

Illicit Drugs In Western Australia

Facts and Figures

**Working paper prepared by the
WA Drug Abuse Strategy Office for
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Note:

Prevalence data in Table 1 and Figure 1 and portions of the text in section 1.1.1 were revised in October 2001 due to errors in the Australian Institute of Health & Welfare analysis of WA dataset for the 1998 NDS Household Survey detected after original publication of this report in June 2001..

1. PREVALENCE AND OTHER INDICATORS

1.1 Prevalence in Western Australia

1.1.1 Adults and young people

The 1998 National Drug Strategy household survey (NDSHS) is the most recent general population survey on the use of illicit drugs in Australia.

The survey showed 51.4% of West Australian adults and young people (ie all persons aged 14 years and older), had used any illicit drug in their lifetime. If cannabis is excluded then 26.0% had used any other illicit drug in their lifetime (Figure 1). (Illicit drugs were defined as illegal drugs, drugs and volatile substances used illicitly, and pharmaceuticals used for non medical purposes.)

It was estimated that 741,565 West Australian adults and young people had used any illicit drug in their lifetime. Of these, a total of 373,225 (50.3%) had used any illicit drug other than cannabis in their lifetime (Table 1).

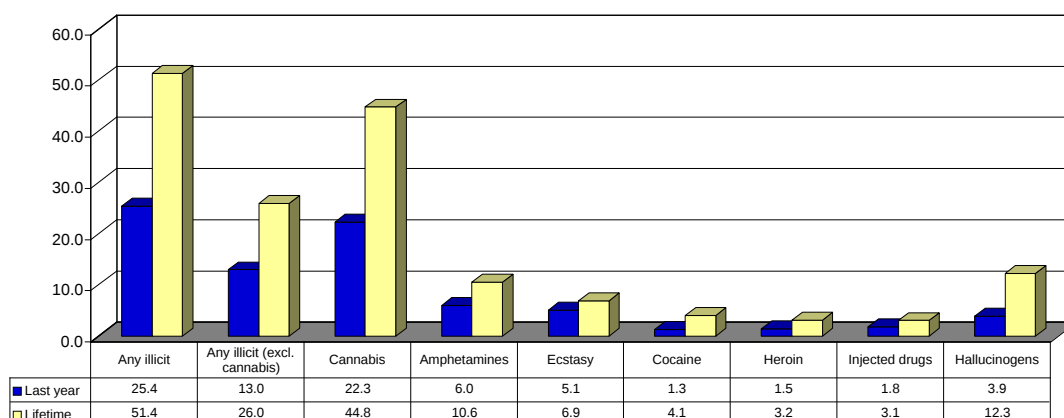
The survey also estimated that there was a total of 364,175 adults and young people who had recently used (ie last 12 months) any illicit drug. Of these, a total of 184,685 (50.7%) had used any illicit drug other than cannabis in the last year (Table 1).

The most prevalent drug ever used by West Australian adults and young people is cannabis with 44.8%, followed

Table 1:
Estimated number of persons aged 14 years and over who have used illicit drugs, 1998

	Lifetime	Last year
Cannabis	643,020	319,115
Steroids	9,810	2,295
Inhalants	62,080	18,805
Heroin	45,435	20,780
Amphetamines	149,870	84,125
Cocaine	59,030	18,395
Hallucinogens	175,510	55,050
Ecstasy/designer drugs	95,970	71,825
Any illicit drug	741,565	364,175
Any illicit drug excluding cannabis	373,225	184,685

Figure 1:
Recency of use (%) of illicit drugs by persons aged 14 years and over, 1998



by hallucinogens (12.3%), amphetamines (10.6%), ecstasy (6.9%), cocaine (4.1%) and heroin (3.2%). Overall, 3.1% of West Australian adults and young people report having ever injected an illicit drug.

The pattern of recent use indicates that just over one in five West Australian adults and young people (22.3%) have used cannabis, followed by amphetamines (6.0%), ecstasy (5.1%) and hallucinogens (3.9%). Cocaine and heroin are used by only a small number of individuals, with about 1% reporting use of either of these drugs.

1.1.2 School students

The 1999 Australian School Students Alcohol and Drugs (ASSAD) national survey has the most recent prevalence data for WA school students aged 12 to 17. (Illicit drugs were defined in the survey as cannabis, tranquillisers, steroids, inhalants, amphetamines, ecstasy, cocaine, heroin and LSD/hallucinogens.)

Nearly four in 10 (38.3%) of West Australian school students had ever used cannabis, with one third (33.2%) having used in the last year and one in five (20.4%) having used in the last month (Table 2, page 2).

Amphetamines was the second most prevalent illicit drug having been ever used by 14.3% of WA school students, with 11.9% having used in the last year and 6.3% used in the last month. The third most prevalent illicit drug used by WA school students was LSD/hallucinogens with one in 10 having ever used, 7.6% having used in the last year and 3.1% used in the last month.

