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INDICATORS OF ILLICIT DRUG USE IN WESTERN AUSTRALIA 1981 - 1989

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SUMMARY

This report uses a number of indicators of drug use to make inferences about consequences of the consumption of drugs in this State. It is to be noted that indicators of the two most frequently used drugs in Western Australia, tobacco and alcohol, have not been included in the 1981-1989 report.

Mortality.
Since 1981 there has been a marked decline in barbiturate deaths; over the same period the number of opiate deaths have increased, each year since 1982 they have been the most frequent type of drug death in this State. There has also been an increase in the annual number of tranquillizer deaths, since 1987 this has been the second most frequent type of drug death in this State. There were 14 deaths reported as due to volatile substance use; most of which involved young Aboriginal males in non-metropolitan regions.

Age specific rate of drug-related deaths in the WA population has increased since 1981 in the 15 - 19, 20 - 29 and 30 - 39 age groups; by 1988 the 20 - 29 age group had the highest rate, 6.44 deaths per 100,000, a rate double that of the 40+ age group and 3 times the rate of the 15 - 19 age group.

Morbidity.
Data from the WA Hospital Morbidity Data System (HMDS) indicated that out of the 15,992 drug-related hospital discharges for the period 1981 - 1989, 9,201 (57.5%) were due to tranquillizers, 4,267 (26.7%) were due to opiates, 1,046 (6.5%) were due to barbiturates and 809 (5.1%) were due to sedatives. From 1981 to 1989 there was a decline by 22% in the number of discharges due to tranquillizer use; the number of barbiturate discharges have remained constant and the number of sedative discharges have increased moderately. There were increases in the number of discharges related to the use of stimulants, cannabis and hallucinogens; however, these type of drugs accounted for only a small number of all admissions. The number of opiate-related discharges recorded by hospitals involved with the HMDS increased by 56% from 1981 to 1989. Analysis of the data by gender indicated an over-representation of females whose drug use involved a suicide attempt; whereas accidental drug use most frequently involved males for all types of drugs except tranquillizers, barbiturates and stimulants.

HIV Infection.
Concern about HIV_1 infection has been a major factor in the increase in the methadone treatment population since 1985. The rate of HIV_1 infection of the methadone treatment population has remained between one to two percent. It is not known if this rate of infection is higher or lower than the rate of all heroin users in WA. This report also underlines the impact of programs established since the mid 1980s to prevent the spread of HIV_1 infection among drug users through sharing unsterile injection equipment and unsafe sexual practices. More than a quarter of a million new needles/syringes had been supplied to injecting drug users in this State from mid 1987 to the end of 1989.

Treatment Data.
There is a need for regular reporting systems from all treatment agencies. It is hoped that trials of the DAISY computerized client information package by the non-Government agencies will provide data accessible through the Alcohol & Drug Authority to monitor trends in the illicit drug treatment population in this State. There is inadequate age-related data on the participation of drug users in treatment programs in WA. The only available data, from the methadone program for the period 1986 to 1989, indicates that by 1989 the mean age of the methadone treatment population had increased to the early 30's and that the 30 - 39 age group had the highest rate of participation in treatment.

Methadone treatment may provide heroin users with an increased level of protection against premature death. This interpretation is based on results that show the 30 - 39 age group of the WA population has a higher rate of participation in methadone treatment than the 20 - 29 age group, but that the 20 - 29 age group of the WA population has a higher rate of drug-related mortality than the 30 - 39 age group.The higher mortality rate of the 20 - 29 age group raises concerns whether treatment programs adopt policies that tend to selectively discourage younger users from some forms of treatment.

Comparison of the age specific rates of participation in methadone treatment and notification of drug addiction indicate age may be an important factor in utilization of medical resources. As the principal criterion for notification is opiate use, it is likely that younger users attend GPs, whereas older users attend the methadone program.

On the basis of information available from 1981 to 1989 there has been a 336% increase in the number of persons who have participated annually in the WA methadone program. This increase may <u>not</u> mean there has been an accompanying increase in the size of the heroin-using population in this State, but has arisen because more individuals have been induced to participate in treatment due to the change in policy from a rehabilitative/curative model to a harm minimization model.

Psychostimulant Use
Psychostimulant use, particularly of illicitly manufactured amphetamines is believed to have increased in recent years in this State. This perception was strongly supported by drug seizure data from the police and to a lesser extent through increases in the number of phone calls received by the Alcohol & Drug Information Service.

INTRODUCTION

This is the third Annual Report of illicit drug use trends in Western Australia. It has been compiled from data from a number of sources which can be used as indicators. The term "illegal 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 non-sanctioned use of some legally obtained drugs.

Indicators of illicit drug use consist of those data collections that are known or believed to bear a relationship to the true pattern and level of illicit drug use. The indicators are not direct measures of prevalence and incidence. Some of the indicators, such as the notifications of addiction, cumulative new admissions to methadone and annual consumption of methadone have not previously been published. In a number of instances data prior to 1981 has been included to provide complete data sets.

1. DRUG-RELATED DEATHS

All causes of death in Western Australia are coded as a single cause by the Australian Bureau of Statistics (ABS). The ABS coding conforms to the definitions of the 9th Revision of the International Classification of Diseases (ICD9). ICD9 codes have applied to the four digit level in Australia since 1979. The set of ICD9 codes adopted to distinguish drug-related deaths from other causes of deaths are set out in Table 1.

Analysis of the ABS coded mortality file shows that 354 drug-related deaths occurred in Western Australia in the period 1981-1988 (Table 2). It is to be noted that these 354 drug-related deaths represent only a small proportion of all drug-related mortality in this State. The most recently available research based on revised aetological fractions found in 1987 that 97% of drug-related deaths in Australia were caused by the use of alcohol and tobacco (Statistics on Drug Abuse in Australia 1989, Department for Community Services and Health).

There are a number of important features about these drug-related deaths.

- 136 (38.97%) of all deaths were due to the use of opiate type drugs;

- each year since 1982 opiate deaths have exceeded the number of deaths due to the use of other types of drugs, and that opiate deaths peaked at 27 in 1985;

- between 1981 and 1988 there were 14 deaths due to the use of volatile substances, only one death being that of a female;

- barbiturates continued to decline as a cause of death, by 1988 no barbiturate deaths were recorded;

- there have been no deaths recorded due to cannabis use;

- between 1981 and 1988 the number of deaths due to tranquillizers quadrupled, all of which were suicides;

- there was one death due to cocaine use (in 1981) and one death due to stimulant use (in 1987);

- the majority of deaths in the 40 and over age group were suicides by the use of either barbiturates (in the early 1980s) or tranquillizers (in the late 1980s).

The increase in the number of deaths in the 20-29 and 30-39 age groups is largely attributable to the increase in the number of opiate-related deaths from drug dependence or accidental use. About twice as many opiate deaths involved males as compared to females (Table 3); a more even gender distribution tended to occur in the other type of drug deaths. Insufficient information about the involvement of non-prescribed opiates and lack of detail about the group of drugs described as Other Drugs and Unspecified Drugs precludes more detailed comment.

The possibility of changes in coding practices cannot be excluded in the interpretation of changes in the frequencies of some types of drugs. For instance, increased concern about volatile substances and opiate drugs may have introduced biases in reporting and detection procedures and thereby distort trends in these types of deaths.

Data on the number of deaths due to volatile substance use for the period 1981-1986 incorporates the results of the research by Hayward and Kickett (1988), Petrol Sniffing in Western Australia.

Changes in the age structure of the Western Australian population may also contribute to variations in the frequency of types of drugs as causes of death of particular age groups. The information in Table 5 (plotted in Figure 2) attempts to account for this problem. The 40 and over age group had a consistent rate of about three deaths per 100,000 over the period 1981-1988, however, there were increases in mortality rate in the 20-29 and 30-39 age groups. The mortality rate of both these age groups has declined slightly since 1985; but it would appear that the mortality rate for the 20-29 age group has continued to remain higher than other age groups.

It is to be noted that the age specific death rates are standardized measures of mortality of the West Australian population. The mortality rate of drug users requires data about the drug using population; at present we have incomplete information about the characteristics and size of this population.

(8) **CANNABIS**

Dependence	304.3
Nondependent abuse	305.2

(9) **VOLATILE SUBSTANCES**

Dependence	304.6
Accidental or undetermined	304.6, E862.1, E866, E981.1
Suicide	E951.1

(10) **OTHER DRUGS AND UNSPECIFIED DRUGS**

Dependence	304.8, 304.9
Nondependent abuse	305.8, 305.9
Accidental or undetermined	965.1, 965.4, 967.1-967.9, E850.4-E850.9, E980.4-E980.9,
Suicide	E950.4

Note: Drug dependency 304.1 includes barbiturates, sedatives and tranquillizers.
Nondependent abuse 305.4 includes barbiturates, sedatives and tranquillizers.

TABLE 1

ICD-9 CODES AND DRUG TYPES

TYPE OF DRUG AND CAUSE OF DEATH	ICD-9 CODES
(1) **OPIATES**	
Dependence	304.0, 304.7
Nondependent abuse	305.5
Accidental or undetermined	965.0, E850.0-E850.3, E850.8, E850.9, E980.0
Suicide	E950.0
(2) **BARBITURATES**	
Dependence	304.1
Nondependent abuse	305.4
Accidental or undetermined	967.0, E851, E980.1
Suicide	E950.1
(3) **TRANQUILLISERS**	
Accidental or undetermined	969.1-969.5, E853, E980.3
Suicide	E950.3
(4) **SEDATIVES**	
Accidental or undetermined	E852.0-E852.9, E980.2
Suicide	E950.2
(5) **COCAINE**	
Dependence	304.2
Nondependent abuse	305.6
(6) **STIMULANTS**	
Dependence	304.4
Nondependent abuse	305.7
Accidental	969.7, 970.0, 970.1, 970.8, 970.9, E854.2
(7) **HALLUCINOGENS**	
Dependence	304.5
Nondependent abuse	305.3
Accidental	969.6, E854.1

(8) **CANNABIS**

Dependence	304.3
Nondependent abuse	305.2

(9) **VOLATILE SUBSTANCES**

Dependence	304.6
Accidental or undetermined	304.6, E862.1, E866, E981.1
Suicide	E951.1

(10) **OTHER DRUGS AND UNSPECIFIED DRUGS**

Dependence	304.8, 304.9
Nondependent abuse	305.8, 305.9
Accidental or undetermined	965.1, 965.4, 967.1-967.9, E850.4-E850.9, E980.4-E980.9,
Suicide	E950.4

Note: Drug dependency 304.1 includes barbiturates, sedatives and tranquillizers.
Nondependent abuse 305.4 includes barbiturates, sedatives and tranquillizers.

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(2) **BARBITURATES**	
Dependence	304.1
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Suicide	E950.1
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Accidental or undetermined	969.1-969.5, E853, E980.3
Suicide	E950.3
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(7) **HALLUCINOGENS**	
Dependence	304.5
Nondependent abuse	305.3
Accidental	969.6, E854.1

NUMBER OF DRUG-RELATED DEATHS:
YEAR BY DRUG TYPE BY CAUSE - 1981-1989

DRUG		1981	1982	1983	1984	1985	1986	1987	1988	1989	Total
Opiates	D	-	2	6	6	20	14	10	12		70
	A	4	4	7	3	7	2	3	11		41
	S	-	7	2	6	-	4	4	2		25
Barbiturates	D	1	-	-	1	-	-	-	-		2
	A	-	-	-	-	-	-	-	-		-
	S	11	8	11	7	5	6	4	-		52
Tranquillisers	A	-	-	-	-	-	-	-	-		-
	S	3	6	6	8	4	6	16	12		61
Sedatives	A	3	-	-	-	-	-	-	-		3
	S	-	2	2	6	4	2	1	-		17
Cocaine	D	1	-	-	-	-	-	-	-		1
Stimulants	A	-	-	-	-	-	-	1	-		1
Volatile Substances	D	-	-	-	-	-	-	3	1		4
	A	2	1	-	1	2	2	-	1		9
	S	-	-	-	-	-	-	1	-		1
Other/Unspecified	D	-	-	-	-	1	7	2	3		13
	A	-	-	-	3	3	2	4	4		16
	S	1	2	3	4	11	8	7	2		38
TOTAL DEATHS		**26**	**32**	**37**	**45**	**57**	**53**	**56**	**48**		354

Source: Health Department of Western Australia, Epidemiology Branch.
Note: 1989 Data not processed. D - Drug Dependence/Nondependent Abuse; A - Accidental/Undetermined; S - Suicide.

TABLE 3

NUMBER OF DRUG-RELATED DEATHS: YEAR BY DRUG TYPE BY GENDER - 1981-1989

DRUG BY SEX		1981	1982	1983	1984	1985	1986	1987	1988	1989
Opiates	M	3	9	10	9	18	12	13	17	
	F	1	4	5	6	9	8	4	8	
	TOTAL	**4**	**13**	**15**	**15**	**27**	**20**	**17**	**25**	
Barbiturates	M	9	4	5	4	3	3	2	-	
	F	3	4	6	4	2	3	2	-	
	TOTAL	**12**	**8**	**11**	**8**	**5**	**6**	**4**	-	
Tranquillisers	M	1	1	3	5	3	3	10	4	
	F	2	5	3	3	1	3	6	8	
	TOTAL	**3**	**6**	**6**	**8**	**4**	**6**	**16**	**12**	
Sedatives	M	1	1	2	3	3	1	1	-	
	F	2	1	-	3	1	1	-	-	
	TOTAL	**3**	**2**	**2**	**6**	**4**	**2**	**1**	-	
Cocaine	M	1	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	
	TOTAL	**1**	-	-	-	-	-	-	-	
Stimulants	M	-	-	-	-	-	-	1	-	
	F	-	-	-	-	-	-	-	-	
	TOTAL	-	-	-	-	-	-	**1**	-	
Volatile Substances	M	2	1	-	1	2	2	4	1	
	F	-	-	-	-	-	-	-	1	
	TOTAL	**2**	**1**	-	**1**	**2**	**2**	**4**	**2**	
Other/Unspecified	M	1	1	2	5	4	11	12	8	
	F	-	1	1	2	11	6	1	1	
	TOTAL	**1**	**2**	**3**	**7**	**15**	**17**	**13**	**9**	

Source: Health Department of WA, Epidemiology Branch.

