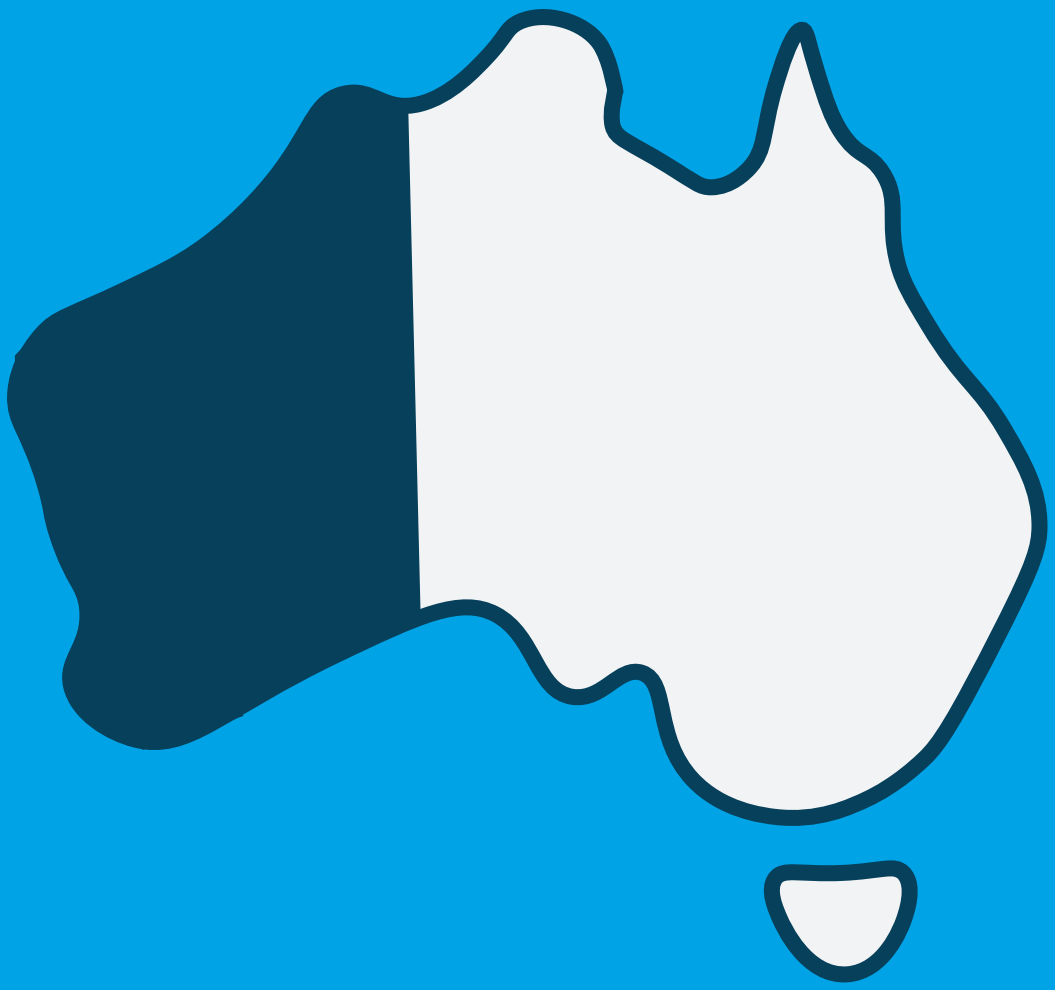
IDRS



WESTERN AUSTRALIAN DRUG TRENDS 2021

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

DOI: 10.26190/nt8g-ta17

WESTERN AUSTRALIAN DRUG TRENDS 2021: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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DOI: 10.26190/nt8g-ta17

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Suggested citation: Agramunt, S., & Lenton, S. (2022). Western Australian Drug Trends 2021: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. DOI: 10.26190/nt8g-ta17

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

Please contact the Drug Trends team with any queries regarding this publication: drugtrends@unsw.edu.au

DOI: 10.26190/nt8g-ta17

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Acknowledgements

Funding

In 2021, the Illicit Drug Reporting System (IDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program.

Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to the IDRS in 2021:

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Udesha Chandrasena, Professor Louisa Degenhardt, Professor Michael Farrell, Dr Rachel Sutherland and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Joanna Wilson, Sarah Eddy, Emma Woods and Professor Paul Dietze, Burnet Institute, Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia;
- Chris Moon, Northern Territory Department of Health, Northern Territory; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel, and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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

Participants

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

Contributors

We thank all the individuals who contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Chelsea Bramich and Parames Karpusamy for conducting the Western Australia IDRS interviews in 2021. We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the IDRS.

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

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Abbreviations

ACT	Australian Capital Territory
Alpha PVP	α-Pyrrolidinopentiophenone
AIVL	Australian Injecting & Illicit Drug Users League
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	d-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OAT	Opioid Agonist Treatment
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-traumatic stress disorder
QLD	Queensland
REDCap	Research Electronic Data Capture
RNA	Ribonucleic Acid
SA	South Australia
SD	Standard Deviation
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SD	Standard deviation
TAS	Tasmania

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TGA	Therapeutic Goods Administration
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

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Executive Summary

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

Sample Characteristics

The WA IDRS sample in 2021 were predominantly males (58%) with a mean age of 45 years (SD=10), consistent with the WA profile in previous years. Drug of choice remained stable in 2021 compared to 2020, with participants typically reporting that heroin was their drug of choice (52%). In contrast, in 2021 there was a significant change in the drug injected most often in the past month (p=0.034). Specifically, there was an increase in methamphetamine being the drug injected most often in the month preceding interview (52%; 39% in 2020), with an inverse decrease in heroin being the drug injected most often (43%; 50% in 2020). In addition, there was a significant decrease in the percentage of participants reporting powder methamphetamine consumption on a weekly or more frequent basis (6%; 20% in 2020).

COVID-19 Impact

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. In 2021, 35% of the WA sample had been tested for SARS-CoV-2 in the past 12 months, while no participants had been diagnosed with the virus. Some 9% had received at least one dose of the COVID-19 vaccine at the time of interview. The majority of participants (74%) reported that they would be concerned about their health if they were to contract COVID-19, although a smaller per cent (18%) were concerned about actually contracting COVID-19.

Heroin

After a steady resurgence in recent (i.e., past six month) heroin use up until 2016, a downward trend has been observed since 2017. However, the percentage of respondents who reported recent use of heroin has remained stable between 2020 (69%) and 2021 (61%). Eighty-two per cent of those who had recently used heroin reported weekly or more frequent use in 2021. A significant change was reported for perceived purity between 2020 and 2021 (p=0.001), as well as perceived availability (p<0.001). Specifically, an increase was observed in the percentage of participants who reported perceived purity to be ‘high’ (31%; 14% in 2020), or ‘medium’ (31%; 19% in 2020) and an increase was observed in the percentage of participants who perceived current availability as ‘very easy’ (57%; 17% in 2020).

Methamphetamine

Recent use of methamphetamine base (0%; 8% in 2020; p=0.012) and powder (9%; 36% in 2020; p<0.001) significantly decreased in 2021, though recent use of crystal remained stable (80%; 69% in 2020). One-quarter (73%) of those who had recently used methamphetamine reported weekly or more frequent use in 2021. The reported median price of crystal methamphetamine was $95 for one point, a significant decrease from $150 in 2020 ($p$<0.001). Perceived availability of methamphetamine crystal significantly changed between 2020 and 2021 (p<0.001), with nearly half of the sample (46%) reporting that methamphetamine crystal was ‘very easy’ to obtain (10% in 2020), and 13% reporting that it was ‘difficult’ to obtain (37% in 2020).

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Cocaine

Cocaine use amongst people who inject drugs in WA remains infrequent and sporadic. Seventeen per cent of the WA sample had recently consumed cocaine, stable from 18% in 2020, on a median of two days (3 days in 2020). No participants reported using cocaine on a weekly or more frequent basis in the six months prior to interview.

Cannabis

Recent use of cannabis remained stable between 2020 (66%) and 2021 (69%). Nearly half of those who had recently used cannabis (46%) reported daily use, stable from 2020 (45%). Hydroponic cannabis remained the form most commonly used (99%), with a significant decline in recent use of bush (15%; 33% in 2020; p=0.020). There was also a reduction in the percentage of participants reporting inhaling/vaporising cannabis between 2020 (32%) and 2021 (9%) (p=0.002).

Pharmaceutical Opioids

Recent use of all forms of pharmaceutical opioids remained stable in 2021, though an overall downward trend was observed since monitoring of each opioid first began. No significant differences in terms of non-prescribed recent use was observed for methadone, buprenorphine, buprenorphine-naloxone, morphine, oxycodone, fentanyl, codeine, tapentadol and tramadol between 2020 and 2021. However, there was a significant decrease in the frequency of non-prescribed use of oxycodone between 2020 (21 days) and 2021 (4 days).

Other Drugs

Few participants (n≤5) reported recent NPS use in 2021. Recent use of non-prescribed benzodiazepines (including alprazolam), pharmaceutical stimulants, antipsychotics and pregabalin remained stable between 2020 and 2021. However, there was a significant decline in the frequency of use of non-prescribed pharmaceutical stimulants, from a median of 13 days in 2020 to 3 days in 2021 (p=0.042). Tobacco use has remained consistently high but stable over the period of monitoring, with 89% (85% in 2020) reporting recent use in 2021, while alcohol use has been trending downward over the course of monitoring (53% in 2021; 80% in 2000).

Drug-Related Harms and Other Associated Behaviours

In 2021, the majority (96%) of the sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview. Twenty per cent of participants reported experiencing a non-fatal overdose in the 12 months preceding interview on any drug, with 10% reporting a past year non-fatal opioid overdose. Over half the sample (56%) had ever been trained in using naloxone, a significant increase from 2020 (34%; p=0.003). Similarly, 80% had heard of take-home programs, a significant increase from 66% in 2020 (p=0.037). Half the sample (51%) reported re-using their own needle in the past month, stable from 42% in 2020. One-third (33%) of the sample reported experiencing injection-related problems in the past month, most commonly infection/abscess (14%) and nerve damage (13%). Nearly half the sample (46%) reported being in drug treatment at the time of interview, stable from 48% in 2020. Two-fifths of participants in 2021 (38%) reported that they had received a Hepatitis C virus (HCV) antibody test in the past year, while 36% had received an RNA test, stable from 2020. However, there was a significant increase in the number of participants who reported a current HCV infection (7% in 2021; 0% in 2020; p=0.033). A significant increase was observed in the number of participants reporting that they had experienced a mental health problem in the six months prior to interview (47% in 2021; 33% in 2020; p=0.048). Thirty-five per cent of the sample reported driving within three hours of consuming an illicit or non-prescribed drug. Fifteen per cent of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia. Past month criminal activity remained stable (48%; 39% in 2020).

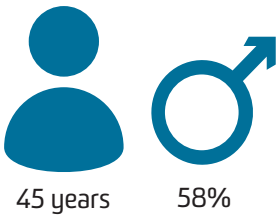
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IDRS Illicit Drug Reporting System

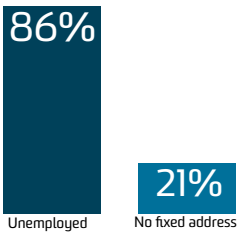
2021 SAMPLE CHARACTERISTICS



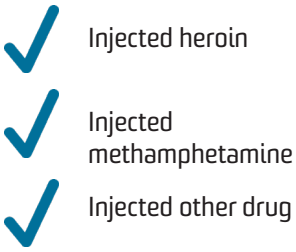
In 2021, 99 people from Perth, WA participated in IDRS interviews.



The mean age in 2021 was 45, and 58% identified as male.

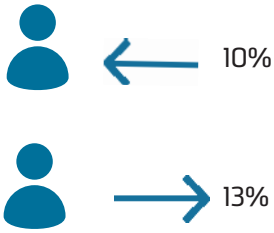


In the 2021 sample, 86% were unemployed and 21% had no fixed address.

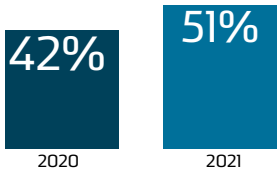


Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

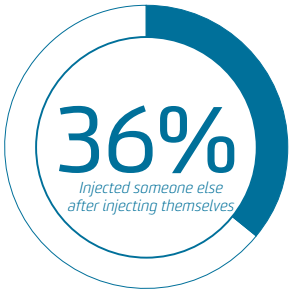
INJECTING RELATED RISKS AND HARMS



In 2021, 10% of the IDRS sample reported receptive needle sharing, and 13% reported distributive needle sharing.



The number of people who re-used their own needles remained stable from 42% in 2020 to 51% in 2021.

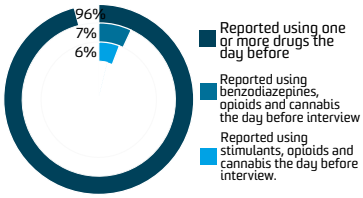


In the WA sample, 36% of participants reported injecting someone else after injecting themselves.

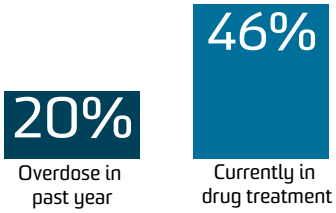


In 2021, 33% of the WA sample reported having an injection-related health issue in the month preceding interview.

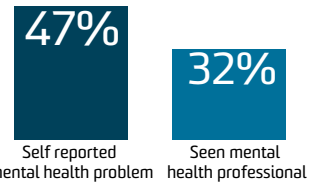
OTHER HARMS AND HELP-SEEKING



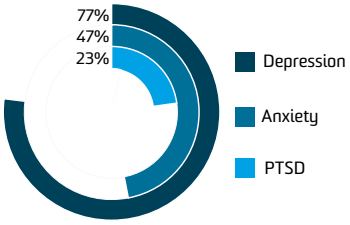
IDRS participants' use of drugs the day before interview participation, 2021.



In the 2021 sample, 20% had experienced a non-fatal overdose in the previous 12 months and 46% were currently in drug treatment.

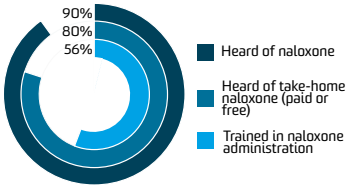


In the sample, 47% self reported a mental health problem in the six months prior to interview, and 32% had seen a mental health professional.

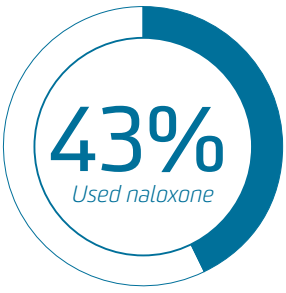


Of those who commented, the three most common mental health issues reported were depression (77%), anxiety (47%) and PTSD (23%).

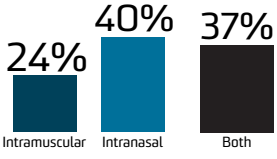
NALOXONE AND HARM REDUCTION



There was an increase in IDRS participants' knowledge of, and participation in, the take-home naloxone program in 2021.



Of those who reported having heard of naloxone, 43% had used naloxone to resuscitate someone who had overdosed.



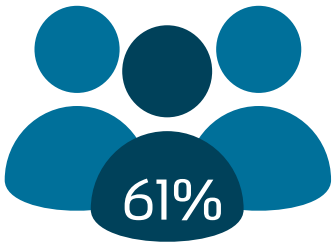
Of those who reported ever accessing naloxone, 24% received intramuscular naloxone, 40% intranasal naloxone and 37% both.



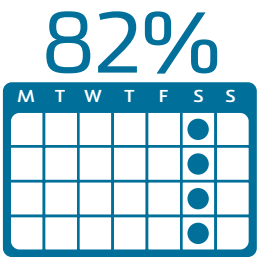
In 2021, 9% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

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HEROIN



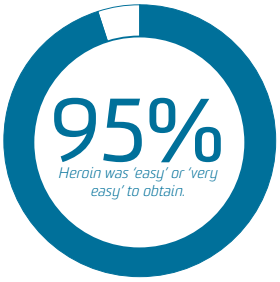
Past 6 month use of heroin was stable at 61% in the 2021 IDRS sample (69% in 2020).



Of those who had recently consumed heroin, 82% used it weekly or more often, stable from 82% in 2020.

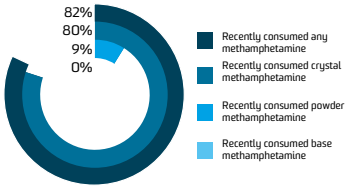


The median reported price for a point of heroin was $120 in 2021 and $100 in 2020.

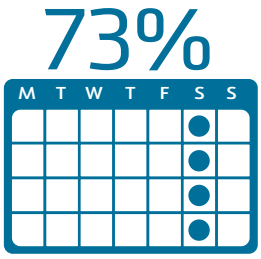


Of those who could comment 95% perceived heroin to be 'easy' or 'very easy' to obtain, an increase from 67% in 2020.

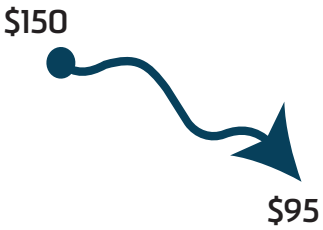
METHAMPHETAMINE



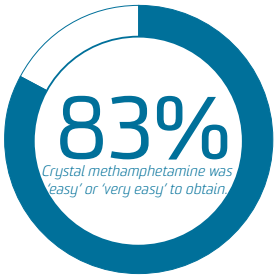
Past 6 month use of any (82%) and crystal methamphetamine (80%) was stable since 2020 whereas recent use of powder decreased (9%).



Of those who had recently used any form of methamphetamine, 73% used it at least weekly, stable from 67% in 2020.



The median reported price for a point of crystal methamphetamine was $95 in 2021, a decrease from $150 in 2020.



Of those who could comment, 83% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2021, an increase from 37% in 2020.

OTHER DRUGS

Non-prescribed morphine



Past 6 month use of non-prescribed morphine was stable at 18% in the 2020 sample and 16% in 2021.

Non-prescribed fentanyl



Past 6 month use of non-prescribed fentanyl was stable at 11% in the 2020 sample to 6% in 2021.

Non-prescribed pregabalin



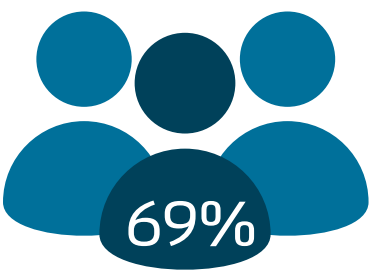
Past 6 month use of non-prescribed pregabalin was stable at 21% in the 2020 sample and 19% in 2021.

GHB/GBL/1,4-BD

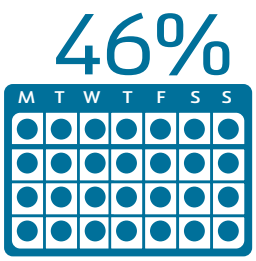


Past 6 month use of GHB/GBL/1,4-BD was stable at 13% in the 2020 sample and 12% in 2021.

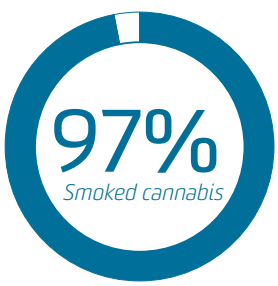
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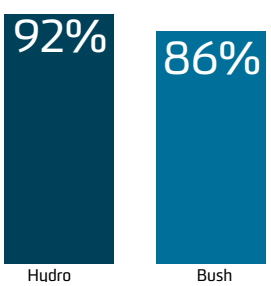
Past 6 month use of any cannabis was stable at 66% in the 2020 sample and 69% in 2021.



Of those who had consumed cannabis recently, under half reported daily use (46%).



Of people who had consumed cannabis in the last 6 months, 97% had smoked it.



Of those who could comment 92% perceived hydro and 86% perceived bush to be 'easy' or 'very easy' to obtain.

DOI: 10.26190/nt8g-ta17

Background

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

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

Methods

IDRS 2000-2019

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

IDRS 2020-2021: COVID-19 Impacts on Recruitment and Data Collection

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

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

In 2021, a hybrid approach was used whereby interviews were conducted either face-to-face (with participants reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however the introduction of restrictions by various jurisdictional governments throughout the recruitment period meant that telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by services. Consent was collected verbally for all participants.