The 1999 ASSAD survey also compared the prevalences of commonly used drugs of metropolitan compared to rural school students. No differences were recorded for the majority of illicit drugs.

However, it was found that students living in rural areas were more likely than metropolitan students to have used cannabis. Just under half of rural students (45%) compared to just over a third of metropolitan students (36%) had ever used cannabis with nearly four out

of ten (39%) rural students vs just over three out of 10 (31%) metropolitan students having used in the last year (Figure 2, page 2).

There was little overall change between the 1996 and 1999 ASSAD surveys of students who had used at least one

illicit drug. The changes that had occurred in 1999 are shifts in preferences for particular drugs rather than increases or decreases in the use of illicit drugs overall. For 12 to 17 year olds significant increases occurred in the lifetime use of amphetamines ($p \leq .01$), ecstasy ($p \leq .01$) and steroids ($p \leq .01$). Significant decreases occurred in the lifetime use of cannabis ($p \leq .01$), inhalants ($p \leq .01$) and LSD/hallucinogens ($p \leq .05$).

Figure 2:
Use of cannabis by metro vs rural West Australian school students 12-17 years, 1999

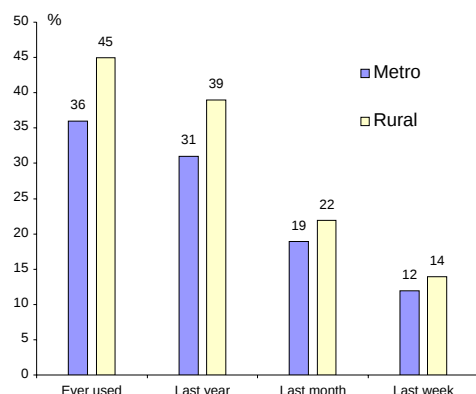


Table 2:
Use of illicit drugs by West Australian school students 12-17 years, 1999

	Lifetime	Last year	Last month	Last week
Cannabis	38.3	33.2	20.4	12.7
Tranquillisers	20.8	13.2	5.7	3.3
Inhalants	20.3	14.9	8.0	5.0
Amphetamines	14.3	11.9	6.3	3.8
Steroids	3.5	2.3	1.3	0.9
Cocaine	4.0	3.1	1.5	0.9
Ecstasy	6.4	5.3	2.6	1.4
Heroin	4.1	3.1	1.7	1.1
LSD/hallucinogens	10.1	7.6	3.1	1.5
Injected drugs	5.9	4.6	2.8	1.5

Table 3:
Recent drug use (last 12 months) (%) of persons aged 14 years and over by jurisdiction, 1998

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
Any illicit drug									
14-19	39.4	41.1	33.2	35.8	47.8	39.2	36.9	41.1	38.9
20-29	37.5	42.3	43.7	52.9	43.1	43.9	40.0	49.4	42.1
30-39	22.8	27.8	23.0	26.7	23.9	21.9	29.2	59.2	25.1
40+	9.5	10.8	11.5	13.5	12.3	12.3	11.8	19.1	11.0
Males	23.5	28.0	24.7	31.3	26.4	26.9	26.8	51.9	26.2
Females	17.6	19.2	20.4	22.7	21.5	18.4	22.6	27.1	19.5
Persons	20.5	23.5	22.5	26.9	23.9	22.6	24.7	39.9	22.8
Any illicit drug excluding cannabis									
14-19	17.0	15.5	15.2	17.3	18.9	15.1	17.0	16.5	16.4
20-29	20.9	25.0	19.6	32.5	24.0	13.8	21.0	23.0	23.0
30-39	7.4	11.4	9.9	10.3	8.3	6.5	7.8	16.3	9.3
40+	4.1	7.6	5.0	5.7	9.4	9.1	5.8	5.8	5.9
Males	11.2	14.3	9.8	17.6	14.1	12.1	12.7	21.1	12.7
Females	7.4	10.9	10.2	9.7	11.6	8.2	9.3	7.7	9.4
Persons	9.3	12.5	10.0	13.6	12.8	10.1	11.0	14.6	11.0

1.2 WA vs other Australian jurisdictions

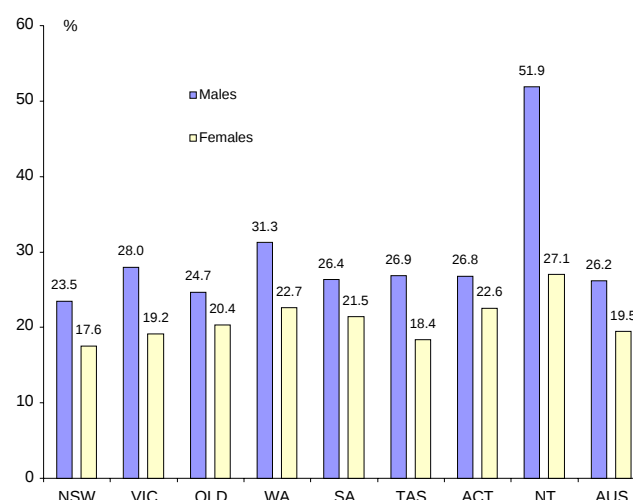
WA has the second highest overall rate of recent use (ie last 12 months) of any illicit drug (Figure 3).