Source: Health Department of WA, Epidemiology Branch.

FIGURE 1

DRUG-RELATED DEATHS - TYPE OF DRUG (1981 - 1988)

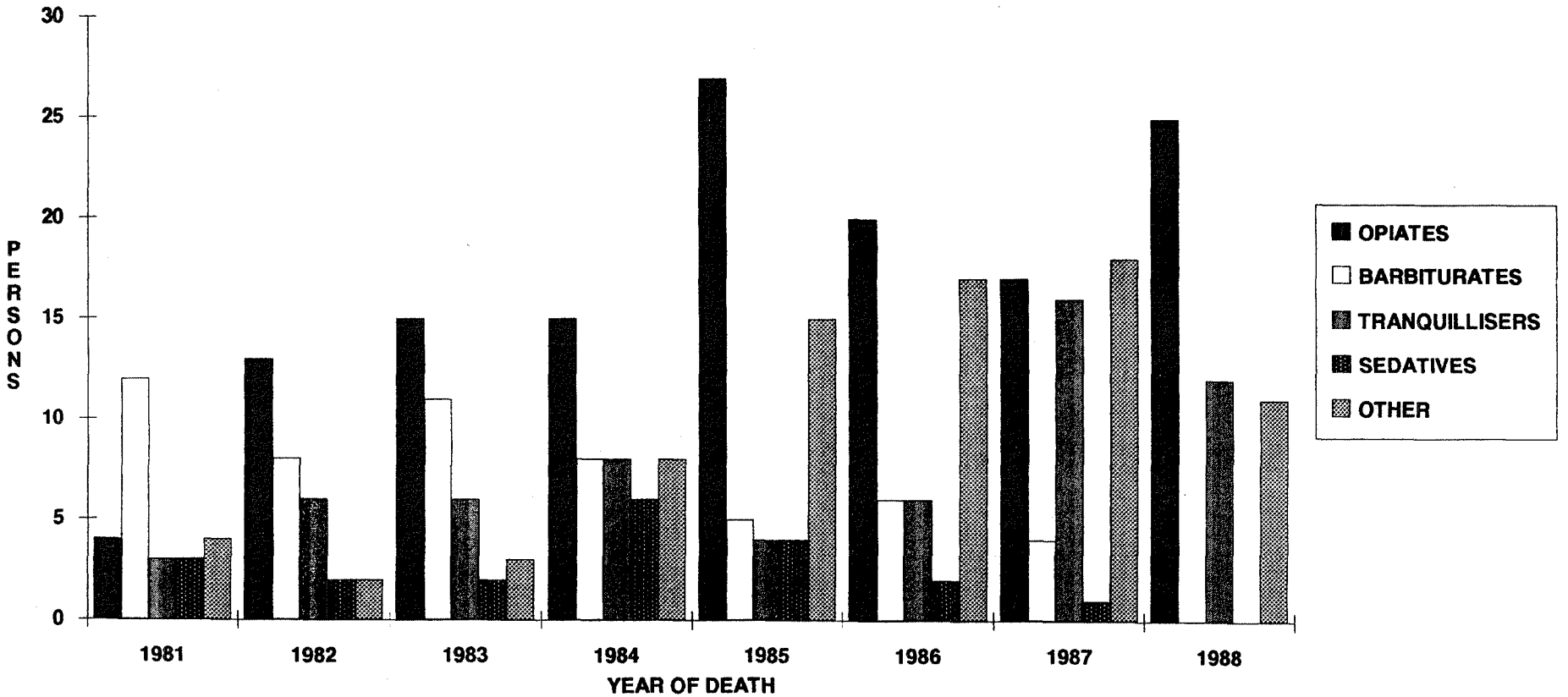


TABLE 4

NUMBER OF DRUG-RELATED DEATHS: YEAR BY DRUG TYPE BY AGE GROUP - 1981-1989

DRUG TYPE	AGE GROUP	1981	1982	1983	1984	1985	1986	1987	1988	1989
Opiates	15-19	-	-	-	3	-	-	4	-	
	20-29	2	6	8	9	17	8	6	12	
	30-39	1	3	4	2	8	9	6	10	
	40+	1	4	3	1	2	3	1	3	
Barbiturates	15-19	-	-	-	-	-	-	-	-	
	20-29	2	3	2	3	2	1	-	-	
	30-39	2	3	2	1	1	1	-	-	
	40+	8	2	7	4	2	4	4	-	
Tranquillisers	0-14	-	-	-	-	-	-	-	1	
	15-19	-	-	-	1	-	-	2	-	
	20-29	-	-	2	1	1	2	1	2	
	30-39	1	2	1	3	-	2	1	2	
	40+	2	4	3	3	3	2	12	7	
Sedatives	15-19	-	-	1	-	-	-	-	-	
	20-29	1	-	-	5	1	-	-	-	
	30-39	1	1	-	-	1	1	-	-	
	40+	1	1	1	1	2	1	1	-	
Cocaine	20-29	1	-	-	-	-	-	-	-	
Stimulants	20-29	-	-	-	-	-	-	1	-	
Volatile Substances	0-14	-	1	-	-	-	-	-	1	
	15-19	1	-	-	1	-	-	2	1	
	20-29	1	-	-	-	2	2	1	-	
	40+	-	-	-	-	-	-	1	-	
Other/Unspecified	15-19	-	-	-	-	-	3	1	2	
	20-29	-	1	1	1	3	5	6	3	
	30-39	-	-	1	3	4	3	2	1	
	40+	1	1	1	3	8	6	4	3	

Source: Health Department of WA, Epidemiology Branch.

FIGURE 2

NUMBER OF DRUG-RELATED DEATHS - AGE GROUPS (1981 - 1988)

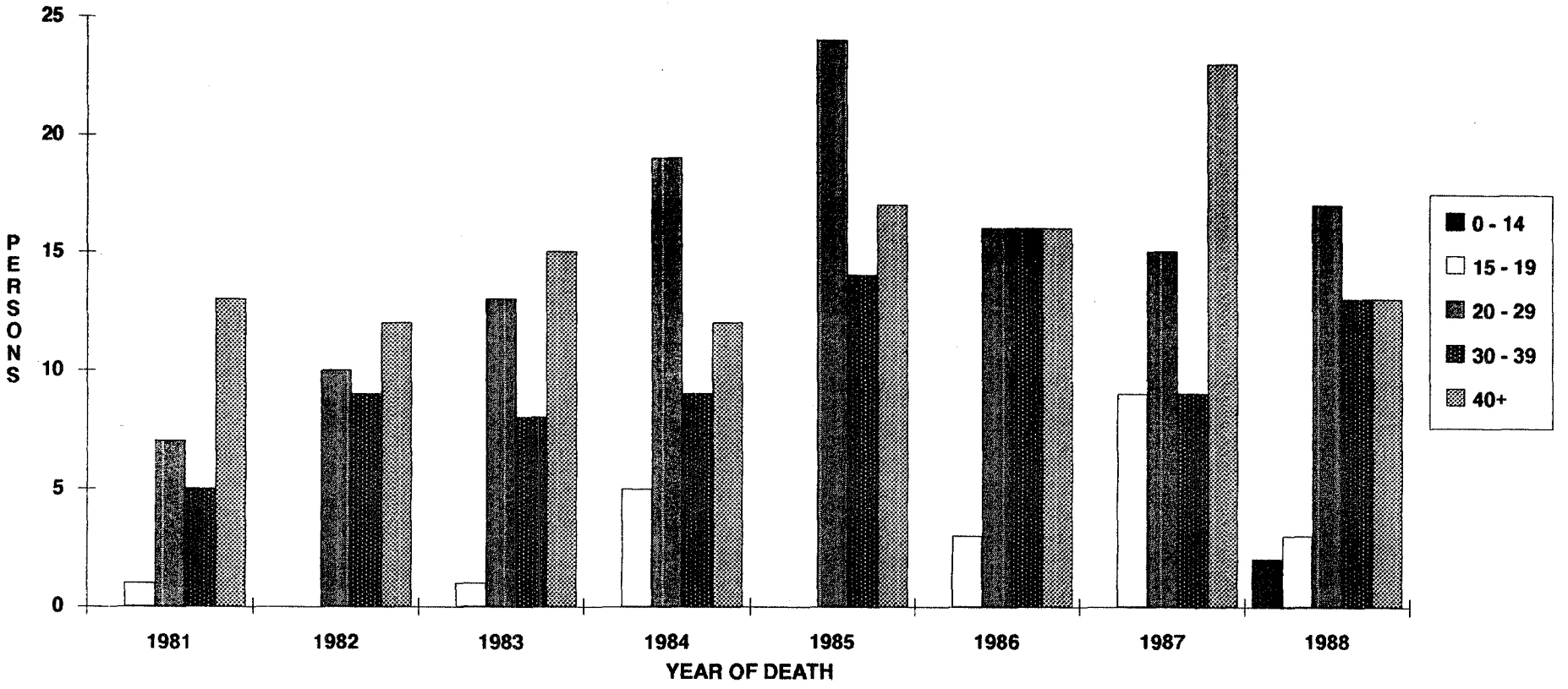


TABLE 5

DRUG RELATED DEATHS: AGE SPECIFIC DEATH RATES
1981 - 1989

Rate Per 100,000 Population

	Age Group			
Year	15 - 19	20 - 29	30 - 39	40+
1981	0.87	3.03	2.50	3.13
1982	-	4.21	4.27	2.80
1983	0.86	5.41	3.63	3.41
1984	4.23	7.88	3.98	2.65
1985	-	9.76	6.00	3.65
1986	2.39	6.75	6.58	3.27
1987	6.95	7.02	4.05	4.50
1988	2.27	6.44	5.47	3.00
1989				

Note: 1989 Data not processed. Age specific rate based on number of deaths, all causes, and estimated size of mid year resident population of Western Australia.

2. DRUG-RELATED HOSPITAL DISCHARGES

This section provides data and tabulations from the Western Australian Hospital Morbidity Data System (HMDS). Statistics in this section are from all short stay hospitals in Western Australia, including the Federal Veteran's Affairs Hospital. The HMDS is derived from the data from the summary sheet (HA22) of the medical record of hospital inpatients. At the time of writing there were 113 hospitals included in this system (91 public, 22 private including two free-standing day surgery centres). The HA 22 which is completed at separation allows for the principal condition, an underlying cause, other conditions present and operations/procedures to be coded.

Coding of the principal condition treated is done according to the 9th Revision International Classification of Diseases - Clinical Modification (ICD9-CM). The principal condition treated is the final diagnosis of the disease condition treated which best characterised the period of hospitalisation. There are 17 ICD9-CM chapters and 565 items relating to disease type in the Basic Tabulation list.

There is a Supplementary Classification of ICD9-CM, the E - codes, which relates to the external cause of injury and poisoning. If any of the conditions given result from an accident, poisoning or violence then the external cause and the place of occurrence are noted. Thus, the E-code could relate to other than the principal condition treated.

The HMDS was implemented in all short-stay hospitals on 1 January 1971. All separations from the hospitals are included with the exception of boarders and healthy new born infants. The Health Department of WA assumed full responsibility for the HMDS from 1 January 1981. All aspects of coding, data collection, editing and data retrieval are handled by the Health Services Statistics Unit in the Health Services Planning Branch.

The HMDS cannot be used as a surrogate for the measurement of the incidence of conditions as it counts discrete in-patient hospital treatment events. Some conditions may necessitate frequent short-term stays in hospital, other conditions may require continuous extended hospital stays. The former example would give the impression that over a period of time there was a high incidence of a particular condition; the latter example would suggest a relatively low incidence of the condition, even if both examples had equal aggregate days of treatment. Some conditions are not recorded at all, for instance, when an individual was not admitted as an in-patient to a hospital.

In the years 1981 to 1989 there were 15,992 discharges from hospitals in Western Australia related to drug use (see Table 6). There were 9,201 stays (57.5%) related to tranquillizer use, with opiate use 4,267 stays (26.7%), being the next most common. Overall the number of annual discharges related to drug use peaked in 1986 at 1,931 stays, and declined to under 1,700 stays by 1989.

Over the period 1981 to 1989 tranquillizer use has shown a decline as a drug-related cause, after peaking in 1983. The most marked decline has been in the number of discharges of tranquillizers related to suicide (Figure 3).

While there has also been a similar reduction in the number of discharges due to barbiturate use, the number of discharges related to sedative use has increased; discharges related to the use of stimulants, hallucinogens, cannabis and opiates have increased over the period.

For the period 1981 to 1989 the annual number of female discharges due to drug suicide attempts was about twice male discharges related to drug suicide attempts (Table 7, figure 4). There has been a decline in the number of female drug suicide discharges since 1986, however, the annual number of male discharges has remained constant. The annual number of discharges due to accidental drug use nearly doubled from 1981 to 1983; since 1983 the annnual number of male and female discharges has been similar and remained constant.

Only accidental causes have been included in Tables 8 and 9 to control for distortions due to the number of suicide attempts by females. It is unclear whether accidental drug use represents the pattern of chronic drug use, eg attributable to drug addiction.

Table 8 indicates that accidental drug use more often involves males then females; for only discharges that involved the use of barbiturates and tranquillizers did the number of female discharges exceed that of males.

It can be seen in Table 9 that there are different patterns of drug use according to age groups. For instance, barbiturate use involves mostly age groups 30 or over; hallucinogen and stimulant use principally involves age groups under 30.