A total of 888 participants were recruited across capital cities nationally (June-July, 2021), with 99 eligible participants interviewed in Perth, Western Australia (WA). In 2021, 67 interviews were conducted in-person (68%), while 32 interviews were conducted via telephone (32%).

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Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2020 and 2021. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

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

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

Differences in the methodology, and the events of 2020-2021, must be taken into consideration when comparing 2020-2021 data to previous years, and treated with caution.

Additional Outputs

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

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

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1

Sample Characteristics

In 2021, more than half the WA sample was male (58%; 67% in 2020; *p*=0.108), with a mean age of 45 years (SD: 10; 43 years (SD: 10) in 2020; *p*=0.119) (Table 1). The majority of the sample (86%) were unemployed at the time of interview, stable from 90% in 2020 (*p*=0.593), although two-thirds (68%; 59% in 2020; *p*=0.239) of the sample reported having received a post-school qualification(s). The vast majority of participants (92%) reported receiving a government pension, allowance or benefit in the past month (92% in 2020). Participants reported their median weekly income amounted to $363 (IQR=325-495), significantly lower than $538 (IQR=459-594; *p*<0.001) reported in 2020.

Drug of choice remained stable in 2021 compared to 2020 (*p*=0.639), with participants typically reporting that heroin was their drug of choice (52%; 53% in 2020) (Figure 1). In contrast, there was a significant change in the drug injected most often in the past month (*p*=0.034). Specifically, there was an increase in methamphetamine being the drug injected most often in the month preceding interview (52%; 39% in 2020), with an inverse decrease in heroin being the drug injected most often (43%; 50% in 2020) (Figure 2).

Whilst a significant decrease was observed in the percentage of participants reporting powder methamphetamine consumption on a weekly or more frequent basis (6%; 20% in 2020; *p*=0.008), there was no statistical significant differences in the percentage of participants reporting crystal methamphetamine consumption (58%; 43% in 2020; *p*=0.062), cannabis (56%; 49% in 2020; *p*=0.391), heroin (49%; 57% in 2020; *p*=0.393), and non-prescribed morphine (n≤5; n≤5 in 2020), on a weekly or more frequent basis (Figure 3).

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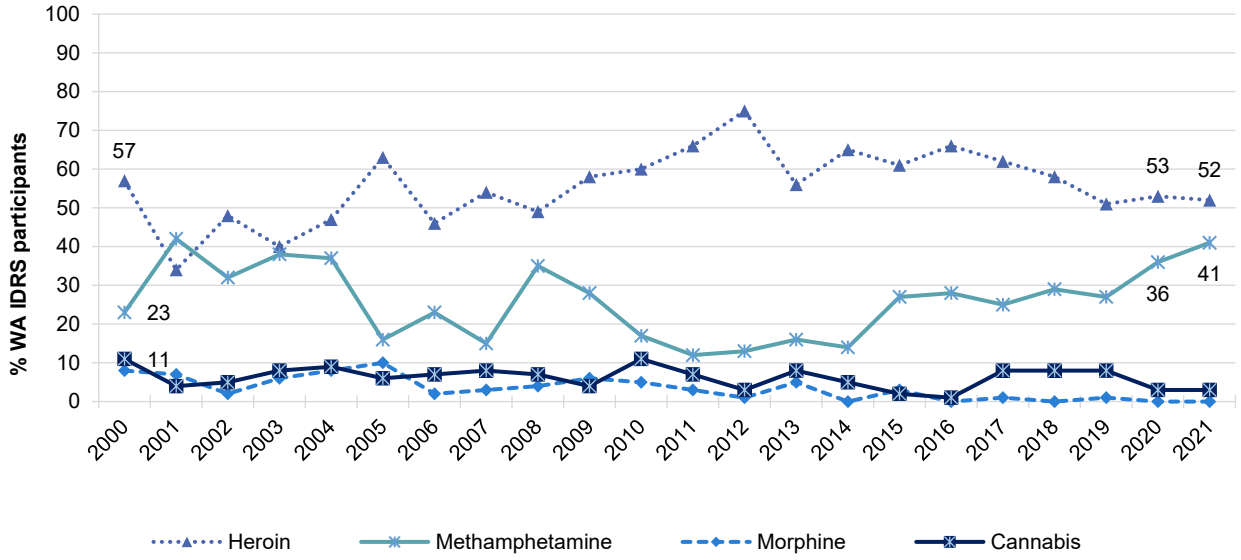
Table 1: Demographic characteristics of the sample, nationally, 2021 and Western Australia, 2016-2021

	National	Western Australia					
	2021	2021	2020	2019	2018	2017	2016
	(N=888)	(N=99)	(N=100)	(N=96)	(N=100)	(N=73)	(N=71)
Mean age (years; SD)	45 (10)	45 (10)	43 (10)	43 (11)	43 (10)	43 (12)	44 (10)
% Gender							
Female	34	**42**	31	31	39	40	34
Male	65	**58**	67	65	60	60	66
Non-binary	0	**0**	-	-	/	/	/
% Aboriginal and/or Torres Strait Islander	23	**13**	20	8	13	10	9
% Sexual identity							
Heterosexual	82	**85**	87	73	78	90	90
Homosexual	-	**-**	-	7	9	-	-
Bisexual	11	**10**	-	16	10	-	-
Queer	-	**0**	0	-	/	/	/
Other	-	**-**	-	-	-	0	0
Mean years of school education (range)	10 (1-12)	10 (6-12)	11 (7-12)	11 (8-12)	11 (6-12)	10 (6-12)	11 (8-12)
% Post-school qualification(s)^	58	**68**	59	74	71	55	79
% Current accommodation							
Own home *(inc. renting)~*	66	**53**	64	56	69	75	78
Parents'/family home	-	**7**	12	7	14	12	11
Boarding house/hostel	9	**15**	9	13	-	9	-
Shelter/refuge	-	**-**	-	8	-	0	-
No fixed address	16	**21**	13	15	13	-	-
Other	-	**-**	0	-	-	0	0
% Current employment status							
Unemployed	88	**86**	90	85	81	81	72
Full-time work	-	**-**	-	-	-	-	13
% Past month gov't pension, allowance or benefit	95	**92**	92	88	85	88	79
Current median income/week ($; IQR)	358 (300-460)	**363 (325-495)*****	538 (459-594)	325 (290-410)	325 (272-475)	324 (250-450)	400 (290-550)

Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

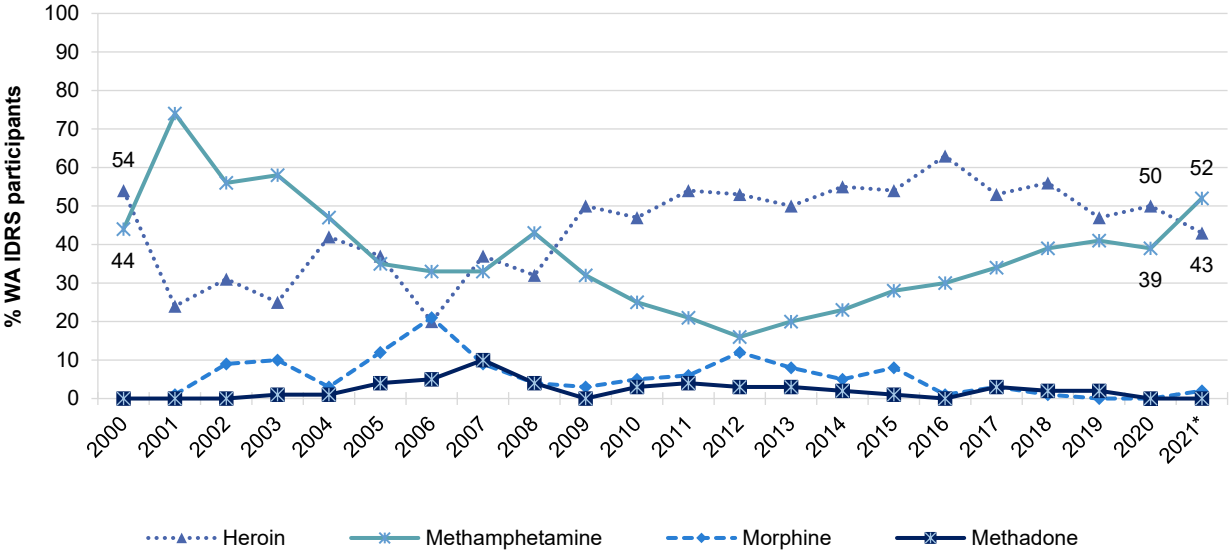
DOI: 10.26190/nt8g-ta17

Figure 1: Drug of choice, Western Australia, 2000-2021



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

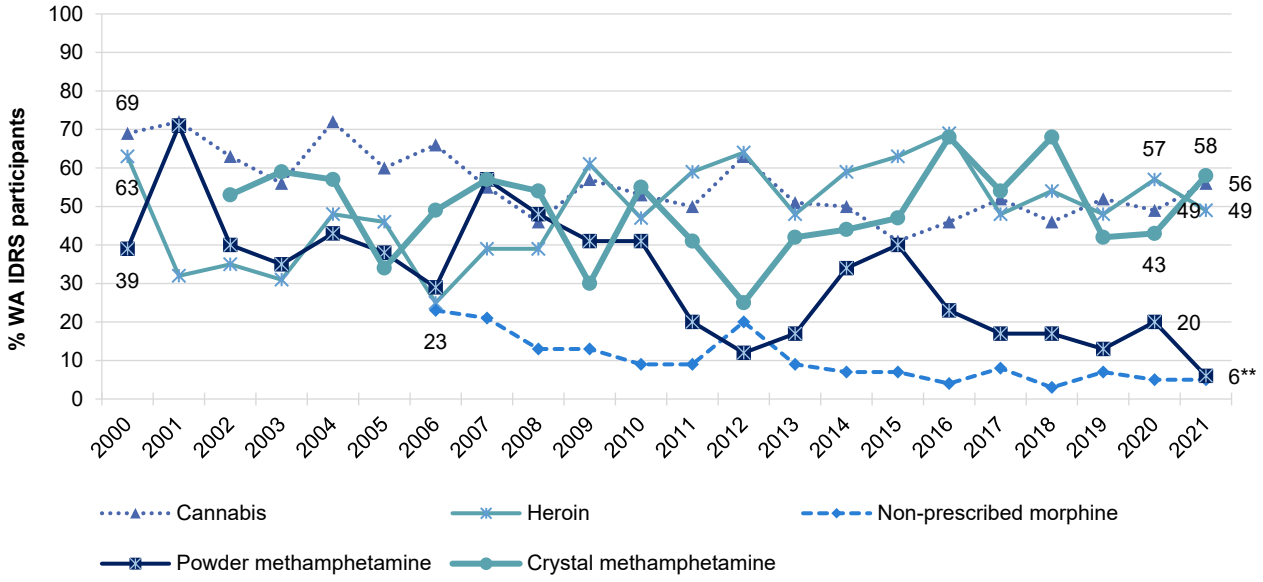
Figure 2: Drug injected most often in the past month, Western Australia, 2000-2021



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Figure 3: Weekly or more frequent substance use in the past six months, Western Australia, 2000-2021



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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2

COVID-19

Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 469 cases 28 March 2020), which declined shortly thereafter (<20 cases per day). There was a resurgence from late June 2020, largely based in Victoria (VIC) (peak 686 cases 5 August 2020) and to a lesser extent in New South Wales (NSW), which subsequently declined from September onwards (<20 cases per day from 23 September 2020) (Figure 4). The third wave of cases occurred from late June 2021 onwards, largely in NSW (peak 1293 cases 30 August 2021, not including cases from 1 September 2021 onwards) and a couple of months later in VIC (peak 86 cases 29 August 2021, not including cases from 1 September 2021 onwards). The number of cases in other jurisdictions during this third wave did not exceed 30 cases per day (as of 31 August 2021).

As a nation of federated states and territories, public health policy including restrictions on movement and gathering varied by jurisdiction. However, restrictions on gatherings were implemented across jurisdictions from early March; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were eased across May-June, again with variation across jurisdictions (notably, significant restrictions being enforced again in Victoria from July-October 2020). Restrictions were re-introduced in Victoria from 27 May to 10 June 2021, and in NSW from 26 June 2021 onwards, with other jurisdictions (VIC, QLD, SA and ACT) introducing restrictions shortly thereafter. Lockdowns of less than one week were also introduced during the interviewing period, for example, in the NT and WA, however these are not displayed in Figure 4.

WA observed its first two cases of COVID-19 on 21 February 2020. A few weeks later, on 15 March 2020, a State of Emergency was declared in WA, followed by a Public Health State of Emergency on 16 March.

Stage 1 restrictions came into effect on 23 March, which included the immediate closure of pubs, bars, clubs, hotels, entertainment venues, indoor sporting venues, gyms, casinos, cinemas, cultural institutions and places of worship. Cafés and restaurants were restricted to takeaway. On 25 March, the rules were restricted further and included the closure of beauty, nail-massage, tattoo shops, galleries, libraries, recreation and community centres, pools and sporting activities, pilates, yoga, wellness centres, amusement parks, indoor and outdoor play centres, arcades, real estate inspections and auctions. During this period, people were requested to stay home, unless leaving for essential activities (e.g., groceries, exercise, medical reasons, work where it could not be done from home, and care/support for someone else). A two-person gathering limit was also put in place, and an overseas travel ban was implemented. For the first time in history, the Western Australian borders were closed on 6 April 2020.

On 27 April, the rules were relaxed (Phase 1) and restrictions on the limit of people for an indoor and outdoor gathering were raised to 10 people. Outdoor personal training without share equipment was allowed, as well as outdoor recreational activities, and real estate home openings.

On 18 May (Phase 2), rules were relaxed further, and restrictions on the limit of people for an indoor and outdoor non-work gathering were raised to 20 people, with a four-square metre rule limit. Cafés

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and restaurants with meal service were permitted to reopen, including within pubs, bars, clubs, hotels and casinos, with a 20-patron limit. Western Australians were encouraged to return to work, and regional travel restrictions were relaxed. Non-contact community sports, outdoor or indoor fitness classes with no shared equipment, places of worship, community facilities, libraries, and public pools (one indoor and multiple outdoor) were permitted to reopen with up to 20 patrons.

On 6 June, rules were relaxed further (Phase 3), which included an increase in the number of people at non-work gatherings, and the reopening of additional businesses (e.g., beauty services, wellness centres, museums, arcades, playgrounds and gaming venues). Non-work indoor and outdoor gatherings of up to 100 people per single undivided space, and up to 300 people in total per venue over multiple spaces (100/300 rule) were permitted. The four-square metre rule limit was replaced by a two square metre rule limit. Food and licensed premises were allowed to reoperate but only with seated service.

Phase 4 came into effect on 27 June 2020. All existing gathering limits were removed and were only determined by the reduced two square metre rule limit. The two square metre rule included staff at venues that held more than 500 patrons. For WA's major sport and entertainment venues, a 50 per cent capacity rule applied.

A modification of phase 4 came into effect on 24 October 2020. Selected venues that mostly hold seated events (e.g., performing art centres, cinemas, concert halls, comedy lounges, theatres, auditoriums, and amphitheatres) were exempted from the two square metre rule limit and a 60 per cent capacity rule applied.

Perth and the Peel region entered into a 5-day lockdown between 31 January and 5 February 2021, following an outbreak of COVID-19.

Phase 4b came into effect on 15 March 2021. A 75 per cent capacity rule was applied at certain indoor and outdoor venues, such as performing art centres, cinemas, concert halls, places of worship, comedy lounges, theatres, auditoriums, and amphitheatres, specific hospitality venues, community centres, funeral homes, and major stadiums.

Phase 4c was implemented on 10 April 2021. Capacity limit for certain outdoor and indoor venues that mostly hold seated events was increased to 100 per cent (e.g., performing art centres, cinemas, concert halls, comedy lounges, theatres, auditoriums, amphitheatres, and major stadiums). A 75 per cent capacity remained for certain hospitality venues such as restaurants, cafes, and clubs. The two square metre rule limit remained in place for certain venues such as nightclubs, pubs, bars and other music evets.

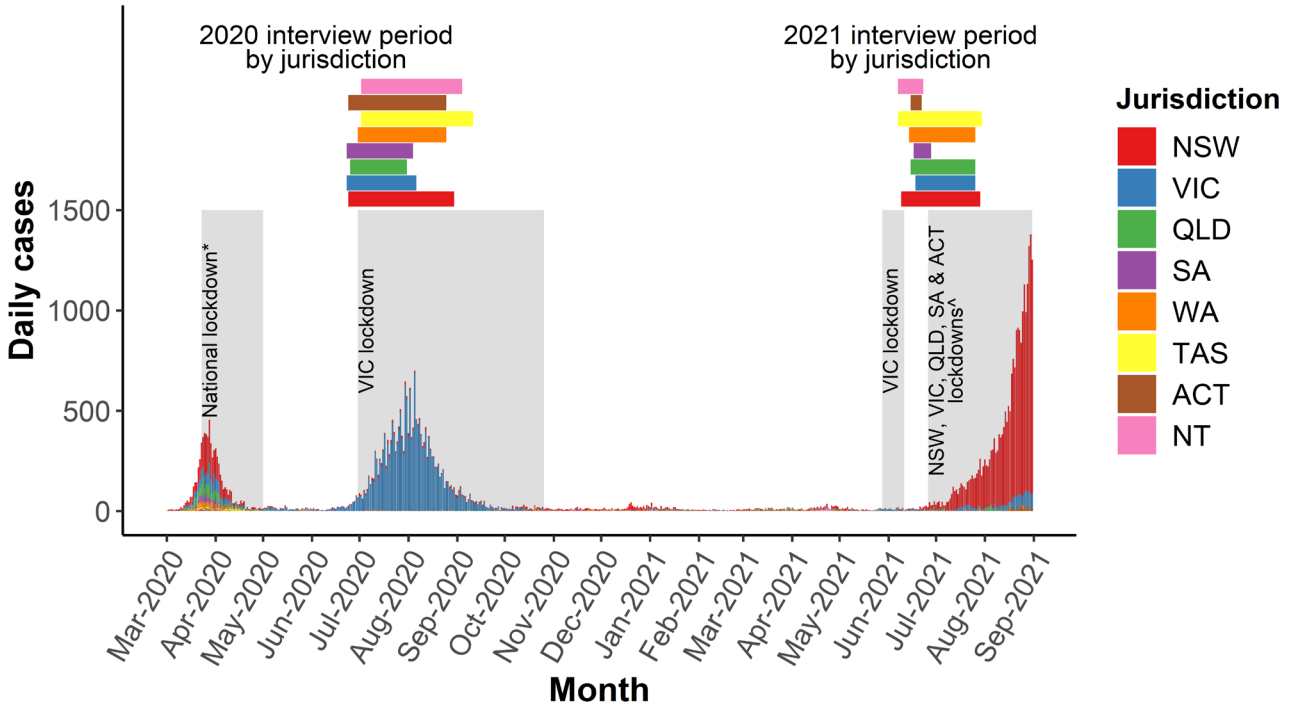
IDRS interviews in WA commenced on 14 June, during phase 4c, and concluded on 23 July 2021, during phase 5.

Phase 5 came into effect on 23 June 2021. All remaining capacity and gathering limits were removed for venues and events. However, during this phase, Perth and the Peel region entered into a 4-day lockdown between 29 June and 3 July, following an outbreak of COVID-19. Safety measures were therefore taken around this period of time, to ensure that all interviews were conducted via telephone between 28 June and 9 July, to protect the participants and research interviewers from any potential harms.

Note. Data obtained from https://www.wa.gov.au

DOI: 10.26190/nt8g-ta17

Figure 4: Timeline of COVID-19 in Australia and IDRS data collection period, 2020-2021



Note. Data obtained from http://www.covid19data.com.au. Only lockdowns of >7 days and affecting at least an entire city are displayed. *national stay-at-home orders began lifting dependent on jurisdiction from May 1 2020. ^NSW lockdown 26 June 2021 onwards; VIC lockdowns 14 July-27 July 2021 and 5 August 2021 onwards; SA lockdown 20 July-27 July; Southeast QLD lockdown 31 July-8 August 2021; ACT lockdown 12 August 2021 onwards.