Recent use of illicit drugs is greater by males than females in WA and in all jurisdictions. Male rates above the national average (of 26.2%) were reported in the Northern Territory (51.9%), WA (31.3%), Victoria (28.0%), Tasmania (26.9%), ACT (26.8%) and SA (26.4%).

Female rates above the national average (19.5%) were reported in the Northern Territory (27.1%), WA (22.7%) and the ACT (22.6%), SA (21.5%) and Queensland (20.4%) (Figure 3).

There was a national average of 11.0% of recent use of any illicit drug excluding cannabis, with higher than national rates reported in the Northern Territory (14.6%), WA (13.6%), SA (12.8%) and Victoria (12.5%) (Table 3).

Figure 3:
Recent drug use (last 12 months) (%) of persons aged 14 years and over by gender and jurisdiction, any illicit drug, 1998



1.3 Australia vs other countries

1.3.1 Adults

A study by the WA Drug Abuse Strategy Office in December 2000 of a number of surveys showed Australia may have the highest adult rates of annual use of cannabis, amphetamines and ecstasy compared to other Western countries. *As variations in methodology, sample size, age groups and year of survey will affect comparability of results between different countries, caution should be exercised in interpretation of these data.*

The Australian rate (17.9%) for cannabis is about twice the rate of the UK (9.0%), the United States (8.6%) and Spain (7.6%) (Figure 4).

The Australian rate (3.6%) for amphetamines is slightly higher than for the UK (3.0%), and more than three times higher than Spain (0.9%) and the USA (0.8%) (Figure 5).

For ecstasy the Australian rate (2.4%) was more than twice the rate for the UK (1.0%), Spain (0.9%), Germany (0.9%) and Netherlands (0.8%) (Figure 6, page 4).

Compared to other Western countries Australia had the third highest overall rate (1.4%) of the annual use of cocaine compared to the USA (1.7%) and Spain (1.6%), with lower rates reported for the UK (1.0%) and the Netherlands (0.7%) (Figure 7, page 4).

1.3.2 Youth

The United States and Australia share the highest rate of lifetime use of cannabis, used by half of young people (Figure 8, page 4).

The relatively high prevalence of cannabis use by young people in different nations is also shown by the results in the UK, Netherlands, Spain and Denmark, with between a quarter and a third having ever used.

Australia has a comparable rate (8.0%) of lifetime use of amphetamines of young people as the Netherlands (7.8%) and the UK (7.3%) which is half the rate of the USA (16.3%) (Figure 9, page 4).

Australia has a lower lifetime rate (5.0%) of use of ecstasy than either the USA (8.1%), the Netherlands (8.0%) or Belgium (6.2%) (Figure 10, page 4).

1.4 Other indicators

1.4.1 Alcohol and Drug Information Service

Calls received by the Alcohol and Drug Information Service (ADIS) are sensitive indicators of shifts in problems caused by the abuse of different drugs in the community. Trends in the number of calls from early 1986 indicate that until the end of 1990 most illicit calls were concerned with cannabis.

However, over the 10 year period from 1991 to 2000 there have been a number of pronounced cyclical variations in calls related to psychostimulants (eg amphetamines) and opioids (eg heroin) (Figure 11, page 5).

There was a sharp drop in psychostimulant calls after a peak in early 1995, after which psychostimulant calls then again steadily increased from mid 1997, reaching more than about 850 calls per quarter by the end of 2000. In contrast there was a marked increase in opioid calls from 1994, which reached more than 800 calls by the September quarter 1999, then sharply declined to about 350 calls by the last quarter 2000.

Compared to the generally upward trend in the number of calls involving cannabis, psychostimulants and opioids, calls concerned with designer drugs (eg LSD, hallucinogens and ecstasy) peaked in the latter part of 1992 and then moderately declined, with about 50 calls received per quarter since mid 1997.

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Figure 4:
Annual adult prevalence (%) of cannabis use by country

