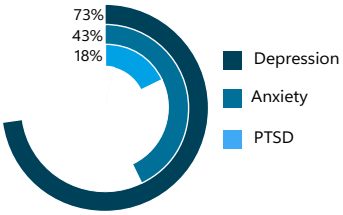


The most common patterns of poly substance use on the day preceding interview were cannabis and stimulants, benzodiazepines and opioids, and benzodiazepines, cannabis, and opioids.



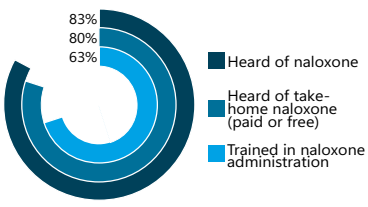
Past year non-fatal overdose (17%) and current drug treatment (48%) remained stable in 2023 relative to 2022.

In 2023, 52% of participants reported a mental health problem in the 6 months preceding interview, and one quarter (27%) had seen a mental health professional.

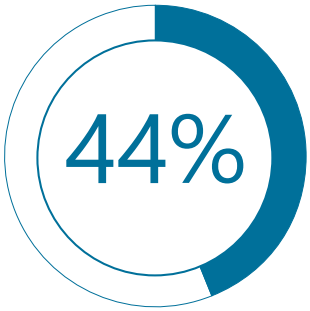


Among those who reported a mental health problem, the three most common mental health issues were depression and anxiety.

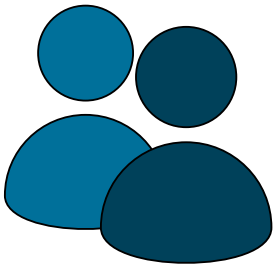
NALOXONE, HARM REDUCTION AND STIGMA



Knowledge of naloxone, take-home naloxone and participants reporting having ever been trained in naloxone administration remained stable in 2023 relative to 2022.



In 2023, the per cent reporting ever using naloxone to resuscitate someone who had overdosed significantly increased to 44%, with 24% of participants having done so in the past year.

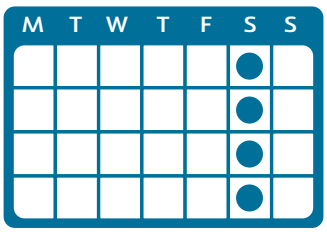


54% of the sample reported experiencing stigma because of their injecting drug use in the six months preceding interview, most commonly from police.

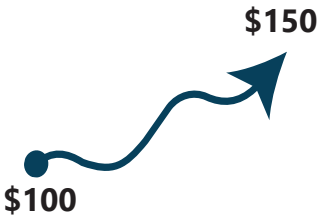
In 2023, 9% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

HEROIN

Past 6 month use of heroin was stable in 2023 (64%) relative to 2022 (59%).



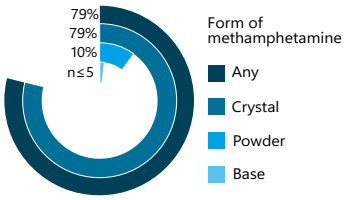
Of those who had recently consumed heroin, 71% reported weekly or more frequent use, stable from 2022 (81%).



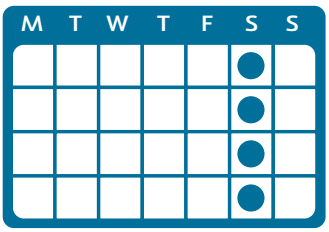
The median reported price for a point of heroin was $150 in 2023, a signficiant increase from $100 in 2022.

Of those who could comment, 88% perceived heroin to be 'easy' or 'very easy' to obtain, stable relative to 2022 (91%).

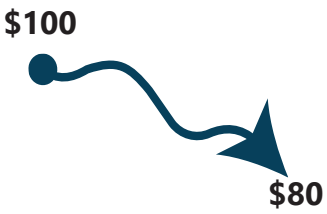
METHAMPHETAMINE



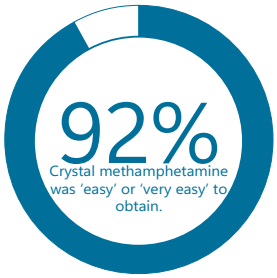
Past 6 month use of any methamphetamine, crystal, powder and base remained stable between 2022 and 2023.



Of those who had recently used any form of methamphetamine, 65% reported weekly or more frequent use, stable from 2022 (70%).



In 2023, the median reported price for a point of crystal methamphetamine significantly decreased to $80 ($100 in 2022).



Of those who could comment, 92% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2023 (89% in 2022).

OTHER DRUGS

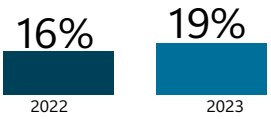
Non-prescribed morphine

Past 6 month use of non-prescribed morphine remained stable in 2023 relative to 2022.

Non-prescribed fentanyl

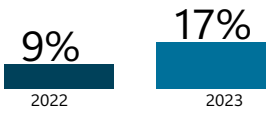
Past 6 month use of non-prescribed fentanyl remained stable in 2023 relative to 2022.

Non-prescribed pregabalin



Past 6 month use of non-prescribed pregabalin remained stable in 2023 relative to 2022.

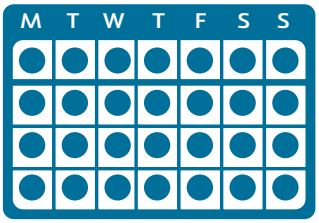
GHB/GBL/1,4-BD



Past 6 month use of GHB/GBL/1,4-BD remained stable in 2023 relative to 2022.

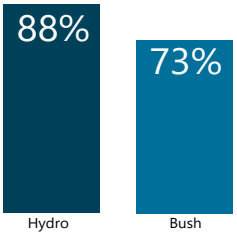
CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS

Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products remained stable in 2023 (66%) relative to 2022 (60%).



Of those who had recently used non-prescribed cannabis and/or cannabinoid-related products, 43% reported daily use, stable from 2022 (45%).

Of participants who had consumed non-prescribed cannabis and/or cannabinoid-related products in the last 6 months, all (100%) had smoked it.



Of those who could comment, the majority perceived both hydro and bush to be 'easy' or 'very easy' to obtain, stable from 2022.

Background

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

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

Methods

IDRS 2000-2019

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

IDRS 2020-2023: 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.

These changes were carried through between 2021 and 2023. 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.

2023 IDRS Sample

A total of 820 participants were recruited across capital cities nationally (June-July 2023), with 99 participants recruited from Perth, WA between 6 June-28 June, 2023. In 2023, 64 of the Perth interviews were conducted via telephone and the remainder were face-to-face.

In 2023, 12% of the Perth sample reported participating in the 2022 IDRS survey, while in 2022, 18% of participants reported participating in the 2021 survey.

In 2023, recruitment methods were stable compared to 2022 (p=0.055), with most participants being recruited via NSPs (40%; 58% in 2022), followed by word-of-mouth (29%; 25% in 2022), and via their treatment provider (24%; 16% in 2022).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2022 and 2023. References to 'significant' differences or changes throughout the report are where statistical testing has been conducted and where the p-value is less than 0.050. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

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 2020-2023, must be taken into consideration when comparing 2020-2023 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 2023, the Perth IDRS sample, for the most part, was similar to the sample in 2022 and in previous years (Table 1).

Gender identity remained stable between 2022 and 2023 (p=0.117), with two thirds (65%) identifying as male (55% in 2022). The median age of the sample was 46 years (IQR=41-50; 44 years in 2022; IQR=38-52; p=0.448) (Table 1). In 2023, the current employment status remained stable relative to 2022 (p=0.215), with most participants being unemployed at the time of interview (89%; 78% in 2022). Fifty-six per cent of participants reported that they had received a post-school qualification(s) (70% in 2022; p=0.060). There were some significant differences in terms of sexual identities reported in 2022 and 2023 (p=0.009), with an increase in the number of participants who reported being heterosexual (90%; 78% in 2022), and a decrease in the number of participants who reported being bisexual (n≤5; 17% in 2022). The majority of participants (94%) reported receiving a government pension, allowance or benefit in the past month, stable from 86% in 2022 (p=0.101). The median weekly income in 2023 was $395 (IQR=340-500; $370 in 2022; IQR=300-462; p=0.225).

Drug of choice remained stable in 2023 compared to 2022 (p=0.880), with respondents typically reporting that heroin was their drug of choice (55%; 47% in 2022), followed by methamphetamine (38%; 43% in 2022) (Figure 1). The drug injected most often in the past month also remained stable in 2023, relative to 2022 (p=0.343), with participants typically nominating methamphetamine as the drug injected most often (51%; 44% in 2022), followed by heroin (46%; 45% in 2022) (Figure 2).

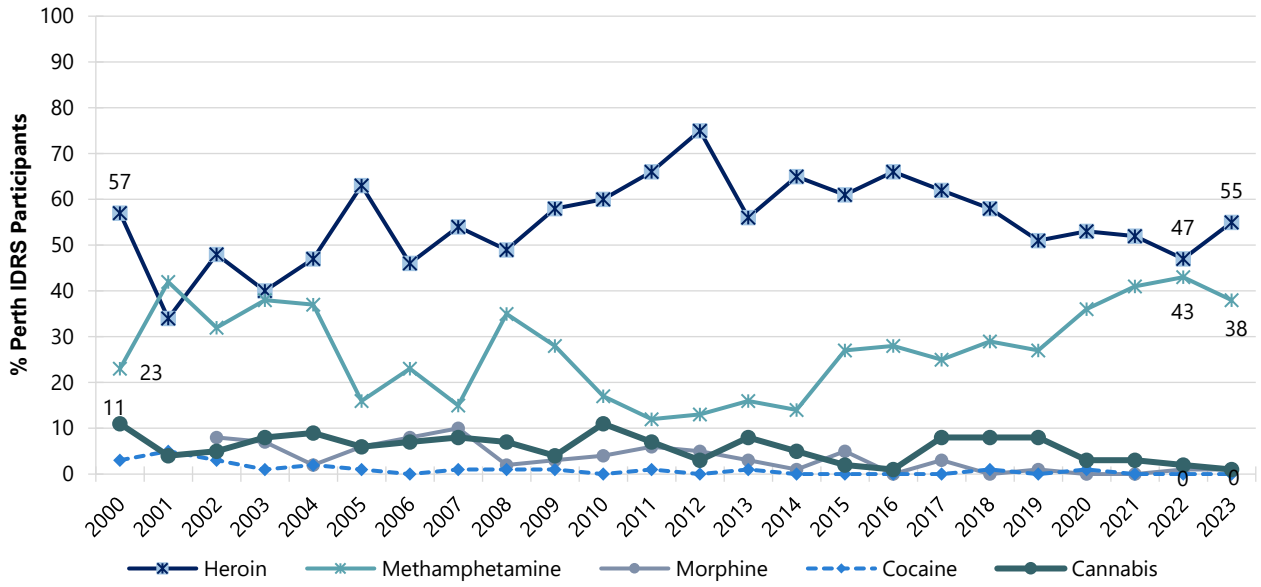
No statistically significant differences were observed in the percentage of participants reporting heroin (45%; 48% in 2022; p=0.673), powder methamphetamine (n≤5; n≤5 in 2022), crystal methamphetamine (51%; 52% in 2022; p=0.884), any methamphetamine (52%; 55% in 2022; p=0.779), non-prescribed morphine (n≤5; n≤5 in 2022), and cannabis consumption (55%; 47% in 2022; p=0.266) on a weekly or more frequent basis (Figure 3).

Table 1: Demographic characteristics of the sample, nationally, 2023, and Perth, WA, 2016-2023

	Perth, WA								National
	2016	2017	2018	2019	2020	2021	2022	2023	2023
	(N=71)	(N=73)	(N=100)	(N=96)	(N=100)	(N=99)	(N=100)	(N=99)	(N=820)
Median age (years; IQR)	44 (38-52)	44 (35-52)	44 (38-49)	43 (36-49)	42 (36-49)	47 (38-51)	44 (38-52)	**46 (41-50)**	46 (40-52)
% Gender									
Female	34	40	39	31	31	42	42	**35**	31
Male	66	60	60	65	67	58	55	**65**	68
Non-binary	/	/	/	-	-	0	-	**0**	-
% Aboriginal and/or Torres Strait Islander	9	10	13	8	20	13	17	**18**	26
% Sexual identity								**	
Heterosexual	90	90	78	73	87	85	78	**90**	85
Homosexual	-	-	9	7	-	-	-	**6**	4
Bisexual	-	-	10	16	-	10	17	**-**	10
Queer	/	/	/	-	0	0	0	**0**	0
Other	0	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 (3-12)**	10 (0-12)
% Post-school qualification(s)^	79	55	71	74	59	68	70	**56**	61
% Current accommodation									
Own home *(inc. renting)~*	78	75	69	56	64	53	58	**65**	65
Parents'/family home	11	12	14	7	12	7	7	**8**	6
Boarding house/hostel	-	9	-	13	9	15	11	**-**	5
Shelter/refuge	-	0	-	8	-	-	-	**-**	3
No fixed address	-	-	13	15	13	21	16	**20**	19
Other	0	0	-	-	0	-	-	**0**	1
% Current employment status									
Unemployed	72	81	81	85	90	86	78	**89**	86
Full-time work	13	-	-	-	-	-	6	**-**	3
% Past month gov't pension, allowance or benefit	79	88	85	88	92	92	86	**94**	93
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)	**$395 ($340-500)**	$400 (335-500)

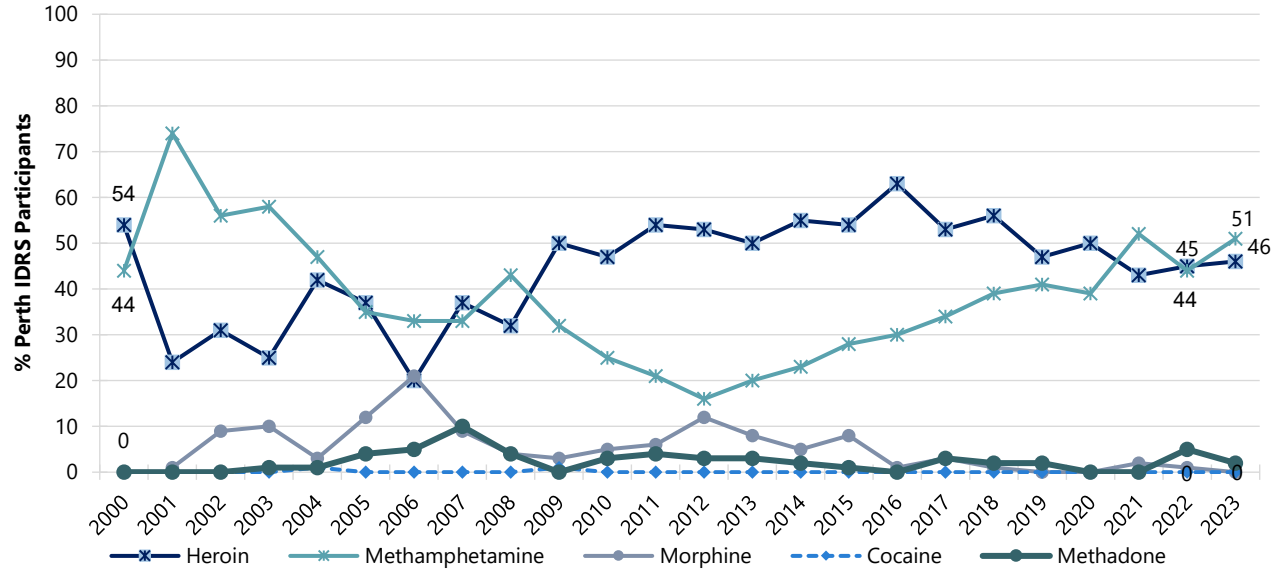
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - Per cent suppressed due to small cell size (n≤5 but not 0). For historical numbers, please refer to the data tables. / denotes that this item was not asked in these years. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 among the Perth sample presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 1: Drug of choice, Perth, WA, 2000-2023



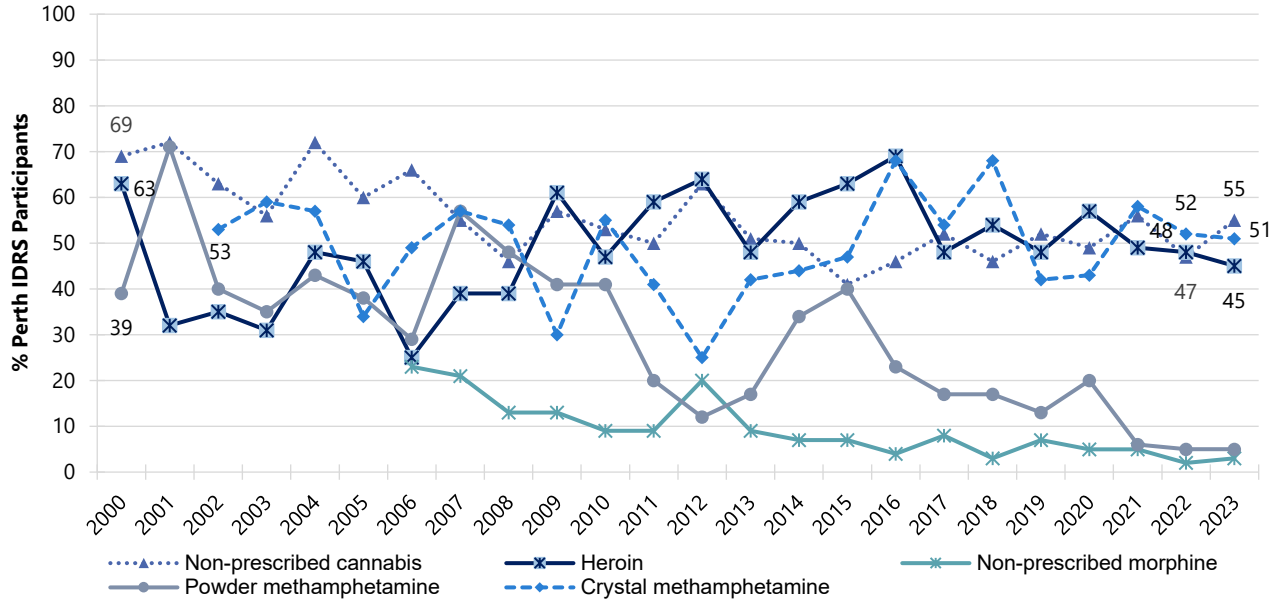
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001. In 2023, 41%, 45%, 2%, and 6% of the national sample reported heroin, methamphetamine, morphine, and cannabis, respectively, as their drug of choice.

Figure 2: Drug injected most often in the past month, Perth, WA, 2000-2023



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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001. In 2023, 37%, 56%, 3%, 1% of the national sample reported heroin, methamphetamine, morphine, and methadone, respectively, as the drug injected most often in the past month.

