

INDICATORS OF ILLICIT DRUG USE IN WESTERN AUSTRALIA 1981 – 1988

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**The Western Australian Drug Data Collection Unit
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SUMMARY

This report provides data on indicators of illicit drug use trends in Western Australia in the 1980s. The report covers the use of opiates, barbiturates, tranquillisers, sedatives, hallucinogens, stimulants, 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 use.

During the period 1981 to 1986 a total of 233 deaths resulted directly from the illicit use of the drug types investigated in this report. There were 14,312 discharges from hospital for drug-related conditions during the years 1981 to 1988. A total of 19,122 arrests for drug offences were made between 1984-85 and 1987-88. 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, and approximately four percent of persons convicted in courts of petty sessions.

Tranquillisers, 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 tranquillisers (1,837), opiates (1,594), barbiturates (645) and cannabis (411) than for stimulants (118), sedatives (55), hallucinogens (45) and cocaine (8). Barbiturate mortality and morbidity fell in the 1980s. Overall, opiate, cannabis and stimulant use appeared to increase in the 1980s. Hospital stays between 1981 and 1988 went from 327 to 427 for opiate use, 9 to 74 for cannabis use and 4 to 28 for stimulant use. Opiate mortality and morbidity seems to have been falling in the last two years, with numbers of deaths peaking in 1988 and numbers of hospital stays peaking in 1986 (555).

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 1987-88 charges for cannabis related offences went from 3,381 to 5,033; charges for heroin offences from 204 to 265 in 1986-87, dropping in 1987-88 to 168; and charges for amphetamine offences from 11 to 76. Cocaine did not feature frequently in the different indicators; only one death directly related to cocaine was reported in the 1980s, and eight hospital stays. In the period 1984-85 to 1987-88 only 19 charges for cocaine were recorded. Like cocaine, hallucinogens do not appear to be widely used in Western Australia. There have been no deaths since 1981 and 45 hospital stays between 1981 and 1987.

The data presented in this report identifies an increase in cannabis and stimulant use, and an apparent decline in opiate use in the last two years. While illicit drug use 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.

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INTRODUCTION

This is the 2nd Annual Report presenting data from a number of sources which can be used as indicators of illicit drug use trends¹ in this State. These reports are an attempt to document the extent and changes in patterns of illicit drug use, by using indicators of drug abuse to provide data on illicit drug use trends.

Indicators of illicit drug use consist of those data collections that are known, or assumed to bear a relationship to the pattern and level of illicit drug use 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 use. These sources are briefly described and listed below.

¹ The term "illicit drug use" is used in this report to cover the use of illegal drugs, the use of legal drugs which have been illegally obtained, and the misuse of some legally obtained drugs.

METHODS

1. Drug-Related Overdose Deaths

These data come 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.

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 and long stay data. 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

TABLE 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
Plantagenet (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

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, HIV infection and AIDS can be used as indicators of intravenous drug use. Intravenous drug use places users at risk for contracting hepatitis B and hepatitis nonA-nonB and HIV infection. 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).

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, 1988^a, 1989), Childrens Courts Statistics (ABS, 1987^b, 1988^b) and Courts of Petty Sessions Statistics (ABS, 1987^c, 1988^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 did not include Perth and East Perth until 1986/87, so data from that year is not comparable to earlier years.

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. Calls to such a service can be affected by a number of factors, for instance advertising the service, or as a result of campaigns directed to a particular drug.

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, 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

The figures in this report include suicides by drug overdose and drug-related accidental or undetermined death (see Table 2 for ICD-9 codes and drug categories).

The ICD-9 codes and broad drug categories used in the present report have changed from the previous report (Hayward, 1988) because of adoption of standards produced by the National Drug Abuse Information Centre.

Total drug-related deaths increased from 30 to 50 between 1981 and 1984 and fell slightly to 38 in 1986, a total of 233 illicit drug deaths were recorded for the period 1981 to 1986 (see Table 3). Table 3 shows total deaths within each drug category over the period 1981 to 1986. There appears to have been an increase in opiate deaths, a fall in barbiturate deaths, and a relatively constant number of tranquilliser and sedative deaths (both of which were higher than usual in 1984). Deaths from barbiturates and tranquillisers consist of a higher proportion of suicides, whereas deaths from opiates are predominately ruled accidental or undetermined.