NUMBER OF DRUG-RELATED HOSPITAL DISCHARGES:
YEAR BY DRUG BY ALL CAUSES - 1981-1989

NUMBER OF DRUG-RELATED HOSPITAL DISCHARGES:
YEAR BY DRUG BY ALL CAUSES - 1981-1989

A= Accidental/Undetermined
S= Suicide
T= Total

		1981	1982	1983	1984	1985	1986	1987	1988	1989	TOTALS
Opiates	A	102	110	226	261	249	253	196	217	227	1841
	S	225	273	266	268	268	302	258	282	284	2426
	T	327	383	492	529	517	555	454	499	511	4267
Barbiturates	A	47	45	100	85	93	92	93	91	97	743
	S	76	49	49	51	25	26	10	10	7	303
	T	123	94	149	136	118	118	103	101	104	1046
Hallucinogens	T	7	5	6	5	4	4	3	11	15	60
Tranquillisers	A	164	184	253	281	298	248	209	198	167	2002
	S	917	891	884	830	794	803	692	712	676	7199
	T	1081	1075	1137	1111	1092	1051	901	910	843	9201
Cannabis	T	9	10	19	57	66	85	91	75	61	473
Stimulants	T	4	11	20	7	9	11	28	11	26	127
Sedatives	A	5	3	4	3	12	7	8	13	12	67
	S	64	70	60	75	68	98	111	100	96	742
	T	69	73	64	78	80	105	119	113	108	809
Cocaine		-	-	-	3	1	2	1	1	1	9
Totals		**1620**	**1651**	**1887**	**1926**	**1887**	**1931**	**1700**	**1721**	**1669**	**15992**

Source: Health Department of Western Australia, Health Services Statistics Unit.

FIGURE 3

NUMBER OF DRUG-RELATED HOSPITAL DISCHARGES - YEAR BY MAJOR CAUSE (1981 - 1988)

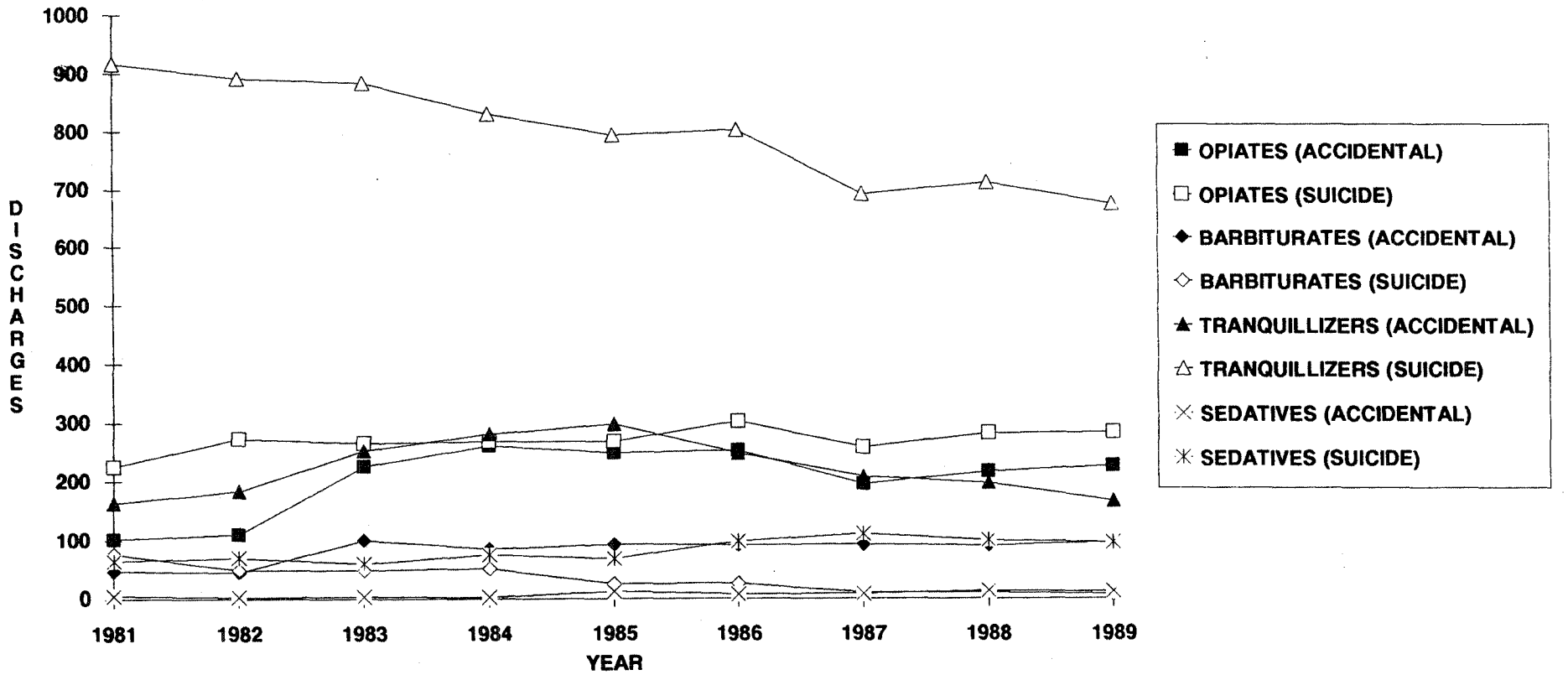


TABLE 7

**NUMBER OF DRUG-RELATED HOSPITAL DISCHARGES:
YEAR BY GENDER BY ALL CAUSES - 1981-1989**

		1981	1982	1983	1984	1985	1986	1987	1988	1989
Male	Accident	162	165	301	352	390	361	305	323	313
	Suicide	442	444	417	434	377	421	386	367	393
	Total	604	609	718	786	767	782	691	690	706
Female	Accident	176	203	327	350	342	341	324	294	293
	Suicide	840	839	842	790	778	808	685	737	670
	Total	1016	1042	1169	1140	1120	1149	1009	1031	963
Totals		**1620**	**1651**	**1887**	**1926**	**1887**	**1931**	**1700**	**1721**	**1669**

Source: Health Department of Western Australia, Health Services Statistics Unit.

FIGURE 4

NUMBER OF DRUG-RELATED HOSPITAL DISCHARGES - YEAR BY GENDER BY ALL CAUSES (1981 - 1988)

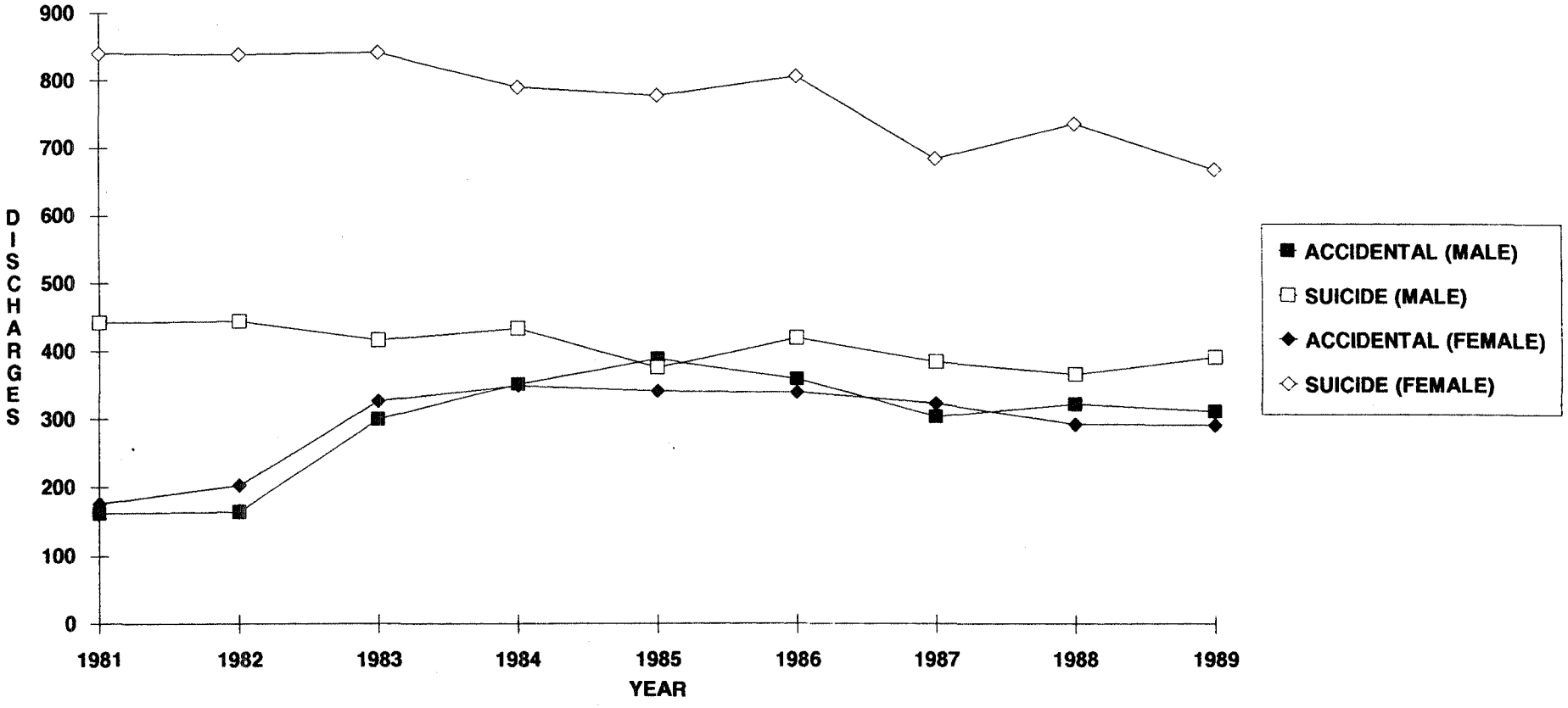


TABLE 8

NUMBER OF DRUG-RELATED HOSPITAL DISCHARGES (ACCIDENTAL CAUSE ONLY): YEAR BY GENDER BY DRUG - 1981-1989

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	-	-	6	3	69	95	4	1
1982	56	54	16	29	2	3	6	5	-	-	8	2	76	108	1	2
1983	137	89	34	66	4	2	9	11	-	-	9	10	104	149	4	0
1984	154	107	41	44	5	-	4	3	1	2	40	17	105	176	2	1
1985	149	100	41	52	4	-	6	3	-	1	52	14	132	166	6	6
1986	131	122	27	65	4	-	8	3	1	1	58	27	128	120	4	3
1987	93	103	31	62	-	3	11	17	1	-	61	30	103	106	5	3
1988	119	98	41	50	8	3	5	6	-	1	58	17	86	112	6	7
1989	134	93	30	67	9	6	12	14	1	-	44	17	74	93	9	3
Totals	**1029**	**812**	**283**	**460**	**38**	**24**	**64**	**69**	**4**	**5**	**336**	**137**	**877**	**1125**	**41**	**26**

Source: Health Department of Western Australia, Health Services Statistics Unit.

TABLE 9

NUMBER OF DRUG-RELATED HOSPITAL DISCHARGES (ACCIDENTAL CAUSE ONLY): YEAR BY AGE GROUP BY DRUG - 1985-1989

	OPIATES					BARBITURATES					CANNABIS				
AGE GROUP	85	86	87	88	89	85	86	87	88	89	85	86	87	88	89
15 - 19	14	6	9	5	9	6	2	2	4	1	17	17	16	16	16
20 - 29	132	115	96	101	90	27	26	6	15	17	39	48	55	48	31
30 - 39	51	70	55	62	65	17	21	25	15	25	8	17	20	10	10
40+	45	59	35	44	61	39	40	58	57	52	2	1	-	-	4

	HALLUCINOGENS					STIMULANTS					COCAINE				
AGE GROUP	85	86	87	88	89	85	86	87	88	89	85	86	87	88	89
15 - 19	-	2	1	2	6	1	1	14	3	4	-	1	-	-	-
20 - 29	3	2	1	6	6	5	6	9	6	12	1	-	-	1	1
30 - 39	1	-	-	2	3	1	-	1	2	9	-	-	1	-	-
40+	-	-	-	-	-	1	2	3	-	1	-	-	-	-	-

	TRANQUILLISERS					SEDATIVES					TOTALS
AGE GROUP	85	86	87	88	89	85	86	87	88	89	ALL DRUGS
15 - 19	28	23	14	16	16	1	-	-	-	2	275
20 - 29	66	59	33	46	36	2	1	-	1	-	1149
30 - 39	56	39	42	48	30	-	-	1	1	-	708
40+	81	69	75	54	55	4	3	-	-	1	846

Source: Health Department of Western Australia, Health Services Statistics Unit.
Note: Data for under 15 year olds not included in this table.

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. 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).

WA HOSPITALS PARTICIPATING IN 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
Murray District Hospital
Narrogin Regional Hospital
Northern Regional Hospital
Osborne Park Hospital
Princess Margaret Hospital
Rockingham-Kwinana Hospital
Sir Charles Gairdner Hospital (Queen Elizabeth II Medical Centre)
Southern Cross District Hospital
Swan District Hospital
Tom Price Hospital
Wagin District Hospital
Wanneroo Hospital
Warren District Hospital

Table 10 shows the total number of illicit drug mentions from the National Drug Poisonings Reporting System for Western Australia between 1985 and 1989. There has been an increase in the total number of reports forwarded between 1985 (21) and 1987 (53), with a slight drop to 34 reports in 1989, 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 teaching hospitals (Royal Perth and Fremantle) do not participate in the system, yet are likely to receive drug-related emergency cases; 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.

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

TABLE 10

ILLICIT DRUG MENTIONS BY YEAR IN WESTERN AUSTRALIA

DRUG TYPES	1985	1986	1987	1988	1989
Opiates	9	18	27	18	15
Cannabis	3	6	5	2	3
Cocaine	-	-	1	-	-
Hallucinogens	-	2	-	-	1
Amphetamines	2	-	1	4	2
Barbiturates	7	9	19	15	13
Sub Total	21	35	53	39	34
Total Drug Mentions	837	807	986	904	655

Source: National Drug Abuse Information Centre.