Figure 3: Weekly or more frequent substance use in the past six months, Perth, WA, 2000-2023



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Crystal methamphetamine frequency of use not asked in 2000-2001. Non-prescribed morphine frequency of use not asked until 2006. Data labels are only provided for the first (2000/2002/2006) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001. In 2023, 61%, 56%, 42%, 60%, and 5% of the national sample reported high frequency use of any methamphetamine, non-prescribed cannabis, heroin, crystal methamphetamine, and powder methamphetamine, respectively.

2

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

The percentage of respondents reporting recent use of any heroin remained stable between 2022 (59%) and 2023 (64%) (p=0.462) (Figure 4), and returned to pre-COVID levels.

Frequency of Use

Frequency of use has fluctuated over the course of monitoring. Participants who reported recent use and commented (n=63) had used heroin on a median of 80 days (IQR=17-168) in 2023, stable from 93 days (IQR=42-180; n=60; p=0.223) in 2022 (Figure 4). In 2023, 23% of participants who had recently used heroin reported using it daily (32% in 2022; p=0.314), while 71% reported weekly or more frequent use (81% in 2022; p=0.209).

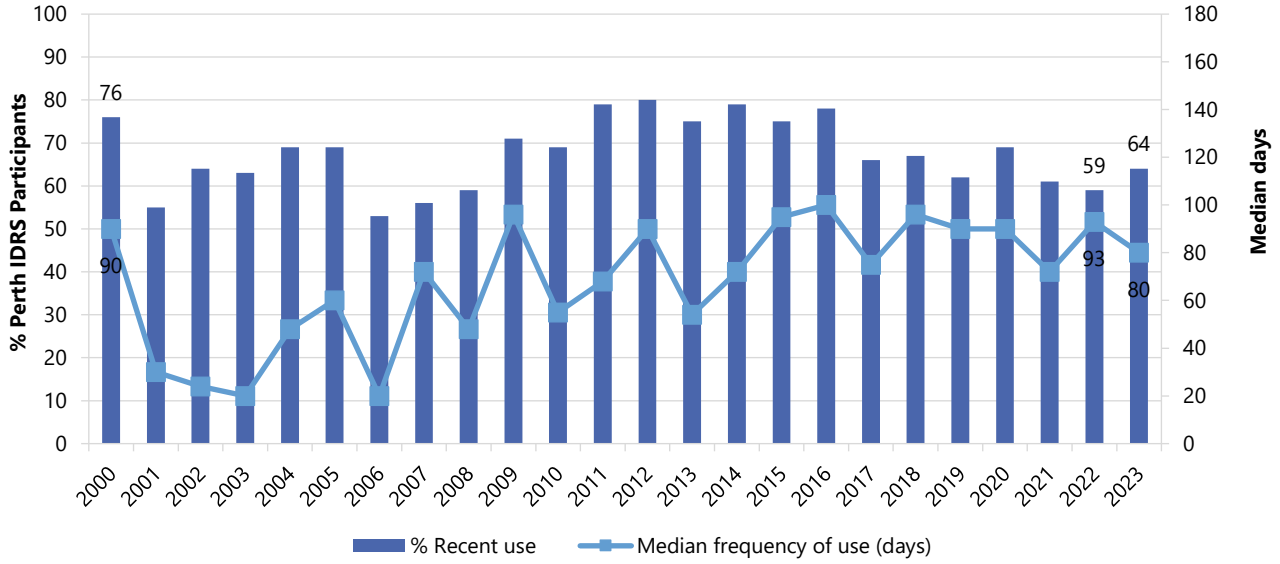
Routes of Administration

Among participants who had recently consumed heroin and commented (n=63), injecting remained the most common route of administration (100%; 98% in 2022; p=0.484). Participants who reported injecting had done so on a median of 80 days (IQR=16-168) which remained stable from 2022 (96 days; IQR=49-180; n=59; p=0.173). Few participants reported smoking, snorting, or swallowing in 2022 and 2023 (n≤5, respectively; therefore, numbers are suppressed).

Quantity

Of those who reported recent use and responded (n=61), the median 'typical' amount of heroin used on an average day of consumption in the six months preceding interview was 0.10 grams (IQR=0.10-0.20; 0.10 grams in 2022; IQR=0.10-0.20; n=57; p=0.021). Of those who reported recent use and responded (n=61), the median maximum amount of heroin used per day in the six months preceding interview was 0.30 grams (IQR=0.10-0.40; 0.30 grams in 2022; IQR=0.20-0.50; n=57; p=0.318).

Figure 4: Past six month use and frequency of use of heroin, Perth, WA, 2000-2023



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price

In 2023, the median price of heroin was $150 (IQR=100-150; n=49) for one point (0.10 of a gram), a significant increase from $100 in 2022 (IQR=100-138; n=46; p=0.022). Due to low numbers reporting on the price of one cap (n≤5), and no participants reporting on the price of one gram, current market trends will not be presented. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

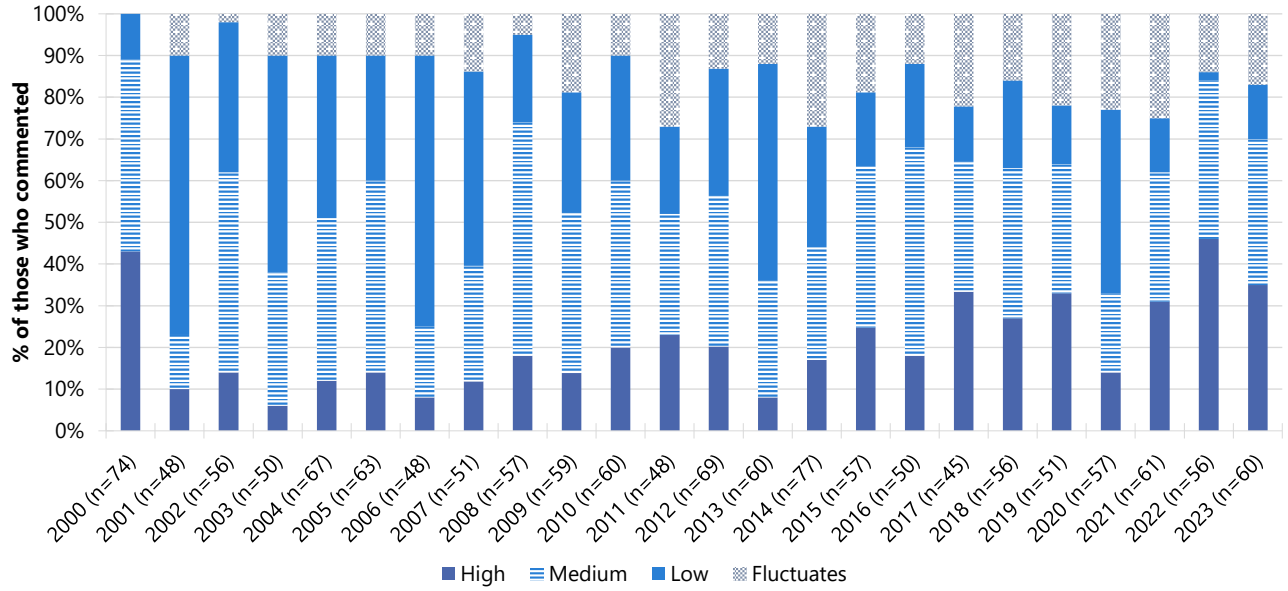
Perceived Purity

The perceived purity of heroin remained stable between 2022 and 2023 (p=0.106) (Figure 5). Among those who were able to comment in 2023 (n=60), approximately one third of participants perceived purity to be 'high' (35%; 46% in 2022) or 'medium' (35%; 38% in 2022), while 17% reported that it 'fluctuated' (14% in 2022). Thirteen per cent perceived that purity of heroin was 'low' (n≤5 in 2022).

Perceived Availability

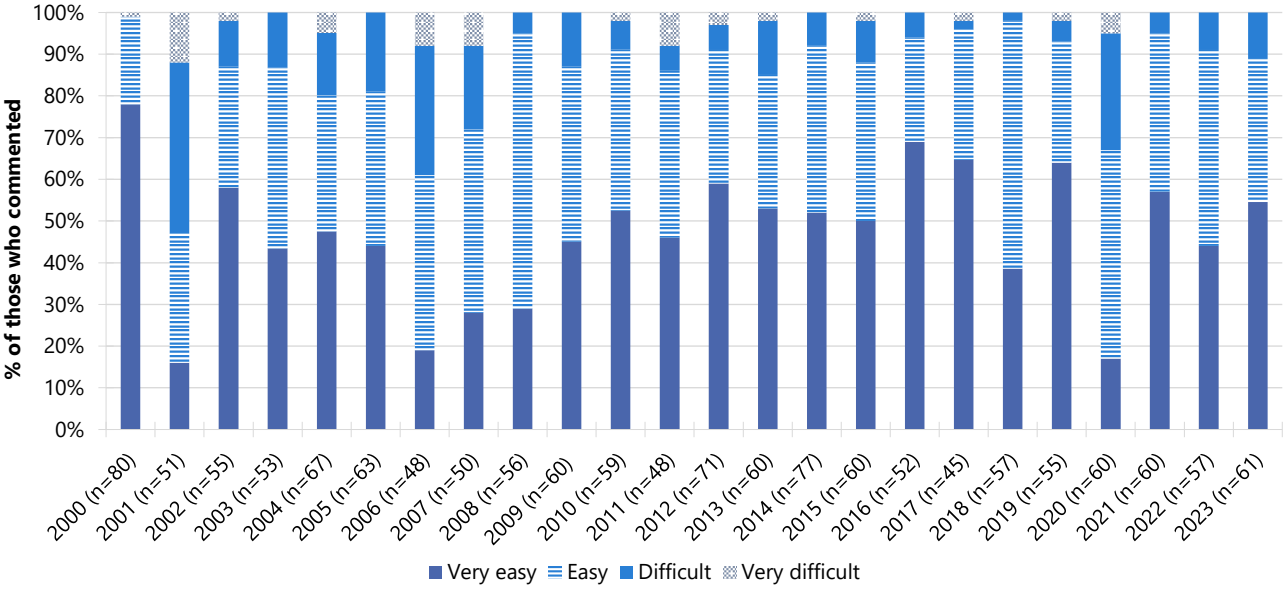
The perceived availability of heroin remained stable between 2022 and 2023 (p=0.359). Among those who were able to comment in 2023 (n=61), 54% perceived current availability as 'very easy' (44% in 2022), followed by 'easy' (34%; 47% in 2022), and 'difficult' (11%; n≤5 in 2022) (Figure 6).

Figure 5: Current perceived purity of heroin, Perth, WA, 2000-2023



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≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 6: Current perceived availability of heroin, Perth, WA, 2000-2023



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≤5 responded to the item. Statistical significance for 2022 versus 2023 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 2023, 79% of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2022 (78%) (Figure 7).

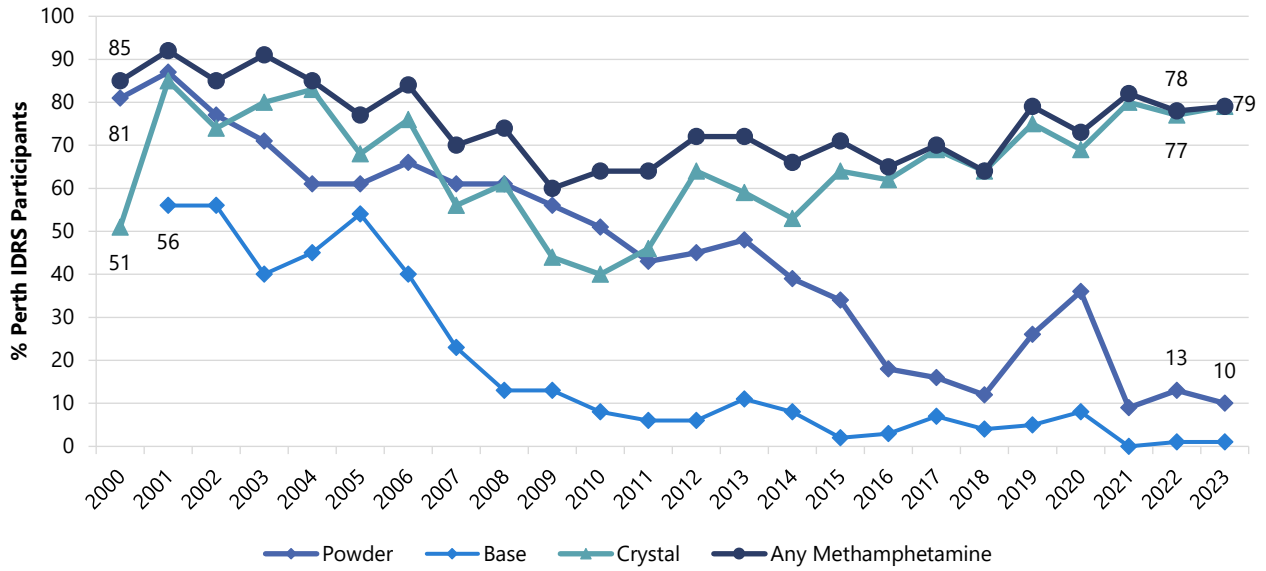
Frequency of Use

Participants who reported recent use and commented (n=78), had used any methamphetamine on a median of 50 days (IQR=11-108), stable from 50 days in 2022 (IQR=16-96; n=77; p=0.628) (Figure 8). In 2023, 9% of participants who had recently used any methamphetamine reported using it daily (18% in 2022; p=0.111), whilst 65% reported weekly or more frequent consumption (70% in 2022; p=0.604).

Forms Used

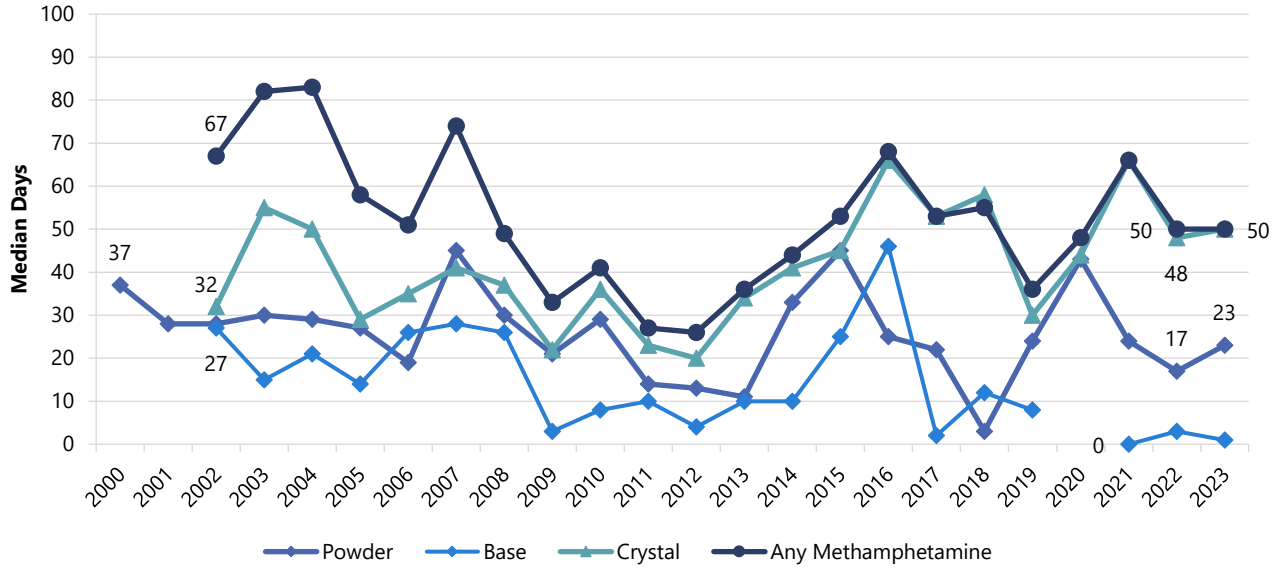
The forms of methamphetamine used by participants have shifted over time. Recent use of base and powder methamphetamine have substantially decreased over the years, while the use of methamphetamine crystal has gradually increased from 2010 onwards (Figure 7). Of participants who had used methamphetamine in the six months preceding interview in 2023 (n=78), the majority had used methamphetamine crystal (100%; 99% in 2022), followed by powder (13%; 17% in 2022; p=0.639).

Figure 7: Past six month use of any methamphetamine, powder, base, and crystal, Perth, WA, 2000-2023



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 methamphetamine not reported historically due to small numbers. Data labels are only provided for the first (2000/2001) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 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, 2000-2023



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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Ten per cent of the sample reported recent use of methamphetamine powder in 2023, remaining stable from 2022 (13%; *p*=0.661) (Figure 7).

Frequency of Use: Of those who had recently consumed powder and commented (n=10), frequency of use remained stable at a median of 23 days (IQR=7-64; 17 days in 2022; IQR=6-92; n=12; *p*=0.691) (Figure 8). Few participants (n≤5) reported daily, weekly or more frequent use of powder in 2023 (n≤5 in 2022).

Routes of Administration: Among participants who had recently consumed powder and commented (n=10), most (90%) reported recent injection of powder (100% in 2022; *p*=0.435) in the six months preceding interview. Participants who reported injecting powder did so on a median of 30 days (IQR=8-72), stable relative to 2022 (12 days; IQR=6-78; n=12; *p*=0.886). Small numbers (n≤5) reported smoking, swallowing or snorting as routes of administration.

Quantity: Of those who reported recent use and commented (n=6), the median 'typical' 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 2022; IQR=0.10-0.20; n=13; *p*=0.493). Of those who reported recent use and commented (n=8), the median maximum amount of powder used per day in the six months preceding interview was 0.20 grams (IQR=0.10-0.40; 0.20 grams in 2022; IQR=0.10-0.50; n=13; *p*=0.738).

Methamphetamine Base

Few participants (n≤5) reported recent use of methamphetamine base, therefore further details are not reported. Please refer to the 2023 IDRS National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Recent Use (past 6 months): Recent use of crystal has been generally increasing from 2010 onwards. Since 2011, methamphetamine crystal has been consistently surpassing methamphetamine base and powder. However, recent use of crystal remained stable between 2022 (77%) and 2023 (79%; *p*=0.860) (Figure 7).

Frequency of Use: Of those who had recently consumed crystal and commented (n=78), frequency of use remained stable at a median of 50 days (IQR=11-108; 48 days in 2022; IQR=15-96; n=77; *p*=0.754) (Figure 8). Nearly two thirds (64%) of those who had recently consumed crystal reported weekly or more frequent use, stable from 2022 (68%; *p*=0.744), with a further 9% reporting daily use (18% in 2022; *p*=0.111).

Routes of Administration: Among participants who had recently consumed crystal and commented (n=78), the majority reported having injected it (99%; 99% in 2022) and had done so on a median of 48 days (IQR=10-100; 40 days in 2022; IQR=12-92; n=76; *p*=0.916). Forty-four per cent reported smoking crystal methamphetamine (48% in 2022; *p*=0.627), while 10% reported swallowing (n≤5 in 2022), and 9% snorting (n≤5 in 2022) as routes of administration.

