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J. Fetherston and S. Lenton

WA DRUG TRENDS 2007
Findings from the
Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 7

**WESTERN AUSTRALIAN
DRUG TRENDS
2007**



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Illicit Drug Reporting System
(IDRS)**

James Fetherston and Simon Lenton

National Drug Research Institute, Curtin University of Technology

Australian Drug Trends Series No. 7

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDHA	Australian Government Department of Health and Ageing
ATSI	Aboriginal or Torres Strait Islander
DAO	Drug and Alcohol Office
ERDU	ecstasy and related drug users
HDWA	Health Department of WA
IDRS	Illicit Drug Reporting System
IDU	injecting drug users
KE	key expert
MSM	methylsulfonylmethane
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NESB	non-English speaking background
NDRI	National Drug Research Institute
NNDSS	National Notifiable Diseases Surveillance System
PDI	Party Drugs Initiative
WA	Western Australia
WAPRCU	WA Pre-Hospital Care Research Unit

EXECUTIVE SUMMARY

Demographic characteristics of injecting drug user (IDU) participants

The mean age of IDU in the 2007 survey remained unchanged at 37 years. Once again males made up approximately two thirds of the sample. All respondents indicated that their primary language was English and seven percent reported identifying as ATSI. Mean years of education remained stable at 10 with 78% being unemployed or receiving a government pension. Engagement in sex work remained uncommon and was reported by just four percent. Identification as heterosexual remained relatively unchanged from the previous year reported by 84%. Similarly prison history remained stable at 46%. There was 34% of the sample currently receiving treatment for their drug use which was significantly less than the 50% the previous year, but this is likely an artefact of the very low levels of IDU recruitment via pharmacies in 2007. Methadone maintenance remained the most common treatment modality.

Patterns of drug use among the IDU sample

Mean age of first injection remained unchanged at 19 years. Heroin and amphetamines were roughly equally nominated as the drug first injected by 44% and 43% respectively. Heroin remained the most commonly nominated drug of choice reported by 54%. Amphetamines had declined in this role being reported by just 15% (down from 23% in 2006) and no IDU mentioned crystal methamphetamine in this context. Drugs reported as most injected in the month before interview were relatively evenly split between heroin by 37%, other opiates by 33% and methamphetamines by 30%. The most common rate of injection remained more than weekly but less than daily reported by 31% of the IDU sample. Injection on at least a daily basis was reported by 58% which was not a significant shift from the previous year. The drug class most commonly reported as consumed the day before interview was other opiates by 59% followed by cannabis by 43%. Polydrug use remained highly normalised amongst the IDU sample with 96% reporting the recent use of more than one class of drugs.

Heroin

The recent use of heroin was reported by 56% of IDU a figure not significantly different from that reported the previous year. Mean days of use in the last six months, however, had increased significantly from 47 to 87 as had numbers of daily users with 29% using on a daily basis compared with 11% in 2006. The most commonly reported form remained whitish powder but a number reported the emergence of a brown form, a trend also seen in the other Australian jurisdictions. The mean price of recent purchases of a gram of heroin was \$690 compared with \$532 in 2006. Although this was not found to be a statistically significant shift, this is likely a type-two error resulting from very small numbers (n=5) of IDU able to report on purchase price of a gram of heroin in the 2007 sample. Availability of heroin was viewed as being either 'easy' or 'very easy' by 71% of IDU responding, suggesting that availability of the drug has largely recovered from the slump seen in 2006. Purity of heroin in Perth continued to be viewed as 'low' as reported by 47% of those responding. Reports of recent opiate overdose amongst both the IDU sample and figures on ambulance callouts remained low.

Methamphetamine

IDU reporting the recent use of methamphetamine fell from 84% to 70%. Whilst the possibility that this is in part due to very low levels of IDU recruitment from pharmacies as opposed to needle exchange programs in the WA 2007 sample must be considered, similar declines amongst IDU were also observed in other Australian jurisdictions. Mean days of use in the last six months was 74 compared with the 2006 mean of 51. Use of powder methamphetamine was reported by 61% which was not a significant shift from that reported in 2006. Use of the base/paste form

was reported by 23% compared with 40% the previous year and use of crystal was reported by 56% compared to 76% in 2006. Use of liquid methamphetamine remained very uncommon. The possible emergence of new forms of crystal, 'black ice' and 'strawberry ice', was anecdotally reported by two key experts. Mean price of a gram of powder methamphetamine remained relatively stable at \$336. Mean price of a recent purchase of a gram of base/paste was reportedly \$175 which, while significantly removed from the 2006 price of \$325, was based on only two purchases. The mean price paid for recent purchase of a gram of crystal methamphetamine remained relatively stable at \$363. User reports of availability of powder and crystal methamphetamine remained relatively unchanged, both typically reported as 'very easy'. The availability of base/paste amphetamine appeared to have declined with the predominant view being that it was 'difficult' compared with the 2006 sample when it was generally described as being 'very easy'. Purity of powder methamphetamine continued to be mostly described as 'low' while both base/paste and crystal methamphetamine were mainly described as 'high'. Amphetamines remained the class of illicit drugs most commonly involved in calls to ADIS, typically accounting for 20-27% of calls received each month.

Cocaine

Use of cocaine continued to remain both low and opportunistic amongst Perth IDU. Recent use was reported by just 16% and mean days of use in the last six months was seven with no reports of daily use. Only three IDU reported recent purchase of a gram for a mean price of \$383. There was no clear consensus on availability amongst the seven IDU responding. Similar disagreements were seen with regards to purity, although of the seven IDU responding the most common opinion was that it was 'high' held by three IDU. There were no key experts at all providing information specific to cocaine use. During the 2006/2007 financial year, calls to ADIS never accounted for more than 0.7% of calls received by the service in any given month. As in previous years, the very small number of people able to provide information is probably more telling about the use of cocaine amongst Perth IDU than the actual nature of the data obtained.

Cannabis

Recent use of cannabis was reported by 69% of the IDU sample compared with 80% in 2006. Mean days of use in the last six months continued to be stable at 102 as did numbers reporting daily use at 21%. Hydroponically cultivated cannabis remained the predominant form. Use of hash and hash oil remained uncommonly reported. Mean purchased price of an ounce of hydroponic cannabis remained relatively unchanged at \$301 as did the mean price of \$233 for an ounce of bush. It must be noted though that numbers able to respond to questions about specific forms of cannabis have been artificially lowered in the 2007 sample due to the inclusion of a questionnaire section dealing with generic forms of cannabis to accommodate respondents unable to distinguish between the hydroponic and bush forms. In the case of both hydroponic and bush forms a bag costing \$25 remained the most common purchase. With regards to both hydroponic and bush forms, the prevailing opinion remained that they had continued to be 'easy' to source. Potency of hydroponic cannabis continued to be regarded as 'high' and that of bush as 'medium'. Despite a decline in calls to ADIS regarding cannabis, it remained one of the drugs most commonly enquired about, with amphetamines being the only illicit substance to exceed it.

Use of illicit pharmaceuticals

Illicit methadone

Illicit use of methadone syrup was reported by 24% of the 2007 IDU survey and of Physeptone tablets by 19%, neither of which differed significantly from the previous year. There was also no significant variation in days of use or injection. Reported prices remained stable, varying between 50 cent and one dollar per mg/ml as has been the case in previous years. The reported original source remained 'friends' as was the case with other illicitly sourced medications.

Illicit buprenorphine and buprenorphine-naloxone

The illicit use of buprenorphine in both its Subutex and Suboxone forms has become a contentious issue between users and service providers, with the latter becoming concerned by its illicit use and the former by perceived misunderstandings surrounding the motives underlying the use of these substances and presumably also the use of other illicitly obtained pharmaceutical opiates. Recent use of illicit Subutex was reported by 19% of IDU and of Suboxone by 15%. Mean days of use of Subutex was 87 compared with 43 the previous year. In the case of Suboxone, mean days of use was 77 compared with 28 in 2006. Generally eight mg of illicit Subutex reportedly cost a median price of \$55 and Suboxone a median of \$30. The obtaining of Subutex was generally reported as 'easy' as was obtaining Suboxone. Reasons or motivations for use of these drugs commonly involved self-medication for withdrawal, or dependence due to an unwillingness to enter formal treatment services due to real or perceived barriers and shortcomings of services.

Morphine

The recent use of illicit morphine was reported by 45% of the 2007 IDU sample. Mean days of use was 40 which did not differ from the previous year's average. There was only one report of use on a daily basis. The most common form remained 100mg MS Contin selling for a mean price of \$53. Illicit morphine was generally considered 'difficult' to obtain. The main source continued to be from 'friends'.

Oxycodone

Use of illicit oxycodone remained stable, reported by 44% of IDU in the 2007 sample. Days of use also remained relatively unchanged with a mean of 27. The most common form used continued to be Oxycontin with an 80mg tablet selling for a mean price of \$47. Availability of illicit oxycodone was generally viewed as 'easy'.

Other opioids

Homebake heroin had been recently used by 44% of the IDU sample for a mean of 42 days in the last six months which did not represent a significantly different situation from that reported in 2006. Illicit use of other miscellaneous opioids was not commonly mentioned by respondents in the IDU sample; however, one key expert spoke at length regarding a rise in the use of 'low-end' analgesic medications. These were typically paracetamol/codeine-based preparations often sold over the counter. Users were reportedly consuming up to two boxes per day orally, often resulting in renal and gastric problems.

Benzodiazepines

Recent use of illicit benzodiazepines was reported by 34% of IDU in the 2007 sample. Mean days of use in the last six months was 38. Injection of any form of benzodiazepines (i.e.: licit or illicit)

remained uncommon, reported by just nine percent of IDU. As in previous years, the most commonly consumed form was diazepam.

Other drugs

Illicit use of pharmaceutical stimulants continued to be apparent in the WA IDU sample with their recent use being reported by 29%, although this was a significant reduction from the 44% reported the previous year. Mean days of use in the last six months was 20 which had remained relatively stable. The most common form remained dexamphetamine.

Associated harms

According to the NNDSS there were 40 incident cases of hepatitis B and 75 of hepatitis C reported in WA in 2007. There was only one respondent in the 2006 NSP survey who tested positive for HIV. Numbers reporting borrowing needles remained stable with 11% of the IDU sample reporting having done so in the month prior to the survey. The lending of other forms of injecting equipment also remained relatively stable reported by 35%; however, there was a significant rise in the lending of needles to others from 13% up to 21%. The most common type of other injection-related equipment shared was spoons. As in previous years, almost all reported injecting took place in private homes. Overdoses in the month prior to interview remained very uncommon with just one report attributed to injection of dexamphetamine with alcohol as a contributing factor. Scarring/bruising followed by difficulty injecting remained the most commonly reported injection-related harms. Dirty hits had been experienced in the month prior to interview by 23 IDU with methamphetamine being the substance most commonly implicated. Driving under the influence of alcohol in the previous six months was reported by 20% of IDU and driving under the influence of drugs was reported by 87%, a figure not significantly different from that reported in 2006; however, the majority of these (60%) reported that these drugs had 'no impact' on their driving ability. Average amount spent on illicit drugs the day before interview was \$139 compared with \$110 in 2006 and \$76 in 2005. Mental health problems were self-reported by 38% of IDU with the most commonly reported continuing to be depression and anxiety. Results from the Kessler Psychological Distress Scale indicate that 48% of IDU were experiencing 'moderate distress' and 28% 'high distress'; however, this does not necessarily imply drug use as a causative factor. There were 41% of IDU who had been arrested in the previous year, most commonly for crimes related to use or possession of drugs. Involvement in criminal activity in the month prior to interview remained stable reported by 48% of IDU. As in previous years the most common type of criminal activity related to dealing drugs. Although 44% of the sample thought police activity had increased recently, 76% indicated that this had not had any impact on the difficulty of obtaining drugs.

Implications

Increases in the number of days of use of heroin as well as user reports of increased availability may be indicative of a resurgence in heroin in WA and is a situation that requires close monitoring. The appearance of brown heroin in WA and other Australian jurisdictions may suggest that some heroin is coming from points of origin not previously involved in the Australian heroin supply. The decline in the use of methamphetamines, virtual disappearance of the base/paste form and fluctuations in reported purity suggest major changes occurring in both supply and demand for this class of drugs in Perth. It remains to be seen if this is an ongoing trend and whether it is exclusive to IDU or representative of the wider community of drug users in general. Data concerning user motivations for using illicitly sourced Subutex and Suboxone often indicate real or perceived barriers to entering formal treatment programs. It is imperative that these barriers be investigated and addressed in a way acceptable to both clients and service providers.

1.0 INTRODUCTION

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

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

This report presents the findings of the ninth year of data collection in WA. Results are summarised according to the four main drug types, with the use of ‘other drugs’ also reported. This report also continues the initiative commenced in 2003 when for the first time the IDRS has attempted to collect more detailed information on the illicit markets for pharmaceutical opioids. A summary report of the findings of *2007 Australian Drug Trends* will be published (Black et al., in prep.) and will provide an abbreviated national overview of illicit drug scenes and recent trends. The results of the individual states and territories will also be published as separate *Drug Trends Reports*, of which this is one, available as NDARC monographs. Once again, in 2007 the Ecstasy and Related Drugs System (EDRS, formerly the PDI) included the jurisdiction of Western Australia and the results of this study dealing more extensively with users of ecstasy and related drugs (ERDU) can be located in George & Lenton (in prep.).

1.1 Study aims

The specific aims of the WA component of the 2007 IDRS were to:

- examine trends in illicit drug use in Perth for 2007;
- identify any emerging illicit drug trends in Perth that warrant further investigation;
- monitor the extent to which drugs such as homebake heroin and pharmaceutical opiates such as morphine and buprenorphine have filled the role of heroin during the ongoing shortage.

2.0 METHOD

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

Data collected as part of this year's study were compared with the findings from 2006 (Fetherston & Lenton, 2007), 2005 (Fetherston & Lenton, 2006), 2004 (Fetherston & Lenton, 2005), 2003 (Fetherston & Lenton, 2004), 2002 (Fetherston & Lenton, 2003), 2001 (Hargreaves & Lenton, 2002), 2000 (Hargreaves & Lenton, 2001) and 1999 (Hargreaves & Lenton, 2000) to determine what changes have occurred in WA over this period. Comparison with 1999 WA data is somewhat limited as only the key informant survey and analysis of existing indicator data were conducted in that year. Direct comparisons have been made with the 2006 data where appropriate.

2.1 Survey of injecting drug users (IDU)

A survey of 80 IDU was conducted between early June and August 2007. Subjects were recruited through advertisements in the street press and through flyers distributed through needle and syringe programs (NSPs) and methadone-dispensing pharmacies throughout the Perth metropolitan region. Snowballing techniques were also utilised. Potential participants were screened upon contact with researchers to ensure they fulfilled the entry criteria, namely having injected at least monthly in the six months prior to interview and residing in the Perth area for not less than 12 months prior to interview. Ethics approval was granted from the Curtin University Human Research Ethics Committee (HR5/99), which permitted interviews to be conducted with participants aged 16 years or over. This sampling strategy has produced a demographic that is comparable with IDU interviewed in preceding years. That said however, recruitment proved to be especially problematic in 2007, preventing the desired target of 100 IDU from being achieved. Reasons for this are unclear, although it is notable that, in comparison to previous years, recruitment rates through pharmacies were very low despite an increase in the number of pharmacies involved in the recruitment process in 2007. Interviews were conducted at a centrally located cafe convenient to the participating IDU.

The interview administered consisted of a standardised structured questionnaire, which was a slightly modified version of the questionnaire used nationally in 2006. Included in this questionnaire were sections on demographics, drug use, price, purity and availability of the four main illicit drug types, pharmaceutical drugs of interest, crime, risk-taking, health and general drug trends. Modifications included the removal of the section dealing with acts of aggression and the substances implicated with them, and also of the 2006 module dealing with blood-borne virus testing. Interviews took approximately 30 minutes to conduct and participants were reimbursed \$30 for out of pocket expenses associated with attending the interview.

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

2.2 Survey of key experts (KE)

There were 19 key expert interviews conducted in the 2007 survey. Eligibility for participation in the study was at least weekly contact with illicit drug users in the six months prior to interview and/or contact with 10 or more illicit drug users in that time. For consistency of data, where possible, key experts who were interviewed as part of previous IDRS surveys were interviewed again in 2006. Where former key experts were unavailable or no longer employed in the field, respondents were sought who held a similar position to those previously interviewed and fulfilled the selection criteria. Additional key experts were provided through snowballing techniques.

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

The key expert group consisted of eleven male and eight female respondents. Of these, six identified themselves as drug treatment workers, two as having medical or nursing backgrounds, four outreach workers, two youth workers, two counsellors, a social worker, a worker specialising in clients experiencing issues surrounding comorbidity and a member of the law enforcement sector.

Key experts were asked to identify the main type of illicit drug user they had had the most contact with during the last six months. As in the previous years, the drug most commonly identified was amphetamine. The numbers of key experts able to comment on various drug types was 10 commenting on primary amphetamine users and six commenting on primary cannabis users. There were also three key experts who spoke about other opiates generically. With regards to the key expert from a law enforcement background, the interview involved manufacturers and traffickers of amphetamines.

There were five key experts who indicated that they did not deal specifically with any special populations; however, the remaining 14 identified a number of such populations, many of them dealing with several such groups. As in the last two years, the most common of these populations was young people, mentioned by four key experts. Other commonly mentioned client groups were prisoners, ex-offenders or persons who had come through the court diversion system, mentioned by three key experts, persons with mental health issues mentioned by three key experts and another three who referred specifically to injecting drug users. Persons identifying as being of Aboriginal or Torres Strait Islander background or sex workers were both nominated by two key experts. Individual key experts also mentioned populations including non-English speakers, women, males and street-present persons.

2.3 Other indicators

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

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

however, that because of time lags in collecting and analysing data at the source agencies, some indicator data from the 2005/2006 calendar year are reported. It was recommended that sources providing indicator data should meet at least four of the following criteria:

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

There are a number of data sources identified that meet these criteria and have been incorporated into the 2007 Illicit Drug Reporting System. These include:

- telephone advisory service data from the Alcohol and Drug Information Service (ADIS);
- overdose-related calls attended by the WA Ambulance Service provided by the WA Pre-hospital Care Research Unit (WAPCRU);
- hospital admissions data by principal drug diagnoses from the National Hospital Morbidity Database;
- data on needle and syringe distribution, provided by the Sexual Health Branch (HDWA);
- rates of unspecified and incident cases of HBV and HCV from the Communicable Diseases Network, Australia, National Notifiable Diseases Surveillance System database;
- BBV infection rates from the Australian NSP survey, prepared by the National Centre in HIV Epidemiology and Clinical Research.

At the time of writing, data concerning number, size and purity of drugs seized which in past years has been provided by the Australian Crime Commission (ACC) was not available.

2.4. Data analysis

Qualitative data collected as part of the key informant survey were analysed using the word processing and table facilities of Microsoft Word (Windows® 2000 Professional). Quantitative data from the IDU and key informant survey were analysed using SPSS 14.0 for Windows. For all quantitative analysis, alpha was set at .05. Unlike earlier years, “don’t know” type responses were not excluded to ensure consistency of data with that presented in the national report. That said however, the “don’t know” responses have generally been excluded for the purposes of conducting chi square analysis due to their commonly small cell sizes. Where analysis of drug types by form (e.g.: brand of morphine most used) was involved, only those respondents who had used the drug within the last six months were included.

3.0 RESULTS

3.1 Overview of the IDU sample

The mean age of respondents in the 2007 IDU sample remained unchanged from the 37 years found in 2006. Males again comprised the majority of the sample with 61% not representing a significant change from the 66% in the previous year ($\chi^2=1.094$, $df=1$, $p=.296$). All (100%, $n=80$) of respondents reported that English was the main language spoken at home. Just seven percent of respondents identified as having Aboriginal or Torres Strait Islander heritage compared with 15% the previous year, but this apparent difference was not found to attain statistical significance ($\chi^2=3.529$, $df=1$, $p=.060$). The mean years of education remained unchanged at 10 and the most common employment situation for an absolute majority of the sample was either not employed or receiving a government pension with 78% reporting this, which was not significantly different from the 72% in 2006 ($\chi^2=1.341$, $df=1$, $p=.247$). Reports of receiving income from sex work remained low with just four percent ($n=3$) reporting this compared with just one percent in 2006. There was a significant decline in numbers of respondents reporting that they possessed tertiary qualifications with 38% indicating that they had a trade or technical qualification, down from 42% in 2006 and just six percent having university or college level qualifications, down from 16% in the previous year's sample ($\chi^2=7.967$, $df=2$, $p=.019$). Heterosexuality remained the sexual identity of the vast majority of respondents with 84% indicating this to be the case compared with 85% in 2006 ($\chi^2=.070$, $df=1$, $p=.791$). Numbers reporting having ever been in prison remained substantially unchanged at 46% compared to 48% in 2006 ($\chi^2=1.060$, $df=1$, $p=.303$). One area in which highly significant changes were identified was numbers of respondents currently in drug treatment which fell from 50% in 2006 to 34% in 2007 ($\chi^2=6.050$, $df=1$, $p=.014$). It must be noted, however, that the possibility can not be overlooked that this apparent change may in fact be a reflection of the very low numbers of respondents recruited from pharmacies dispensing opioid replacement therapies in 2007 compared with numbers in previous years. By far the most common treatment was methadone maintenance reported by 25% of the sample with other types of treatment being relatively uncommon. Just two individuals reported having a current script for Subutex, another two for Suboxone and a further two for naltrexone. There was also one individual respondent who was currently involved in counselling. An additional 21% of respondents indicated that they had been in some form of treatment during the past six months, but had since discontinued it. For those currently receiving treatment, the average duration was 63 months which was not significantly longer than the 2006 average of 42 months ($t=1.238$, $df=27$, $p=.226$). A breakdown of demographic data across the 2006 and 2007 samples can be found in Table 1 below.

Table 1: Demographic characteristics of the IDU sample, 2006-2007

Characteristic	2006 N=100	2007 N=80
Age (mean years, range)	37 (17-62)	37 (17-59)
Sex (% male)	66	61
Employment (%):		
Not employed/on a pension	72	78
Full time	10	4
Part time/casual	12	15
Home duties	0	0
Student	6	0
Other	0	4
Received income from sex work last month	1	4
Aboriginal and/or Torres Strait Islander (%)	15	7
Heterosexual (%)	85	84
Bisexual (%)	10	9
Gay or lesbian (%)	3	5
Other (%)	2	3
School education (mean no. years, range)	10 (5-12)	10 (6-12)
Tertiary education (%):		
None	42	56
Trade/technical	42	38
University/college	16	6
Currently in drug treatment^ (%)	50	34
Prison history (%)	48	46

Source: IDRS IDU Interviews

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

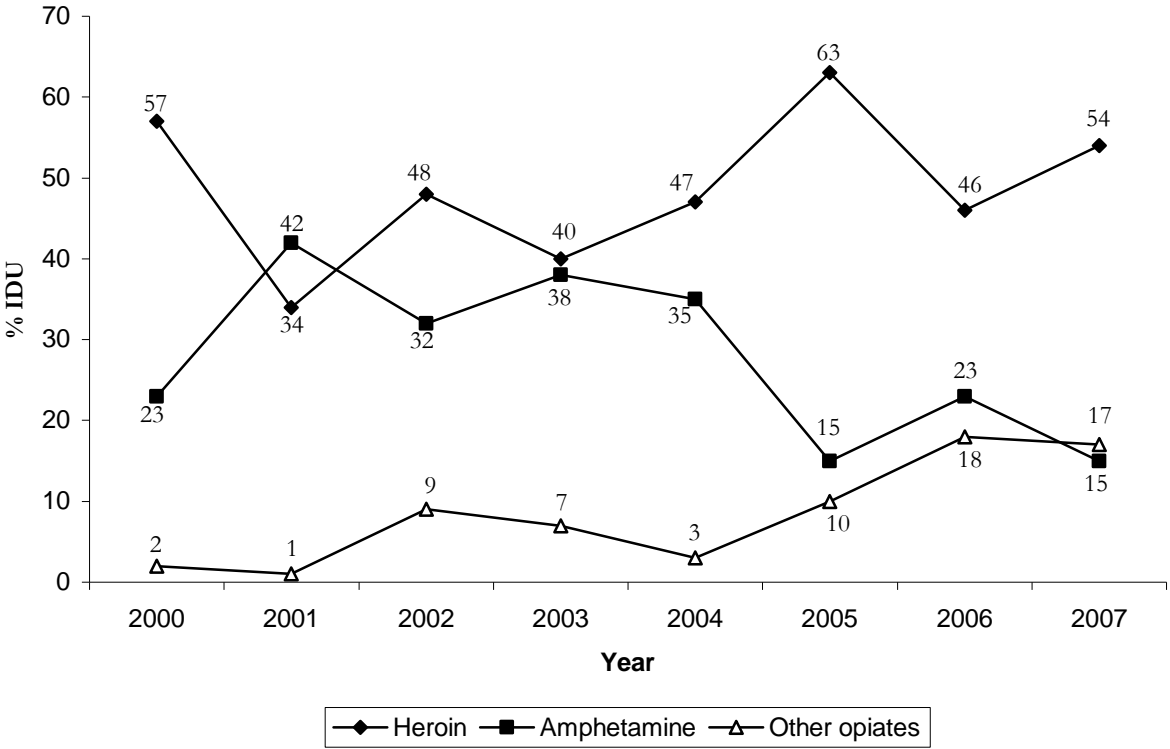
3.2 Drug use history and current drug use

Age of first injection ranged from 11 to 35 with a mean of 19 which remains unchanged from the mean age of first injection reported in 2006.

Whilst in the previous year amphetamines clearly stood out as the drug most commonly first injected, in 2007 this was in roughly equal frequency to heroin which was identified as the drug first injected by 44% of the IDU sample and amphetamines by 43%. Morphine remained a substantially less common first drug of injection, reported in this context by 10%. There were also individual IDU who reported that the first drug they had injected was either ecstasy, Subutex or opium.

The principle drug of choice among the 2007 IDU sample remained heroin, nominated by 54% compared with 46% the previous year. Other opiates remained relatively stable, being nominated as drug of choice by 17% compared with 18% in 2006. Amphetamines of various forms including dexamphetamine had actually declined in frequency of being nominated as drug of choice from 23% in 2006 to 15% in 2007. Interestingly, while nine percent of the 2006 IDU sample specifically mentioned crystal methamphetamine as their drug of choice, there were no mentions of the drug in this context in 2007. Despite the requirement that user participants in the survey had to be regular injecting drug users, cannabis was nominated as drug of choice by eight percent, a figure relatively similar to the seven percent reported the previous year. This data is shown in Figure 1 and Table 2 below.

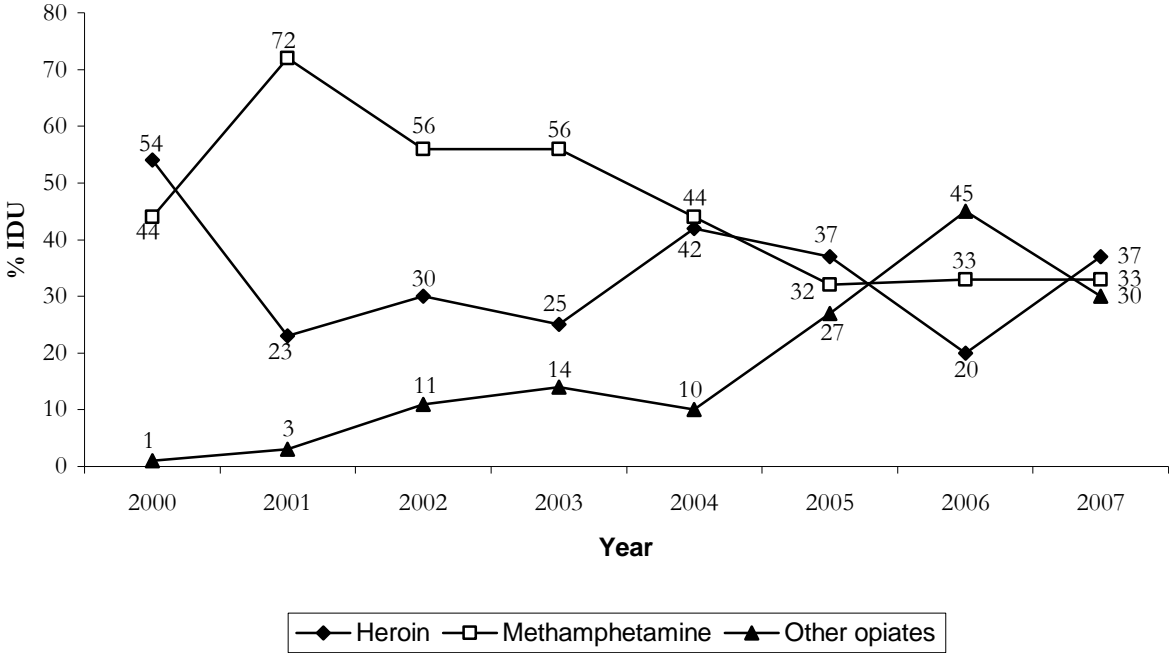
Figure 1: Drugs of choice, 2000-2007



Source: IDRS IDU interviews

There was little difference between the frequencies of drug classes nominated as most commonly injected in the month prior to the 2007 IDU interview. Heroin was commonly mentioned in this context by 37% of IDU compared with just 20% the previous year. Conversely, methamphetamines had fallen from 45% in 2006 to 30%. Frequency of IDU reporting other opiates as the class of drug most injected remained unchanged at 33%. While crystal methamphetamine had been the most commonly mentioned methamphetamine in this context in 2006 by 21% of IDU, in 2007 it was mentioned by only six, while powder methamphetamine had risen from nine percent to 24%. The most commonly mentioned other opiates were methadone by 10% and morphine by nine percent. This data is shown in Figure 2 and Table 2 below.

Figure 2: Drug injected most last month, 2000-2007



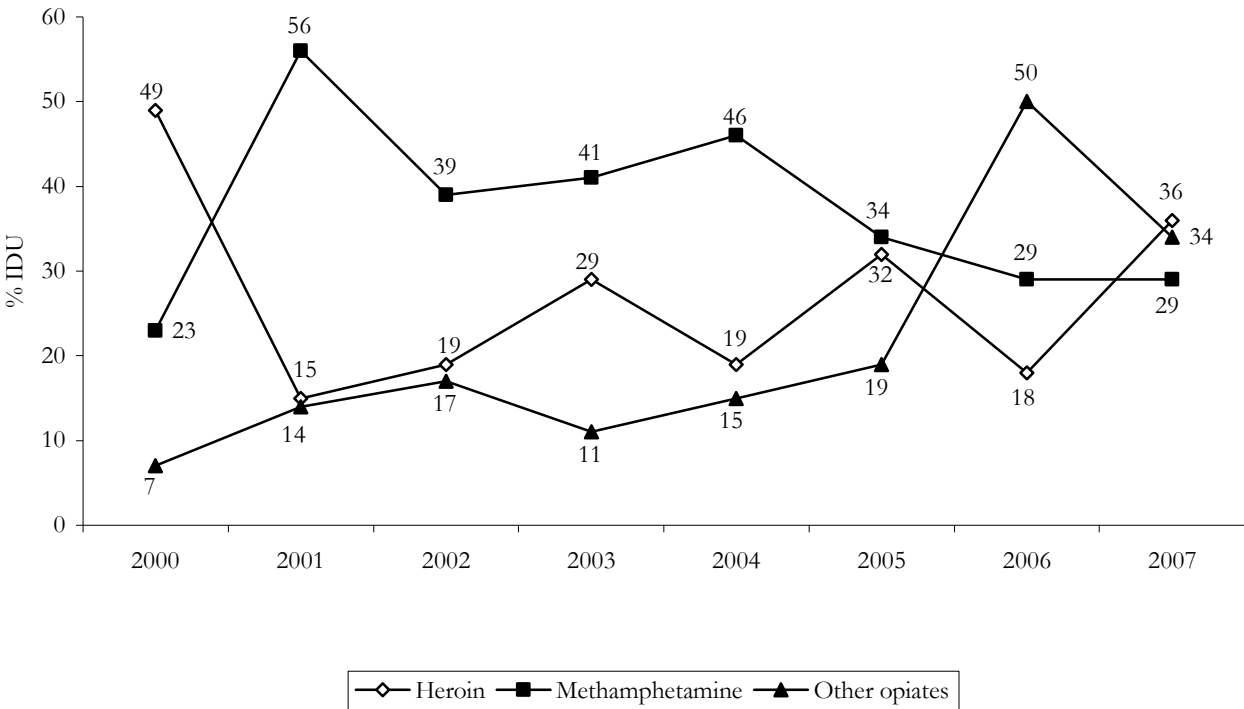
Source: IDRS IDU interviews

There were 34 IDU whose drug of choice did not correspond with the drug they had reportedly most injected. The most common reason provided for this was 29% who indicated that the main factor was availability. Also common were reasons relating to purity or health effects, both cited by 18% of those responding. There were also a range of less commonly reported miscellaneous reasons.

Drugs most commonly mentioned as the last injected prior to interview closely resembled those most commonly injected, with little difference between the three main classes of drug as reported by the 2007 sample. Heroin was most commonly nominated in this role by 36% of the IDU sample, up from just 18% in 2006. Methamphetamines in this context remained stable with 29% of the IDU sample reporting them as the last drug injected, while other opiates fell from being the most commonly mentioned class of drug by 50% of the 2006 IDU sample to 34% in 2007. With regards to methamphetamine, the decline in crystal was again reported falling from 18% in 2006 to five percent in 2007 while powder methamphetamine rose from nine percent to 21%.

The most commonly reported other opiates were again methadone and morphine, both reported by 11%. This data is presented in Figure 3 and Table 2 below.

