INDICATORS OF ILLICIT DRUG ABUSE IN WESTERN AUSTRALIA 1981 - 1987

L Hayward Ph.D
Co-ordinator
Western Australian Drug Data Collection Unit
Epidemiology Branch
Health Department of Western Australia
Perth, 1988

Health Department of Western Australia

The Western Australian Drug Data Collection Unit is an initiative of the National Campaign Against Drug Abuse.

ISSN 0816-2999

INDICATORS OF ILLICIT DRUG ABUSE IN WESTERN AUSTRALIA

1981 - 1987

L Hayward PhD
Co-ordinator
Western Australian Drug Data Collection Unit
Epidemiology Branch
Health Department of Western Australia

Perth, 1988

The Western Australian Drug Data Collection Unit
is an initiative of the National Campaign Against Drug Abuse.

Statistical Series/11

S U M M A R Y

This report provides data on indicators of illicit drug abuse trends in Western Australia in the 1980s. The report covers the use of opiates, barbiturates, hallucinogens, psychostimulants, cocaine and cannabis. The indicators included drug-related overdose deaths, drug-related hospital discharges, drug-related admissions to accident and emergency centres, hepatitis B and AIDS notifications, police activity related to illicit drug use, court statistics, telephone counselling service activities and admissions to treatment programmes for illicit drug abuse.

During the period 1981 to 1986 a total of 113 deaths resulted directly from the illicit use of the drug types investigated in this report. There were 9,360 discharges from hospital for drug-related conditions during the years 1981 to 1987. A total of 13,746 arrests for drug offences were made between 1984-85 and 1986-87. In the higher criminal courts, drug charges and convictions comprised between five and six percent of all charges and convictions, and ten percent of all individual persons charged and convicted. Persons convicted for drug offences comprised approximately five percent of all convictions in childrens courts.

Barbiturates, cannabis and opiates appeared to be the most widely used of the illicit drugs studied. In the years 1981 to 1987 hospital stays were more numerous for barbiturates (7,138), opiates (1,740) and cannabis (320) than for psychostimulants (95) hallucinogens (62) and cocaine (5). The indicators showed an initial rise in barbiturate use in the early 1980s, with a recent noticable decline. The number of hospital stays related to barbiturate use went from 1,002 in 1981 to 1,082 in 1984, falling from 1,043 in 1986 to 836 in 1987. Opiate, cannabis and psychostimulant use appeared to increase in the 1980s. Hospital stays between 1981 and 1987 went from 140 to 244 for opiate use, 8 to 88 for cannabis use and 5 to 25 for psychostimulant use.

Increases in illicit drug use were evident in criminal as well as health statistics, with charges and drug seizures showing increases over a 3 year period. Between 1984-85 and 1986-87 charges for cannabis related offences went from 3,381 to 4,945; charges for heroin offences from 204 to 227; and charges for amphetamine offences from 11 to 38. Cocaine did not feature frequently in the different indicators; only one death directly related to cocaine was reported in the 1980s, and five hospital stays. In the period 1984-85 to 1986-87 only 7 charges for cocaine were recorded. Hallucinogens, like cocaine, do not appear to be widely used in Western Australia. There have been no deaths since 1981 and 62 hospital stays between 1981 and 1987.

The data presented in this report identify the growth of opiate, cannabis and psychostimulant use. While the use of illicit drugs does not appear to be a major problem in Western Australia at present, that fact that increases in some are apparent must clearly be cause for concern.

T A B L E O F C O N T E N T S

A C K N O W L E D G E M E N T S

This report was written with the cooperation of people from the following departments: The Western Australian Police Department; Alcohol and Drug Authority; Commonwealth Department of Community Services and Health; and varius branches of the Health Department of Western Australia. In particular, I would like to thank Martin Roberts, Epidemiology Branch, for providing data on deaths and infectious disease notifications; Detective Sergent Gascoigne, Western Australian Police Department, for his help in compiling police statistics; Dr D'Arcy Holman for editorial comments and Karen Thistlethwaite for typing the report.

I N T R O D U C T I O N

This report presents data from a number of sources which can be used as indicators of illicit drug abuse trends in this State. In the past, little has been done in the way of documentation of the extent and changes in patterns of illicit drug use. An obvious need exists to establish such data collections. One approach to providing data on illicit drug abuse trends is to use indicators of drug abuse.