Deaths related to opiates are more likely to be male and in the 20-40 age group (see Tables 4 and 5). Deaths related to barbiturates, tranquillisers and sedatives show a more even sex distribution with the majority of deaths in the 30 years and older age groups (see Tables 4 and 5).

TABLE 2

ICD-9 CODES AND DRUG CATEGORIES

CATEGORY OF DRUG		ICD-9 CODES
OPIATES	Accidental or undetermined	304.0, 304.7, 305.5, 965.0, E850.0, E980.0
	Suicide	E950.0
BARBITURATES	Accidental or undetermined	304.1, 967.0, E851, E980.1
	Suicide	E950.1
HALLUCINOGENS	Accidental	304.5, 305.3, 969.6, E854.1
	Suicide	-
TRANQUILLISERS	Accidental or undetermined	305.4, 969.1-969.5, E853, E980.3
	Suicide	E950.3
CANNABIS	Accidental	304.3, 305.2
COCAINE	Accidental	304.2, 305.6
STIMULANTS	Accidental	304.4, 305.7, 969.7, 970.0, 970.1, 970.8, 970.9, E854.2
SEDATIVES	Accidental or undetermined	E852, E980.2
	Suicide	E950.2

TABLE 3

YEAR BY DRUG (MORTALITY)

DRUG	A - Accidental/Undetermined		1981	1982	1983	1984	1985	1986
	S - Suicide	T - Total						
Opiates	A		4	5	11	9	27	15
	S		0	7	2	6	1	3
	T		4	12	13	15	28	18
Barbiturates	A		4	3	2	5	1	1
	S		11	8	11	7	5	6
	T		15	11	13	12	6	7
Tranquillisers	A		2	0	1	2	2	2
	S		3	6	6	9	3	6
	T		5	6	7	11	5	8
Sedatives	A		2	2	2	5	3	3
	S		3	2	2	7	3	2
	T		5	4	4	12	6	5
Cocaine	T		1	0	0	0	0	0
Total deaths each year			30	33	37	50	45	38

TABLE 4

YEAR BY DRUG BY SEX (MORTALITY)

DRUG BY SEX		1981	1982	1983	1984	1985	1986	TOTAL
Opiates	M	3	9	10	9	19	11	61
	F	1	3	3	6	9	7	29
Barbiturates	M	11	5	5	6	4	4	35
	F	4	6	8	6	2	3	29
Tranquillisers	M	2	1	4	5	4	5	21
	F	3	5	3	6	1	3	21
Sedatives	M	1	2	3	5	4	1	16
	F	4	2	1	7	2	4	20
Cocaine	M	1	0	0	0	0	0	1
	F	0	0	0	0	0	0	0
TOTAL DEATHS		30	33	37	50	45	38	233

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

TABLE 5

YEAR BY DRUG BY AGE (MORTALITY)

DRUG TYPE	AGE GROUP	1981	1982	1983	1984	1985	1986
		*					
Opiates	15-19	0	0	0	3	0	0
	20-29	2	5	8	9	18	7
	30-39	1	3	3	2	9	8
	40+	1	4	2	1	1	3
Total Opiates		4	12	13	15	28	18
Barbiturates	15-19	0	0	0	1	1	0
	20-29	2	4	2	4	2	1
	30-39	5	3	2	1	1	2
	40+	8	4	9	6	2	4
Total Barbiturates		15	11	13	12	6	7
Cocaine	20-29	1	0	0	0	0	0
Total Cocaine		1	0	0	0	0	0
Tranquillisers	15-19	0	0	0	1	1	0
	20-29	1	0	2	1	1	2
	30-39	2	2	1	3	0	4
	40+	2	4	4	6	3	2
Total Tranquillisers		5	6	7	11	5	8
Sedatives	15-19	0	0	1	0	0	0
	20-29	3	1	0	6	1	1
	30-39	1	1	1	1	2	2
	40+	1	2	2	5	3	2
Total Sedatives		5	4	4	12	6	5