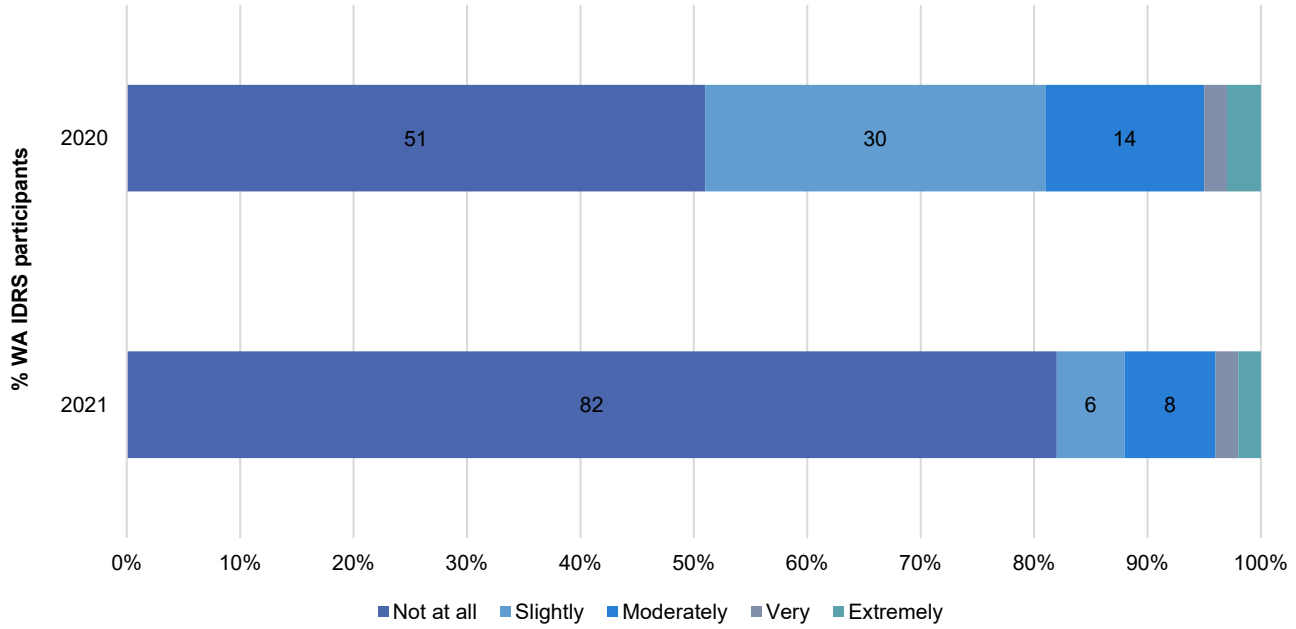
COVID-19 Testing and Diagnosis

Nearly one-third of the Western Australian sample (35%) had been tested for SARS-COV-2 in the past 12 months (14% in 2020), and no participants had been diagnosed with the virus. Small numbers (n≤5) reported that they had quarantined for 14 or more days due to a possible exposure since January 2020. Approximately one-in-ten participants (9%) had received at least one dose of the COVID-19 vaccine at the time of interview.

Almost one-fifth of the sample (18%) reported some level of concern about contracting COVID-19; six per cent reported being ‘slightly’ worried, whereas 8% reported being ‘moderately’ worried. Small numbers (n≤5) reported being ‘very’ to ‘extremely’ worried. In addition, approximately three-quarters of participants (74%) reported that they would be concerned about their health if they did contract COVID-19. Twelve per cent of participants reported that they would be ‘slightly’ worried about their health, 16% reported ‘moderately’, 30% reported ‘very’ and 15% reported ‘extremely’.

DOI: 10.26190/nt8g-ta17

Figure 5: Current concern related to contracting COVID-19, Western Australia, 2020-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

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3

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

The percentage of participants reporting recent use of any heroin remained stable between 2021 (61%) and 2020 (69%; *p*=0.298) (Figure 6).

Frequency of Use

Frequency of use has fluctuated over the course of monitoring. Median days of use remained stable from 2020 to 2021, with a median frequency of 72 days (IQR=30-131) in the six months preceding interview in 2021 (90 days in 2020; IQR=46-180; *p*=0.135) (Figure 6). In 2021, 20% of participants who had recently used heroin reported using it daily (35% in 2020; *p*=0.085), while 82% reported weekly or more frequent use (82% in 2020).

Routes of Administration

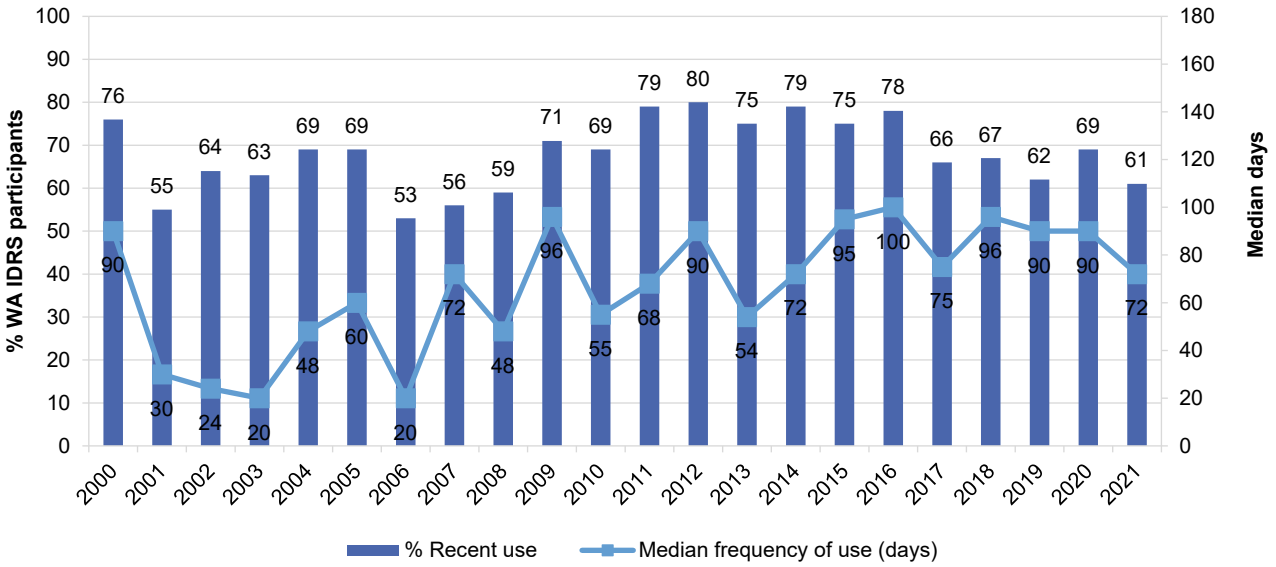
Injecting remained the most common route of administration among participants who had recently used heroin (100% in 2021 and 2020). Participants who reported injecting did so on a median of 72 days (IQR=30-131) which remained stable from 2020 (90 days; IQR=46-180; *p*=0.130). Fewer participants reported snorting and swallowing (n≤5 each; therefore, numbers are suppressed), and no participants reported smoking in 2021.

Quantity

Of those who reported recent use and responded (n=60), the median amount of heroin used per day in the six months preceding interview was 0.10 grams (IQR=0.10-0.20; 0.20 grams in 2020; IQR=0.10-0.30; *p*=0.057). The median maximum amount of heroin used per day in the last six months was 0.30 grams (IQR=0.20-0.40; n=59; maximum quantity of heroin recently used was not collected in 2020).

DOI: 10.26190/nt8g-ta17

Figure 6: Past six month use and frequency of use of heroin, Western Australia, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price

In 2021, the reported median last price of heroin was $120 (IQR=100-150; n=55) for one point, stable from 2020 ($100; IQR=100-150; p=0.293). Due to low numbers reporting on the price of a gram (n≤5), and no participants reporting on the price per cap, further details on price have been suppressed. Please refer to the 2021 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Purity

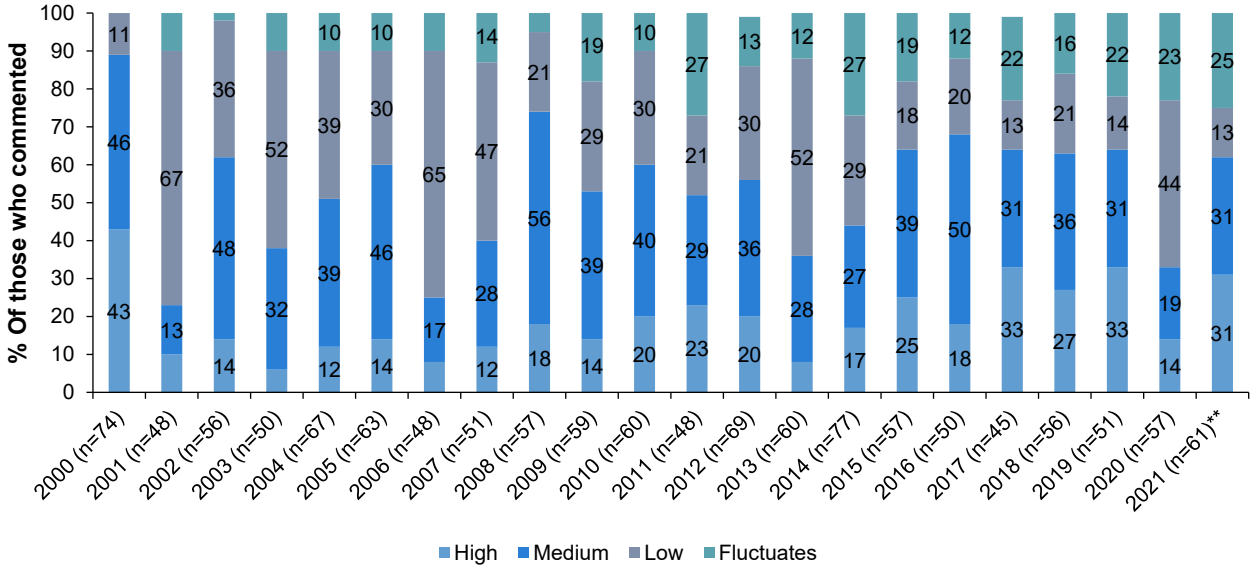
There was a significant change in the perceived purity of heroin between 2020 and 2021 (p=0.001). Among those who were able to comment in 2021 (n=61), there was an increase in the percentage of participants who reported perceived purity to be 'high' (31%; 14% in 2020) or 'medium' (31%; 19% in 2020), and a decrease in those perceiving purity to be 'low' (13%; 44% in 2020) (Figure 7).

Perceived Availability

There was a significant change in the perceived availability of heroin between 2020 and 2021 (p<0.001). Among those who were able to comment in 2021 (n=60), there was an increase in the percentage of participants who perceived current availability as 'very easy' (57%; 17% in 2020). Fewer participants reported perceived availability to be 'easy' in 2021 (38%; 50% in 2020). Small numbers (n≤5) perceived that it was 'difficult' to obtain heroin (28% in 2020) (Figure 8).

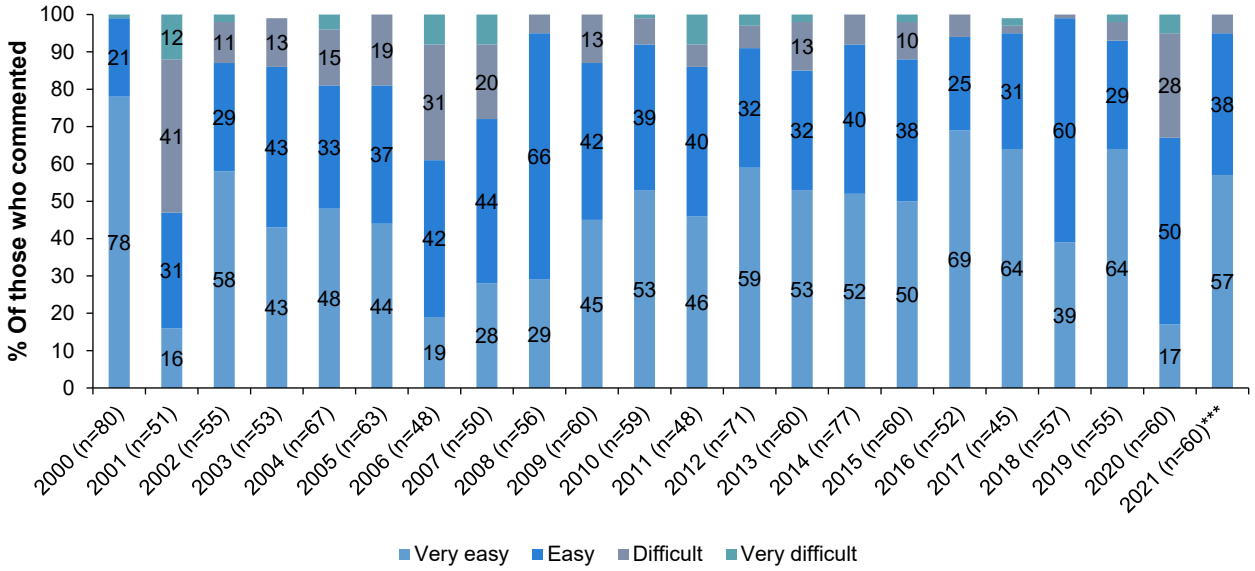
DOI: 10.26190/nt8g-ta17

Figure 7: Current perceived purity of heroin, Western Australia, 2000-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 8: Current perceived availability of heroin, Western Australia, 2000-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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4

Methamphetamine

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

Recent Use (past 6 months)

In 2021, 82% of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2020 (73%; *p*=0.188) (Figure 9).

Frequency of Use

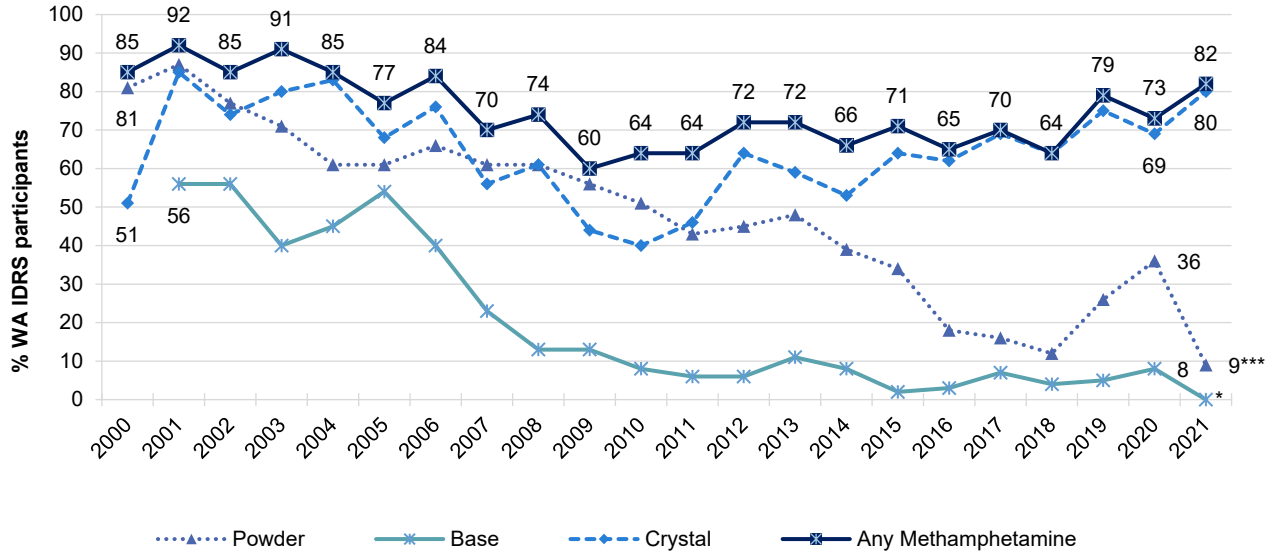
In 2021, frequency of use remained largely stable at a median of 66 days (IQR=15-180; 48 days in 2020; IQR=14-150; *p*=0.565) (Figure 10). In 2021, 27% of participants who had recently used methamphetamine reported using it daily (24% in 2020; *p*=0.791), whilst 73% reported weekly or more frequent consumption (67% in 2020; *p*=0.568).

Forms of Methamphetamine

The forms of methamphetamine used by participants have shifted over time. Recent use of base and powder methamphetamine have substantially decreased over the years, while the use of methamphetamine crystal has gradually increased from 2010 onwards (Figure 9). Amongst participants who had used methamphetamine in the six months preceding interview in 2021 (n=81), the majority had used methamphetamine crystal (80%; 69% in 2020; *p*=0.114), followed by powder (9%; 36% in 2020; *p*<0.001).

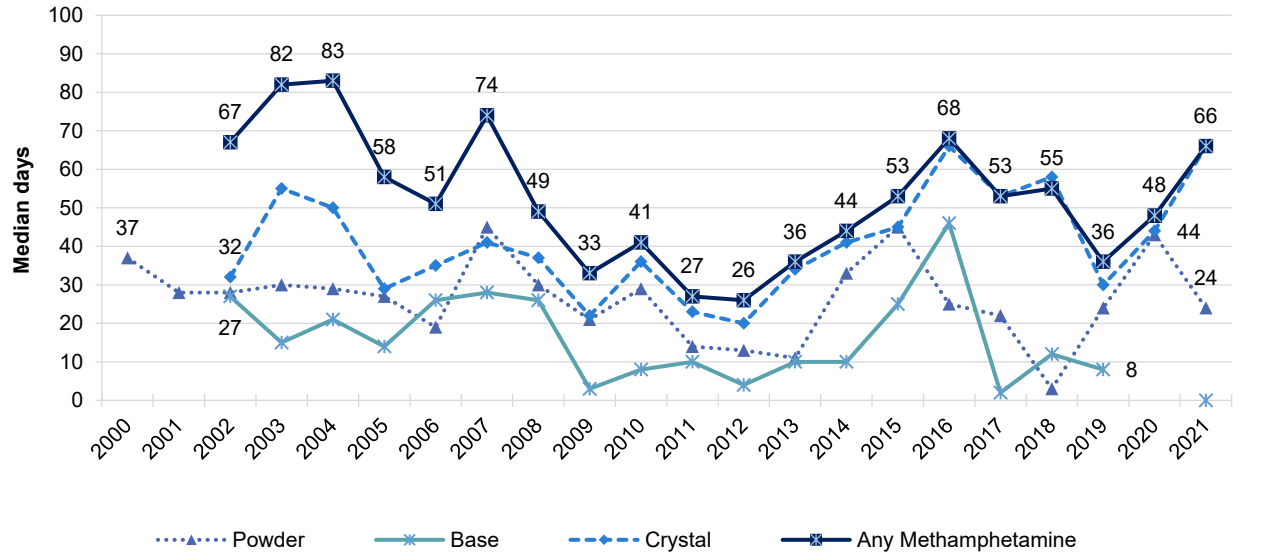
DOI: 10.26190/nt8g-ta17

Figure 9: Past six month use of any methamphetamine, powder, base and crystal, Western Australia, 2000-2021



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined (2000-2018). Between 2019-2021, 'Any Methamphetamine' includes crystal, powder and base, combined. Figures for liquid not reported historically due to small numbers. Data labels for the different forms of methamphetamine are only provided for the first (2000/2001) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 10: Frequency of use of any methamphetamine, powder, base and crystal, Western Australia, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. Data labels for the different forms of methamphetamine are only provided for the first (2000/2002) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/nt8g-ta17

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Recent use declined sharply to 9% in 2021 (36% in 2020; $p<0.001$), the lowest percentage of use since monitoring began in 2000 (Figure 9).

Frequency of Use: Median frequency of use was 24 days (IQR=2-90) in 2021 (43 days in 2020; IQR=10-96; $p=0.569$) (Figure 10). Two-thirds (67%) of participants who had recently used powder reported use on a weekly or more frequent basis (58% in 2020; $p=0.913$) in the last 6 months, with small numbers (n≤5) reporting daily use.

Routes of Administration: Injecting was the most common route of administration (100%; 97% in 2020), with small numbers (n≤5) reporting smoking, swallowing and snorting as routes of administration. Participants who reported injecting powder did so on a median of 24 days (IQR=2-90), stable from 2020 (35 days; IQR=9-110; $p=0.517$).

Quantity: Of those who reported recent use and commented (n=8), the median amount of methamphetamine powder used on a 'typical' day in the past six months was 0.20 grams (IQR: 0.10-0.20; 0.20 grams in 2020; IQR=0.10-0.30; $p=0.822$). The median maximum amount of powder used per day in the last six months was 0.30 grams (IQR=0.20-0.30; n=8; maximum quantity of powder recently used was not collected in 2020).