Indicators of drug abuse consist of those data collections that are known, or assumed to bear a relationship to the pattern and level of illicit drug abuse in the community. They are not direct measures of prevalence and incidence. Obtaining such measures would be difficult, expensive and time consuming given both the illegal nature of the activity and the stigma attached to it (Pompidou Group, 1987).

There are a number of existing data collections which can be used as indicators of illicit drug abuse. These sources are briefly described and listed below.

1. Drug-Related Overdose Deaths

These data comes from the Registrar General's Office, and are supplied on computer tapes which include demographic details and a single ICD-9 code for cause of death. This source of information underestimates drug related deaths because of the use of a single cause coding system. For example, accidents occurring whilst under the influence of a drug would not be picked up using this system. In future, however, almost all drug-related deaths will be traced in this State because of the development of a data base at the Perth Coroner's Office. Coronial files include details of forensic findings, interviews with witnesses, details of circumstances surrounding death and the Coroner's finding. Since the coronial data base will have a multiple cause coding for death, future drug-related deaths will be traced. Data on drug-related deaths are thought to be indicators of changes in the number of intravenous drug users and changes in availability, purity, and price of drug.

2. Drug-Related General Hospital Discharges

The Hospital Morbidity Data System (HMDS) in Western Australia covers all short-stay hospitals in the State. Discharges from these hospitals are identified as having a principal condition and contributing conditions, and these data along with demographic data are entered into the HMDS. It is possible for double counting to occur, that is, that the data refer to the number of people discharged each year, not to individuals. The number of discharges related to illicit drug use is likely to increase as the number of users increase.

3. National Drug Poisonings Case Reporting System

Hospitals in Western Australia contribute data from their accident and emergency centres to the national system on a voluntary basis. Not all hospitals in the State participate (see Table 1). However, with this qualification in mind, data collected from this system are potentially of assistance in providing an early warning system of changing patterns of drug abuse. Data are reported on any case presenting to a unit involving drugs of any kind (legal, illegal, prescription) for a variety of reasons (suicide, accidental overdose, misuse).

4. Infectious Disease Notification System

A number of diseases in this State are notifiable by law. Hepatitis B and AIDS can both be used as indicators of intravenous drug use. Intravenous drug use places users at risk for contracting AIDS, hepatitis B and hepatitis nonA-nonB. At present only data on Hepatitis A and B are entered in Western Australia's data base, Hepatitis nonA-nonB notifications are kept but not recorded.

5. State Drug Arrests, Charges and Seizures

This information was collected by the Police Department, and is provided in the Police Department's Annual Report. It would be expected that the numbers of drug seizures and charges would grow as the availability and use of a particular drug increases, although growth in drug seizures and arrests could also reflect increased police activity (Wardlaw, 1986).

T A B L E 1

WESTERN AUSTRALIAN HOSPITALS CONTRIBUTING TO THE NATIONAL DRUG POISONINGS REPORTING SYSTEM

Albany Regional Hospital*
Bruce Rock War Memorial Hospital
Bunbury Regional Hospital
Kalamunda District Hospital
Moora District Hospital
Mt Barker District Hospital
Murry District Hospital
Narrogin Regional Hospital
Northern Regional Hospital
Osborne Park Hospital
Princess Margaret Hospital
Rockingham-Kwinana Hospital
Sir Charles Gairdner Hospital
Southern Cross District Hospital
Swan District Hospital
Tom Price Hospital
Wagin District Hospital
Wanneroo Hospital
Warren District Hospital

6. Court Statistics

Data on drug-related charges and convictions are available from regular Australian Bureau of Statistics reports, on Higher Criminal Court Statistics (ABS, 1987[a] and 1988), Childrens Courts Statistics (ABS, 1987[b]) and Courts of Petty Sessions Statistics (ABS, 1987[c]). When interpreting these statistics, it must be recognised that individuals can have a number of charges laid against them at one court appearance, and that the number of charges will outnumber the number of people charged. Data are also provided under a "distinct persons" category with only the most serious offence being counted. It is possible, however, for a person to appear in court for different offences more than once a year. Statistics from the Courts of Petty Sessions do not include Perth and East Perth, although this information is expected in late 1988. 1.

7. Alcohol and Drug Information Service

This is a 24 hour telephone service providing information, confidential counselling and referral on alcohol and other drug problems for users, relatives, friends, health and welfare professionals and the general public. Data are routinely collected on each call and include information such as type of drug mentioned, the status of the call (user, friend etc.) age, sex, and the outcome of the call; ie., counselling, referral to agency etc. 2.