4. INFECTIOUS DISEASE NOTIFICATION SYSTEM

4.1 HEPATITIS B NOTIFICATIONS

Serum hepatitis, also known as Hepatitis B, is a disease of the liver which is carried by the blood stream. Hepatitis B has been a notifiable disease in WA under Section 3 of the Health Act since May 1985. It occurs as a complication of intravenous injections or blood transfusions, especially if the injections or transfusions are frequent, and especially if the way in which the injections are given is unsterile (eg repeated use of needles or syringes or failure to clean the skin). Thus, it is a hazard of the intravenous use of drugs, including heroin or other injectable substances, and is also a hazard of haemodialysis units. It is also more common in debilitated people. The other common form of hepatitis, Hepatitis A also known as infectious hepatitis, is also a notifiable disease. It has no association with drug use specifically. Alcoholic hepatitis is not caused by an infecting organism and, while common, is not a notifiable disease.

The increase in notifications from 1984 to 1989 may indicate a rise in numbers of illicit opiate users, but the relationship is speculative (Table 11). There are a number of problems which limit the extent to which notifications for Hepatitis B can serve as an indicator of prevalence of opiate use -

(1) The disease occurs in other than intravenous users of illicit drugs; and the nature of the drug used has nothing to do with the disease since it is the repeated unsterile procedure that is in question. That is, opiates may not be involved, or the opiates involved may come from a licit source (that is, a doctor prescribed them).

(2) The disease may not be notified, again for several reasons, either because a doctor does not choose to notify it or fails to diagnose it, or the sick individual does not consult the doctor.

(3) The unit of analysis is the notification: a person may be notified more than once for another episode of the same disease, either in the same year or in another year.

TABLE 11

HEPATITIS B NOTIFICATIONS BY AGE GROUP BY YEAR OF NOTIFICATION

	AGE GROUP						
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
1989	76	153	146	98	32	38	543

Source: Health Department of WA, Epidemiology Branch.

4.2 HIV_1 NOTIFICATION

HIV_1 infection and AIDS have been notifiable diseases under the Health Act[1] since January 1985. Notification occurs through classification as being both "notifiable diseases" (Health Act, Section 3) and "dangerous infectious diseases" (Health Act, Section 248).

All notifications incorporate basic information about the person being notified (eg gender, date of birth, Aboriginality and postcode of residence) plus further detail depending on clinical status.

(a) A confirmed positive HIV_1 antibody test requires the notifier to provide an alpha identifier consisting of the first two letters of the surname and given name.

(b) Laboratory evidence of immune dysfunction requires the full name and address of the individual. Clinical manifestations of AIDS may fall into four types -

(1) Acute mononucleosis-like syndrome

(2) Asymptomatic with no clinical signs

(3) Palpable lymphadenopathy at two or more sites persisting for three months or more

(4) Other clinical manifestations, eg fever or diarrhoea persistent for one month or more and involuntary weight loss of greater than 10%; dementia, myelopathy or peripheral neuropathy; secondary infections; or secondary cancers.

TABLE 12

FIRST HIV_1 POSITIVE NOTIFICATIONS BY RISK FACTOR

BY YEAR OF NOTIFICATION - WESTERN AUSTRALIA

RISK FACTOR	1984	1985	1986	1987	1988	1989
Homosexual Male	8	77	82	56	43	59
Bisexual Male	-	13	9	16	14	6
Intravenous Drug Use Homosexual/Bisexual Male	-	1	2	6	8	8
Intravenous Drug Use - Female and Heterosexual Male	-	-	3	3	3	9
Intravenous Drug Use and Female Prostitute	-	-	2	1	-	
Female Prostitute	-	-	1	1	-	
Heterosexual Contact	-	5	2	6	-	
Infant of Infected Mother	-	-	-	1	-	
Haemophilia/Coagulation Disorder	7	10	3	-	-	
Recipient of Blood Transfusion	-	-	1	-	3	
Other/Undetermined	-	2	8	1	5	1
TOTAL NOTIFICATIONS	**15**	**108**	**113**	**91**	**76**	**9**

Source: Health Department of WA, Epidemiology Branch.

5. NEEDLE EXCHANGE PROGRAM

Access to sterile injection equipment to reduce the transmission of the HIV_1 to uninfected individuals is fundamental to the AIDS prevention strategy. The two major initiatives in this State to improve access to sterile equipment and increase user knowledge of safer practices have involved retail pharmacies throughout the State selling the SS5 pack, and a drug outreach program sponsored by the West Australian AIDS Council in the Perth metropolitan area to distribute clean injection equipment and collect used syringes and needles for disposal.

In July 1987 the WA AIDS Council (WAAC) in conjunction with the Beaufort 565 Sauna began operating the first needle and syringe exchange program in Western Australia. Drug users were able to bring in used needles and syringes and exchange them for sterile needles and syringes. In June 1988, the WAAC commenced a Drug Outreach Program targeted at recreational drug users, by the use of a van and two experienced outreach workers. The PSST (Practice Safe Sex Today) van provides a mobile needle exchange, a source of preventive literature, condom distribution, referral to appropriate agencies and information about AIDS assessment. The van operates throughout the week at sites in the inner-city area and from a number of discreet locations throughout the metropolitan area.

Since June 1987 retail pharmacists in Western Australia have increased access to sterile injection equipment by selling the SS5 pack, which contains AIDS preventive information, a swab, 5 sterile 1ml syringes and needles, a condom and lubricant and a rigid disposal container. The SS5 pack has been sponsored by the Health Department's AIDS Bureau.

The Alcohol and Drug Authority has also supported a needle exchange program from the Central Drug Unit, a service that operates from midnight to 7 am, seven days per week. This service started in March 1989 and provides the SS5 pack, at no cost, on request.

The data (Tables 13 and 14) shows that to the end of 1989 a total of 269,783 new needles/syringes were supplied to the intravenous drug-using population in this State; 195,210 (72.4%) new needles/syringes were provided through the participating chemists scheme; 74,573 (27.6%) new needles/syringes were provided through the AIDS Council program.

This is a remarkable achievement given it excludes other sales of needles/syringes to intravenous drug users. It is to be noted (Table 13) up to the end of 1989 very few SS5 kits were being regularly distributed by non-metropolitan outlets. When the SS5 program was started in June 1987 there were 2,568 kits distributed throughout the State to many outlets; subsequently demand built up slowly and has involved fewer outlets in a number of areas in the Perth metropolitan region. The pattern of growth in the total number of new needles/syringes provided through SS5 kits and the AIDS Council is demonstrated in Figure 5. It is to be noted as quarterly totals of AIDS Council data are unavailable before September 1989, the data in Figure 5 is incomplete.

TABLE 13

NUMBER OF SS5 PACKS DISTRIBUTED BY QUARTER

Quarter	Number of SS5 Packs			
		Participating Chemists		
	ADA	Country	Metropolitan	Total
April-June 1987	-	475	2093	2568
July-September 1987	-	30	786	816
October-December 1987	-	-	1722	1722
January-March 1988	-	-	836	836
April-June 1988	-	-	2869	2869
July-September 1988	-	-	3054	3054
October-December 1988	-	160	4868	5028
January-March 1989	15	200	4423	4638
April-June 1989	55	-	4424	4479
July-September 1989	70	105	4576	4751
October-December 1989	145	270	7866	8281
TOTAL June 1987 - Dec 1989	**285**	**1240**	**37517**	**39042**

Source: WA Alcohol and Drug Authority; AIDS Bureau, Health Department of WA.

Note: ADA Data is approximation from record of supplies.

TABLE 14

NUMBER OF NEEDLES/SYRINGES THROUGH NEEDLE AND SYRINGE EXCHANGE PROGRAM

(1) JULY 1987 - JUNE 1989

	Distributed	Returned
PSST VAN	8,925	2,912
WAAC	5,000 (approx)	2,000 (approx)
Beaufort 565 Sauna	24,000 (approx)	7,200 (approx)
TOTAL	**37,925**	**12,112**

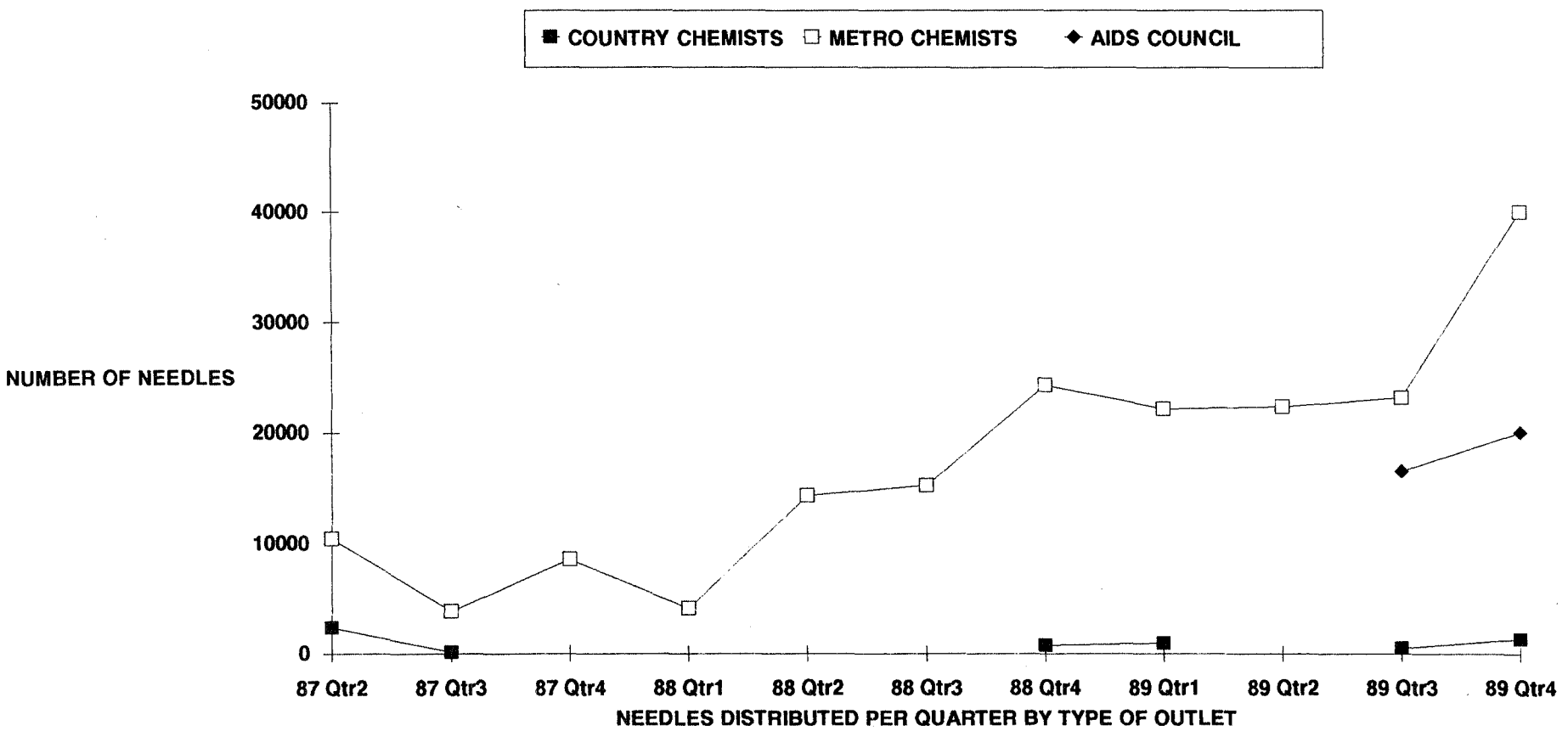
(2) JULY 1989 - DECEMBER 1989

	Distributed	Returned
PSST Van		
July - Sept 1989	7,793	3,581
Oct - Dec 1989	9,754	3,118
WAAC		
July - Sept 1989	2,894	1,982
Oct - Dec 1989	2,107	632
Beaufort 565 Sauna		
July - Sept 1989	5,900	
Oct - Dec 1989	8,200	
TOTAL	**36,648**	**9,313**
Total July 1987 - Dec 1989	**74,573**	**21,425**

Source: Western Australian AIDS Council.
Note: Monthly totals not available before July 1989.

FIGURE 5

NUMBER OF NEEDLES DISTRIBUTED IN WA (1987 - 1989)



6. DRUG OFFENCES

6.1 FEDERAL OFFENCES

Charges are laid in WA by the Australian Federal Police for offences under the Customs Act.

There is a relatively small number of people convicted in WA as a result of AFP operations.

TABLE 15

Period	Persons Convicted
January - June 1988	10
July 1988 - June 1989	45
July 1989 - June 1990	64

Source: Australian Federal Police

6.2 STATE OFFENCES

The Misuse of Drug Act 1981 is the principal source of drug offences in WA; a number of drug offences are also in the Poisons Act. In the period 1984-85 to 1988-89 drug arrests rose significantly; though in the last 2 periods there has been a marginal decrease in the number of offences. In the whole period there were 24,095 arrests in the State.

In the period 1984-1985 to 1988-1989 22,413 (93%) charges were cannabis-related and there was a marked increase in offences concerned with amphetamines. The number of annual heroin charges have decreased from 265 charges in 1985-1986 to 135 charges in 1988-1989, a drop of nearly 50%.

It is apparent that the number of annual arrests in the age group 18-21 has remained constant. Increases in the number of arrests have occurred in the two other age groups, under 18 and 21 years and older (See Table 17).

It is to be noted in Table 18 that the annual quantities of heroin, cocaine and amphetamines seized by the WA Police has increased.

Though the number of heroin charges have decreased, the quantity of heroin seized has increased. However, the 1989 figure may be due to few large seizures rather than an increase in the average quantities of heroin across all charges.

Seizures of heroin, amphetamines and cocaine have been plotted in Figure 6 as the rate of grams per 100,000 population, aged 15-49 indicates that per capita seizures of these three drugs in this State have increased from 1984-85 to 1988-89. The increase in amphetamine seizures suggests use of this group of drugs may have become more prevalent in this State. The lower rate of cocaine seizures compared to amphetamines may indicate lower levels of usage, or that cocaine is a more difficult drug for law enforcement agencies to detect.