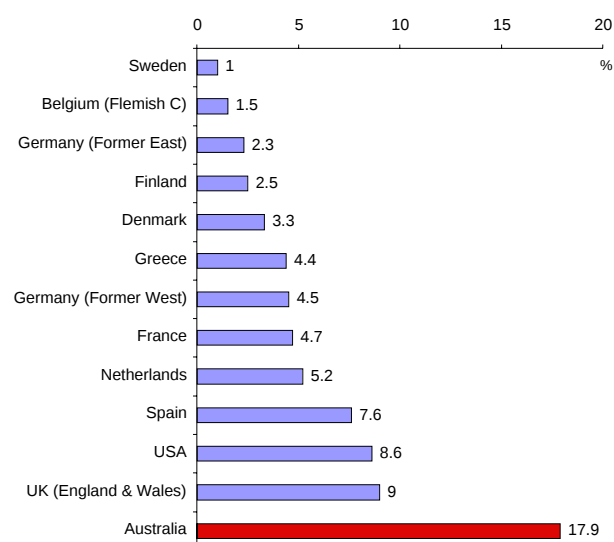


Figure 5:
Annual adult prevalence (%) of amphetamine use by country

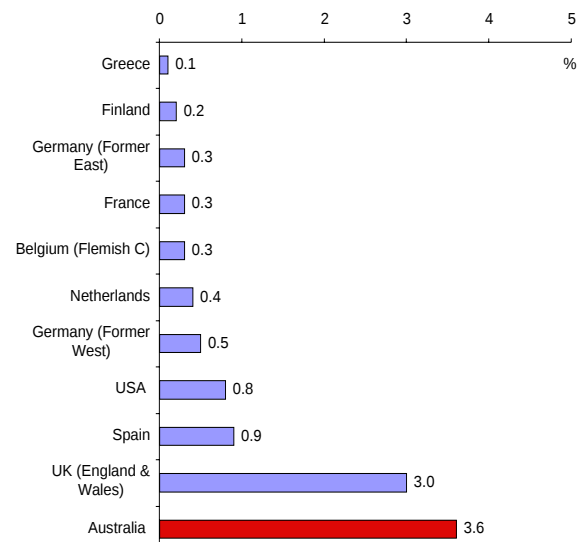
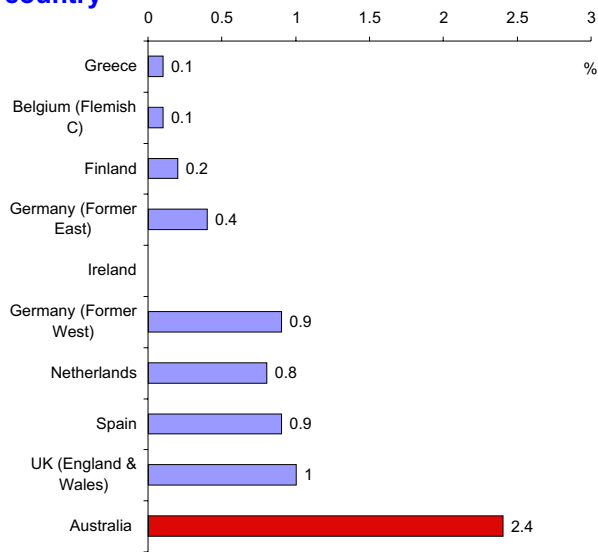


Figure 6:
Annual adult prevalence (%) of ecstasy use by country



As variations in methodology, sample size, age groups and year of survey will affect comparability of results between different countries, caution should be exercised in interpretation of these data.