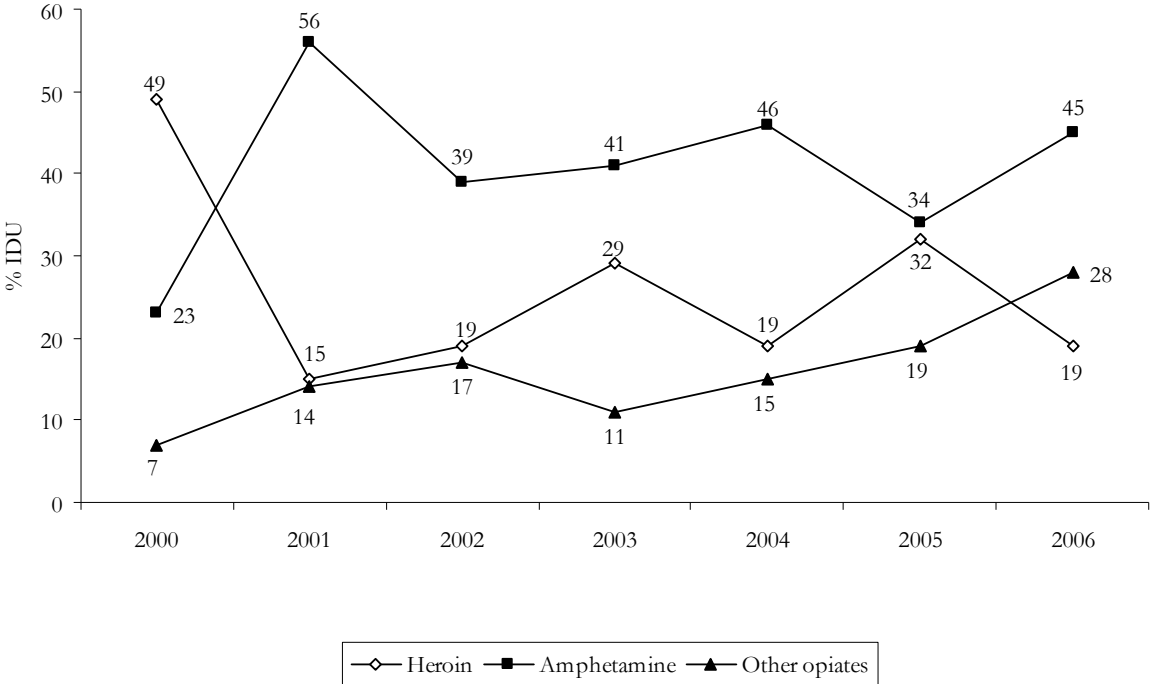
Figure 3: Drug last injected prior to interview 2000-2007



Source: IDRS IDU interviews

Looking at data from the NSP Survey (NCHECR, 2007) for 2006 reveals the same decline in heroin reported as the last drug injected in the IDRS that year, falling from 32 in 2005 to just 19 in 2006. However, while the IDRS reported (meth)amphetamine use in this context remaining relatively stable, the NSP survey documented a substantial rise from 34% to 45% of their sample reporting amphetamines as the class of drug last injected. Other opiates reported as drug last injected in the NSP survey also rose from 19% to 28%. This data is shown in Figure 4 below.

Figure 4: Number of respondents attending three inner city NSPs reporting heroin, methamphetamine and cocaine as last drug injected, 2000-2006

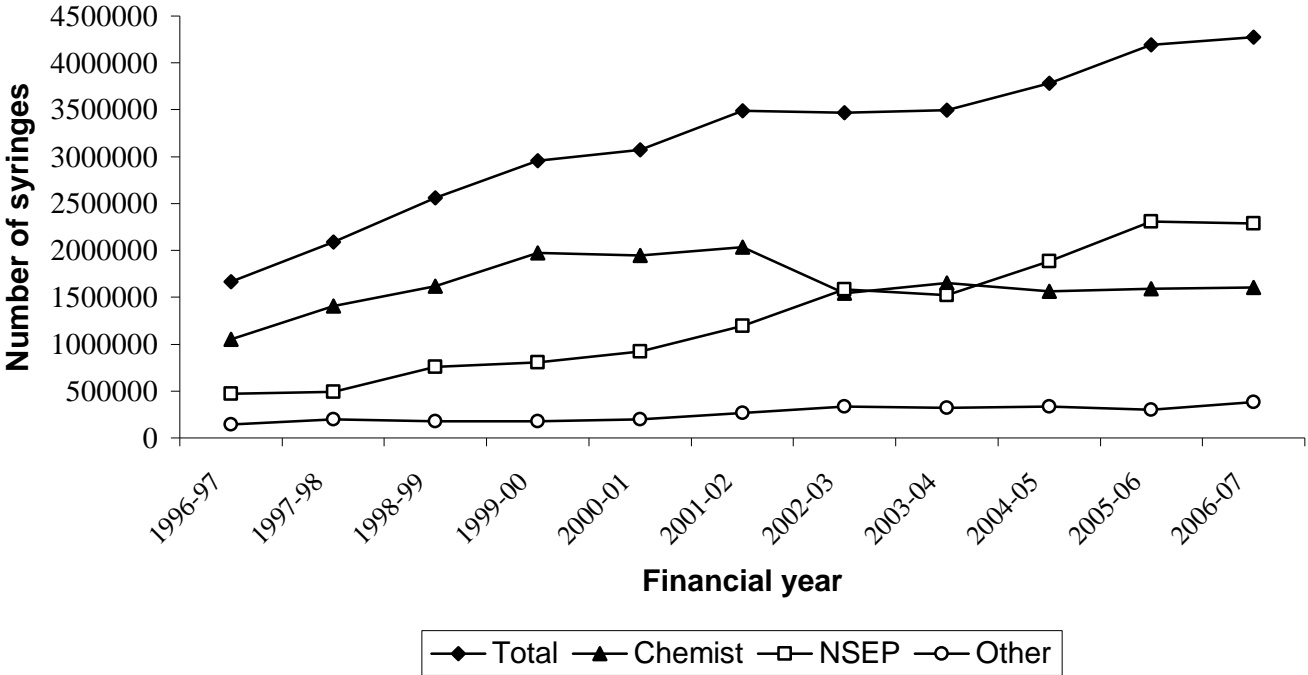


Source: Three inner city NSPs

The most common rate of injection in the 2007 IDRS IDU sample remained more than weekly, but less than daily, reported by 31% of the IDU sample compared with 41% in the previous year. However, this was closely followed by 29% who reported injection once per day. Viewed as a dichotomous variable of IDU who injected on at least a daily basis as opposed to those who injected less frequently, 58% of the 2007 IDU sample were injecting on at least a daily basis in the month prior to interview which was not significantly different from the 48% of daily injectors 2006 ($\chi^2=2.936$, $df=1$, $p=.087$). A breakdown of this data can be located in Table 2 below.

Figures from the Sexual Health Branch of the Health Department of Western Australia show that 427, 3298 syringes were distributed in WA during the 2006/2007 financial year. As has been the case since 2003/2004, the bulk of these were distributed via needle and syringe programs, responsible for 228, 7504 in 2006/2007. Less common sources of syringes were chemists distributing 160, 3146 and other sources such as hospitals and vending machines accounting for 38, 2648. Data concerning syringe distribution in WA since 1996/1997 is portrayed in Figure 5 below.

Figure 5: Sources of syringe distribution in WA 1996/1997-2006/2007



Source: Sexual Health Branch, Health Department of WA

A general breakdown on major components of drug use history of IDU respondents in the 2006 and 2007 IDRS is shown in Table 2 below.

Table 2: Injection history, drug preferences of IDU participants, 2006-2007

Variable	2006 N=100	2007 N=80
Age first injection (years)	19	19
First drug injected (%)		
Heroin	39	44
Amphetamines	48	43
Cocaine	1	0
Morphine	7	10
Drug of choice (%)		
Heroin	46	54
Cocaine	0	1
Methamphetamine (any form)	23	15
<i>Speed</i>	8	13
<i>Base</i>	6	3
<i>Crystal methamphetamine (ice)</i>	9	0
Other opiates	18	17
Cannabis	7	8
Drug injected most often in last month (%)		
Heroin	20	38
Cocaine	0	0
Methamphetamine (any form)	33	33
<i>Speed</i>	9	24
<i>Base</i>	3	3
<i>Crystal methamphetamine (ice)</i>	21	6
Other opiates	45	30
Other/ Not injected in last month	0	0
Most recent drug injected (%)		
Heroin	18	36
Cocaine	0	0
Methamphetamine (any form)	29	29
<i>Speed</i>	9	21
<i>Base</i>	2	3
<i>Crystal methamphetamine (ice)</i>	18	5
Other opiates	50	34
Frequency of injecting in last month (%)		
<i>Not injected in last month</i>	0	1
Weekly or less	11	11
More than weekly, but less than daily	41	31
Once per day	14	29
2-3 times a day	27	18
>3 times a day	7	10

Source: IDRS IDU interviews

Asking what drugs they had taken the day before interview revealed the most common drug to have been other opiates consumed by 59% of IDU followed by cannabis consumed by 43% of IDU. This was followed by 38% who had consumed benzodiazepines, 29% who had taken heroin, 20% who had taken alcohol, and powder or crystal methamphetamine, both consumed by 13% of IDU in the 2007 sample. The most common of the other opiates was methadone, taken by 28%, followed by morphine consumed by nine percent and a range of less common opiates being reported on a much less frequent basis.

As in recent years of the IDU survey, polydrug use was found to be highly normalised amongst the IDU sample. Considering the three main drug classes, just one percent reported using heroin

exclusively, seven percent exclusively using other opiates and 10% exclusively using methamphetamines. Much more common scenarios were 30% who reported the recent use of both heroin and other opiates, and 30% who reported using all three classes of drugs. This data is portrayed in Figure 6 below. If benzodiazepines and cannabis are included in this analysis, the concept of an IDU exclusively adhering to one class of drug becomes effectively redundant, with just one percent reporting exclusive use of heroin in the six months preceding the IDU survey and just three percent reporting exclusive use of methamphetamine; the remainder of the IDU survey all reporting the recent use of more than one drug class.

Figure 6: Polydrug use amongst the IDU sample, 2007

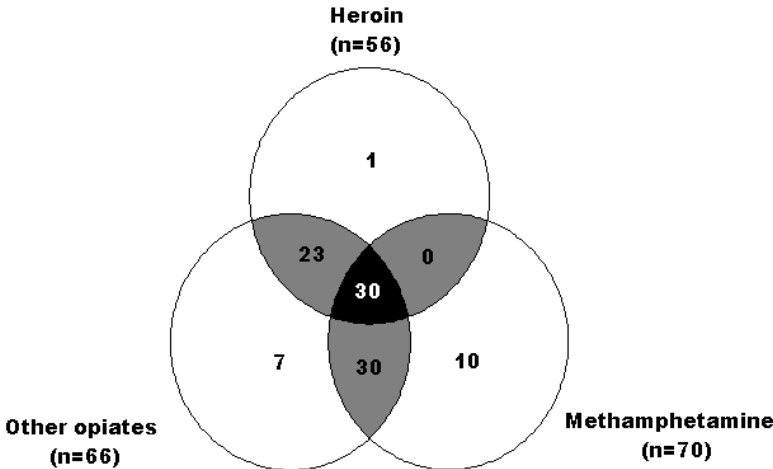


Table 3: Drug use history of the IDU sample, 2007

Drug Class	Ever used %	Ever injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths+ %	Used^ last 6 mths %	Days in treatment* last 6 mths	Days used^ in last 6 mths*
Heroin	90	90	56	87 (72)	39	5	19	3	17	3	56		87 (72)
Homebake heroin	84	84	44	42 (14)	1	0	0	0	4	1	44		42 (14)
<i>Any heroin (inc. homebake)</i>	<i>94</i>	<i>94</i>	<i>71</i>	<i>89 (73)</i>	<i>39</i>	<i>5</i>	<i>19</i>	<i>3</i>	<i>18</i>	<i>3</i>	<i>71</i>		<i>89 (73)</i>
Methadone (prescribed)	51	32	11	64 (48)					50	28	28	161 (180)	152 (180)
Methadone (not prescribed)	41	29	19	55 (48)					27	11	24		43 (12)
Physeptone (prescribed)	8	6	1	72 (72)	0	0	0	0	6	1	1	180 (180)	180 (180)
Physeptone (not prescribed)	38	30	16	25 (7)	0	0	0	0	18	5	19		22 (6)
<i>Any methadone (inc. Physeptone)</i>	<i>75</i>	<i>57</i>	<i>33</i>	<i>60 (36)</i>					<i>64</i>	<i>35</i>	<i>52</i>		<i>115 (174)</i>
Buprenorphine (prescribed)	28	13	1	7 (7)	0	0	0	0	25	4	6	90 (90)	81 (90)
Buprenorphine (not prescribed)	41	40	18	92 (105)	0	0	0	0	15	5	19		87 (90)
<i>Any buprenorphine (exc. buprenorphine-naloxone)</i>	<i>57</i>	<i>43</i>	<i>18</i>	<i>93 (105)</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>37</i>	<i>9</i>	<i>22</i>		<i>90 (90)</i>
Buprenorphine-naloxone (prescribed)	8	3	1	30 (30)	0	0	0	0	6	4	4	90 (90)	80 (90)
Buprenorphine-naloxone (not prescribed)	20	20	15	77 (68)	0	0	0	0	3	1	15		77 (68)
<i>Any Buprenorphine-naloxone</i>	<i>28</i>	<i>23</i>	<i>16</i>	<i>73 (40)</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>9</i>	<i>5</i>	<i>19</i>		<i>80 (90)</i>
Morphine (prescribed)	28	20	8	96 (96)	0	0	0	0	17	6	9		96 (96)
Morphine (not prescribed)	70	69	45	39 (16)	0	0	0	0	23	8	45		40 (16)
<i>Any morphine</i>	<i>79</i>	<i>76</i>	<i>49</i>	<i>48 (24)</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>31</i>	<i>14</i>	<i>50</i>		<i>51 (30)</i>
Oxycodone (prescribed)	15	13	4	61 (30)	0	0	0	0	11	4	5		62 (32)
Oxycodone (not prescribed)	68	60	41	28 (7)	0	0	0	0	14	6	44		27 (7)
<i>Any oxycodone</i>	<i>71</i>	<i>63</i>	<i>43</i>	<i>33 (12)</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>22</i>	<i>9</i>	<i>46</i>		<i>28 (7)</i>
Other opioids (not elsewhere classified)	12	5	4	74 (96)	1	0	0	0	5	1	5		56 (51)

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

+ Refers to/includes sublingual administration of buprenorphine

* Among those who had used/injected. # Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood). Does not include pharmaceutical stimulants
Median days of use/injection are in brackets

Table 3: Polydrug use history of the IDU sample, 2006 (continued)

Drug Class	Ever used %	Ever injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths+ %	Used^ last 6 mths %	Days in treatment* last 6 mths	Days used^ in last 6 mths*
Speed powder	90	88	61	44 (24)	28	16	22	5	24	11	61		45 (24)
Base/point/wax	45	44	23	27 (7)	3	1	0	0	5	3	23		28 (7)
Ice/shabu/crystal	78	78	56	39 (24)	35	24	5	3	10	6	56		41 (24)
Amphetamine liquid	14	10	4	13 (7)					5	1	4		13 (7)
<i>Any form methamphetamine#</i>	<i>93</i>	<i>91</i>	<i>69</i>	<i>71 (72)</i>	<i>48</i>	<i>32</i>	<i>25</i>	<i>6</i>	<i>30</i>	<i>15</i>	<i>70</i>		<i>74 (73)</i>
Pharmaceutical stimulants (prescribed)	4	1	0	-	0	0	0	0	4	1	1		180 (180)
Pharmaceutical stimulants (not prescribed)	45	35	20	21 (7)	0	0	1	0	25	13	29		20 (6)
<i>Any form pharmaceutical stimulants</i>	<i>48</i>	<i>35</i>	<i>20</i>	<i>21 (7)</i>	<i>0</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>28</i>	<i>14</i>	<i>30</i>		<i>26(7)</i>
Cocaine	49	44	15	8 (4)	6	1	23	6	4	1	16		7(4)
Hallucinogens	54	8	3	2 (2)	0	0	0	0	54	6	8		16 (3)
Ecstasy	60	27	13	1 (1)	3	3	1	0	54	24	28		6 (2)
Benzodiazepines (prescribed)	66	5	4	4 (1)	0	0	0	0	65	58	59		104 (90)
Benzodiazepines (not prescribed)	41	9	6	8 (6)	0	0	0	0	36	30	34		38 (12)
<i>Any form benzodiazepines</i>	<i>79</i>	<i>10</i>	<i>9</i>	<i>8 (6)</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>75</i>	<i>68</i>	<i>71</i>		<i>98 (87)</i>
Alcohol	93	1	0	-					93	60	60		54 (23)
Cannabis	91										69		102 (90)
Inhalants	8										5		41 (39)
Tobacco	98										89		180 (180)

Source: IDRS IDU interviews

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

+ Refers to/includes sublingual administration of buprenorphine

* Among those who had used/injected.

Median days of use/injection are in brackets

4.0 HEROIN

4.1 Use

4.1.1 Heroin use among IDU participants

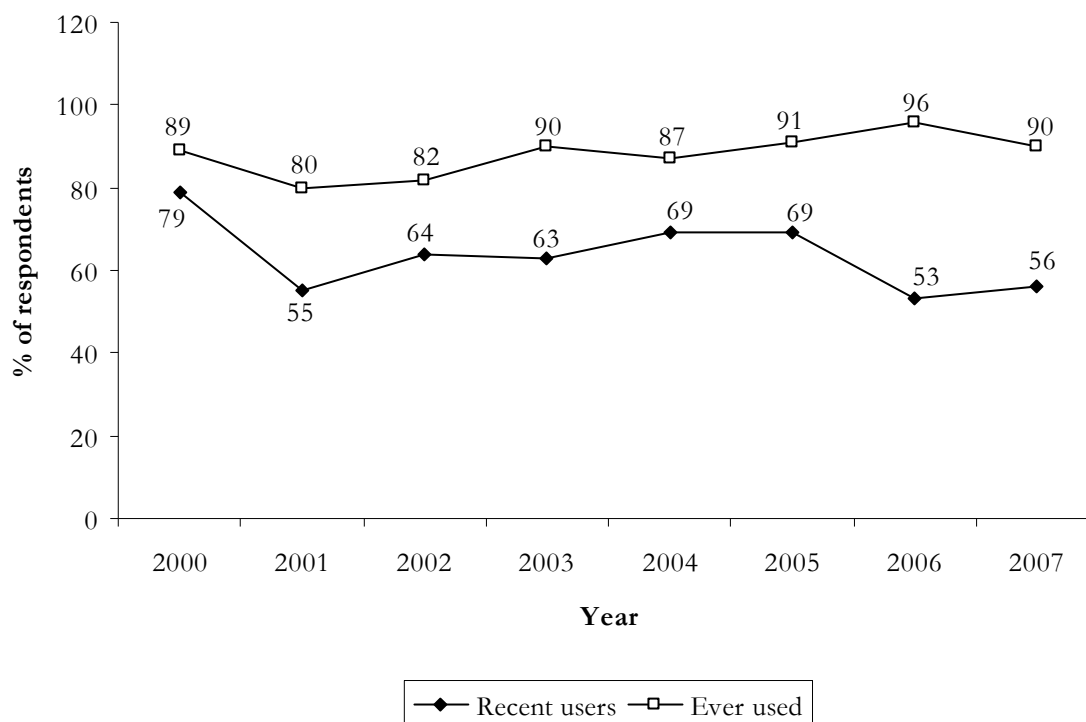
A lifetime history of having used heroin was reported by 90% of the 2007 IDU sample, compared with 96% in the previous year. Having ever injected heroin was reported by 90% which was not significantly different to the 94% in 2006 ($\chi^2=2.270$, $df=1$, $p=.132$).

4.1.2 Current patterns of heroin use

Use of heroin in the six months prior to the 2007 survey was reported by 56% of IDU, a figure not significantly different from the 53% who reported having done so in the previous year ($\chi^2=.339$, $df=1$, $p=.560$). Days of use ranged in the last six months from one to 180 with 29% of all recent heroin users reporting use on a daily basis, a significant increase on the 11% in the previous year's sample ($\chi^2=14.709$, $df=1$, $p=.000$). Mean days of heroin use was 87, a significant increase on the 47 days reported the previous year ($t=3.637$, $df=44$, $p=.001$). Recent injection of heroin was reported by all 56% which was not significantly different from the 53% of recent heroin injectors in 2006 ($\chi^2=.339$, $df=1$, $p=.560$). Other routes of administration for heroin remained relatively uncommon.

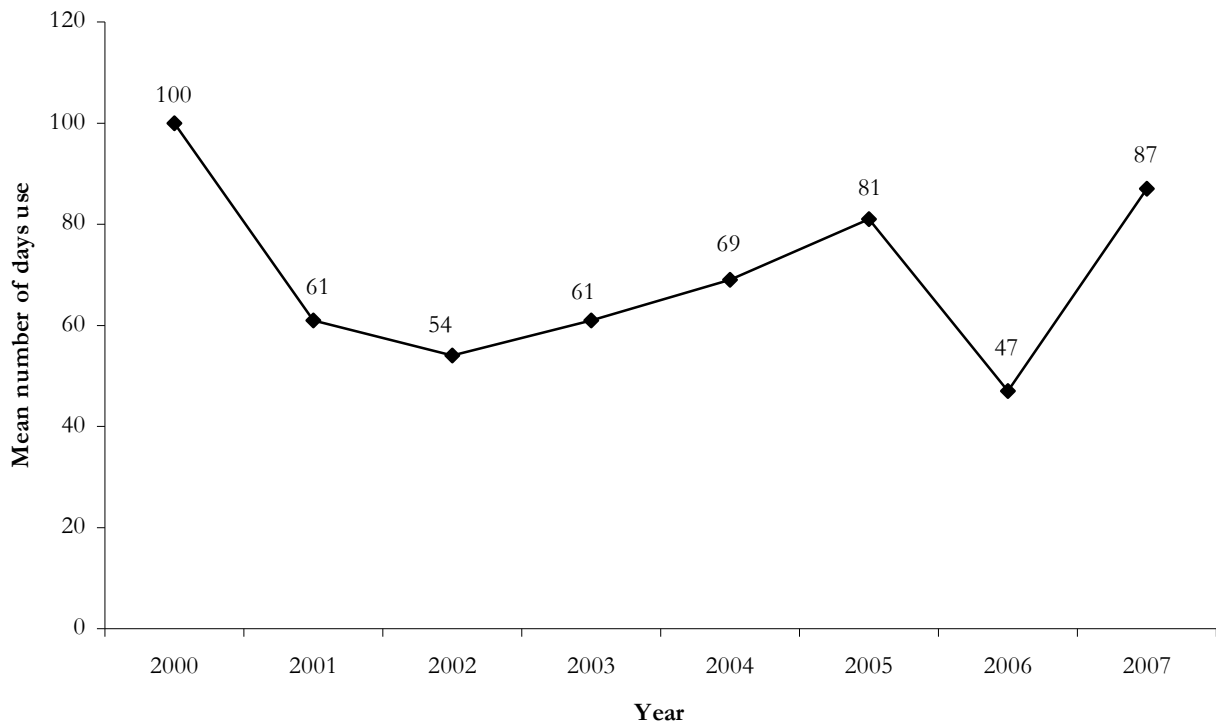
Data concerning heroin use in the WA IDU sample since 2000 is displayed in Figures 7-9 below.

Figure 7: Patterns of heroin use by IDU, 2000-2007



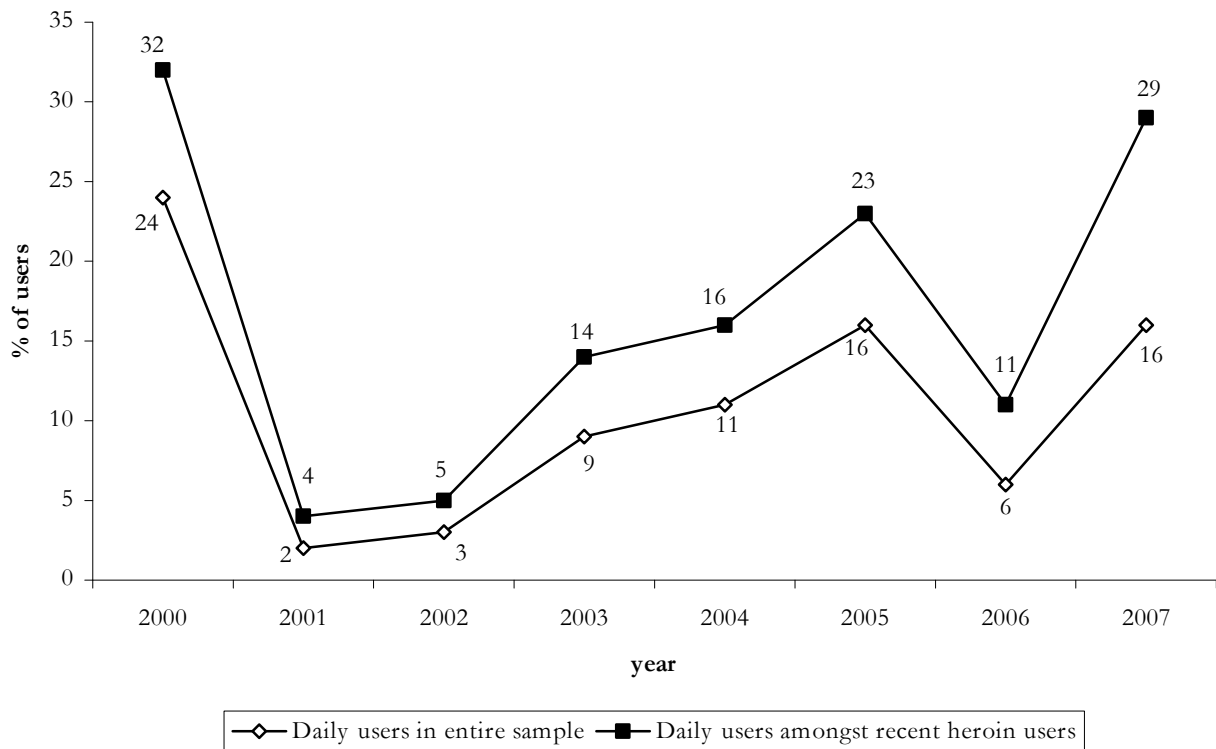
Source: IDRS IDU interviews

Figure 8: Mean days of heroin use amongst WA IDU, 2000-2007



Source: IDRS IDU interviews

Figure 9: Daily heroin users in the WA IDU sample, 2000-2007



Source: IDRS IDU interviews

Of the 31 IDU who provided information as to the forms of heroin they had used, 87% reported that the most common form of heroin they had used had been a white or off-white powder. Only seven percent said their most common form of heroin was white or off-white rock. Only one individual indicated that they had mostly used heroin with a brown colour. However, in keeping with anecdotal evidence from the eastern states, data was found to suggest that this form has also begun to appear in Western Australia with 12 IDU reporting at least once having used a brown powder heroin in the six months preceding the survey and seven reporting the use of a brown rock form of the drug. The appearance of a brown form of heroin was also noted by one key expert.

The only key expert commenting specifically about heroin noted that use of the drug was increasing as availability improved. The heroin was described as being a white powder, the current batch of which had appeared towards the end of the 2006/2007 financial year. The key expert suggested that intravenous use on a twice daily basis was typical

4.2 Price

Questions about the price of a gram of heroin were able to be answered by 44% (n=21) of the 2007 IDU sample, a figure not significantly different from the 34% in 2006 ($\chi^2=.945$, $df=1$, $p=.331$). Prices cited ranged from \$150 to \$1000 with a median price of \$600 and a mean median price of \$626 which while not significantly higher than the previous year's mean of \$573 ($t=1.319$, $df=20$, $p=.202$) was significantly greater than the 2005 average of \$527 ($t=2.460$, $df=20$, $p=.023$), suggesting that the price of heroin in WA has indeed increased, albeit over a relatively long time frame.

With regards to actual purchases of heroin, with the exception of a point, regardless of the size of purchase there were fewer IDU who had recently bought any heroin within the six months prior to interview than in the previous year, a trend that was also noted in the 2006 survey. A quarter gram remained the most common size of purchase with 22 IDU having done so. A gram of heroin had recently been purchased by just five IDU for an average price of \$690 compared with \$532 in 2006. Although this finding was not statistically significant ($t=1.656$, $df=4$, $p=.173$), this is likely a reflection of the very small number of reported purchases in 2007. Data concerning heroin prices are displayed in Table 4 and Figure 10 below.

Table 4: Price of most recent heroin purchases by IDU participants, 2006-2007

Amount	Median price* \$	Range	Number of purchasers*†
Cap	50 (50)	50-50	2 (5) ^
Point	83 (100)	50-130	12 (4)
Quarter gram	175 (200)	150-250	22 (28)
Half gram (half weight)	375 (288)	250-500	10 (14)
Gram	650 (550)	500-1000	5 (11) ^

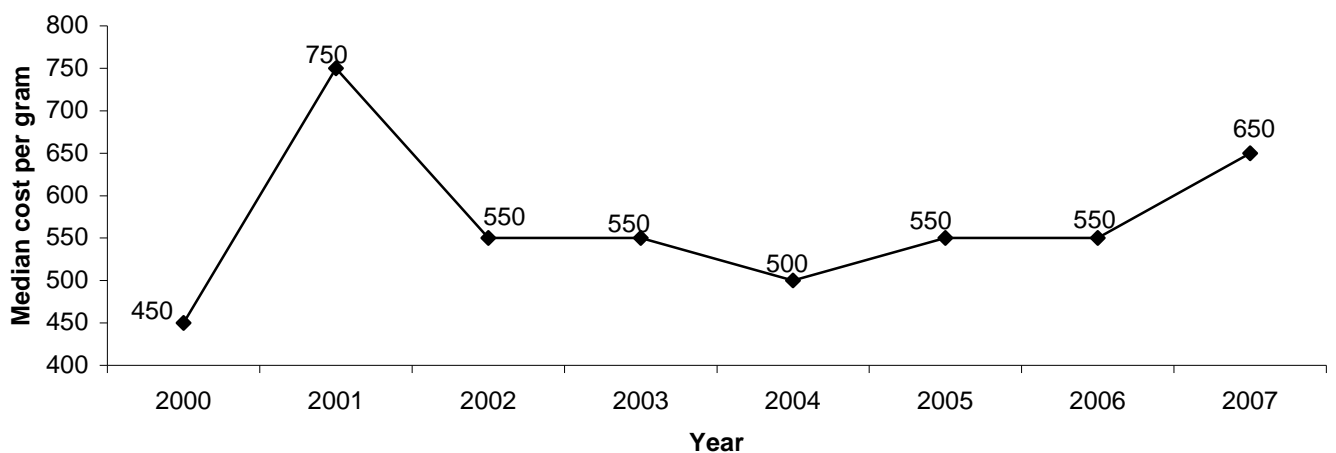
Source: IDRS IDU interviews

* 2006 data are presented in brackets

^ based on small number of purchases

† Total n for 2007 was 80 and for 2006 was 100

Figure 10: Median prices of heroin estimated from IDU purchases, 2000-2007



Source: IDRS IDU interviews

NB: Survey items relating to quarter and half grams were first included in 1998

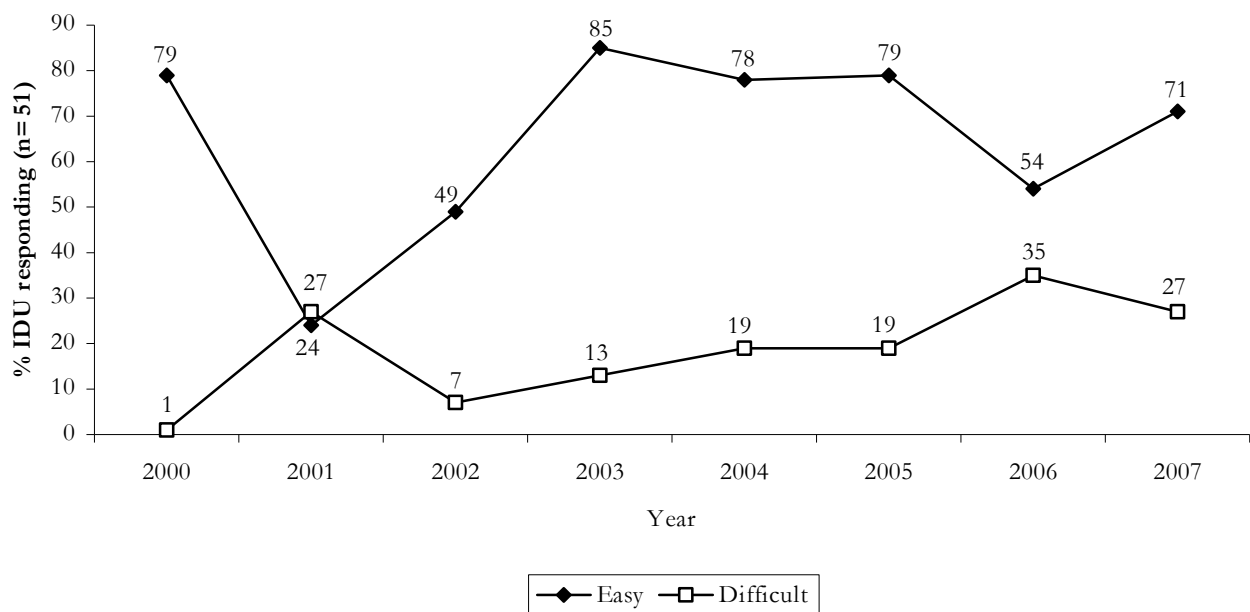
Asked if the price of heroin had changed in the six months preceding the interview, 41% of IDU responding indicated that it had not. This was followed by 35% who thought it had increased.

Although three key experts discussed opiate use, only one of these referred directly to heroin. This key expert suggested that the price of a gram of heroin was currently \$300 and had remained stable, despite the fact that this information is irreconcilable with that received from current users of the drug.

4.3 Availability

There were 51 IDU who provided information on the availability of heroin in the 2007 survey. The most common response from 43% of these IDU was that obtaining heroin was ‘easy’ which was also the most common response in 2006. This was followed by 28% who described obtaining heroin as ‘very easy’. Viewed as a dichotomous variable there were 71% of IDU who indicated availability as being either ‘easy’ or ‘very easy’ and 27% who thought it ‘difficult’ or ‘very difficult’. This data is displayed in Figure 11 and Table 5 below and suggests that the availability of heroin has, at least in some degree, recovered from the ‘slump’ seen in 2006.