The data for convictions for drug-related charges (Tables 19 - 22), must be interpreted carefully as an individual may have several convictions recorded from one court appearance. Convictions in the higher courts reflect the most serious drug offences; they constitute very few cases compared to the number of drug convictions in the Courts of Petty Sessions. It is to be noted that this data refers to both Federal and State offences.

TABLE 16

NUMBER OF STATE DRUG CHARGES BY DRUG BY YEAR - (POSSESSION/USE AND DEALING) 1984-85 - 1988-89

DRUG TYPE	1984-85	1985-86	1986-87	1987-88	1988-89
Heroin	204	265	227	168	135
Cannabis					
(plants)	612	677	1,010	1,055	1,034
(leaf)	2,661	3,495	3,816	3,868	3,651
(resin)	108	119	119	110	78
Cocaine	2	3	4	10	7
Amphetamines	11	12	38	76	171
L.S.D.	8	18	22	12	18
Other Drugs	N/A	N/A	84	88	99
TOTAL	**3,606**	**4,589**	**5,320**	**5,387**	**5,193**

Source: Western Australian Police Department.
Note: Double counting can occur, with one person having more than one charge against them.

TABLE 17

NUMBER OF STATE DRUG ARRESTS BY YEAR BY AGE GROUP - 1984-85 - 1988-89

AGE GROUP	1984-85	1985-86	1986-87	1987-88	1988-89
Under 18 years	431	648	817	734	769
18 - 21 years	1,427	1,521	1,469	1,588	1,581
Over 21 years	1,742	2,478	3,213	3,054	2,824
Total	3,600	4,647	5,499	5,376	5,174

Source: Western Australian Police Department.

TABLE 18

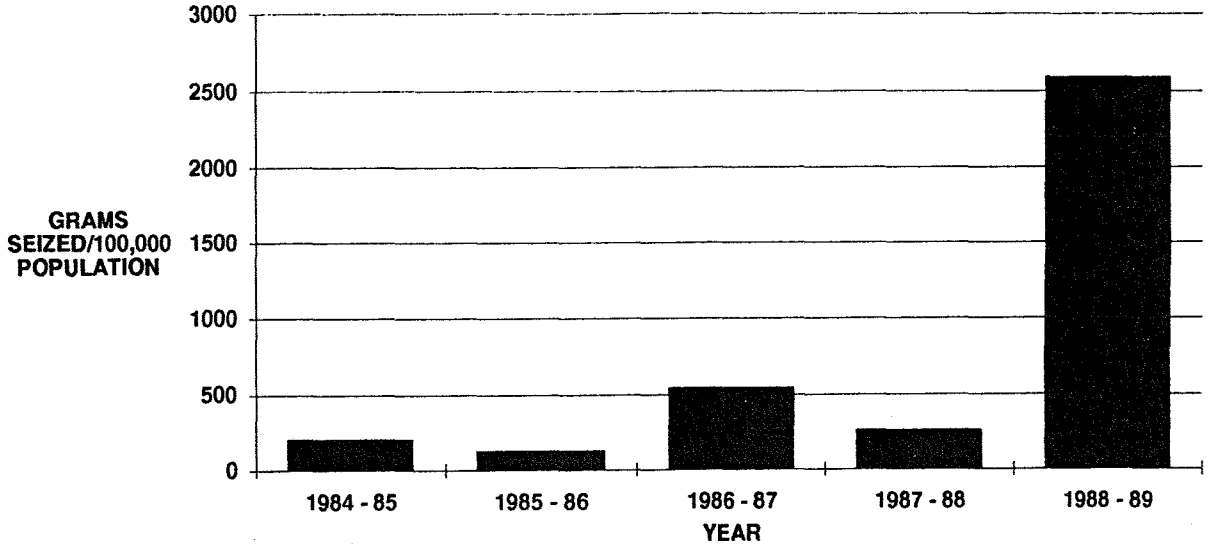
QUANTITY OF STATE DRUG SEIZURES BY YEAR BY DRUG - 1984-85 - 1988-89

DRUG TYPE	AMOUNT SEIZED 1984 - 85	1985 - 86	1986 - 87	1987 - 88	1988 - 1989
Heroin	1.339 kilos	1.018 kilos	4.454 kilos	2.193 kilos	22.782 kilos
Cannabis - plants	33,297	37,704	63,353	44,843	40,498
- leaf	362.829 kilos	300.924 kilos	234.392 kilos	270.25 kilos	271.171 kilos
- resin	188.498 kilos	3.648 kilos	3.964 kilos	0.664 kilos	2.565 kilos
Cocaine	0.65 grams	32.86 grams	4.37 grams	12.7 grams	104.47 grams
Amphetamines	43.0 grams	97.4 grams	267.0 grams	1,220.1 grams	2,713.31 grams
L.S.D.	143 doses	513 doses	1,518 doses	710 doses	169 doses
MDMA (Ecstasy)	N/A	N/A	N/A	4.6 grams 132 capsules 698 tablets	10 grams 42 capsules 1,825 tablets

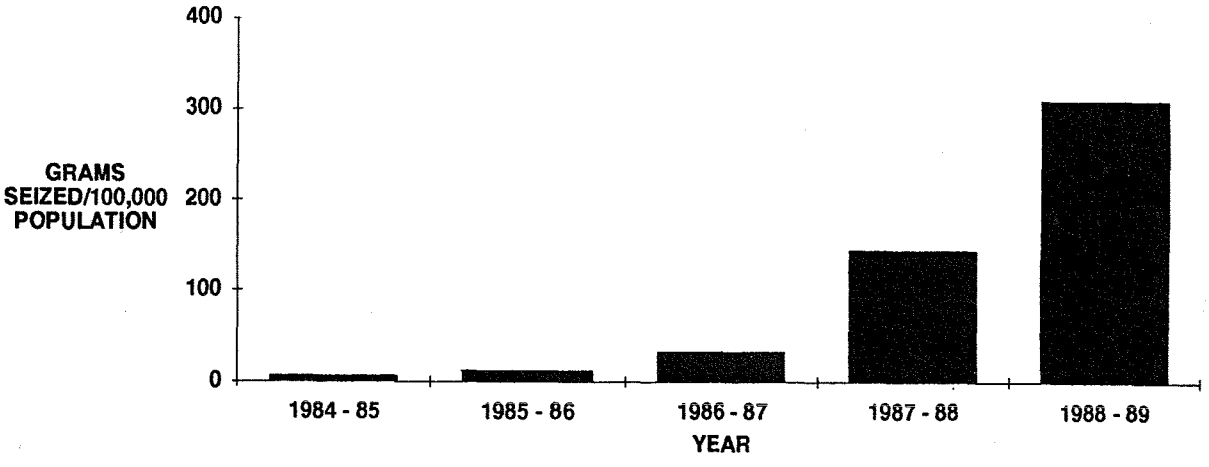
Source: Western Australian Police Department.

FIGURE 6

GRAMS OF HEROIN SEIZED PER 100,000 POPULATION, AGED 15 - 49 YEARS (1984-85 - 1988-89)



GRAMS OF AMPHETAMINES SEIZED PER 100,000 POPULATION, AGED 15 - 49 YEARS (1984-85 - 1988-89)



GRAMS OF COCAINE SEIZED PER 100,000 POPULATION, AGED 15 - 49 YEARS (1984-85 - 1988-89)

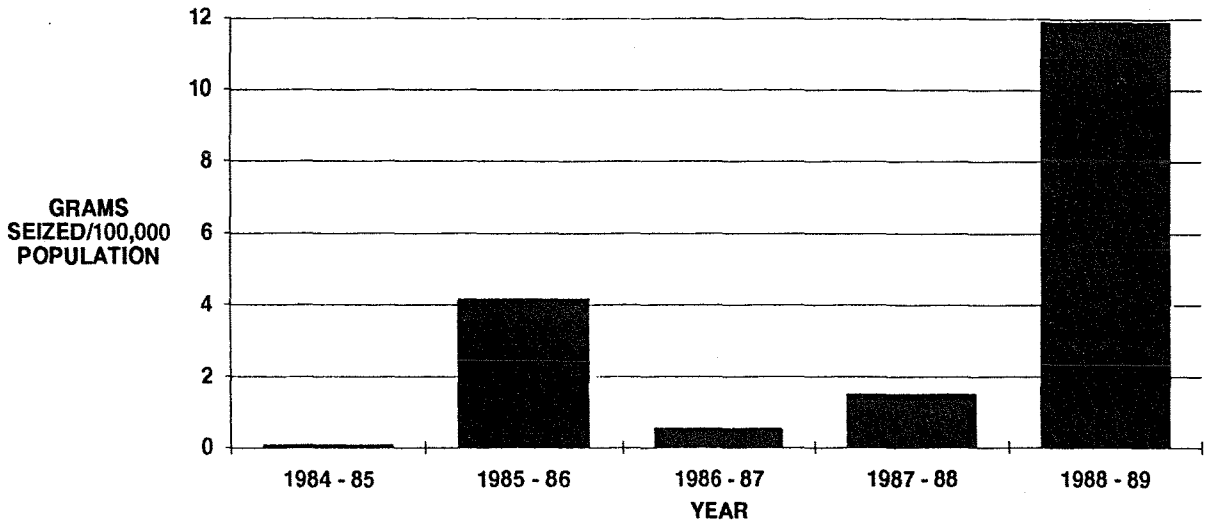


TABLE 19

COURTS OF PETTY SESSIONS AND CHILDRENS COURTS: NUMBER OF DISTINCT PERSONS CONVICTED - 1984-85 - 1988-89

OFFENCE	COURTS OF PETTY SESSIONS					CHILDRENS COURT				
	1984-85	1985-86	1986-87	1987-88	1988-89	1984-85	1985-86	1986-87	1987-88	1988-89
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		

Source: **Court Statistics: Childrens Courts Western Australia**, Cat. No. 4503.5. Australian Bureau of Statistics.
Court Statistics Courts of Petty Sessions, Western Australia, Cat. No. 4502.5. Australian Bureau of Statistics.

Note: No publication of data for 1985-1986.
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. Data for 1987-88 and 1988-89 unavailable, now published biennially.

TABLE 20

HIGHER CRIMINAL COURT: ALL DRUG CONVICTIONS BY AGE GROUP - 1986-87 - 1988-89

AGE GROUP	1986 - 87	1987 - 88	1988 - 89
Under 20 years	6	-	
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	2	9	
TOTAL	**232**	**224**	

Source: **Court Statistics:Higher Criminal Courts Western Australia,** Cat No 4501.5. Australian Bureau of Statistics.
Note: Data for 1988-89 unavailable, now published biennially.

TABLE 21

TABLE 21

HIGHER CRIMINAL COURT: NUMBER OF TOTAL CHARGES AND CONVICTIONS - 1984-85 - 1986-87

DRAFT ANCO DRUG OFFFENCES		TOTAL CHARGED			TOTAL CONVICTIONS		
CODE	DESCRIPTION	1984-85	1985-86	1986-87	1984-85	1985-86	1986-87
611	Possession/use of narcotics	9	4	7	8	4	7
612	Possession/use of cannabis/marijuana	5	8	3	5	7	3
621	Dealing and trafficking in drugs	186	203	205	165	182	191
631	Manufacturing/growing drugs	25	22	35	21	19	30
632	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

Source: Court Statistics:Higher Criminal Courts Western Australia, Cat No 4501.5. Australian Bureau of Statistics.

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. Data for 1988-89 unavailable, now published biennially.

TABLE 22

HIGHER CRIMINAL COURT: NUMBER OF TOTAL CHARGES AND CONVICTIONS - 1987-88 - 1988-89

ANCO DRUG OFFENCES		TOTAL CHARGES		TOTAL CONVICTIONS	
CODE	DESCRIPTION	1987-88	1988-89	1987-88	1988-89
617	Possess and or/use cannabis, all forms	2		2	
618	Possess and/or use other drugs, specified	1		1	
643	Import/export opium and its derivatives	10		10	
647	Import/export cannabis, all forms	4		4	
653	Deal and traffic in opium and its derivatives	106		99	
655	Deal and traffic in other narcotics, specified	12		12	
657	Deal and traffic in cannabis, all forms	90		84	
658	Deal and traffic in other drugs specified	7		7	
667	Manufacture/grow cannabis, all forms	5		5	
Total Drug Offences		237		224	
Total All Offences		5,722		5,239	
Percent Drug/All Offences		4.1		4.3	

Source: **Court Statistics:Higher Criminal Courts Western Australia**, Cat No 4501.5. Australian Bureau of Statistics.
Note: From 1 July 1987 classification of offences changed to the Australian National Classification of Offences (ANCO). Data for 1988-89 unavailable, now published biennially.

7. COURT DIVERSION SERVICE

The Court Diversion Service (CDS), a cooperative service between the Alcohol and Drug Authority, the courts, the Department of Corrective Services and a number of drug agencies, has operated since February 1988. The CDS provides the courts with sentencing options when dealing with drug offenders by directing them, as a condition of bail, to a drug treatment program. The court may take into account progress achieved through treatment at the post-conviction stage of the court process. The CDS has emphasized the inpatient mode of treatment by detoxification at the Central Drug Unit prior to admission to a residential program conducted by one of the non-government agencies.

TABLE 23

NUMBER OF REFERRALS TO COURT DIVISION SERVICE: February 1988 - December 1989

Period	Referrals	Cumulative
Feb - June 1988	39	39
July - Sept 1988	21	60
Oct - Dec 1988	19	79
Jan - March 1989	28	107
April - June 1989	38	145
July - Sept 1989	30	175
Oct - Dec 1989	31	206

Source: Court Statistics:Higher Criminal Courts Section.
Note: From 1 July 1987 classification of offences changed to the Australian National Classification of Offences (ANCO).
Data for 1988-89 unavailable, now published biennially.