8. State Treatment Agencies for Opiate Abuse

The number of people who are seen by treatment agencies for the first time is thought to provide a sensitive indicator of changes in patterns of drug abuse, although there is often an interval between initial drug use and seeking help. There are both State Government and Non-Government treatment agencies in existence, and plans to maintain regular data collections are in various stages of implementation. The William Street Clinic (Methadone) and Central Drug Unit (detoxification of opiate dependents) were both able to supply data on admissions for at least a one year period. Both units are State Government agencies.

RESULTS AND DISCUSSION

1. Drug-Related Overdose Deaths

These figures exclude suicides, and include all cases of accidental or undetermined death (see Table 2 for ICD-9 codes and drug categories).

Total drug-related deaths increased from 13 to 32 between 1981 and 1985 and fell slightly to 21 in 1986, a total of 113 drug-related deaths were recorded for the period 1981 to 1986 (see Table 3). The fall in deaths between 1985 and 1986 was accounted for almost entirely by a fall in opiate deaths (see Table 4). Deaths related to opiates are more likely to be male and in the 20-40 age group. Deaths related to barbiturates show a more even sex distribution with the majority of deaths in the 30 years and older age groups.

2. Drug-Related Hospital Discharges

In the years 1981 to 1987, there were 9,360 discharges from hospital related to the illicit use of drugs (see Table 5). The majority of hospital stays in this time period were related to barbiturate use (7,138), with opiate use being the next most common (1,740). Overall, discharges related to illicit drug use increased from 1981 to 1986, but dropped in 1987 to pre-1983 levels. This drop at the end of the period was reflected in the figures for barbiturate, opiate and hallucinogen use, but not in other drug categories. Hospital stays related to cannabis and psychostimulants continued to rise, whilst those related to cocaine use amounted to an average of 1 per year.

There were more persons aged 20-29 years than in other age groups discharged from hospital for stays related to the illicit use of drugs, with the over 40 year olds being the next largest group (see Table 6). The 20-29 year olds were the most represented age group for all categories of illicit drug-related hospital stays, except stimulants and cocaine (see Table 7). The over 40 year old group was similar to the 20-29 year olds in the numbers of discharges related to barbiturate use, but the over 40s were rarely admitted for other illicit drug use, with the exception of opiates.

T A B L E 2

ICD-9 CODES AND DRUG CATEGORIES

CATEGORY OF DRUG	ICD-9 CODES
Opiates, related narcotics, morphine type	304.0, 304.7, 305.5, 965.0, E850.0
Barbiturates, sedatives and hypnotics, tranquilizers	967, 969.1-969.5, 304.1 305.4, E851, E852, E853
Hallucinogens (LSD and derivatives, mescaline etc.) psychodysleptics	969.6, 304.5, 305.3, E854.1
Psychostimulants - amphetamines	969.7, 304.4, 305.7, E854.2
Cocaine	304.2, 305.6
Cannabis	304.3, 305.2

T A B L E 3

YEAR BY DRUG BY SEX (MORTALITY)

DRUG BY SEX		1981	1982	1983	1984	1985	1986
Opiates	M	3	3	8	4	18	11
	F	1	0	1	5	8	4
Barbiturates	M	4	2	2	4	3	3
	F	4	3	3	8	3	3
Cocaine	M	1	0	0	0	0	0
	F	0	0	0	0	0	0
TOTAL DEATHS		13	8	14	25	32	21

* No deaths related to psychostimulant, cannabis and hallucinogen use were recorded between 1981 and 1986.

T A B L E 4

YEAR BY DRUG BY AGE (MORTALITY)

DRUG TYPE	AGE GROUP	1981	1982	1983	1984	1985	1986
Opiates	15-19	0	0	0	1	0	0
	20-29	2	3	8	8	17	7
	30-39	1	0	1	0	8	8
	40+	1	0	0	0	1	0
Total Opiates		4	3	9	9	26	15
Barbiturates	15-19	0	0	0	1	2	0
	20-29	3	2	0	3	0	1
	30-39	5	0	1	1	1	4
	40+	0	3	4	7	3	1
Total Barbiturates		8	5	5	12	6	6
Cocaine	20-29	1	0	0	0	0	0
Total Cocaine		1	0	0	0	0	0

T A B L E 5

ILLICIT DRUGS BY YEAR (MORBIDITY)