Figure 11: IDU reports of ease of availability of heroin in the past six months, 2000-2007



Source: IDRS IDU interviews

Table 5: Participants' reports of heroin availability in the past six months, 2006-2007

	2006 (N=100)	2007 (N=80)
Current availability		
Did not respond* (%)	46	36
Did respond (%)	54	64
<i>Of those who responded:</i>		
Very easy (%)	17% (9% of entire sample)	28% (18% of entire sample)
Easy (%)	37% (20% of entire sample)	43% (28% of entire sample)
Difficult (%)	28% (15% of entire sample)	20% (13% of entire sample)
Very difficult (%)	7% (4% of entire sample)	8% (5% of entire sample)
Don't know^	11% (6% of entire sample)	2% (3% of entire sample)

Source: IDRS IDU interviews

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

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity of heroin but had not had enough contact with users/dealers to respond to items concerning availability.

Asked if the availability of heroin had changed in the six months preceding the survey, 39% of the 51 IDU responding indicated that it had not. This was followed by 28% who stated that it had become more difficult, 18% who thought it had 'become easier', 12% who thought it had fluctuated and eight percent who didn't know.

As in 2006, the most common source for obtaining heroin was from 'friends' with 31% of the 51 IDU who responded giving this answer. This was closely followed by 30% who nominated their usual source as 'known dealers'. Third most common was 'acquaintances' mentioned by 14% and a range of other sources that were relatively uncommon.

The most commonly mentioned location for picking up deals of heroin was an 'agreed public location' mentioned by 35% of the 51 IDU responding. This was followed by 'friends' homes' mentioned by 20%, 'dealers' homes' by 15% and 'home delivery' mentioned by 11%. There were also a range of miscellaneous other locations that were mentioned infrequently.

Heroin was generally purchased for 'themselves and others' according to 65% of the 51 IDU responding to this section. Also common was purchasing just for 'themselves' as reported by 26%.

The only key expert reporting on availability of heroin described availability as 'easy' and that this had not changed. There were three other key experts speaking about users of other drugs however, who reported that heroin availability had increased.

4.4 Purity

With regards to the current purity of heroin in Perth, a total of 51 IDU (64%) responded. As in 2006 the dominant opinion held by 47% of those responding was that heroin purity in Perth was currently 'low'. There were, however, a slightly higher proportion of IDU responding who rated purity as

‘medium’ (28% vs 15% in 2006) or ‘high’ (12% vs 7% in 2006). An additional 14% suggested that heroin purity tends to fluctuate. Data concerning users’ perceptions of heroin purity is located in Table 6 and Figure 12 below.

Table 6: Participants’ perceptions of heroin purity in the past six months, 2006-2007

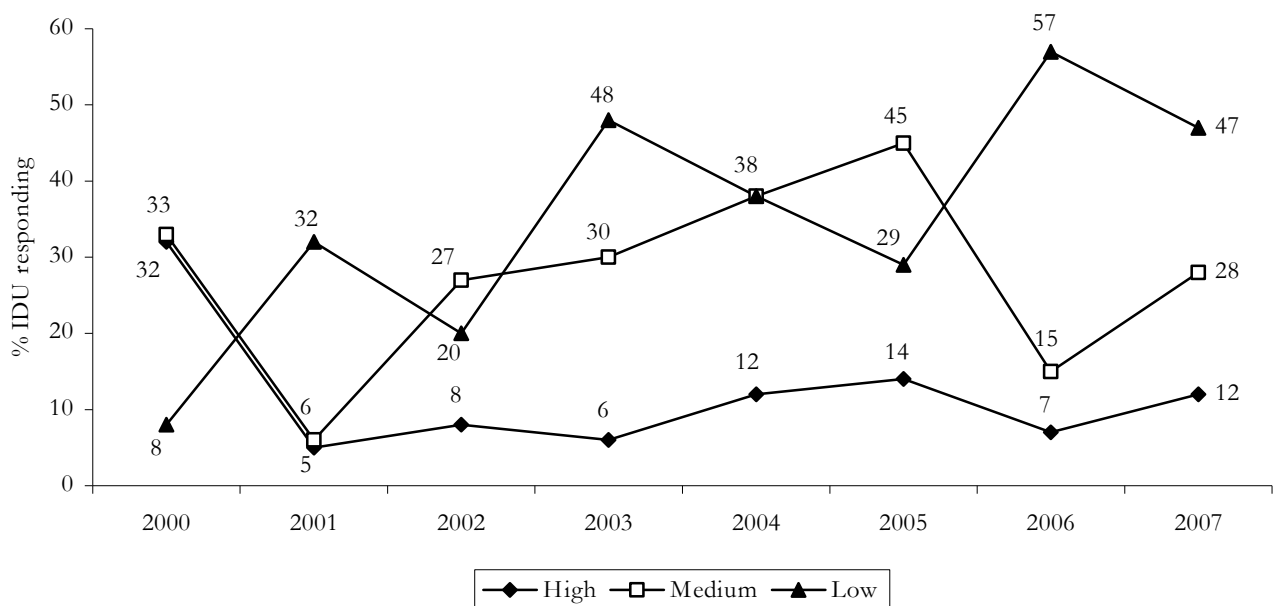
	2006 (N=100)	2007 (N=80)
Current purity		
Did not respond* (%)	46	36
Did respond (%)	54	64
<i>Of those who responded:</i>		
High (%)	7 (4% of entire sample)	12 (8% of entire sample)
Medium (%)	15 (8% of entire sample)	28 (18% of entire sample)
Low (%)	57 (31% of entire sample)	47 (30% of entire sample)
Fluctuates (%)	9 (5% of entire sample)	14 (9% of entire sample)
Don’t know^ (%)	11 (6% of entire sample)	0 (0% of entire sample)

Source: IDRS IDU interviews

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

^ ‘Don’t know’ refers to participants who were able to respond to survey items on price and/or availability of cocaine, but had not had enough contact with users/dealers, or had not used a sufficient number of times to feel confident responding to items concerning purity

Figure 12: Proportion of IDU who responded reporting current heroin purity as high, medium or low, 2000-2007



Source: IDRS IDU interviews

Despite the above suggesting that the purity of heroin may be improving, albeit subtly, this interpretation was not supported by IDU responses to the question of whether heroin purity had recently changed, with 41% of IDU responding stating it had decreased. This was followed by 20% who thought it was fluctuating, 18% who thought it was increasing and 16% who thought it had remained stable.

The only key expert reporting specifically on heroin indicated that purity was currently low and that this had not changed. Another key expert however, believed there had been an increase in the supply of high quality heroin in Perth.

4.5 Trends in heroin use

Surprisingly few IDU made comments concerning trends in heroin. Amongst those that did, however, themes that have been apparent in the last few years again emerged, primarily the move from heroin to methamphetamines, with several IDU identifying issues related to purity and availability as underlying causes. That said however, two IDU suggested that heroin may be undergoing a resurgence, one noting that new types of people, specifically ‘wealthy and prosperous such as miners’ were beginning to use heroin. The other observed that ‘there was more heroin after methadone’ although the precise meaning of this statement remains a matter of conjecture.

4.6 Summary of heroin trends

A summary of trends relating to heroin is presented in Table 7 below.

Table 7: Summary of heroin trends

Use	No increase in numbers of recent users but days of use and numbers using on a daily basis have increased
Price	Some evidence that the median price of a gram has increased from \$550 to \$650
Purity	User reports suggest some increase since 2006, but it remains relatively poor compared to earlier years
Availability	Availability has become easier

5.0 METHAMPHETAMINE

5.1 Use

5.1.1 Methamphetamine use among IDU participants

A life history of having ever used any methamphetamine was reported by 93% of the 2007 IDU sample, a figure not greatly dissimilar to the 98% reported in the previous year. Specific to form, 90% reported having ever used powder methamphetamine, 45% had ever used the base or paste form and 78% had ever used crystal methamphetamine. Life history of liquid amphetamine remained relatively uncommon with 14% of the 2007 IDU sample reporting having done so.

5.1.2 Current patterns of methamphetamine use

Recent use in the six months preceding the survey of any form of amphetamine was reported by 70% of IDU compared with 84% in 2006 ($\chi^2=17.010$, $df=1$, $p=.000$). This represents the lowest figure for recent methamphetamine use since IDU surveys commenced in 2000. Whilst this may be representative of a significant drop in methamphetamine use amongst Perth IDU over the last year, the possibility must be considered that this figure may have been affected by very low levels of IDU recruitment via pharmacies in the 2007 sample. Recent injection of any form of methamphetamine was reported by all of these IDU. Days of use ranged from one to 180 with nine IDU reporting use on a daily basis. Mean days of use in the past six months was 74 which was significantly higher than the 2006 mean of 51 days ($t=2.653$, $df=55$, $p=.010$).

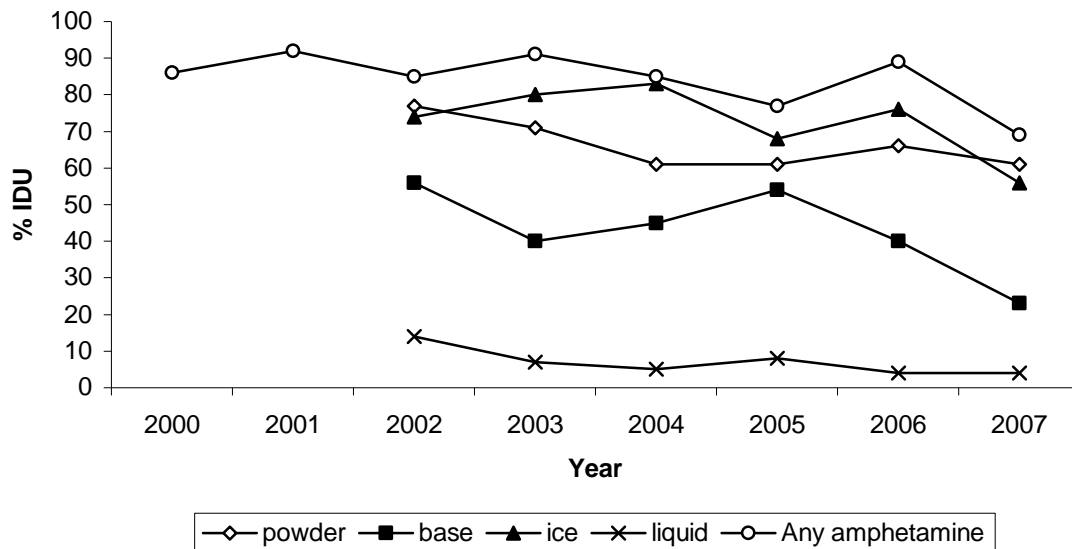
Powder methamphetamine had been used in the past six months by 61% of IDU, which did not differ significantly from the 66% reported in 2006 ($\chi^2=.804$, $df=1$, $p=.370$). All of these IDU reported having recently injected powder methamphetamine. Days of use ranged from one to 180 with two IDU reporting use on a daily basis. Mean days of use was 45 which was a significant increment on the 19 days of average use reported in 2006 ($t=3.924$, $df=48$, $p=.000$).

Base or paste methamphetamine had recently been used by 23% of IDU representing a significant decline from the 40% in the 2006 sample ($\chi^2=10.208$, $df=1$, $p=.001$). All recent users reported having injected paste methamphetamine in the past six months. Days of use ranged from one to 180 with one report of use on a daily basis. Mean days of use was 28 days which did not differ significantly from the 2006 mean of 20 ($t=.743$, $df=17$, $p=.468$).

Recent use of crystal methamphetamine was reported by 56% of IDU in the 2007 sample which was significantly less than the 76% reported the previous year ($\chi^2=17.108$, $df=1$, $p=.000$). All recent users reported having injected crystal methamphetamine in the six months preceding the survey. Rates of smoking crystal methamphetamine had remained relatively unchanged at 24% compared with 21% in 2006 ($\chi^2=.365$, $df=1$, $p=.546$). Days of use in the last six months ranged from one to 180 with two IDU reporting use on a daily basis. Mean days of use in the last six months was 41 which was not a significant shift from the 2006 average of 35 days ($t=.920$, $df=44$, $p=.362$).

Recent use of liquid methamphetamine remained extremely uncommon with just four percent of IDU reporting this practice in 2007, a figure identical to that reported the previous year. All reported having injected liquid methamphetamine in the six months preceding the survey. Days of use in the last six months ranged from two to thirty. Mean days of use was 13 which did not differ significantly from the previous year's average of 20 days ($t=-.812$, $df=2$, $p=.502$). Data concerning use of methamphetamine by form and days of use is displayed in Figures 13 and 14 below.

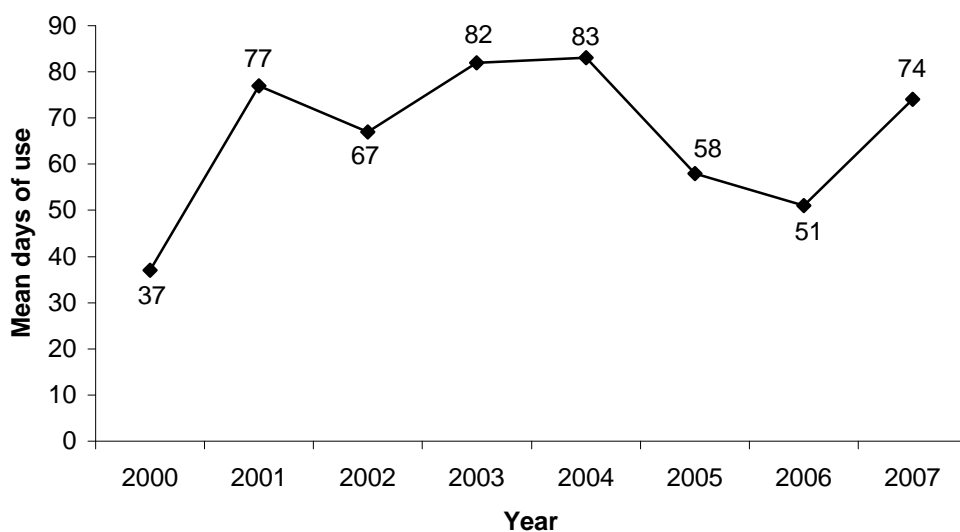
Figure 13: Proportion of IDU reporting methamphetamine use in the past six months, 2000-2007



Source: IDRS IDU interviews

NB: Prior to 2006 'any amphetamine' includes pharmaceutical stimulants.

Figure 14: Mean days of use for any methamphetamine by WA IDU, 2000-2007



Source: IDRS IDU interviews

With regards to the form most commonly used, as can be seen in figure 17 above, powder methamphetamine was the most commonly used, exceeding use of crystal methamphetamine for the first time since 2002 with 53% of IDU responding nominating this form. Crystal methamphetamine was nominated by 44% and the base/paste form by just four percent.

There were 10 key experts who provided information specifically about methamphetamine use. Reported rates of use varied greatly from occasional use on a monthly basis to much more extreme levels of use two to three times daily, with one key expert even reporting rates as high as eight times a day. In between these extremes were several more moderate reports suggesting typical rates as two to four times a week. That use of methamphetamine was connected to financial factors such as payment days for unemployment benefit was mentioned by one key expert. Another key expert suggested that a typical pattern might involve expenditure of around \$700 a week followed by several days of crashing. The consumption of half a gram in a day was suggested by one key expert as being typical of binge use. All key experts mentioned IV use with eight indicating that this was the main mode of administration. The remaining two key experts believed smoking was more common. A larger number observed that smoking continued to increase in frequency. Oral administration or drinking was also mentioned by two key experts, one of whom suggested this method may be common amongst young people whose main drug of choice was ecstasy. All but two of these key experts indicated that the predominant form was crystal methamphetamine and one noting that the base /paste form had virtually disappeared. The remaining two indicated that powder methamphetamine was the main form. Brief mention was made by two key experts of the appearance of 'black ice' and 'strawberry ice' but it is not clear from these reports if these are in fact new forms of methamphetamine or simply crystal methamphetamine that has been coloured by the manufacturer as a means of branding to enhance product recognition and marketability.

That methamphetamine use may be a progression from earlier drug dependencies was suggested by two key experts: the first speaking about female sex workers noted that many of these had turned to methamphetamine to get off heroin but ended up becoming addicted to methamphetamine instead. The second key expert speaking about indigenous drug users observed that often these users had 'graduated' from the inhaling of paints and solvents. A key expert working in hospital emergency departments noted that polydrug use was common amongst methamphetamine users especially benzodiazepines and cannabis although alcohol use was infrequently seen. However, this same key expert noted that methamphetamine presentations to emergency departments were decreasing as opiates became a bigger issue.

It was extremely common amongst key experts reporting primarily on other types of drug users to be aware of the use of methamphetamines in up to half the drug users they had contact with. For the most part this methamphetamine was identified as crystal although one key expert mentioned powder and another mentioned the base/paste form. Although two described this use as infrequent or decreasing, two others believed it was becoming more commonplace, one noting this especially amongst older primary cannabis users. One key expert also observed a perception that use of methamphetamine appeared to be becoming more acceptable amongst primary cannabis users.

5.2 Price

Asked what they believed a gram of powder methamphetamine cost resulted in responses from 24 IDU and a price range from \$200 to \$500 with a average median price of \$361 which was significantly higher

than the 2006 average median price of \$300 ($t=3.816$, $df=23$, $p=.001$). Information about the cost of a gram of base or paste methamphetamine was provided by just six IDU who gave a price range from \$200 to \$500 with a average median price of \$354 which was not significantly different from the 2006 mean median of \$323 ($t=.868$, $df=5$, $p=.425$). With regards to the current price for a gram of crystal methamphetamine, data was provided by 37 IDU with suggested prices ranging from \$200 to \$500 and a mean median price of \$403 which was a significant increment on the 2006 mean median price of \$354 ($t=2.658$, $df=14$, $p=.019$).

With regards to actual purchases of methamphetamine, a gram of methamphetamine powder had recently been purchased by seven IDU for a mean price of \$336 which was not significantly different from the 2006 mean price of \$298 ($t=1.056$, $df=6$, $p=.332$). There were only two IDU who reported the purchase of a gram of base or paste for \$150 and \$200 respectively with a mean price of \$175 which while apparently quite removed from the 2006 mean price of \$325, was not a statistically significant change ($t=-6.000$, $df=1$, $p=.105$). The prices of other quantities of base/paste methamphetamine (Table 8 below) are relatively similar to 2006 prices, and thus also do not support the idea that the price of this form of methamphetamine has changed. A gram of crystal methamphetamine was recently purchased by eight IDU for a mean price of \$363 which did not differ significantly from the 2006 mean price of \$350 ($t=.509$, $df=7$, $p=.626$). A breakdown of details concerning the price of methamphetamines by form is located below in Table 8 and Figure 15.

Table 8: Price of most recent methamphetamine purchases by IDU participants, 2007

Amount	Median price* \$	Range	Number of purchasers*†
<i>Speed powder</i>			
Point (0.1 gram)	50 (50)	50-50	21 (34)
'Half weight' (0.5 grams)	200 (165)	150-300	22 (20)
Gram	336 (300)	200-400	7 (27)^
'Eightball' (3.5 grams)	925 (900)	500-1200	4 (7)^
<i>Base</i>			
Point	50 (50)	50-50	5 (13)^
'Half weight' (0.5 grams)	200 (200)	150-250	6 (10)^
Gram	175 (325)	150-200	2(8)^
'Eightball' (3.5 grams)	1000 (1050)	1000-1000	1 (5)^
<i>Ice</i>			
Point (0.1 gram)	50 (50)	50-70	20 (39)
'Half weight' (0.5 grams)	200 (200)	175-500	15 (26)
Gram	400 (400)	200-400	8 (14)^
'Eightball' (3.5 grams)	1000 (1050)	500-1200	3 (10)^

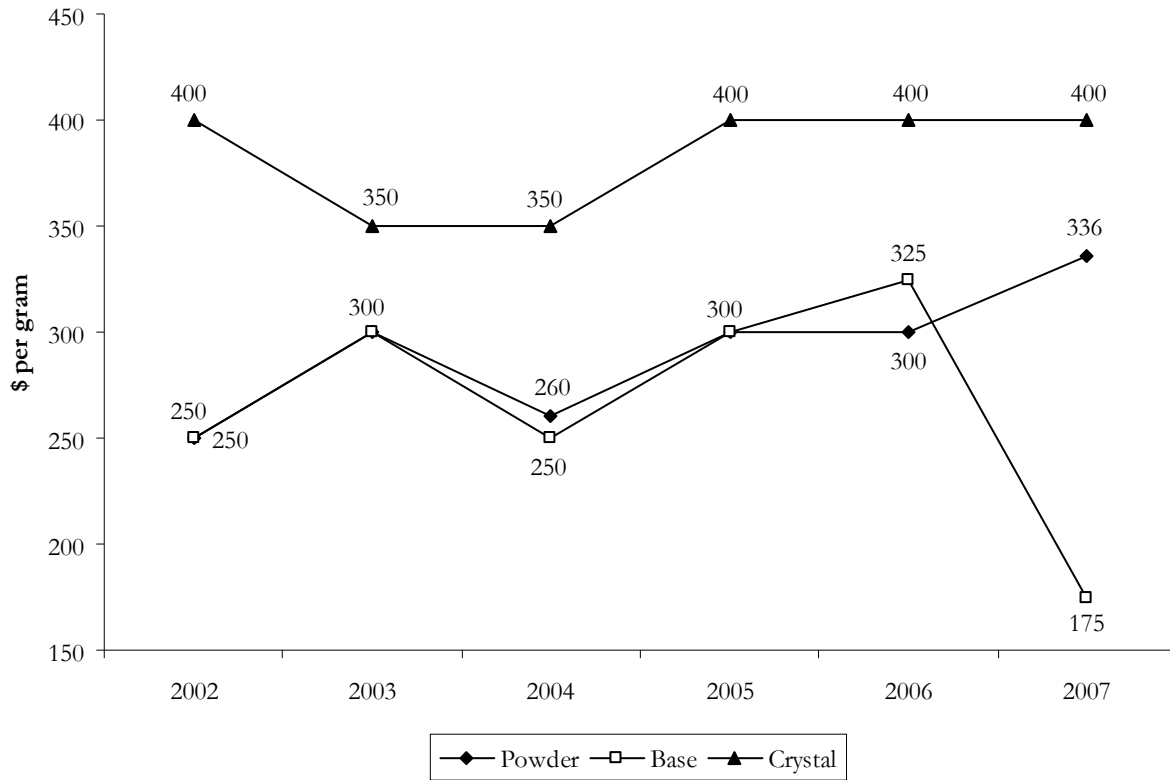
Source: IDRS IDU interviews

* 2006 data are presented in brackets

^ based on small number of purchases

† Total n for 2007 was 80 and for 2006 was 100

Figure 15: Median prices of methamphetamine per gram estimated from IDU purchases, 2002-2007



Source: IDRS IDU interviews

NB: Price data for base methamphetamine is based on only two purchases. Purchases of other quantities of base do not provide evidence that a real fall in price has occurred.

Information on the price of methamphetamines was provided by seven key experts. The price of a point was generally held to be \$50 with one key expert suggesting a price of \$100, but two key experts pointed out that this was linked to quality and form and could range from as low as \$30 but up to \$120 for crystal. The price of a half weight was discussed by three key experts, two agreeing that \$200 was typical, and the other suggesting a range from \$250-\$350. Only one key expert discussed the price of a gram, providing a range of \$350-\$400. Both key experts discussing the price of an eightball gave similar information, the first stating \$1200 and the second a range from \$1200 to \$1300. One key expert dealing with indigenous people suggested that amongst this client group the \$50 packet was largely a thing of the past and two or three people pooling their resources to purchase a quarter or half gram was now more typical.

Asked if the price of powder amphetamine had changed in the six months prior to interview, 52% of the 42 IDU responding believed that they had been 'stable' followed by 36% who thought they had increased. With regards to base/paste methamphetamine, 53% of the 15 IDU responding believed it had remained 'stable' and 33% thought it may have increased. In the case of crystal methamphetamine an absolute majority of 64% of the 36 IDU responding thought it had remained 'stable' followed by 25% who thought it may have 'increased'. This question was responded to by six key experts of whom

five believed amphetamine prices had remained ‘stable’, the remaining one believing that they had ‘decreased’.

5.3 Availability

The availability of powder methamphetamine was seen as being ‘very easy’ by 43% of the 38 IDU responding. This suggests greater availability than in 2006 when 42% rated availability of powder methamphetamine as ‘easy’. A further 36% of IDU in the 2007 sample rated availability as ‘easy’ and 17% rated it as ‘difficult’. Base/paste methamphetamine appeared to have declined in availability with 40% of the 15 IDU responding rating availability as ‘difficult’ compared to the previous year when the most common response by 31% was that it was ‘very easy’. In 2007, 33% of those responding rated the availability of base/paste as ‘very easy’ and 20% rated it as easy. In the case of crystal methamphetamine 44% of the 36 IDU responding rated availability as ‘very easy’ compared with 2006 when the most common response by 46% was that it was ‘easy’. In 2007, 39% of those responding rated availability of crystal methamphetamine as ‘easy’ and 17% as ‘difficult’.

This data is displayed in Table 9 below.

Table 9: Participants’ reports of methamphetamine availability in the past six months, 2006-2007

	Powder		Base		Ice	
	2006 (N=100)	2007 (N=80)	2006 (N=100)	2007 (N=80)	2006 (N=100)	2007 (N=80)
Current availability						
Did not respond* (%)	41	48	68	81	32	55
Did respond (%)	59	53	32	19	68	45
<i>Of those who responded:</i>						
Very easy (%)	34 (20% of entire sample)	43 (23% of entire sample)	31 (10% of entire sample)	33 (6% of entire sample)	35 (24% of entire sample)	44 (20% of entire sample)
Easy (%)	42 (25% of entire sample)	36 (19% of entire sample)	28 (9% of entire sample)	20 (4% of entire sample)	46 (31% of entire sample)	39 (18% of entire sample)
Difficult (%)	15 (9% of entire sample)	17 (9% of entire sample)	25 (8% of entire sample)	40 (8% of entire sample)	13 (9% of entire sample)	17 (8% of entire sample)
Very difficult (%)	3 (2% of entire sample)	2 (3% of entire sample)	3 (1% of entire sample)	0 (0% of entire sample)	2 (1% of entire sample)	0 (0% of entire sample)
Don’t know^ (%)	5 (3% of entire sample)	2 (3% of entire sample)	13 (4% of entire sample)	7 (9% of entire sample)	4 (3% of entire sample)	0 (0% of entire sample)

Source: IDRS IDU interviews

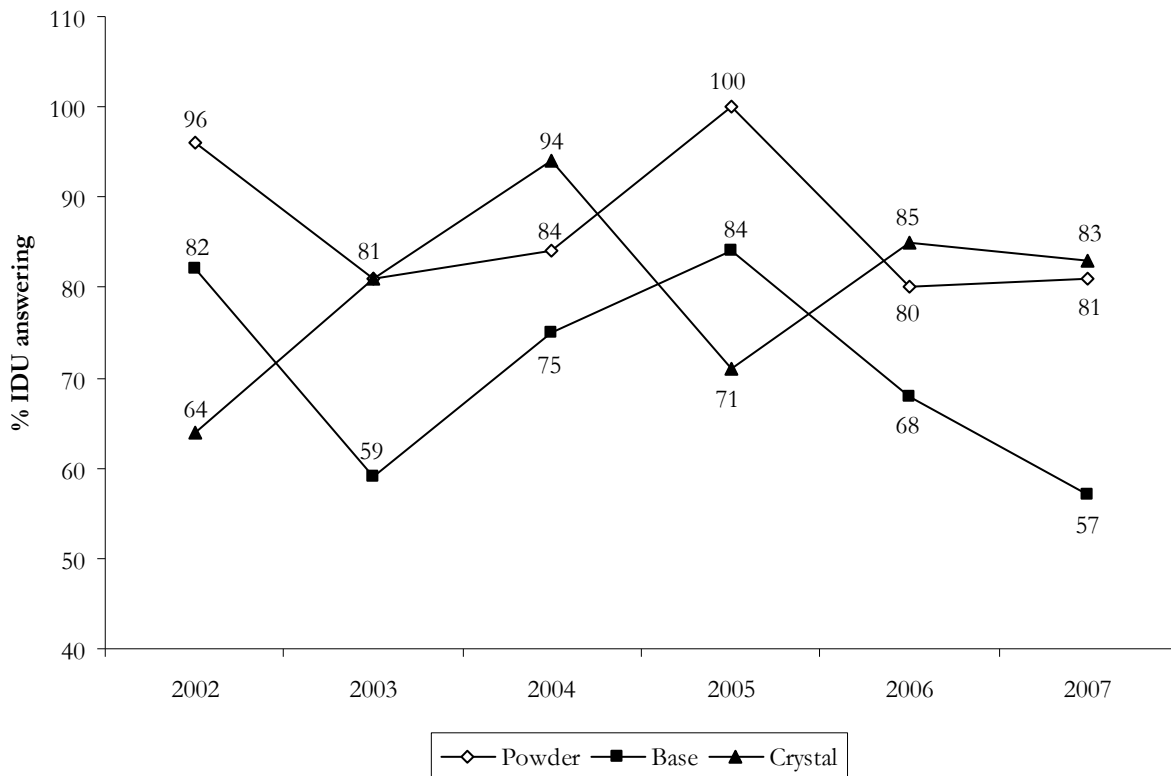
* ‘Did not respond’ refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items

^ ‘Don’t know’ refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

Collapsing methamphetamine availability as a dichotomous variable of ‘easy’ vs difficult reveals how little change has occurred in the availability of powder and crystal methamphetamine. Although base

appears to have become much harder to obtain, this finding must be viewed with caution due to the very low number of IDUs providing information on the price of a gram of base. This data since 2002 can be viewed in Figure 16 below.

Figure 16: IDU reporting “easy” or “very easy” availability of methamphetamine by form in WA, 2002-2007



Source: IDU interviews

NB: Graph is calculated from a dichotomous variable with ‘don’t know’ responses excluded

Information concerning the availability of methamphetamine was provided by 10 key experts, six of whom described it as ‘very easy’ and four as ‘easy’.

Asked whether the availability of powder methamphetamine had changed in the last six months brought responses from 42 IDU of whom 62% believed it had remained ‘stable’. This was followed by 17% who thought it had become ‘more difficult’. Only 15 IDU provided this information concerning base/paste methamphetamine. Of these, 53% thought availability had remained ‘stable’ and 33% thought it had become ‘more difficult’. With regards to crystal methamphetamine, 36 IDU provided information; the predominant opinion, held by 47%, was that availability had remained ‘stable’. There was also 22% who thought it had become ‘more difficult’ and 19% who thought it had become ‘easier’. Of the 10 key experts reporting on this question, nine indicated that availability had remained stable and just one thought it had become ‘easier’.

Of the 42 IDU reporting on sources for obtaining powder methamphetamine, 47% reported typically obtaining it from ‘friends’, 38% from ‘known dealers’ and 36% from ‘acquaintances’ with other

locations being mentioned much less frequently. Unsurprisingly, the most common location to score was 'friends' houses' reported by 36%, 'dealers' homes' reported by 26% and 'acquaintances' homes' by 19%. Powder methamphetamine was most commonly purchased for 'themselves and others' as reported by 74% of IDU responding and just for 'themselves' by 19%.

In the case of base or paste methamphetamine, the 15 IDU responding said the most common people to purchase this form from was 'friends', 'known dealers' and 'acquaintances', each indicated by 33%. 'Street dealers' were suggested by 13%, and other persons were suggested on a much less frequent basis. As to locations for obtaining base or paste methamphetamine, 'agreed public locations' were by far the most common, being suggested by 80% of those responding. Also common were 'friends' homes' nominated by 27%, 'dealers' homes' by 20% and 'home delivery' by 13%. Base or paste methamphetamine was most commonly purchased for 'themselves and others' by 73% of IDU responding and just for 'themselves' by 20%.

Crystal methamphetamine was most commonly obtained from 'friends' as reported by 67% of the 36 IDU responding. Also common was from 'known dealers' reported by 39%, 'acquaintances' by 25% and as a 'gift from friends' by 14%. The most commonly reported location was 'friends' homes' reported by 56% followed by 'agreed public locations' by 42%. Also common were 'dealers' homes' reported by 33%. 'home delivery' by 19%, and 'acquaintances' homes' reported by 14%. Crystal methamphetamine was also predominantly purchased for 'themselves and others' as reported by 67% of those responding and just for 'themselves' by 25%

5.4 Purity

By user report there had been little noticeable change in the purity of powder methamphetamine, with the prevailing opinion amongst those responding being 33% who described it as 'low', compared with 39% in 2006. Numbers describing it as 'high' remained infrequent with just 14% of those responding giving this answer compared with 17% the previous year. Base or paste methamphetamine continued to be most commonly described as 'high' by 40% of those responding compared with 31% in 2006. Crystal methamphetamine also continued to be most commonly described as 'high' albeit by a substantially smaller number (33% of those responding) than the 59% seen in 2006, thereby making 2007 the first year since data collection commenced in which purity of base or paste was more likely to be described as 'high' by IDU than was crystal methamphetamine. Data concerning purity of methamphetamine by user report is located in Table 10 and Figure 17 below.