Quantity: Of those who reported recent use and responded (n=77), the median 'typical' amount of crystal used on an average day of consumption in the six months preceding interview was 0.10 gram (IQR=0.10-0.20; 0.10 grams in 2022; IQR=0.10-0.20; n=77; *p*=0.418). Of those who reported recent use and responded (n=76), the median maximum

amount of crystal used per day in the six months preceding interview was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2022; IQR=0.10-0.50; n=76; *p*=0.333).

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 $60 in 2023 (IQR=50-105; n=8; $100 in 2022; IQR=100-100; n=13; *p*=0.268) (Figure 9). No participants reported on the price of a gram in 2023, therefore these data are suppressed. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Purity: The perceived purity of methamphetamine powder remained stable between 2022 and 2023 (*p*=0.687). Few participants (n≤5) reported on the type of perceived purity ('high', 'medium', 'low', and 'fluctuates') of methamphetamine powder, hence details have been suppressed. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information. Please refer to Figure 11 for previous WA trends.

Perceived Availability: The perceived availability of methamphetamine powder remained stable between 2022 and 2023 (*p*=0.172). Few participants (n≤5) reported on the perceived availability ('very easy', 'easy', 'difficult', and 'very difficult') of methamphetamine powder, hence details have been suppressed. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information Please refer to Figure 13 for previous WA trends.

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 2023 National IDRS Report.

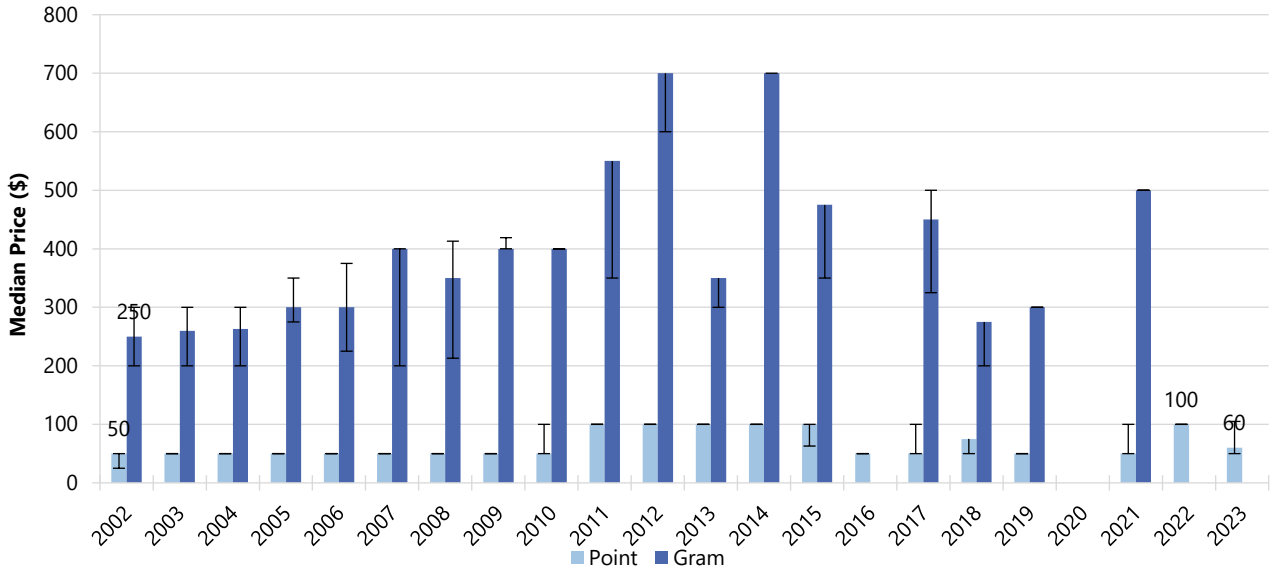
Methamphetamine Crystal

Price: The median price paid for one point (0.10 gram) of methamphetamine crystal decreased significantly from $100 (IQR=100-100; n=61) in 2022 to $80 (IQR=50-80; n=52; *p*<0.001) in 2023. Few participants (n≤5) were able to comment on the median price of methamphetamine crystal per gram. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2022 and 2023 (*p*=0.615). Among those who were able to comment in 2023 (n=74), two fifths (39%) reported that crystal was of 'high' purity (30% in 2022), with 24% reporting 'medium' purity (32% in 2022). One fifth (22%) perceived the purity to be 'fluctuating' (21% in 2022), while 15% perceived it to be 'low' (18% in 2022) (Figure 12).

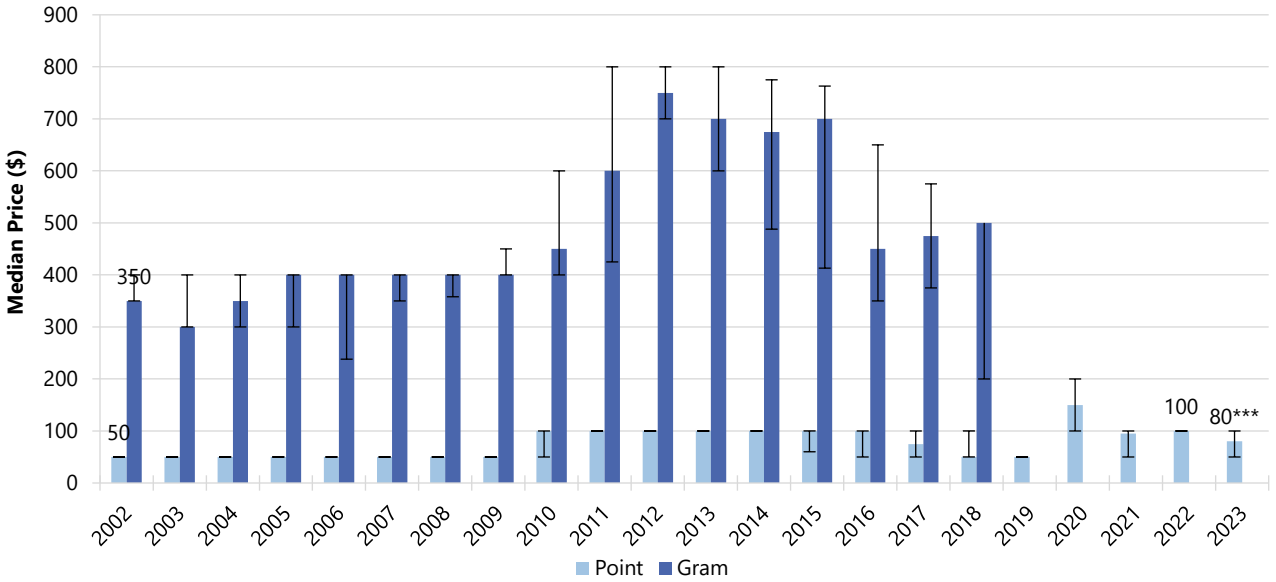
Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2022 and 2023 (*p*=0.175). Among those who were able to comment in 2023 (n=75), nearly two thirds (64%) perceived crystal methamphetamine as being 'very easy' to obtain (49% in 2022), while one quarter (28%) of participants found it 'easy' to obtain (40% in 2022). Few participants (n≤5) thought that it was 'difficult' (11% in 2022) or 'very difficult' (0% in 2022) to obtain (Figure 14).

Figure 9: Median price of powder methamphetamine per point and gram, Perth, WA, 2002-2023



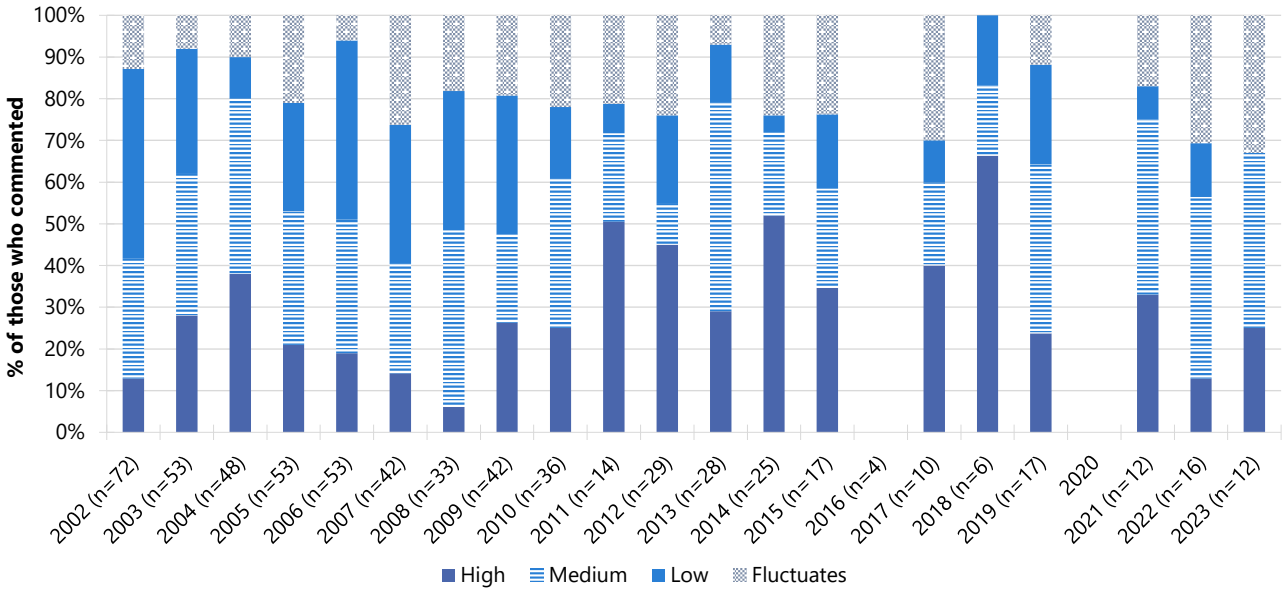
Note. Among those who commented. Price data for powder not collected in 2020. Data labels are only provided for the first (2002) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 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, 2002-2023



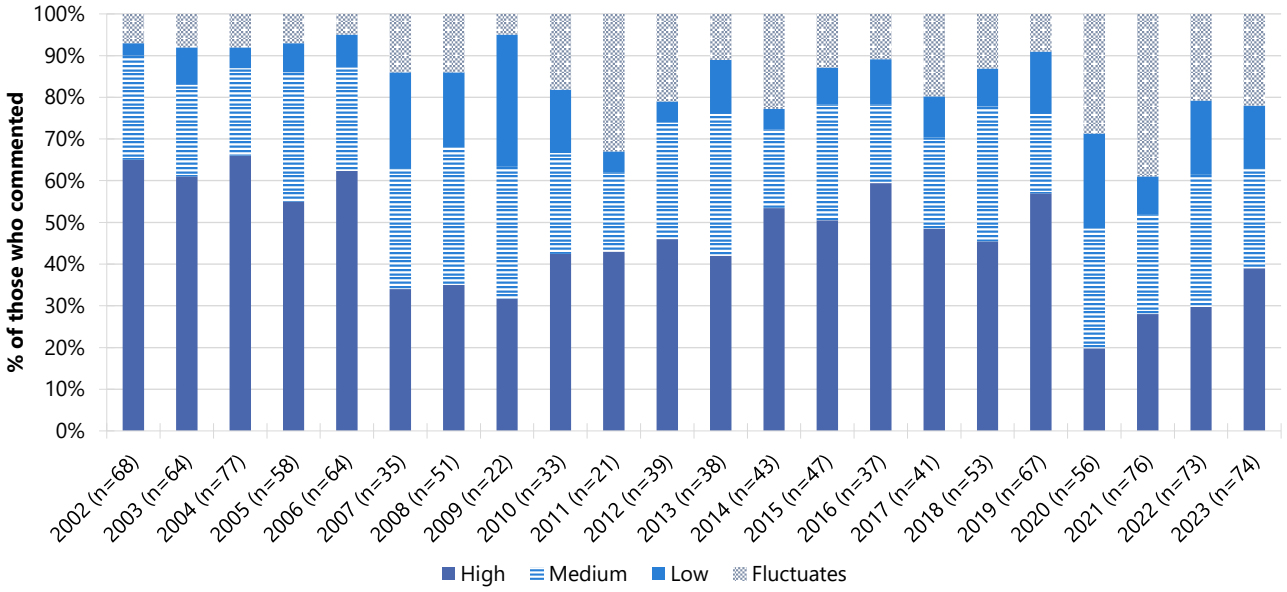
Note. Among those who commented. Price data not collected in 2000 and 2001. Data labels are only provided for the first (2002) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 11: Current perceived purity of powder methamphetamine, Perth, WA, 2002-2023



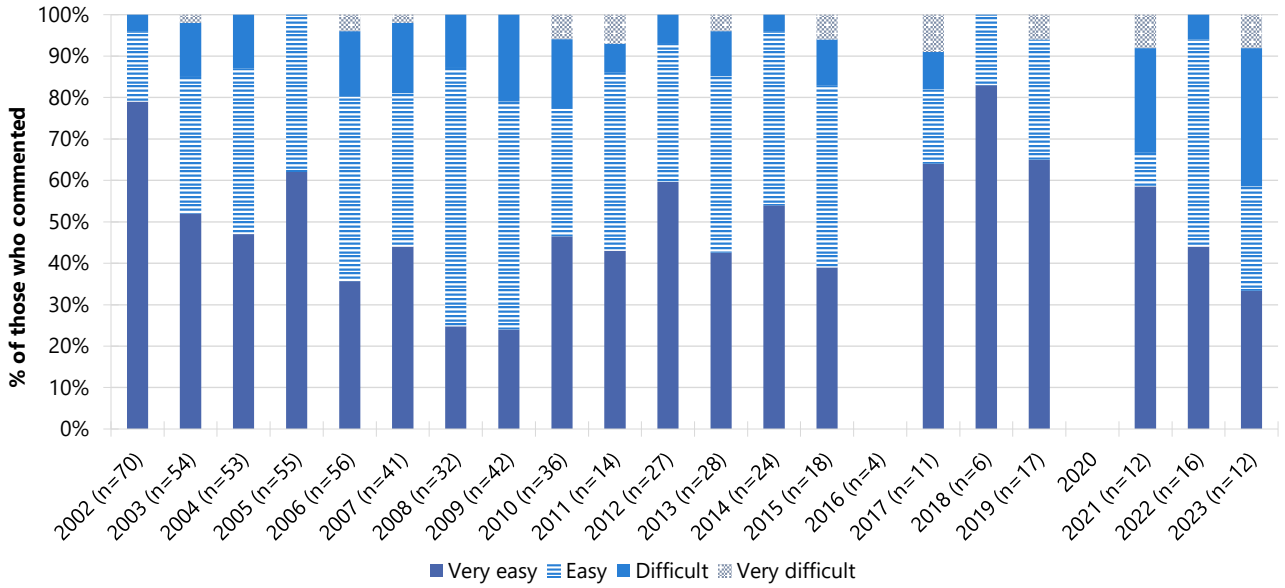
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived purity of powder not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't kdata tablesnow' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 12: Current perceived purity of methamphetamine crystal, Perth, WA, 2002-2023



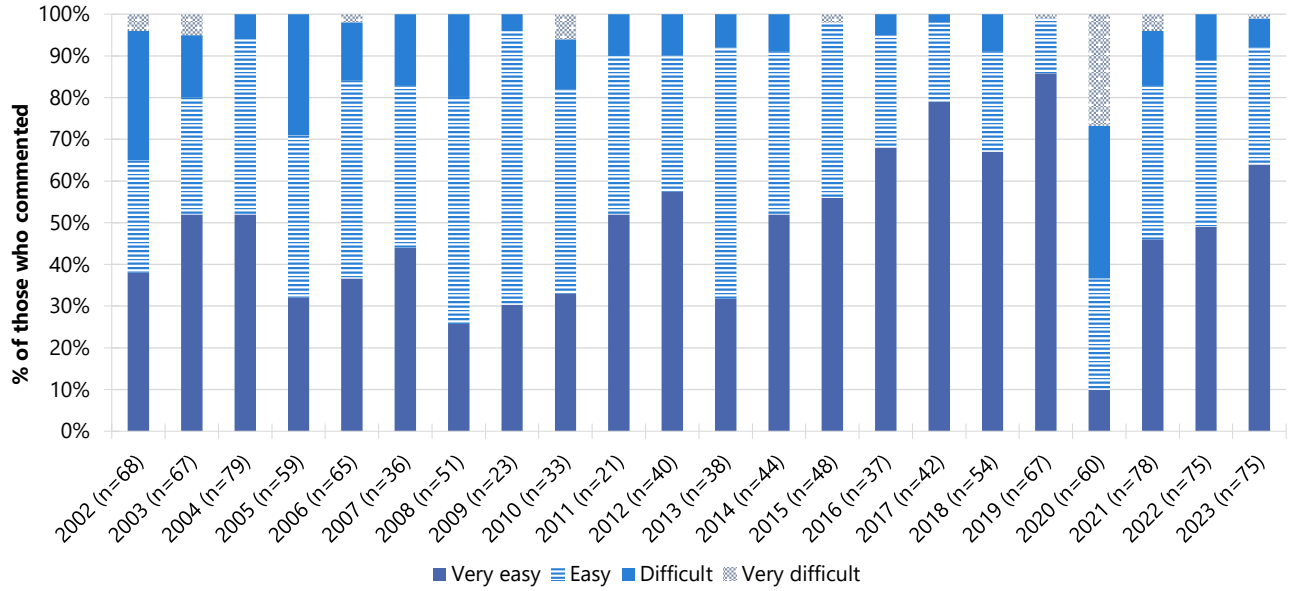
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 13: Current perceived availability of powder methamphetamine, Perth, WA, 2002-2023



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≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 is presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 14: Current perceived availability of methamphetamine crystal, Perth, WA, 2002-2023



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 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 21% of the sample recently consuming cocaine in 2023, stable from 2022 (12%; p=0.094) (Figure 15) and relatively stable from pre-COVID levels.

Frequency of Use

Of those who had recently consumed any cocaine and commented in 2023 (n=21), 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 2022 (2 days; IQR=1-4; n=12; p=0.665) (Figure 15). Few participants (n≤5) reported using cocaine on a weekly or more frequent basis in the six months prior to interview; please refer to the 2023 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=21), nearly three fifths reported snorting (57%; 83% in 2022; p=0.249) or injecting (57%; 58% in 2022) cocaine. Few participants (n≤5) reported on any other route of administration; therefore, further details are not reported.