8. ALCOHOL AND DRUG INFORMATION SERVICE

The Alcohol and Drug Information Service (ADIS) which has operated since July 1986, is a 24 hour State-wide service funded by the National Campaign Against Drug Abuse (NCADA) and operated by the Alcohol and Drug Authority. The object of ADIS is to provide confidential counselling and referral on alcohol and other drug problems for drug users, their relatives and friends and information to students, health and welfare workers and the general public. Non-identifying data are routinely collected on each call, such as type of drug mentioned, status of the caller (eg user, friend etc), age and sex of caller, outcome of the call, etc.

The number of calls to ADIS are affected by a number of factors, for instance, campaigns concerned with particular issues, eg the Drinksafe initiative, the Minor Tranquillizer campaign, the AIDS campaign and the QUIT campaign.

The majority of calls to ADIS are alcohol related (Tables 24 and 25, Figure 7). Over the period July-December 1986 - July-December 1989 the second most common call to ADIS involved cannabis; the number of heroin-related calls remained constant and there was a decline in the number of calls related to poly drug use. (It is possible that changes in coding practices may have been responsible for some of this decline). Calls related to the use of hallucinogens and ecstasy were very low. Since July 1986 the number of calls per period to ADIS involving alcohol, tranquillizers, psychostimulants (i.e. amphetamines, cocaine and crack) have increased compared to the other types of drugs.

TABLE 24

NUMBER OF CALLS: ALCOHOL AND DRUG INFORMATION SERVICE - July 1986 - December 1987

	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						
- cocaine	-	-	22	<0.8	36	1.1
- crack	-	-	10	<0.4	10	<0.3
- other	68	2.5	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

Source: Alcohol and Drug Authority.
Note: Percentages do not add to 100 due to exclusion of some categories of calls from this table. Crack not specified after June 1988.

TABLE 25

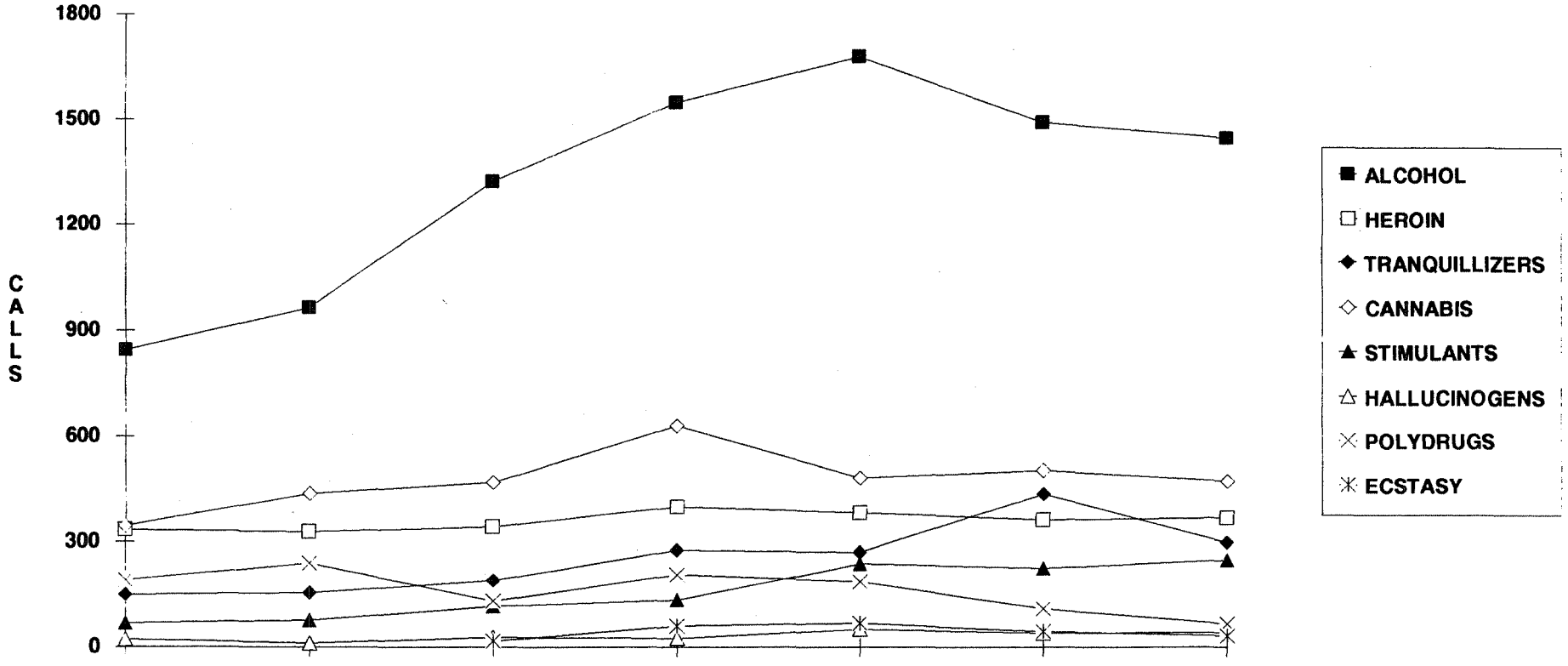
NUMBER OF CALLS: ALCOHOL AND DRUG INFORMATION SERVICE - January 1988 - December 1989

	Jan - June 1988 # Calls	Jan - June 1988 % Total (all calls)	July - Dec 1988 # Calls	July - Dec 1988 % Total (all calls)	Jan - June 1989 # Calls	Jan - June 1989 % Total	July - Dec 1989 # Calls	July - Dec 1989 % Total
Alcohol	1552	37.4	1685	38.6	1496	34.0	1452	34.9
Heroin	399	9.6	382	8.8	363	8.3	368	8.9
Tranquillizers	277	6.7	271	6.2	437	9.9	299	7.2
Cannabis	631	15.2	483	11.1	504	11.5	474	11.4
Psychostimulants								
- cocaine	36	0.9	39	0.9	32	0.8	37	0.9
- crack	1	<0.1	-	-	-	-	-	-
- other	98	2.4	199	4.6	194	4.4	212	5.1
Hallucinogens	25	0.6	52	1.2	41	0.9	43	1.0
Polydrugs	207	5.0	187	4.3	111	2.5	67	1.6
Ecstasy (MDMA)	61	1.5	68	1.6	45	1.0	33	0.8

Source: Alcohol and Drug Authority.
Note: Percentages do not add to 100 due to exclusion of some categories of calls from this table. Crack not specified after June 1988.

FIGURE 7

NUMBER OF CALLS TO ADIS (JULY 1986 - DECEMBER 1989)



NUMBER OF TELEPHONE CALLS RECEIVED BY DRUG TYPE PER SIX MONTHLY PERIOD

9. NOTIFICATIONS OF DRUG ADDICTION

Registers of notifications by medical practitioners of addicts can be a valuable indicator of illicit and licit drug use. Addiction to drugs is a "prescribed condition of health" under section 289B of the Health Act. The Notifications of Diseases (Non-Communicable) Regulations, 1958 which were replaced by the Drugs of Addiction Notification Regulations, 1980) require any medical practitioner to notify the Executive Director of Public Health if the doctor knows or suspects an individual to be a drug addict. It is to be noted that notifications include persons who are new admissions to the methadone program.

In their present form the Regulations permit an individual's name to be on a confidential register. Names are removed after 5 years from the Register if there is no further contact with the Health Department either directly or indirectly in relation to the use of drugs of addiction. There are a small number of persons registered as medical addicts, ie their addiction arose as a consequence of being prescribed a drug of addiction over an extended period of time for the treatment of a medical condition.

There has been an increase in the number of annual notifications from 1974 to 1989 (Tables 26 & 27). However, it is necessary to take account of two periods when unusual increases have occurred; in 1977 due to changes in the Regulations of the Poisons Act, when private GPs were no longer permitted to prescribe methadone tablets to drug addicts and in 1984 when restrictions were placed on GPs prescribing the addictive drug Temgesic (buprenorphine). It is possible the increase in notifications of persons aged 30 and over in 1988 is due to increased awareness of the addictive potential of sedatives and minor tranquillizers.

TABLE 26

There are very few notifications of persons aged less than 20. Across all age groups the number of males notified tends to exceed the number of females notified; in only the under 20 age group is the number of notified males and females similar. In the period 1981 - 1989 (Table 27, Figure 8) there has been an apparent increase in the number of notifications of persons 30 years of age and over.

It is difficult to know the extent to which the notifications of addiction are representative of the total population of drug users. It is likely that individuals who come to the notice of the medical profession do so only after they have used drugs long enough to have experienced adverse effects on their health. Changes in doctors skill in detection of drug problems and in medical practices may also affect the frequency of notification.

In Table 28 age specific rates of notification provide a clearer picture of trends, but as there are small numbers of notifications in the 40+ and 15 - 19 age groups these 2 groups will not be compared with the other age groups. It is possible to conclude from the data in Table 28 that up to 1980, the highest rate of notification in this State was of the 30 - 39 age group, but since 1981 the 20 - 29 age group has had the highest rate of notification. Since the mid 1980s the rate of the 20 - 29 age group has remained two to three times higher than the rate of the 30 - 39 age group.

TABLE 26

NOTIFICATIONS OF ADDICTION (1971-1980)

AGE GROUP	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980
15 - 19	---------- NO CASES REPORTED ----------									
20 - 29	-	-	-	-	20	30	195	31	74	43
30 - 39	-	-	1	21	78	94	455	58	95	48
40+	3	-	-	1	2	1	30	4	10	9
Total	**3**	**-**	**1**	**22**	**100**	**125**	**680**	**93**	**179**	**100**
Medical	2	-	-	1	2	1	28	3	6	12

Source: Health Department of WA, Drugs of Dependence Branch.

TABLE 27

NOTIFICATIONS OF ADDICTION (1981-1989)

AGE GROUP		1981	1982	1983	1984	1985	1986	1987	1988	1989
15 - 19	M	6	8	6	9	8	2	6	9	7
	F	4	10	6	12	9	2	3	6	8
	Total	**10**	**18**	**12**	**21**	**17**	**4**	**9**	**15**	**15**
20 - 29	M	89	75	94	134	87	86	82	153	100
	F	49	42	46	81	75	67	52	87	66
	Total	**138**	**117**	**140**	**215**	**162**	**153**	**134**	**240**	**166**
30 - 39	M	11	22	18	33	46	32	34	80	56
	F	7	8	10	24	18	17	15	34	30
	Total	**18**	**30**	**28**	**57**	**64**	**49**	**49**	**114**	**86**
40+	M	8	7	5	5	9	5	5	8	10
	F	4	2	3	3	4	1	1	7	8
	Total	**12**	**9**	**8**	**8**	**13**	**6**	**6**	**15**	**18**
Age Missing	M	1	11	3	1	-	1	3	1	-
	F	1	3	2	-	-	1	1	1	1
	Total	**2**	**14**	**5**	**1**	-	**2**	**4**	**2**	**1**
Total	M	115	123	126	182	150	126	130	251	173
	F	65	65	67	120	106	88	72	135	113
Persons		**180**	**188**	**193**	**302**	**256**	**214**	**202**	**386**	**286**
Medical	M	4	4	4	-	2	8	7	10	9
	F	4	1	4	2	2	3	4	9	13
	Total	**8**	**5**	**8**	**2**	**4**	**11**	**11**	**19**	**22**

Medical	M	4	4	4	-	2	3	4	9	13
	F	4	1	4	2	2	11	11	19	22
	Total	8	5	8	2	4				

FIGURE 8

NUMBER OF NOTIFICATIONS OF DRUG ADDICTION BY AGE GROUP (1981 - 1989)

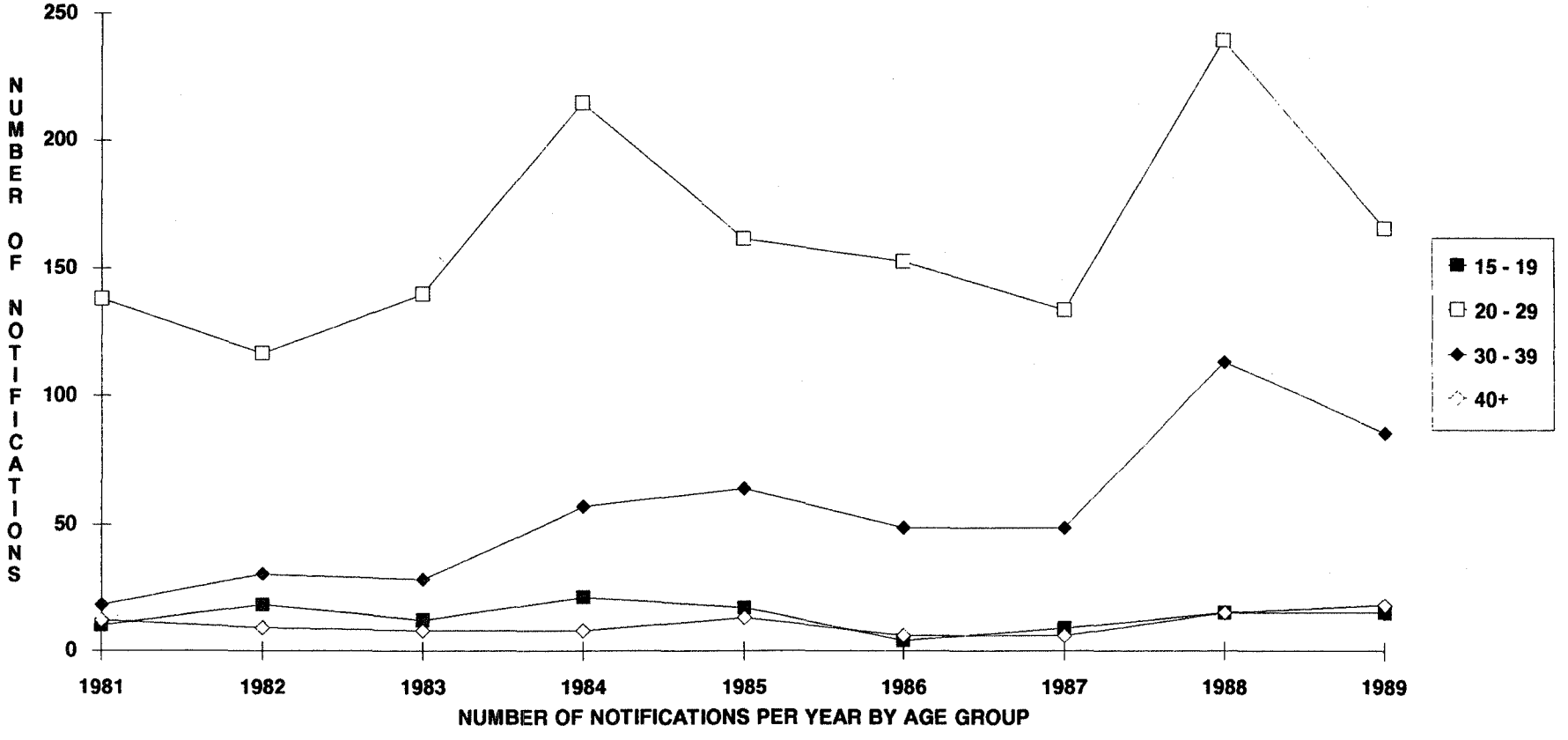


TABLE 28

AGE SPECIFIC RATES OF NOTIFICATION OF DRUG ADDICTION - 1974 - 1989

Rate Per 100,000 Population

	Age Group			
Year	15 - 19	20 - 29	30 - 39	40+
1974	-	-	14.88	0.28
1975	-	10.23	52.85	0.56
1976	-	14.30	63.70	0.27
1977	-	92.26	271.11	7.98
1978	-	14.48	34.11	1.04
1979	-	34.20	51.81	2.53
1980	-	19.58	25.07	2.23
1981	8.66	59.66	9.02	2.89
1982	15.48	49.30	14.24	2.10
1983	10.27	58.27	12.70	1.82
1984	17.76	89.15	25.18	1.77
1985	14.10	65.90	27.45	2.79
1986	3.19	60.79	20.16	1.23
1987	6.95	52.26	19.83	1.17
1988	11.34	90.86	44.53	2.82
1989	11.28	61.16	32.08	3.24