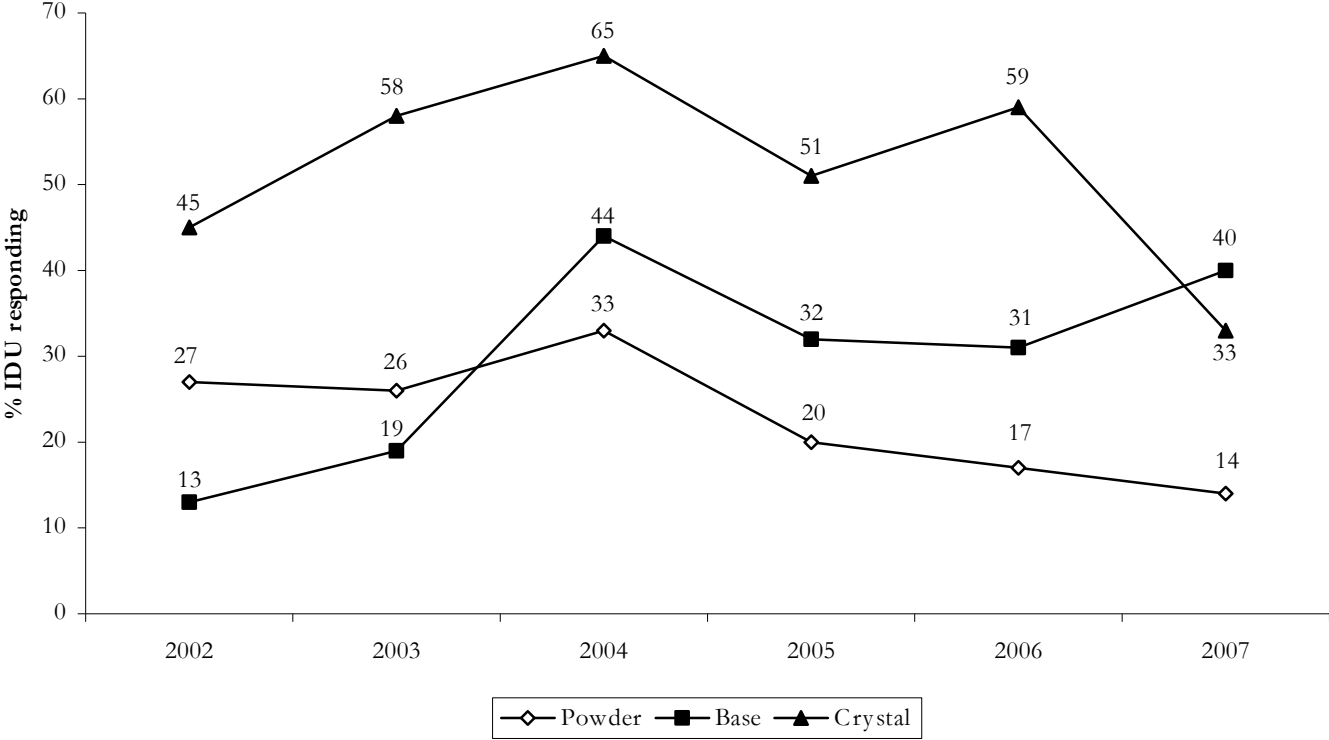
Table 10: Methamphetamine purity by user report, 2006-2007

	Powder		Base		Ice	
	2006 (N=100)	2007 (N=80)	2006 (N=100)	2007 (N=80)	2006 (N=100)	2007 (N=80)
Current availability						
Did not respond* (%)	41	48	68	81	32	55
Did respond (%)	59	53	32	19	68	45
<i>Of those who responded:</i>						
“High” (%)	17 (10% of entire sample)	14 (8% of entire sample)	31 (10% of entire sample)	40 (8% of entire sample)	59 (40% of entire sample)	33 (15% of entire sample)
“Medium” (%)	29 (17% of entire sample)	26 (14% of entire sample)	22 (7% of entire sample)	27 (5% of entire sample)	24 (16% of entire sample)	28 (13% of entire sample)
“Low” (%)	39 (23% of entire sample)	33 (18% of entire sample)	19 (6% of entire sample)	13 (3% of entire sample)	7 (5% of entire sample)	22 (10% of entire sample)
“Fluctuates” (%)	5 (3% of entire sample)	26 (14% of entire sample)	16 (5% of entire sample)	20 (4% of entire sample)	4 (3% of entire sample)	14 (6% of entire sample)
Don't know^ (%)	10 (6% of entire sample)	0 (0% of entire sample)	13 (4% of entire sample)	0 (0% of entire sample)	6 (4% of entire sample)	3 (1% of entire sample)

Source: IDRS IDU interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items. ^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

Figure 17: Proportion of IDU reporting methamphetamine purity by form as “high”, 2002-2007



Source: IDRS IDU interviews

Key expert opinions of methamphetamine purity varied wildly. Of seven who responded, two thought it ‘medium’ and one ‘high’. One described powder methamphetamine as being ‘medium’ and crystal as ‘high’. The remaining three stated that it tended to ‘fluctuate’, one noting that these fluctuations could occur very quickly and unpredictably.

Asked whether the purity of powder methamphetamine had changed in the six months prior to the interview, 38% of the 42 IDU who responded believed it had ‘decreased’. This was followed by 29% who thought it had ‘fluctuated’, and 24% who thought it had been stable. With regards to base or paste methamphetamine, opinion was divided between 40% of the 15 IDU responding that this had been ‘stable’ and another 40% who believed it had been ‘fluctuating’. The most commonly held opinion on the purity of crystal held by 31% of the 36 IDU who responded was that it had ‘decreased’, followed by 28% who thought it had been ‘stable’ and 25% who thought it had ‘fluctuated’. Of the eight key experts who answered this question, half reported that methamphetamine purity had tended to remain stable. There were also two who thought it had tended to fluctuate, one who thought it had ‘increased’ and one who thought it had ‘decreased’.

5.5 Trends in methamphetamine use

A number of IDU made remarks related to trends in methamphetamine use. The majority of these related to increased numbers of people using this class of drugs, many attributing this increase to former heroin users who had changed to methamphetamine in the wake of the ‘heroin drought’ and increased numbers of young users, both being themes that were apparent in previous years. Several IDU made more specific comments, one noting that while the powder form tended to be quite weak, paste was stronger. Another noted that the increase in the use of amphetamines was largely attributable to their availability. An increase in use amongst persons of ATSI background was noted by one IDU while another observed the psychological harms associated with this class of drugs, noting that their use was ‘turning normally pleasant people into psychotic monsters’. Another IDU commented on the continuing trend to adulterate crystal methamphetamine with methylsulfonylmethane (MSM) remarking that MSM causes additional health problems and doesn’t melt well.

5.6 Summary of methamphetamine trends

A summary of methamphetamine-related trends is located in Table 11 below.

Table 11: Summary of methamphetamine trends

Use	Decline in numbers reporting recent use for all forms (this may possibly be a reflection of very low recruitment via pharmacists this year)
Price	Price of a gram of powder increased from \$300 to \$400, price of crystal stable at \$400, price of base has fallen from \$325 to \$175 (but based on very small number of reports).
Purity	User reports suggest powder purity is “low”, but base and crystal is “high”.
Availability	Powder and crystal “very easy” to obtain, base reportedly “difficult”

6.0 COCAINE

As in previous years, it should be noted that no key experts provided information specifically about cocaine.

6.1 Use

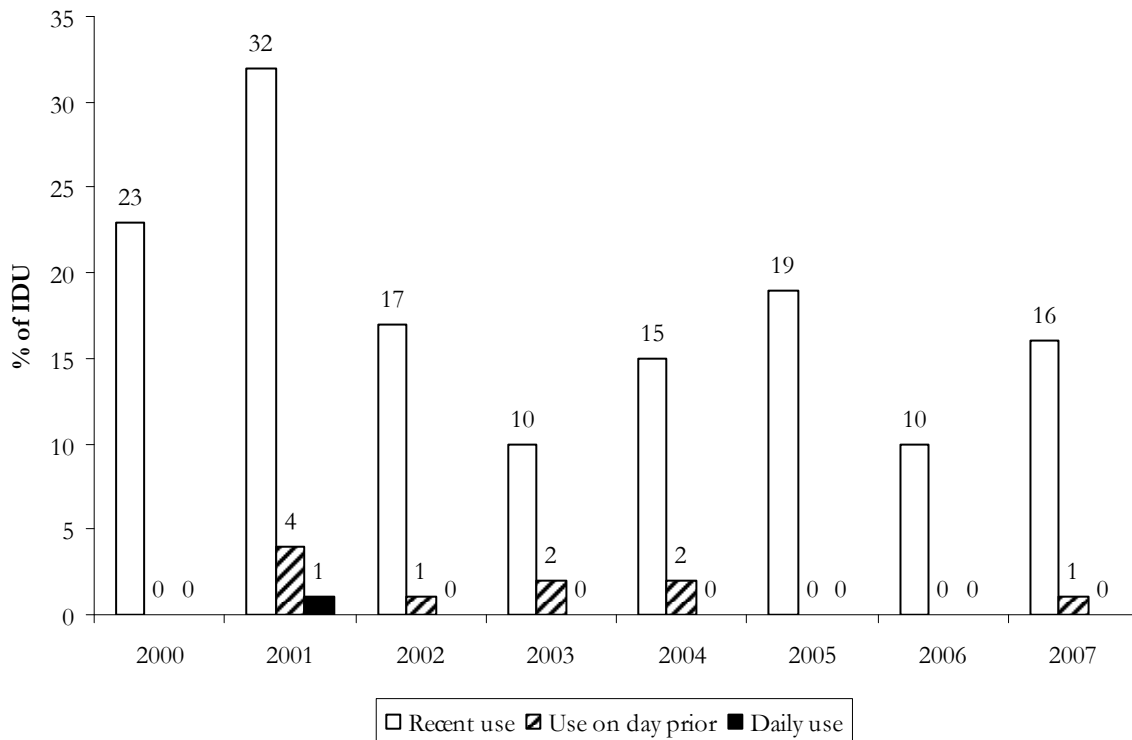
6.1.1 Cocaine use among IDU participants

Having ever used cocaine at some point in their lives was reported by 49% of the 2007 IDU sample. This figure represents a significant decline from the 71% reporting having ever used the drug in the 2006 sample ($\chi^2=19.235$, $df=1$, $p=.000$).

6.1.2 Current patterns of cocaine use

Recent use of cocaine in the six months preceding the 2007 survey was reported by 16% of IDU compared with 10% the previous year ($\chi^2=3.472$, $df=1$, $p=.062$). Days of use in the last six months ranged from one to 30. As in 2006 there were no reports of cocaine use on a daily basis. Mean days of use in the last six months remained very low at seven which was not significantly different from the 2006 mean of six days ($t=.427$, $df=12$, $p=.677$). Recent injection of cocaine was reported by 15% of IDU compared with four percent in 2006. Mean days of injection was eight compared with the 2006 mean figure of three ($t=1.542$, $df=11$, $p=.151$). Data concerning cocaine use is presented in Figure 18 below.

Figure 18: Cocaine use in the past six months, 2000-2007



Source: IDRS IDU interviews

Of the 11 IDU who provided information on the forms of cocaine used, almost all (91%, n=10) reported that the most common form they had used was powder cocaine. The one IDU who reported the form they had most used was crack cocaine was also the only IDU to report smoking as a route of administration of cocaine in the last six months. Just one other IDU reported any use of crack cocaine in the six months preceding the survey. Given the isolated nature of these cases and that the absence of any police or customs seizures do not support the existence of crack cocaine in Australia, it is probably advisable to treat this data with a degree of scepticism.

6.2 Price

As in previous years, only a very small number of IDU were able to provide data concerning cocaine, with just six being able to answer about what they believed the price of a gram to be compared with four in 2006. Suggested prices ranged greatly from \$250 to \$800 with a mean price of \$463 compared with the 2006 mean price of \$544; however, the very small number of respondents providing this information necessitates some caution in interpreting this data.

With regards to the actual recent purchases of a gram of cocaine, three IDU reported having bought this quantity during the six months preceding the interview. Prices ranged from \$250 to \$500 with a mean price of \$383 which was not far removed from the 2006 average price of \$350 which was based on just one purchase again necessitating caution in how these figures are interpreted. A detailed breakdown of data concerning cocaine purchases in 2006 and 2007 is provided in Table 12 below.

Table 12: Price of most recent cocaine purchases by IDU participants, 2007

Amount	Median price* \$	Range	Number of purchasers*†
Cap	- (-)	-	0 (0)^
Quarter gram	225 (-)	150-300	2 (0)^
'Half weight' (0.5 grams)	250 (-)	250-250	1 (0)^
Gram	400 (350)	250-500	3 (1)^

Source: IDRS IDU interviews
 *2006 data are presented in brackets
 ^ based on small number of purchases
 † Total n for 2007 was 80 and for 2006 was 100

Although five IDU provided data on whether the price of cocaine had changed in the six months prior to the survey, there was no clear consensus of opinion with two saying it had increased, two saying it was stable and one saying that it had fluctuated.

6.3 Availability

With just seven IDU responding to questions concerning cocaine availability, the ability to draw meaningful inferences from this data is likely limited, especially as there was no clear consensus in the findings. That availability was currently ‘easy’ was expressed by three IDU, that it was ‘difficult’ by two and that it was ‘very difficult’ by another two. This data is presented in Table 13 below.

Table 13: Participants’ reports of cocaine availability in the past six months, 2006-2007

	2006 (N=100)	2007 (N=80)
Current availability		
Did not respond* (%)	95	91
Did respond (%)	5	9
<i>Of those who responded:</i>		
Very easy (%)	20 (1% of entire sample)	0 (0% of entire sample)
Easy (%)	0 (0% of entire sample)	43(3% of entire sample)
Difficult (%)	20 (1% of entire sample)	29(2% of entire sample)
Very difficult (%)	20(1% of entire sample)	29(2% of entire sample)
Don’t know^ (%)	40 (2% of entire sample)	0 (0 % of entire sample)

Source: IDRS IDU interviews

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

^ ‘Don’t know’ refers to participants who were able to respond to survey items on price and/or purity of cocaine, but had not had enough contact with users/dealers to respond to items concerning availability

Asking if availability of cocaine had changed in the six months preceding the 2007 survey revealed a similar lack of agreement amongst the seven IDU responding, with two individuals stating that it had become ‘more difficult’, two that it was ‘stable’, two that it had become ‘easier’ and the remaining individual that it had tended to fluctuate.

Asked about their usual source of cocaine, two IDU reported mainly obtaining it from ‘friends’, two from ‘acquaintances’, one from ‘known dealers’ and one from ‘workmates’. Although two IDU reported an ‘agreed public location’ as the usual place for obtaining cocaine, individual IDU also nominated a range of other locations including ‘home delivery’, ‘dealers’ homes’, ‘friends’ homes’, ‘acquaintances’ homes’ and ‘work’.

That they usually purchased cocaine for ‘themselves and others’ was reported by three IDU, just ‘for themselves’ by two and the remaining two IDU had not purchased any cocaine in the last six months.

6.4 Purity

Limited numbers of IDU were able to comment on the current purity of cocaine, making interpretation of user perceptions in this area difficult. Of the seven IDU who commented, three

believed current purity to be high, two thought it low and two didn't know. This may be cautiously compared to findings of 2006 where of five IDU responding three thought purity to be high, one thought it to fluctuate and one didn't know. A breakdown of user perceptions of cocaine purity is located in Table 14 below.

Table 14: Participants' perceptions of cocaine purity in the past six months, 2006-2007

Current purity	2006 (N=100)	2007 (N=80)
Did not respond* (%)	95	91
Did respond (%)	5	9
<i>Of those who responded:</i>		
High (%)	60 (3% of entire sample)	43 (4% of entire sample)
Medium (%)	0 (0% of entire sample)	0 (0% of entire sample)
Low (%)	0 (0% of entire sample)	29 (3% of entire sample)
Fluctuates (%)	20 (1% of entire sample)	0 (0% of entire sample)
Don't know^ (%)	20 (1% of entire sample)	29 (3% of entire sample)

Source: IDRS IDU interviews

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

^ 'Don't know' refers to participants who responded to survey items on price and/or availability of cocaine, but had not had enough contact with users and/or dealers, or had not used often enough to feel able to respond to items concerning purity

Asked if the purity of cocaine had changed in the six months prior to the interview, three IDU reported that it had increased, one that it had decreased and the remaining three didn't know. Once again, the very small numbers of IDU responding necessitate caution in the interpretation of this information.

6.5 Trends in cocaine use

There were no IDU in the 2007 sample who commented specifically about trends in cocaine use in Perth.

6.6 Summary of cocaine trends

A summary of major cocaine trends is provided in Table 15 below.

Table 15: Summary of cocaine trends for 2007

Use	Slight increase in number of recent users, but remains uncommon
Price	Price of a gram has risen from \$350 to \$400 (but based on very small number of reports)
Purity	User reports suggest purity may be 'high' but there is little consensus regarding this.
Availability	User opinions divided on availability, resulting in conflicting data

7.0 CANNABIS

It should be noted that 2007 saw the introduction to the IDU survey of a section dealing with generic cannabis for those IDU who were unable to distinguish between hydroponic and bush grown cannabis. As it is highly likely that the inclusion of this new section has greatly contributed to the reduction in numbers of IDU responding to questions specific to hydroponic and bush forms of the drug, this apparent fall in numbers should be interpreted in this light in the first instance.

7.1 Use

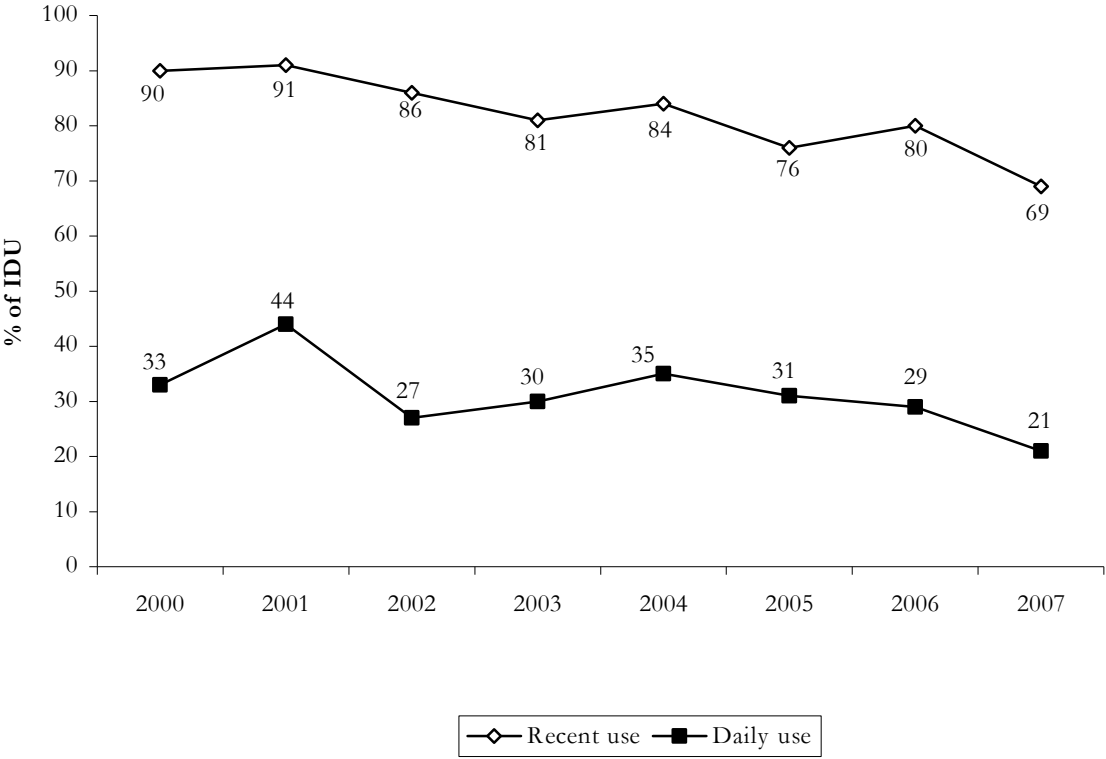
7.1.1 Cannabis use among IDU participants

A lifetime history of having ever used cannabis was reported by 91% of the 2007 IDU sample which did not differ substantially from the 98% found in the 2006 survey.

7.1.2 Current patterns of cannabis use

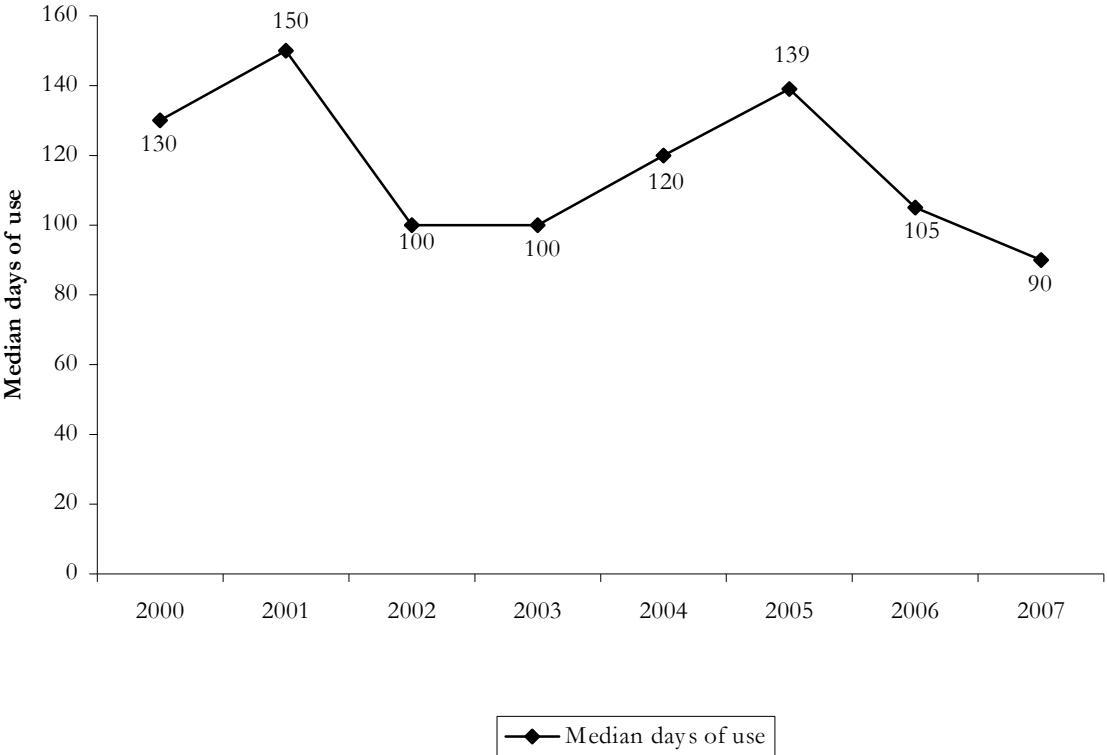
Recent use of cannabis in the six months preceding the survey was reported by 69% of the IDU sample, a figure representing a significant decline on the 80% reported in 2006 ($\chi^2=6.328$, $df=1$, $p=.012$). Days of use in the last six months ranged from two to 180 with 21% of IDU reporting use of cannabis on a daily basis which was not significantly different from the 2006 figure of 29% daily users ($\chi^2=2.252$, $df=1$, $p=.133$). Mean days of use was 102 which was not significantly removed from the previous year's mean of 105 days ($t=-.295$, $df=54$, $p=.769$). Data concerning cannabis use in the last six months by the IDU sample since 2000 is portrayed in Figures 19 and 20 below.

Figure 19: Recent use and daily use of cannabis in the past six months, 2000-2007



Source: IDRS IDU interviews

Figure 20: Median days of cannabis use amongst the WA IDU sample, 2000-2007



Source: IDRS IDU interviews

As in previous years, the use of hydroponic cannabis vastly exceeded that of the bush cultivated variety. Of the 53 IDU who provided data, 89% indicated that hydroponic cannabis was the form they had used most of. The recent use of any hydroponic cannabis at all was reported by 98% reported compared with 87% who reported the use of any bush at all in the last six months. In keeping with previous year’s findings, hash and hash oil remained relatively uncommon with their recent use being reported by 19% and 12% of IDU respectively.

Asked about the last time they had smoked cannabis, most of the 54 IDU responding indicated that they had smoked it in cones (80%) with the remainder using joints. The mean number of cones/joints smoked was seven and the median was four. That said, actual quantities cited ranged greatly from half a cone / joint up to one IDU who claimed to have smoked 50 cones/joints the last time they consumed cannabis. Including this individual, there were 13 IDU who claimed to have smoked 10 or more cones/joints on the last occasion they had smoked the drug.

Of the six key experts who spoke specifically about cannabis, all agreed that the hydroponic form was predominant although two indicated the use of some bush, one of these noting that some female users tended to prefer bush over hydro as use of the latter form tended to make them experience some degree of anxiety. All but one agreed that bong or cones were the preferred method of consumption, the exception indicating the use of pipes, noting that the portable nature of these often resulted in charges of possessing an implement. A number of key experts speaking primarily about other drugs also indicated substantial numbers of the users they had contact with used cannabis. The form described was with one exception hydroponic, but one other indicated that while hydroponic remained the dominant form, as a result of education many users were beginning to actively seek out bush.

The amounts key experts suggested as representing typical levels of consumption varied greatly, generally ranging from occasional use to a couple of grams daily. One key expert observed that the cannabis smokers they had contact with fell into two distinct classes; those who smoked opportunistically and those who did so constantly. Another observed that age was a factor with younger smokers having 1-2 cones a day while older more established smokers might consume in excess of 20. A more moderate viewpoint was expressed by another key expert suggesting that a bag would typically last a user for about two days. This key expert also noted an increase in cannabis use by youths involved in certain alternative subcultures such as ‘borderline emos’.

7.2 Price

Hydro

Asking what they believed an ounce of hydroponic cannabis cost elicited responses from 16 IDU, compared with 57 the previous year ($\chi^2=6.622$, $df=1$, $p=.010$). Suggested prices ranged from \$250 to \$350 with a mean of \$305 which did not differ significantly from the 2006 mean of \$303 ($t=.401$, $df=15$, $p=.694$).

With regards to actual purchases of hydroponic cannabis, there were eight reports of recent purchases of an ounce for a mean price of \$301 which was not significantly higher than the 2006 mean price of \$280 ($t=1.945$, $df=7$, $p=.093$). As in previous years the most common amount purchased was a bag, mentioned by 11 IDU with all purchases costing \$25. Other common purchases were half an ounce by six IDU for a mean price of \$173 and a quarter of an ounce by three IDU for a mean price of \$95.

Bush

With regards to what they believed an ounce of bush cost, 15 IDU provided information compared with 31 the previous year ($\chi^2=18.102$, $df=1$, $p=.000$). Suggested prices ranged from \$100 to \$300 with a mean of \$233 which did not vary significantly from the 2006 average median price of \$235 ($t=-.089$, $df=14$, $p=.931$).

Only four IDU reported having recently purchased an ounce of bush cannabis with the average price at last purchase being \$208 which was not significantly different from the 2006 average price of \$205 ($t=.063$, $df=3$, $p=.953$). As in previous years the most common size of purchase was a bag, purchased by eight IDU for a mean price of \$26, with seven of those purchases costing \$25 and one costing \$30. The only other size purchase reported by more than one individual was three reports of buying a half ounce for a mean price of \$120.

Generic cannabis

There were 18 IDU who were unable to distinguish between hydroponic and bush cannabis who spoke about the drug in the generic sense. Asked what they believed an ounce currently cost elicited prices ranging from \$50 to \$370 with a mean median price of \$300. With regards to actual purchases, there were five recent purchases of an ounce of generic cannabis for a mean price of \$214. As with hydroponic and bush cannabis, the most common size purchase of generic cannabis was a bag, with 13 reported purchases which invariably cost \$25. Also common were

five reports of buying a gram for a mean price of \$30 and five purchases of a half ounce for a mean of \$187.

A breakdown of price data by cannabis form can be located in Table 16 below.

Table 16: Price of most recent cannabis purchases by IDU participants, 2007

Amount	Median price* \$	Range	Number of purchasers*
<i>Hydro</i>			
Gram	23 (25)	20-25	2 (13)^
Quarter ounce	80 (80)	75-130	3 (9)^
Half ounce	155 (150)	130-270	6 (14)^
Ounce	300 (280)	250-350	8 (21)^
<i>Bush</i>			
Gram	10 (25)	10-10	1 (3)^
Quarter ounce	50 (65)	50-50	1 (2)^
Half ounce	120 (150)	100-140	3 (3)^
Ounce	225 (200)	100-280	4 (10)^
<i>Generic cannabis</i>			
Gram	25	25-50	5
Quarter ounce	140	140-140	1
Half ounce	160	123-280	5
Ounce	250	50-280	5

Source: IDRS IDU interviews

*2006 median prices are in brackets. There is no 2006 data for generic cannabis

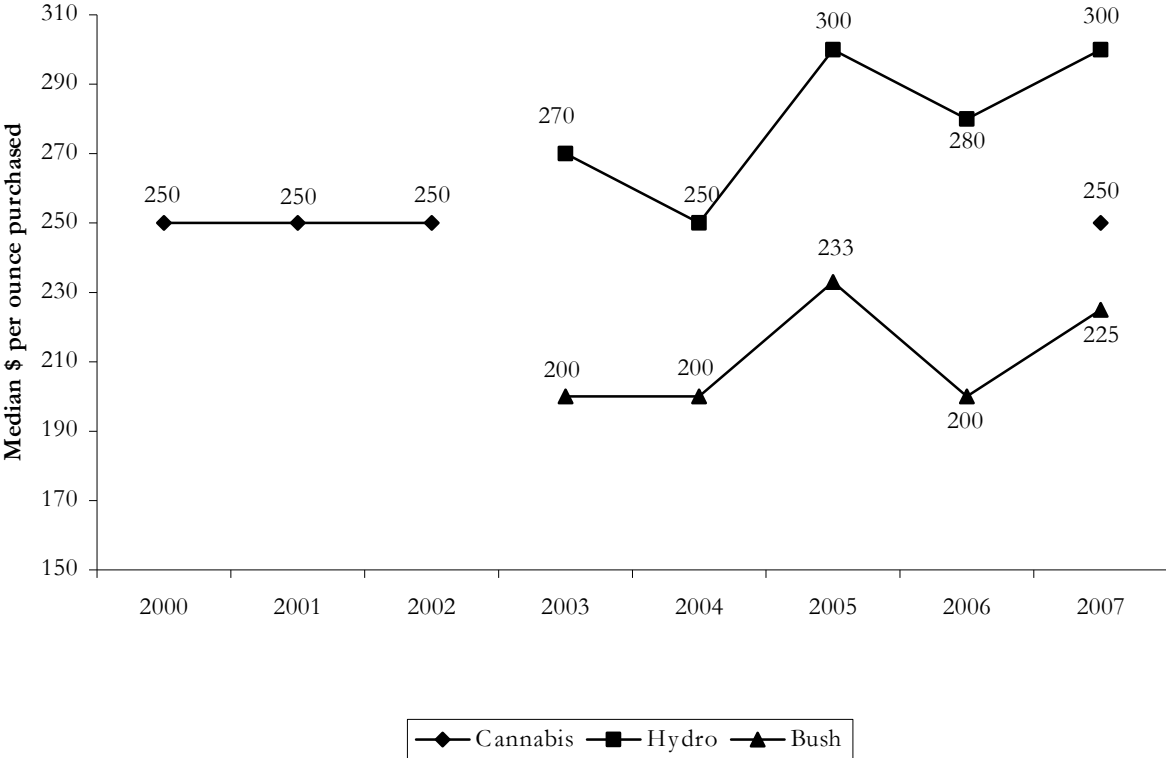
^ based on small number of purchases

† Total n for 2007 was 80 and for 2006 was 100

It was unusual for key experts to differentiate between cannabis forms when discussing price, purity and availability data. Information on price was provided by five key experts, all of whom stated that a bag or stick of cannabis could be purchased for approximately \$25. However, one said this price could be as high as \$50 and one as high as \$100. Interpretation of this data is difficult however, since none of these key experts provided information as to how much cannabis might be contained in a bag. The price of an ounce was discussed by two key experts, the first suggesting a price range from \$280 to \$300 and the second from \$300 to \$450, a figure very much higher than any price provided from recent IDU purchases.

There were only three IDU able to provided data concerning the price of hash. Reported purchases included a gram for \$25, a 'small block (1.5 x 1.5 cm)' for \$50 and a 'large block (10 x 3 x 1.5cm)' for \$300. There were no IDU able to provide data concerning the price of hash oil.

Figure 21: Median prices of cannabis estimated from IDU participant purchases, 2000-2007



Source: IDRS IDU interviews

NB: no distinction was made between cannabis forms prior to 2003. “Generic cannabis” was reintroduced to the survey in 2007

There were six key experts who reported on prices of cannabis. For the most part these all agreed that a stick of a bag cost from \$25 to \$50 although one suggested it could cost up to \$100. Two key experts commented on the price of an ounce, the first suggesting a price range of \$280-\$300 and the second of from \$300- \$450.

7.3 Availability

Hydro

Asked about the current availability of hydroponic cannabis the prevailing opinion amongst IDU in the 2007 sample was that it was ‘easy’, reported by 41% compared with 48% the previous year. A further 36% described it as ‘very easy’, 18% as ‘difficult’ and five percent as ‘very difficult’. As to whether this availability had changed in the six months preceding the interview, 50% of those responding thought this availability had remained stable, while 27% thought it had become more difficult, 14% thought it had become ‘easier’ and nine percent thought it had tended to fluctuate.

Bush

The prevailing opinion amongst IDU in the 2007 sample as to the availability of bush cannabis was that it was ‘easy’ to obtain, a view held by 44% of those responding compared with 50% the previous year. A further 33% thought it ‘very easy’, 17% thought it ‘difficult’ and six percent ‘very difficult’. As to whether availability of bush had recently changed, 56% thought it had remained ‘stable’, 17% that it had become ‘more difficult’, 17% that it was ‘easier’ and six percent thought it had been ‘fluctuating’. Data on the availability of hydroponic and bush cannabis since 2006 is shown in Table 17 below.