2. Drug-Related Hospital Discharges

In the years 1981 to 1988, there were 14,312 discharges from hospital related to the illicit drug use (see Table 6). The majority of hospital stays in this time period were related to tranquilliser use (8,355), with opiate use being the next most common (3,734). Overall, discharges related to illicit drug use increased from 1981 to 1986, but dropped in 1987 and 1988 to pre-1983 levels. This drop at the end of the period was reflected in the figures for barbiturate, opiate and tranquilliser use, but not in other drug categories. Hospital stays related to cannabis, sedatives and stimulants continued to rise, whilst those related to cocaine use amounted to an average of 1 per year.

Overall, female admissions outnumber male admissions (see Table 7) however the excess of females is almost entirely attributable to suicide attempts.

The excess of suicide attempts by females, and the overall high numbers of suicide attempts in hospital discharge statistics, provides a distortion of the data if one is interested in looking at more chronic drug misuse. The remainder of the discussion will be restricted to non-suicidal drug related hospital discharges.

There were more persons aged 20-29 years than in other age groups discharged from hospital for stays related to the illicit drug use, with the over 40 year olds being the next largest group (see Table 8). The 20-29 year olds were the most represented age group for opiate, cannabis and hallucinogen drug-related hospital stays (see Table 8). The over 40 year old group was similar or slightly higher than the 20-29 year olds in the numbers of discharges related to barbiturate, tranquilliser and sedative use, but the over 40s were rarely admitted for other illicit drug use, with the exception of opiates.

TABLE 6

ILLICIT DRUGS BY YEAR (MORBIDITY)

		1981	1982	1983	1984	1985	1986	1987	1988*	TOTALS
Opiates	A	102	110	226	261	249	253	196	197	1594
	S	225	273	266	268	268	302	258	280	2140
	T	327	383	492	529	517	555	454	477	3734
Barbiturates	A	47	45	100	85	93	92	93	90	645
	S	76	49	49	51	25	26	10	10	296
	T	123	94	149	136	118	118	103	100	941
Hallucinogens	T	7	5	6	5	4	4	3	11	45
Tranquillisers	A	164	184	253	281	298	248	209	200	1837
	S	917	891	884	830	794	803	692	707	6518
	T	1081	1075	1137	1111	1092	1051	901	907	8355
Cannabis	T	9	10	19	57	66	85	91	74	411
Stimulants	T	4	11	20	7	9	11	28	28	118
Sedatives	A	5	3	4	3	12	7	8	13	55
	S	64	70	60	75	68	98	111	99	645
	T	69	73	64	78	80	105	119	112	700
Cocaine		-	-	-	3	1	2	1	1	8
Total		1620	1651	1887	1926	1887	1931	1700	1710	14312

* 90% complete, missing data from midwives and repatriation hospitals.

TABLE 7

ILLICIT DRUGS: YEAR BY SEX (MORBIDITY)

		1981	1982	1983	1984	1985	1986	1987	1988
Male	Accident	162	165	301	352	390	361	305	317
	Suicide	442	444	417	434	377	421	386	362
	Total	604	609	718	786	767	782	691	679
Female	Accident	176	203	327	350	342	341	324	297
	Suicide	840	839	842	790	778	808	685	734
	Total	1016	1042	1169	1140	1120	1149	1009	1031
Years Totals		1620	1651	1887	1926	1887	1931	1700	1710

TABLE 8

ILLICIT DRUG USE BY AGE GROUP FROM 1985 TO 1988 (MORBIDITY)
(SUICIDE ATTEMPTS NOT INCLUDED)

AGE GROUP	<u>OPIATES</u>				<u>BARBITURATES</u>				<u>CANNABIS</u>			
	85	86	87	88	85	86	87	88	85	86	87	88
15 - 19	14	6	9	2	6	2	2	4	17	17	16	16
20 - 29	132	115	96	94	27	26	6	14	39	48	55	47
30 - 39	51	70	55	58	17	21	25	15	8	17	20	10
40+	45	59	35	40	39	40	58	57	2	1	0	0