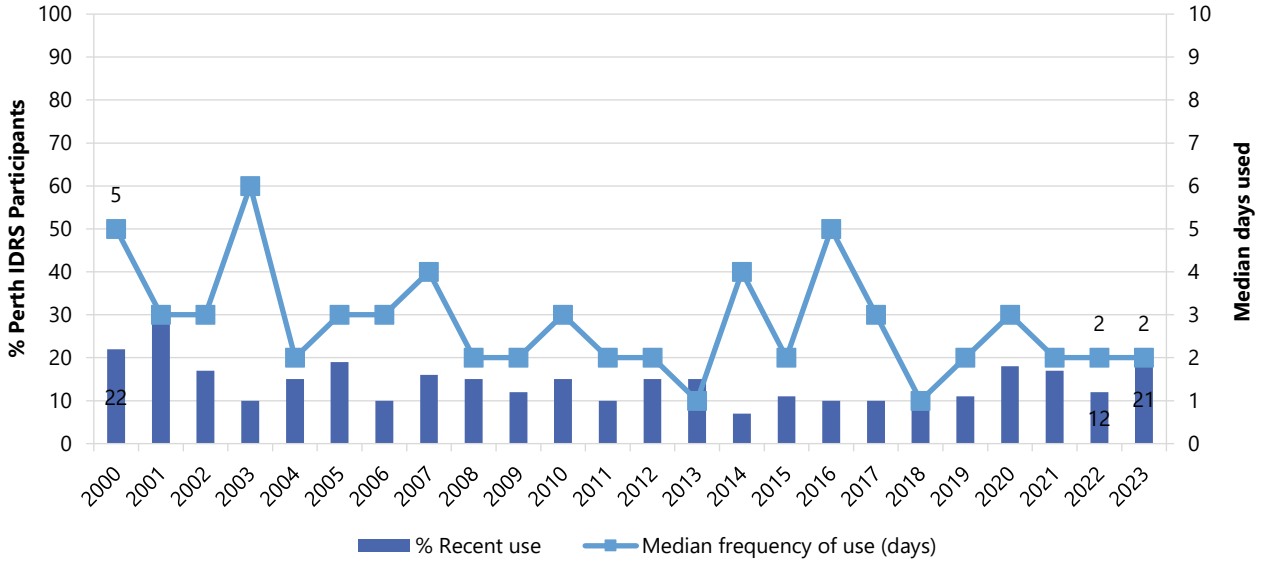
Quantity

Of those who reported recent use and responded (n=15), the median 'typical' amount of cocaine used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2022; IQR=0.10-0.50; n=10; p=0.414).

Forms Used

Among those who reported recent use of cocaine in 2023 (n=21), 95% reported recent use of powder (100% in 2022). Few participants (n≤5) reported using crack cocaine (0% in 2022). Please refer to the 2023 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, 2000-2023



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Few participants (n≤5) were able to report on the price of cocaine. Therefore, current market trends will not be presented. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

The perceived purity of cocaine remained stable between 2022 and 2023. Few participants (n≤5) reported on the type of purity ('high', 'medium', 'low', and 'fluctuates') of cocaine, hence details have been suppressed. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

The perceived availability of cocaine remained stable between 2022 and 2023. Among those who were able to comment in 2023 (n=14), half (50%) of participants reported that cocaine was 'very easy' to obtain (n≤5 in 2022). Few participants (n≤5) perceived the availability of cocaine as 'easy', 'difficult', or 'very difficult', hence details have been suppressed. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information

5

Cannabis and/or Cannabinoid-Related Products

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

Terminology throughout this chapter refers to:

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

Patterns of Consumption

In 2023, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products.

In the remainder of this chapter, data from 2021-2023, 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, hash and hash oil). Whilst comparison between 2021-2023 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2023 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

The per cent reporting recent non-prescribed cannabis use and/or related-cannabinoid products has fluctuated throughout the years. Past six month use of non-prescribed cannabis and/or cannabinoid-related products remained stable in 2023, with 66% reporting recent use (60% in 2022; p=0.381) and returned to pre-COVID levels (Figure 16). In 2023, 9% of participants reported prescribed use in the six months preceding interview (n≤5 in 2022; p=0.080).

Frequency of Use

Frequency of use remained stable at a median of 90 days in 2023 (IQR=24-180; 140 days in 2022; IQR=29-180; n=60; p=0.782) (Figure 16). Of those who had recently consumed non-prescribed

cannabis and/or cannabinoid-related products and commented in 2023 (n=65), 43% reported daily use, consistent with 2022 reports (45%; *p*=0.853).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=65), smoking continued to be the most common route of administration in 2023 (100%; 100% in 2022), followed by inhaling/vaporising (n≤5; 25% in 2022; *p*=0.013).

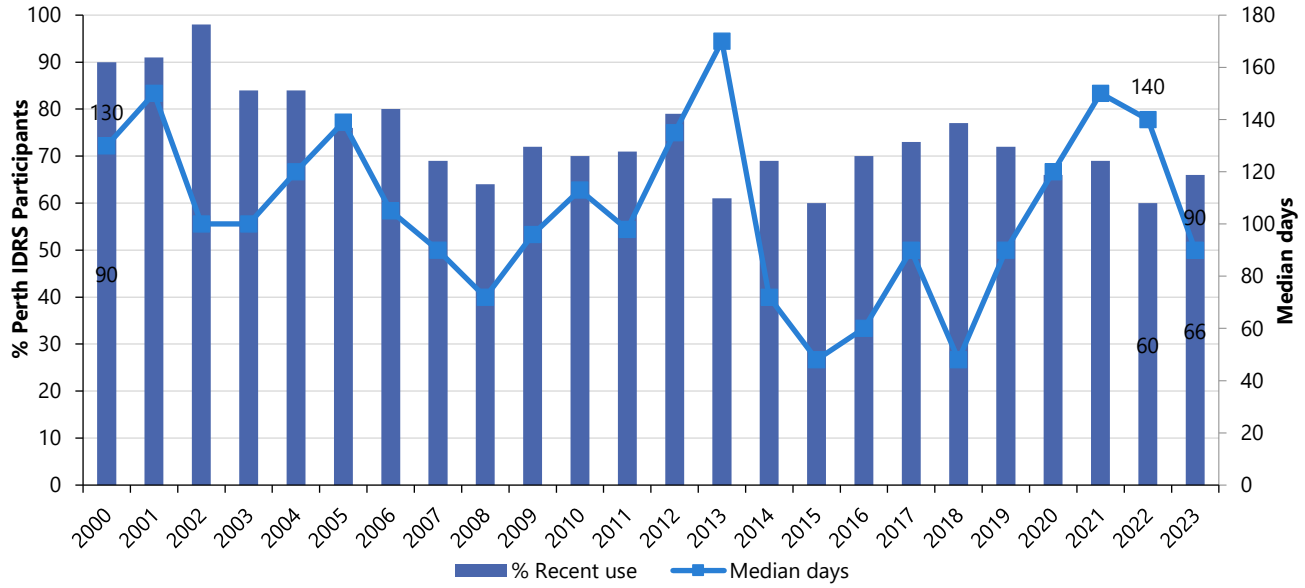
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2023 and commented (n=65), the median 'typical' amount used on the last occasion of use was one gram (IQR=1-2; n=21; 1 gram in 2022; IQR=1-2; n=23; *p*=0.706) or two cones (IQR=1-4; n=36; 3 cones in 2022; IQR=2-4; n=19; *p*=0.943) or one joint (IQR=1-2; n=7; 1 joint in 2022; IQR=1-1; n=13; *p*=0.446).

Forms Used

Of those who had used non-prescribed cannabis and/or cannabinoid-related products in the six months preceding interview and commented (n=64), 98% reported recent use of hydroponic cannabis (97% in 2022; *p*=0.604), and one third (36%) reported recent use of outdoor-grown 'bush' cannabis (43% in 2022; *p*=0.453). Nine per cent of participants in 2023 reported using hashish (n≤5 in 2022; *p*=0.496). Few participants (n≤5) reported using hash oil, CBD extract, and THC extract in the preceding six months in 2023.

Figure 16: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Perth, WA, 2000-2023



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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: In 2023, the median price of one ounce of hydroponic cannabis remained stable at $335 (IQR=305-350; n=6; $350 in 2022; IQR=313-400; n=10; p=0.264). Similarly, the median price for one gram of hydroponic cannabis remained stable at $25 (IQR=25-25; n=22; $25 in 2022; IQR=25-25; n=19; p=0.162) (Figure 17a).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2022 and 2023 (p=0.479). Among those who were able to comment in 2023 (n=58), two thirds (66%) reported 'high' potency (56% in 2022), with one quarter of participants (24%; 25% in 2022) reporting 'medium', and 10% 'fluctuating' (17% in 2022) potency. No participants perceived the potency of hydroponic cannabis as 'low' (n≤5 in 2022) (Figure 18a).

Perceived Availability: Perceived availability remained stable between 2022 and 2023 (p=0.579). Among those who were able to comment in 2023 (n=59), 59% perceived hydroponic cannabis to be 'very easy' to obtain (54% in 2022), with 29% of participants reporting 'easy' obtainment (37% in 2022). Few participants (n≤5) perceived the availability of hydroponic cannabis as 'difficult' (n≤5 in 2022) or 'very difficult' (0% in 2022) (Figure 19a).

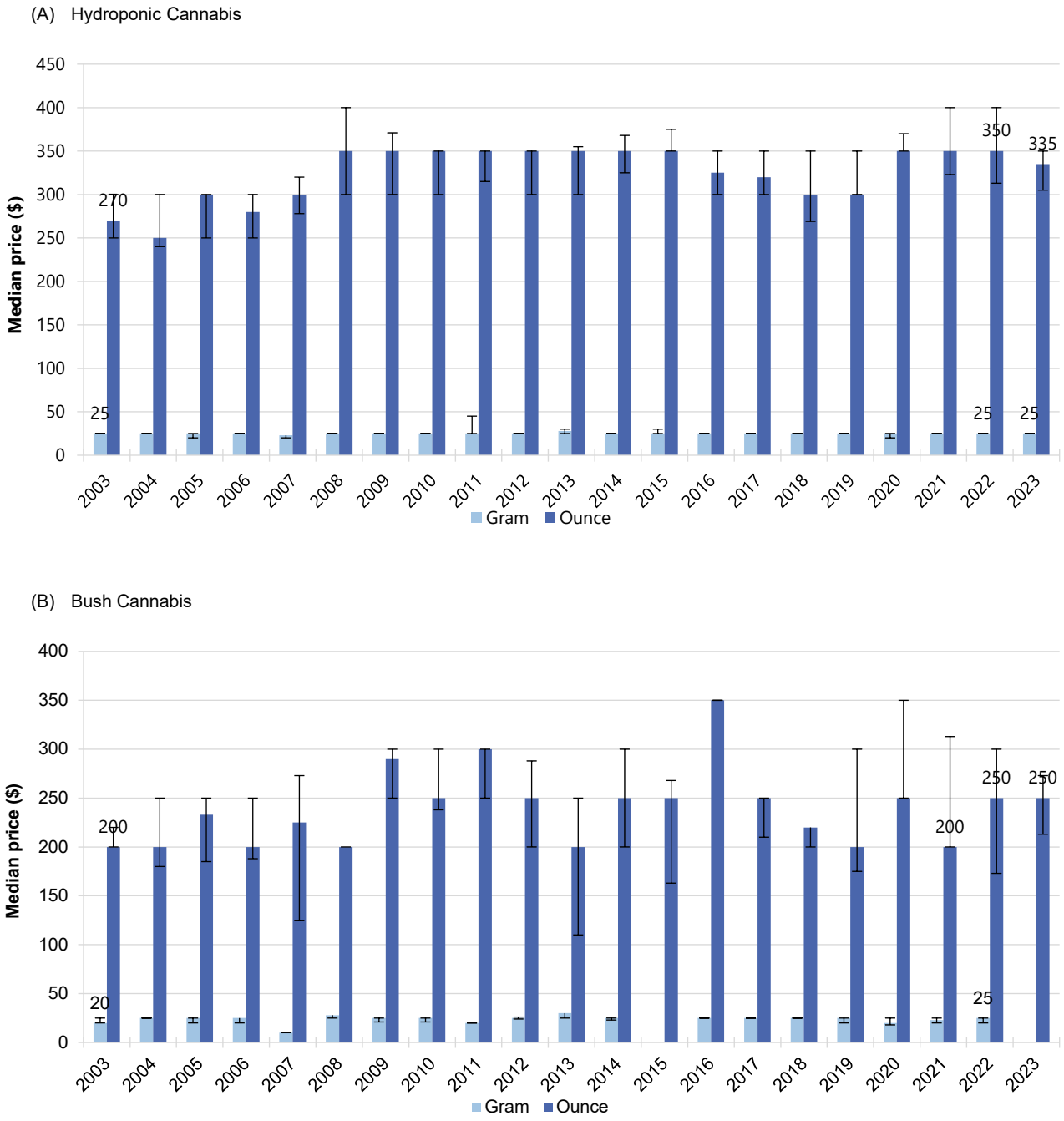
Bush Cannabis

Price: In 2023, the median price of one ounce of bush cannabis remained unchanged at $250 (IQR=213-273; n=6; $250 in 2022; IQR=185-300; n=6; *p*=0.685). Few participants (n≤5) reported on the median price per gram of hydroponic cannabis in 2023 ($25 in 2022; IQR=20-25; n=8; *p*=0.647) (Figure 17b).

Perceived Potency: Perceived potency of bush cannabis remained stable between 2022 and 2023 (*p*=0.937). Among those who were able to comment in 2023 (n=22), 41% perceived potency to be 'medium' (36% in 2022), followed by 32% reporting 'high' (41% in 2022). Few participants (n≤5) perceived the potency of bush cannabis as 'fluctuating' (n≤5 in 2022) or 'low' (n≤5 in 2022) (Figure 18b).

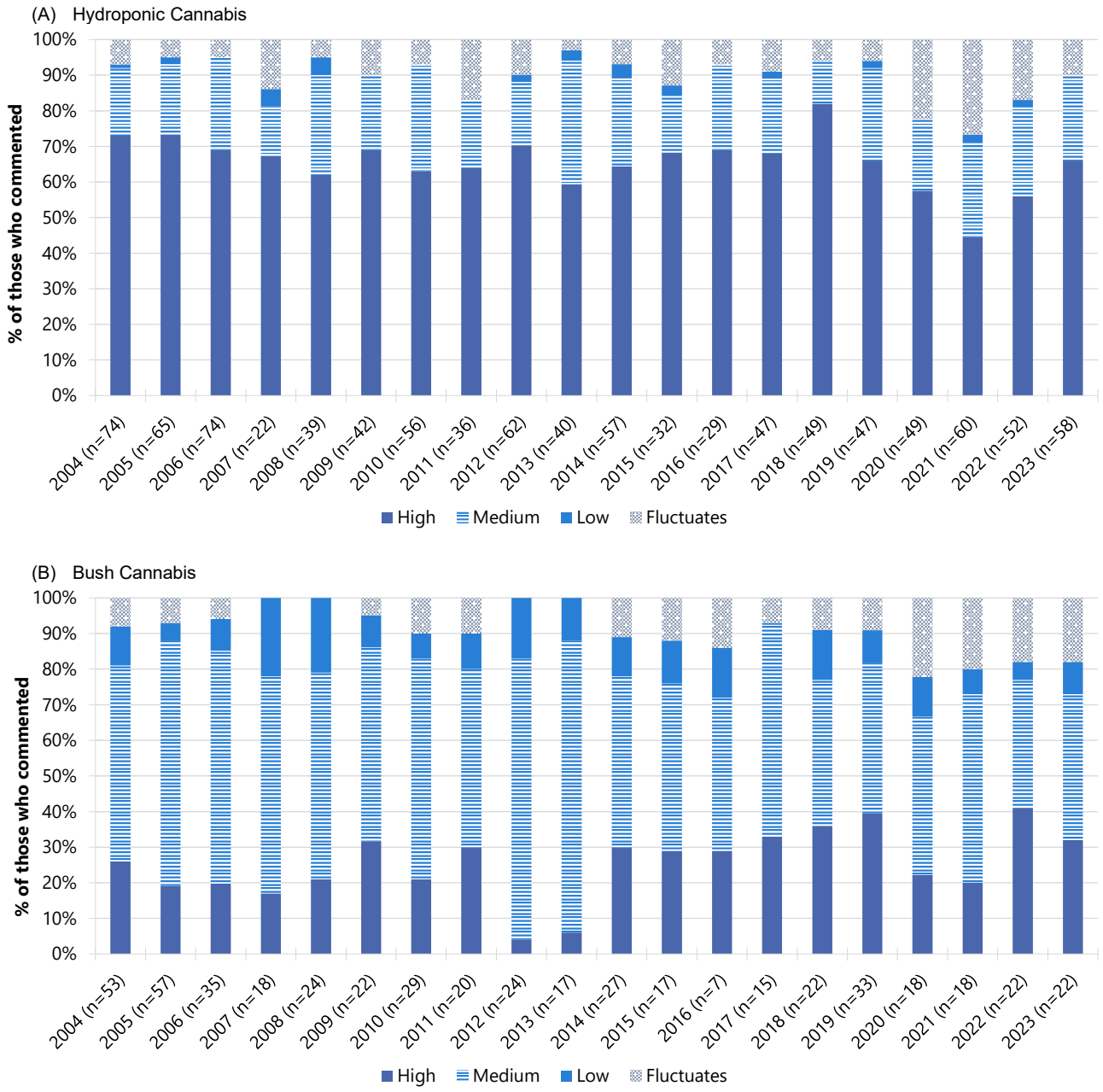
Perceived Availability: The perceived availability of bush cannabis remained stable between 2022 and 2023 (*p*=0.766). Among those who were able to comment in 2023 (n=23), two fifths (43%) perceived that bush was 'very easy' to obtain (43% in 2022), whilst 30% perceived that bush was 'easy' to obtain (39% in 2022). Few participants (n≤5) indicated that it was 'difficult' or 'very difficult' to obtain in 2023 and 2022 (Figure 19b).