	1981	1982	1983	1984	1985	1986	1987	TOTALS
Opiates	140	139	265	332	304	316	244	1740
Barbiturates	1002	1016	1108	1082	1051	1043	836	7138
Hallucinogens	10	9	9	12	13	5	4	62
Psychostimulants (amphetamines)	5	12	19	8	11	15	25	95
Cocaine	0	0	0	2	1	1	1	5
Cannabis	8	10	17	52	62	83	88	320
Total	1165	1186	1418	1488	1442	1463	1198	9360

T A B L E 6

ALL ILLICIT DRUGS:YEAR BY AGE (MORBIDITY)

AGE GROUP	1981	1982	1983	1984	1985	1986	1987
15 - 19	147	148	147	181	179	159	134
20 - 29	430	433	504	617	551	519	380
30 - 39	257	287	353	282	325	389	308
40+	331	318	414	408	387	396	376

T A B L E 7

ILLICIT DRUG USE BY AGE GROUP FROM 1985 TO 1987 (MORBIDITY)

AGE GROUP	OPIATES 85	86	87	BARBITURATES 85	86	87	CANNABIS 85	86	87
15 - 19	24	15	18	154	117	82	16	18	18
20 - 29	165	147	117	335	513	203	37	47	51
30 - 39	64	87	73	249	285	214	7	17	19
40+	51	67	36	333	326	337	2	1	0

AGE GROUP	HALLUCINOGENS 85	86	87	STIMULANTS 85	86	87	COCAINE 85	86	87
15 - 19	2	2	2	3	6	14	0	1	0
20 - 29	7	3	2	6	7	7	1	0	0
30 - 39	4	0	0	1	0	1	0	0	1
40+	0	0	0	1	0	3	0	0	0

Overall, females were more likely to stay in hospital following illicit use of drugs than males (see Table 8). Inspection of the different drug categories, however, shows that barbiturates were the only drug group where there were consistently more female than male discharges, (see Table 9).

3. National Drug Poisoning Reporting System

Table 10 shows the total number of illicit drug mentions from the National Drug Poisonings Reporting System for Western Australia in 1985 and 1986. There has been an increase in the total number of reports forwarded between 1985 and 1986, although the numbers are relatively low. Mentions of all drugs (except cocaine and amphetamines) show a small increase, the most notable being for opiate use. The number of cases mentioned were likely to be an underestimate of people seeking attention for drug-related problems. There are at least two reasons for this: one is that two major metropolitan hospitals (Royal Perth and Fremantle) do not participate in the system, yet are likely to receive drug-related emergency cases because they are geographically close to areas popular with drug users; the other is that it is uncertain whether all cases of drug-related problems attending accident and emergency centres in participating hospitals were being notified in 1985 and 1986.

4. Infectious Disease Notification System

(a) AIDS

The AIDS notification system started operation in 1983, and has been fully implemented since 1984. The number of cases reported has been fairly steady since 1985; 98 new cases were reported in 1987. Table 11 shows a breakdown of AIDS cases by risk factors for the years 1984 to 1987. The percentage of cases where IV drug use was reported to be the likely mode of transmission has gone from zero in 1984 to 10% of cases in 1987. To date, no IV drug user under the age of 20 years has been notified as an AIDS case. The majority of IV drug users who were notified fell in the 20-34 year age bracket (see Table 12).

T A B L E 8

ILLICIT DRUGS:YEAR BY SEX (MORBIDITY)

	1981	1982	1983	1984	1985	1986	1987
MALE	430	444	552	636	620	607	489
FEMALE	735	742	866	852	822	856	709

T A B L E 9

TYPE OF DRUG BY SEX BY YEAR (MORBIDITY)

Year	Opiates		Barbiturates		Hallucinogens		Psychostimulants		Cocaine		Cannabis	
	M	F	M	F	M	F	M	F	M	F	M	F
1981	76	64	340	662	4	6	4	1	0	0	6	2
1982	68	71	356	660	5	4	7	5	0	0	8	2
1983	160	105	369	739	6	3	9	10	0	0	8	9
1984	191	141	393	689	11	1	4	4	1	1	36	16
1985	179	125	373	678	10	3	8	3	0	1	50	12
1986	155	161	380	663	4	1	13	2	1	0	54	29
1987	117	127	304	532	1	3	9	16	1	0	57	31
Totals	946	794	2515	4623	41	21	54	41	3	2	219	101