Figure 7:
Annual adult prevalence (%) of cocaine use by country

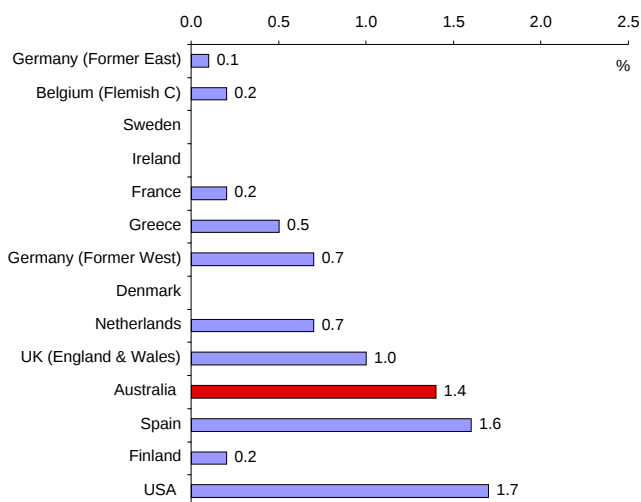


Figure 9:
Lifetime youth prevalence (%) of amphetamine use by country

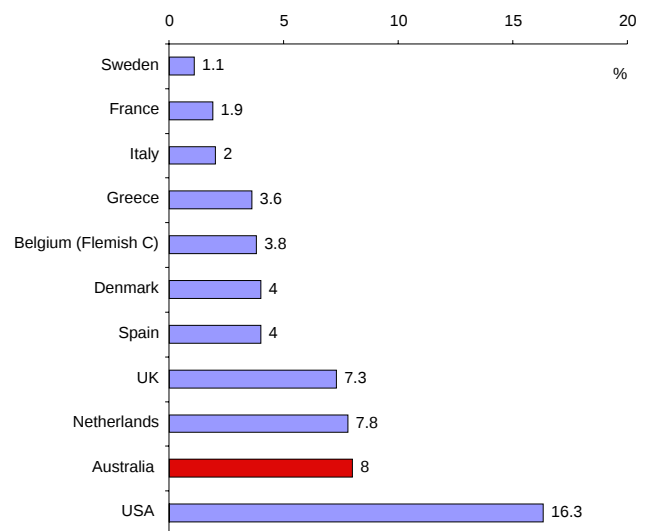


Figure 8:
Lifetime youth prevalence (%) of cannabis use by country

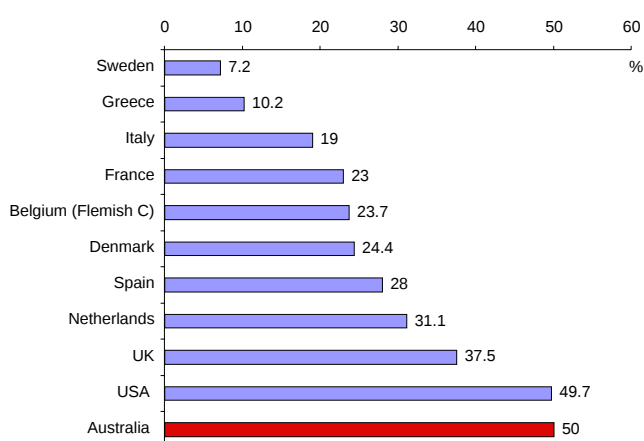
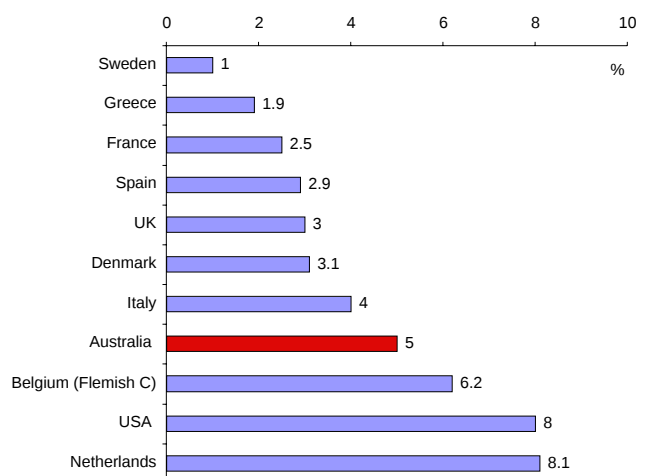


Figure 10:
Lifetime youth prevalence (%) of ecstasy use by country



received per quarter since mid 1997.

1.4.2 Needle and syringe programs

Needle and syringe programs (NSPs) began in March 1987. In the first full year of operation a total of just over 70,000 needles and syringes (N&S) were distributed. In the year 2000 a total of 3.2 million N&S were distributed to injecting drug users (IDUs) in this State. About 750,000 are now distributed each quarter (Figure 12).

A number of regional centres in which there have been increased or relatively high rates of sales of N&S have been identified, these include Kalgoorlie-Boulder, Mandurah, Bunbury and Geraldton.

2. MORTALITY & MORBIDITY

2.1 Mortality caused by drugs

There has been an Australia wide increase in opioid overdose deaths which have increased by nearly four fold, from a rate of 30.1 per million (population aged 15 to 44 years) in 1991 to a rate of 112.5 in 1999 (Figure 13, page 6).

Nationally there was a total of 958 opioid overdose deaths in 1999, of which 42% occurred in New South Wales, 36% in Victoria, 8% in WA and 7% in Queensland.

A detailed picture of accidental heroin related deaths (HRDs) in WA for the period from the first quarter 1995 to the March quarter 2001 can be seen in Figure 14 (page 6).

HRDs in WA have averaged 81 per year over the last four years (82 suspected in 2000, 89 suspected in 1999, 75 confirmed in 1998 and 76 confirmed in 1997). This reflects a significant rise which has occurred since 1993. In the last six years there has been a pattern of short term increases and decreases in the number of HRDs each quarter, with the number of HRDs more than doubling from 12 in the March quarter 1995 to 28 in the June quarter 2000 and falling to 12 suspected deaths in the March quarter 2001.

There has been a recent downward trend in HRDs nationally and in this State in 2001, with suspected

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Figure 11:
Opioids, amphetamines, cannabis and ecstasy/designer drug calls received by ADIS,
1986 quarter 2 - 2001 quarter 1