Figure 17: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Perth, WA, 2003-2023



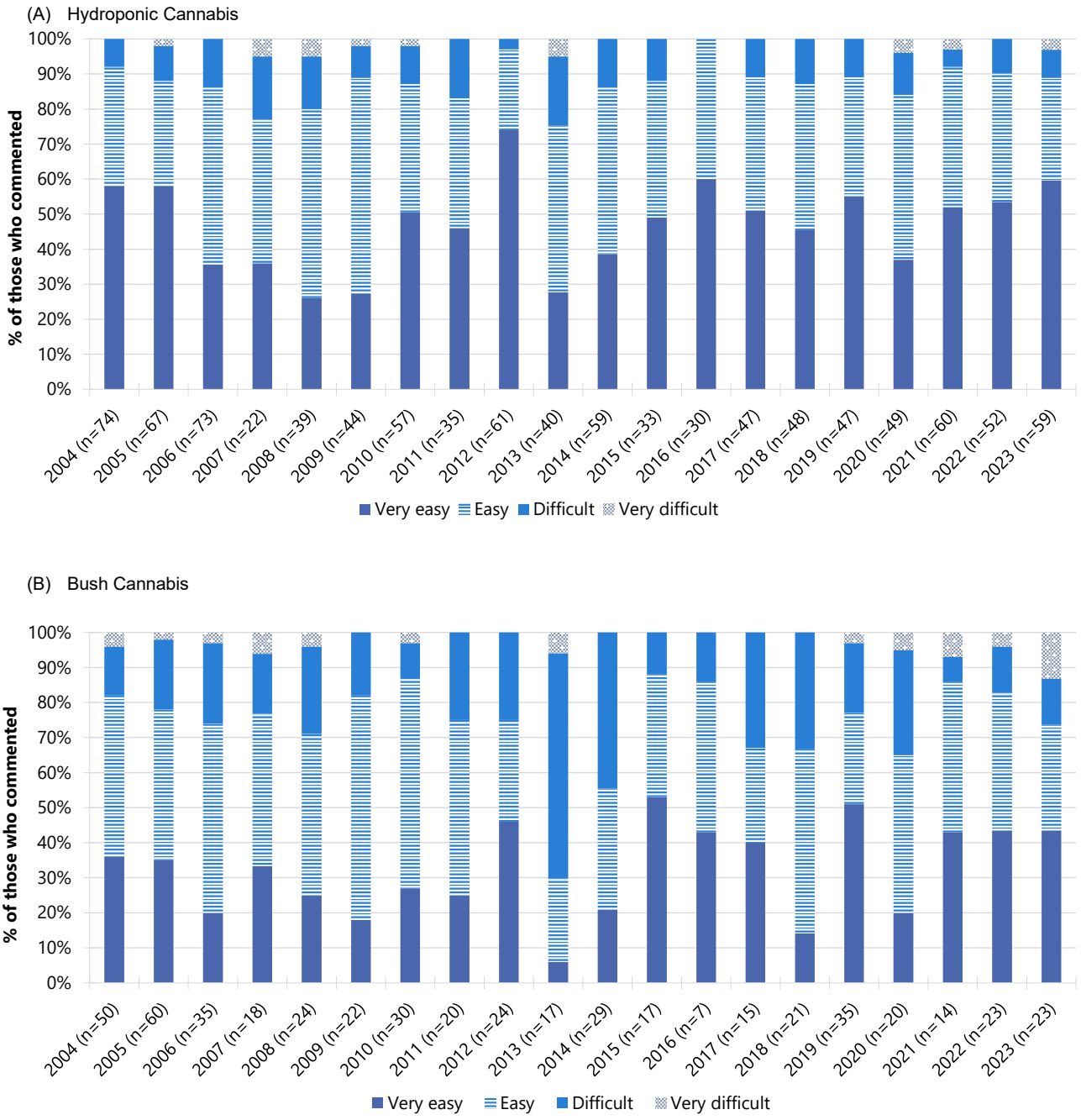
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 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, 2004-2023



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: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the potency of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 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, 2004-2023



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: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the availability of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 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).

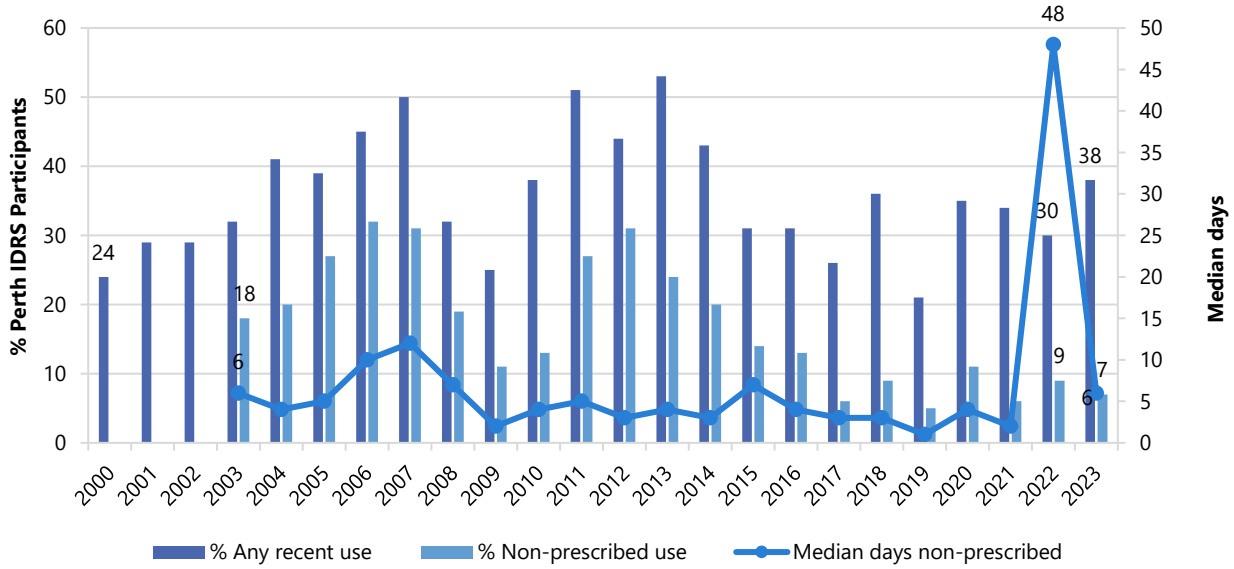
Methadone

Any Recent Use (past 6 months): In 2023, 38% of participants reported recent use of any methadone (including syrup and tablets) (30% in 2022; p=0.242). The per cent reporting non-prescribed use remained stable in 2023 at 7% (9% in 2022; p=0.792), though methadone use historically has largely consisted of prescribed use, with 33% reporting prescribed use in 2023 (24% in 2022; p=0.168) (Figure 20).

Frequency of Use: Of those who had recently consumed non-prescribed methadone and commented (n=7), frequency of non-prescribed methadone remained stable between 2022 (48 days; IQR=27-180; n=7) and 2023 (6 days; IQR=1-12; p=0.104) (Figure 20).

Recent Injecting Use: Of those who had recently used any methadone in 2023 and commented (n=38), 26% reported injecting methadone (43% in 2022; p=0.199) on a median of 60 days (IQR=18-72), stable relative to 2022 (72 days; IQR=48-150; n=13; p=0.452).

Figure 20: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Perth, WA, 2000-2023



Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished in 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Y axis reduced to 60% and secondary Y-axis to 50 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2000/2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Buprenorphine Tablet

Nine per cent of the sample reported using any buprenorphine tablet in the six months preceding interview (n≤5 in 2022; p=0.162). Few participants (n≤5) reported recent non-prescribed or any injecting use, therefore details on median frequency of non-prescribed use and median frequency of injection in the six months prior to interview are not reported. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

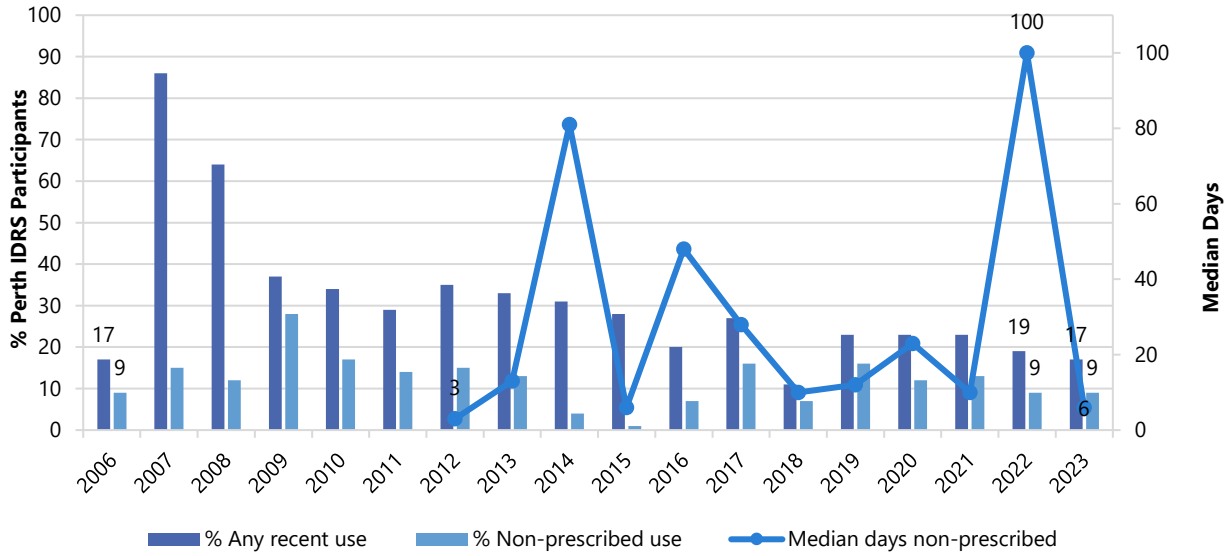
Buprenorphine-Naloxone

Any Recent Use (past 6 months): In 2023, 17% of participants reported recent use of any buprenorphine-naloxone (19% in 2022; p=0.849). Nine per cent of the sample reported recent use of non-prescribed buprenorphine-naloxone (9% in 2022), while 11% reported prescribed use (11% in 2022) (Figure 21).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine-naloxone and commented (n=9), frequency of non-prescribed use remained stable at a median of six days (IQR=3-10) in the past six months (100 days in 2022; IQR=4-180; n=9; p=0.076) (Figure 21).

Recent Injecting Use: Of those who had recently used any buprenorphine-naloxone in 2023 (n=17), the majority (65%) reported injecting (53% in 2022; p=0.533) on a median of five days (IQR=2-6), stable from 2022 (60 days; IQR=3-180; n=9; p=0.187).

Figure 21: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Perth, WA, 2006-2023



Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days) and is only reported from 2012 onwards to capture film use. Secondary Y-axis reduced to 110 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2006/2012) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

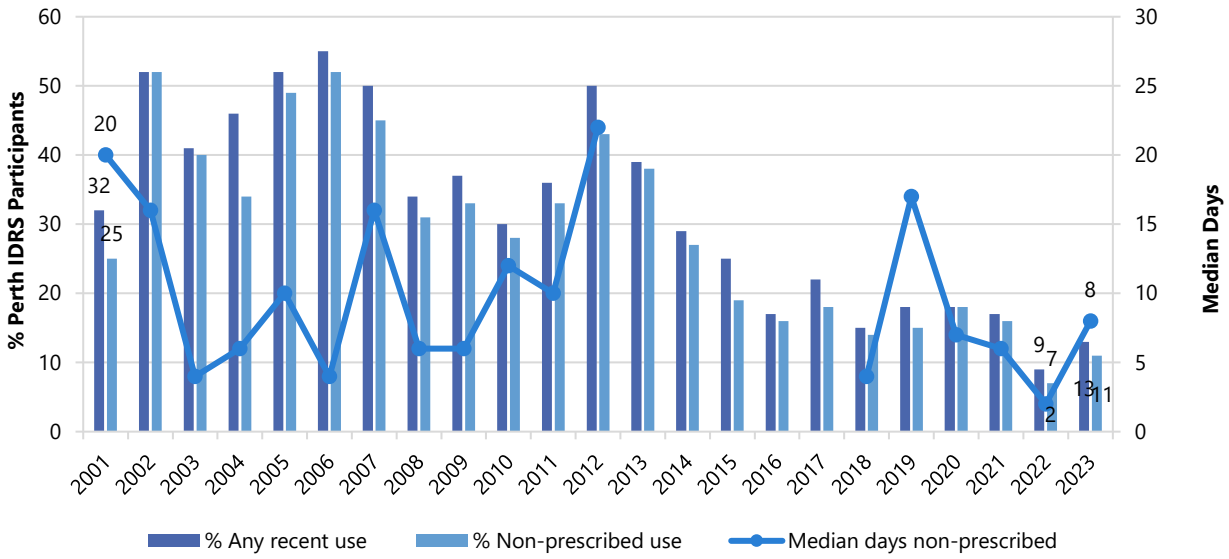
Morphine

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 morphine was reported by 13% of participants, stable from 2022 (9%; p=0.492). This was mostly driven by non-prescribed use (11%; 7% in 2022; p=0.453), with few participants (n≤5) reporting recent prescribed use in 2023 (n≤5 in 2022).

Frequency of Use: Participants who had recently consumed non-prescribed morphine and commented (n=11) reported use on a median of eight days (IQR=2-21) in 2023, stable relative to 2022 (2 days; IQR=1-19; n=7; p=0.646) (Figure 22).

Recent Injecting Use: Of those who had recently used any morphine in 2023 and commented (n=13), three quarters (77%) reported injecting morphine (67% in 2022; p=0.655) on a median of 11 days (IQR=3-23), stable relative to 2022 (4 days; IQR=1-7; n=6; p=0.249).

Figure 22: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Perth, WA, 2001-2023



Note. Median days of use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Y axis reduced to 60% and secondary Y-axis to 30 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2001/2006) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

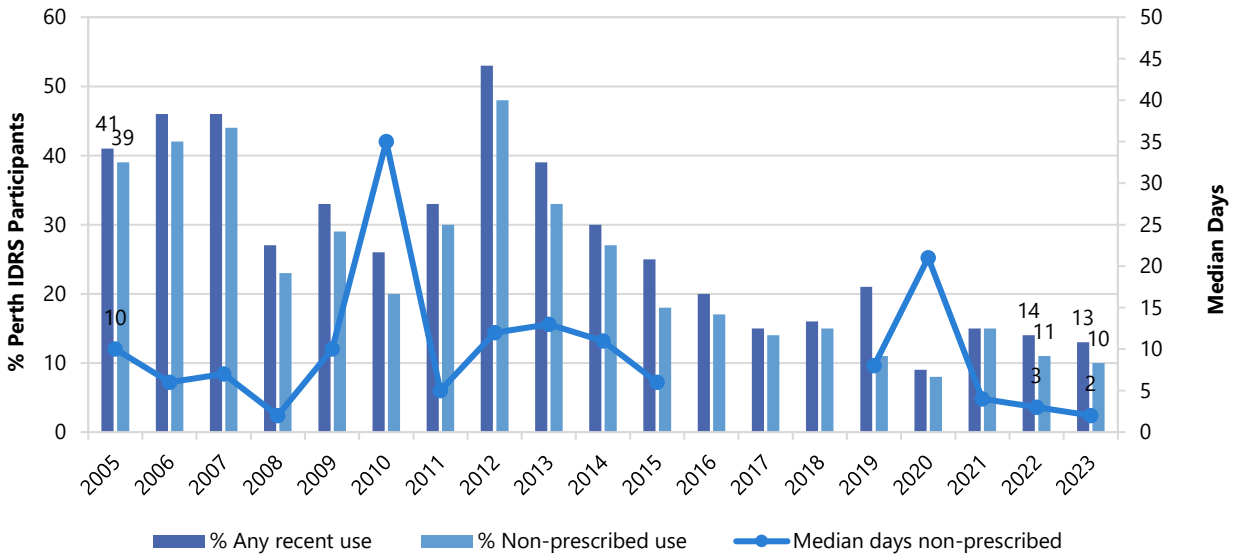
Oxycodone

Any Recent Use (past 6 months): There has been a downward trend in the number of people reporting recent any oxycodone since 2012. However, recent use of any oxycodone remained stable between 2022 (14%) and 2023 (13%) (Figure 23). In 2023, 10% of participants reported non-prescribed use of oxycodone (11% in 2022), while few participants (n≤5) reported using prescribed oxycodone in the six months prior to interview (n≤5 in 2022).

Frequency of Use: Participants who had recently consumed non-prescribed oxycodone and commented (n=10) reported use on a median of two days (IQR=1-3) in the six months preceding interview in 2023 (3 days in 2022; IQR=1-6; n=10; p=0.512) (Figure 23).

Recent Injecting Use: Of those who had recently used any oxycodone in 2023 and commented (n=13), 54% reported injecting oxycodone (46% in 2022) on a median of two days (IQR=2-3), stable relative to 2022 (3 days; IQR=1-12; n=6; p=0.770).

Figure 23: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Perth, WA, 2005-2023



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. In 2023, participants were asked about recent use and frequency of use for any oxycodone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Y axis reduced to 60% and secondary Y-axis to 50 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2005) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

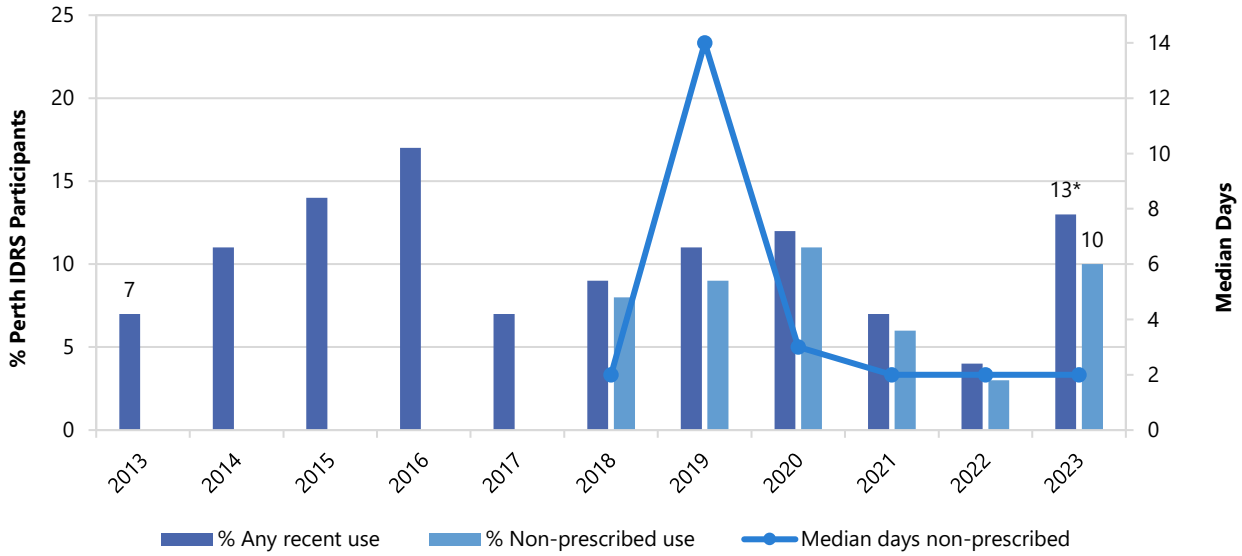
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has fluctuated but has remained fairly low since monitoring commenced (Figure 24). In 2023, there was an increase in the percentage of participant who reported using any fentanyl in the six months preceding interview (13% in 2023; n≤5 in 2022; p=0.040). In 2023, 10% of participants reported non-prescribed use of fentanyl (n≤5 in 2022), while few participants (n≤5) reported using prescribed fentanyl in the six months prior to interview (n≤5 in 2022).

Frequency of Use: Participants who had recently consumed non-prescribed fentanyl and commented (n=10), reported use on a median of two days (IQR=1-14) in 2023 (n≤5 in 2022; p=0.620) (Figure 24).

Recent Injecting Use: Of those who had recently used any fentanyl in 2023 and commented (n=13), 85% reported recently injecting any form (n≤5 in 2022; p=0.219) on a median of three days (IQR=1-3; n=10) in the six months preceding interview (n≤5 in 2022).