Methamphetamine Base

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

Methamphetamine Crystal

Recent Use (past 6 months): Recent use of crystal has been generally increasing from 2010 onwards. Since 2011, methamphetamine crystal has been consistently surpassing methamphetamine base and powder. However, recent use of crystal remained similar between 2021 (80%) and 2020 (69%; $p=0.114$) (Figure 9).

Frequency of Use: Frequency of use remained stable at a median of 66 days in 2021 (IQR=14-180; 44 days in 2020; IQR=12-146; $p=0.304$) (Figure 10). Almost three-quarters (72%) of those who had recently consumed crystal reported use on a weekly or more frequent basis, stable from 2020 (64%; $p=0.393$), with a further 27% reporting daily use (22% in 2020; $p=0.649$).

Routes of Administration: Injecting was the most common route of administration in 2021 (97%; 93% in 2020; $p=0.252$), followed by smoking (48%; 45% in 2020; $p=0.825$), and swallowing (8%; 19% in 2020; $p=0.073$). Small numbers (n≤5) reported snorting as a route of administration. Participants who reported injecting methamphetamine crystal did so on a median of 48 days (IQR=12-96), stable from 2020 (48 days; IQR=18-147; $p=0.848$).

Quantity: Of those who reported recent use and responded (n=78), the median amount of methamphetamine crystal used on a 'typical' day in the past six months was 0.10 grams (IQR: 0.10-0.20; 0.20 grams in 2020; IQR=0.10-0.30; $p=0.374$). The median maximum amount of crystal used per day in the last six months was 0.30 grams (IQR=0.20-0.50; n=77; maximum quantity of crystal recently used was not collected in 2020).

DOI: 10.26190/nt8g-ta17

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Questions relating to the price, perceived purity and perceived availability of methamphetamine powder were not asked of participants in 2020. Consequently, significance testing between 2021 and 2020 figures cannot be undertaken.

Price: In 2021, the median price last paid for one point (0.10 gram) of methamphetamine powder was $50 (IQR=50-100; n=9). Low numbers (n≤5) were able to comment on the median price of methamphetamine powder per gram (Figure 11). Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Perceived Purity: Low numbers (n≤5) were able to comment on the perceived purity of powder methamphetamine in 2021 (Figure 13). Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Perceived Availability: Among those who were able to comment in 2021 (n=12), the majority of the sample (58%) perceived powder methamphetamine to be 'very easy' to obtain (Figure 15). Low numbers (n≤5) perceived the availability of powder methamphetamine to be 'easy', 'difficult', or 'very difficult' to obtain. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Base

Questions relating to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2021 and 2020.

Methamphetamine Crystal

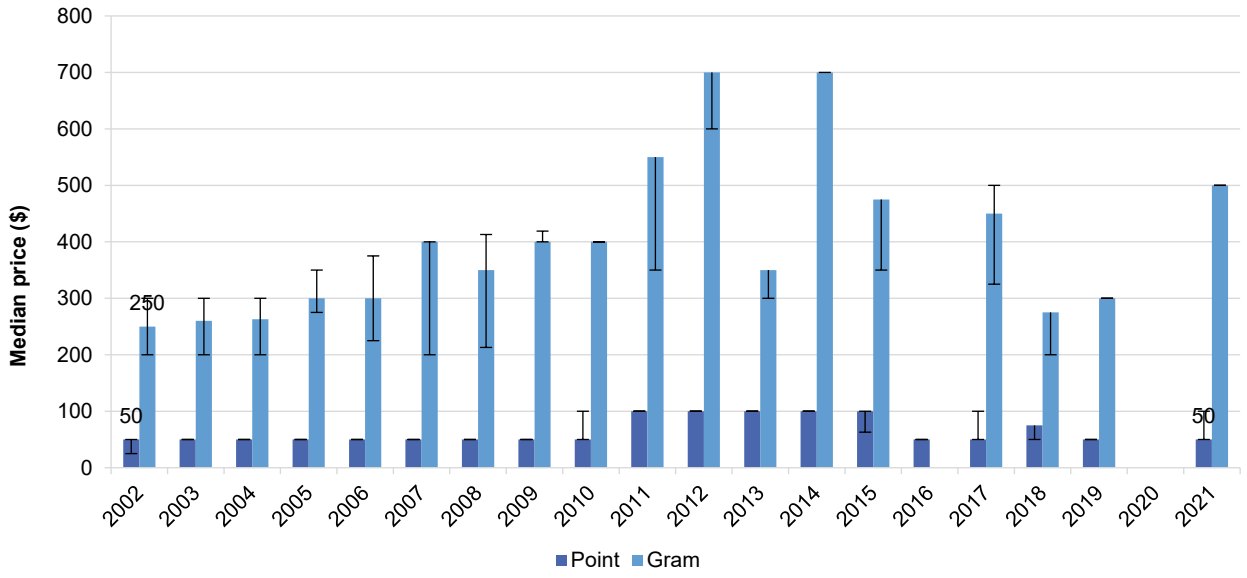
Price: The median price last paid for one point (0.10 gram) of methamphetamine crystal decreased significantly in 2021 to $95 (IQR=50-100; n=66) from $150 in 2020 (IQR=100-200; $p<0.001$). Low numbers (n≤5) were able to comment on the median price of methamphetamine crystal per gram (Figure 12). Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Perceived Purity: Perceived purity of methamphetamine crystal remained stable between 2020 and 2021 ($p=0.103$). Among those who were able to comment in 2021 (n=76), the largest percentage of respondents (39%) reported that the purity of methamphetamine crystal had 'fluctuated' (29% in 2020), while almost equal proportions perceived purity to be 'high' (28%; 20% in 2020) or 'medium' (24%; 29% in 2020). Only few respondents perceived current purity to be 'low' (9%; 23% in 2020) (Figure 14).

Perceived Availability: Perceived availability of methamphetamine crystal significantly changed between 2021 and 2020 ($p<0.001$). Among participants who were able to comment in 2021 (n=78), nearly half (46%) perceived methamphetamine crystal to be 'very easy' to obtain (10% in 2020), while slightly more than one-third of participants (37%) found it 'easy' to obtain (27% in 2020). A small percentage (13%) perceived methamphetamine crystal to be 'difficult' to obtain, a decrease from 37% in 2020 (Figure 16).

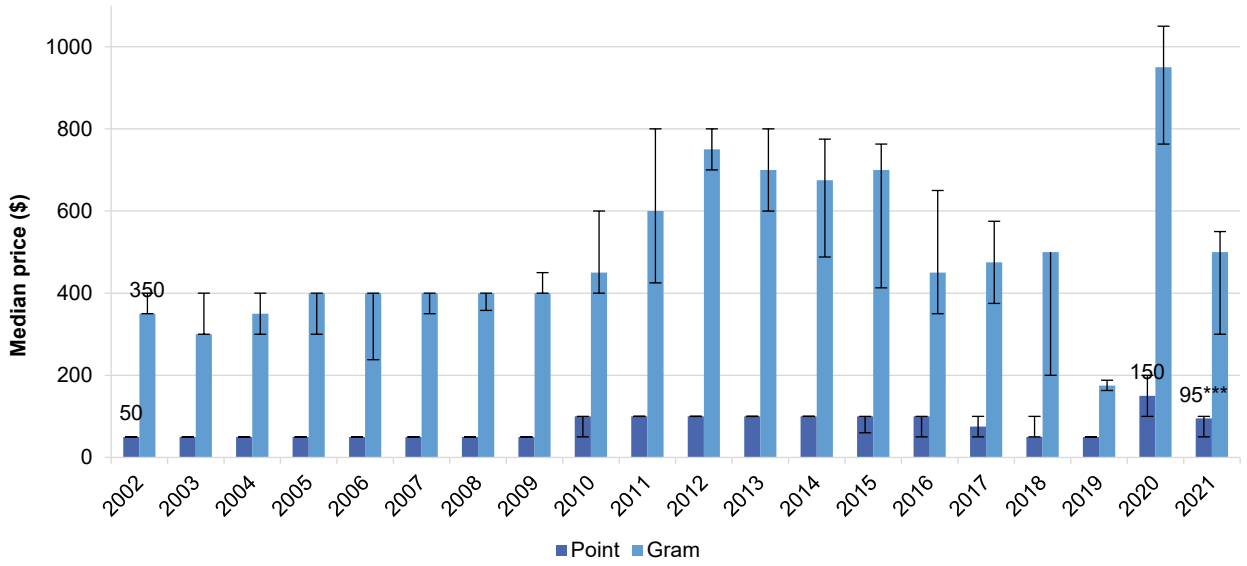
DOI: 10.26190/nt8g-ta17

Figure 11: Median price of powder methamphetamine per point and gram, Western Australia, 2002-2021



Note. Among those who commented. Price data for powder not collected in 2020. Data labels are only provided for the first (2002) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR.

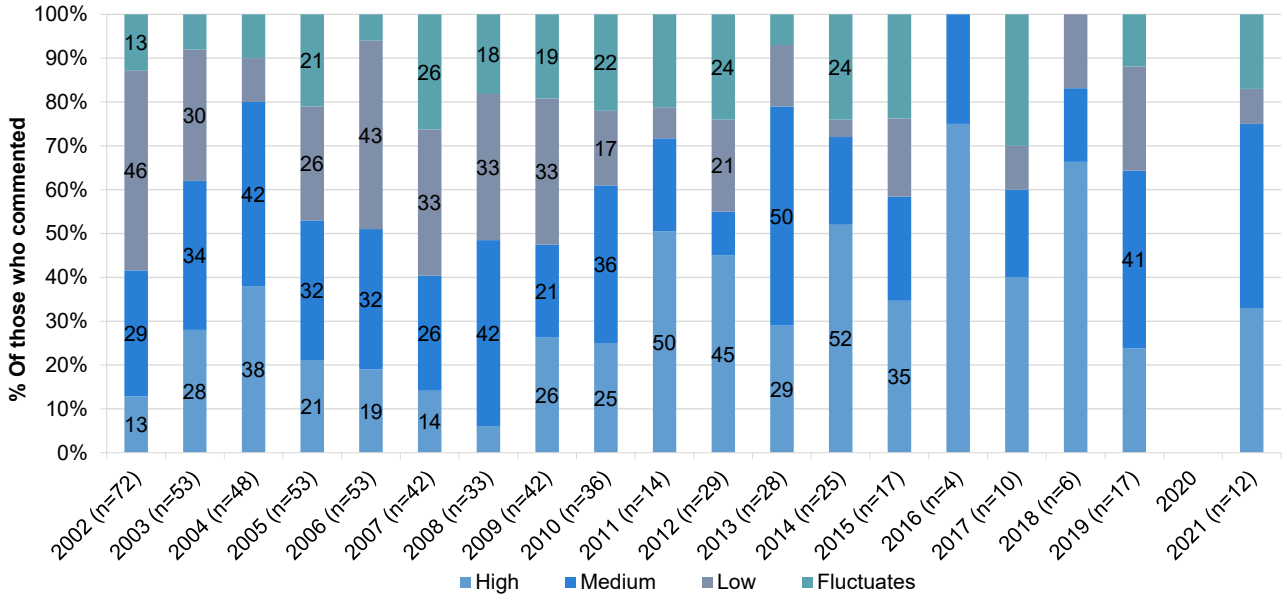
Figure 12: Median price of methamphetamine crystal per point and gram, Western Australia, 2002-2021



Note. Among those who commented. Data labels are only provided for the first (2002) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

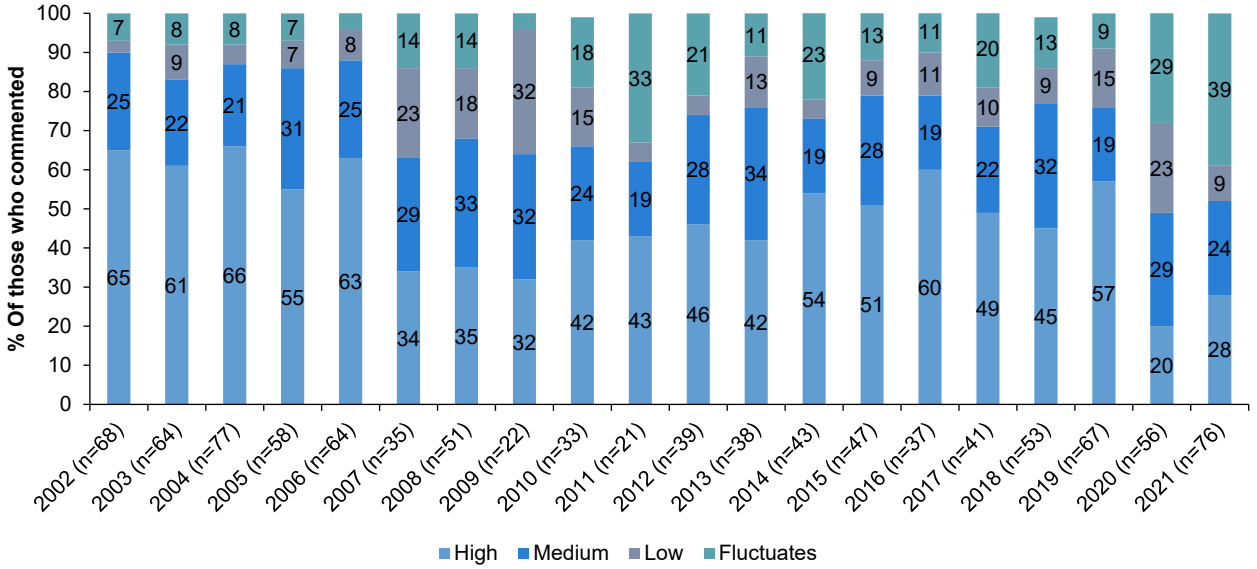
DOI: 10.26190/nt8g-ta17

Figure 13: Current perceived purity of powder methamphetamine, Western Australia, 2002-2021



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Purity data for powder not collected in 2020. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

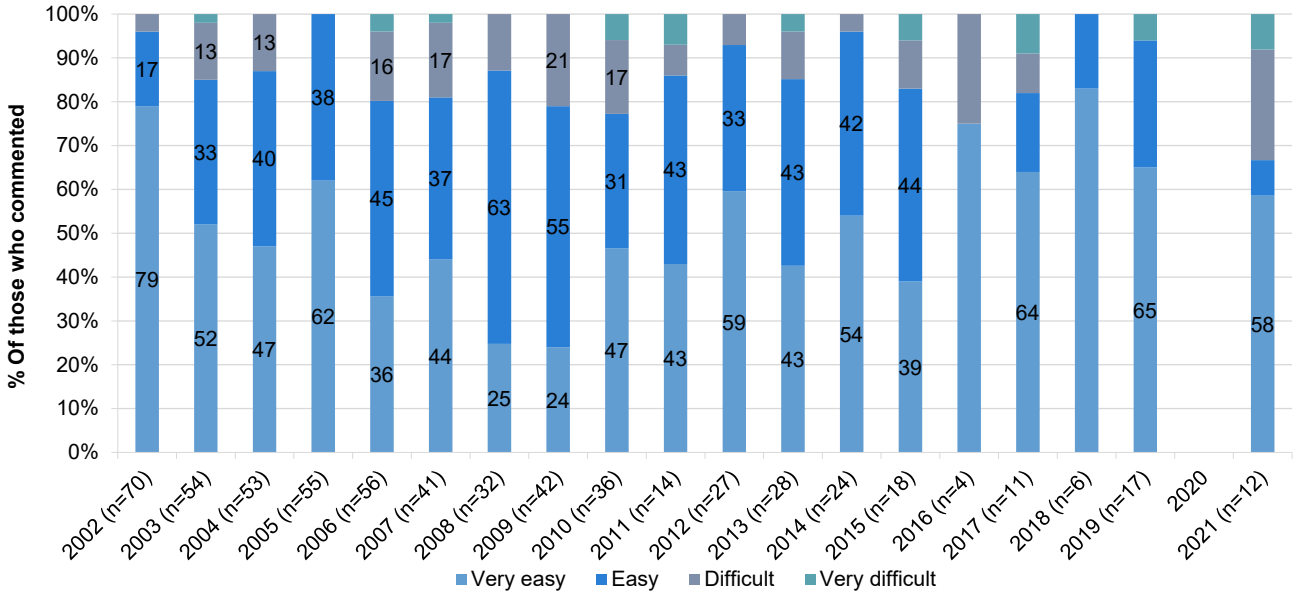
Figure 14: Current perceived purity of methamphetamine crystal, Western Australia, 2002-2021



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

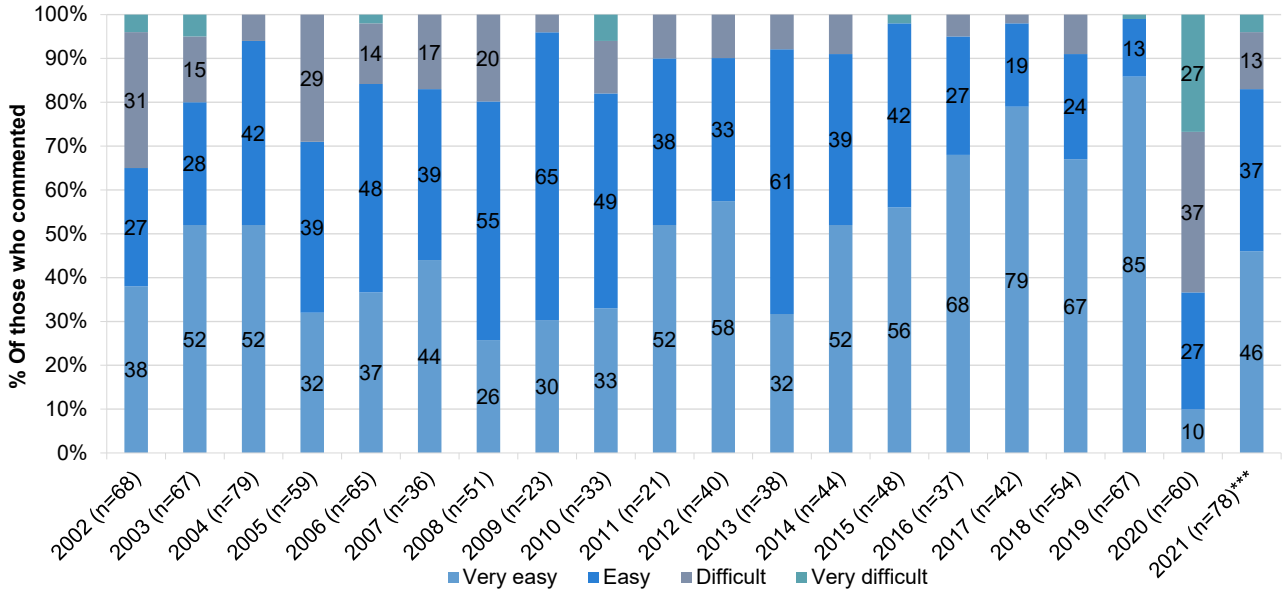
DOI: 10.26190/nt8g-ta17

Figure 15: Current perceived availability of powder methamphetamine, Western Australia, 2002-2021



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Availability data for powder not collected in 2020. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

Figure 16: Current perceived availability of methamphetamine crystal, Western Australia, 2002-2021



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/nt8g-ta17

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine was reported by 17% of the sample in 2021 (18% in 2020) (Figure 17). This remained stable from previous years.