T A B L E 10

ILLICIT DRUG MENTIONS BY YEAR IN WESTERN AUSTRALIA

(NATIONAL DRUG POISONINGS CASE REPORTING SYSTEM)

DRUG TYPE	1985	1986
Opiates	9	18
Cannabis	3	6
Cocaine	0	0
Hallucinogens	0	2
Amphetamines	2	0
Barbiturates	7	9
Sub Total	21	35
Total Drug Mentions	837	807

* Data supplied by National Drug Abuse Information Centre

T A B L E 11

AIDS NOTIFICATIONS BY RISK FACTOR BY YEAR

RISK FACTOR	1984	1985	1986	1987
Homosexual	6	77	91	63
Bisexual	0	13	14	19
Intravenous Drug Use	0	6	13	9
Prostitution	0	0	3	3
Heterosexual	0	3	1	5
Haemophilia	7	7	4	5
Blood Transfusion	0	2	2	2
Total AIDS Cases	13	102	119	106

T A B L E 12

AIDS REPORTED IN IV DRUG USERS BY AGE BY YEAR

AGE GROUP	1984	1985	1986	1987
20 - 24	0	0	3	4
25 - 29	0	4	4	3
30 - 34	0	2	5	0
35 - 39	0	0	1	1
40+	0	0	0	1

(b) HEPATITIS

Only cases of hepatitis A and B were entered into the data base. This was unfortunate, since research suggests that hepatitis nonA - nonB is associated with intravenous drug abuse. There have been fluctuations in hepatitis A from year to year, hepatitis B, however, has steadily increased from 155 cases in 1984 to 408 cases in 1987 (see Table 13).

Hepatitis B affects a variety of age groups, however the majority of the notifications occurred in the 15 to 34 year group (see Table 14).

5. State Drug Arrests, Charges and Seizures

In the period 1984-1985 to 1986-87 drug arrests rose significantly from 3,600 to 5,499, with a total of 13,746 drug arrests for the whole period. These increases were most noticeable in the under 18 years and over 21 year age groups, with the number of arrests in the 18-21 year old age group staying stable (see Table 15). It is difficult to know whether this growth in arrests is related to changes in police practices or increases in drug offences. If the latter is the case, the growth of drug arrests in the under 18 year age group is cause for concern.

The majority of charges are for cannabis-related offences, followed by heroin. Charges in the other drug categories remain quite low (see Table 16). The number of charges for cannabis-related offences increased from 3,381 in 1984-85 to 4,945 in 1986-87. Charges for heroin offences increased from 204 in 1984-85 to 265 in 1985-86, but dropped to 227 in 1986-87. Charges for offences involving L.S.D. and amphetamines showed small increases across the three year period.

The quantities of drugs seized by the police have also increased in the period. Especially noticeable are increases in the amounts of heroin, cannabis and amphetamines seized (see Table 17).

T A B L E 13

HEPATITIS A & B NOTIFICATIONS FROM 1984 TO 1987

YEAR	TYPE OF HEPATITIS A	B
1984	66	155
1985	148	305
1986	504	328
1987	137	408

T A B L E 14

HEPATITIS B NOTIFICATIONS BY AGE BY YEAR

YEAR	0 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55+
1984	12	55	52	26	3	7
1985	27	101	111	40	8	19
1986	41	100	95	44	18	25
1987	48	123	121	51	27	38

T A B L E 15

DRUG RELATED ARRESTS BY YEAR BY AGE

AGE GROUP	1984 - 85	1985 - 86	1986 - 87
Under 18 years	431	648	817
18 - 21 years	1,427	1,521	1,469
Over 21 years	1,742	2,478	3,213
Total	3,600	4,647	5,499

* Data provided by the Western Australian Police Department.

T A B L E 16

STATE DRUG CHARGES+ BY TYPE BY YEAR

DRUG TYPE	1984 - 85	1985 - 86	1986 - 87
Heroin	204	265	227
Cannabis (plants)	612	677	1,010
(leaf)	2,661	3,495	3,816
(resin)	108	119	119
Cocaine	2	3	4
Amphetamines	11	12	38
L.S.D.	8	18	22
Other Drugs	N/A	N/A	84

* Data provided by the Western Australian Police Department.

+ Double counting can occur, with one person having more than one charge against them.