Note: Age specific rates of notification based on number of notifications and estimated size of mid year resident population of Western Australia.

10. METHADONE PROGRAM

10.1 CUMULATIVE NEW ADMISSIONS

Methadone has been used as a treatment for drug addiction in Western Australia since 1973. The Regulations of the Poisons Act specify that medical practitioners must obtain permission to prescribe methadone as a treatment of drug addiction. Since 1978 private medical practitioners have not been authorised in this State to prescribe methadone.

Table 29 and Figure 9 indicate there has been marked variations in the number of new clients admitted each year. For instance, the peak in new admission of the late 1970s occurred at a time when private GPs prescribed methadone tablets to addicts; the drop in the early 1980s was due to the introduction of controls over the unsupervised use of methadone linctus by addicts, and of the use of rigorous admission criteria; the increase in 1985 was due to relaxation in admission criteria in line with the NCADA emphasis on a harm reduction strategy to manage heroin addiction. The reduction in 1989 was due to restrictions on the number of persons being admitted to the program.

TABLE 29

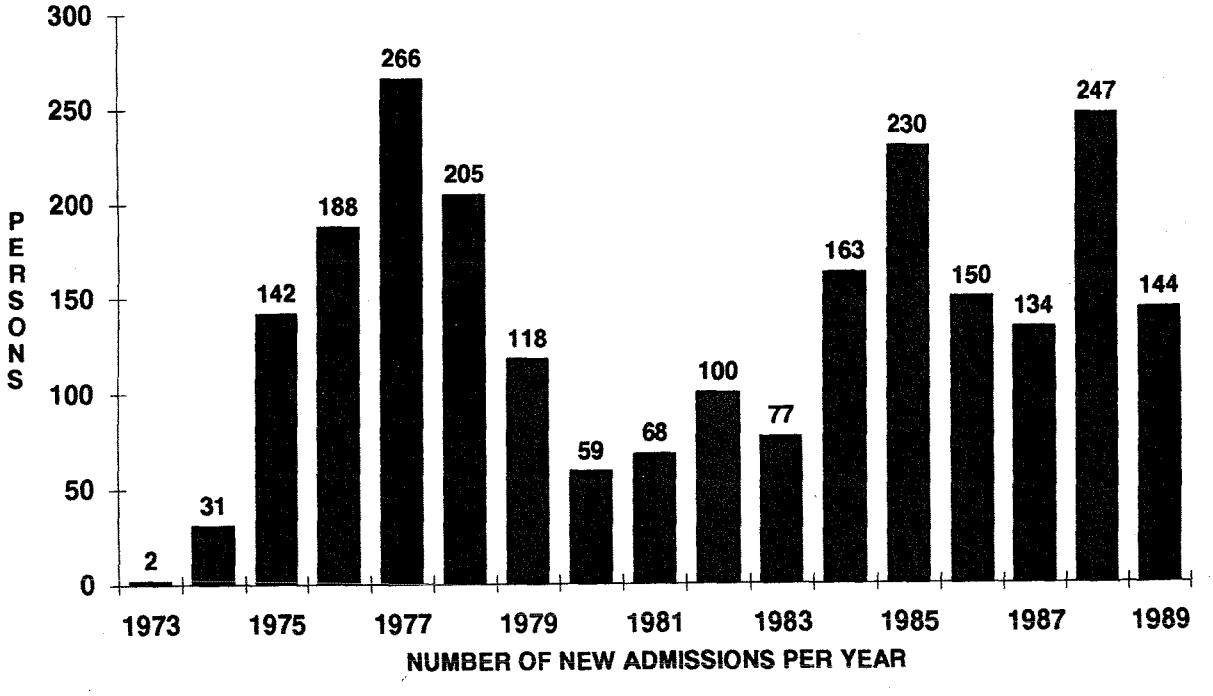
WA METHADONE PROGRAM: CUMULATIVE NEW ADMISSIONS - 1973 - 1989

Year	New	Cumulative
1973	2	2
1974	31	33
1975	142	175
1976	188	363
1977	266	629
1978	205	834
1979	118	952
1980	59	1011
1981	68	1079
1982	100	1179
1983	77	1256
1984	163	1419
1985	230	1649
1986	150	1799
1987	134	1933
1988	247	2180
1989	144	2324

Source: Health Department of WA, WA Alcohol & Drug Authority.

FIGURE 9

NEW ADMISSIONS TO METHADONE PROGRAM (1973 - 1989)



10.2 ANNUAL PARTICIPATION IN WA METHADONE PROGRAM

Prior to 1978 Methadone was prescribed in this State by both general practitioners and the Alcohol & Drug Authority. Since 1978 the Alcohol & Drug Authority has had the sole authority to prescribe and coordinate the supply of methadone linctus as a treatment of drug addiction. Accurate data is, therefore, only available from 1978 for the numbers of persons in the Western Australian methadone program. It can be seen in Table 30 and Figure 10 that large numbers of individuals were being treated with methadone by the late 1980s.

TABLE 30

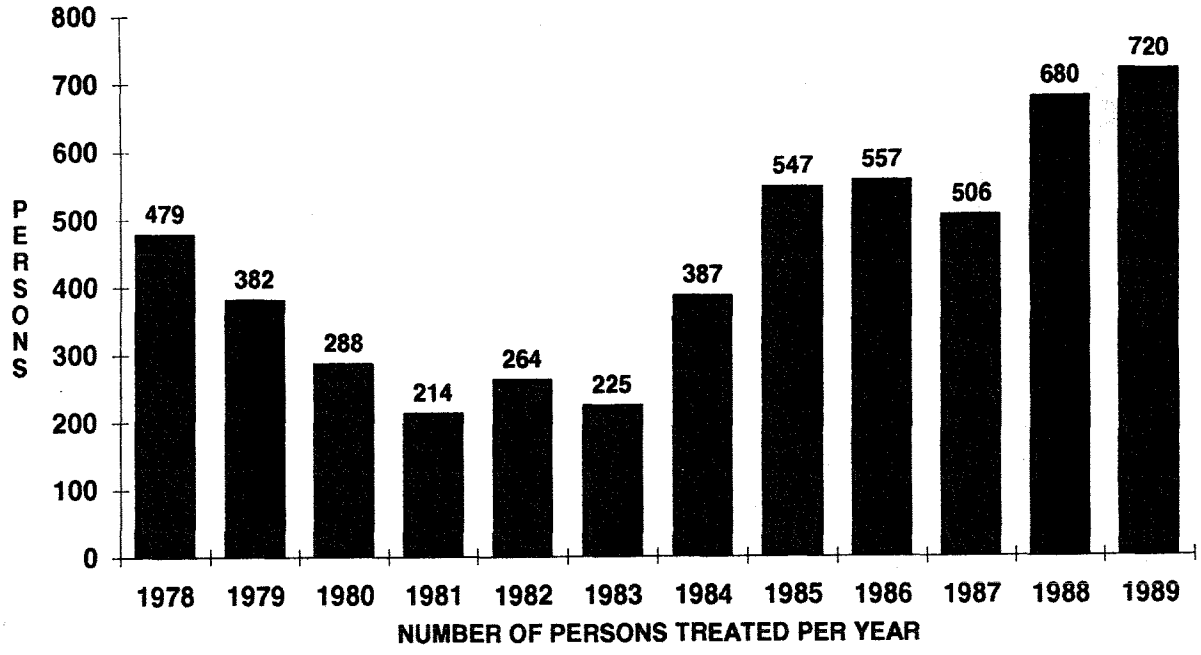
ANNUAL TREATMENT POPULATION : 1978-1989

Year	Number of Persons
1978	479
1979	382
1980	288
1981	214
1982	264
1983	225
1984	387
1985	547
1986	557
1987	506
1988	680
1989	720

Source: WA Alcohol & Drug Authority.

FIGURE 10

METHADONE TREATMENT POPULATION (1978 - 1989)



10.3 QUARTERLY PARTICIPATION IN WA METHADONE PROGRAM

The size of the quarterly methadone treatment population has varied markedly from 1978 to 1989; the lowest number of persons (87) were recorded at the end of the September 1981 quarter, the highest number (475) was recorded at the end of the June 1989 quarter. The data in Tables 31 and 32 (plotted in Figure 11) suggests there had been a decline in the size of the treatment population from 1978 to 1981. The most marked decline in client numbers occurred from the September 1980 quarter to the December 1980 quarter, when 80 clients ceased treatment. This decline was coincident with the implementation of supervised daily consumption of methadone in this State, and the adoption of strict admission criteria.

From the period 1981 to 1983 there was a static treatment population of low client numbers with very limited numbers of admissions. After 1984 the methadone program has undergone a sustained and rapid expansion in client numbers; in a number of quarters there were sharp increases in the size of the treatment population.

The growth in the size of the treatment population since 1985 can be attributed to the adoption of a harm reduction philosophy, with an emphasis on AIDS prevention and overall improved medical and social functioning, in contrast to the earlier model of an emphasis on abstinence and short term treatment.

The growth in the size of the WA methadone treatment population is remarkable given that the whole State is serviced from a single centre in Perth, and that the same premises have been used since 1980.

TABLE 31

QUARTERLY METHADONE TREATMENT POPULATION (1978 - 1985) - BY GENDER

Quarter	Total Clients In Program			New Admissions
	Males	Females	Total	
Jan - March 1978	183	76	259	60
Apr - June 1978	201	86	287	55
July - Sept 1978	187	86	273	54
Oct - Dec 1978	167	70	237	39
Jan - March 1979	175	85	260	42
Apr - June 1979	162	68	230	26
July - Sept 1979	152	65	217	23
Oct - Dec 1979	152	67	219	27
Jan - March 1980	141	65	206	23
Apr - June 1980	124	66	190	14
July - Sept 1980	116	59	175	12
Oct - Dec 1980	65	30	95	11
Jan - March 1981	60	34	94	9
Apr - June 1981	65	34	99	15
July - Sept 1981	58	29	87	15
Oct - Dec 1981	77	42	119	29
Jan - March 1982	77	41	118	26
Apr - June 1982	80	50	130	18
July - Sept 1982	88	57	145	36
Oct - Dec 1982	92	59	151	20
Jan - March 1983	93	56	149	27
Apr - June 1983	81	51	132	20
July - Sept 1983	82	52	134	15
Oct - Dec 1983	78	48	126	15
Jan - March 1984	87	52	139	26
Apr - Jun 1984	124	76	200	49
July - Sept 1984	141	92	233	49
Oct - Dec 1984	145	94	239	34
Jan - March 1985	148	90	238	33
Apr - Jun 1985	182	113	295	58
July - Sept 1985	194	136	330	73
Oct - Dec 1985	202	156	358	73

Source: Western Australian Alcohol & Drug Authority.
Note: From January 1978 - December 1985 total clients is number of persons in program in last month of the quarter. New admissions is number of persons never before admitted to the WA program.