AGE GROUP	<u>HALLUCINOGENS</u>				<u>STIMULANTS</u>				<u>COCAINE</u>			
	85	86	87	88	85	86	87	88	85	86	87	88
15 - 19	0	2	1	2	1	1	14	13	0	1	0	0
20 - 29	3	2	1	6	5	6	9	12	1	0	0	1
30 - 39	1	0	0	2	1	0	1	2	0	0	1	0
40+	0	0	0	0	1	2	3	1	0	0	0	0

AGE GROUP	<u>TRANQUILLISERS</u>				<u>SEDATIVES</u>				<u>TOTALS</u>
	85	86	87	88	85	86	87	88	
15 - 19	28	23	14	16	1	0	0	0	228
20 - 29	66	59	33	47	2	1	0	1	954
30 - 39	56	39	42	48	0	0	1	1	562
40+	81	69	75	55	4	3	0	0	670

Note: Data for under 15 year olds not included in this table.

Overall, females were more likely to stay in hospital following illicit drug use than males (see Table 7). Inspection of the different drug categories, however, shows that barbiturates and tranquillisers 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 between 1985 and 1988. There has been an increase in the total number of reports forwarded between 1985 (21) and 1987 (53), with a slight drop in 1988 (39), although the numbers are relatively low. This pattern of an increase followed by a slight decrease appears to hold for opiates and barbiturates, numbers in the other drug groups being too low for comment.

The number of cases reported via this system are likely to be an underestimate of the number 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 between 1985 and 1988.

4. Infectious Disease Notification System

(a) HIV POSITIVE AND AIDS FIRST NOTIFICATIONS

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; 91 new

TYPE OF DRUG BY SEX BY YEAR (MORBIDITY)
(SUICIDE ATTEMPTS NOT INCLUDED)

Year	Opiates		Barbiturates		Hallucinogens		Stimulants		Cocaine		Cannabis		Tranquillisers		Sedatives	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1981	56	46	22	25	2	5	3	1	0	0	6	3	69	95	4	1
1982	56	54	16	29	2	3	6	5	0	0	8	2	76	108	1	2
1983	137	89	34	66	4	2	9	11	0	0	9	10	104	149	4	0
1984	154	107	41	44	5	0	4	3	1	2	40	17	105	176	2	1
1985	149	100	41	52	4	0	6	3	0	1	52	14	132	166	6	6
1986	131	122	27	65	4	0	8	3	1	1	58	27	128	120	4	3
1987	93	103	31	62	0	3	11	17	1	0	61	30	103	106	5	3
1988	109	88	41	49	8	3	10	18	0	1	57	17	86	114	6	7
Totals	885	709	253	392	29	16	57	61	3	5	291	120	803	1034	32	23

TABLE 10

ILLICIT DRUG MENTIONS BY YEAR IN WESTERN AUSTRALIA
(NATIONAL DRUG POISONINGS CASE REPORTING SYSTEM)

DRUG TYPE	1985	1986	1987	1988
Opiates	9	18	27	18
Cannabis	3	6	5	2
Cocaine	0	0	1	0
Hallucinogens	0	2	0	0
Amphetamines	2	0	1	4
Barbiturates	7	9	19	15
Sub Total	21	35	53	39
Total Drug Mentions	837	807	986	904

* Data supplied by National Drug Abuse Information Centre

cases were reported in 1987. Table 11 shows a breakdown of HIV Positive and 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 3 cases in 1987; however, if people who are IV drug users and homosexuals or prostitutes are included the number has gone from 0 in 1984 to 10 in 1987.

(b) HEPATITIS

It is unfortunate that hepatitis nonA - nonB is not recorded since research suggests that it is associated with intravenous drug abuse. Hepatitis B has steadily increased from 155 cases in 1984 to 444 cases in 1988 (see Table 12).