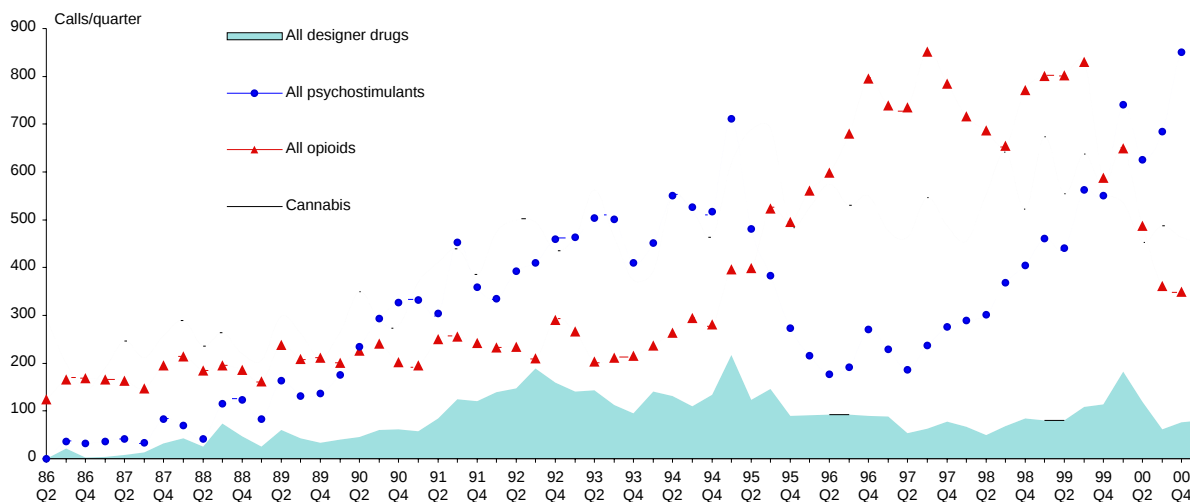


Figure 12:
Needles and syringes distributed by type of outlet, Western Australia, 1987 - 2000

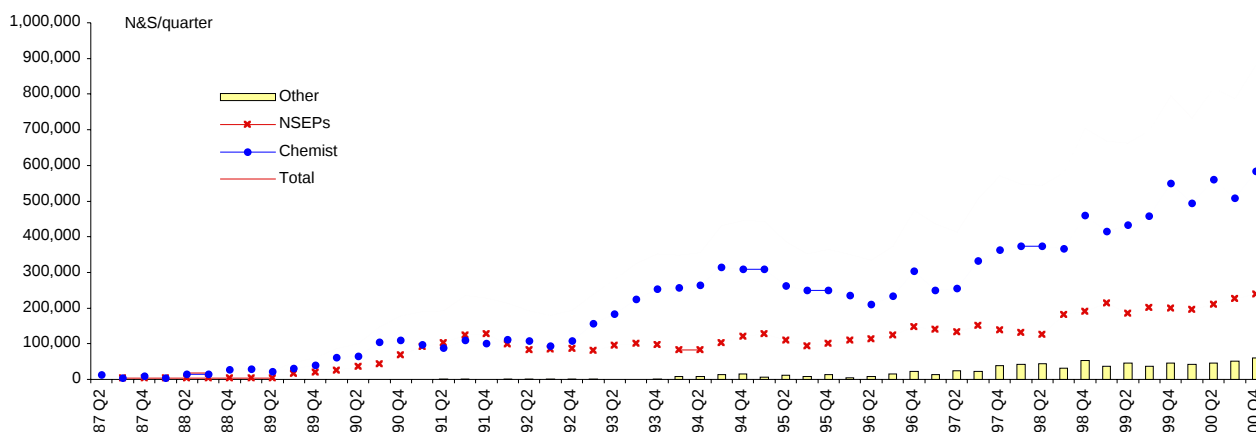


Figure 13:
Rate per million (persons aged 15-44 years) of opioid overdose,
Australia, 1988 - 1999

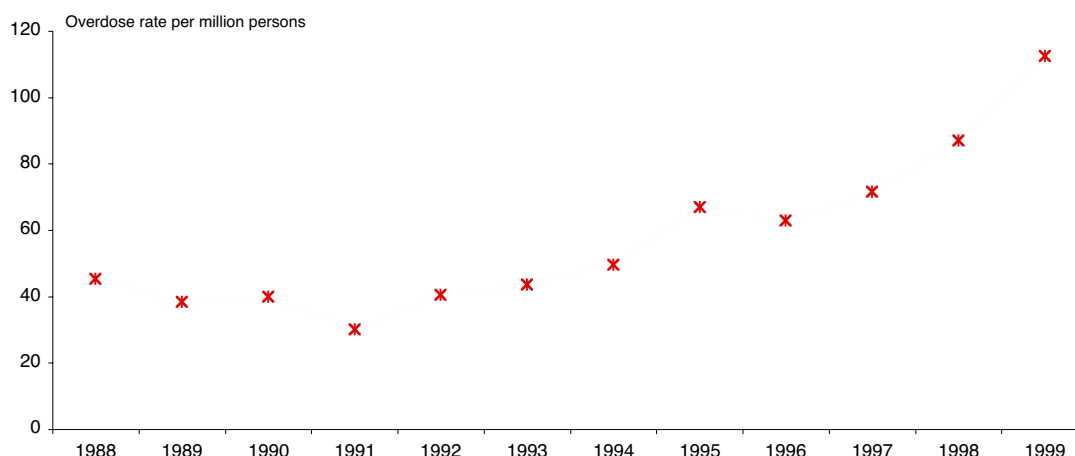


Figure 14:
Accidental heroin related deaths,
Western Australia, 1995 quarter 1 - 2001 quarter 1