Figure 24: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Perth, WA, 2013-2023



Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Y axis reduced to 25% and secondary Y-axis to 14 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2013/2018) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 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 2023, 20% of participants reported any recent use of codeine (10% in 2022; p=0.077), with one-tenth (10%) reporting either recent prescribed or non-prescribed use of codeine (n≤5 in 2022; p=0.283, respectively). Few participants (n≤5) reported any recent injection in 2023 (0% in 2022; p=0.532).

Recent use of any tramadol was reported by 22% of the sample in 2023, stable relative to 2022 (18%; p=0.593). Nine per cent reported non-prescribed use (7% in 2022; p=0.792), while 16% reported using prescribed tramadol in the six months prior to interview (11% in 2022; p=0.414). Few participants (n≤5) reported any recent injection in 2023 (n≤5 in 2022; p=0.642).

Few participants (n≤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 2023 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, 2019-2023

% Recent use (past 6 months)	2019 (N=100)	2020 (N=100)	2021 (N=99)	2022 (N=100)	2023 (N=99)
Codeine^					
Any use	26	10	16	10	**20**
Non-prescribed use	16	-	9	-	**10**
Any injection#	13	0	0	0	**15**
Tramadol					
Any use	34	15	16	18	**22**
Non-prescribed use	13	8	11	7	**9**
Any injection#	9	-	0	-	**9**
Tapentadol					
Any use	9	-	7	-	**-**
Non-prescribed use	8	-	-	-	**-**
Any injection#	11	-	0	0	**0**

Note. – Per cent suppressed due to small cell size (n≤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 2022 versus 2023 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 2023, 12% of the Perth sample reported any recent NPS use, stable from 2022 (7%; p=0.240) (Table 3). Few participants (n≤5) 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 2023 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, 2014-2023

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

Note. - Per cent suppressed due to small cell size (n≤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', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drugs. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 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 2023 (28%; 28% in 2022) (Figure 25). This was mostly driven by non-prescribed use of 'other' benzodiazepines, such as diazepam, (25%; 25% in 2022), with 15% reporting recent use of non-prescribed alprazolam in 2023 (10% in 2022; p=0.299).

Frequency of Use: Of those who had recently consumed non-prescribed alprazolam and commented (n=15), median frequency of use was four days (IQR=2-10), which remained relatively stable compared to 2022 (8 days; IQR=3-13; n=10; p=0.467). Participants who had recently consumed non-prescribed other benzodiazepines and commented (n=24) reported use on a median of 13 days in 2023 (IQR=6-105; 15 days in 2022; IQR=4-48; n=25).

Recent Injecting Use: Due to few participants (n≤5) reporting on recent injection, details have been suppressed. Please refer to the 2023 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 2023, with 13% of participants reporting recent use (10% in 2022; p=0.508) (Figure 25).

Frequency of Use: Participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=13) reported use on a median of two days (IQR=1-4) in 2023, stable from six days in 2022 (IQR=4-10; n=10; *p*=0.064).

Recent Injecting Use: Due to few participants (n≤5) reporting on recent injection, details have been suppressed. Please refer to the 2023 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Recent Use (past 6 months): Recent use of non-prescribed antipsychotics remained stable in 2023, with 8% of participants reporting recent use (n≤5 in 2022; *p*=0.251) (Figure 25).

Frequency of Use: Participants who had recently consumed non-prescribed antipsychotics and commented (n=8) reported use on a median of nine days (IQR=5-26) in 2023, stable from 16 days in 2022 (n≤5 in 2022; *p*=0.734).

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

Pregabalin

Recent Use (past 6 months): Recent use of non-prescribed pregabalin remained stable in 2023, with 19% of participants reporting recent use (16% in 2022; *p*=0.576) (Figure 25).

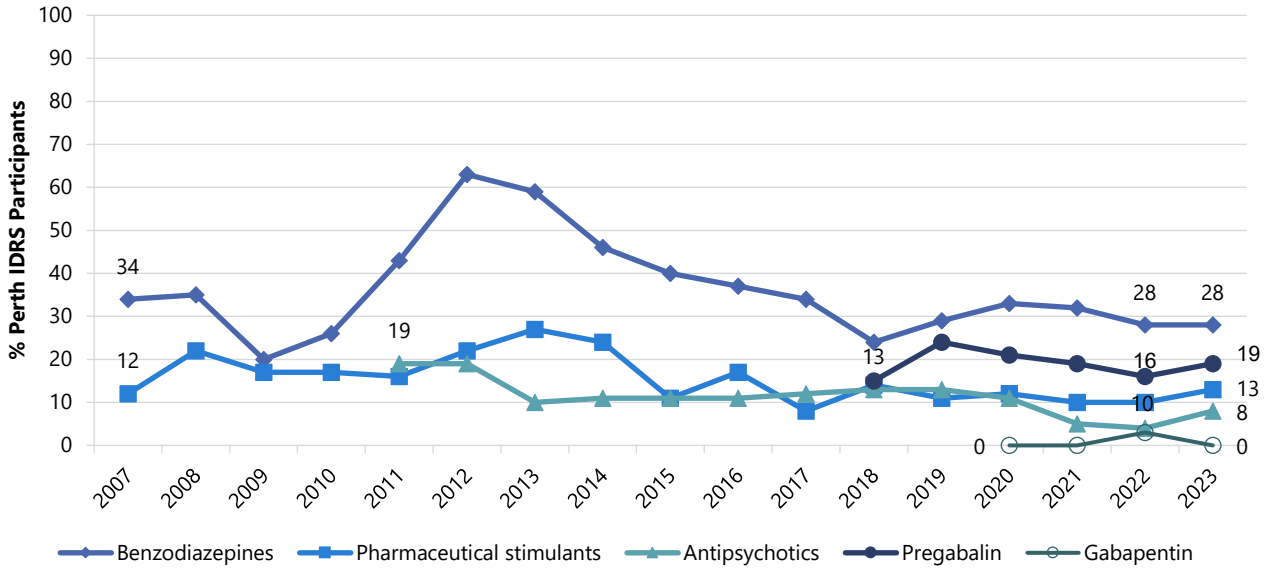
Frequency of Use: Participants who had recently consumed non-prescribed pregabalin and commented (n=19) reported use on a median of 15 days (IQR=5-54) in 2023, stable from six days in 2022 (IQR=4-21; n=16; *p*=0.245).

Recent Injecting Use: No participants reported recent injection of antipsychotics in 2023 (n≤5 in 2022; *p*=0.202). Please refer to the 2023 IDRS National Report or national trends, or contact the Drug Trends team for further information.

Gabapentin

Recent Use (past 6 months): No participants reported on the use of gabapentin in the six months prior to interview in 2023 (n≤5 in 2022; *p*=0.246) (Figure 25). Please refer to the 2023 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Figure 25: Past six month use of non-prescribed pharmaceutical drugs, Perth, WA, 2007-2023



Note. Non-prescribed use is reported. Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' 2011-2018), pregabalin in 2018 and gabapentin in 2022. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007. Data labels are only provided for the first (2006/2007/2011/2018) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Nearly two thirds of the sample (64%) reported recent use of alcohol in 2023, stable from 60% in 2022 (p=0.664) (Figure 26).

Frequency of Use: Participants who had recently consumed alcohol and commented (n=63) reported use on a median of 24 days in 2023 (IQR=5-93; 23 days in 2022; IQR=3-90; n=60; p=0.496), with 13% reporting daily use (13% in 2022).

Tobacco

Recent Use (past 6 months): Tobacco use has remained fairly high and consistent across the years, with 87% of participants reporting recent use in 2023 (89% in 2022; p=0.670) (Figure 26).

Frequency of Use: Participants who had recently consumed tobacco and commented (n=85), reported use on a median of 180 days in 2023 (IQR=180-180; 180 days in 2022; IQR=180-180; n=89; p=0.546), with 87% reporting daily use (90% in 2022; p=0.634).

E-cigarettes

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

Recent Use (past 6 months): Fifty-four per cent of participants reported recent use of non-prescribed e-cigarettes in 2023, a significant increase from 24% in 2022 ($p<0.001$) (Figure 26).

Frequency of Use: Participants who had recently consumed non-prescribed e-cigarettes and commented (n=51), reported use on a median of 150 days (IQR=24-180) in 2023, an increase from 30 days in 2022 (IQR=5-123; n=23; $p=0.046$). Daily use was reported by 43% of participants (22% in 2022; $p=0.117$).

Forms Used: Among those who reported recent non-prescribed use in the six months preceding interview and responded (n=53), 85% reported using e-cigarettes that contained nicotine (100% in 2022; $p=0.052$). Six per cent reported using e-cigarettes that contained cannabis (8% in 2022; $p=0.644$), few participants (n≤5) reported using e-cigarettes that contained both cannabis and nicotine (8% in 2022; $p=0.585$). Twenty-eight per cent reported using e-cigarettes that contained neither cannabis nor nicotine (17% in 2022; $p=0.394$).

Reason for Use: Of those who reported any (i.e., prescribed or non-prescribed) e-cigarette use in the six months prior to interview and responded (n=55), 60% reported using e-cigarettes as a smoking cessation tool, stable relative to 2022 (64%; $p=0.802$).

Steroids

Few participants (n≤5) reported using non-prescribed steroids in the six months preceding interview in 2023 (0% in 2022; $p=0.497$), therefore, no further reporting on patterns of use will be included. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2023, 17% of participants reported recent use of GHB/GBL/1,4-BD, stable relative to 2022 (9%; $p=0.106$) (Figure 26).

Frequency of Use: Participants reported use of GHB/GBL/1,4-BD on a median of two days in the preceding six months (IQR=1-9; n=17), consistent with 2022 (median 2 days; IQR=1-6; n=9; $p=0.575$).

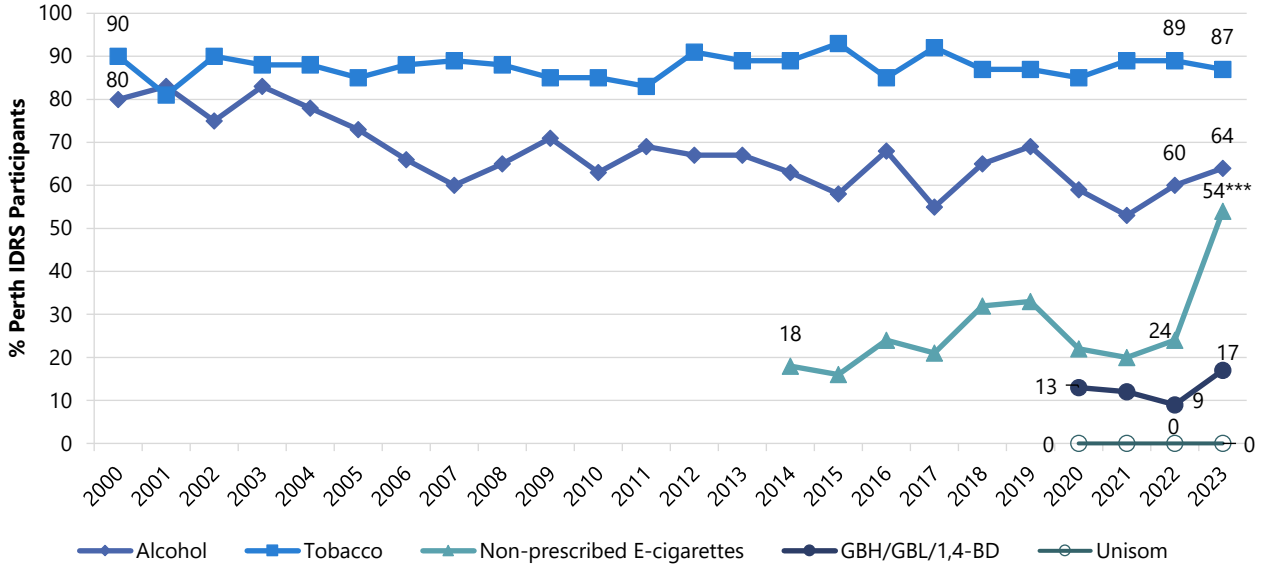
Recent Injecting Use: In 2023, few participants (n≤5) reported recent injection, therefore no further reporting will be included. Please refer to the 2023 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Unisom

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

Recent Use (past 6 months): Similarly to last year, no participants reported on the use of unisom gel capsule in the six months prior to interview (Figure 25). Please refer to the 2023 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, 2000-2023



Note. Participants were first asked about e-cigarettes 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 and Unisom in 2020. Data labels are only provided for the first (2000/2014/2020) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

8

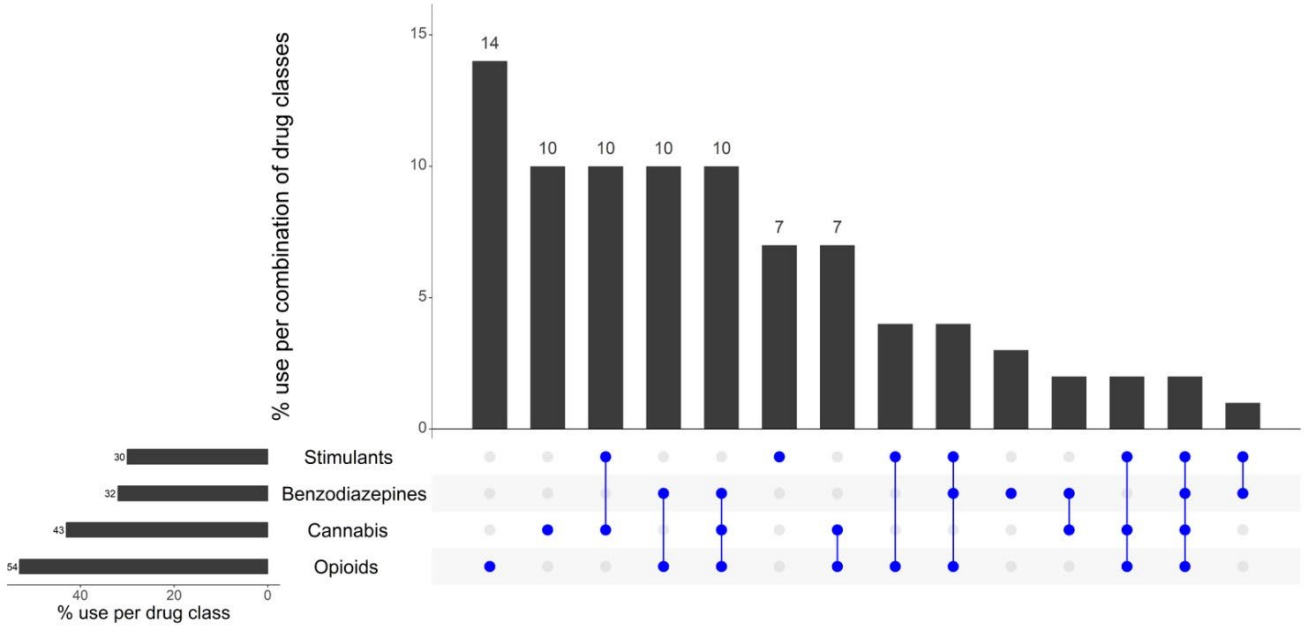
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2023, the majority (97%) of the sample reported using one or more drugs (including alcohol and prescription medications but excluding tobacco and e-cigarettes) on the day preceding interview. Of those who reported using one or more drugs (n=96), the most commonly used substances were opioids (54%), cannabis (43%), benzodiazepines (32%), and stimulants (30%).

Two thirds (65%) of participants reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). One-tenth of the sample reported concurrent use of: cannabis and stimulants; benzodiazepines and opioids; and benzodiazepines, cannabis, and opioids respectively, on the day preceding interview (Figure 27). Fourteen per cent of respondents reported using opioids alone, 10% reported using cannabis alone, and 7% reported using stimulants alone.

Figure 27: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Perth, WA, 2023



Note. % calculated out of total IDRS 2023 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 17% 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 2023, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

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

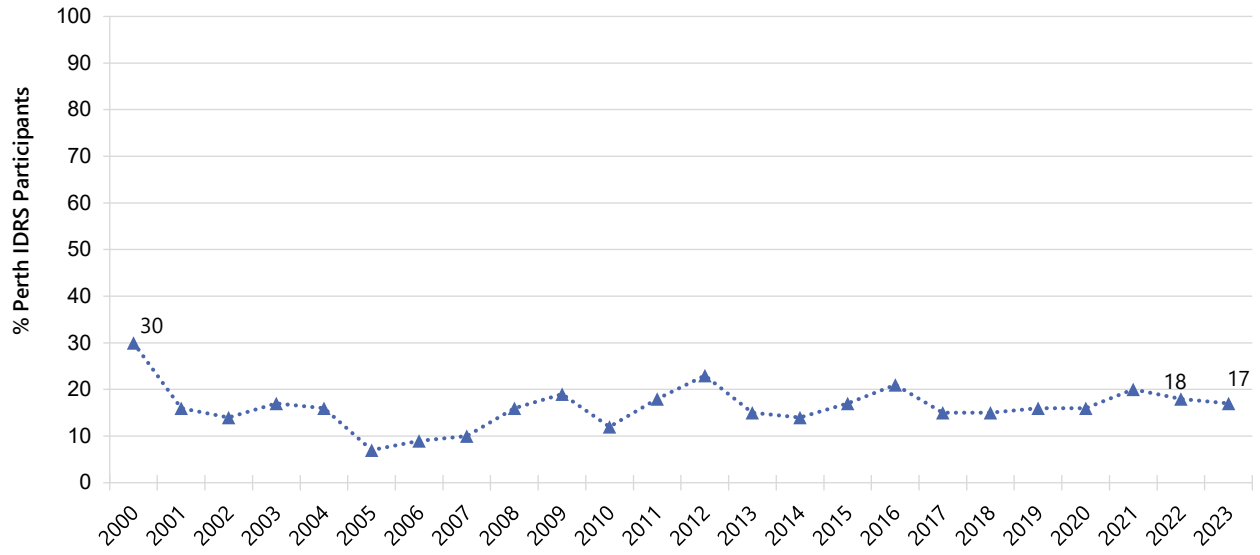
It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see 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 2023, nearly one fifth of the sample (17%) reported a non-fatal overdose on 'any' drugs in the past 12 months, stable from 2022 (18%) (Figure 28).

Fourteen per cent of participants reported a **non-fatal overdose following opioid use** in the past 12 months in 2023 (15% in 2022), whilst few participants (n≤5) reported a **non-fatal overdose following stimulant use** in the past 12 months (n≤5 in 2022; p=0.683). Thirteen per cent of participants reported a non-fatal overdose following heroin use, stable relative to 2022 (14%) (Table 4).

Participants who had overdosed on an opioid (n=14) had done so on a median of two occasions (IQR=1-3) in the 12 months preceding interview (1 occasion in 2022; IQR=1-2; n=15). Heroin (13%) was the most common opioid used during the last opioid overdose, while tobacco (50%) was the most common other drug used during the last opioid overdose, followed by benzodiazepines (43%). The most common treatment received during the last opioid overdose was naloxone (50%). As few participants (n≤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 2023 IDRS National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 28: Past 12 month non-fatal any overdose, Perth, WA, 2000-2023



Note. Estimates from 2000-2006 refer to heroin and morphine non-fatal overdose only. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001..