Table 17: Participants’ reports of cannabis availability in the past six months, 2006-2007

Current availability	Hydro		Bush	
	2006 (N=100)	2007 (N=80)	2006 (N=100)	2007 (N=80)
Did not respond* (%)	23	28	62	78
Did respond (%)	77	73	38	23
<i>Of those who responded:</i>				
Very easy (%)	34 (26% of entire sample)	36 (10% of entire sample)	18 (7% of entire sample)	33 (8% of entire sample)
Easy (%)	48 (37% of entire sample)	41 (11% of entire sample)	50 (19% of entire sample)	44 (10% of entire sample)
Difficult (%)	13 (10% of entire sample)	18 (5% of entire sample)	21 (8% of entire sample)	17 (4% of entire sample)
Very difficult (%)	0 (0% of entire sample)	5 (1% of entire sample)	3 (1% of entire sample)	6 (1% of entire sample)
Don’t know [^]	5 (4% of entire sample)	0 (0% of entire sample)	8 (3% of entire sample)	0 (0% of entire sample)

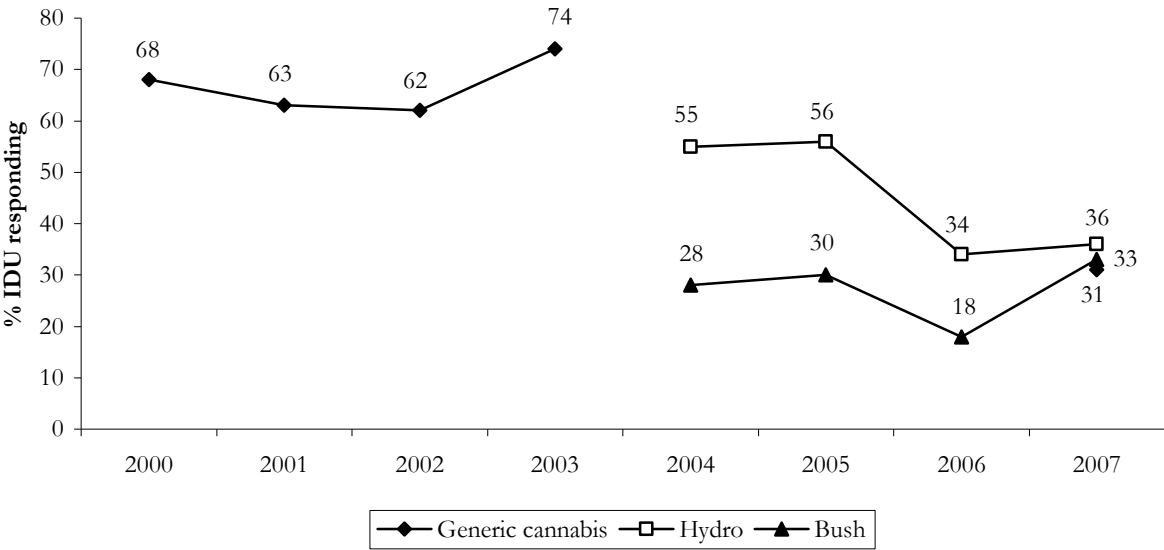
Source: IDRS IDU interviews

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

[^] ‘Don’t know’ refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

With regards to the availability of generic cannabis, 38% of the 29 IDU responding thought it ‘difficult’, 31% thought it ‘very easy’, 21% ‘easy’ and 10% ‘very difficult’. As to whether this had recently changed, 55% believed availability had remained ‘stable’, and 35% that it had become ‘more difficult’. Data on IDU reporting ‘very easy’ availability since 2000 is shown in Figure 22 below.

Figure 22: Participant reports of current cannabis availability as ‘very easy’, 2000-2007



Source: IDRS IDU interviews
 NB: A distinction between hydroponic and bush cannabis was introduced in 2004. Prior to this time, survey items referred to any form of cannabis.

Data from interviews with key experts commenting specifically about cannabis suggest two distinct views on cannabis availability. The first viewpoint, held by four key experts, was that availability was either ‘easy’ or ‘very easy’, although availability tended to fluctuate. The second held by two, was that availability had become ‘difficult’, one of these noting that as a result cannabis had become ‘precious’. That cannabis may have become increasingly scarce was also observed by three other key experts commenting primarily about users of other drugs. One of these noted that people were increasingly paying more for smaller quantities as a result.

Of the 22 IDU responding to questions about who they obtained hydroponic cannabis from, 64% indicated that it came from ‘friends’ which was also the most common response in previous years. Other common responses were from ‘known dealers’ nominated by 50%, ‘acquaintances’ by 14%, ‘street dealers’ by 14% and ‘gift from friends’ by nine percent. Other responses were markedly less common. The two most common locations for obtaining cannabis were ‘friends’ home’ and ‘agreed public location’ both mentioned by 50%. Also common were ‘home delivery’ mentioned by 32% and ‘dealers’ home’ mentioned by 23%.

Hydroponic cannabis was mostly purchased for ‘themselves and others’ according to 52% of IDU responding. Just purchasing for themselves was reported by 43%. Most IDU responding believed the original source of their hydroponic cannabis was a ‘small-time/backyard user/grower’ nominated by 41%. ‘Large-scale cultivator/supplier’ was mentioned by 23%, five per cent had grown their own and 32% didn’t know.

There were 18 IDU who provided information concerning where they obtained bush cannabis from. As with hydroponic cannabis, the most common source was from ‘friends’ mentioned by 44%, followed by ‘known dealers’ mentioned by 33%. Other common responses were ‘gift from friends’ mentioned by 22% and ‘street dealers’ mentioned by 11%. Unsurprisingly, the most common location for scoring was ‘friends’ home’ nominated by 33%. This was followed by

‘agreed public location’ and ‘home delivery’ both mentioned by 28%. Also common were ‘dealer’s home’ mentioned by 22% and ‘acquaintance’s home’ mentioned by 11%. Of the IDU who reported on bush cannabis, 41% had made no purchases in the last six months, but of the remainder, 29% indicated that they had typically purchased it for ‘themselves and others’ while 24% had just purchased for themselves. Most IDU believed their bush cannabis had originated from ‘small-time/backyard user/growers’ as reported by 53% and just seven percent thought it had come from a ‘large-scale cultivator/supplier’. A further 40% didn’t know.

Generic cannabis was also most commonly purchased from ‘friends’ with 55% of the 29 IDU responding reporting this. Also common were 38% who cited ‘known dealers’, 21% who mentioned ‘acquaintances’, and 14% who typically obtained it as a ‘gift from friends’. The most commonly nominated venue for obtaining generic cannabis was ‘dealers’ home’ by 48% of IDU responding, followed by ‘agreed public location’ mentioned by 38%. Other common responses were ‘friend’s home’ by 28%, ‘home delivery’ by 14% and ‘acquaintance’s home’ by 10%. Generic cannabis was almost always purchased for ‘themselves and others’ reported by 69%, followed by 24% who typically purchased just for themselves. While 41% of IDU responding didn’t know where their generic cannabis had originated from, 2% thought it had come from ‘small-time/backyard user/growers’ and 14% thought it had come from ‘large-scale cultivator/suppliers’. Given that the category of generic cannabis was for IDU who were unable to distinguish between hydroponic and bush cannabis, it is curious that 17% of IDU responding to the origin of generic cannabis reportedly ‘grew their own’. One key expert from the law enforcement sector noted that it was not uncommon for manufacturers or dealers of amphetamines to also be involved in dealing cannabis.

7.4 Potency

There were 22 IDU (28%) able to answer about potency of hydroponic cannabis. Although this figure appears substantially lower than the 77% responding in 2006, this is largely a result of the 2007 questionnaire including a new section for respondents unable to distinguish between the hydroponic and bush forms of cannabis.

As in previous years, the predominant opinion of hydroponic cannabis potency in 2007 was that it was ‘high’ with 68% responding adhering to this view compared with 66% in 2006. That it was medium was stated by 14%, with an equal number believing that it fluctuated. Just five percent of those responding thought that hydroponic potency was ‘low’. Asked whether hydroponic potency had changed recently, 59% of those responding said it had remained stable while 27% said it had tended to fluctuate.

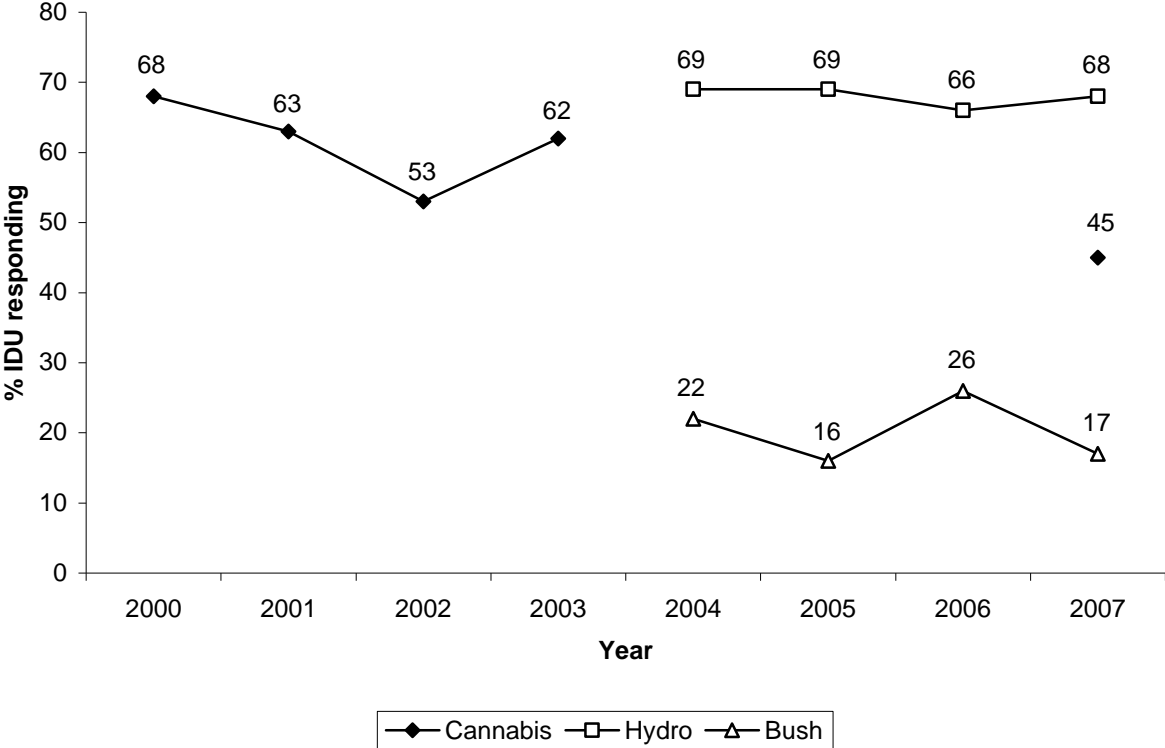
With regards to the potency of bush cannabis, 61% of IDU responding believed it to be medium, a figure identical to that reported the previous year. A further 22% said it was low and just 17% thought it to be high. As to whether the potency of bush had changed during the six months preceding the interview, 50% of IDU responding thought it had remained stable followed by 28% who thought it had increased.

There were 29 IDU who - being unable to distinguish between the hydroponic and bush forms of cannabis - spoke about potency in terms of cannabis generically. Of these, 45% described it as high, 38% as medium and 14% as fluctuating. Asked if potency of cannabis had changed recently, 62% of these IDU said it had been stable while 10% said it had been increasing, and 10% thought it had fluctuated. Data concerning IDU perceptions of cannabis purity is displayed in Table 18 and Figure 23 below.

Table 18: IDU estimates of cannabis potency, 2006-2007

Current strength	Hydro		Bush	
	2006 (N=100)	2007 (N=80)	2006 (N=100)	2007 (N=80)
Did not respond* (%)	23	73	62	78
Did respond (%)	77	28	38	23
<i>Of those who responded:</i>				
High (%)	66 (51% of entire sample)	68 (19 % of entire sample)	26 (7% of entire sample)	17 (4% of entire sample)
Medium (%)	25 (19% of entire sample)	14 (4% of entire sample)	61 (23% of entire sample)	61 (14% of entire sample)
Low (%)	0 (0% of entire sample)	5 (1% of entire sample)	8 (3% of entire sample)	22 (5% of entire sample)
Fluctuates (%)	5 (4% of entire sample)	14 (4 % of entire sample)	5 (2% of entire sample)	0 (0% of entire sample)
Don't know^	4 (3% of entire sample)	0 (0% of entire sample)	8 (3% of entire sample)	0 (0% of entire sample)

Figure 23: Percent of IDU responding describing cannabis potency as 'high', 2000-2007



Source: IDRS IDU interviews
 NB: IDU surveys did not distinguish between hydroponic and bush cannabis prior to 2004. Generic cannabis was reintroduced as a category in 2007 for respondents unable to distinguish between hydroponic and bush cannabis

Of the four key experts who discussed cannabis potency, three stated that this was high and had tended to remain stable. The remaining one believed it had tended to fluctuate but that situation remained unchanged.

7.5 Trends in cannabis use

Only two IDU made comments specific to trends in cannabis use. The first of these simply observed that the use of cannabis along with amphetamines was possibly increasing. The second noted that crackdowns (presumably referring to police) on cannabis would likely result in people resorting to other drugs.

7.6 Summary of cannabis trends

A summary of cannabis-related trends is provided in Table 19 below.

Table 19: Summary of cannabis trends

Use	Decline in numbers reporting recent cannabis use. Number of days of use has also fallen. Use of hash oil and resin remains extremely uncommon
Price	An ounce of hydro has increased from \$280 to \$300. An ounce of bush has increased from \$200 to \$225
Purity	User reports describe hydro as “high” and bush as “medium” potency
Availability	Both hydro and bush reportedly easy to obtain.

8.0 OPIOIDS

The IDRS investigates the use patterns, harms and market characteristics of a number of pharmaceutical opioids including methadone, buprenorphine, buprenorphine-naloxone, morphine and oxycodone. Use of these substances is broadly split into the following categories:

Use

- Use of licitly obtained opioids, i.e. use of opioids obtained by a prescription in the user's name, through any route of administration (includes the use of these medications as prescribed);
- Use of illicitly obtained opioids, i.e. those obtained from a prescription in someone else's name, through any route of administration ('illicit use');
- Use of any opioids, i.e. does not distinguish between licitly and illicitly obtained opioids;

Injection

- Injection of licitly obtained opioids;
- Injection of illicitly obtained opioids; and
- Injection of any opioids.

Note on interpretation: the IDRS and the term 'diversion'

The IDRS documents the use of opioid medications, licitly obtained or otherwise, among a sentinel sample of people who regularly inject drugs¹. These include opioids prescribed for opioid substitution treatment (OST; i.e. methadone, buprenorphine and buprenorphine-naloxone maintenance treatments) in addition to opioids prescribed for pain relief (including morphine and oxycodone). With regard to OST, it is imperative to note that screening of participants ensured that those sampled had all been active in the illicit drug markets of the area and thus that they were able to provide meaningful data on market indicators. Therefore, while a proportion of those sampled in 2007 were engaged in such treatment at the time of interview responses presented are not representative of all clients engaged in drug treatment services. The use of pharmaceutical opioids in ways other than as prescribed is currently an area of considerable debate and readers are encouraged to acquaint themselves with the literature and to consult with the relevant stakeholders before drawing conclusions or making policy decisions with regards to the prescription of these drugs. Further information concerning these issues is discussed in detail in the IDRS 2007 National Drug Trends report (Black et al, 2008).

8.1 Use of illicit methadone

The use of illicit methadone syrup in the six months preceding the survey was reported by 24% of the 2007 IDU sample which was not significantly different from the 21% reported in 2006 ($\chi^2=365$, $df=1$, $p=.546$). Days of use in the last six months ranged from one to 180 with two

¹ See *Method* section for details of sampling.

IDU reporting use on a daily basis. Mean days of use was 43 which was not a significant increase on the average of 26 reported in 2006 ($t=1.292$, $df=18$, $p=.213$). Recent injection of methadone syrup was reported by 19% of IDU, a figure not significantly different from the 17% in the previous year's sample. ($\chi^2=174$, $df=1$, $p=.677$). Days of injection ranged from one to 180 with a mean of 55 days which was not a significant increase on the 2006 average of 24 days ($t=1.944$, $df=14$, $p=.072$).

The recent use of illicit Physeptone tablets was reported by 19% of the IDU sample which was not significantly different from the 18% who reported having done so the previous year ($\chi^2=030$, $df=1$, $p=.861$). Days of use ranged from one to 180 with just one IDU reporting use on a daily basis. Mean days of use was 22 which was not significantly different from the 2006 mean of eight days ($t=1.168$, $df=14$, $p=.262$). Recent injection of illicit Physeptone was reported by 16% of IDU in 2007, a figure very similar to the 14% reported in 2006 ($\chi^2=.336$, $df=1$, $p=.562$). Days of injection in the last six months ranged from one to 180 with just one IDU reporting injection of illicit Physeptone on a daily basis. Mean days of injection in the last six months was 25 which was not a significant increment on the nine days reported the previous year ($t=1.163$, $df=12$, $p=.267$). Interestingly, no key experts made reference to illicitly sourced methadone.

Provision of price data per ml of methadone syrup were not commonly provided by IDU in the 2007 sample; however, all eight IDU responding suggested that illicit methadone cost between 50c and one dollar which reflected the findings of previous years. Purchases of illicit Physeptone remained uncommon with 12 IDU reporting having purchased a 10mg tablet in the last six months; however, only five of these provided price data, two IDU reportedly paying five dollars and three paying \$10. More than half (53%) of the 2007 IDU sample who responded said the price of illicit methadone had remained stable in the six months preceding the survey.

There was a disparity of opinion concerning the availability of illicit methadone. The predominant opinion held by 40% of the IDU sample was that it was "easy" to obtain, but a further 33% thought it 'difficult' and a further 20% though it 'very easy'. Despite this, more than half (53%) of the sample thought ease of access had remained stable in the last six months followed by 20% who believed it had become 'more difficult'.

Of those who had purchased illicit methadone, overwhelmingly the most common source remained 'friends' with 71% of IDU responding indicating that this was the case, followed by 27% who had usually obtained it from 'known dealers' and 13% who had typically received it as a 'gift from friends'. In keeping with this finding, the vast majority (67%) of IDU who had purchased methadone reported sourcing it from 'friends' homes'. Other common sources included 'home delivery' reported by 40%, and 'dealer's home' and 'agreed public location' both reported by 20%.

Only 14 IDU responded to questions concerning the original source of illicit methadone, with 50% of these indicating it had been sourced from 'someone else's takeaway dose' and a further 29% indicating that it had come from another person's daily (and presumably supervised) dose. Obtaining illicit methadone by prescription fraud was relatively rare with just 14% reporting this. Of IDU in 2007 who had obtained illicit methadone, 48% indicated that they had usually obtained it for 'themselves and others', and 40% had obtained it solely for themselves.

8.2 Use of illicit buprenorphine

The illicit use of Subutex in the six months preceding the survey was reported by 19% of IDU in the 2007 survey, representing a significant decline from the 32% in 2006 ($\chi^2=6.445$, $df=1$, $p=.011$), which is likely a reflection of the ongoing move by the WA Health Department towards patients receiving Subutex being moved onto Suboxone. Days of use in the last six months ranged from 1 to 180 with just one IDU reporting use on a daily basis. Mean days of use in the last six months was 87 which was a significant increase from the 43-day average found in the previous year's sample ($t=2.578$, $df=14$, $p=.022$). Of those who had used illicit Subutex, most had injected it with 18% of the 2007 sample reporting having done so, representing a significant decline on the 31% of those who had done so in the 2006 IDU sample ($\chi^2=32.653$, $df=1$, $p=.000$). Days of injection ranged from two to 180 with one IDU reporting injection on a daily basis. Mean days of injection was 92 which was significantly higher than the 2006 average of 43 days ($t=2.877$, $df=13$, $p=.013$).

The illicit use of Suboxone was reported by 15% of the 2007 IDU sample which was not significantly greater than the nine percent reported in the 2006 sample ($\chi^2=3.516$, $df=1$, $p=.061$). Days of use ranged from one to 180 with just one IDU reporting use on a daily basis. Average days of use was 77 which was a significant increment on the 2006 average of 28 days ($t=2.289$, $df=11$, $p=.0143$). Recent injection of illicit Suboxone was reported by 15% of the 2007 IDU sample, suggesting that virtually all illicit use of Suboxone amongst the IDU sample was via injection. Days of injection ranged from one to 180 with just one IDU reporting injection on a daily basis. Mean days of injection was 77 which was significantly greater than the 2006 average of 27 ($t=2.335$, $df=11$, $p=.039$).

The purchase of 8mg Subutex was reported by 12 IDU for prices ranging from \$10 to \$60 with median price of \$55 compared to the 2006 median of \$31. Only four IDU reported having purchased 2mg Subutex and, of these, three had paid \$10 and the remaining individual \$20. There were no reports of purchasing 0.4mg Subutex.

There were seven reports of purchasing 8mg Suboxone with prices ranging from \$10 to \$60 and a median price of \$50 compared with the 2006 median of \$30. There were only three reports of buying 2mg Suboxone with prices ranging from \$15 to \$23.

Over half (57%) of the IDU sample reported access to Subutex as 'easy' followed by 21% who reported it being 'very difficult'. That this level of availability had remained unchanged in the six months prior to the survey was held by 57% of IDU responding and a further 29% thought it had become more difficult. In the case of Suboxone, an absolute majority (71%) of IDU responding reported that current access was 'very easy' with 57% reporting that this situation had recently been stable.

Of the 12 IDU reporting that they had recently obtained illicit Subutex, 83% reported that they had usually bought it while the remaining two (17%) indicated that they had usually been given it for free. All six IDU responding indicated that the main way they obtained illicit Suboxone was by buying it.

The most common source of illicit Subutex was from 'friends' reported by 67% of those responding, followed by 'known dealers' reported by 17% and 'gift from friends' reported by eight percent. Illicit Suboxone was most commonly reported as having been obtained from 'acquaintances' with 50% of those IDU responding reporting this, followed by 33% who had usually obtained it from 'friends', 17% who had usually obtained from 'known dealers' and a further 17% who had typically obtained the drug from 'street dealers'. The most commonly reported original source of illicit Subutex by the 12 IDU who provided this data was 'someone else's takeaway dose' reported by 67%. There were also two IDU who reported the original source as 'someone else's daily (i.e.: presumably supervised) dose' and one respondent who reported the original source to be 'theft from a pharmacy'. There were six IDU who provided data on where their Suboxone had originally been derived from with 83% indicating the original source to be somebody else's takeaway dose and the remaining 17% didn't know.

The most common reasons provided by the 12 IDU responding as to their main reason for using illicit Subutex were primarily extra-medical in nature; specifically, 75% who said they had done so to 'treat themselves for dependence', 67% who had done so to 'treat withdrawal symptoms', 50% 'to alleviate pain', 17% who reported a 'reluctance to access treatment services' and eight percent who cited their main reason as being the 'long waiting list to access a treatment program'. Other reasons for use included 'seeking an opiate effect' reported by 25%, 'not being able to obtain heroin' by 17% and 'being cheaper than heroin' by another 17%.

Reasons for the use of illicit Suboxone were also typically extra-medical ones. Of the six IDU responding, 67% indicated they had done so to 'alleviate withdrawal symptoms', 67% to 'treat themselves for dependence', 50% to 'alleviate pain' and 33% because of a 'reluctance to access services'. Other reasons were 50% who had done so to 'seek an opiate effect', 17% who were 'not able to obtain heroin' and a further 17% who had used Suboxone because it was 'cheaper than heroin'.

There were 13 IDU who provided information on injecting Subutex. Three of these reported 'liking it very much', three 'not liking it at all' and three with a neutral opinion. Of these 13, nine indicated that they were 'extremely likely' to inject Subutex again. Asked if injection of Subutex had precipitated withdrawal symptoms, 39% said 'rarely', 31% 'never', 15% reporting 'sometimes' and another 15% saying 'always'. Almost all sources of injected Suboxone had been 'friend's' or 'partner's medication' as reported by 62% of those responding. A further 39% had 'bought it from the street'. There was only one IDU in the 2007 sample who reported having injected their own medication.

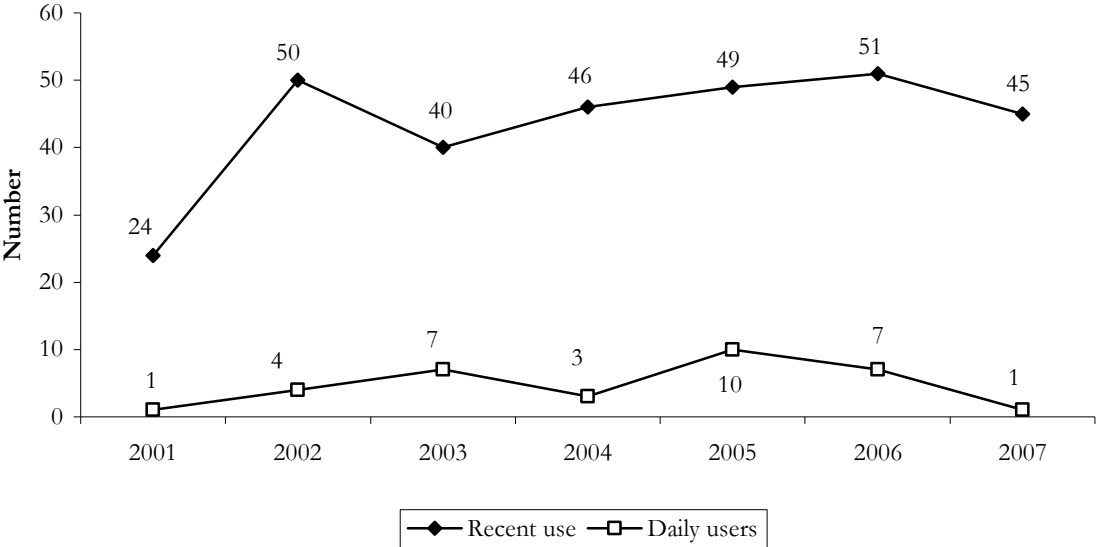
Of the six IDU who provided information on injecting Suboxone, only two (33%) indicated 'liking it very much', with other responses ranging from one IDU 'not liking it at all', and the remaining three rating their liking as falling between four and seven out of a possible ten. Asked if injecting Suboxone precipitated withdrawal, 50% of those six responding said 'rarely', 33% said 'never' and just one IDU said 'sometimes'. Asked whether they would inject Suboxone again, five of the six responding said that this was 'extremely likely'. Almost all injected Suboxone had been 'bought from the street' with five of the six responding stating this. One IDU indicated that it was a 'friends' or partners' medication'. There was only one IDU in the 2007 sample who had recently injected their own dose of Suboxone.

Several key experts indicated that they were aware of low levels of buprenorphine use amongst their client load. This use involved both Subutex and Suboxone obtained from both licit and illicit sources. One key expert stated that some people with access to Suboxone appeared to have discovered a means of extracting the buprenorphine from it.

8.3 Use of illicit morphine

Use of illicit morphine in the six months preceding the survey was reported by 45% of the 2007 IDU sample which was not significantly different to the 51% who reported having done so in 2006 ($\chi^2=1.152$, $df=1$, $p=.283$). Days of use ranged from one to 180 with just one IDU reporting use on a daily basis. Mean days of use was 40 which did not differ significantly from the 2006 average of 48 ($t=-1.140$, $df=35$, $p=.262$). Recent injection was reported by 45% which was not significantly different from rates of morphine injection the previous year ($\chi^2=.512$, $df=1$, $p=.474$). The number of days of which illicit morphine had recently been injected ranged from one to 180, again with only one IDU reporting use on a daily basis. The mean days of injection was 39 which was not a significant shift from the 49 reported in 2006 ($t=-1.325$, $df=35$, $p=.194$). Data concerning proportion of recent and daily users of illicit morphine is displayed in Figure 24.

Figure 24: Proportion of IDU reporting recent and daily illicit morphine use in the past six months 2001-2007



Source: IDRS IDU interviews

Of the 34 IDU responding to the form of morphine they had most used, MS Contin was again the most common with 82% nominating this form. Another nine percent mentioned Anamorph and six mentioned Kapanol. An awareness of some level of morphine use amongst the drug users they had contact with was reported by five key experts. This morphine was invariably sourced illicitly and the only brand mentioned was MS Contin.

As in previous years, the most commonly reported form of morphine purchased was MS Contin 100mg with 27 reported purchases. Prices paid at last purchase ranged from \$20 to \$85 with a mean of \$53 which was not significantly different from the 2006 average price of \$50 ($t=1.536$, $df=26$, $p=.173$). Other common purchases included 14 reports of recent purchases of 60mg MS Contin for a mean price of \$29 and six purchases of MS Contin 30mg for a mean price of \$18. Also there were two reports of having bought Anamorph 30mg for a mean of \$15. Individual IDU reported the purchase of illicit Kapanol. A 20mg Kapanol tablet was purchased for \$10, there were two reports of buying 50mg Kapanol for \$25 and \$30 respectively, and just one IDU who had purchased a 100mg Kapanol capsule for \$50.

Asked if the price of morphine had changed in the last six months, 44% of IDU believed it had remained stable and 38% thought it had increased.

With regards to the current availability of morphine, 41% stated that it was ‘difficult to obtain’ and 34% that it was ‘easy’, a finding closely resembling the opinions of IDU in the 2006 survey. Asked whether this availability had recently changed, the prevailing opinion held by 44% of IDU responding was that it had become ‘more difficult’ followed by 28% who believed it had remained stable.

As in previous years, by far the most common source for illicit morphine was from ‘friends’, nominated by 56% of IDU responding. Other common sources were ‘known dealers’ and ‘acquaintances’, both nominated by 25% and a further 16% indicated that morphine was usually a ‘gift from friends’. In the light of this, it was unsurprising that the most common location for obtaining morphine was ‘friend’s house’ nominated by 47% of IDU responding. Also common were ‘agreed public locations’ nominated by 31%, ‘dealer’s home’ nominated by 25% and ‘home delivery’ nominated by 22%.

That they usually purchased morphine for ‘themselves and others’ was reported by 47% of IDU responding, followed by purchasing just for ‘themselves’ by 41%.

8.4 Illicit oxycodone

Illicit oxycodone was used in the past six months by 44% of the 2007 IDU sample which was not significantly different from the 42% the previous year ($\chi^2=.101$, $df=1$, $p=.751$). Days of use ranged from one to 180 with a mean of 27 which did not represent a significant increase from the 2006 mean of 17 days ($t=1.425$, $df=33$, $p=.164$). There was only one IDU reporting use on a daily basis. Nearly all of these IDU reported recent injection with 41% indicating they had done so, a figure identical to that reported in 2006. Mean days of injection was 28 which did not differ significantly from the 2006 mean of 18 days ($t=1.354$, $df=32$, $p=.185$). Oxycontin was by far the most common brand IDU reported having consumed; however, there were isolated reports of the use of Endone and OxyNorm. Two key experts indicated that they were aware of some level of illicit oxycodone use amongst the drug users they had contact with.

As in 2006, the most commonly reported form of oxycodone purchased was 18 purchases of 80mg Oxycontin for prices ranging from \$20 to \$60 with an average price of \$47 which was not significantly different from the 2006 average price of \$50 ($t=-1.598$, $df=17$, $p=.129$). Other reported purchases included nine purchases of 40mg Oxycontin for a mean price of \$23, three purchases of 20mg Oxycontin for a mean price of \$10 and two purchases of 5mg Oxycontin for a mean price of five dollars. There were no reported purchases of other forms of oxycodone such as Endone. Of the 29 IDU able to comment, 52% indicated that the price of oxycodone had been ‘stable’ followed by 31% who believed it had increased.

Asked about the current availability of oxycodone, as in 2006 the predominant opinion was that it was ‘easy’. Of the 29 IDU responding, 35% reported that it was ‘easy’ followed by 28% who reported that it was ‘difficult’. There was also 14% who thought it ‘very easy’. As to whether this availability had recently changed, 52% thought it had remained ‘stable’ and 21% believed it had become ‘more difficult’.

The most common source of oxycodone remained ‘friends’ reported by 45% of those responding followed by ‘acquaintances’ reported by 35%, ‘known dealers’ by 14% and ‘street dealers’ by 10%. Other sources were relatively uncommon. The most common locations for purchase were ‘friends’ houses’ and ‘agreed public location’ both nominated by 41%. ‘Home delivery’, ‘street market’ and ‘acquaintances’ homes’ were all mentioned by 10% of those responding. Just seven percent indicated that they had gone to a ‘dealer’s homes’ to obtain oxycodone. Asked who they had generally purchased oxycodone for, 59% of the 29 IDU responding said themselves and others followed by 38% who purchased just for themselves.

8.5 Other opioids

The use of homebake heroin remained common among Perth IDU in the 2007 sample with 44% reporting the recent use of the drug, a figure not significantly different from that of the previous year of 54% ($\chi^2=3.384$, $df=1$, $p=.066$). Days of use ranged from one to 180 with three IDU reporting use on a daily basis. Mean days of use in the last six months was 42, which did not represent a significant shift from the mean of 49 days the previous year ($t=-.790$, $df=34$, $p=.435$). It was apparent that almost all recent consumption of homebake heroin was by injection with 44% of the 2007 IDU sample reporting having injected the substance in the last six months, a figure comparable with the 54% in 2006 ($\chi^2=3.384$, $df=1$, $p=.066$). Mean days of injection was 42 which again was not a significant change from the 2006 mean of 49 ($t=-.795$, $df=34$, $p=.432$).

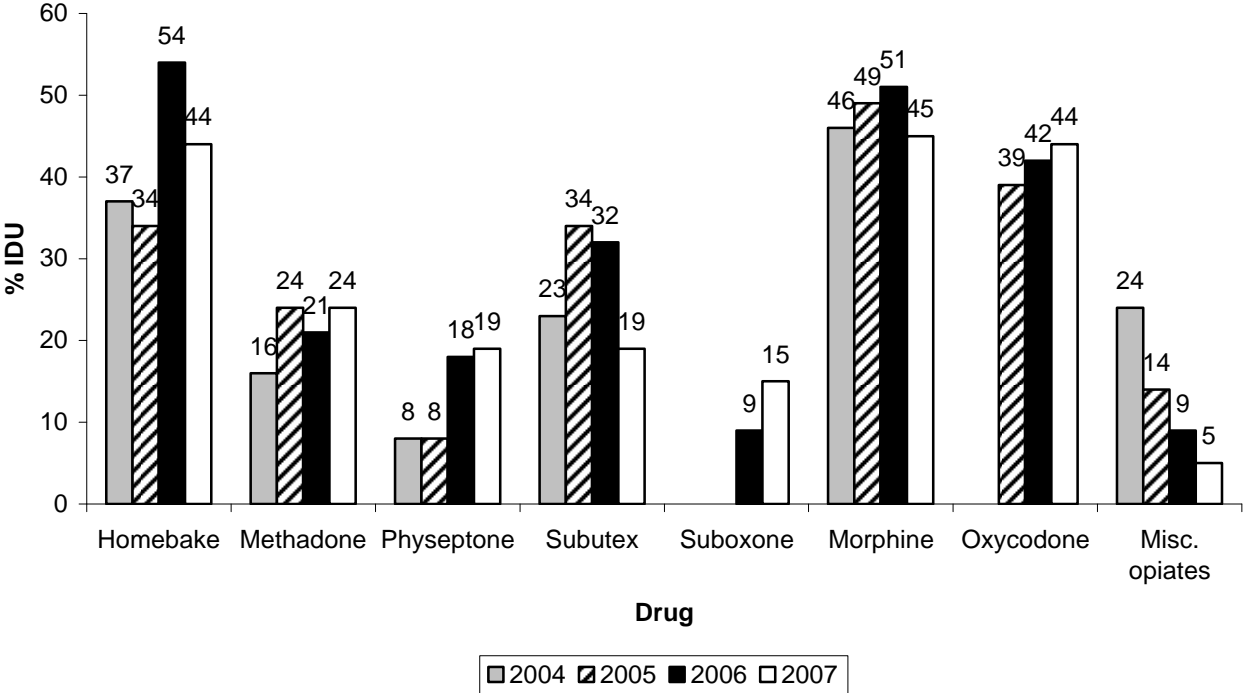
Two key experts observed that homebake was typically sold in pre-loaded syringes for \$15 to \$20. Purity was reportedly medium but varied between dealers, and dirty hits were often a problem. Availability of homebake heroin was reportedly 'very easy'. Several other key experts not speaking specifically about other opiates made some observations regarding homebake heroin. One of these noted that there appeared to be less around due to a trend in dealing illicit morphine directly instead of processing or 'baking' it into homebake heroin. Another, however, believed its use was increasing among some young people who were primarily cannabis users and another noted a subset of their client load tending to alternate between amphetamines and homebake. A key expert from the law enforcement sector observed that amongst some dealers and manufacturers of amphetamines, homebake heroin was often viewed as a viable means of generating additional income.