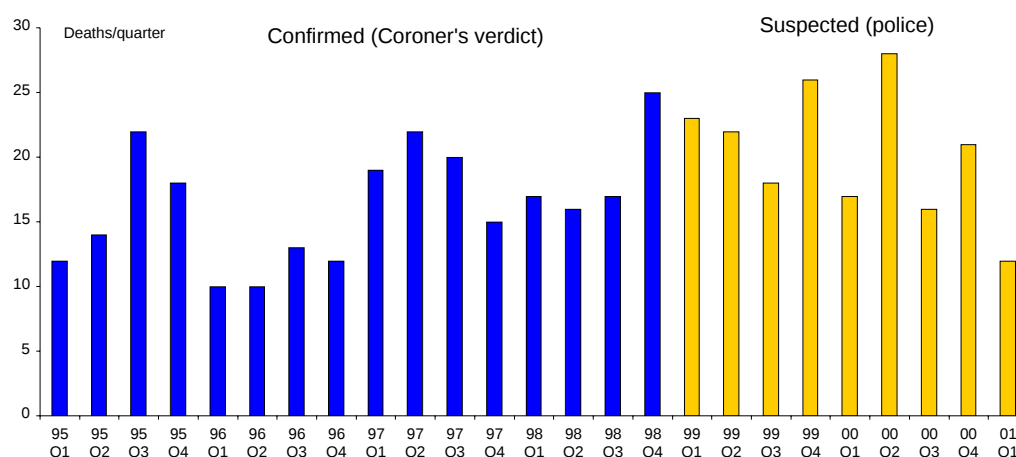


Table 4:
Drug related deaths for drugs other than alcohol or tobacco, all causes (ABS coded),
Western Australia, 1985 - 2000

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Cannabis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Opiates	27	20	16	25	24	21	12	28	28	44	76	64	81	76	50
Amphetamines/ psychostimulants	0	0	0	0	0	1	2	0	1	0	0	0	0	2	21
Cocaine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hallucinogens	0	0	0	0	0	0	1	1	1	0	0	0	0	0	1
Barbiturates/ Tranquillisers/sedatives	14	13	10	2	4	1	3	2	7	10	3	6	2	1	13
Antidepressants	1	2	6	3	3	4	7	3	6	18	7	6	3	2	0
Volatile substances	1	5	4	1	3	4	2	1	3	3	1	2	3	0	1
Unclassified drugs	18	24	26	16	17	21	23	18	21	19	23	21	29	36	19
Other/combination psychotropic agents	0	0	0	0	0	0	2	7	1	1	0	0	0	2	1
Other causes	1	2	1	2	2	2	1	1	3	3	4	5	6	7	10
Total	62	66	63	49	53	54	53	61	71	98	114	104	124	126	116

deaths in WA down by over 40% to the end of May 2001, compared to the same period in recent years. This is supported by a decrease in the number of monthly callouts to non fatal heroin overdoses by the St John Ambulance service in the metropolitan area (Figure 15, page 8). This clearly reflects the well publicised recent heroin 'shortage'.

The pattern of increased opioid related mortality that has occurred in this State since 1993 has not been accompanied by similar levels of increases in deaths due

Table 5:
Drug related psychiatric hospitalisation, Western Australia, 1995/1996 - 1999/2000

Condition	Discharges	Bed days
Drug dependence		
Alcohol dependence syndrome	3,595	92,480
Opioid type dependence	2,100	10,104
Barbiturate, sedative, hypnotic dependence	212	1,539
Cocaine dependence	37	71
Cannabis dependence	79	526
Amphetamine & other psychostimulant dependence	110	480
Hallucinogen dependence	6	28
Other specified drug dependence	73	319
Combinations of opioids with other drug dependence	31	196
Combinations of drug dependence (excl opioids)	90	824
Unspecified drug dependence	123	1,220
Total	6,456	107,787
Non dependent drug abuse		
Alcohol abuse	3,804	11,323
Cannabis abuse	233	1,560
Hallucinogen abuse	47	95
Barbiturate, sedative, hypnotic abuse	151	915
Opioid abuse	472	2,008
Cocaine abuse	10	16
Amphetamine & other psychostimulant abuse	210	777
Anti-depressant abuse	13	79
Other, mixed or unspecified drug abuse	588	5,052
Total	5,528	21,825
Grand total	11,984	129,612

Table 6:
Number of hospital discharges due to drugs other than alcohol or tobacco, Western Australia, 1995 - 1999

	Males	Females	Total	Beddays	Cost (\$)
Anti-depressants	130	277	407	1,746	758,957
Complications of pregnancy/infancy	87	365	452	3,839	1,942,999
Drug psychoses	786	485	1,271	9,989	3,691,605
Hallucinogens & cannabis	233	92	325	1,055	577,441
IDU conditions	319	186	505	1,396	1,366,740
Opioids	2,599	2,966	5,565	22,567	9,858,419
Other/combination psychotropic agents	161	229	390	2,959	889,389
Psychostimulants	263	156	419	1,234	692,991
Sedatives & barbiturates	282	428	710	3,526	1,264,737
Tranquillisers	360	459	819	2,540	1,497,802
Unclassified drugs	2,874	4,506	7,380	26,996	14,047,651
Volatile substances	100	52	152	494	234,141
Total	8,194	10,201	18,395	78,341	36,822,872

to other drug groups (Table 4, page 6). These deaths are coded by the Australian Bureau of Statistics (ABS) and use a number of cause of death codes.