Frequency of Use

Frequency of cocaine use in the last six months was reported at a median of two days (IQR=1-5), which was similar to participant reports in 2020 (3 days; IQR=1-5; p=0.635) (Figure 17). No participants reported using cocaine on a weekly or more frequent basis in the six months prior to interview; please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Routes of Administration

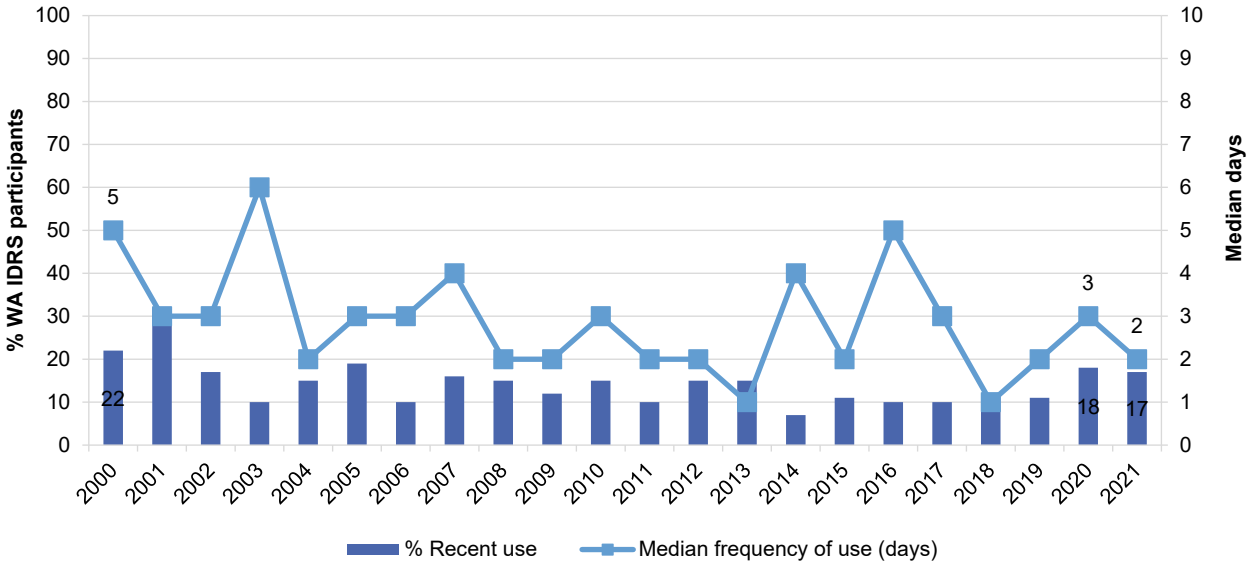
Snorting was the most common route of administration reported by those who had recently used cocaine (65%; 61% in 2020), followed by injecting (35%; 44% in 2020; p=0.733). Small numbers (n≤5) reported smoking and swallowing cocaine. Participants who reported injecting cocaine did so on a median of 5 days (IQR=4-6), stable from 2020 (5 days; IQR=3-7; p=0.895).

Quantity

Of those who reported recent use and responded (n=14), the median amount of cocaine used per day in the six months preceding interview was 0.20 grams (IQR=0.10-0.90; 0.20 grams in 2020; IQR=0.10-0.50; p=0.984).

DOI: 10.26190/nt8g-ta17

Figure 17: Past six month use and frequency of use of cocaine, Western Australia, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Low numbers (n≤5) were able to report on the price, perceived purity and perceived availability of cocaine. Therefore, current market trends will not be presented. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

DOI: 10.26190/nt8g-ta17

6

Cannabis

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

Patterns of Consumption

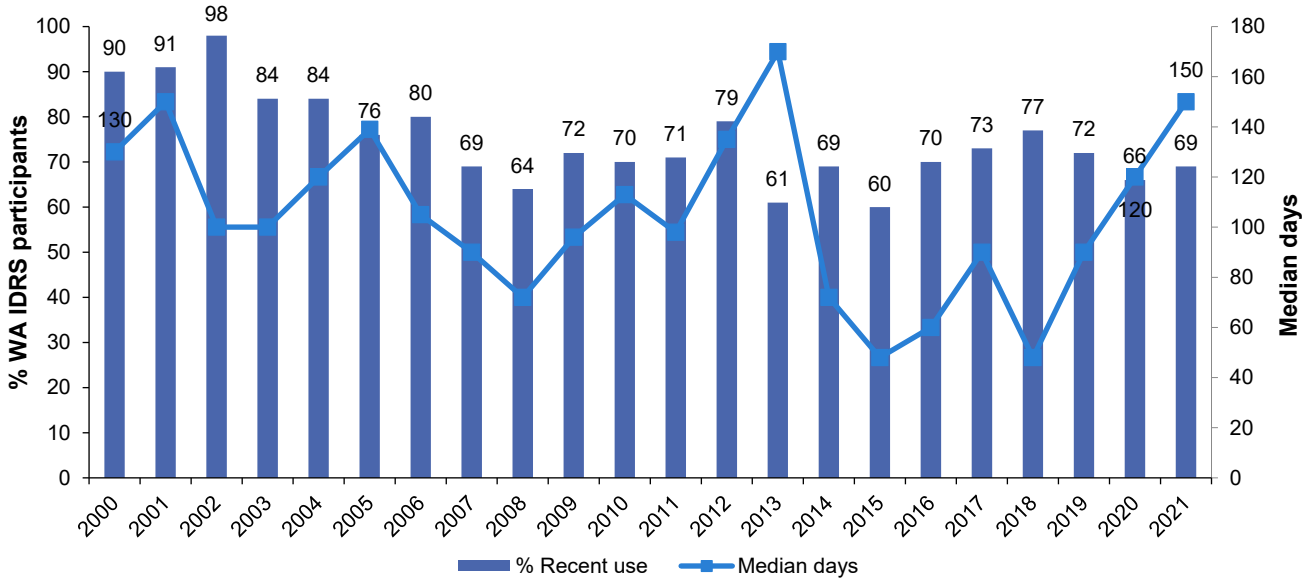
Recent Use (past 6 months)

The per cent reporting recent cannabis use has ranged from a peak of 98% in 2002 to a low of 60% in 2015. Recent use of cannabis was reported by 69% of the sample in 2021 (66% in 2020; p=0.800) (Figure 18). This remained stable from previous years.

Frequency of Use

The median frequency of recent use of cannabis in 2021 was 150 days (IQR=26-180). Similar trends were reported in 2020 (120 days; IQR=23-180; p=0.442*)* (Figure 18). Nearly half of those who had recently consumed cannabis (46%) reported daily use, consistent with 2020 trends (45%).

Figure 18: Past six month use and frequency of use of cannabis, Western Australia, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/nt8g-ta17

Routes of Administration

The majority of participants who used cannabis in 2021 reported smoking as a recent route of administration (97%; 98% in 2020). Similar to the previous year, a smaller per cent reported swallowing (12%; 17% in 2020; *p*=0.572). However, there was a significant decrease in participants reporting inhaling/vaporising cannabis (9%; 32% in 2020; *p*=0.002).

Quantity

Of those who reported recent use of cannabis in 2021, the median 'typical' amount used on the last occasion of use was one gram (IQR=1.00-2.00; n=23; 1.10 grams in 2020; IQR=1.00-2.50; *p*=0.135) or 3 cones (IQR=2-4.8; n=30; 2.5 cones in 2020; IQR=1-5; *p*=0.659) or one joint (IQR=0.6-1; n=14; 1 joint in 2020; IQR=1-1; *p*=0.855).

Forms Used

Among participants who had used cannabis recently (n=68), the majority of respondents (99%) reported recent use of hydroponic cannabis (92% in 2020; *p*=0.197). A significant decrease was observed in the number of respondents who reported use of outdoor-grown bush cannabis (15%; 33% in 2020; *p*=0.020). Few participants (n≤5) reported using hash oil or pharmaceutical CBD oil and no participants reported using hashish in 2021.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: In 2021, the median last price of hydroponic cannabis remained unchanged at $350 per ounce (IQR=323-400; n=15; $350 in 2020; IQR=350-370; *p*=0.889). Similarly, the median last price paid per gram of hydroponic cannabis remained stable at $25 (IQR=25-25; n=31; $25 in 2020; IQR=20-25; *p*=0.144) (Figure 19a)

Perceived Potency: No significant differences were observed in the perceived potency of hydroponic cannabis between 2020 and 2021 (*p*=0.566). Among those who were able to comment in 2021 (n=60), almost half (45%) perceived the potency of hydroponic cannabis to be 'high' (57% in 2020). One-quarter (27%) perceived hydroponic cannabis to be of 'medium' (20% in 2020) or 'fluctuating' (27%; 22% in 2020) potency. Few participants (n≤5) indicated that it was of 'low' potency (Figure 20a)

Perceived Availability: There were no significant differences in perceived availability of hydroponic cannabis between 2020 and 2021 (*p*=0.402). Among those who were able to comment in 2021 (n=60), over half of the sample perceived hydroponic cannabis availability as 'very easy' (52%; 37% in 2020), while two-fifths (40%) reported that it was 'easy' (47% in 2020) to obtain. Few participants (n≤5) indicated that it was 'difficult' or 'very difficult' to obtain (Figure 21a).

Bush Cannabis

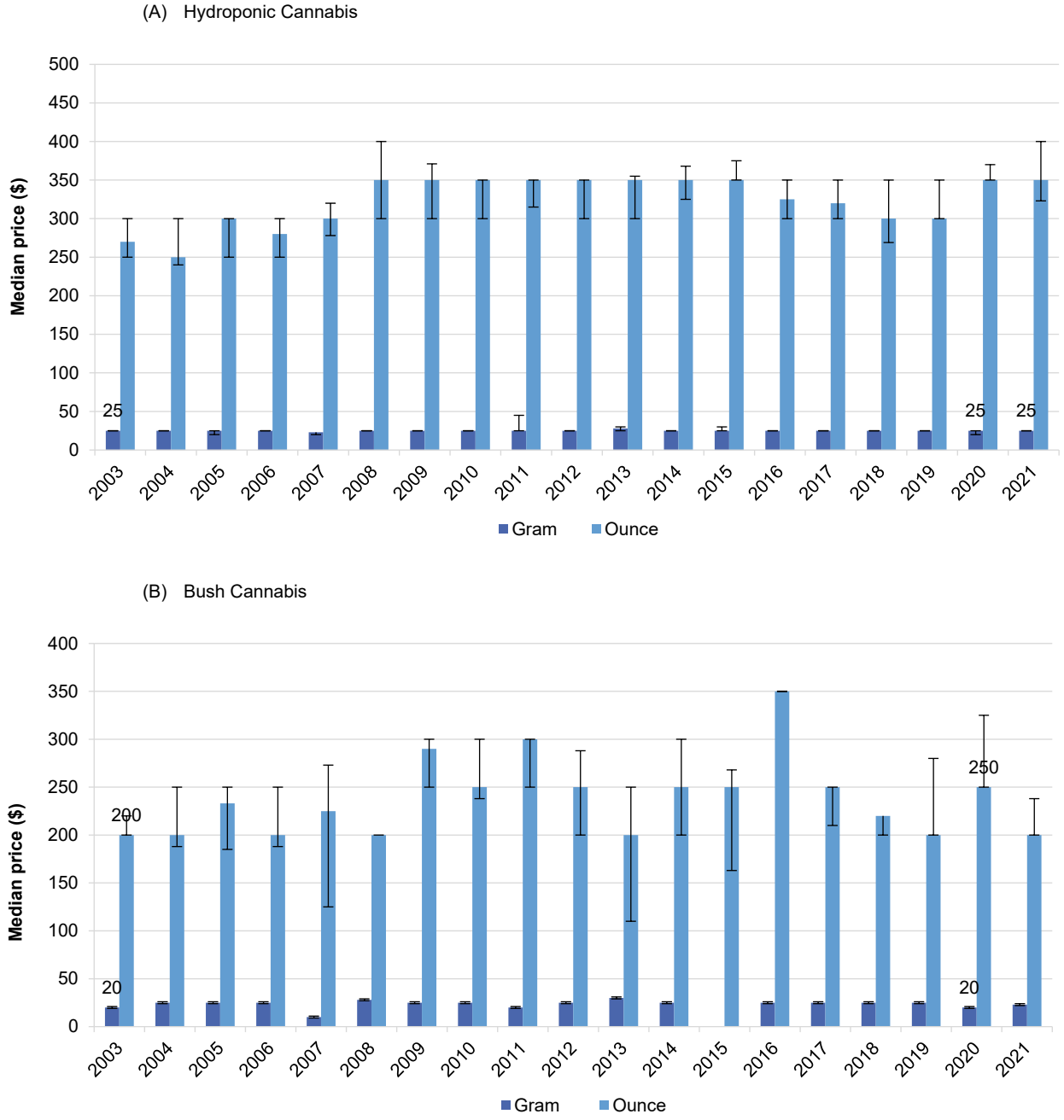
Price: Low numbers (n≤5) were able to report on the price of bush cannabis in 2021 (Figure 19b). Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Perceived Potency: There were no significant differences in perceived potency of bush cannabis between 2020 and 2021 (*p*=0.297). Among those who were able to comment in 2021 (n=15), half (53%) perceived the potency of bush cannabis to be 'medium' (44% in 2020). Few participants (n≤5) indicated that potency was 'high', 'low' or that it had 'fluctuated' (Figure 20b).

DOI: 10.26190/nt8g-ta17

Perceived Availability: There were no significant differences in perceived availability of bush cannabis between 2020 and 2021. Among those who were able to comment in 2021 (n=14), two-fifths (43%) perceived that bush was 'very easy' (20% in 2020) or 'easy' (45% in 2020) to obtain, respectively. Few participants (n≤5) indicated that it was 'difficult' or 'very difficult' to obtain (Figure 21b).

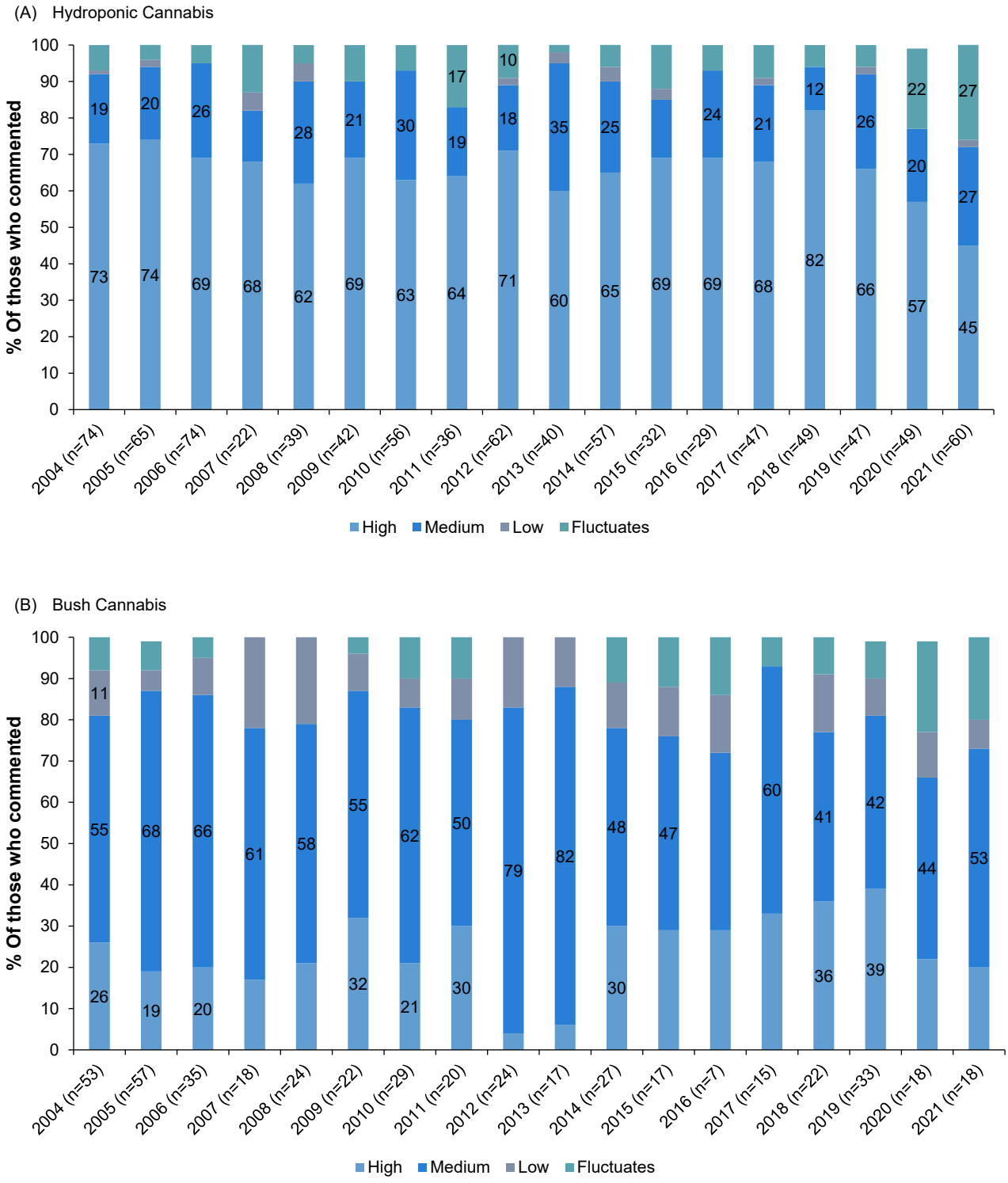
Figure 19: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Western Australia, 2003-2021



Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/nt8g-ta17

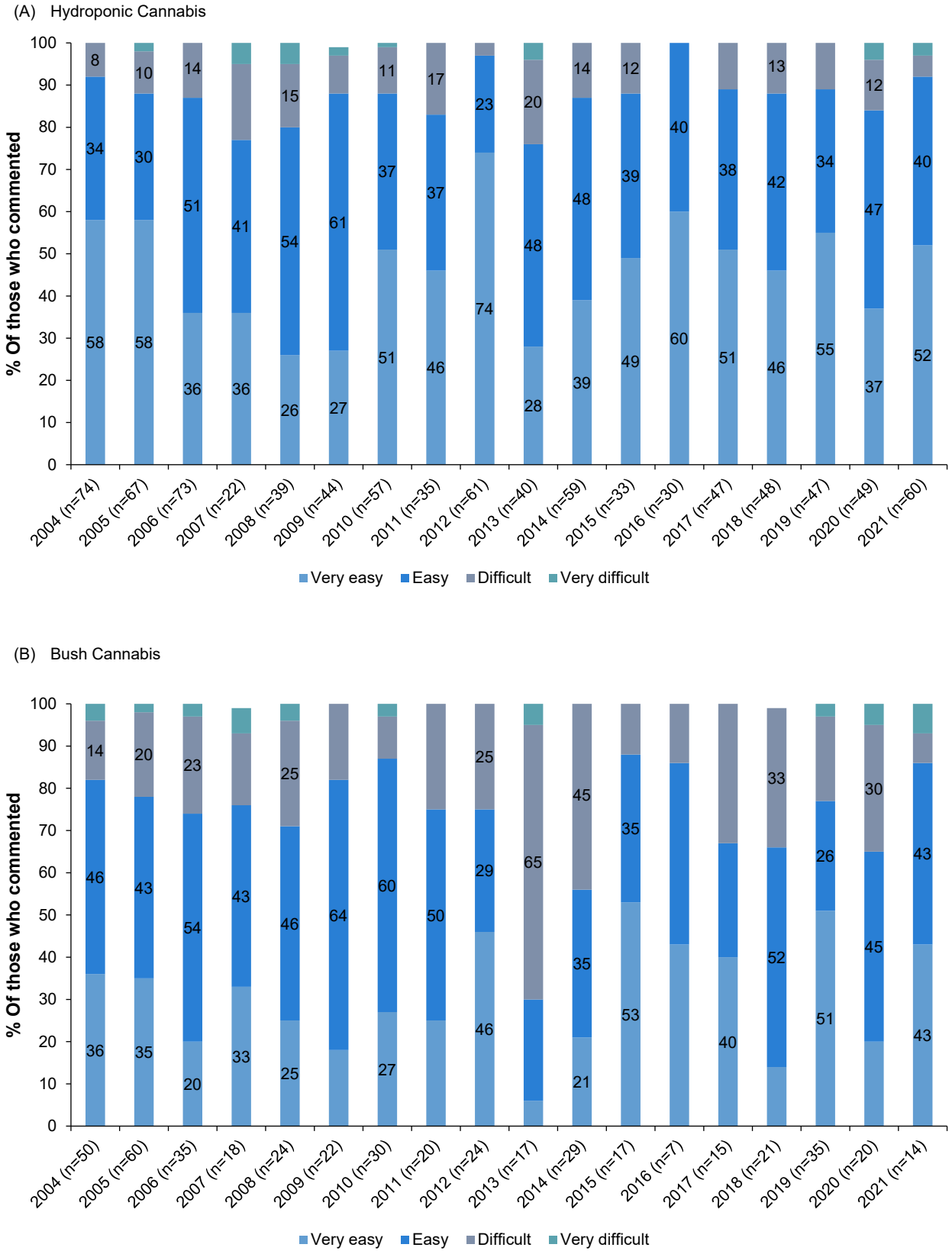
Figure 20: Current perceived potency of hydroponic (a) and bush (b) cannabis, Western Australia, 2004-2021



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/nt8g-ta17

Figure 21: Current perceived availability of hydroponic (a) and bush (b) cannabis, Western Australia, 2004-2021



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/nt8g-ta17

7

Pharmaceutical Opioids

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

• **Prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
• **Non-Prescribed use:** use of pharmaceutical opioids obtained from a prescription in someone else's name; and
• **Any use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team.