TABLE 32

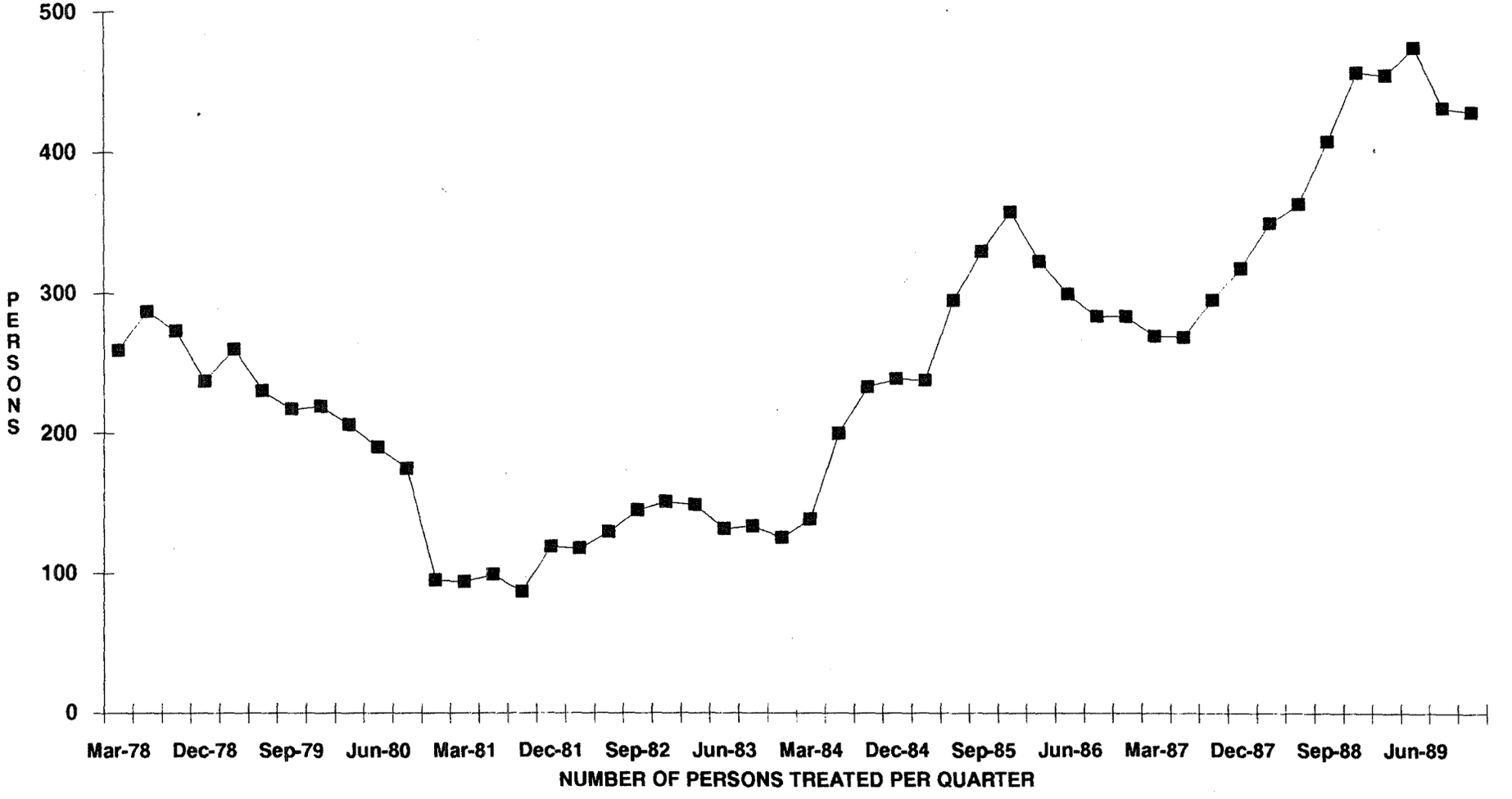
QUARTERLY METHADONE TREATMENT POPULATION (1986 - 1989) - BY GENDER

Quarter	Total Clients In Program			New Admissions
	Males	Females	Total	
Jan - March 1986	179	144	323	60
April - June 1986	171	129	300	29
July - Sept 1986	163	121	284	19
Oct - Dec 1986	174	122	284	47
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
April - June 1989	271	204	475	54
July - Sept 1989	250	182	432	25
Oct - Dec 1989	246	183	429	20

Source: Western Australian Alcohol & Drug Authority
Note: From January 1986 total clients is number of persons in program at end of the quarter. New admissions is number of persons never before admitted to the WA program.

FIGURE 11

QUARTERLY METHADONE TREATMENT POPULATION (1978 - 1989)



10.4 AGE DISTRIBUTION OF WA METHADONE TREATMENT POPULATION

The age distribution of the methadone treatment population (see Table 33) indicates that the majority of the clients are in the 30 - 39 age group. Over the period 1986 to 1989 the mean age of the treatment population increased, at the end of December 1989 it was nearly 32 years of age.

The information in Table 34 indicates that from 1986 to 1989 the age specific rate of participation of the 30 - 39 age group more than doubled from 44.44 per 100,000 in 1986 to 92.17 per 100,000 in 1989, whereas the rate for the 20 - 29 age group increased only slightly. The rate for the 40+ age group, while much lower than these two age groups, also doubled. It is unclear whether the increased participation rate of older age groups means that the incidence of heroin use is increasing in older age groups and decreasing in the younger age groups, or whether admission policies may favour older rather than younger heroin users.

TABLE 33

QUARTERLY METHADONE TREATMENT POPULATION (1986-1989) - BY AGE GROUP

Quarter	Age Group 15 - 19	20 - 29	30 - 39	40+	Mean Age
Jan - March 1986	2	193	118	10	29.06
Apr - June 1986	2	181	108	9	29.57
July - Sept 1986	1	161	112	10	29.69
Oct - Dec 1986	-	171	114	11	29.82
Jan - March 1987	1	145	112	12	30.11
Apr - June 1987	1	138	119	11	30.33
July - Sept 1987	2	152	131	11	30.56
Oct - Dec 1987	2	156	149	11	30.49
Jan - March 1988	1	164	169	16	30.67
Apr - June 1988	2	160	186	16	30.72
July - Sept 1988	2	182	206	18	30.72
Oct - Dec 1988	1	211	226	19	30.76
Jan - March 1989	-	208	228	19	30.80
Apr - June 1989	-	212	244	19	30.89
July - Sept 1989	1	169	241	21	31.44
Oct - Dec 1989	1	162	244	22	31.66

Source: Western Australian Alcohol & Drug Authority.
Note: Age breakdown methadone treatment population not available prior to 1986.

TABLE 34

AGE SPECIFIC RATE OF PARTICIPATION IN METHADONE TREATMENT - 1986 - 1989

Rate Per 100,000 Population

	Age Group			
Year	15 - 19	20 - 29	30 - 39	40+
1986	1.59	71.91	44.44	1.84
1987	0.77	56.55	45.33	2.35
1988	1.51	60.57	72.65	3.00
1989	-	78.11	92.17	3.78

Note: Age specific rate of participation based on the mid year methadone treatment population and the estimated size of mid year resident population of Western Australia.

10.5 HIV_1 TESTING AND POSITIVITY OF METHADONE TREATMENT POPULATION

The National Campaign Against Drug Abuse (NCADA) has indicated the need for drug treatment services to assume a preventive function against the spread of the HIV_1 virus through the sharing of injection equipment contaminated with infected blood and through the exchange of body fluids through sexual contact between infected and non-infected persons. The WA methadone program has undertaken regular voluntary HIV_1 testing, only with client consent, since mid 1986. There have been very small numbers of HIV_1 positive intravenous drug users detected in WA.

Table 35 shows that the number of detected antibody positive cases participating in the WA methadone program increased between the March 1986 quarter and the December 1989 quarter. The proportion of detected HIV_1 infected persons in the Western Australian methadone program has remained between one and two percent over the period 1986 to 1989. It can be seen that HIV_1 testing of the methadone treatment population now constitutes an important aspect of the activities provided through this form of treatment.

In the period 1986 to 1989 the ADA has provided treatment to 22 HIV_1 infected adults (18 male, 4 female); 6 (27.3%) of whose HIV_1 status was detected by the ADA; and 16 (72.7%) of whom participated in the methadone program.

TABLE 35

RATE OF TESTING AND HIV_1 POSITIVE CASES AT END OF QUARTER 1986 - 1989

Quarter	HIV Positive	Proportion of Treatment Population	Number of Tests Conducted
Jan - March 1986	3	0.9%	-
April - June 1986	3	1.0%	2
July - Sept 1986	3	1.06%	1
Oct - Dec 1986	2	0.7%	2
Jan - March 1987	4	1.48%	73
April - June 1987	3	1.11%	49
July - Sept 1987	6	2.03%	122
Oct - Dec 1987	7	2.2%	111
Jan - March 1987	7	2.0%	92
April - June 1988	8	2.2%	116
July - Sept 1988	8	1.96%	89
Oct - Dec 1988	9	1.97%	124
Jan - March 1989	6	1.32%	90
April - June 1989	6	1.26%	112
July - Sept 1989	7	1.62%	89
Oct - Dec 1989	8	1.86%	154

Source: WA Alcohol & Drug Authority.

10.6 ANNUAL CONSUMPTION OF METHADONE

Over the past four years this State's annual consumption has been under 2% of the national total (Tables 36 and 37). The expansion of methadone programs in other States, particularly in New South Wales, is responsible for much of the increase in national consumption since 1985. The rate of consumption of methadone in Western Australia has fluctuated in conjunction with the number of clients in treatment, but has declined from a peak in 1977. Since 1986 the national rate has increased to above 6 grams per 1,000 population a rate about three times higher than the West Australian rate. (See Figure 3, Estimated licit consumption of methadone 1979 to 1988, in **Statistics On Drug Abuse In Australia 1989** Commonwealth Department of Community Services and Health.)

The consumption data for syrup is regarded as accurately representing methadone used for the treatment of heroin addicts. It is to be noted that in Western Australia since 1980 the annual quantity of methadone tablets has only slightly increased; it is assumed this methadone is not prescribed to addicts. The large quantities of methadone tablets consumed in this State in the period 1975 - 1977 were associated with a time when many private medical practitioners were permitted to prescribe to addicts.

TABLE 36

METHADONE CONSUMPTION: 1974-1980

Year		Western Australia Kgs	Grams per 1000 Population	Australia Kgs
1974	Tablets	0.695		20.243
	Syrup	0.023		1.254
	Ampoules	0.012		0.585
Total		**0.730**	**0.667**	**22.082**
1975	Tablets	1.716		19.786
	Syrup	0.300		7.312
	Ampoules	0.012		0.878
Total		**2.028**	**1.806**	**27.976**
1976	Tablets	2.852		22.742
	Syrup	0.187		8.377
	Ampoules	3.054		32.375
Total		**3.054**	**2.611**	**32.375**
1977	Tablets	5.013		21.820
	Syrup	0.969		12.932
	Ampoules	0.004		1.158
Total		**5.986**	**5.000**	**35.910**
1978	Tablets	1.234		13.685
	Syrup	3.359		19.558
	Ampoules	0.005		0.759
Total		**4.598**	**3.762**	**34.002**
1979	Tablets	0.495		10.475
	Syrup	3.697		20.863
	Ampoules	0.013		0.787
Total		**4.205**	**3.383**	**32.125**
1980	Tablets	0.357		10.116
	Syrup	2.890		19.970
	Ampoules	0.008		0.758
Total		**3.255**	**2.573**	**30.844**

Source: Department of Community Services and Health, Canberra.
Note: 5mg and 10mg tablets aggregated.

TABLE 37

METHADONE CONSUMPTION: 1981-1989

Year		Western Australia Kgs	Grams per 1000 Population	Australia Kgs
1981	Tablets	0.342		10.323
	Syrup	1.231		24.816
	Ampoules	0.011		0.624
Total		**1.584**	**1.219**	**35.763**
1982	Tablets	0.371		10.028
	Syrup	1.915		28.675
	Ampoules	0.007		0.621
Total		**2.293**	**1.715**	**39.324**
1983	Tablets	0.436		11.483
	Syrup	2.219		32.253
	Ampoules	0.003		0.656
Total		**2.658**	**1.948**	**44.392**
1984	Tablets	0.548		12.107
	Syrup	3.053		36.634
	Ampoules	0.003		0.653
Total		**3.604**	**2.605**	**49.394**
1985	Tablets	0.508		10.954
	Syrup	4.140		52.075
	Ampoules	0.008		0.507
Total		**4.656**	**3.308**	**63.536**
1986	Tablets	0.577		13.374
	Syrup	1.870		86.804
	Ampoules	0.004		0.471
Total		**2.487**	**1.726**	**100.649**
1987	Tablets	0.703		12.453
	Syrup	1.667		82.064
	Ampoules	0.007		0.313
Total		**2.377**	**1.705**	**94.830**
1988	Tablets	0.755		14.043
	Syrup	2.469		98.030
	Ampoules	-		0.240
Total		**3.224**	**1.599**	**112.313**
1989	Tablets	0.990		15.811
	Syrup	2.903		110.146
	Ampoules	0.002		0.286
Total		**3.895**	**2.442**	**126.243**

Source: Department of Community Services and Health, Canberra.
Note: 5mg and 10mg tablets aggregated.

11. CENTRAL DRUG UNIT

The Central Drug Unit, an inpatient facility for the detoxification of illicit drug users, is fully operated by the Alcohol & Drug Authority. Prior to the establishment of the CDU in May 1986, illicit drug users who required inpatient management in Perth either attended Aston Hospital, an ADA detoxification facility for both licit and illicit drug users, or one of the non-government residential drug-free programs. At its inception in May 1986 the CDU operated in the former Aston Hospital site which had been vacated by the ADA. In January 1989 the CDU moved to purpose-built premises in Moore Street, East Perth.

The object of the CDU was to provide a single common inpatient detoxification facility in Perth for illicit drug users before admission to residential drug-free programs in Perth. Though the CDU is funded as a hospital, it has adopted a philosophy of minimal medication use and requires patients to undertake some responsibility for day-to-day domestic tasks.

The data in Table 39 indicates that the mean age of the CDU treatment population has remained at around 27 years. As the CDU data set counts admission events rather than number of individuals it is very difficult to analyze, for instance, the number of persons who use the service within a period, their length of stay and the number of repeat admissions. It should be noted that discharges from the CDU are also reported in data from the Western Australian Hospital Morbidity Data System in Section 2 of this report.

TABLE 38

CENTRAL DRUG UNIT DETOXIFICATION SERVICE

	1987		1988		1989	
	January-June	July-December	January-June	July-December	January-June	July-December
Assessments	135	285	167	160	165	156
All Admissions	97	216	125	133	138	133
Males	68	150	83	81	84	84
Females	29	66	41	45	48	48
Average Age	27	27	26.5	26.1	27.5	27.1
First Admissions	69	175	84	76	86	59
% Admissions As First Admissions	71.1%	81.0%	67.2%	57.1%	62.3%	44.4%

Source: Western Australian Alcohol and Drug Authority.