T A B L E 17

STATE DRUG SEIZURES (AMOUNTS) BY YEAR BY TYPE

DRUG TYPE	AMOUNT SEIZED 1984 - 85	1985 - 86	1986 - 87
Heroin	1.339 kilos	1.018 kilos	4.454 kilos
Cannabis - plants	33,297	37,704	63,353
- leaf	362.829 kilos	300.924 kilos	234.392kilos
- resin	188.498 kilos	3.648 kilos	3.964 kilos
Cocaine	0.65 grams	32.86 grams	4.37 grams
Amphetamines	43.0 grams	97.4 grams	267.0 grams
L.S.D.	143 doses	513 doses	1,518 doses

* Data provided by the Western Australian Police Department.

6. Court Statistics

Table 18 (A and B) shows a small increase in the number of total charges, convictions and distinct persons charged and convicted from 1984 to 1987 in the Higher Criminal Courts, the majority of charges and convictions being for dealing and trafficking and manufacturing or growing drugs. The percentage of drug charges and convictions of all charges and convictions has remained relatively stable over the three year period, comprising between five and six percent of all charges and convictions. The percentage of distinct persons charged and convicted for drug offences of all distinct persons charged and convicted has also remained stable over the three year period, accounting for approximately ten percent of all distinct persons charged and convicted.

The majority of people convicted of drug offences in the Higher Criminal Courts in 1986-87 were in the 20 to 34 year age group (see Table 19).

Recent statistics for Courts of Petty Sessions and Childrens Courts were not available. Table 20 shows the number of distinct persons convicted of drug offences in both courts, for the year 1984-85. In both types of court, convictions relating to cannabis use were the most frequent. The Courts of Petty Sessions deal with the majority of drug charges, and it will be informative to follow trends in these courts in years to come. The percentages of distinct persons convicted of drug offences of all offences in the Courts of Petty Sessions and Childrens Courts are 3.4 and 4.9 respectively.

7. Alcohol and Drug Information Service (ADIS)

There has been a steady growth in the total number of calls received each month, from 384 in July 1986 to 605 in December 1987. This increase probably reflects the fact that the service only started in 1986 and has become more widely known in the last 2 years. Nevertheless it is interesting to look at the percentage of total calls made relating to particular drug types in each 6 month period since the inception of ADIS. The drug categories for which most calls were received were; alcohol (approx. 36%), heroin (approx. 11%) and cannabis (approx. 14%).

T A B L E 18A

HIGHER CRIMINAL COURT STATISTICS ON DRUG OFFENCES

A. Total Charges and Convictions:1984-85, 1985-86, 1986-87

OFFENCE	TOTAL CHARGES			TOTAL CONVICTIONS		
	1984 - 85	1985 - 86	1986 - 87	1984 - 85	1985 - 86	1986 - 87
Possession/use of narcotics	9	4	7	8	4	7
Possession/use of cannabis/marijuana	5	8	3	5	7	3
Dealing and trafficking in drugs	186	203	205	165	182	191
Manufacturing/growing drugs	25	22	35	21	19	30
Other drug offences	5	-	1	2	-	1
Total Drug Offences	230	237	251	201	212	232
Total All Offences	3,976	4,538	4,339	3,369	4,142	3,912
Percent Drug/All Offences	5.8	5.2	5.8	6.0	5.1	5.9

T A B L E 18B

HIGHER CRIMINAL COURT STATISTICS ON DRUG OFFENCES

B. Distinct Persons Charges and Convictions:1984-85, 1985-86, 1986-87

OFFENCE	CHARGED			CONVICTED		
	1984 - 85	1985 - 86	1986 - 87	1984 - 85	1985 - 86	1986 - 87
Possession/use of narcotics	1	2	3	1	2	3
Possession/use of cannabis/marijuana	2	6	-	2	5	-
Dealing and trafficking in drugs	127	136	148	114	127	137
Manufacturing/growing drugs	20	18	24	18	17	23
Other drug offences	3	-	1	2	-	1
Total Drug Offences	153	162	176	137	151	164
Total All Offences	1,435	1,625	1,809	1,286	1,446	1,619
Percent Drug/All Offences	10.7	10.0	9.7	10.7	10.4	10.1

* From Australian Bureau of Statistics, Court Statistics:Higher Criminal Courts (1987, 1988)

T A B L E 19

CONVICTIONS:OFFENCE BY AGE GROUP, 1986-87

OFFENCE	Under 20 yrs	20-24	25-29	30-34	35-39	40-44	45+
Possession/use of narcotics	-	-	3	1	-	1	2
Possession/use of cannabis/ marijuana	-	-	1	-	1	1	-
Dealing and trafficking in drugs	6	42	52	49	19	12	10
Manufacturing/growing drugs	-	4	8	5	5	1	6
Other drug offences	-	1	-	-	-	-	-
Total	6	47	64	55	25	15	18

* From Australian Bureau of Statistics, Court Statistics:Higher Criminal Courts (1987, 1988)

* Numbers in this table do not add up to those in earlier tables because of missing age data for some cases.