Methadone

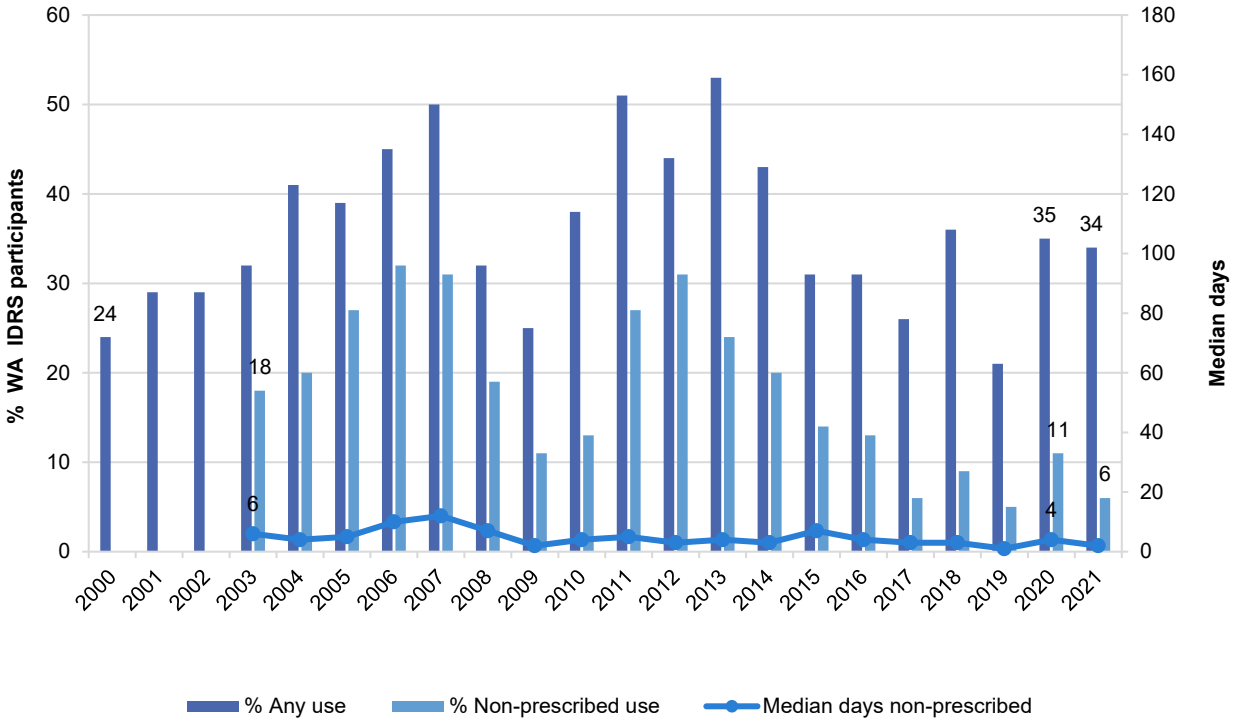
Any Recent Use (past 6 months): In 2021, 34% of participants reported recent use of any prescribed and/or non-prescribed methadone (syrup or tablets) (35% in 2020). The per cent reporting non-prescribed use remained stable in 2021 at 6% (11% in 2020; *p*=0.310), though methadone use historically has largely consisted of prescribed use, with 28% reporting prescribed use in 2021 (28% in 2020) (Figure 22).

Frequency of Use: Due to low numbers (n≤5) reporting on median frequency of non-prescribed methadone syrup use in the past six months (Figure 22), details have been suppressed. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Recent Injection: Of those who had recently used any methadone in 2021 (syrup and tablets) (n=34), almost one-quarter (24%) of consumers reported recently injecting any methadone (26% in 2020) on a median frequency of 24 days (IQR=11-35), stable from 2020 (12 days; IQR=2-30; *p*=0.594).

DOI: 10.26190/nt8g-ta17

Figure 22: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, Western Australia, 2000-2021



Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002 for median days. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2000/2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Buprenorphine

Any Recent Use (past 6 months): Recent use of any prescribed and/or non-prescribed buprenorphine was reported by 8% of respondents in 2021, stable from 2020 (12%; p=0.479). Due to low numbers (n≤5) reporting on use of prescribed or non-prescribed buprenorphine in the six months prior to interview, details have been suppressed. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Frequency of Use: Due to low numbers (n≤5) reporting on median frequency of non-prescribed buprenorphine use in the past six months, details have been suppressed. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Recent Injection: Due to low numbers (n≤5) reporting on recent injection of prescribed and/or non-prescribed buprenorphine in the past six months, details have been suppressed. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

DOI: 10.26190/nt8g-ta17

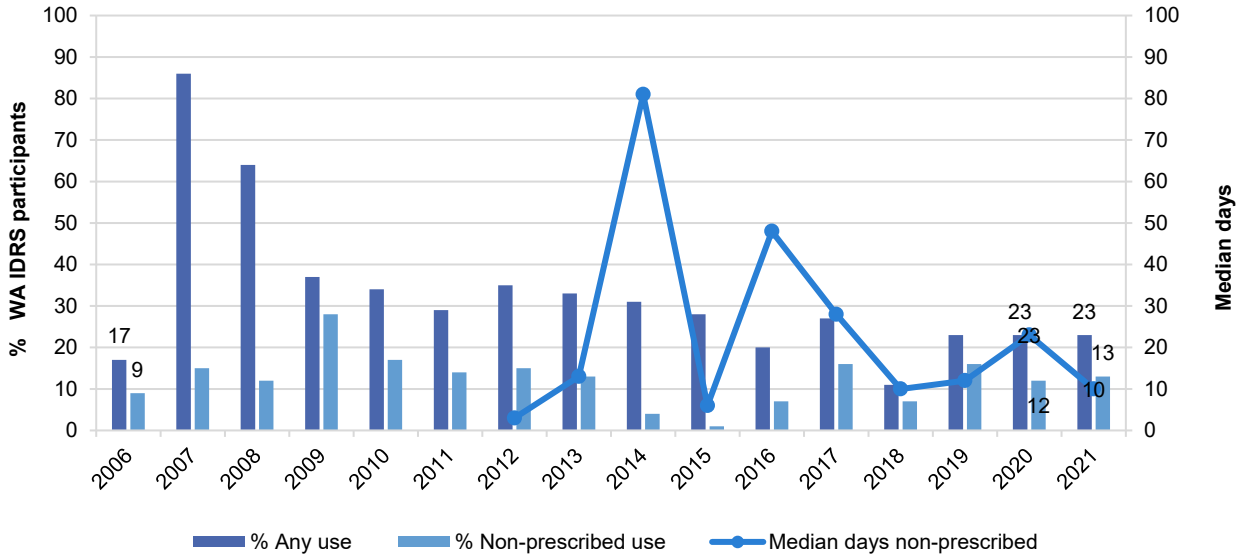
Buprenorphine-Naloxone

Any Recent Use (past 6 months): In 2021, 23% of participants reported recent use of any prescribed and/or non-prescribed buprenorphine-naloxone (23% in 2020). In 2021, 13% of the sample reported recent use of non-prescribed buprenorphine-naloxone (12% in 2020), while 10% reported prescribed use (16% in 2020; *p*=0.280) (Figure 23).

Frequency of Use: Respondents reported a median of 10 days of non-prescribed use (IQR=3-24) of buprenorphine-naloxone in the past six months (23 days in 2020; IQR=11-49; *p*=0.287) (Figure 23).

Recent Injection: Of those who had recently used any prescribed and/or non-prescribed buprenorphine-naloxone in 2021 (n=23), almost three-fifths (57%) reported injecting (57% in 2020) on a median of 12 days (IQR=3-48), stable from 2020 (48 days; IQR=24-90; *p*=0.172).

Figure 23: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, Western Australia, 2006-2021



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016-2021 participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days), and only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends. Data labels are only provided for the first (2006/2012) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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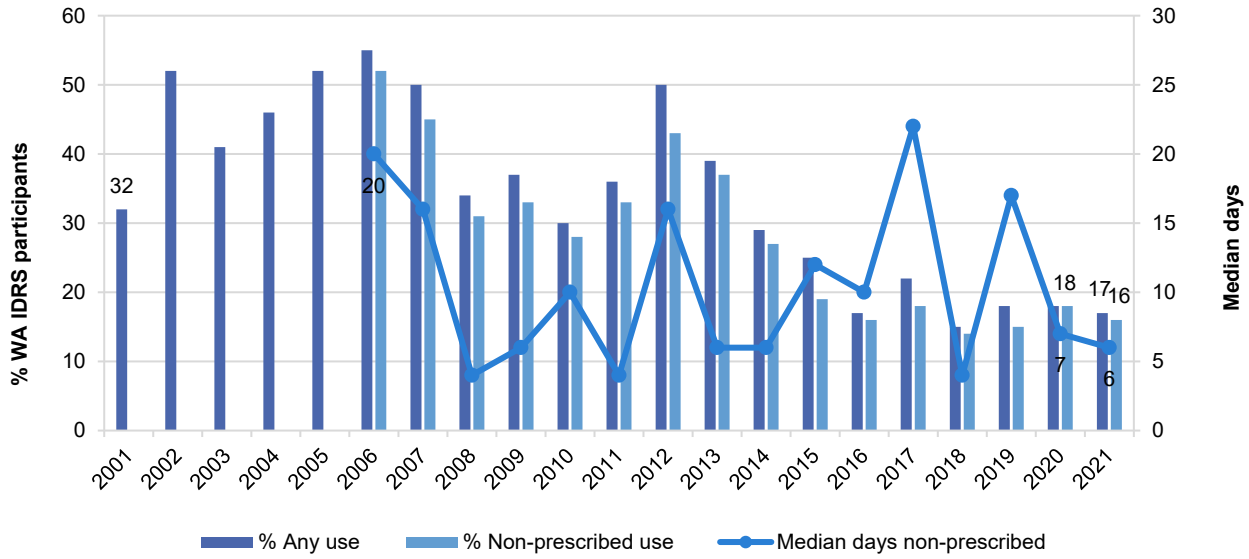
Morphine

Any Recent Use (past 6 months): The WA sample has observed a downward trend in recent use of morphine since 2012 (Figure 24). Recent use of any prescribed and/or non-prescribed morphine was reported by 17% of respondents, stable from 2020 (18%). In 2021, 16% of the sample reported recent use of non-prescribed morphine (18% in 2020; *p*=0.851), while low numbers (n≤5) reported using prescribed morphine in the six months prior to interview. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Frequency of Use: Participants reported a median of 6 days (IQR=3-24) of non-prescribed use of morphine in 2021, stable relative to 2020 (7 days; IQR=4-24; *p*=0.772) (Figure 24).

Recent Injection: Of those who had recently used any morphine in 2021 (n=17), three-quarters of participants (76%) reported injecting morphine (83% in 2020; *p*=0.933) on a median of 6 days (IQR=3-12), stable relative to 2020 (7 days; IQR=4-14; *p*=0.922).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of morphine, Western Australia, 2001-2021



Note. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Y axis reduced to 60% and 30 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2001/2006) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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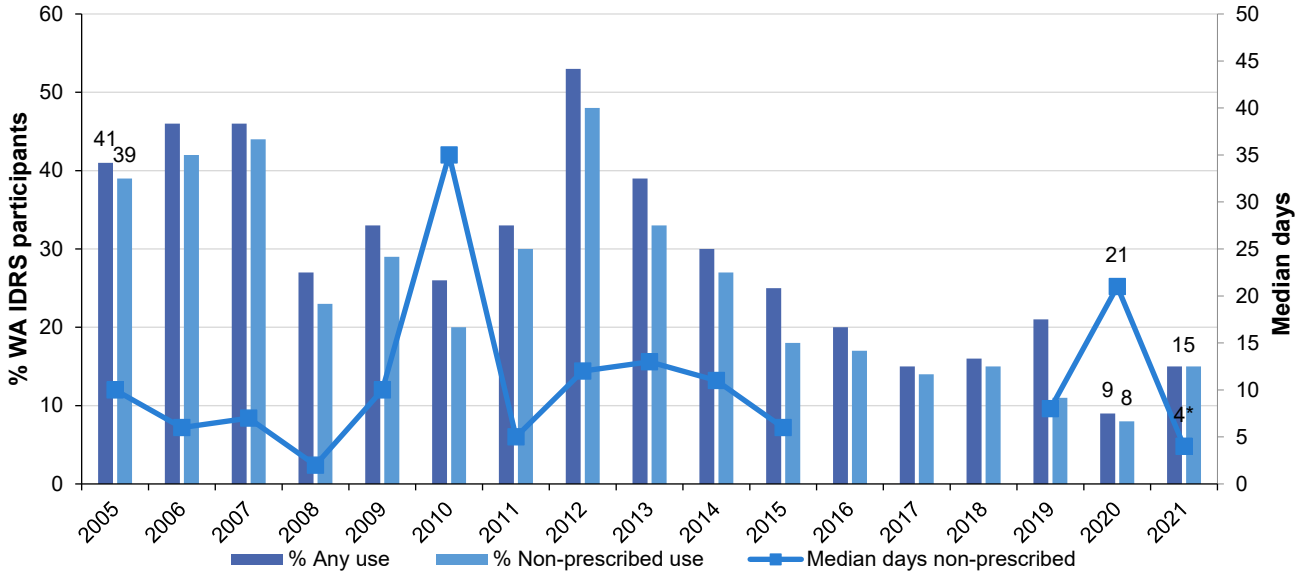
Oxycodone

Any Recent Use (past 6 months): There has been a downward trend in the number of people reporting recent any prescribed and/or non-prescribed oxycodone since 2012. However, recent use of any prescribed and/or non-prescribed oxycodone remained stable between 2021 (15%) and 2020 (9%; *p*=0.253). In 2021, 15% of participants reported non-prescribed use of oxycodone (8% in 2020; *p*=0.166), while low numbers (n≤5) reported using prescribed oxycodone in the six months prior to interview (Figure 25). Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Frequency of Use: There was a significant decline in the frequency of non-prescribed oxycodone use, from a median of 21 days in 2020 (IQR=12-24) to 4 days in 2021 (IQR=1-9; *p*=0.027) (Figure 25).

Recent Injection: Of those who had recently used any oxycodone in 2021 (n=15), nearly two-thirds of participants (60%) reported injecting oxycodone (56% in 2020) on a median of 6 days (IQR=3-11), stable relative to 2020 (20 days; IQR=12-24; *p*=0.184).

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, Western Australia, 2005-2021



Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing 2016-2018). Since 2019, oxycodone has been broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 60% and 50 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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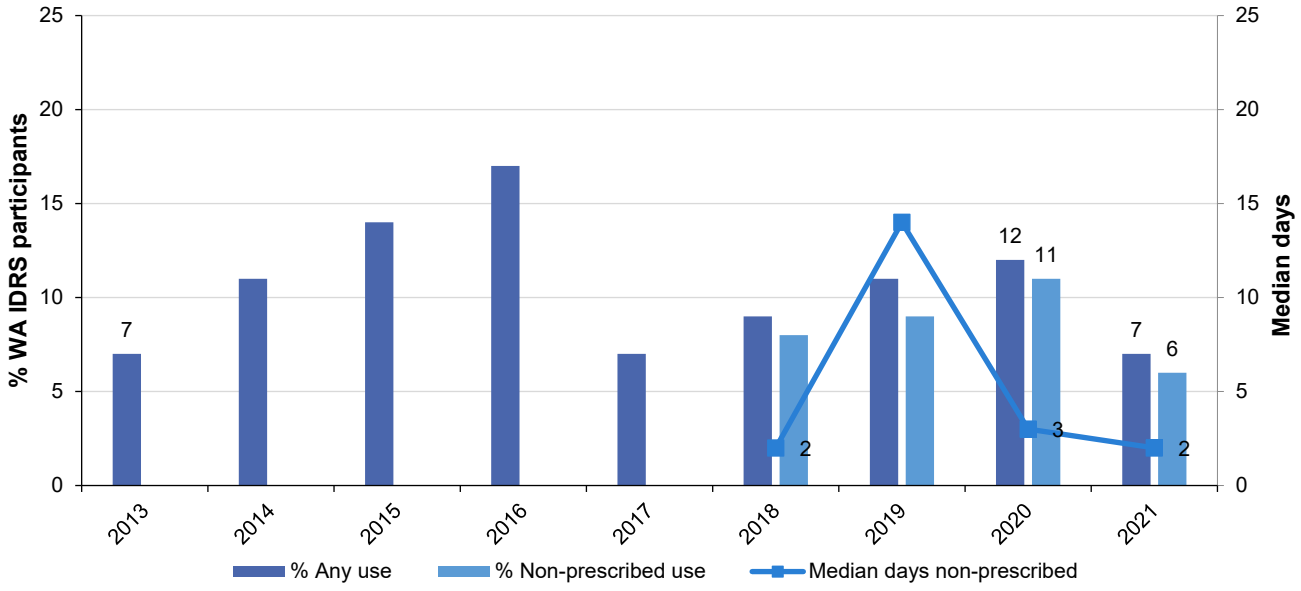
Fentanyl

Any Recent Use (past 6 months): The per cent of consumers reporting recent use of fentanyl has increased gradually between 2013 and 2016, before dropping in 2017 and remained relatively low and stable since then (Figure 26). In 2021, 7% of the sample reported using any prescribed and/or non-prescribed fentanyl in the six months preceding interview (12% in 2020; *p*=0.346), while 6% of participants reported non-prescribed use of fentanyl (11% in 2020; *p*=0.321). Low numbers (n≤5) reported using prescribed fentanyl in the six months prior to interview. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Frequency of Use: Participants reported a median of 2 days (IQR=2-5) of non-prescribed use of fentanyl in 2021, stable relative to 2020 (3 days; IQR=2-8; *p*=0.680) (Figure 26).

Recent Injection: Amongst those who had recently used any fentanyl in 2021 (n=7), the majority (86%) reported recently injecting fentanyl (92% in 2020) on a median of 2 days (IQR=2-5) in the past six months, also stable from 2020 (3 days; IQR=2-4).

Figure 26: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of fentanyl, Western Australia, 2013-2021



Note. Data on fentanyl use not collected from 2000-2012, and data on any non-prescribed use not collected 2013-2017. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days non-prescribed computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25% and 25 days to improve visibility of trends. Data labels are only provided for the first (2013/2018) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2021 (Table 2).

Codeine: In 2021, 16% of participants reported any recent use of codeine (10% in 2020; *p*=0.305), with 8% reporting prescribed use, stable relative to 2020 (8%). Nine per cent reported non-prescribed use (n≤5 participants reporting in 2020; *p*=0.065), while no participants reported any recent injection in 2021 and 2020.

Tramadol: Recent use of any tramadol was reported by 16% of the sample in 2021, stable relative to 2020 (15% in 2020). Eleven per cent reported non-prescribed use (8% in 2020; *p*=0.646), while low numbers (n≤5) reported using prescribed tramadol in the six months prior to interview. No participants reported any recent injection in 2021 (n≤5 in 2020; *p*=0.974). Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Tapentadol: Seven per cent of the sample reported recent use of tapentadol in 2021 (n≤5 in 2020; *p*=0.546), while low numbers (n≤5) reported using prescribed and non-prescribed tapentadol in the six months prior to interview. No participants reported any recent injection in 2021 (n≤5 in 2020; *p*=0.766). Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of other opioids, Western Australia, 2020-2021

% Recent Use (past 6 months)	2021 (N=99)	2020 (N=100)
Codeine		
Any prescribed use	**8**	8
Any non-prescribed use	**9**	-
Any injection	**0**	0
Tramadol		
Any prescribed use	**-**	8
Any non-prescribed use	**11**	8
Any injection	**0**	-
Tapentadol		
Any prescribed use	**-**	-
Any non-prescribed use	**-**	-
Any injection	**0**	-

Note. - Values suppressed due to small cell size (n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

DOI: 10.26190/nt8g-ta17

8

Other Drugs

New Psychoactive Substances (NPS)

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

Recent Use (past 6 months): Due to low numbers (n≤5) reporting on recent use of any NPS (15% in 2020; *p*=0.034), details have been suppressed. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of new psychoactive substances, Western Australia, 2014-2021

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

Note. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. In 2017 participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs'. In 2018, participants were asked about use of 'new drugs that mimic the effects of benzodiazepines'. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines remained stable in 2021 (32%; 33% in 2020) (Figure 27). One-fifth (18%) of the total sample reported recent use of non-prescribed alprazolam (14% in 2020; *p*=0.584), while 26% reported recent use of non-prescribed other benzodiazepines in 2021 (28% in 2020; *p*=0.873).