5. State Drug Arrests, Charges and Seizures

In the period 1984-1985 to 1987-88 drug arrests rose significantly from 3,600, peaking at 5,499 in 1986-87 and falling slightly to 5,376 in 1987-88. There were a total of 19,122 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 relatively stable (see Table 13). 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, although there was an increase in amphetamine charges in the last two years (see Table 14). The number of charges for cannabis-related offences increased from 3,381 in 1984-85 to 5,033 in 1987-88. Charges for heroin offences increased from 204 in 1984-85 to 265 in 1985-86, but dropped to 168 in 1987-88.

TABLE 11

FIRST HIV/POSITIVE AND AIDS NOTIFICATIONS BY RISK FACTOR BY YEAR

RISK FACTOR	1984	1985	1986	1987
Homosexual Male	8	77	82	56
Bisexual Male	0	13	9	16
Homosexual/Bisexual Male + Intravenous Drug Use	0	1	2	6
Intravenous Drug Use	0	0	3	3
Female Prostitute + Intravenous Drug Use	0	0	2	1
Female Prostitute	0	0	1	1
Heterosexual Contact	0	5	2	6
Infant of Infected Mother	0	0	0	1
Haemophilia	7	10	3	0
Blood Transfusion	0	2	1	0
Unknown	0	2	8	1
TOTAL AIDS CASES	15	110	113	91

TABLE 12

HEPATITIS B NOTIFICATIONS BY AGE BY YEAR

YEAR	0-14	15-24	25-34	35-44	45-54	55+	Total
1984	12	55	52	26	3	7	155
1985	27	101	111	40	8	19	306
1986	41	100	95	44	18	25	323
1987	48	123	121	51	27	38	408
1988	55	116	128	83	26	36	444

TABLE 13

DRUG RELATED ARRESTS BY YEAR BY AGE

AGE GROUP	1984-85	1985-86	1986-87	1987-88
Under 18 years	431	648	817	734
18 - 21 years	1,427	1,521	1,469	1,588
Over 21 years	1,742	2,478	3,213	3,054
Total	3,600	4,647	5,499	5,376

* Data provided by the Western Australian Police Department.

TABLE 14STATE DRUG CHARGES⁺ BY TYPE BY YEAR (POSSESSION/USE AND DEALING)

DRUG TYPE	1984-85	1985-86	1986-87	1987-1988
Heroin	204	265	227	168
Cannabis (plants)	612	677	1,010	1,055
(leaf)	2,661	3,495	3,816	3,868
(resin)	108	119	119	110
Cocaine	2	3	4	10
Amphetamines	11	12	38	76
L.S.D.	8	18	22	12
Other Drugs	N/A	N/A	84	88

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

* Data provided by the Western Australian Police Department.

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 15). In the year 1987-88, seizures of the drug "Ecstasy" (MDMA) were recorded separately; prior to this period it had not been classified as an illegal drug.

6. Court Statistics

Table 16 (A and B) shows a small increase in the number of total charges, convictions and distinct¹ 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 and 1987 were in the 20 to 34 year age group (see Table 17).

¹ Since one person can receive multiple charges and convictions at any one time, court statistics also supply information based on "distinct persons" where only the most serious charge or conviction is recorded for each person at one point in time. If a person is charged at two different times within one year, however, this would be recorded as two distinct persons.

TABLE 15

STATE DRUG SEIZURES (AMOUNTS) BY YEAR BY TYPE

DRUG TYPE	AMOUNT SEIZED			
	1984 - 85	1985 - 86	1986 - 87	1987 - 88
Heroin	1.339 kilos	1.018 kilos	4.454 kilos	2.193 kilos
Cannabis - plants	33,297	37,704	63,353	44,843
- leaf	362.829 kilos	300.924 kilos	234.392 kilos	270.25 kilos
- resin	188.498 kilos	3.648 kilos	3.964 kilos	0.664 kilos
Cocaine	0.65 grams	32.86 grams	4.37 grams	12.7 grams
Amphetamines	43.0 grams	97.4 grams	267.0 grams	1,220.1 grams
L.S.D.	143 doses	513 doses	1,518 doses	710 doses
MDMA (Ecstasy)	N/A	N/A	N/A	4.6 grams 132 capsules 698 tablets

* Data provided by the Western Australian Police Department.