T A B L E 20

DISTINCT PERSONS CONVICTED FOR DRUG OFFENCES (MOST SERIOUS OFFENCE) IN COURTS OF PETTY SESSIONS AND CHILDRENS COURTS:1984-1985

OFFENCE	COURTS OF PETTY SESSIONS	CHILDRENS COURTS
Possession/use of narcotics	28	1
Possession/use of cannabis/ marijuana	1,342	475
Possession/use of other drugs	68	12
Dealing and trafficking in drugs	69	24
Manufacturing/growing drugs	216	38
Other drug offences	432	164
Total Drug Convictions	2,155	714
Total All Offences	62,840	14,429
Percent Drug/All Offences *	3.4	4.9

* From Australian Bureau of Statistics, Court Statistics: Childrens Courts and Courts of Petty Sessions (1987).

In the three six month periods calls relating to most drug categories remained stable (see Table 21). There has been a small drop in the percentage of heroin-related calls and calls regarding polydrug use, along with the emergence of calls in the last 6 month period regarding the drug Ecstacy (MDMA), the enquiry rate, however, is still very low.

8. State Treatment Agencies for Opiate Abuse

(a) METHADONE

In the 4 quarters of 1987 there was an increase in new admissions, from 27 in the first quarter to 37 in the last quarter, to the methadone programme (see Table 22).

(b) CENTRAL DRUG UNIT

The increase in first admissions to the methadone programme was paralled by an increase in first admissions to the Central Drug Unit Detoxification Service. In the first half of 1987 there were 69 first admissions and 175 first admissions in the second half (see Table 23).

T A B L E 21

ALCOHOL AND DRUG INFORMATION SERVICE

	July - Dec 1986 # Calls	July - Dec 1986 % Total	Jan - June 1987 # Calls	Jan - June 1987 % Total	July - Dec 1987 # Calls	July - Dec 1987 % Total
Alcohol	845	30.4	965	34.9	1323	41.0
Heroin	335	12.1	329	11.9	343	10.6
Tranquillizers	151	5.4	155	5.6	191	5.9
Cannabis	345	12.4	436	15.8	469	14.5
Psychostimulants	68	2.5	77	2.8	117	3.6
- cocaine	-	-	22	<0.8	36	1.1
- crack	-	-	10	<0.4	10	<0.3
- other	-	-	45	1.6	71	2.2
Hallucinogens	22	<0.8	12	<0.8	28	<0.9
Polydrugs	192	6.9	241	8.7	132	4.0
Ecstasy (MDMA)	-	-	-	-	18	<0.6

* Data provided by the Alcohol and Drug Information Service.

T A B L E 22

METHADONE NEW ADMISSIONS:1987

	Jan-March	April-June	July-Sept	Oct-Dec
Total Patients	303	281	302	405
New Admissions	27	27	17	37

* Data provided by William Street Clinic.

T A B L E 23

CENTRAL DRUG UNIT DETOXIFICATION SERVICE

	1 9 8 7	
	January - June	July - December
Assessments	135	285
Admissions	97	216
First Admissions	69	175
Males	68	150
Females	29	66
Average Age	27	27

* Data provided by Western Australian Alcohol and Drug Authority.

CONCLUSIONS

Indicators of drug abuse in this State show that, of the drug types studied, barbiturates, cannabis and opiates are the most widely used. No one indicator alone enables reliable estimates of drug use patterns. Data obtained from the indicators are influenced by changes in social attitudes and government policies regarding drug misuse. Changes in individual indices may reflect changes in police priorities, public education, increases in funding of drug treatment facilities and a variety of other factors. As a result indicators of drug abuse need to be studied as a group rather than individually and the overall pattern interpreted. The major benefit derived from using indicators of illicit drug use is that they can provide information regarding changes in patterns of drug use. Potentially, questions regarding increases or decreases in the use of a particular drug over time can be addressed, as can movements of preference from one type of drug to another and emergence of new drugs.