Table 4: Past 12-month non-fatal overdose by drug type, Perth, WA, 2016-2023

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

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. From 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. – Per cent suppressed due to small numbers (n ≤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 2022 versus 2023 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 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone could be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. From 1 December 2020 to 30 June 2022, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Following the evaluation of this pilot, the Australian Government announced that a national take home naloxone program was to be implemented in all Australian states and territories from 1 July 2022. Furthermore, naloxone nasal spray (Nyxoid) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: The percentage of participants who were aware of naloxone in the last decade remained stable, with four fifths of the sample (83%) reporting awareness of naloxone in 2023 (83% in 2022) (Figure 29).

Awareness of Take-Home Naloxone: The per cent reporting that they were aware that naloxone was available for people to take home has fluctuated over time, with 80% reporting awareness in 2023 (69% in 2022; p=0.111) (Figure 29). It should be noted that the wording of the item was different in previous years ('Heard of take-home naloxone programs' was changed to 'Heard of take-home naloxone' in 2023. In 2023, few participants (n≤5) reported having heard of paid access (11% in 2022; p=0.104), and 76% of participants reported having heard of free access (70% in 2022; p=0.426).

Accessed Naloxone: In 2023, two thirds of the sample (68%) reported having ever accessed naloxone (59% in 2022; p=0.186), with 63% reporting access within the past year, a significant increase from 2022 (45%; p=0.015). No participants reported that they had tried to access naloxone in their lifetime but had been unsuccessful (n≤5 in 2022; p=0.246). Out of those who had never accessed naloxone (n=36), the main reasons reported were 'don't consider myself/my peers at risk of overdose' (33%) and 'don't use opioids' (22%). For those who reporting ever accessing naloxone (n=66), the majority of these participants last accessed naloxone from a NSP (59%), followed by a pharmacy (23%) and 95% of them reported that they did not have to pay the last time they accessed naloxone.

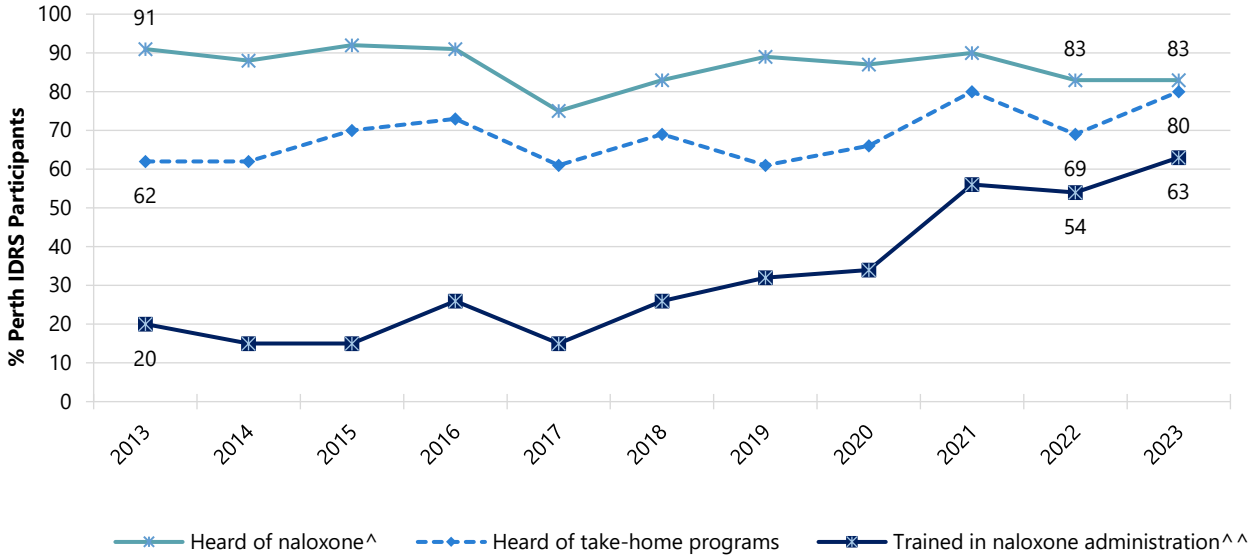
Of those who responded ever accessing naloxone, had used opioids in the past month, and could respond (n=57), half (53%) reported that they 'always' had naloxone on hand when using opioids in the past month, followed by 'often' (26%).

Education on Using Naloxone: In 2023, 63% had been trained in how to administer naloxone in their lifetime, stable relative to 2022 (54%; p=0.198) (Figure 29). It should be noted that the wording of the item was different in previous years. The question 'Have you ever been through a naloxone training course?' was changed to 'Have you ever been taught how to use naloxone?'. In the last year, most participants (63%) were taught how to administer naloxone at an NSP, followed by a pharmacy (21%).

Use of Naloxone to Reverse Overdose: In 2023, among those who responded (n=98), 44% reported that they had resuscitated someone using naloxone at least once in their lifetime, a significant increase from 29% in 2022 (p=0.043), with 24% having done so in the past year. Of those who responded

(n=98), 10% reported that they had been resuscitated by a peer using naloxone in the last year (7% in 2022; *p*=0.453).

Figure 29: Lifetime awareness of naloxone, and education in naloxone administration, Perth, WA, 2013-2023



Note. ^Wording of this question changed from 'Have you heard about take home naloxone programs' (after receiving a blurb about what these programs entailed: 2013-2022) to 'Are you aware that naloxone is available for people to take home' in 2023. ^^Wording of this question changed from 'Have you ever been through a naloxone training course? This may include brief advice, brief education or more extensive training' (2013-2022) to 'Have you ever been taught how to use naloxone? This may include brief advice, brief education or more extensive training' (2023). Data labels are only provided for the first (2013) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

In 2023, 11% of participants reported receptive sharing (14% in 2022; p=0.670), and 13% of participants reported distributive sharing in the month prior to interview, stable from 2022 (17%; p=0.549) (Figure 30).

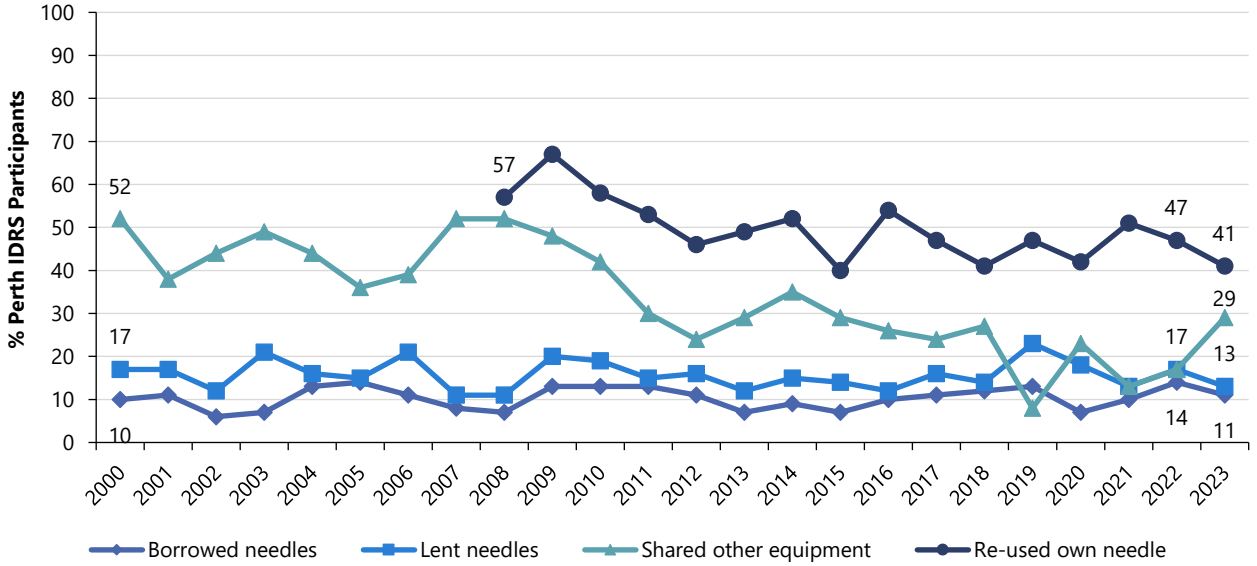
Three out of ten participants (29%) reported having shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month, which remained stable from 2022 (17%; p=0.066). Two fifths (41%) of the sample reported that they had reused their own needles in the past month (47% in 2022; p=0.471) (Figure 30).

Nearly two fifths (38%) of the 2023 sample reported that they had injected someone else after injecting themselves (27% in 2022; p=0.101), and one fifth (19%) were injected by someone else who had previously injected in the past month (13% in 2022; p=0.258) (Table 5).

The location of last injection remained stable between 2022 and 2023 (p=0.871). Consistent with previous years, most participants (76%) reported that they had last injected in a private home (80% in 2022). An additional 9% of participants reported that they had last injected in a street, park or a beach

(9% in 2022), or a car (n≤5 in 2022), and fewer participants (n≤5) reported injecting in a public toilet (n≤5 in 2022) (Table 5).

Figure 30: Borrowing and lending of needles and sharing of injecting equipment in the past month, Perth, WA, 2000-2023



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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 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, Perth, WA, 2015-2023

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

Note. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ˜ With a new or used needle. – Per cent 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 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Self-Reported Injection-Related Injuries and Diseases

In 2023, 41% of participants reported having any injection-related health issue in the month preceding interview, stable relative to 2022 (31%; p=0.141) (Table 6). The most common injection-related health issues reported consisted of any infection/abscess (18%; 9% in 2022; p=0.068), followed by any thrombosis (16%; 7% in 2022; p=0.052), and nerve damage (13%; 17% in 2022; p=0.549). There was also a significant increase in participants reporting a blood clot near the surface of the skin in 2023 (16%) compared to 2022 (6%; p=0.024).

Table 6: Injection-related issues in the past month, Perth, WA, 2020-2023

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

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 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 2023 (48%) compared to 2022 (40%) remained stable (p=0.262). Nearly one third (31%) of participants reported receiving methadone (24% in 2022; p=0.272), which continued to be the most common treatment received in 2023 (Table 7).

Table 7: Current drug treatment, Perth, WA, 2015-2023

	Perth, WA								
	2015 (N=102)	2016 (N=101)	2017 (N=100)	2018 (N=101)	2019 (N=99)	2020 (N=100)	2021 (N=99)	2022 (N=100)	2023 (N=99)
% Any current drug treatment	36	42	48	34	28	48	46	40	**48**
Methadone	20	18	18	25	10	24	27	24	**31**
Buprenorphine	-	-	0	0	0	0	-	-	**-**
Buprenorphine-naloxone	7	7	9	-	7	14	8	10	**-**
Buprenorphine depot injection	/	/	/	/	0	-	-	-	**-**
Drug counselling	-	-	-	-	9	17	9	8	**11**
Other	-	-	-	-	4	-	-	-	**-**

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). / not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Opioid and Methamphetamine Dependence

From 2017, participants were asked questions from the Severity of Dependence Scale (adapted to investigate opioid and methamphetamine dependence. The SDS is a five-item tool designed to screen for potential dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, preoccupation with, and anxiety about use. A

total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

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

Of those who had recently used an opioid and commented (n=72), the median SDS score was five (IQR: 1–9), with 56% scoring five or above, indicating possible dependence (Table 8) (60% in 2022; p=0.728). Of those who scored five or above (n=40), 93% reported specifically attributing their responses to heroin.

Of those who had recently used methamphetamine and commented (n=77), the median SDS score was two (IQR: 0–5), with 42% scoring four or above, indicating possible dependence (Table 8) (52% in 2022; p=0.259).

Table 8: Total opioid and methamphetamine SDS scores and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Perth, WA, 2017-2023

	2017	2018	2019	2020	2021	2022	2023
Opioid	N=57	N=76	N=59	/	N=66	N=60	**N=72**
Median total score (IQR)	7 (3-10)	6 (2-9)	6 (3-9)	/	6 (2-9)	7 (3-11)	**5 (1-9)**
% score 0	12	18	17	/	14	-	**18**
% score = 1	-	-	-	/	-	-	**10**
% score ≥ 5	67	59	61	/	64	60	**56**
Methamphetamine	N=50	N=64	N=67	/	N=81	N=75	**N=77**
Median total score (IQR)	1 (0-5)	2 (0-6)	2 (0-5)	/	4 (0-6)	4 (0-7)	**2 (0-5)**
% score 0	44	42	33	/	31	24	**27**
% score = 1	-	-	12	/	-	13	**13**
% score ≥ 4	32	39	39	/	51	52	**42**

Note. Severity of Dependence scores calculated out of those who used opioids/methamphetamine recently (past 6 months). A cut-off score of ≥5 and ≥4 is used to indicate screening positive for potential opioid and methamphetamine dependence, respectively. / Opioid and Methamphetamine Severity of Dependence Scale was not asked of participants in 2020. - Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Imputation used for missing scale scores. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Bloodborne Virus Testing and Treatment

In 2023, 51% of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (43% in 2022; p=0.321), 48% had received a PCR or RNA test (39% in 2022; p=0.246) and few participants (n≤5) reported having a current HCV infection (9% in 2022; p=0.567) (Table 9). Six per cent of participants reported that they had received HCV treatment in the past year (8% in 2022; p=0.779), of which few participants (n≤5) reported that their treatment had been successful (75% in 2022).

The majority (85%) of the sample reported having ever had a test for human immunodeficiency virus (HIV) (38% within the past six months; 25% in 2022; p=0.067), and 46% participants more than 6

months ago (52% in 2022; p=0.463), with no participants reporting that they had ever received a positive diagnosis (n≤5 in 2022; p=0.223) (Table 9).

Table 9: HCV and HIV testing and treatment, Perth, WA, 2018-2023

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

Note. ^This includes people who had not been tested for HCV. – Per cent 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 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

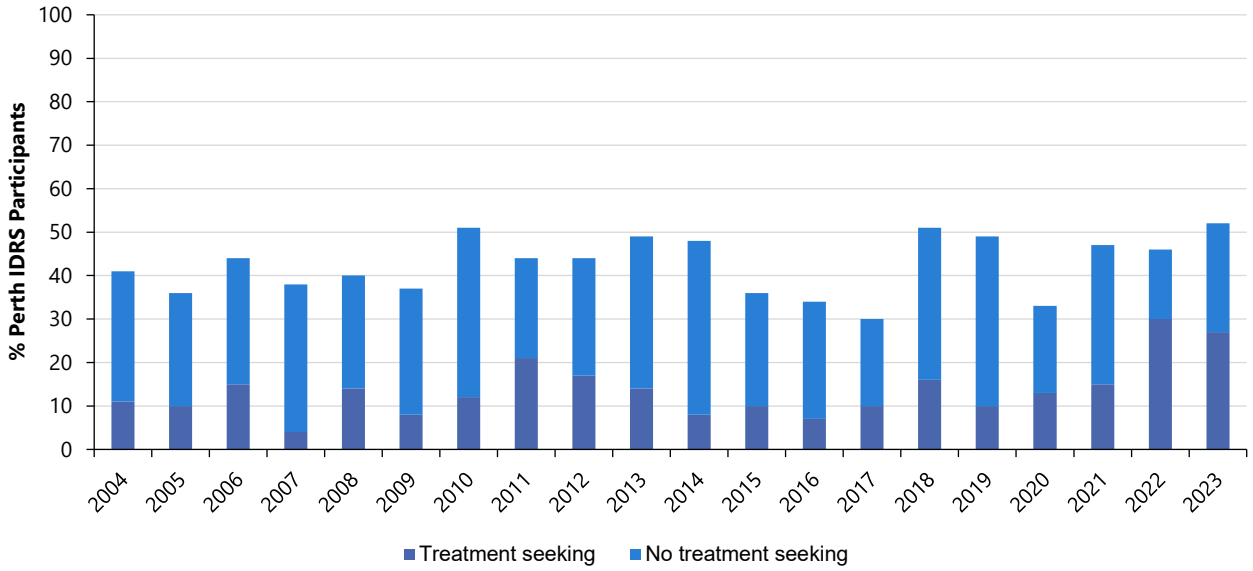
Mental Health and Psychological Distress (K10)

Mental Health

In 2023, 52% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2022 (46%; p=0.473) (Figure 31). Amongst this group, the two most commonly reported problems were depression (73%; 66% in 2022; p=0.298) and anxiety (43%; 64% in 2022; p=0.414).

Twenty-seven per cent of the total sample had seen a mental health professional during the past six months. This is equivalent to 53% of those who self-reported a mental health problem during the past six months, stable from 64% in 2022 (p=0.310). Of those who attended a mental health professional in 2023 (n=27), 85% reported that they had been prescribed medication for their mental health problem in the preceding six months, stable from 2022 (86%).

Figure 31: Self-reported mental health problems and treatment seeking in the past six months, Perth, WA, 2004-2023



Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Psychological Distress (K10)

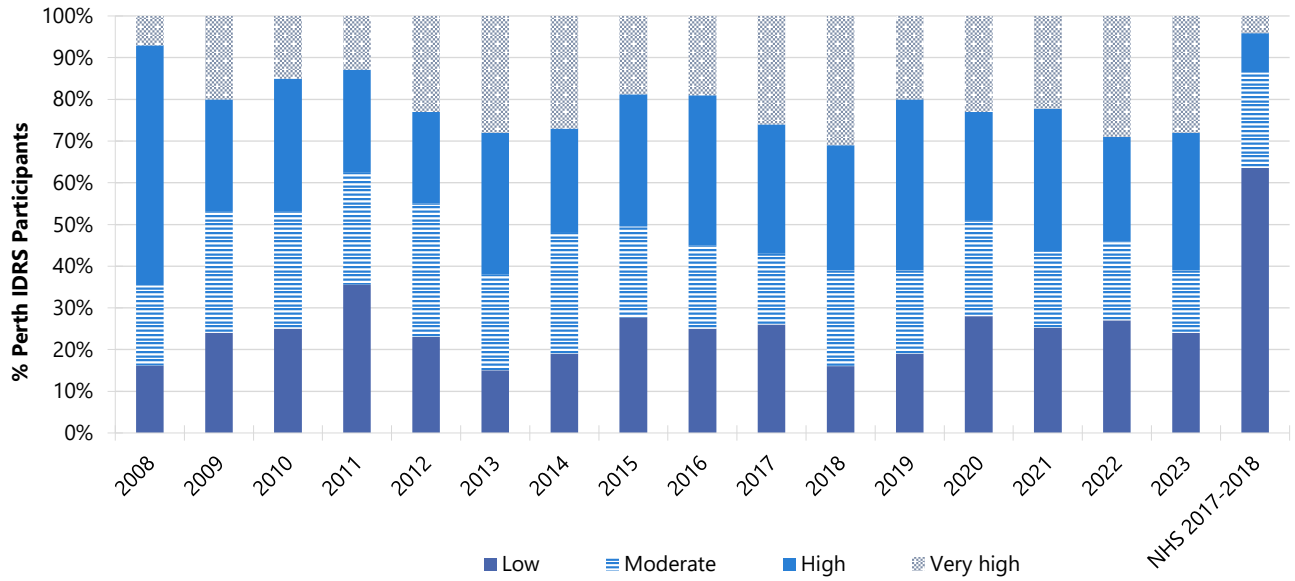
The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured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

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

Among those who responded in 2023 (n=98), the per cent of participants scoring in each of the four K10 categories remained stable between 2022 and 2023 (p=0.647). In 2023, 28% of the IDRS participants had a score of 30 or more (29% in 2022; p=0.647).