Frequency of Use: In 2021, participants reported a median frequency of 6 days (IQR=3-48; 5 days in 2020; IQR=2-28; *p*=0.593) and 24 days (IQR=8-68; 12 days in 2020; IQR=5-33; *p*=0.873) of non-prescribed use of alprazolam and other benzodiazepines, respectively.

Recent Injection: Due to low numbers (n≤5) reporting on recent injection, details have been suppressed. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Recent Use (past 6 months): Recent use of non-prescribed pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) remained stable in 2021, with 10% of participants reporting recent use (12% in 2020; *p*=0.821) (Figure 27).

Frequency of Use: There was a significant decline in the frequency of use of non-prescribed pharmaceutical stimulants from a median of 13 days in 2020 (IQR=4-113) to 3 days in 2021 (IQR=3-5; *p*=0.042).

Recent Injection: Due to low numbers (n≤5) reporting on recent injection, details have been suppressed. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Due to low numbers (n≤5) reporting on recent use of non-prescribed antipsychotics (asked as 'Seroquel' 2011-2018), details have been suppressed. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Pregabalin

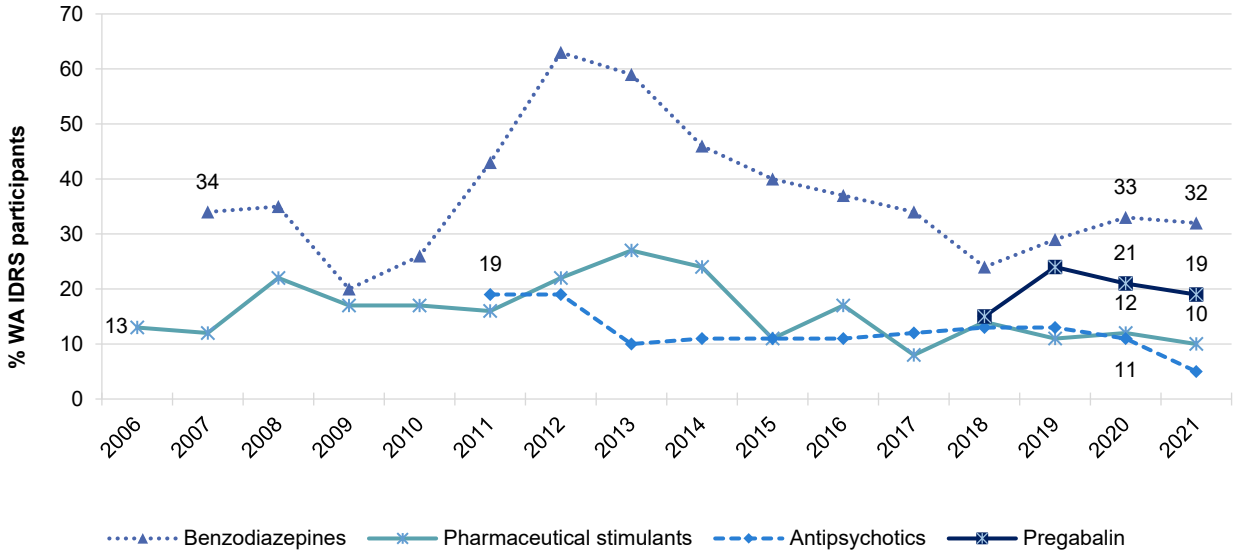
Recent Use (past 6 months): Recent use of non-prescribed pregabalin remained stable in 2021, with 19% of respondents reporting recent use (21% in 2020; *p*=0.888) (Figure 27).

Frequency of Use: Participants reported using non-prescribed pregabalin on a median of 6 days (IQR=4-36) in 2021, stable from 5 days (IQR=2-21) in 2020 (*p*=0.431).

Recent Injection: Due to low numbers (n≤5) reporting on recent injection, details have been suppressed. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

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Figure 27: Past six month use of non-prescribed pharmaceutical drugs, Western Australia, 2006-2021



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, pregabalin and pharmaceutical stimulants). Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' 2011-2018) and pregabalin in 2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007. Y axis reduced to 70% to improve visibility of trends. Data labels are only provided for the first (2006/2007/2011/2018) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Licit and Other Drugs

Steroids

No participants reported using non-prescribed steroids in the last six months in 2021 and 2020 and therefore no further reporting on patterns of use will be included. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Alcohol

Recent Use (past 6 months): Half of the sample (53%) reported recent use of alcohol in 2021, stable from 59% in 2020 (p=0.437) (Figure 28).

Frequency of Use: In 2021, median frequency of use of alcohol was 24 days (IQR=5-93), consistent with trends in 2020 (24 days; IQR=5-90; p=0.518), with 21% of those who had recently consumed alcohol reporting daily use (12% in 2020; p=0.286).

Tobacco

Recent Use (past 6 months): Tobacco use has remained fairly high and consistent across the years, with 89% of participants reporting recent use in 2021 (85% in 2020; p=0.546) (Figure 28).

Frequency of Use: Median frequency of use amongst consumers in 2021 was 180 days (IQR=180-180; 180 days in 2020; IQR=180-180; p=0.224), with 87% of those who had recently consumed tobacco reporting daily use in 2021 (94% in 2020; p=0.198).

E-cigarettes

Recent Use (past 6 months): Twenty per cent of the sample reported recent use of e-cigarettes in 2021, stable from 22% in 2020 (p=0.891) (Figure 28).

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Frequency of Use: Median frequency of use amongst consumers in 2021 was 57 days (IQR=9-180; 35 days in 2020; IQR=9-90; *p*=0.301), with 35% of those who had recently consumed e-cigarettes reporting daily use (10% in 2020; *p*=0.130).

Forms Used: Among those who reported e-cigarette use in the last six months (n=20), approximately eight-in-ten participants (85%) reported using e-cigarettes containing nicotine, while 15% reported using e-cigarettes that contained neither cannabis nor nicotine. No participants reported that they had used e-cigarettes containing cannabis, or both cannabis and nicotine.

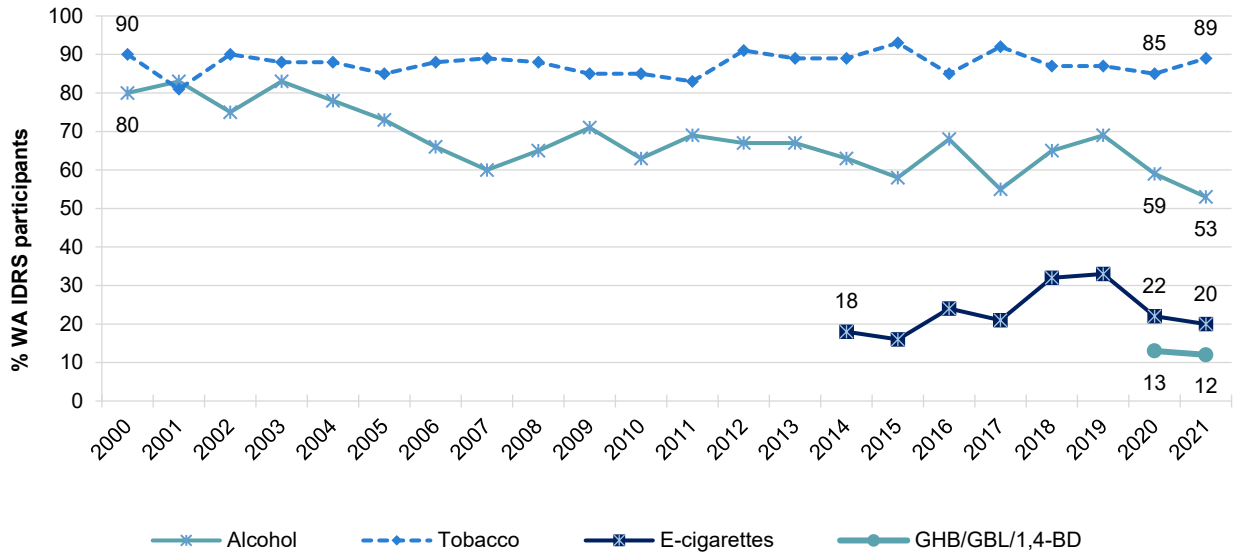
Reason for Use: Of those who reported using e-cigarettes in the six months preceding interview (n=20), almost three-quarters (70%) reported using it as a smoking cessation tool.

GHB/GBL/1, 4-BD

Recent Use (past 6 months): In 2021, 12% of participants reported recent use of GHB/GBL/1,4-BD (13% in 2020) (Figure 28).

Recent Injection: In 2021, no participants reported recent injection. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Figure 28: Past six month use of licit and other drugs, Western Australia, 2000-2021



Note. Participants were first asked about e-cigarettes in 2014. Participants were first asked about GHB/GBL/1,4-BD in 2020. Data labels are only provided for the first (2000/2014) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021

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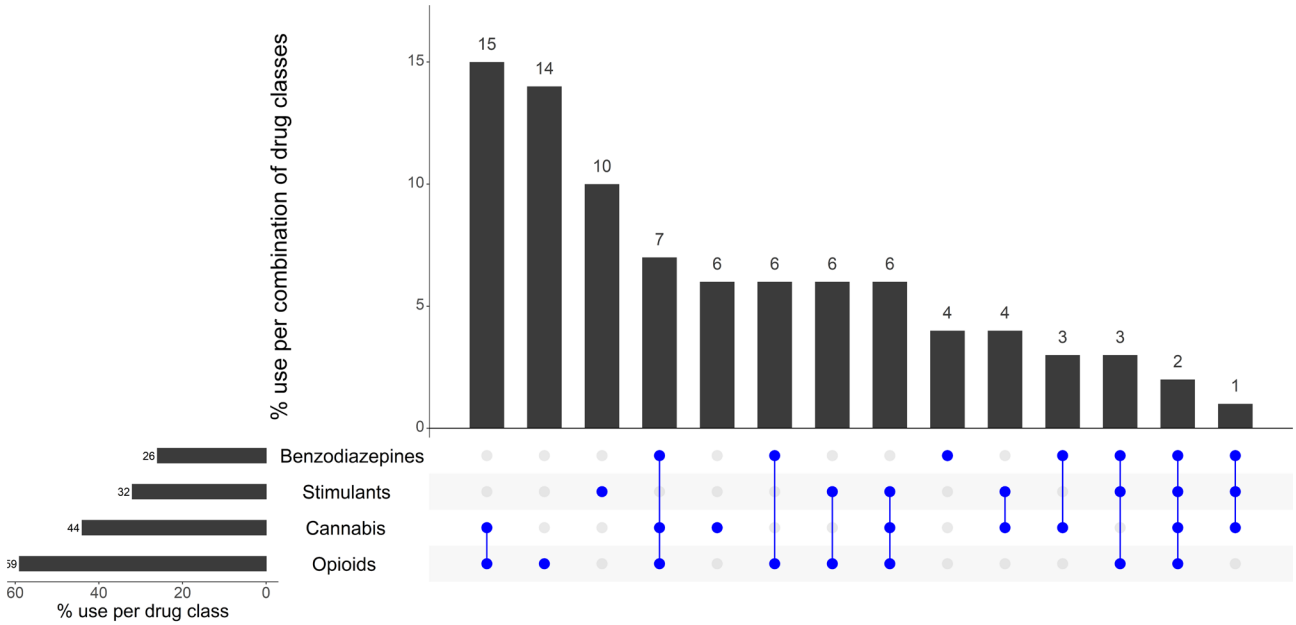
Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

In 2021, the majority (96%) of the sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview. Of those who used one or more drugs (n=95), the most commonly used substances were tobacco (67%), opioids (60%), cannabis (44%), stimulants (32%), benzodiazepines (26%), and pregabalin (14%).

Fifteen per cent of participants reported concurrent use of cannabis and opioids on the day preceding interview, whilst 7% reported concurrent use of cannabis, opioids and benzodiazepines. Six per cent reported using opioids and benzodiazepines, stimulants and opioids, and stimulants, cannabis and opioids, respectively. Fourteen per cent of respondents reported using opioids alone, whilst 10% reported using stimulants alone and 6% reported using cannabis alone (Figure 29).

Figure 29: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles Western Australia, 2021



Note. % calculated out of total IDRS 2021 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, MDMA, OTC stimulants and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Y axis reduced to 17% to improve visibility of trends.

DOI: 10.26190/nt8g-ta17

Overdose Events

Non-Fatal Overdose

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

In 2021, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

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

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

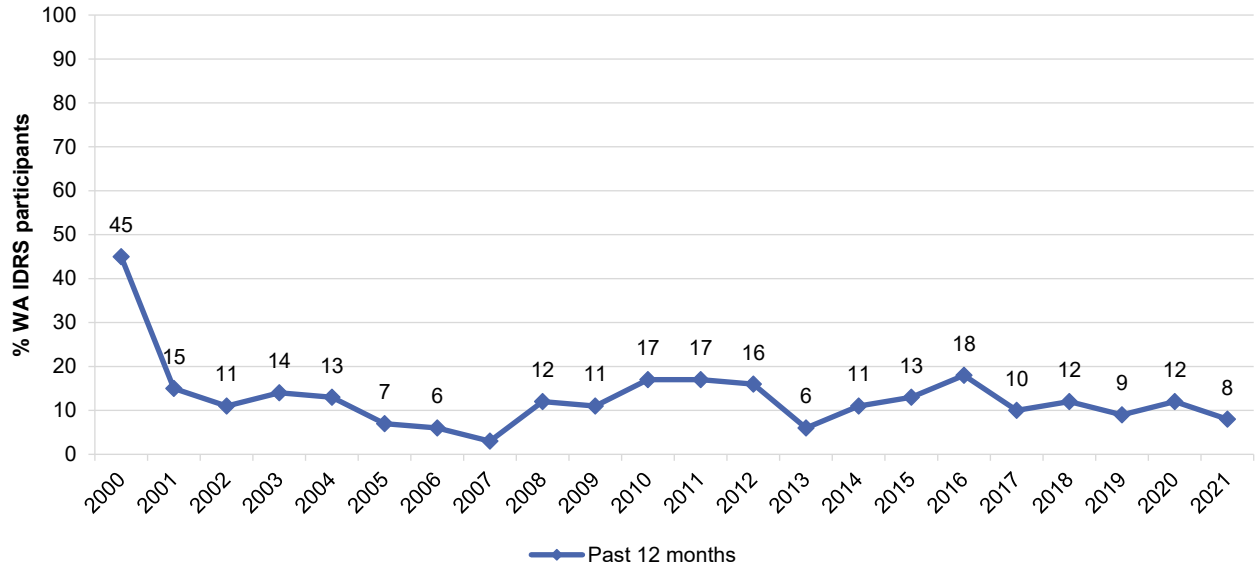
Overdose in the WA sample has fluctuated over the years (likely due to differences in the way questions regarding overdose were asked). In 2021, one-fifth of the sample (20%) reported a non-fatal overdose on 'any' drugs in the past 12 months, stable from 2020 (16%; p=0.576).

Ten per cent reported a **non-fatal overdose following opioid use** in the past 12 months in 2021 (12% in 2020; p=0.881), with small numbers (n≤5) reporting a **non-fatal overdose following stimulant use** in the past 12 months (n≤5 in 2020). Eight per cent reported a non-fatal overdose following heroin use, stable relative to 2020 (12%; p=0.541) (Table 4).

Participants who had overdosed on an opioid had done so on a median of two occasions (IQR=1-3) in the last 12 months. Heroin (8%; n=8) was the most common opioid used during the last opioid overdose, though few participants (n≤5) were able to comment on the treatment they received on the last occasion of opioid overdose. These data are therefore suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

DOI: 10.26190/nt8g-ta17

Figure 30: Past 12 month non-fatal heroin overdose, Western Australia, 2000-2021



Note. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 4: Past 12-month non-fatal overdose by drug type, nationally, 2021 and Western Australia, 2018-2021

	National	Western Australia			
	2021	2021	2020	2019	2018
% Any opioid	N=882 11	**N=96** **10**	N=99 12	N=95 12	N=82 13
% Heroin overdose	N=880 9	**N=95** **8**	N=99 12	N=94 10	N=81 12
% Methadone overdose	N=880 1	**N=95** **0**	N=99 0	N=94 -	N=96 0
% Morphine overdose	N=880 1	**N=95** **-**	N=99 0	N=94 0	N=95 -
% Oxycodone overdose	N=880 0	**N=95** **0**	N=99 0	N=94 0	N=93 0
% Stimulant overdose	N=885 4	**N=99** **-**	N=100 -	N=96 -	N=100 -
% Other overdose	N=885 3	**N=99** **8***	N=100 -	N=94 -	/
% Any drug overdose	N=882 17	**N=95** **20**	N=99 16	N=94 16	N=78 15

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. – Values suppressed due to small numbers (n ≤5 but not 0). N is the number who responded (denominator). / Not asked. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/nt8g-ta17

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over forty years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. In 2020, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Furthermore, naloxone nasal spray (Nyxoid®) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: The percentage of respondents who have heard of naloxone between 2013 and 2021 remained stable, with nine-in-ten participants (90%) reporting awareness of naloxone in 2021 (87% in 2020; p=0.658) (Figure 31).

Awareness of Take-Home Programs (training program): There was a significant increase in the per cent of respondents reporting that they were aware of the take-home naloxone programs in 2021 (80%), relative to 2020 (66%; p=0.037) (Figure 31).

Participation in Training Programs: Since the beginning of the monitoring period, there has been an increasing trend in the number of participants who were trained in naloxone administration. In 2021, almost three-fifths of the sample (56%) had ever received naloxone training in comparison to 34% in 2020 (p=0.003) (Figure 31).

Accessed Naloxone: The majority of the sample (65%) reported having ever accessed naloxone in 2021 (64% in 2020; p=0.317). Out of those who had never accessed naloxone or reported trouble accessing naloxone (n=39), the main reasons reported were 'don't use opioids' (38%) and 'don't consider myself/my peers at risk of overdose' (16%).

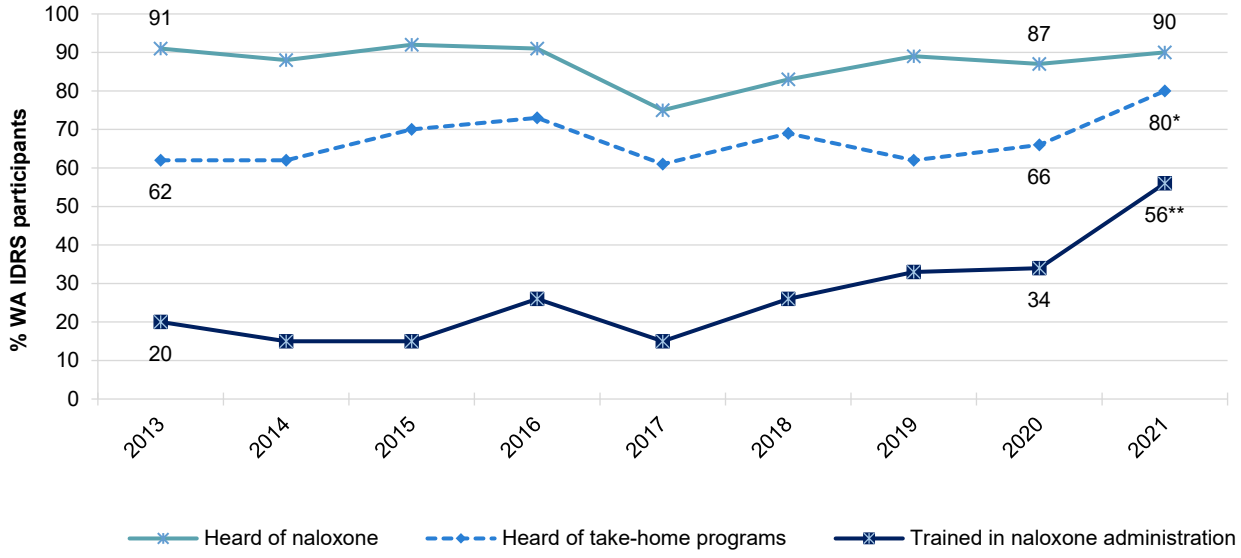
Of those who reported ever accessing naloxone and commented (n=63), on the last occasion, one-quarter (24%) reported last receiving intramuscular naloxone and 40% reported receiving intranasal naloxone, while 37% said both. On the last occasion, the majority of these participants last accessed naloxone from a NSP (59%), followed by a pharmacy (22%), or 'other' service (11%). Small numbers (n≤5) reported that they had last accessed naloxone from a drug treatment service. Over nine-in-ten participants (95%) reported that they did not have to pay the last time they accessed naloxone.