Recent use of other opioids not classified elsewhere remained uncommon amongst the 2007 IDU sample with just five percent reporting recent use of these drugs, a figure not significantly different from the nine percent reported the year before ($\chi^2=1.231$, $df=1$, $p=.267$). Days of use ranged from three to 120 with mean days of use being 56 which appears substantially greater than the 2006 mean of 39 days; however, the very small numbers of IDU from which this figure is derived render statistical testing unfeasible. Recent injection of this class of drugs was reported by four percent of the 2007 IDU sample which was not significantly different from the five percent doing so the year before ($\chi^2=.158$, $df=1$, $p=.691$). Mean days of recent injection was 74 as compared to the 2006 mean of 26 days which would appear to be a very substantial increment, albeit one based upon a very small number of cases, necessitating caution in interpreting this finding. Only two of these IDU provided data concerning what these other opioids actually were. In both cases they had been illicitly sourced, one reporting the use of fentanyl and the other of another unspecified drug.

One key expert spoke of an emerging trend in the use of low-end painkiller medication such as Mersyndol, codeine, Codral Linctus, Panadeine Forte and Neurofen particularly amongst women with children. Most of this use was reportedly oral although one of the key expert's clients was reportedly injecting these medications. The consumption of one to two packs a day was typical, the high intake of panadeine commonly resulting in renal and gastric problems. Other common associated problems included feeling unwell, sleeping problems, anxiety and depression. Self-medication for anxiety was a suggested motive for taking these drugs. Chemist and doctor shopping were noted as common means of sourcing these medications in quantity.

Trends in the use of the various opioids drugs other than heroin since 2004 are depicted in Figure 25 below.

Figure 25: Recent use of opioids other than heroin by IDU survey respondents 2004-2007



Source: IDRS IDU interviews

9.0 OTHER DRUGS

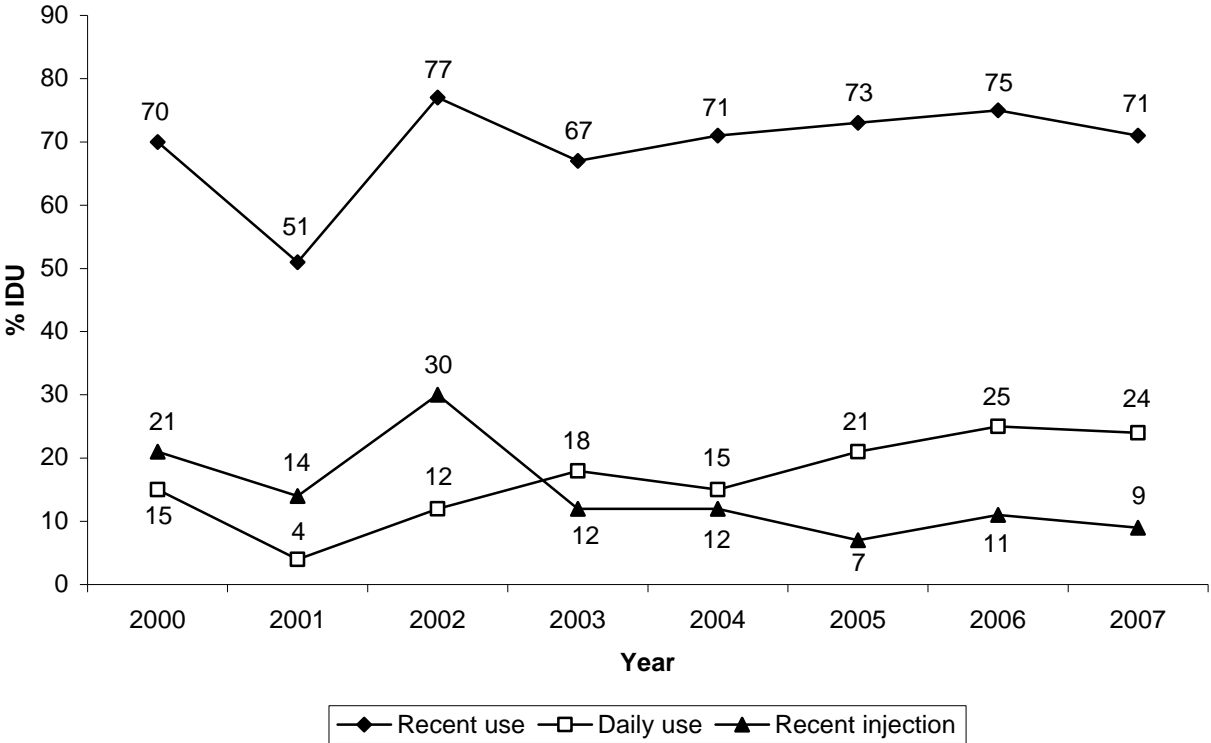
9.1 Benzodiazepines

Use of illicit benzodiazepines was not specifically asked about prior to the 2007 survey, rendering meaningful comparisons with earlier years difficult. Recent use of illicit benzodiazepines in 2007 was substantially less common than the prescribed use of these drugs. Use in the six months preceding the survey was reported by 34% of the 2007 IDU sample. Days of use ranged from two to 180 with three reports of use on a daily basis. Mean days of use was 38. Injection of illicit benzodiazepines was found to be relatively uncommon with just six percent reporting having done so in the last six months with mean days of injection being eight.

Although no key experts spoke specifically about benzodiazepine use they were nevertheless commonly mentioned in both licit and illicit contexts as drugs consumed by the drug users these key experts had contact with. As in the past, the most commonly mentioned forms were diazepam and oxazepam with isolated mentions of other forms. A key expert primarily speaking about amphetamine users noted that benzodiazepines were commonly used by their clients in the 'down-phase' of the amphetamine cycle. Another noted that although most use was technically licit, obtaining these drugs tended to involve a substantial amount of doctor shopping and a black market may be emerging. A key expert working with youth observed that the most common means for young people to obtain these drugs was from their parents' medicine cabinets and commonly these young people did not have a good understanding of the nature of the drugs they were taking. Another key expert also observed that there appeared to have been a 'groundswell' of benzodiazepine use amongst young people.

It is possible to compare findings of previous years using data on all benzodiazepines (i.e.: both prescribed and those obtained illicitly). However, as the bulk of these findings concern licitly obtained benzodiazepines what can be inferred from them regarding trends in illicit benzodiazepines is limited, necessitating care in interpreting this data. Nevertheless, with a view to providing continuity of data from previous years, these findings are shown in Figures 26 and 27 below. It is evident that relatively little change had occurred with respect to numbers of recent users, daily users or injectors of benzodiazepines; however, the median number of days on which they were consumed had risen sharply from the 2006 figure of 60 to 87 days in 2007. As in previous years, the most common form consumed was diazepam, nominated by 64% of the 2007 IDU sample. This was followed by 12% who nominated alprazolam, eight percent who nominated clonazepam and another eight percent who nominated oxazepam. There were also individual IDU who nominated various other benzodiazepines.

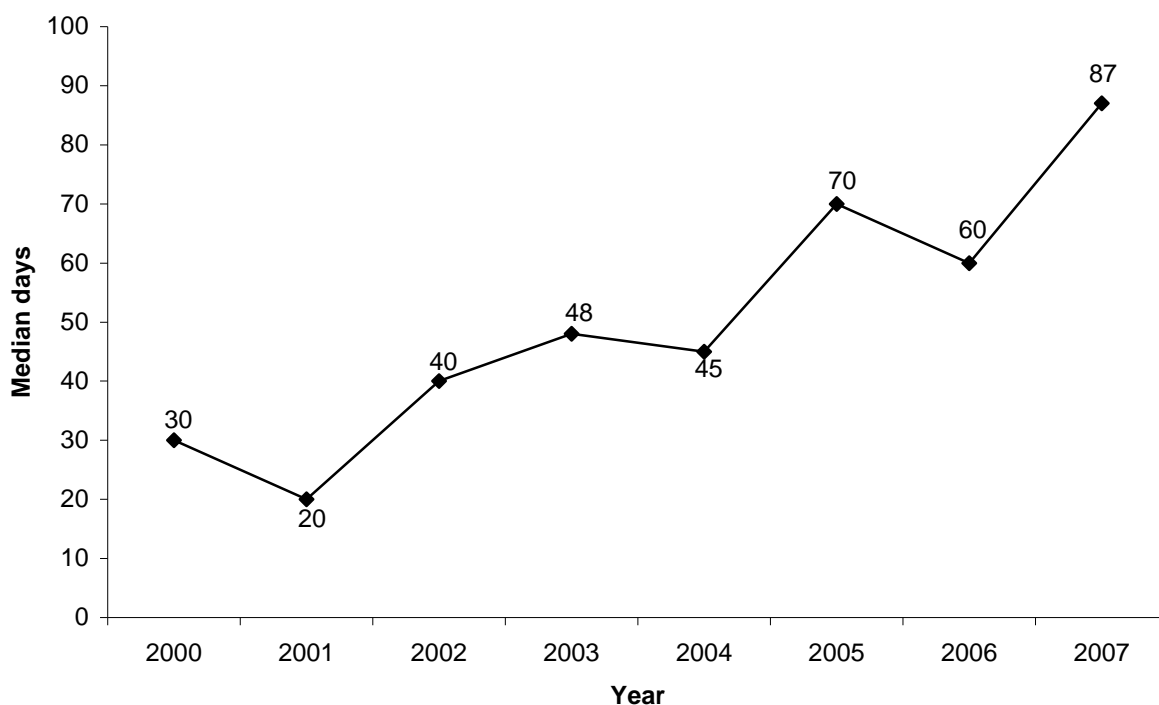
Figure 26: Proportion of IDU reporting any benzodiazepine use, daily use and injection in the preceding six months, 2000-2007



Source: IDRS IDU interviews

Figure 27: Median days use of any benzodiazepines in the past six months, 2000-2007

Source: IDRS IDU interviews



NB: Collection of data on the number of days injected commenced in 2003

9.2 Illicit pharmaceutical stimulants

Recent use of illicit pharmaceutical stimulants continued to be an issue in Western Australia although there was a significant decline from the 2006 figure of 44% to just 29% of the IDU sample in 2007 ($\chi^2=7.551$, $df=1$, $p=.006$). Recent injection of illicit pharmaceutical stimulants was reported by 20% of IDU in 2007. Days of use in the last six months ranged from one to 120 with a mean of 20 which did not vary significantly from the 2006 mean of 16 ($t=.594$, $df=22$, $p=.559$). As in previous years, the most common form used was dexamphetamine reported by 70% of IDU who had consumed illicit pharmaceutical stimulants, followed by methylphenidate used by the remainder. One key expert primarily dealing with cannabis-using youth noted that approximately half their client load was consuming dexamphetamine on an opportunistic basis. Another key expert however, noted that whilst a small number of their client load was using dexamphetamine, its use appeared to be declining.

9.3 Alcohol and tobacco

Although virtually all (93%) of the IDU sample had tried alcohol at some stage, only 60% indicated that they had consumed any during the six months preceding the 2007 survey, a figure not substantially different from the 66% reported the previous year ($\chi^2=1.283$, $df=1$, $p=.257$).

Mean days of use was 54 which also did not differ significantly from the 2006 mean of 53 ($t=.054$, $df=47$, $p=.957$). There were nine reports (11%) of consuming alcohol on a daily basis compared with five percent the previous year. There were no reports of recent injection of alcohol.

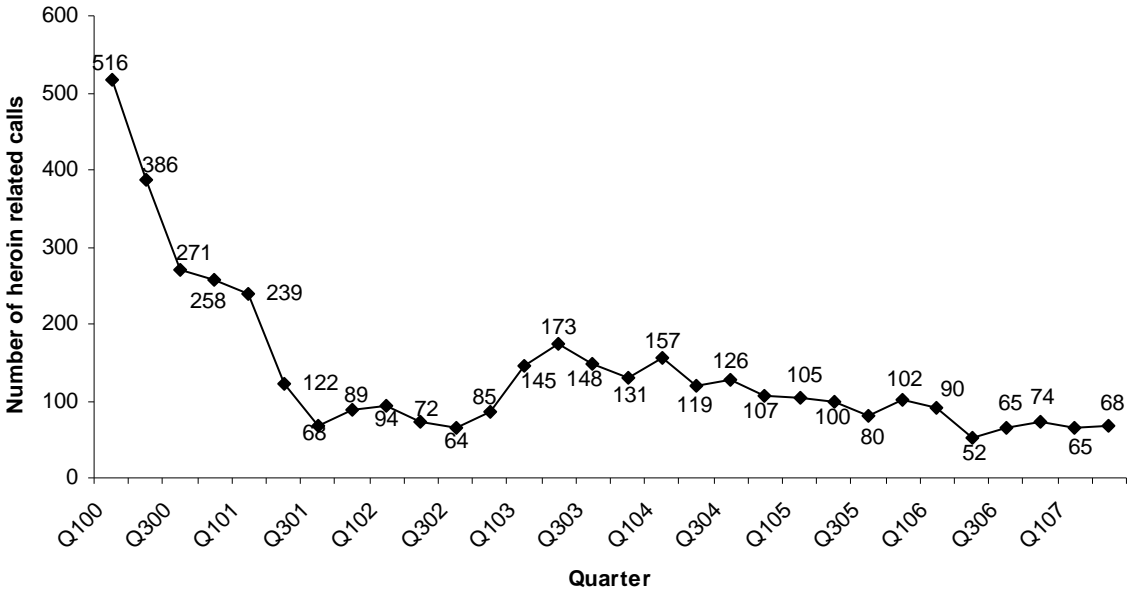
A lifetime history of having ever tried tobacco was widely reported by 98% of the IDU sample and 89% reported having smoked within the previous six months which was not a significant shift from the 88% who reported having some so the previous year ($\chi^2=.043$, $df=1$, $p=.836$). Median days of tobacco use remained unchanged at 180 with all recent smokers bar one reporting smoking on a daily basis. Mean days of tobacco use however, was 180 which was found to be a significant increase on the previous year's mean days of use of 175 ($t=24.357$, $df=70$, $p=.000$).

10.0 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

10.1 Health-related harms associated with heroin use

Compared to figures seen prior to the third quarter of 2001, heroin-related calls to ADIS tended to remain relatively low in frequency. Throughout the 2006/2007 financial year the service received between 65 and 74 calls per quarter. October 2006 saw the highest frequency of calls received with heroin-related enquiries accounting for 3.4% of all calls taken that month. Data on heroin-related calls received by ADIS per quarter since 2000 is shown in Figure 28 below.

Figure 28: Number of enquiries to ADIS regarding heroin, 2000-2007

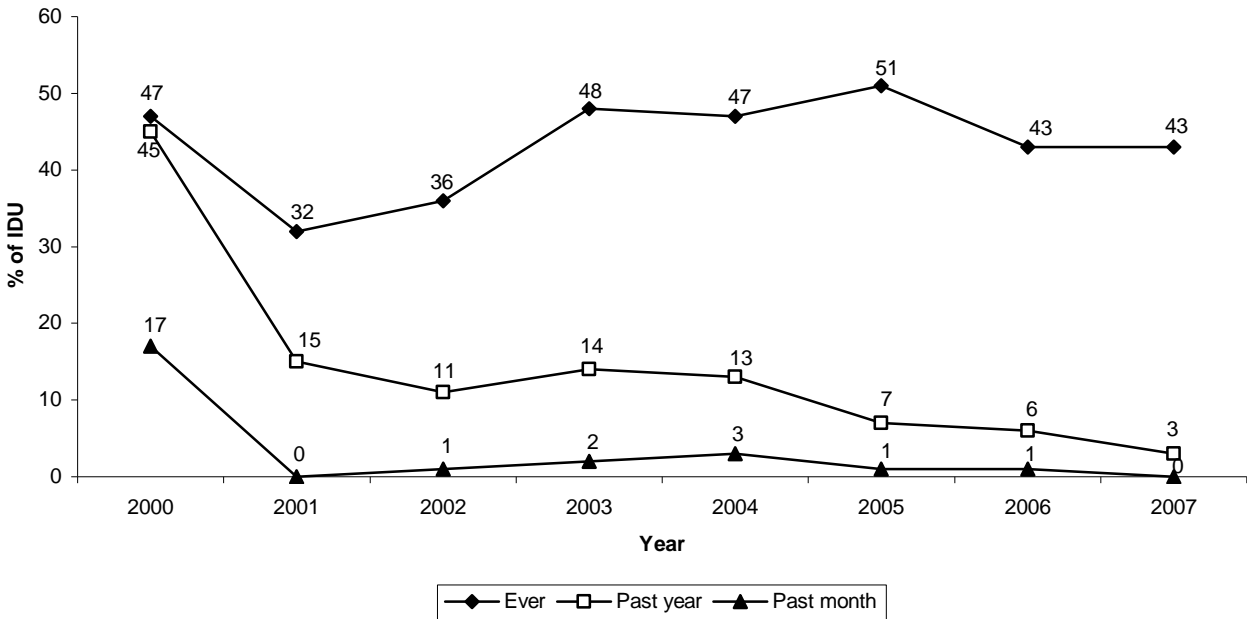


Source: ADIS

Overdose

A lifetime history of having ever experienced a heroin overdose was reported by 43% of the 2007 IDU sample, a figure identical to that reported in 2006. Overdoses within the last year however, were very much rarer with just two IDU reporting an overdose due to heroin in the 12 months preceding the survey, compared with six reporting this in the previous year. Time elapsed since last overdose ranged from seven months to 300 months with a mean of 102 months which was significantly longer than the 2006 mean of 72 months ($t=2.413$, $df=33$, $p=.022$). Data on overdose frequency amongst WA IDU since 2000 appears in Figure 29 below.

Figure 29: Proportion of IDU participants who had ever overdosed, overdosed in the past 12 months, and the past month, 2000-2007

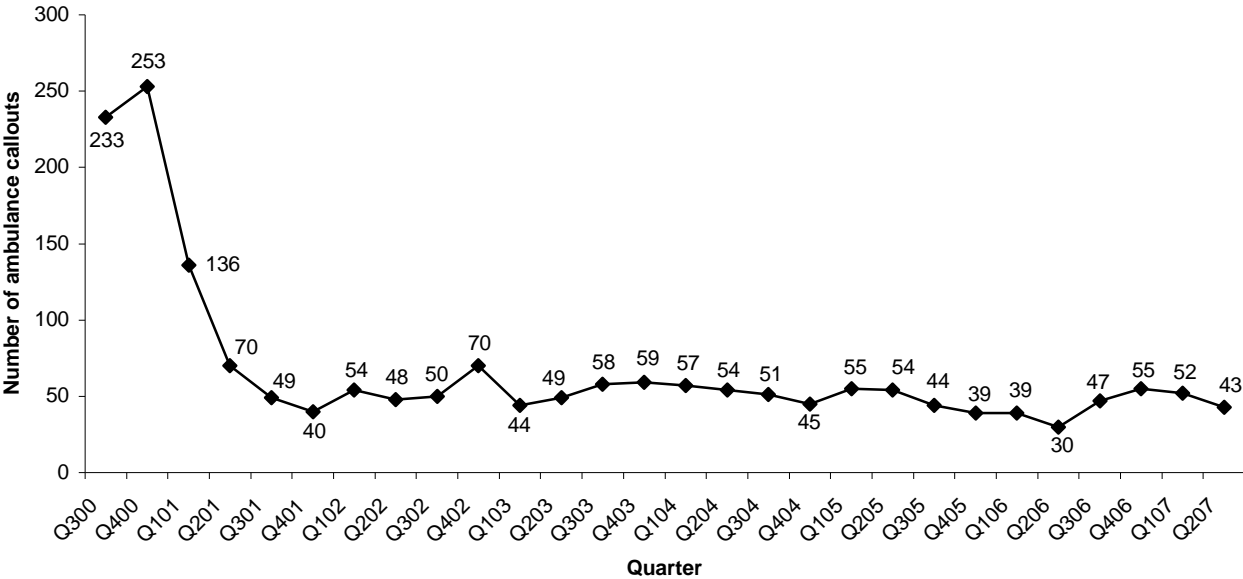


Source: IDRS IDU interviews

Having ever witnessed another’s opiate-related overdose was reported by 81% of the IDU sample, although most commonly they had only been present at one. Actual number of overdoses witnessed ranged from one to 30 with a mean number of six. Mean time elapsed since last witnessing another person’s overdose was 39 months. The opiate most commonly implicated in these overdoses was heroin, nominated by 45 IDU, but also common was homebake heroin nominated by 10. There were also a wide range of other opiates much less commonly mentioned.

Compared with figures commonly seen prior to the third quarter of 2001, the number of ambulance callouts to opioid (i.e. not necessarily heroin) overdoses remained relatively low, figures per quarter for the 2006/2007 financial year ranging between 43 and 55. This data is shown in Figure 30 below. Viewed by the month, there has still not been a month since early 2001 when the number of overdose callouts exceeded 30.

Figure 30: Number of ambulance callouts to overdoses, 2000-2007



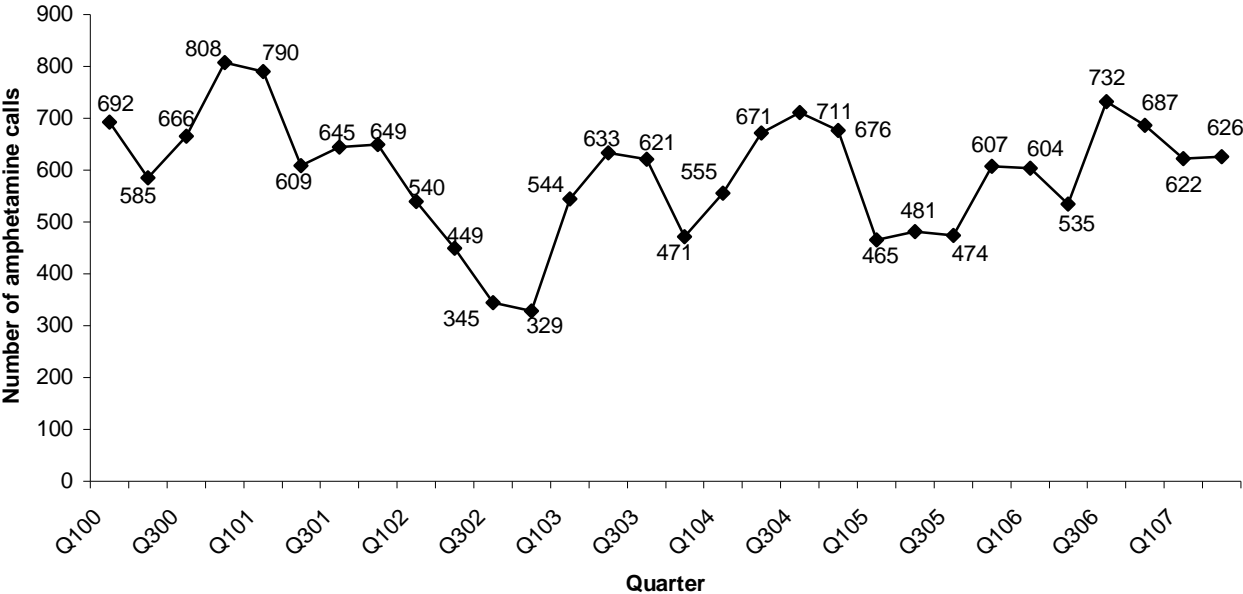
Source: WAPCRU

*NB due to missing data for September 05, that month has been allocated a data value equal to the average for the 3rd quarter 05

10.2 Health-related harms associated with methamphetamine use

Amphetamines remained the class of illicit drug involved in most calls to ADIS, accounting for 20-27% of calls received each month. Calls peaked at 732 in the first quarter of the 2006/2007 financial year, but have since returned to levels comparable to those seen in the previous year. This data is portrayed in Figure 31 below. One key expert working with ADIS noted that while the volume of methamphetamine-related calls remained high, these were increasingly coming from partners or parents rather than drug users themselves.

Figure 31: Number of enquiries to ADIS regarding amphetamines, including ‘ice’, 1996-2007



Source: ADIS

NB: ADIS data refer to the number of calls where amphetamines were mentioned as any drug of concern.

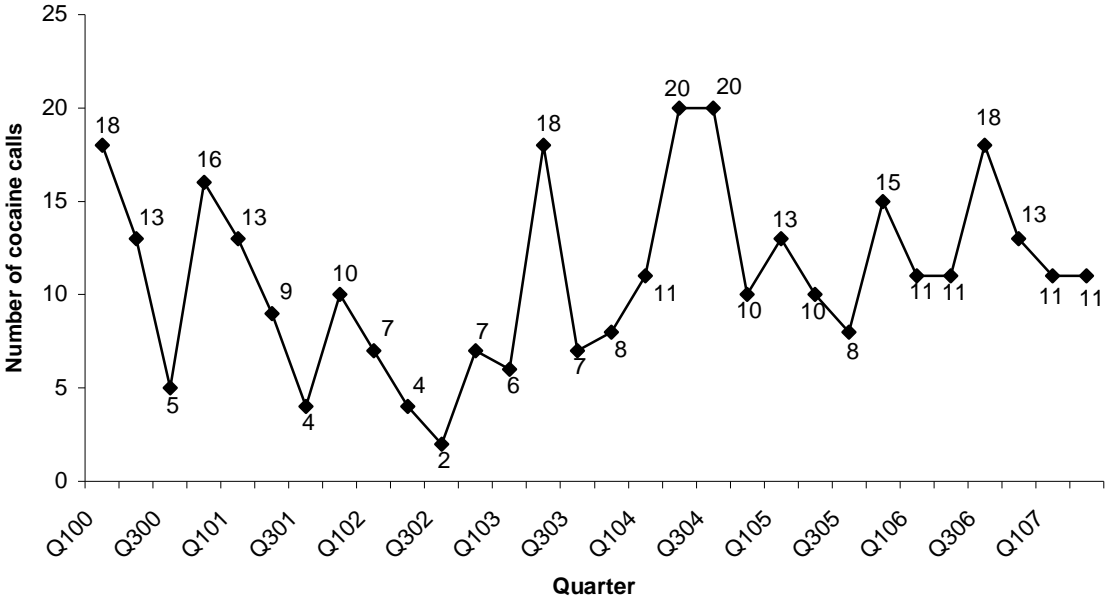
Health issues specific to methamphetamine use were mentioned by one key expert reporting on young methamphetamine users, who noted problems with weight loss and acne. Sleeping and lack of concentration were also identified as issues as were aggression and an inability to regulate emotions. Ongoing family conflicts and issues surrounding accommodation were also identified as problem areas amongst young methamphetamine users. Another key expert also noted that amphetamine use was particularly noticeable in terms of the negative effects prolonged use tended to have on clients’ appearance.

10.3 Health-related harms associated with cocaine use

Calls to telephone helplines

Calls to ADIS concerning the use of cocaine remained extremely low as shown in Figure 32 below. The highest point in the 2006/2007 financial year was August 2006 during which cocaine accounted for just 0.7% of all calls received by the service.

Figure 32: Number of enquiries to ADIS regarding cocaine, 2000-2007



Source: ADIS

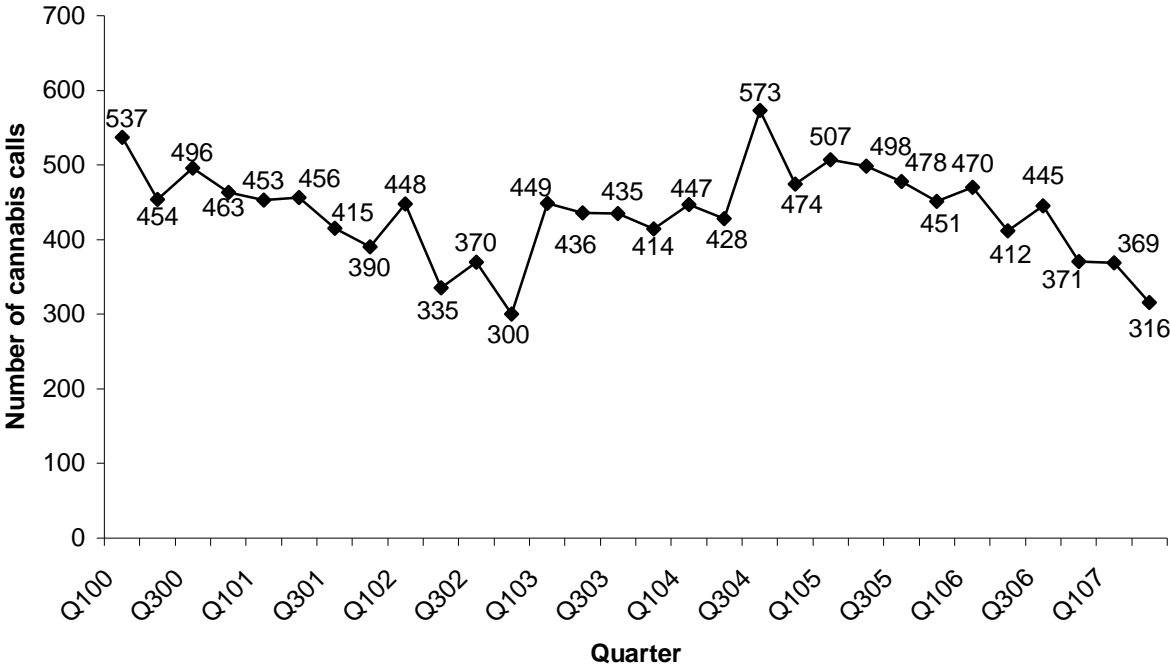
NB: ADIS data refer to the number of calls where cocaine was mentioned as any drug of concern.

10.4 Health-related harms associated with the use of cannabis

Calls to telephone helplines

Although there was a decline in cannabis-related calls received by ADIS since the end of 2004, cannabis remained one of the most common drugs enquired about, with the frequency of calls related to cannabis exceeded only by amphetamines, alcohol and tobacco. Despite this, the call rate is the lowest yet documented since findings from 2002. This data is displayed in Figure 33 below.

Figure 33: Number of enquiries to ADIS regarding cannabis, 2000-2007



Source: ADIS

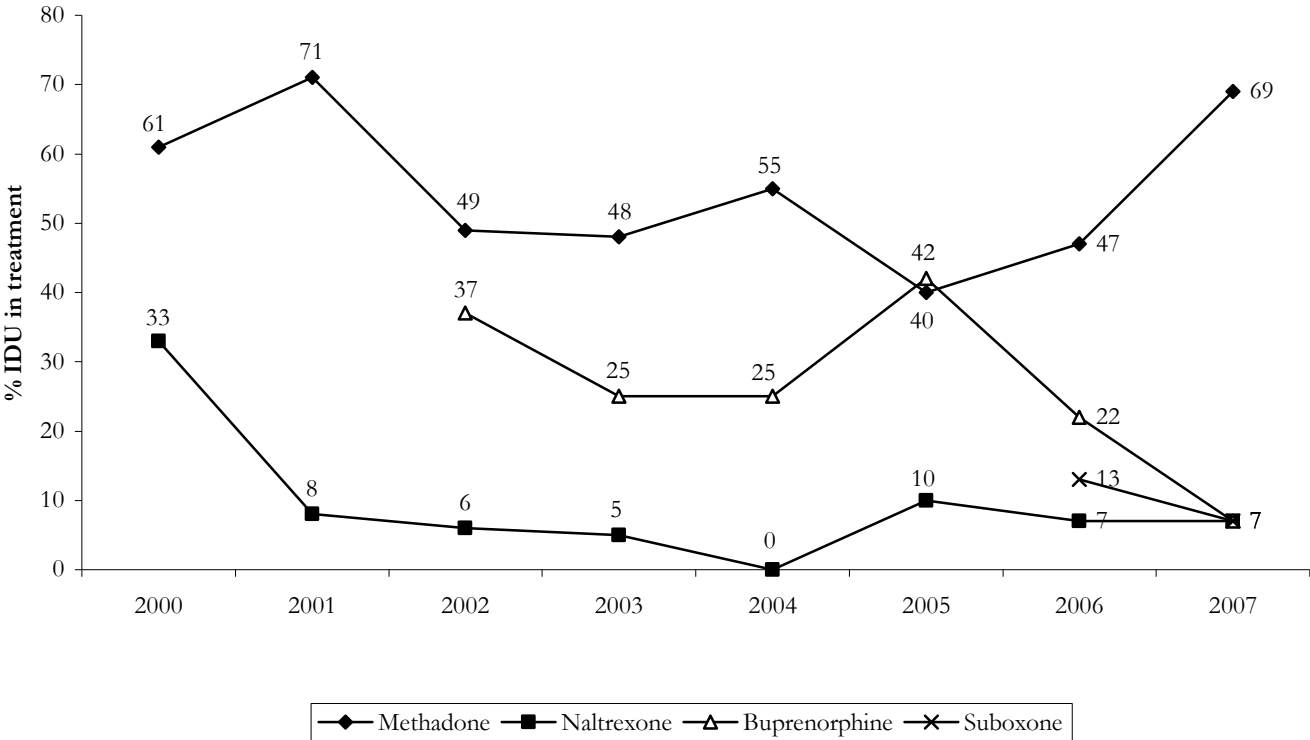
NB: ADIS data refer to the number of calls where cannabis was mentioned as any drug of concern.