The National Health Survey 2017-18 provides Australian population data for adult (≥18 years) K10 scores. IDRS participants in 2023 reported greater levels of 'moderate', 'high' and 'very high' distress compared to the general population (Figure 32).

Figure 32: K10 psychological distress scores, Perth, WA, 2008-2023 and NHS 2017-18



Note. Data from the National Health Survey are a national estimate from 2017-18 for adults 18 or older. Imputation used for missing scale scores (IDRS only). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Health Service Access

Nine out of ten (89%) participants reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2023 (92% in 2022; p=0.474) (Table 10). Primary services reported by participants for AOD support in 2023 were peer based harm reduction services (57%; 53% in 2022; p=0.670), followed by GPs (45%; 37% in 2022; p=0.255), NSPs (42%; 68% in 2022; p<0.001), and drug and alcohol counsellors (17%; 24% in 2022; p=0.299).

Ninety-nine per cent of participants reported accessing any health service for any reason in the six months preceding interview in 2023 (97% in 2022; p=0.621) (Table 10). Primary services reported by participants in 2023 were GPs (73%; 76% in 2022; p=0.627), peer based harm reduction services (61%; 54% in 2022; p=0.392), NSPs (44%; 69% in 2022; p<0.001), and emergency departments (23%; 31% in 2022; p=0.266).

Table 10: Health service access for alcohol and other drug reasons and for any reason in the past six months, Perth, WA, 2022-2023

	AOD support		Any reason	
	2022 (N=100)	2023 (N=99)	2022 (N=100)	2023 (N=99)
% accessed a health service in the past 6 months	92	**89**	97	**99**
Type of service accessed ***(participants could select multiple services)***				
GP	37	**45**	76	**73**
Emergency department	9	**16**	31	**23**
Hospital admission (inpatient)	7	**14**	19	**21**
Medical tent (e.g., at a festival)	0	**0**	-	**-**
Drug and Alcohol counsellor	24	**17**	24	**19**
Hospital as an outpatient	-	**-**	6	**17**
Specialist doctor (not including a psychiatrist)	16	**6**	26	**11**
Dentist	-	**-**	18	**14**
Ambulance attendance	8	**9**	15	**16**
Other health professional (e.g., physiotherapist)	-	**7**	20	**12**
Psychiatrist	8	**-**	15	**7**
Psychologist	9	**-**	17	**7**
NSP	68	**42**	69	**44**
Peer based harm reduction service	53	**57**	54	**61**
Other harm reduction service	0	**7**	-	**11**

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Stigma

Questions regarding stigma were derived from the Stigma Indicators Monitoring Project, with stigma defined as being treated negatively or differently because of their illicit drug use. These questions have been asked, in part, since 2022.

In 2023, 54% of the sample reported experiencing stigma because of their illicit drug use in any health/non-health care setting in the six months preceding interview (Table 11). Specifically, 7% of the sample reported experiencing stigma within specialist alcohol and other drug (AOD) services in the six months preceding interview (9% of those who had attended a specialist AOD service), stable from 13% in 2022 (p=0.243). A larger percentage, however, reported experiencing stigma within general health care services in the six months preceding interview (36%; 41% of those who had attended general health care services), stable relative to 2022 (23% in 2022; p=0.061). Self-reported experiences of stigma while attending general health care services most commonly occurred while visiting a GP (15%) or a hospital as an inpatient (11%). A third (35%) of the sample reported experiencing stigma in non-health care settings (not asked in 2022), most commonly from police (22%), followed by housing and homelessness services (15%), and welfare and social services (13%) (Table 11).

Notably, 45% of the sample reported engaging in some form of avoidance behaviour to avoid being treated negatively or differently by AOD specialist or general healthcare services. This most commonly involved not telling health workers about their drug use (28%), followed by delaying accessing health care (20%) and downplayed need for pain medication (15%).

Table 11: Self-reported experiences of stigma due to illicit/injecting drug use in the past six months, Perth, WA, 2022-2023

	2022	2023
% Experienced stigma in specialist AOD service	N=100 13	**N=98 7**
Needle and syringe program	/	**0**
Supervised injecting facility	/	**0**
Opioid treatment program	/	**-**
AOD counselling	/	**-**
Residential rehabilitation	/	**0**
Detoxification	/	**0**
Group therapy	/	**-**
Peer based harm reduction service	/	**0**
Other	/	**-**
% Experienced stigma in general health care service	N=100 23	**N=97 36**
GP	/	**15**
Emergency department	/	**8**
Hospital admission (inpatient)	/	**11**
Medical tent	/	**0**
Dentist	/	**0**
Hospital outpatient	/	**6**
Specialist doctor	/	**0**
Ambulance	/	**-**
Psychiatrist	/	**-**
Psychologist	/	**-**
Other	/	**6**
% Experienced stigma in non-health care setting	/	**N=99 35**
Welfare and social service	/	**13**
Current or potential employer	/	**6**
School/uni/TAFE	/	**0**
Police	/	**22**
Other legal services	/	**-**
Housing and homelessness services	/	**15**
Other	/	**-**
% Experienced stigma in any of the above settings^	/	**54**
% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services	/	**N=99 45**
Delayed accessing healthcare	/	**20**
Did not tell health worker about drug use	/	**28**
Downplayed need for pain medication	/	**15**
Looked for different services	/	**12**
Did not attend follow-up appointment	/	**14**
Other	/	**0**

Note. N is the number who responded (denominator). - Per cent suppressed due to small numbers (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. ^Includes specialist AOD service, general health care service and non-health care services. Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. / The detailed figures were not collected in 2022.

COVID-19 Testing and Diagnosis

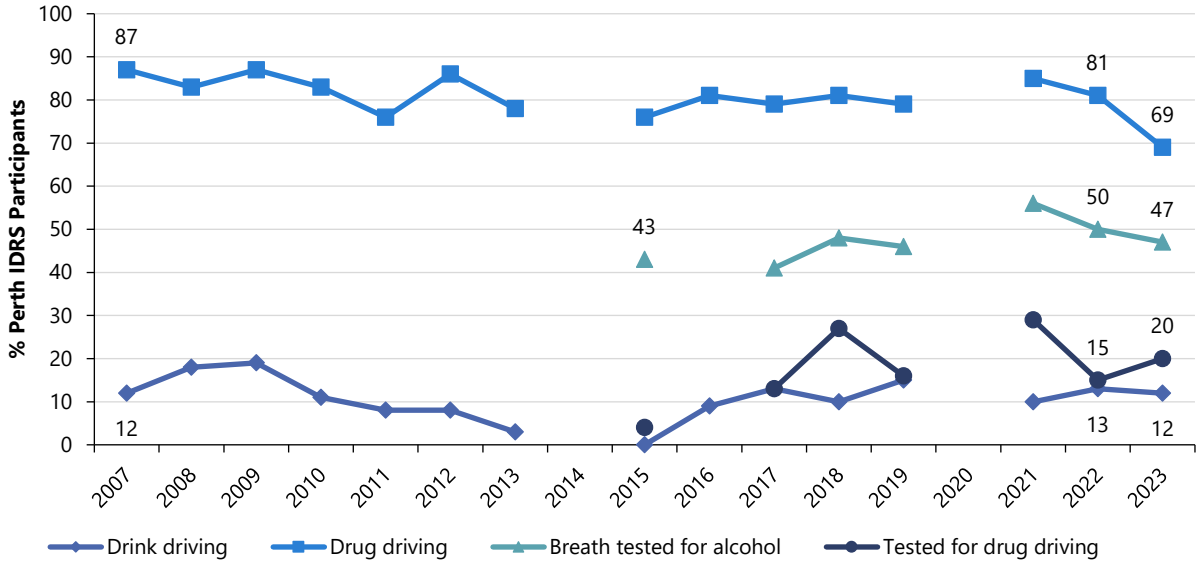
In 2023, 96% of the Perth sample had ever been tested for SARS-CoV-2, with 96% having being tested in the 12 months preceding interview (83% in 2022; 35% in 2021; 14% in 2020). Of those who reported having ever been tested for SARS-CoV-2, median number of separate infections reported was one (IQR=1-1), and 55% reported ever been diagnosed with the virus.

At the time of interview, 94% reported that they had received at least one COVID-19 vaccine dose (91% in 2022; p=0.594), with participants receiving a median of three doses (IQR=3-4).

Driving

In 2023, half of the Perth sample (52%) had driven a car, motorcycle or other vehicle in the last six months (48% in 2022; p=0.673) (Figure 33). Of those who had driven recently and responded (n=50), 12% reported driving while over the perceived legal limit of alcohol in the last 6 months, stable relative to 2022 (13%), and 69% reported driving within three hours of consuming an illicit or non-prescribed drug, stable relative to 2022 (81%; p=0.177) (Figure 33). Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded (n=35), participants most commonly reported using heroin (63%) prior to, followed by crystal methamphetamine (46%), and cannabis (26%). Of those who had recently driven (n=51), one fifth (20%) reported that they had been tested for drug driving by the police roadside drug testing service (15% in 2022; p=0.600), and 47% reported that they had been breath tested for alcohol by the police roadside testing service (50% in 2022; p=0.838) in the six months prior to interview.

Figure 33: Self-reported testing, and driving over the (perceived) legal limit for alcohol or within three hours following illicit drug use, among those who had driven in the last six months, Perth, WA, 2007-2023



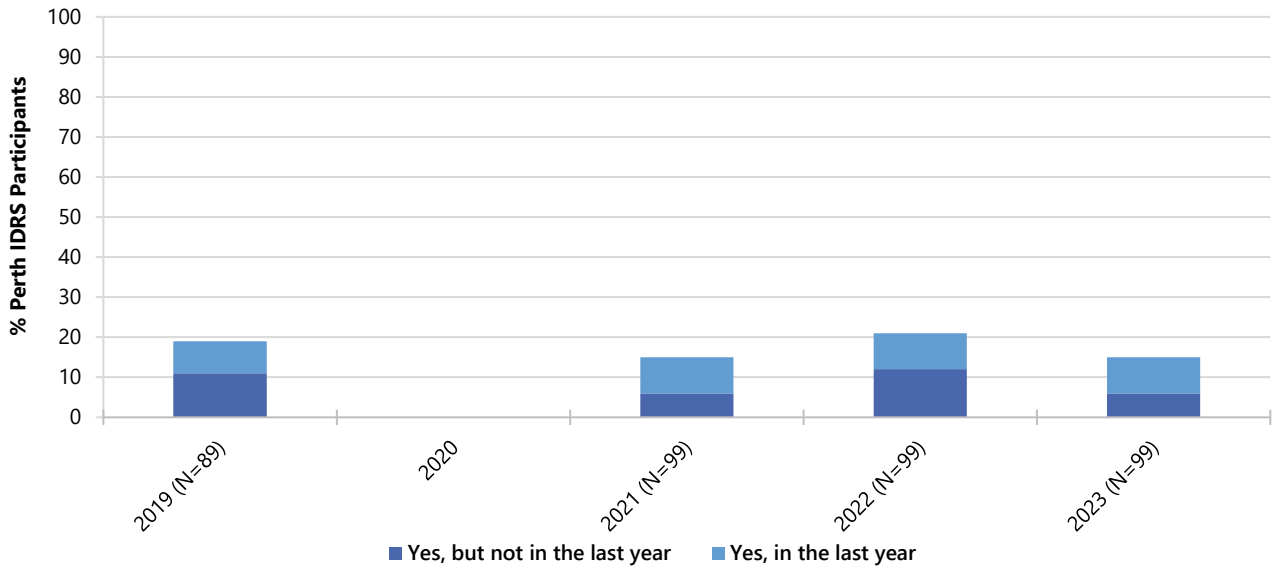
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked in 2007. Questions about driving behaviour not asked in 2014 and 2020 and questions about breath/drug testing not asked in 2007-2014, 2016 and 2020. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2007/2015) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 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. At the time of interviewing in 2023, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019) and at CanTEST, a pilot fixed-site dug checking service in Canberra which became operational on 17 July 2022.

In 2023, 15% of Perth participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia (21% in 2022; p=0.359), with 9% reporting doing so in the past year (9% in 2022) (Figure 34). Of those who reported that they or someone else had tested their illicit drugs in the past year and commented (n=9), 78% reported using colorimetric or reagent test kits. Few participants (n≤5) reported using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) or other tests and therefore no further results will be reported. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 34: Lifetime and past year engagement in drug checking, Perth, WA 2019-2023



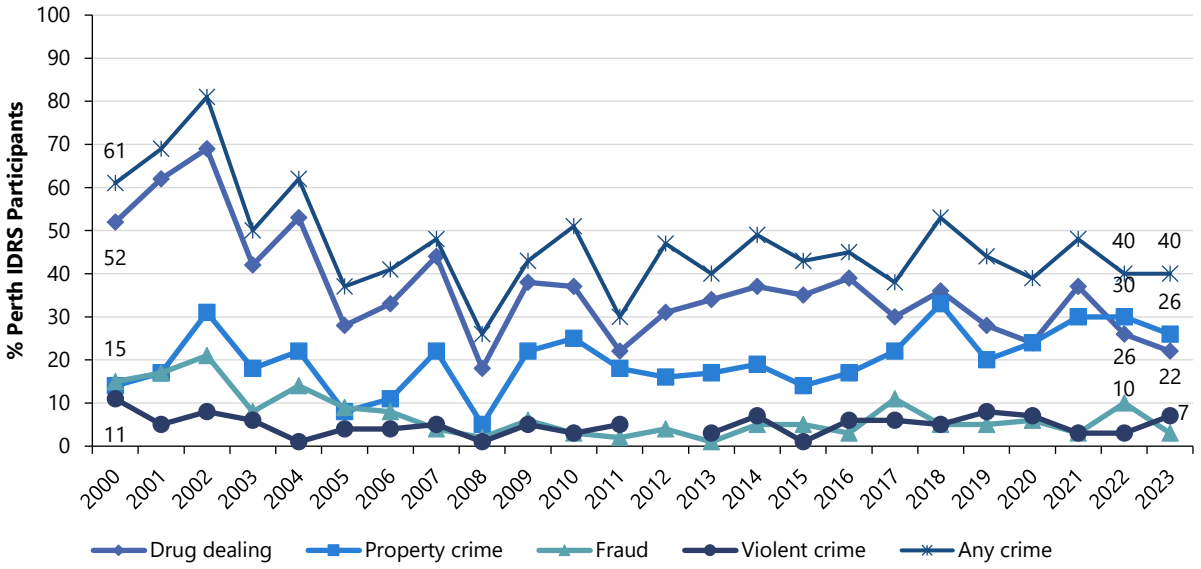
Note. The response option 'Don't know' was excluded from analysis. Lifetime and past year engagement in drug checking was not collected in 2020. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Experience of Crime and Engagement with the Criminal Justice System

In 2023, 40% of the Perth sample reported engaging in 'any' crime in the past month, stable from 40% in 2022. Property crime (26%; 30% in 2022; p=0.629) and drug dealing (22%; 26% in 2022; p=0.612) remained the most common self-reported crimes in the month preceding interview, followed by violent crimes (7%; n≤5 in 2022; p=0.211) (Figure 35). Small numbers (n≤5) reported fraud (10% in 2022; p=0.081), while 15% reported being the victim of a crime involving violence (e.g., assault), stable from 2022 (13%; p=0.835) (Figure 36).

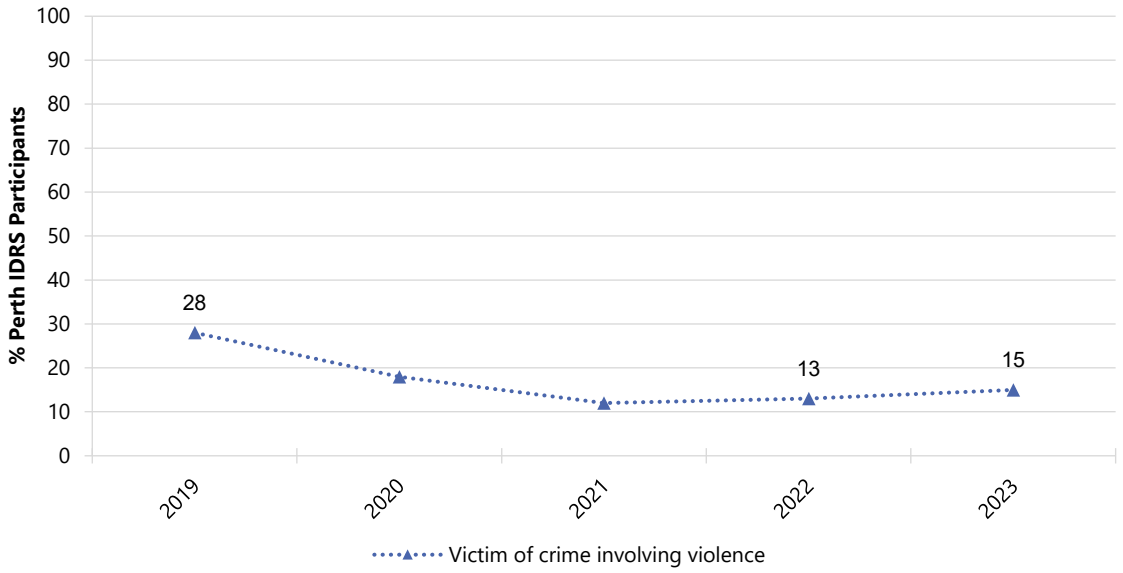
In 2023, one quarter (24%) of participants reported being arrested in the 12 months preceding interview, stable relative to 2022 (17%; p=0.289). The main reasons for arrest in 2023 were property crime (43%), followed by use/possession of drugs (17%). One-fifth of the sample (20%) reported a drug-related encounter which did not result in charge or arrest (11% in 2022; p=0.115). This predominantly comprised being stopped and searched (75%; 82% in 2022), followed by being stopped for questioning (60%; 73% in 2022; p=0.698). Lifetime prison history was reported by 59% of the sample, stable from 2022 (49%; p=0.259).

Figure 35: Self-reported criminal activity in the past month, Perth, WA, 2000-2023



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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 36: Victim of crime involving violence in the past month, Perth, WA, 2019-2023



Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.