TABLE 16A

HIGHER CRIMINAL COURT STATISTICS ON DRUG OFFENCES

A. Total Charges and Convictions: 1984-85, 1985-86, 1986-87, 1987-88*

OFFENCE	(1987-88 ANCO Codes used)	TOTAL CHARGES				TOTAL CONVICTIONS			
		1984-85	1985-86	1986-87	1987-88	1984-85	1985-86	1986-87	1987-88
Possession/use of narcotics (-)		9	4	7	(-)	8	4	7	(-)
Possession/use of cannabis/marijuana (617)		5	8	3	2	5	7	3	2
Dealing and trafficking in drugs (653, 655, 657, 658)	*	186	203	205	212	165	182	191	202
Manufacturing/growing drugs (667)		25	22	35	5	21	19	30	5
Other drug offences (618, 643, 647)		5	-	1	15	2	-	1	15
Total Drug Offences		230	237	251	237	201	212	232	224
Total All Offences		3,976	4,538	4,339	5,722	3,369	4,142	3,912	5,239
Percent Drug/All Offences		5.8	5.2	5.8	4.1	6.0	5.1	5.9	4.3

* Note: from 1 July 1987 classification of offences changed to the Australian National Classification of Offences (ANCO). Some offence types have been redefined and as a result details of offences from 1 July 1987 are not comparable with earlier years.

HIGHER CRIMINAL COURT STATISTICS ON DRUG OFFENCES

B. Distinct Persons Charges and Convictions: 1984-85, 1985-86, 1986-87, 1987-88*

OFFENCE	CHARGED			CONVICTED				
	1984-85	1985-86	1986-87	1987-88	1984-85	1985-86	1986-87	1987-88
Possession/use of narcotics	1	2	3	N/A	1	2	3	0
Possession/use of cannabis/marijuana	2	6	-	N/A	2	5	-	2
Dealing and trafficking in drugs	127	136	148	N/A	114	127	137	137
Manufacturing/growing drugs	20	18	24	N/A	18	17	23	4
Other drug offences	3	-	1	N/A	2	-	1	10
Total Drug Offences	153	162	176	N/A	137	151	164	153
Total All Offences	1,435	1,625	1,809	N/A	1,286	1,446	1,619	1,823
Percent Drug/All Offences	10.7	10.0	9.7	N/A	10.7	10.4	10.1	8.4

From Australian Bureau of Statistics, Court Statistics: Higher Criminal Courts (1987, 1988, 1989)

* Note: from 1 July 1987 classification of offences changed to the Australian National Classification of Offences (ANCO). Some offence types have been redefined and as a result details of offences from 1 July 1987 are not comparable with earlier years.

TABLE 17

HIGHER CRIMINAL COURT:
 ALL DRUG CONVICTIONS IN DIFFERENT AGE GROUPS 1986-87, 1987-88

AGE GROUP	1986 - 87	1987 - 88
Under 20 years	6	0
20 - 24	47	34
25 - 29	64	68
30 - 34	55	52
35 - 39	25	29
40 - 44	15	20
45 +	18	12
Not known	N/A	9

* From Australian Bureau of Statistics, Court Statistics: Higher Criminal Courts (1987, 1988, 1989).

Recent statistics for Courts of Petty Sessions and Childrens Courts were not available. Table 18 shows the number of distinct persons convicted of drug offences in both courts, for the years 1984-85 and 1986-87. 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 630 in December 1988. This increase probably reflects the fact that the service only started in 1986 and has become more widely known in the last 3 years, in particular because it has been used as a contact point for the 'Minor Tranquilliser' campaign in the last year and more recently for the 'Quit' campaign. 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%).

In the five six month periods calls relating to tranquillisers, cannabis and cocaine categories remained stable, with small increases in the percentage of calls about stimulants (including crack), hallucinogens and MDMA (which has emerged as a drug for which calls are received since mid-1987), (see Table 19). There has been a small drop in the percentage of heroin-related calls and calls regarding polydrug use. The enquiry rate is by far the highest for alcohol, and for some drug groups (cocaine, hallucinogens and MDMA) is very low.