Just one key expert spoke about cannabis-related harms and problems, noting that they had increasingly been approached by teachers seeking advice due to concern about young people coming to school under the influence.

10.5 Pharmacotherapy treatment

Of the 21 IDU reportedly receiving treatment for their drug use, 90% (n=20) were receiving pharmacotherapies for opiate dependence. Methadone remained the most common pharmacotherapy and indeed had increased significantly from 47% of the treatment population in 2006 to 69% in 2007 ($\chi^2=5.617$, $df=1$, $p=.018$). Other forms of pharmacotherapy were markedly less common with naltrexone, Subutex and Suboxone each being received by seven percent of the treatment population. The possibility that these figures are likely to have been affected by the very low level of IDU recruitment through pharmacies in the 2007 sample compared with previous years must be considered and care taken in the interpretation of this data. Proportion of IDU in treatment receiving pharmacotherapies for opioid dependence since 2000 is displayed in Figure 34 below.

Figure 34: Proportion of participants reporting current pharmacotherapy, 2000-2007



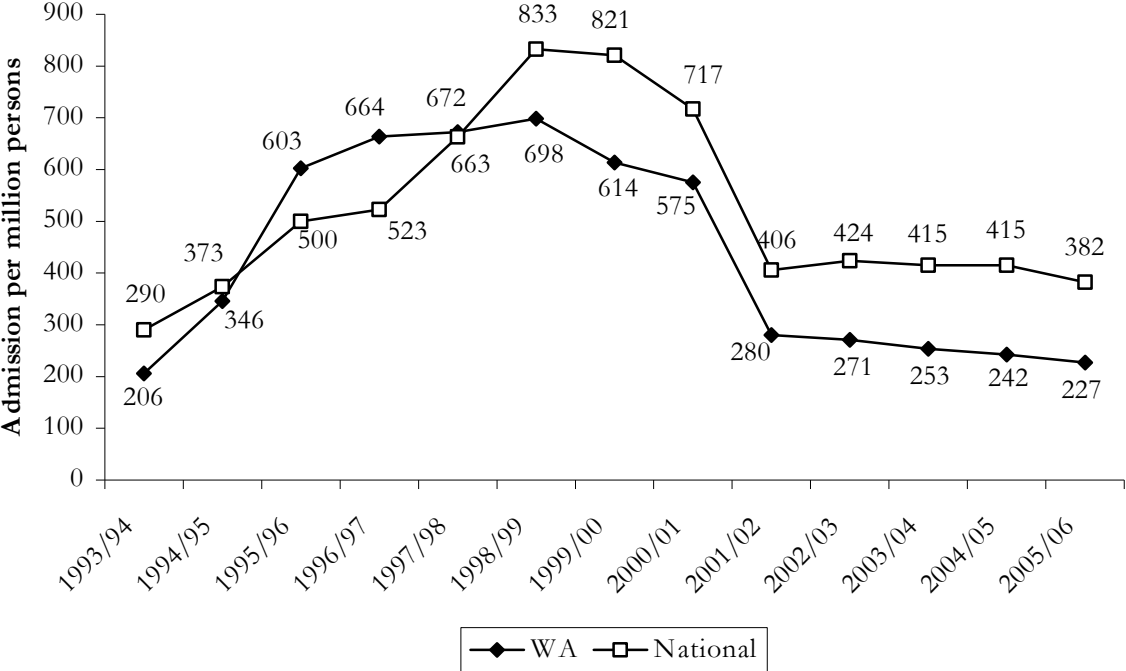
Source: IDRS IDU interviews
 NB: Suboxone was not asked about prior to 2006

10.6 Hospital admissions

Opioids

In Western Australia during the 2005/2006 financial year there were 227 admissions to hospital per million persons where the principal diagnosis involved opioids compared with 242 per million in the 2004/2005 period. It will be noted that the WA rate of admissions remains substantially below the national rate of 382 per million. This information is portrayed in Figure 35 below.

Figure 35: Rate of inpatient hospital admissions where opioids were the principle diagnosis per million people aged 15-54 years, WA and Nationally, 1993/94-2005/06

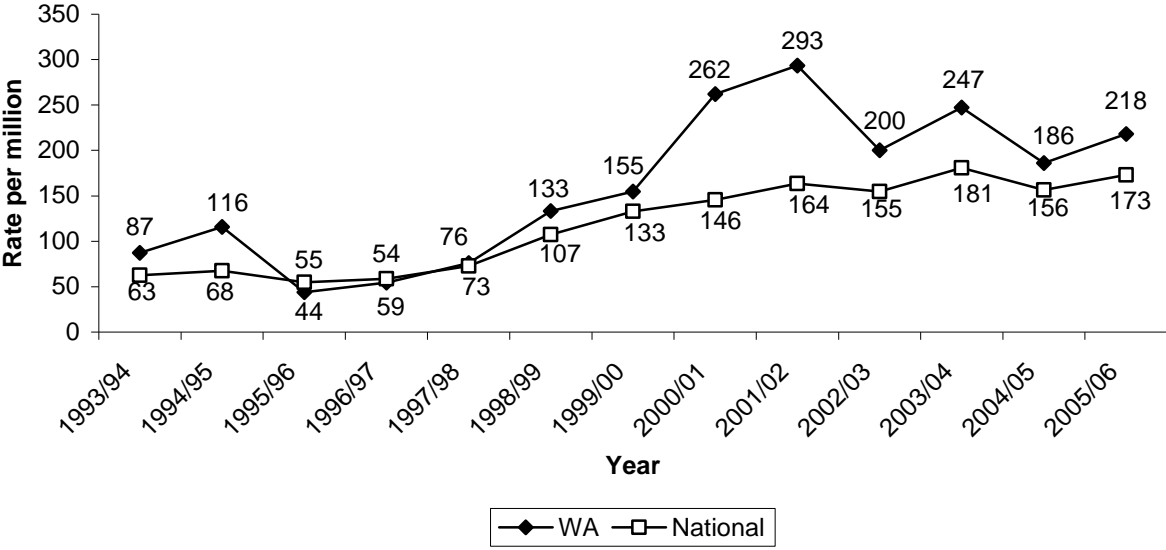


Source: National Hospital Morbidity Database

Amphetamines

During the 2005/2006 financial period there were 218 admissions per million people to hospital for diagnoses primarily related to amphetamines compared with 186 during the 2004/2005 period. This would indicate that the rate of hospital admissions in WA continues to remain above the national rate of 173 per million. This data is displayed in Figure 36 below.

Figure 36: Rate of inpatient hospital admissions where amphetamines were the principal diagnosis per million people aged 15-54 years, WA and nationally, 1993/94 to 2005/06

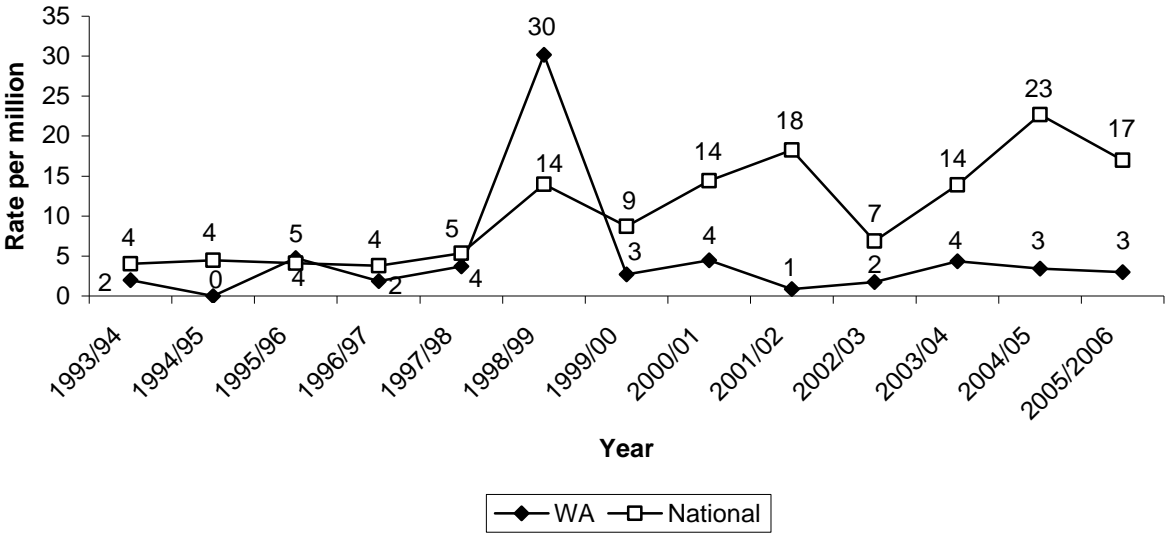


Source: National Hospital Morbidity Database

Cocaine

During the 2005/2006 financial period there were just four admissions to WA hospitals where cocaine was involved in the principal diagnosis. This means that the WA rate of inpatient admissions remains unchanged at three per million persons and substantially below the national rate of 17 per million. This data is displayed in Figure 37 below.

Figure 37: Rates of inpatient hospital admissions for cocaine per million persons aged 15-54, WA and nationally 1993/94 to 2005/06

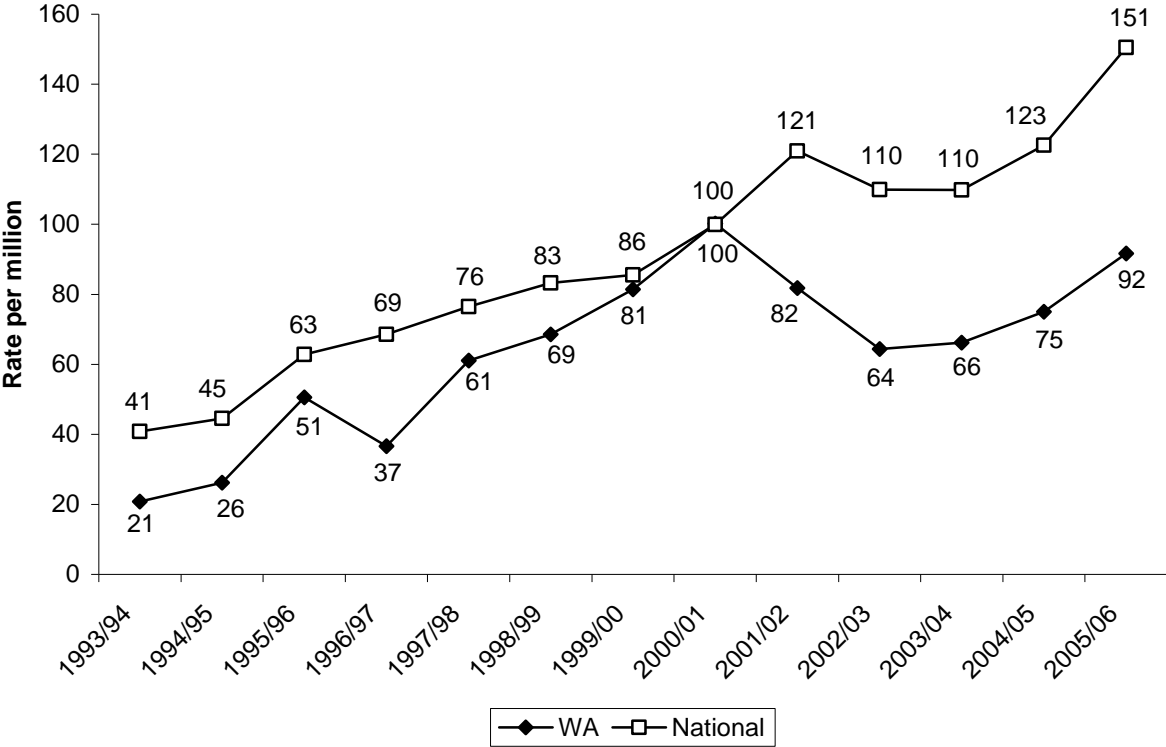


Source: National Hospital Morbidity Database

Cannabis

During the 2005/2006 financial period there were 108 inpatient admissions to hospital in WA where cannabis was involved in the principal diagnosis. This means that rates of admissions per million persons rose from 75 in 2004/2005 to 92 per million in 2005/2006. It should be noted however that this increase was also observed in national rates and that WA remains substantially below the 2005/2006 national rate of 151 admissions per million persons. This data is displayed in Figure 38 below.

Figure 38: Rate of inpatient hospital admissions where cannabis was the principal diagnosis per million people aged 15-54 years, WA and nationally, 1993/94 to 2005/06



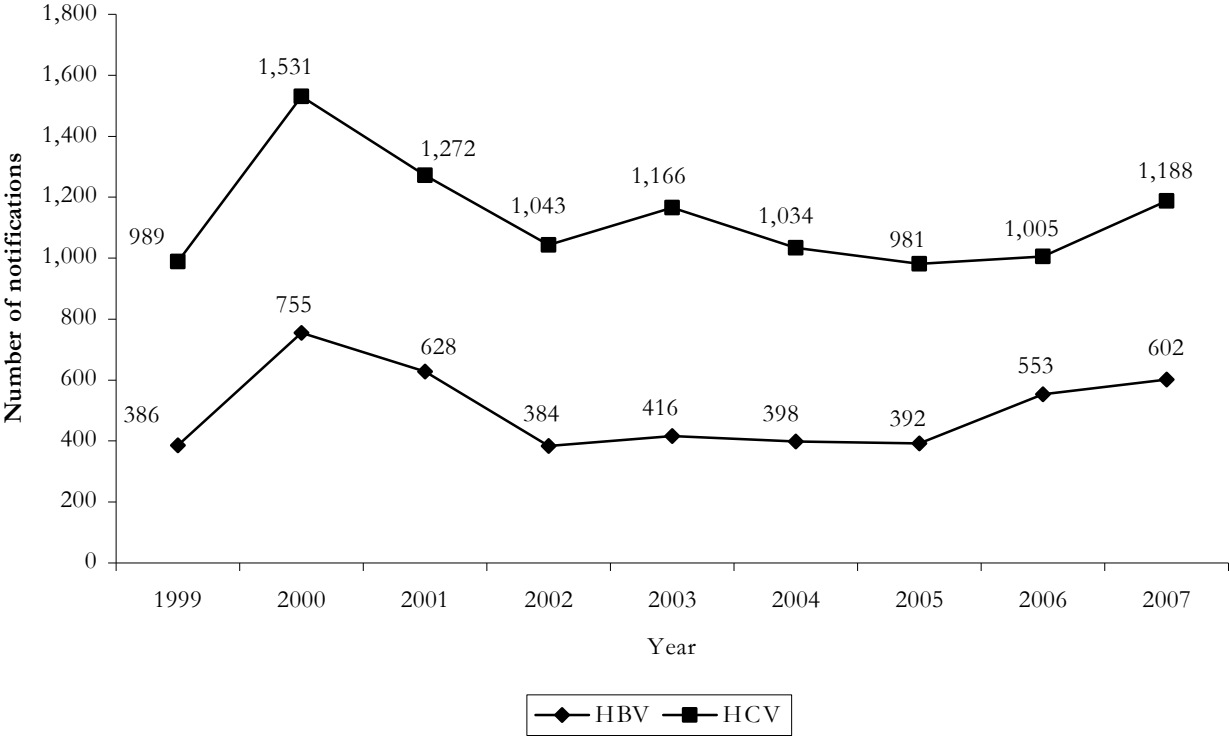
Source: National Hospital Morbidity Database

10.7 Health related harms associated with injection

Blood-borne viral infections

According to the National Notifiable Diseases Surveillance System, the number of unspecified cases of both hepatitis B and hepatitis C rose during 2007. Reports of unspecified cases of hepatitis C increased from 1,005 in 2006 to 1,188 and while reports of hepatitis B remained less common, these too increased from 553 in 2006 to 602. This data is presented in Figure 39 below. These results were not reflected in the WA findings of the 2006 NSP Survey (NCHECR, 2007) however, which found rates of hepatitis C antibody prevalence had remained steady at 58% since 2003 and actually reported a downturn in reports of hepatitis B infection from 18% in 2005 to 11% of the sample in 2006. There was one respondent out of 160 in the WA 2006 NSP sample who returned a positive test for HIV compared with zero in 2005.

Figure 39: Total notifications for unspecified HBV and HCV infection, WA 1999-2007

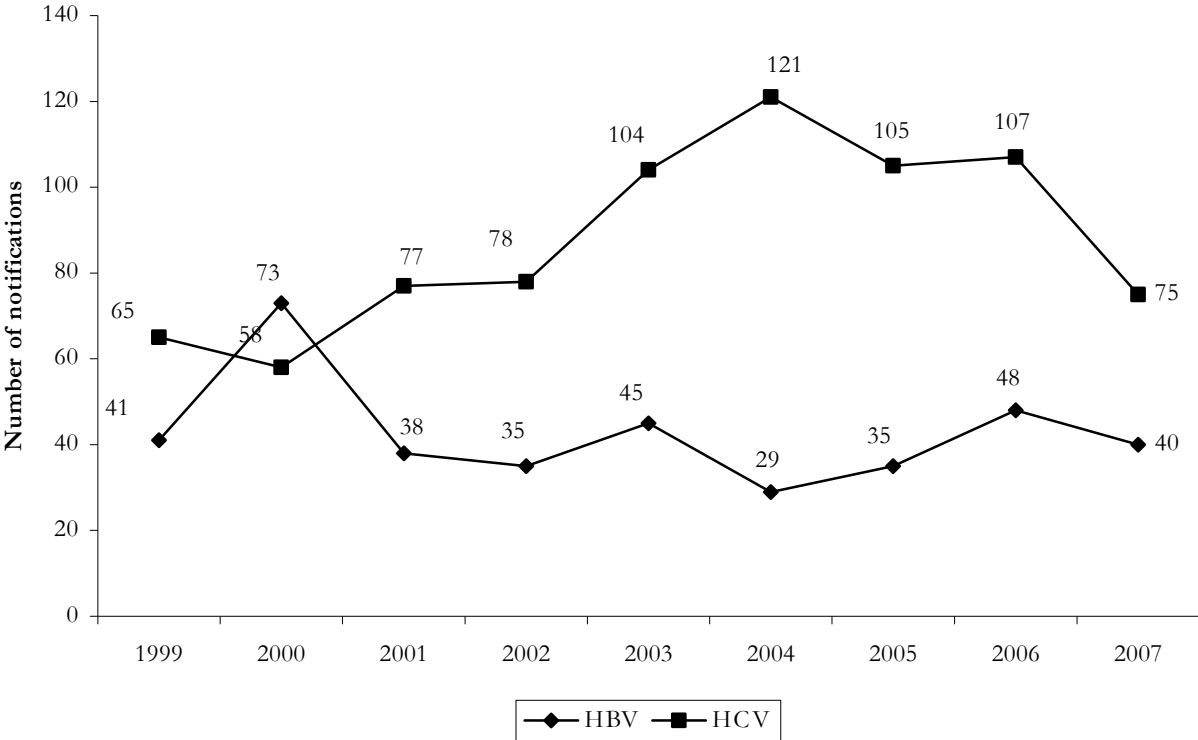


Source: Communicable Diseases Network – Australia – NNDSS²
 NB: The 2007 data are provisional

By contrast, rates of incident or new infections of both hepatitis B and hepatitis C actually fell according to NNDSS data, with incident rates of hepatitis B falling from 48 in 2006 to 40 and incident rates of hepatitis C falling from 107 in 2006 to 75. This data is shown in Figure 40 below.

² There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to represent only a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time.

Figure 40: Total notifications for incident HBV and HCV infection, WA 1999-2007



Source: Communicable Diseases Network – Australia – NNDSS³
 NB: The 2007 data are provisional

³ There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to represent only a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time.

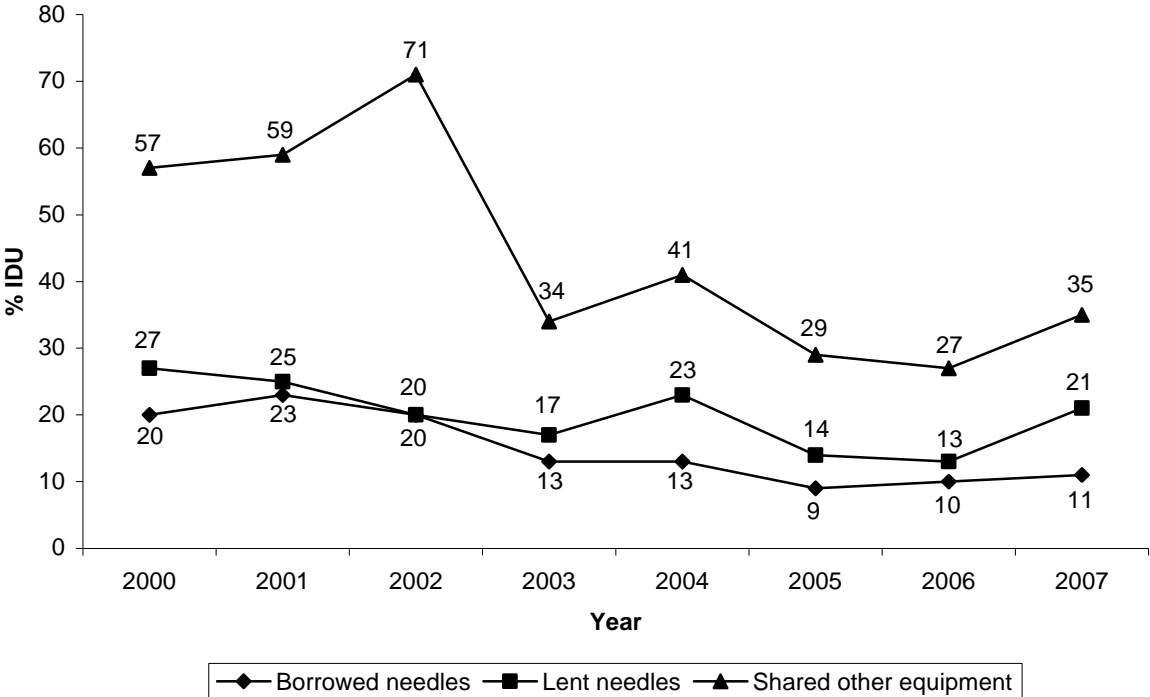
Sharing of injecting equipment among IDU participants

Numbers of IDU reporting having borrowed a needle from someone else in the previous month remained stable with 11% reporting having done so compared with 10% the previous year ($\chi^2=.139$, $df=1$, $p=.709$). With regards to the number of times they had done this, four percent indicated that it was on just one occasion, four percent reported having done so twice, three percent reported having done so three to five times and one individual indicated that they had borrowed needles on six to ten occasions. All IDU reporting borrowing needles indicated that this transaction had involved just one other individual. In almost all cases this person was a ‘regular sex partner’ except for one respondent who had shared with a ‘close friend’ and one who had shared with an ‘acquaintance’.

With regards to the practice of lending used needles to others, there had been a significant increase from 13% who reported doing so in 2006 to 21% in 2007 ($\chi^2=4.120$, $df=1$, $p=.042$). There were 12% of respondents who reported having done this on just one occasion in the month prior to interview, four percent who indicated that they had lent needles twice and five percent who had done so on three to five occasions.

There were 35% of respondents who reported having borrowed other types of injecting equipment in the month prior to interview; however, this was not found to be a statistically significant increase ($\chi^2=2.598$, $df=1$, $p=.107$). This data is presented in Figure 41 below.

Figure 41: Proportion of IDU reporting sharing injecting equipment in the month preceding interview, 2000-2007

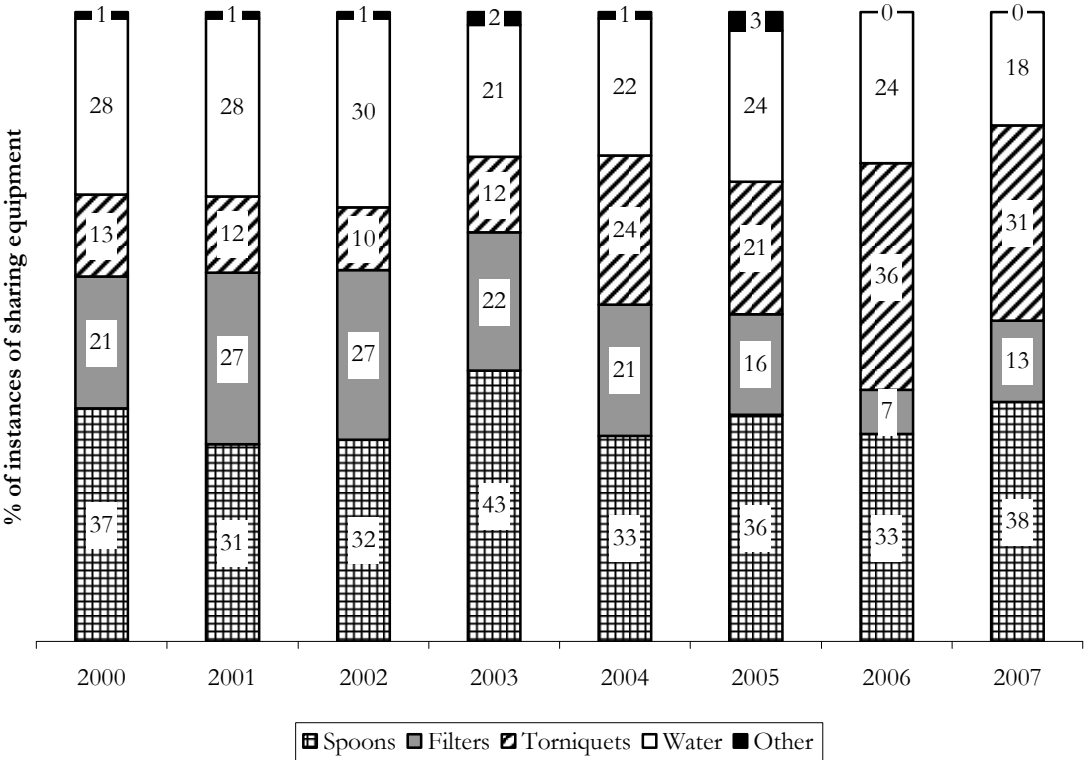


Source: IDRS IDU interviews

NB: Survey items on other injecting equipment (including spoons, water, filters and tourniquets) were first included in 1999. Figure excludes participants who had not injected in the last month (2003 n=1, 2004 n=1 and 2005 n=4 were excluded)

Of the 35% of respondents who reported sharing other types of injection-related equipment, the most common type shared was spoons accounting for 38% or reports of this type of sharing followed by tourniquets which accounted for 31%. Sharing of other forms of equipment was much less common and this information can be located in Figure 42 below.

Figure 42: Proportion of IDU participants reporting sharing other injecting equipment by type, 2000-2007



Source: IDRS IDU interviews
 NB: Excludes participants who had not injected in the last month (2003 n=1, 2004 n=1 and 2005 n=4 were excluded)

Location of injections

As in previous years, the most common usual location for injection remained private homes with 91% of the IDU sample reporting this. Other locations were relatively uncommon and included in cars (8%) and street/car park/beach (1%). This data is shown in Table 20 below.

Table 20: Proportion of IDU participants reporting usual location for injection in the month preceding interview, 2006-2007

Location	2006	2007
Private home	86	91
Street/car park/beach	3	1
Car	3	8
Public toilet	7	0
Other	1	0

With regards to the location of the most recent injection, private homes were again the most common location by a very considerable margin with 84% of the 2007 IDU sample providing this response. Other less common locations included in cars (9%), street/car park/beach (5%), and public toilets (3%). This data is presented in Table 21 below.

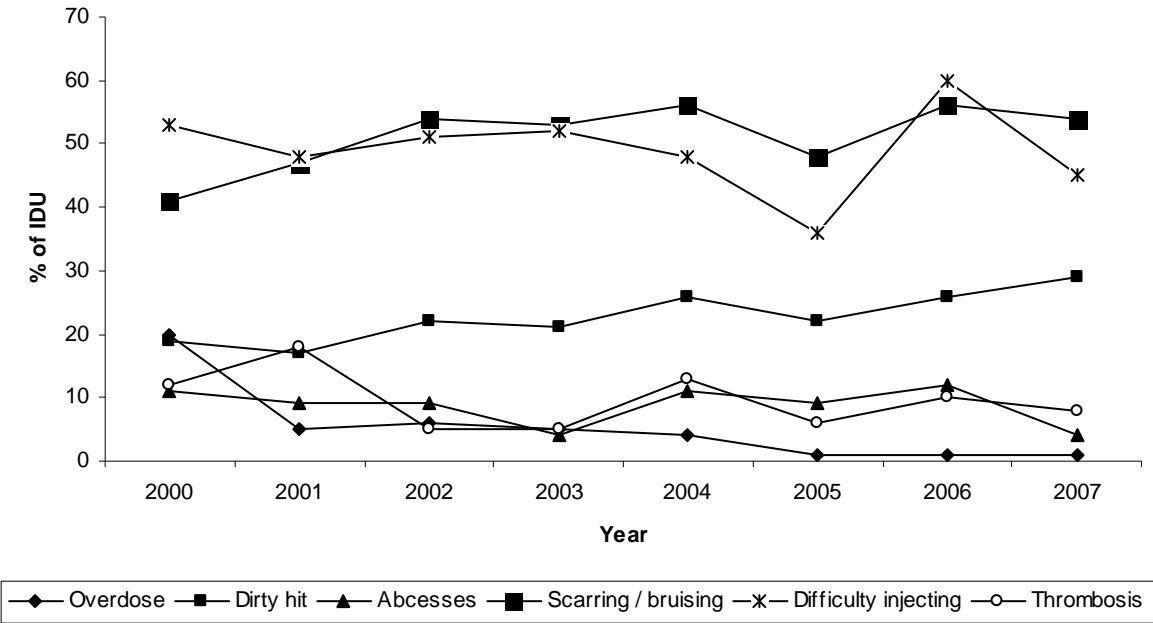
Table 21: Proportion of IDU participants reporting the last location for injection, 2006-2007

Location	2006	2007
Private home	86	84
Street/car park/beach	4	5
Car	3	9
Public toilet	7	3
Other	0	0

Injection-related health problems

With regards to injection-related health problems experienced by respondents in the 2007 IDU sample during the month prior to interview, overdose remained very uncommon with just one case reported and unusually attributed to injection of dexamphetamine with alcohol cited as a secondary contributing drug. The two most commonly experienced health problems remained scarring/bruising experienced by 54% of 2007 IDU respondents and difficulty injecting, reported by 45%. Other problems were less commonly experienced and included 29% who had experienced a dirty hit, four percent reporting abscesses or infections and eight percent reporting thrombosis or blood clots. This data is displayed in Figure 43 below.

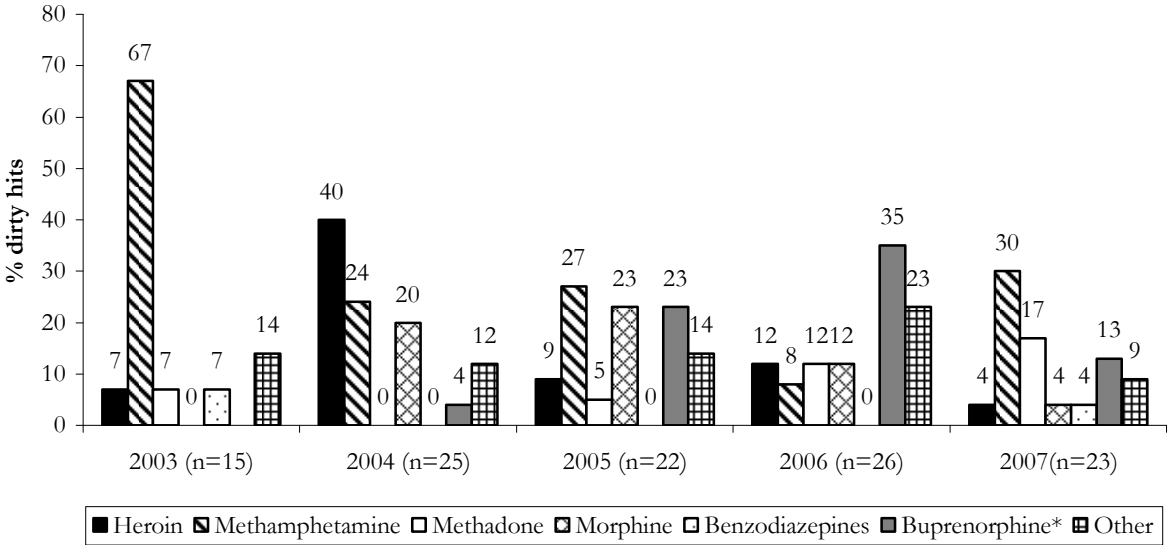
Figure 43: Proportion of IDU reporting injection-related problems in past month, by problem type, 2000-2007



Source: IDRS IDU interviews
 NB: Includes all participants

Of the 23 respondents in the 2007 IDU sample who reported having experienced a dirty hit in the month prior to interview, 30% indicated that the main drug involved was methamphetamine. This was followed by methadone, implicated in 17% of dirty hits, various forms of buprenorphine which was implicated in 13%, and heroin, morphine and benzodiazapines which were each involved in four percent. Other drugs mentioned by lone individuals included homebake and dexamphetamine. This data is displayed in Figure 44 below.

Figure 44: Main drug causing dirty hit in last month, 2003-2007



Source: IDRS IDU interviews
 * buprenorphine includes both Subutex and Suboxone

All respondents to the injection-related harms section were assigned a score indicating how many of these six harms they had experienced. In 2007 these scores ranged from zero to five with a mean of 1.4 which was a significant reduction from the 2006 mean of 1.7 ($t=-2.360$, $df=77$, $p=.021$).

A key expert spoke of experiences of needle use amongst female sex workers, noting that some continued using the same syringe for a while, resulting in problems such as infected sites and track marks which in turn led to injecting in increasingly dangerous locations such as the hands and the neck. Another observed that many IDU had no ‘formal injecting skills’ and tended to learn injecting techniques from their peers.