Opiates

Between 1980 and 1986, most of the relevant indicators (mortality, morbidity, AIDS and Hepatitis B notifications, National Drug Poisons Reporting System, charges, seizures and convictions) showed a steady growth in opiate use. The data for 1987 are not so clear, several of the indicators show a decrease from 1986 (morbidity, charges and Alcohol and Drug Information Service Calls), others show an increase (seizures, first admissions to treatment programmes, AIDS and Hepatitis B notifications).

Barbiturates

Overall, indicators of barbiturate use show an increase then decrease in use between 1981 and 1987. Mortality resulting from barbiturate use peaked in 1984 with 12 deaths and fell to six deaths in 1985 and 1986. Hospital stays resulting from barbiturate use peaked at 1108 in 1983 and fell to 836 in 1987, the lowest number for the 1980s. The National Drug Poisons Data System and the Alcohol and Drug Information Service show no significant change from 1985 to 1986 or from 1986 to 1987.

Cannabis

The relevant indicators show an increase in cannabis use from 1981 to 1987. No deaths were recorded as directly resulting from cannabis use, however, hospital stays have gone from 8 in 1981 to 88 in 1987. There were very few cannabis mentions in the National Drug Poisons Data System, however there was an increase from 1985 to 1986. Charges and seizures involving cannabis have also increased from 1984/85 to 1986/87.

Psychostimulants

There is some evidence from the indicators for a small increase in the use of psychostimulants from 1981 to 1987, the numbers, however, are small. Increases were found for: hospital stays, which increased from 5 to 25 between 1981 and 1987; drug charges which increased from 11 to 38 between 1984/5 and 1986/7; and drug hauls where the amount seized went from 43.0 grams in 1984/5 to 267.0 grams in 1986/7.

Cocaine

The amount of cocaine use in this State appears negligible according to data from the drug indicators. Between 1981 and 1987 there was only one death, five hospital stays, very few drug charges and approximately one percent of calls about cocaine to the Alcohol and Drug Information Service. There was no indication of any increase in cocaine use during this time period.

Hallucinogens

Hallucinogens, like cocaine, do not appear to be widely used. There have been no deaths since 1981 and 62 hospital stays between 1981 and 1987. There was a small increase in drug charges from 8 in 1984/5 to 22 in 1986/7, and an increase in drug seizures from 143 doses to 1,518 doses in the same period. Other indicators produce small numbers with either fluctuating or stable patterns.

This report has concentrated on the most common illicit drugs, and has not dealt with drugs that can be legally obtained and whose use is socially acceptable, for example, alcohol. Far greater health and social problems are presented to the community through the abuse of alcohol than through the abuse of illicit drugs (Health Department of Western Australia, 1986). The Alcohol and Drug Information Service receive more calls relating to alcohol than any other drug (see Table 21). Whilst the use of illicit drugs is not yet a major problem in Western Australia, this report identifies an increase in opiate, cannabis and psychostimulant use, indicating that the problem is likely to be a growing one. The use of illicit drugs must be continuously monitored; it is hoped that the use of the indicators reported here is one way of meeting this need.

R E F E R E N C E S

Australian Bureau of Statistics. 1987[a]. Court Statistics:Higher Criminal Courts, Western Australia, 1985-86. Catalogue No. 4501.5.

Australian Bureau of Statistics. 1987[b]. Court Statistics:Courts of Petty Sessions, Western Australia, 1984-85. Catalogue No. 4502.5.

Australian Bureau of Statistics. 1987[c]. Court Statistics:Childrens Courts, Western Australia, 1984-85. Catalogue No. 4503.5.

Australian Bureau of Statistics. 1988. Court Statistics:Higher Criminal Courts, Western Australia, 1986-87. Catalogue No. 4501.5

Health Department of Western Australia, 1986. Our State of Health:An overview of Health and Illness in Western Australia in the 1980's. Perth.

Pompidou Group. 1987. Multi-city study of drug misuse in Amsterdam, Dublin, Hamburg, London, Paris, Rome, Stockholm:Technical report on indicators of drug misuse in seven cities and recommendations for future monitoring. Council of Europe, Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs, Strasburg.

Wardlaw, G and Deane, H. 1986. Uses and abuses of drug law enforcement statistics, in P Wilson (ed.) Trends and Issues in Crime and Criminal Justice, No. 1. Australian Institute of Criminology, Canberra.