Use of Naloxone to Reverse Overdose: In 2021, of those who could respond (n=99), 43% reported that they had ever resuscitated someone using naloxone at least once in their lifetime (28% in 2020; p=0.143). Of those who reported a past year opioid overdose and could respond (n=11), small numbers (n≤5) reported that they had been resuscitated by a peer using narcan/naloxone (7% in 2020; p=0.338).

Of those who reported ever accessing naloxone and could respond (n=64), 63% of the sample reported that they 'always' had naloxone on hand when using opioids in the past month, 6% said 'sometimes' and small numbers (n≤5) said 'often' or 'rarely'. Nearly one-quarter of respondents (23%) reported that they 'never' had naloxone on hand when using opioids.

DOI: 10.26190/nt8g-ta17

Figure 31: Take-home naloxone program and distribution, Western Australia, 2013-2021



Note. Data labels are only provided for the first (2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

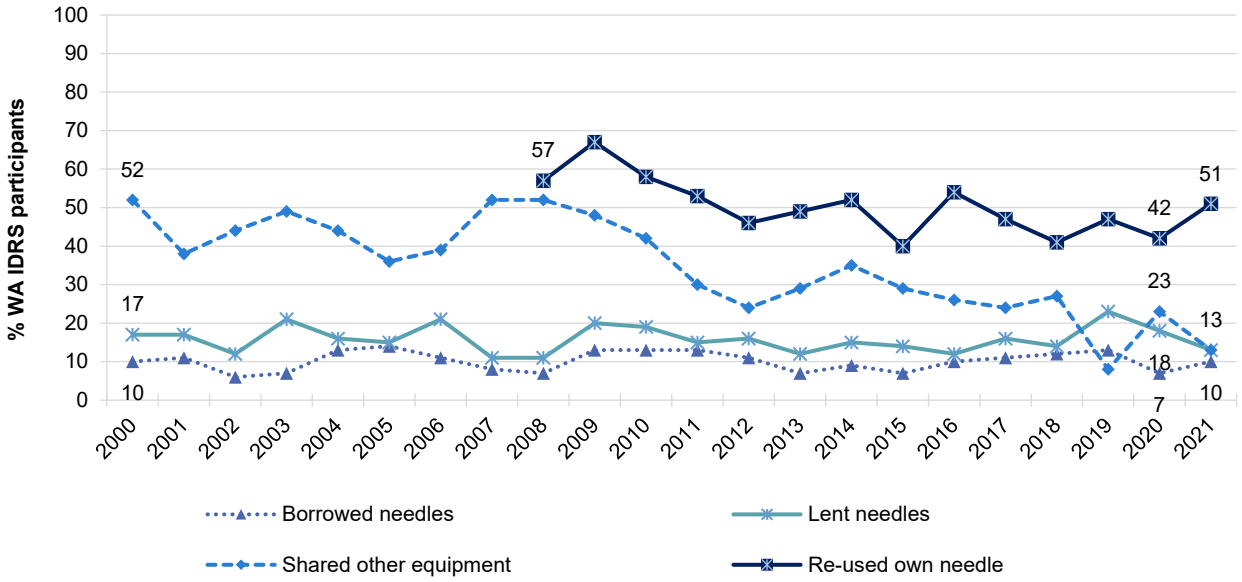
In 2021, one-in-ten respondents (10%) reported receptive sharing (7% in 2020; p=0.597), and 13% of participants reported distributive sharing in the past month, stable from 2020 (18%; p=0.434) (Figure 32).

One-in-ten participants (13%) reported having shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month, which remained stable from 2020 (23%; p=0.097). Half of the sample (51%) also reported that they had reused their own needles in the past month (42%; p=0.289) (Figure 32).

In 2021, one-third (36%) of the sample reported that they had injected someone else after injecting themselves, stable from 2020 (33%; p=0.727), while 17% were injected by someone else who had previously injected in the past month (16% in 2020; p=0.975) (Table 5). No changes were observed in the location of last injection between 2020 and 2021 (p=0.415). Consistent with previous years, the majority of participants (70%) reported that they had last injected in a private home (80% in 2020) (Table 5).

DOI: 10.26190/nt8g-ta17

Figure 32: Borrowing and lending of needles and sharing of injecting equipment in the past month, Western Australia, 2000-2021



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels are only provided for the first (2000/2008) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally, 2021 and Western Australia, 2015-2021

	National	Western Australia						
	2021 N=888	2021 N=99	2020 N=100	2019 N=95	2018 N=100	2017 N=73	2016 N=69	2015 N=74
% Injecting behaviours past month								
Borrowed a needle	N=880 6	**N=99 10**	N=100 7	N=95 13	N=94 16	N=70 10	N=69 6	N=74 8
Lent a needle	N=877 10	**N=99 13**	N=99 18	N=92 23	N=95 17	N=70 21	N=69 15	N=74 14
Shared any injecting equipment ^	N=881 18	**N=99 13**	N=99 23	N=96 8	N=99 26	N=70 22	N=69 25	N=74 32
Re-used own needle	N=880 38	**N=99 51**	N=100 42	N=95 47	N=95 44	N=69 48	N=69 38	N=73 39
Injected partner/friend after self~	N=882 34	**N=99 36**	N=100 33	N=95 33	N=96 29	N=70 27	N=69 31	/
Somebody else injected them after injecting themselves~	N=880 18	**N=99 17**	N=100 16	N=95 25	N=96 12	N=70 14	N=69 17	/
% Location of last injection	N=884	**N=99**	N=100	N=95	N=100	N=73	N=69	N=74
Private home	83	**70**	80	76	76	74	83	81
Car	4	**10**	9	10	11	10	7	14
Street/car park/beach	4	**-**	-	8	-	-	-	-
Public toilet	4	**14**	7	-	10	10	-	-
Medically supervised injected services	3	**/**	/	/	/	/	/	/
Other	2	**-**	-	-	-	-	-	-

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Participants first asked about injecting other and being injected by others in 2016. N is the number who responded (denominator). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Self-Reported Injection-Related Health Problems

In 2021, one-third of respondents (33%) reported having an injection-related health issue in the month preceding interview, stable relative to 2020 (33%) (Table 6). The most common injection-related health issues reported consisted of any infection/abscess (14%; 9% in 2020; *p*=0.348), nerve damage (13%; 13% in 2020), and a dirty hit (10%; 11% in 2020). Small numbers (n≤5) reported experiencing thrombosis or an artery injection. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information

Table 6: Injection-related issues in the past month, Western Australia, 2020-2021

	2021 (N=98)	2020 (N=100)
% Artery injection	**-**	10
% Any nerve damage	**13**	13
% Any thrombosis	**-**	6
Blood clot	**-**	-
Deep vein thrombosis	**0**	-
% Infection/ abscess	**14**	9
Skin abscess	**10**	7
Endocarditis	**0**	0
Osteomyelitis/Sepsis/Septic arthritis	**-**	-
% Dirty hit	**10**	11
% Any injection-related problem	**33**	33

Note. In 2020, 'sepsis' and osteomyelitis were combined. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Drug Treatment

Similar to last year, approximately half of the respondents (46%) reported receiving current drug treatment for their substance use (48% in 2020; *p*=0.940). Approximately one-quarter of participants (27%) reported receiving methadone (24% in 2020; *p*=0.714) (Table 7).

In 2021, of those not in treatment at the time of interview (n=53), one-quarter (26%) of the sample reported having difficulties accessing treatment in the past six months. The main substances for which respondents intended to seek treatment were methamphetamine (50%), followed by heroin (43%). Few participants (n≤5) were able to comment on the main services that they had tried to access, therefore, numbers have been suppressed. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Table 7: Current drug treatment, nationally, 2021 and Western Australia, 2015-2021

	National	Western Australia						
	2021 N=886	2021 N=99	2020 N=100	2019 N=99	2018 N=201	2017 N=100	2016 N=101	2015 N=102
% Current drug treatment	37	**46**	48	28	34	48	42	36
Methadone	24	**27**	24	10	25	18	18	20
Buprenorphine	-	**-**	0	0	0	0	-	-
Buprenorphine-naloxone	*	**8**	14	7	-	9	7	7
Buprenorphine depot injection	-	**-**	-	0	/	/	/	/
Drug counselling	8	**9**	17	9	-	-	-	-
Other	-	**-**	-	4	-	-	-	-

Note. - Numbers suppressed when n≤5 (but not 0). / not asked. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Bloodborne Virus Testing and Treatment

In 2021, two-fifths (38%) of participants reported that they had received a Hepatitis C virus (HCV) antibody test in the past year (35% in 2020; *p*=0.697), 36% had received an RNA test (35% in 2020) and 7% reported having a current HCV infection (a significant increase relative to 2020; 0%; *p*=0.033). Eight per cent of the sample reported that they had received HCV treatment in the past year (6% in 2020; *p*=0.797), of which the majority (n≤5) reported that their treatment had been successful (Table 8).

The vast majority of the sample reported having ever had a test for human immunodeficiency virus (HIV) (90%; 20% within the past six months), with the majority reporting that they had never received a positive diagnosis (97%).

Table 8: HCV Testing and Treatment, nationally (2021) and Western Australia, 2020-2021

%	National	Western Australia	
	2021	2021	2020
	N=888	N=99	
Past year Hepatitis C test (n)			
Past year hepatitis C antibody test	N=868 44	N=99 38	N=98 35
Past year hepatitis C PCR or RNA test	N=839 40	N=86 36	N=91 35
Current hepatitis C status (n)			
Currently have hepatitis C	N=826 9	N=91 7*	N=95 0
Past year treatment for hepatitis C (n)			
Received treatment in past year	N=862 12	N=97 8	N=96 6
Most recent treatment was successful (among those who had received treatment in past year)	N=100 69	N=8 -	N=6 100
HIV test (n)			
HIV test in past 6 months	N=727 31	N=99 20	/
HIV test more than 6 months ago	N=727 53	N=98 69	/
HIV status (n)			
Lifetime HIV positive diagnosis	N=727 3	N=98 -	/

Note. – Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months./ Not asked. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

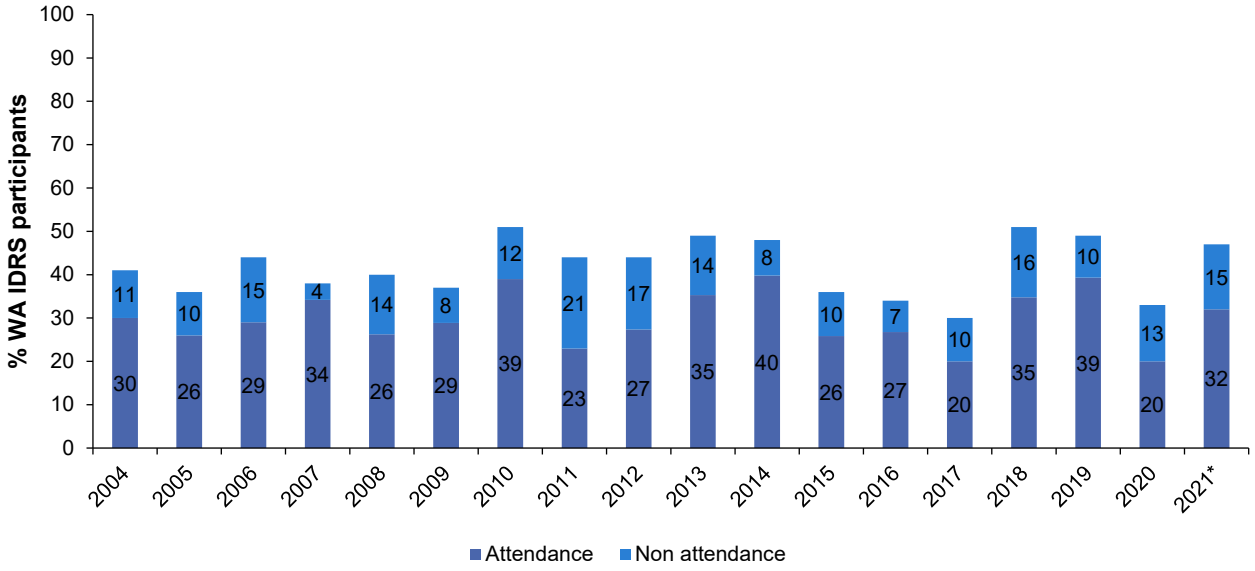
DOI: 10.26190/nt8g-ta17

Mental Health

In 2021, nearly half of the sample (47%) self-reported that they had experienced a mental health problem in the six months prior to interview, a significant increase from 2020 (33%; *p*=0.048) (Figure 33). Amongst this group, the most commonly reported problems comprised depression (77%), anxiety (47%) and post-traumatic stress disorder (PTSD) (23%).

Approximately one-third of the sample (32%) (68% of those who reported a mental health problem) had seen a mental health professional during the past six months. Eight-in-ten (84%) of those who reported having seen a mental health professional (n=32) had been prescribed medication for their mental health problem in the preceding six months, stable from 2020 (90%; *p*=0.872).

Figure 33: Self-reported mental health problems and treatment seeking in the past six months, Western Australia, 2004-2021



Note. The combination of the per cent who report treatment seeking ('attendance') and no treatment ('non-attendance') is the per cent who reported experiencing a mental health problem in the past six months Values suppressed due to small cell size (n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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Driving

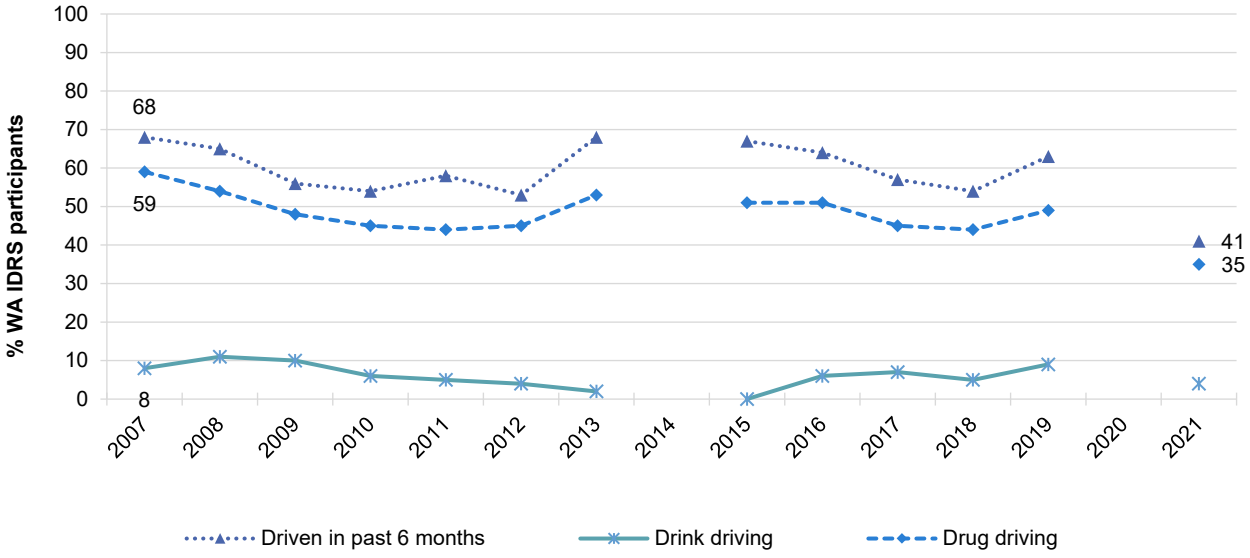
In 2021, two-fifths of the sample (41%) had driven a car, motorcycle or other vehicle in the last six months (Figure 34). Approximately one-third of the sample (35%) reported driving within three hours of consuming an illicit or non-prescribed drug in the past six months (85% of those who had driven recently), while small numbers (n≤5) reported having driven while over the perceived legal limit of alcohol at least once in the last six months (Table 9). Among those who reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, the vast majority reported using crystal methamphetamine prior to driving (69%), followed by heroin (54%), and cannabis (40%).

Table 9: Participant reports of driving behaviour in the last six months, nationally and Western Australia, 2021

%	National	WA
	N=875	**N=99**
% Driven in last six months	36	**41**
% Driven over the legal alcohol limit in the last six months	N=867 4	**N=99** **-**
% Driven within three hours of consuming illicit drug(s) last six months	N=871 25	**N=99** **35**
% Tested for drug driving by police roadside drug testing last six months	N=872 9	**N=99** **12**
% Breath tested for alcohol by police roadside testing last six months	N=874 13	**N=99** **23**

Note: Questions about driving behaviour were not asked in 2020. - Values suppressed due to small cell size (n≤5 but not 0).

Figure 34: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, Western Australia, 2007-2021



Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 and 2020. Data labels are only provided for the first (2007) and most recent year (2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables.

DOI: 10.26190/nt8g-ta17

Drug Checking

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

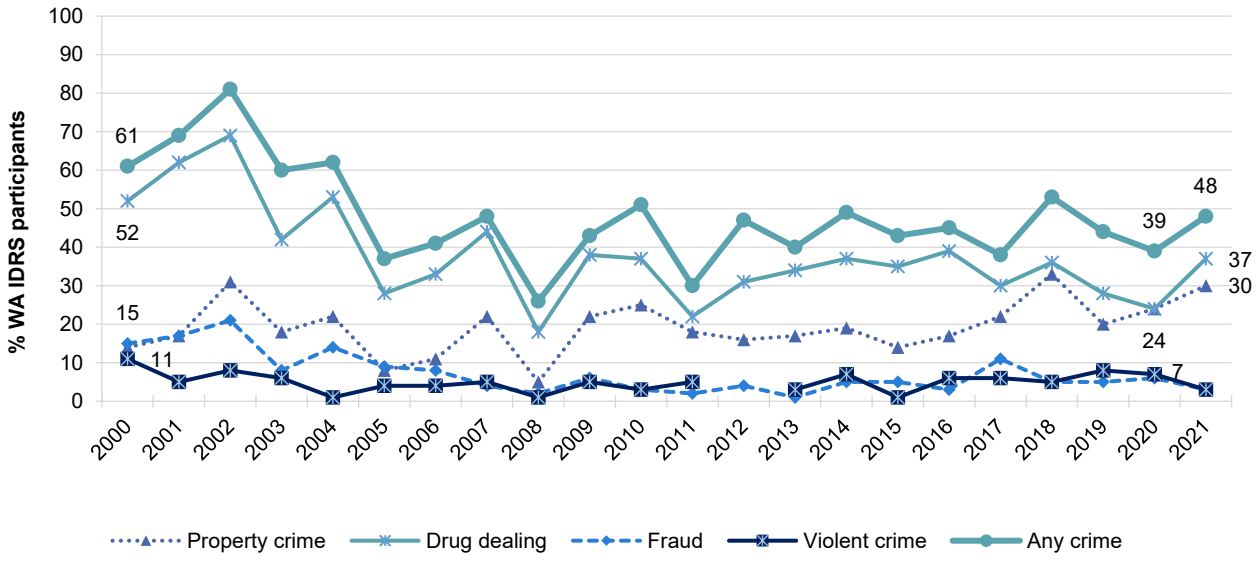
In 2021, 15% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia, with one-in-ten (9%) undertaking this in the past year. Small numbers (n≤5) reported using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips). Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Crime

Nearly half of respondents (48%) reported engaging in 'any' crime in the past month in 2021, stable from 39% in 2020 (p=0.223). Drug dealing (37%; 24% in 2020; p=0.079) and property crime (30%; 24% in 2020; p=0.520) remained the most common self-reported crimes in the month preceding interview (Figure 35). Low numbers (n≤5) reported fraud (6% in 2020; p=0.495) and violent crime (7% in 2020; p=0.322). Approximately one-tenth (12%) of the sample reported being the victim of a crime involving violence (e.g., assault), stable from 2020 (18%; p=0.404).

One-quarter of participants (27%) reported being arrested in the 12 months preceding interview, consistent with 2020 (26%; p=0.905). Lifetime prison history was reported by approximately half of the sample (55%), stable from 2020 (43%; p=0.149).

Figure 35: Self-reported criminal activity in the past month, Western Australia, 2000-2021



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.