TABLE 18

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

OFFENCE	COURTS OF PETTY SESSIONS		CHILDRENS COURTS	
	1984-85	*1986-87	1984-85	1986-87
Possession/use of narcotics	28	88	1	2
Possession/use of cannabis/ marijuana	1,342	2,762	475	448
Possession/use of other drugs	68	109	12	49
Dealing and trafficking in drugs	69	150	24	17
Manufacturing/growing drugs	216	586	38	42
Other drug offences	432	977	164	215
Total Drug Convictions	2,155	4,672	714	773
Total All Offences	62,840	119,639	14,429	17,025
Percent Drug/All Offences	3.4	3.9	4.9	4.5

From Australian Bureau of Statistics "Court Statistics: Childrens Courts, Western Australia" Cat. No. 4503.5 and "Court Statistics Courts of Petty Sessions, Western Australia" Cat. No. 4502.5.

* 1986/87 Courts of Petty Sessions figures include details from all courts in Western Australia. In previous year these figures did not include Perth and East Perth Courts of Petty Sessions, hence the appearance of a large increase in numbers in 1986/87.

ALCOHOL AND DRUG INFORMATION SERVICE

	July - Dec 1986		Jan - June 1987		July - Dec 1987		Jan - June 1988		July - Dec 1988	
	# Calls	% Total	# Calls	% Total	# Calls	% Total	# Calls	% Total	# Calls	% Total
Alcohol	845	30.4	965	34.9	1323	41.0	1552	37.4	1685	38.6
Heroin	335	12.1	329	11.9	343	10.6	399	9.6	382	8.8
Tranquillizers	151	5.4	155	5.6	191	5.9	277	6.7	271	6.2
Cannabis	345	12.4	436	15.8	469	14.5	631	15.2	483	11.1
Psychostimulants	68	2.5	77	2.8	117	3.6	135	3.3	238	5.5
- cocaine	-	-	22	<0.8	36	1.1	36	0.9	39	0.9
- crack	-	-	10	<0.4	10	<0.3	1	<0.1	199	4.6
- other	-	-	45	1.6	71	2.2	98	2.4		
Hallucinogens	22	<0.8	12	<0.8	28	<0.9	25	0.6	52	1.2
Polydrugs	192	6.9	241	8.7	132	4.0	207	5.0	187	4.3
Ecstasy (MDMA)	-	-	-	-	18	<0.6	61	1.5	68	1.6

* Data provided by the Alcohol and Drug Information Service.

* Percentages do not add to 100 due to exclusion of some categories of calls from this table.

8. State Treatment Agencies for Opiate Abuse

(a) METHADONE

Between January 1987 and March 1989 there was an increase in new admissions to the Methadone Programme in each quarter, from 27 in the first quarter to 80 in the quarter from October to December 1988, falling to 47 in the last quarter (see Table 20). One possible explanation for the pattern of new methadone admissions in this time period is related to changes in admission policy (WAADA, private communication). In 1987 and 1988 a low threshold admission policy was adopted, aimed at reducing the spread of HIV infection. The fall in new admissions since January 1989 would be a reflection of the adoption of a more stringent admissions policy in reaction to the increased pressures being placed on the clinic and a need for a ceiling to be placed on numbers in the programme.

(b) CENTRAL DRUG UNIT

The increase in first admissions to the methadone programme was paralleled by an increase in first admissions to the Central Drug Unit Detoxification Service in 1987. In the first half of 1987 there were 69 first admissions and 175 first admissions in the second half (see Table 21). In 1988, admissions and first admissions fell somewhat, during that time the Western Australia Alcohol and Drug Authority (WAADA) (private communication) report no policy changes which might account for the fall.