Benzodiazepines

There were just seven IDU who had injected benzodiazepines in the month prior to interview, and of these 57% had experienced some form of injection related problem, the most common of which was ‘difficulty finding veins’ reported by 43% followed by ‘scarring or bruising’ reported by 29%. Individual IDU also reported ‘dirty hits’ and ‘contact with police’ as problems arising from their injection of benzodiazepines.

Methadone

Injection of methadone in the month prior to interview was reported by 22 IDU. Of these, 82% had experienced some form of injection-related problem, the most common being ‘difficulty finding veins’ and ‘scarring or bruising’ both reported by 64%, and ‘dependence’ reported by 50%. Other common problems included ‘dirty hits’ experienced by 36%, ‘swelling of the arm’ by 18% and ‘thrombosis or blood clots’ by 14%.

Buprenorphine

Of the 14 IDU who had injected Subutex in the month prior to interview 71% of them had experienced some injection-related problems. Most common of these was 'difficulty finding veins', 'dependence' and 'swelling of the arm' each reported by 36%. Also common were 'abcesses or infections', 'dirty hits', and 'scarring or bruising', each reported by 21%. A range of other problems were less frequently reported.

There were nine IDU who reported injecting Suboxone in the month prior to interview and of these virtually all (89%) had experienced injection-related problems. Most common of these was 'scarring or bruising' reported by 56%, followed by 'dependence' reported by 44%. Also common were 'dirty hits' and 'hospitalisation' both reported by 22% of IDU responding. A number of other problems were reported on a less frequent basis.

Morphine

Injection of morphine in the month prior to interview was reported by 32 IDU of whom 66% experienced some form of injection-related problem, the most common of which was 'scarring or bruising' reported by 41%, followed by 'difficulty finding veins' reported by 38%, 'dependence' by 28% and 'swelling of arm' by 25%. A variety of other problems were reported on a much less frequent basis.

10.8 Driving risk behaviours

Having driven a motor vehicle in the six months preceding the interview was reported by 68% of the 2007 IDU survey. Of these, 11 respondents (i.e. 20%) reported having driven under the influence of alcohol in that time and, of those, six reported having driven whilst over the legal limit for blood alcohol content. The frequency of this behaviour varied greatly with three respondents reporting that they had driven over the limit on only two or three occasions while the remaining three reported having done so on twenty occasions or more. Unsurprisingly this behaviour appeared related to level of alcohol consumption with all three of the frequent drink-drivers reporting consuming alcohol on a daily basis while consumption patterns of the occasional drink drivers exhibited much greater variation.

All respondents who had driven a vehicle in the last six months were asked if they had undergone a random breath test in that time with 43% indicating that they had; however, none of these had been over the legal limit for blood alcohol content at the time of testing.

Respondents who had driven a vehicle were asked if they had done so in the last six months after consuming illicit drugs, with 87% of them indicating that they had, a figure not significantly different from the 83% reported in 2006 ($\chi^2=.624$, $df=1$, $p=.430$). Number of occasions on which they had done so ranged greatly from once up to 180 (i.e. on a daily basis) with a mean of 98 days which was not significantly different from the 2006 mean of 90 days ($t=.715$, $df=46$, $p=.478$).

Time elapsed between consuming illicit drugs and driving ranged from immediately up to six hours with a mean of 48 minutes. Asked how impaired they believed their driving ability to have

been the last time they drove under the influence of illicit drugs, the majority (60%) of those who had done so indicated that it had had 'no impact'. This was followed by 23% who believed they were 'slightly impaired', and 13% who believed they were 'slightly improved'. There were also two individuals who believed they were 'quite impaired' and 'quite improved' respectively.

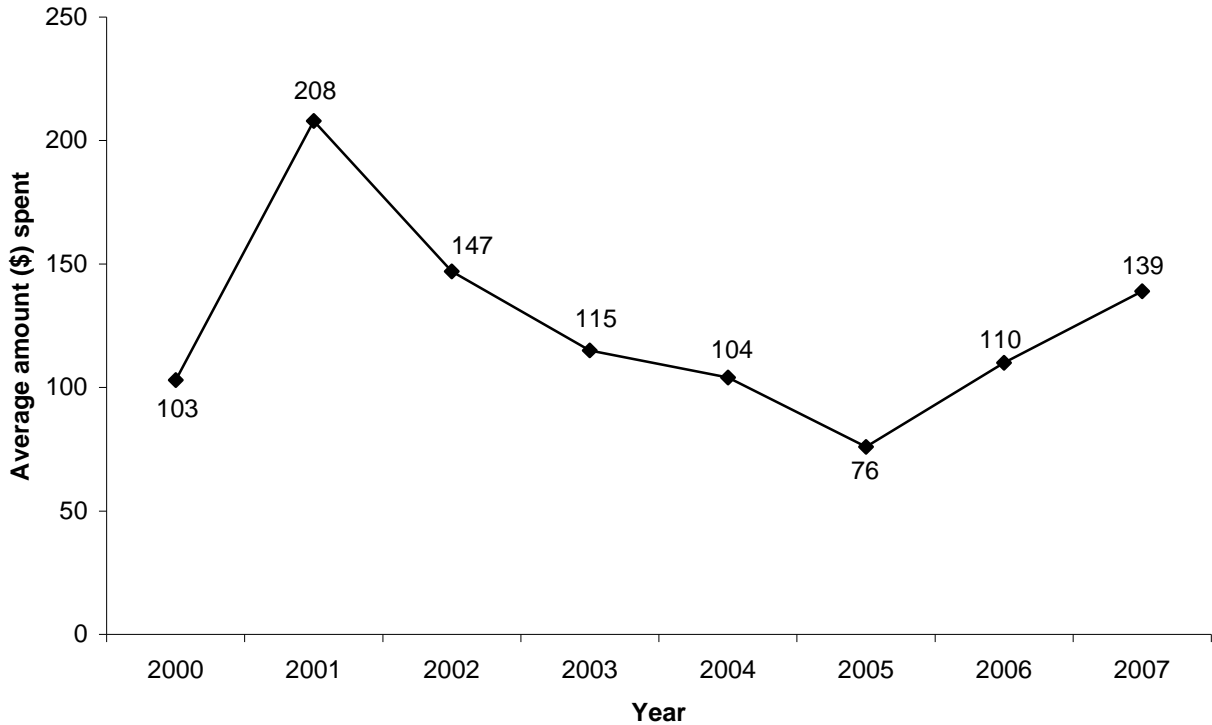
The most commonly mentioned illicit drug in this context was methamphetamines in various forms with 38 respondents indicating that they had driven whilst under the influence of this class of drugs. Other commonly mentioned substances were heroin (n=21), cannabis (n=17), methadone (n=15), benzodiazepines (n=12) and morphine (n=9). There were also a range of other drugs that were infrequently mentioned.

Only six respondents indicated that they had been tested for drug driving during the past six months, two of these having been tested twice. Just one respondent indicated that they had returned a positive test although it is not known what substances this individual tested positive for.

10.9 Expenditure on illicit drugs

Asked how much money they had spent on illicit drugs the day prior to interview, 45 IDU reported some expenditure ranging between \$20 and \$520 with an average of \$139 which was not a significant increase on the 2006 mean of \$110 ($t=1.751$, $df=44$, $p=.087$). It is however, significantly higher than the lowest mean figure recorded in 2005 of \$76 ($t=3.778$, $df=44$, $p=.000$) and as can be seen in Figure 45 below may suggest that expenditure on illicit drugs is experiencing an upward trend towards levels not seen since 2002.

Figure 45: Expenditure on illicit drugs on day prior to interview by IDU in WA samples 2000-2007



Source: IDRS IDU interviews

10.10 Mental health problems

Asked if they had experienced any mental health problems in the last six months, 38% of the 2007 IDU sample indicated that by self report they had. Most of these (90%) reported that they had attended a mental health professional within that time to address such problems.

As in previous years, the most common mental health problems were depression (25 reports) and anxiety (14 reports). There were also seven reports of panic, six reports of bipolar disorder, three reports each of phobias, paranoia, personality disorders and of post-traumatic stress disorder. Less commonly seen in the IDU sample were obsessive compulsive disorder, schizophrenia and drug-induced psychosis, each with two reported cases and individual reports of other psychoses, adjustment disorder and insomnia.

Of those IDU who had seen mental health professionals, 82% had received a prescription for their condition. The most common of these were the antidepressants mirtazapine and venlafaxine, the benzodiazepines diazepam and alprazolam as well as a range of miscellaneous other benzodiazepines and antipsychotic medications.

Of the 2007 IDU sample, 67 underwent the Kessler Psychological Distress Scale during the interview. This scale measures non-specific psychological distress, with higher scores indicating greater levels of distress. Scores attained by the IDU sample ranged from 10 to 46 out of a

possible maximum of 50. Breaking this down reveals that 24% of IDU responding were experiencing 'low or no distress', 48% were experiencing 'moderate distress' and 28% were experiencing 'high distress'. It is important to note however, that these findings concerning IDU mental health do not necessarily imply drug use as being a causative factor.

All but two key experts reported some level of mental health issues amongst the drug users they had contact with. While sometimes this was just isolated cases, more commonly mental health issues were reported to affect 30-50% of key experts' clients. There were several reports of much higher rates between 60-75% in some cases, rising to 100% with regards to key experts working in specialist mental health environments. A key expert working with prison populations reported that mental health issues were a growing concern and that up to 17% of their client load had previously been hospitalised in a psychiatric health setting. Most commonly reported problems included anxiety, depression, bipolar disorder, personality disorders, schizophrenia and drug-induced psychosis.

10.11 Criminal and police activity

In the 2007 IDU sample it was found that 41% had been arrested in the past year, a figure that was not significantly different from the 32% in 2006 ($\chi^2=3.146$, $df=1$, $p=.076$). As in previous years, the most commonly reported reason for arrest was for crimes related to use or possession of drugs reported by 11 respondents. This was followed by 10 reports of charges relating to assault and other violent crime. Also common were arrests for property crime involving seven respondents and driving offences involving five respondents. There was also a wide range of less common reasons for arrest.

Numbers of respondents in the IDU survey who self reported criminal involvement in the month prior to interview was 48% which was not a significant change from the 41% reported in 2006 ($\chi^2=1.647$, $df=1$, $p=.199$). As in previous years, the most common type of criminal involvement was dealing drugs reported by 44% of the 2007 sample, followed by property crime reported by 22%. Other types of crime remained relatively uncommon with crimes involving violence reported by five percent of the sample and fraud by four percent. Only dealing and property crime had associated rates of higher than a weekly basis. For all types of crime other than violent offences the most common rates were less than once a week amongst those respondents who reported criminal involvement. Only four respondents reported involvement in crimes involving violence and of these two reported a rate of less than once a week and the remaining two reported a rate of weekly.

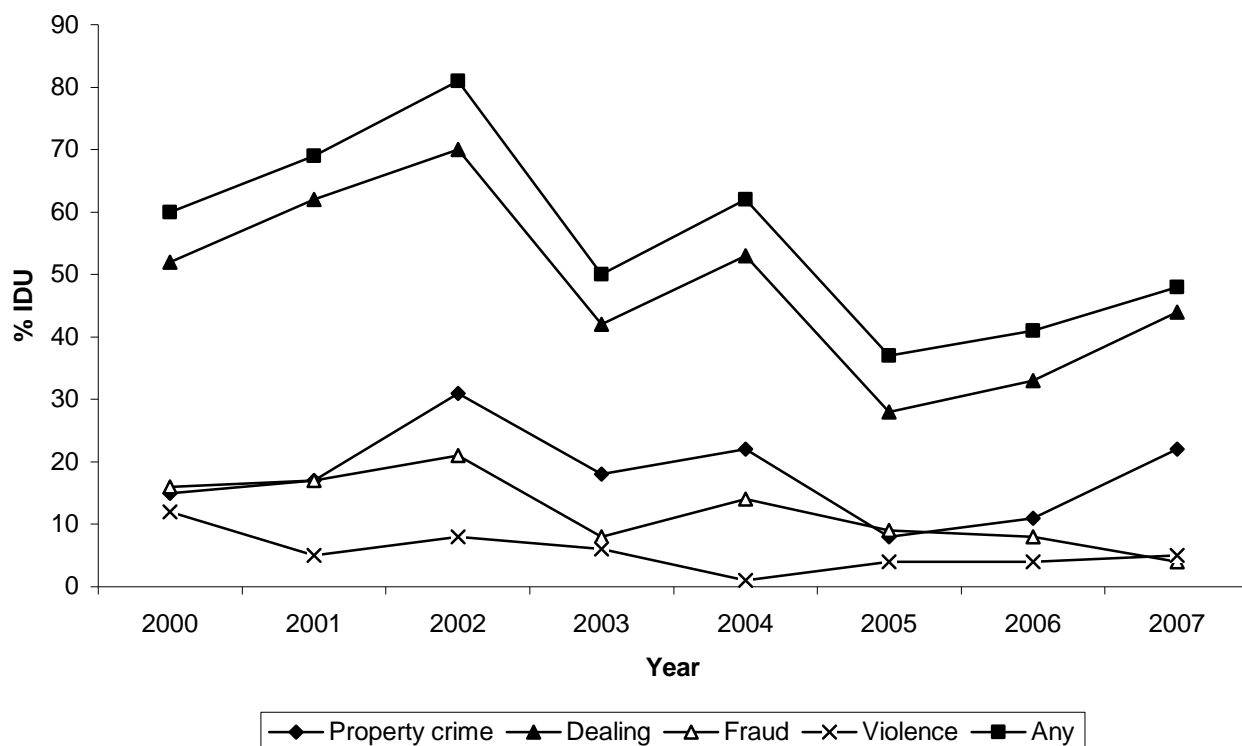
All respondents reporting involvement in crime were assigned a criminal activity score reflecting both the number of classes of crime they had been involved in the month prior to interview, but also their reported rates of involvement. Scores ranged from one to nine with a mean of three, a figure that has remained stable since 2004.

Asked about levels of police activity, the prevalent opinion held by 44% of the IDU sample was that it had increased, whereas in 2006 the main body of opinion was that it had been stable. This was followed by 35% who believed that the 2007 level had remained stable. There was also five percent who thought it had lessened and 16% who said they didn't know. However, this pattern

of opinion was not reflective of a significant shift from the 2006 sample ($\chi^2=3.653$, $df=1$, $p=.301$).

Data concerning criminal involvement and police activity can be found in Figure 46 and Table 22 below.

Figure 46: Proportion of participants reporting engagement in criminal activity in the last month by offence type, 2000-2007



Source: IDRS IDU interviews

Table 22: Criminal and police activity as reported by IDU participants, 2006-2007

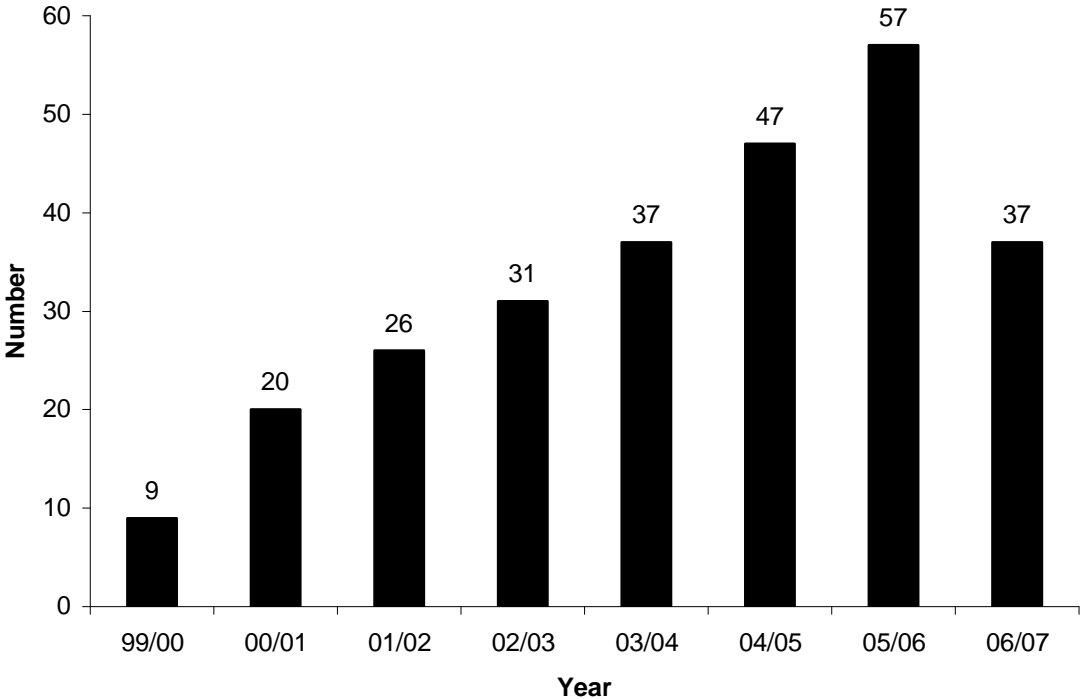
Criminal and police activity	2006 N=100 %	2007 N=80 %
<i>Criminal activity in last month:</i>		
Dealing	33	44
Property crime	11	22
Fraud	8	4
Violent crime	4	5
Any crime	41	48
Arrested in last 12 months	32	41
<i>Police activity in last 6 months</i>		
More activity	36	44
Stable	42	35
Less activity	3	5
Don't know	19	16
<i>More difficult to obtain drugs recently</i>		
Yes	31	20
No	64	76

Source: IDRS IDU interviews

Data concerning police drug seizures and analysis of purity was not available from the ACC at time of writing. Half of the key experts reported that rates of criminal behaviour amongst the drug users they had contact with had not undergone any recent changes. It was observed by one key expert that drug users involved in income-generating crimes tended to be younger due to older users tending to have more formalised sources of income. An increase in illicit sex work among young people was noted by two key experts. One youth worker observed that crimes among young people had largely moved on from those intended to generate income to more ‘antisocial’ crimes including squatting, loitering, violent behaviour and intoxicated driving etc. An increase in property crime was noted by three key experts although two of these observed this tended to be petty in nature such as snatches of phones, bags or opportunistic theft from gardens. Instances of fraud were mentioned by two key experts, one referring specifically to fraud relating to credit cards and the other indicating that fraud charges often arose from attempts to fence stolen goods. Violent crime was identified as an issue by two key experts, both speaking about users of methamphetamine, one observing that this was typically a random behaviour involving acts done whilst intoxicated.

Data concerning the number of clandestine laboratories detected in Western Australia was obtained from a key expert from the law enforcement sector. This number peaked at 57 during the 2005/2006 financial year but has since reportedly declined to 37 during 2006/2007. It should be considered that this data is not only a reflection of the number of clandestine laboratories in operation, but also of the amount of police resources dedicated to the issue. Data pertaining to the number of clandestine laboratories detected is shown in Figure 47 below.

Figure 47: Number of clandestine methamphetamine and MDMA laboratories detected by WA Police, 1999/2000-2006/2007



Source: WA Police Service
 Note: this data was provided by a police key expert, but has not been verified by official police statistics

This same key expert also provided some information concerning the nature of people involved in the manufacture and dealing of methamphetamines. Typically these people tended to be males in their early 20s to late 30s. For the most part they tended to come from English speaking backgrounds, but there were also groups involved from various parts of Eastern Europe and Asia. Generally most had not progressed in the education system past year 10. Although some had formal occupations, generally their main source of income came from dealing drugs with income derived from amphetamines often supplemented with income from dealing other drugs including cannabis, homebake heroin and ecstasy. It was noted that manufacturers and dealers of methamphetamines were also frequently users of these drugs themselves. It was estimated that around 70% had previous contact with the police and justice systems. Whilst this key expert reported that there had not been an increase in the number of arrests involving methamphetamine manufacture or dealing, larger seizures were being made by police.

While a large number of IDU made comments on police activity, the vast majority of these were not very specific, simply noting an increase or increased presence. More specific comments were less common although several IDU made observations regarding increased numbers of raids. Several also noted an increase in roadside drug and alcohol testing. An increase in police attention on amphetamine users was noted by three IDU and one indicating a belief that police had increased their attention towards manufacturers of homebake. Another indicated a perception that police had turned their attention towards 'homeless people and squatters'.

A number of key experts commented on police activity, several noting that this appeared to have increased with police becoming more vigilant and increased numbers of searches taking place. Commonly this was negatively perceived with a number of key experts describing this behaviour as 'harassment' and indicating a belief that often these searches did not appear to be carried out for any good reason. Several key experts specifically noted an apparent targeting of street present and homeless people. It was observed that this had often led to drug users and indigenous people leaving the inner city, making access to services difficult. That move on notices were being inappropriately issued by police was noted by one youth worker leading to the lodging of formal complaints and several officers being stood down. That the role of the Police Sex-worker Liaison Officer had been discontinued was reported by one key expert leading to an increased 'us vs them' attitude and an increased emphasis on 'zero-tolerance' policing. A key expert working with prisoners observed that there appeared to be increasing numbers of phone taps being made, deals made with police by users to avoid prosecution and increasing instances of DNA evidence 'catching up with people'. The key expert from the law enforcement sector reported that police activity was 'intelligence led but involved continuing targeting of people'.

11.0 DISCUSSION

11.1 Heroin

Heroin remained the most commonly cited drug of choice in the 2007 IDU sample nominated by 54% compared with 46% the previous year. It was also the drug most injected in the month prior to interview, albeit by a narrow margin with 37% citing heroin, and 33% citing methamphetamine in this context. Numbers of recent users of the drug remained stable with 56% of IDU reporting its use in the six months preceding the interview. There was however, a substantial increase in both the mean numbers of days used from 47 in 2006 to 87 and also in numbers reporting heroin use on a daily basis with 29% of all heroin users doing so compared with 11% the previous year. This is reflected in user reports of increased availability with 71% of those responding reporting the drug as 'easy' or 'very easy' to obtain compared with 54% in 2006. User perceptions of heroin purity continue to suggest that most of those responding (47%) viewed current purity as being low. The mean price of recent purchases of a gram of heroin was \$690 which appears substantially higher than the 2006 mean of \$532 however, the very small number of reported purchases of a gram render this difficult to demonstrate with formalised statistical testing. Overdoses amongst the IDU sample in the twelve months preceding the survey remained rare with just two reports of this compared with six reports of overdose in the 2006 sample.

11.2 Methamphetamine

There was a significant fall in numbers of IDU reporting the recent use of any form of methamphetamine from 84% in 2006 to 70% in 2007. The possibility must be considered however, that this figure may be an artefact of the very low levels of recruitment from pharmacies as opposed to needle exchanges compared with previous years.

Recent use of powder methamphetamine was reported by 61% of IDU which did not represent a change from the 66% reported the previous year. Base/paste methamphetamine had recently been consumed by 23% of IDU which was significantly less than the 40% found in the 2006 sample. Reported use of crystal methamphetamine had also fallen with 56% of IDU in the 2007 sample reporting this compared to 76% in 2006. The use of liquid amphetamine remained very uncommon reported by just four percent.

Price of a gram of powder methamphetamine had remained stable with a mean price of \$336 compared with the 2006 mean price of \$298. With regards to the recent use of base/paste the mean price of a gram was \$175 which was not significantly different from the 2006 mean of \$325 although this result must be viewed in the light of there being only two reported purchases in the 2007 sample. Mean price of a gram of crystal methamphetamine was \$363 which did not differ significantly from the 2006 mean of \$350.

Powder methamphetamine was predominantly rated as 'low' by 33% compared with 39% in 2006 suggesting that user perceptions of the strength of powder have not substantially changed. User perceptions of the purity of base/paste amphetamine also remained unchanged with 40% of those responding describing purity as 'high' compared with the predominant view in the 2006 survey in which 31% described it as 'high'. Similarly, the predominant view of users of crystal methamphetamine remained that purity was 'high' despite numbers reporting this falling from 59% of those responding in 2006 to 33% in 2007.

With regards to availability, powder methamphetamine was viewed as being 'very easy' by 43% of those responding in contrast to findings of the previous year in which the predominant opinion was 42% who stated that availability was 'easy'. A decline in the availability of base/paste methamphetamine was apparent with 40% of those responding rating availability as 'difficult' in contrast to the 2006 IDU survey where the predominant opinion held by 31% was that it was 'very easy'. The availability of crystal methamphetamine was rated as 'very easy' by 44% of those responding compared with the 2006 survey where the most common response by 46% of those responding was that it was 'easy'.

11.3 Cocaine

Use of cocaine remained relatively uncommon among Perth IDU with just 16% of the 2007 sample reporting recent use compared with 10% in 2006. Once again there were no key experts who spoke specifically about the drug. Use appeared to remain essentially opportunistic with mean days of use being seven and no reports of use on a daily basis. There were only very small numbers of IDU able to provide data concerning the price, purity or availability of cocaine, necessitating great caution in the interpretation of these results. There were three reported purchases of a gram of cocaine for prices ranging from \$250 to \$500 with a mean price of \$383. There was little clear consensus regarding the availability of cocaine with four of seven responding describing it as 'difficult' or 'very difficult' and another three describing it as 'easy'. Similarly amongst the seven IDU reporting on purity of cocaine, three thought it 'high', two thought it 'low' and two didn't know. Calls to ADIS regarding cocaine remained extremely infrequent with these calls never exceeding one percent of calls received by the service in any month during the 2006/2007 financial year.

11.4 Cannabis

Recent cannabis use continued to be widely reported by 69% of the 2007 IDU sample despite being a significant decline on the 80% reported in the previous year. Mean days of use was 102 days in the last six months which was comparable to rates reported the previous year. Use of hydroponic cannabis remained substantially more common than bush; however, the introduction in 2007 of an option for respondents unable to distinguish between hydroponic and bush cannabis to speak about cannabis generically has artificially lowered numbers of respondents able to provide information about specific cannabis forms. As such, data concerning the price, purity and availability of these forms needs to be viewed in this light. Reports of recent use of hash oil and hashish remained uncommon with 19% of IDU reporting recent use of hashish and 12% reporting recent use of hash oil.

Recent purchases of hydroponic cannabis suggested that prices had remained stable with a 2007 mean price for an ounce of \$301 compared with the 2006 mean of \$280. In the case of bush, prices had also remained relatively stable with a mean price per ounce of \$208 compared with the 2006 mean price of \$205. Purchases of an ounce of generic cannabis reportedly cost a mean price of \$214.

Potency of hydroponic cannabis continued to be viewed by user report as 'high' with 68% of those responding which was comparable to the 66% adhering to this view the previous year. The prevailing opinion of the potency of bush was that it was 'medium', a view held by 61% of those responding, a number identical to that reported in 2006. In the case of generic cannabis, 45% of IDU responding reported potency as 'high' and 38% as 'medium'. With regards to availability, hydroponic cannabis continued to be viewed as 'easy' by 41% of IDU responding compared with

48% in 2006. Bush also continued to be viewed as 'easy' by 44% compared with 50% the year before. Opinion on the availability of generic cannabis was divided with 38% of those responding viewing it as 'difficult' and 31% 'very easy'.

11.5 Other opioids

There was relatively little difference in rates of use of other opioids from rates seen in 2006 and viewed as an umbrella group this class of drugs continued to represent an alternative to the dichotomy of heroin and methamphetamine that had dominated the IDU survey prior to 2005. Other opiates were nominated as the drug of choice by 17% of the IDU sample and as the drugs most injected in the month prior to interview by 30%. Significant changes were seen with regards to illicit buprenorphine with a decline in numbers reporting the recent use of Subutex from 32% in 2006 to 19% in 2007, probably reflective of the continuing HDWA policy of moving patients receiving buprenorphine as an opiate replacement therapy onto Suboxone. Average days of use for both illicit Subutex and illicit Suboxone had significantly increased. Questions asked about IDU motivations for the use of illicit forms of buprenorphine revealed that use of these drugs was often extra-medical with IDU attempting to treat themselves for dependence or withdrawal, and with reluctance or perceived difficulties in accessing formal treatment services commonly reported. As in previous years, illicit methadone use remained more common than illicit Physeptone. MS Contin 100mg remained the most commonly used form of illicit morphine and Oxycontin continued to be the most commonly used form of illicit oxycodone. Use of homebake heroin remained a phenomenon largely unique to Western Australia with 44% of the IDU sample reporting its recent use, a figure not significantly different from the 54% who had done so in 2006.

11.6 Benzodiazepines

The 2007 IDU survey was the first to specifically differentiate between illicit and licit benzodiazepine use, making the drawing of comparisons with previous years awkward. Recent use of illicit benzodiazepines was reported by 34% of the 2007 sample, which was substantially less than the 59% reporting licit (i.e. prescribed use). Mean days of use for illicit benzodiazepines was 38 with three IDU reporting use on a daily basis. As in past years diazepam remained the most commonly consumed brand. Although only seven IDU reported having injected benzodiazepines in the month prior to the survey, more than half of these (57%) reported some form of injection-related problem, most commonly 'difficulty finding veins' followed by 'scarring or bruising'.

11.7 Associated harms

The National Notifiable Diseases Surveillance System noted a small increase in unspecified cases of hepatitis B and C in WA, but decreases in incident cases from 107 in 2006 for HCV to 75 in 2007 and from 48 to 40 for HBV. Reports of HIV amongst IDU in the NSP survey remained very low with only one case reported amongst 160 respondents. The practice of borrowing used needles in the WA IDU sample remained low reported by 11% compared with 10% in 2006. There was a significant increase in lending of used needles to others from 13% in 2006 to 21% in 2007; this finding however, needs to be viewed in the context of negotiated consent - that is, that a large proportion of sharing takes place between close associates who's serostatus is known to each other. The most commonly reported location for injecting remained unchanged with the vast bulk of reports indicating that 'private homes' continued to be the most frequently cited location. Serious health problems related to injection remained uncommon, with overdoses being reported by only one individual and the most common problems cited being scarring/bruising by 54% of IDU and 'difficulty injecting' by 45%.

Only six respondents in the IDU survey reported having driven whilst over the legal blood alcohol limit in the six months prior to the survey and none reported having been charged with driving over the legal limit despite 43% having been breathalysed in that time. Driving under the influence of illicit drugs in the IDU survey remained rather more common with 87% of the 2007 IDU sample reporting having done so; however, 60% of these reported that the drugs they had taken had had 'no impact' on their driving ability. The most common substance mentioned in this context was methamphetamine.

An average of \$139 was spent on procuring illicit drugs the day before interview, an amount not significantly different from the 2006 mean of \$110. This figure is, however, significantly higher than the \$76 reported in 2005 and suggests that expenditure may be slowly rising.

By self report 38% of the 2007 IDU sample reported experiencing mental health problems. As in previous years the most common of these remained depression and anxiety related. For the first time the 2007 IDU survey submitted respondents to the Kessler Psychological Distress Scale which revealed 24% of respondents to have 'little or no distress', 48% 'moderate distress' and 28% experiencing 'high distress'. This finding however, does not necessarily implicate drug use as a causative factor in levels of psychological distress.

Having been arrested in the past year was reported by 41% of the IDU sample which is not a significant increase on the 32% reported in 2006. The most commonly cited reason for arrest remained offences relating to use or possession of illicit drugs. Dealing of illicit drugs remained the most commonly reported illicit activity.

12.0 IMPLICATIONS

Although the actual numbers of heroin users in the 2007 IDU sample have not increased, frequency of use amongst established heroin users increased very substantially as did numbers reporting heroin's availability as 'easy' and 'very easy'. These may be cautiously interpreted as early indicators of a return of heroin as a drug of real significance to the illicit drug scene in Perth. It would seem advisable to continue to closely monitor this situation with a view to health services being prepared should use of heroin undergo a significant resurgence.

In addition to the above, the appearance of brown heroin in WA as well as other Australian jurisdictions is interesting. While at present there is no definite explanation for this, one likely explanation may be that heroin which in the past has been imported from South East Asia may have begun being sourced from additional new points of origin usually associated with brown heroin such as Afghanistan. This may further imply that entirely new groups are involved in the drug's importation to Australia which may represent new challenges to police and customs services. That said however, consultation with the Australian Federal Police has resulted in the following caveat being issued and it would be advisable to consider this data in light of this:

“Traditionally, heroin originating from the Golden Triangle, from where Australia’s heroin has predominantly originated in the past, has been white or off-white in colour. This form of heroin had an acidic (acetone/hydrochloride) base, was relatively easy to prepare for injection, being more refined and easy to dissolve in water. In contrast, heroin produced in the Golden Crescent, a region producing heroin that has traditionally been seen very rarely in Australia, was traditionally brown in colour and was less refined. It required the use of heat and often an acid to prepare for injection and was also more amenable to smoking as a route of administration. More recently, however, the picture has become less clear, and it has been demonstrated that heroin colour is not a reliable determinant of geographic origin (Zerell et al., 2005). Therefore, while the following information provides an indication of the appearance of heroin used by participants of the IDRS, it is not possible to draw conclusions about its geographic origin, purity or preparation method required for injection based on these data alone. Further research into this area is required before firmer conclusions can be drawn. The reader is also directed to the individual state/territory reports for key expert comments on these data, where available and applicable.”

While the decline in the use of methamphetamine and numbers of IDU nominating it as drug of choice may in part be a reflection of low levels of IDU recruitment through pharmacies in the WA IDRS sample, it is notable that such reductions were also reported in other jurisdictions in 2007. Further, the reduction in the availability of the base/paste form, fluctuating levels of purity and anecdotal reports of 'black ice' and 'strawberry ice' from key experts suggest that substantial changes may be taking place in the Perth market for methamphetamine at both the supply and demand ends. At this point it remains a matter of conjecture whether this will represent a continued trend and, if so, the degree to which it will reflect behaviour in the wider community of drug users as opposed to being another indicator of the continuing move by IDU back towards the use of opiates.

Questions asked to IDU about their motivations for using illicitly obtained buprenorphine and Suboxone revealed answers that were often extra-medical in nature such as overcoming withdrawal or attempting to self-treat for dependence. The data also showed reluctance or perceived difficulties in entering formal drug treatment programs, difficulties that have also been highlighted by representatives of drug user organisations. Such difficulties and barriers are likely to include issues such as long waiting lists, problems associated with long distance travel and

dosing, unwillingness to have one's name permanently recorded on the register of addicts and the real or perceived fear of stigmatisation. As these issues present real challenges to both users and those charged with administering treatment programs, it is imperative that they be fully researched and solutions formulated that are both pragmatic and acceptable to both clients and service providers.

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