TABLE 20

METHADONE NEW ADMISSIONS: 1987, 1988, 1989

	Total clients in programme at end of quarter			New admissions during quarter
	Males	Females	Total	
Jan - March 1987	160	110	270	26
April - June 1987	150	119	269	26
July - Sept 1987	166	130	296	36
Oct - Dec 1987	181	137	318	37
Jan - March 1988	201	149	350	37
April - June 1988	207	157	364	47
July - Sept 1988	243	165	408	66
Oct - Dec 1988	274	183	457	80
Jan - March 1989	262	193	455	47

* Notes:

- (1) there is some variation in numbers from the last "Indicators of Illicit Drug Use" report as a result of changes to and updating of the methadone data base;
- (2) this data was provided by the William Street Clinic.

TABLE 21

CENTRAL DRUG UNIT DETOXIFICATION SERVICE

	<u>1 9 8 7</u>		<u>1 9 8 8</u>	
	January-June	July-December	January-June	July-December
Assessments	135	285	167	160
Admissions	97	216	125	133
First Admissions	69	175	84	76
Males	68	150	83	81
Females	29	66	41	45
Average Age	27	27	26.5	26.1

* Data provided by Western Australian Alcohol and Drug Authority.

CONCLUSIONS

Indicators of illicit drug use in this State show that, of the drug types studied, tranquillisers, cannabis and opiates are the most widely used. No one indicator alone can produce reliable estimates of illicit 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 illicit drug use 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

Opiate deaths increased from 4 to 28 from 1981 to 1985 and fell slightly to 18 in 1986. Opiate-related hospital stays have increased from 1981 (327) to 1988 (477) with a peak in 1986 (555). This pattern of increases peaking in 1985-86 and falling slightly after that is evident in most of the indicators (National Drug Poisoning Reporting System, Alcohol and Drug Information Service, opiate charges and seizures).

Barbiturates

Mortality from barbiturate use fell in the 1980s, as did the overall number of hospital stays related to barbiturate use. The fall in morbidity, however, was related to a fall in suicide attempts. Hospital stays for other 'uses' of barbiturates increased in the 1980s.

Cannabis

The relevant indicators show an increase in cannabis use from 1981 to 1988. No deaths were recorded as directly resulting from cannabis use, however, hospital stays have gone from 9 in 1981 to 74 in 1988. There were very few cannabis mentions in the National Drug Poisons Data System (range 2-6), charges and seizures involving cannabis have increased from 1984/85 to 1987/88.

Stimulants

There is some evidence from the indicators for an increase in the use of stimulants from 1981 to 1988; the numbers, however, are small. Increases were found for: hospital stays, which increased from 4 to 28 between 1981 and 1988; drug charges which increased from 11 to 76 between 1984/5 and 1987/8; and drug hauls where the amount seized went from 43.0 grams in 1984/5 to 1,220.1 grams in 1987/8.

Cocaine

The amount of cocaine use in this State appears negligible according to data from the drug indicators. Between 1981 and 1986 there was only one death, eight hospital stays between 1981 and 1988, very few drug charges and approximately one percent of calls about cocaine to the Alcohol and Drug Information Service.

Hallucinogens

Like cocaine, hallucinogens do not appear to be widely used. There have been no deaths since 1981 and 45 hospital stays between 1981 and 1988. There was a small increase in drug charges from 8 in 1984/5 to 22 in 1986/7 followed by a decrease to 12 in 1987/88, and an increase in drug seizures from 143 doses to 1,518 doses followed by a decrease to 710 doses in the same period. Other indicators produce small numbers with either fluctuating or stable patterns.

Tranquillisers

Indicators of tranquilliser misuse appear to have been stable in the 1980s. Hospital stays decreased from 1081 in 1981 to 907 in 1988, although, the decrease was largely the result of decreases in suicide attempts by this method.

Sedatives

Indicators of sedative use have been stable. Hospital stays related to sedatives increased from 69 in 1981 to 112 in 1988, but this was accounted for by increases in suicide attempts.

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 and tobacco. Far greater health and social problems are presented to the community through the abuse of alcohol and tobacco 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 19). Whilst illicit drug use is not yet a major problem in Western Australia, this report identifies an increase in cannabis and stimulant use, and an apparent decline in opiate use in the last year or two. Illicit drug use must be continuously monitored in order to plan interventions and provide treatment; it is hoped that the use of the indicators reported here is one way of meeting this need.

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