The 21 deaths in WA in 1999 that were attributed to amphetamines/psychostimulants should be interpreted with caution as it appears that inconsistencies in identification of drug type have occurred due to changes in codes in the shift from the ICD 9 to ICD 10 coding system.

2.2 Morbidity caused by drugs

2.2.1 Drug problems and disorders

The best figures available concerning the number of persons with drug problems or disorders come from the Australian 1997 National Survey of Mental Health. In this survey 8% of all persons aged 18 years and older had any substance abuse disorder (11% of males, 5% of females), out of which 6.5% had an alcohol related problem (ie harmful use or alcohol dependence).

An analysis of the Western Australian data found 9% of all persons (13% of males, 5% of females) had any substance abuse disorder, out of which 8% had an alcohol related problem. In relation to the 18 to 24 age group, it was found that 30% of males and 13% of females had any substance abuse disorder.

2.2.2 Admissions to general hospitals

In the five year period from 1995 to 1999 there was a total of 18,395 hospital discharges in this State that were due to drugs other than alcohol or tobacco (Table 6). Of these 10,201 (55%) were females and 8,194 (45%) were males.

This hospitalisation involved a total of 78,341 beddays which cost the State public health system \$36.8 million. The total cost of hospitalisation due to 'unclassified drugs' was just over \$14 million and \$9.8 million was involved in the treatment of opioid related conditions. For the State, drug caused hospitalisations accounted for 5% of all hospitalisations between 1995 and 1999.

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Figure 15:
Ambulance callouts to non fatal heroin overdoses,
Perth metropolitan area, January 1998 - March 2001

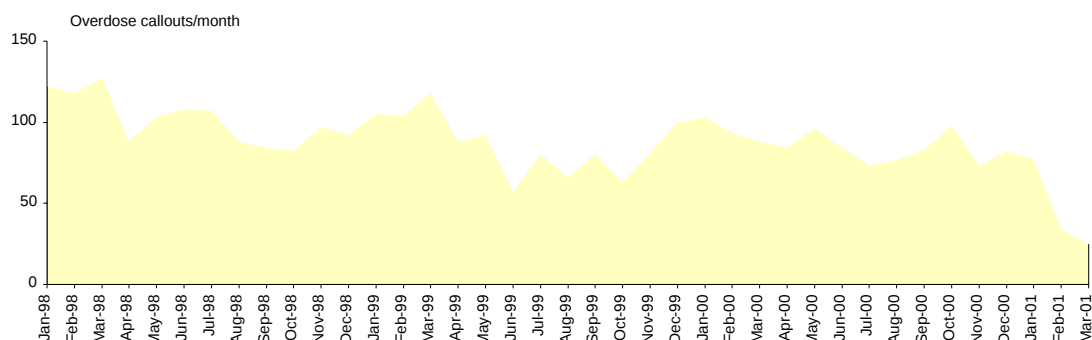


Figure 16:
Annual proportion (%) of IDU only risk group & all IDU risk groups for all HIV/AIDS
notifications, Western Australia, 1983 - 2000

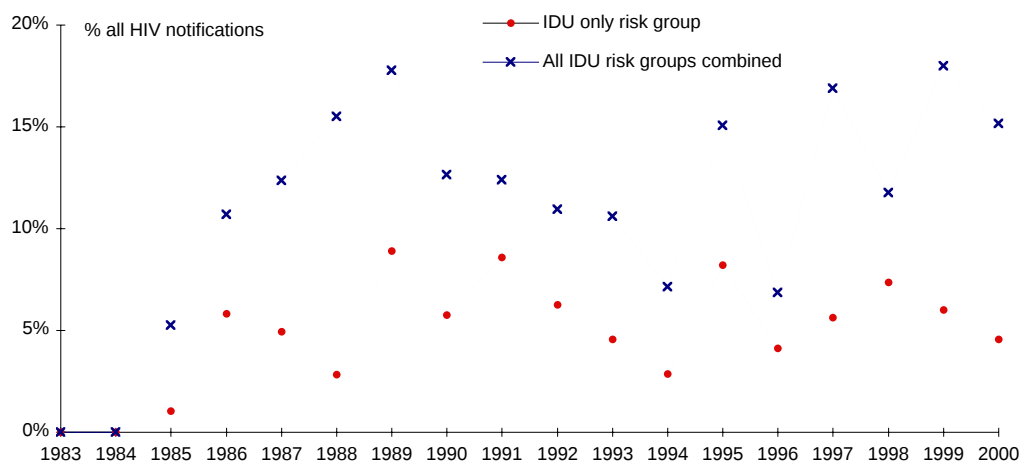
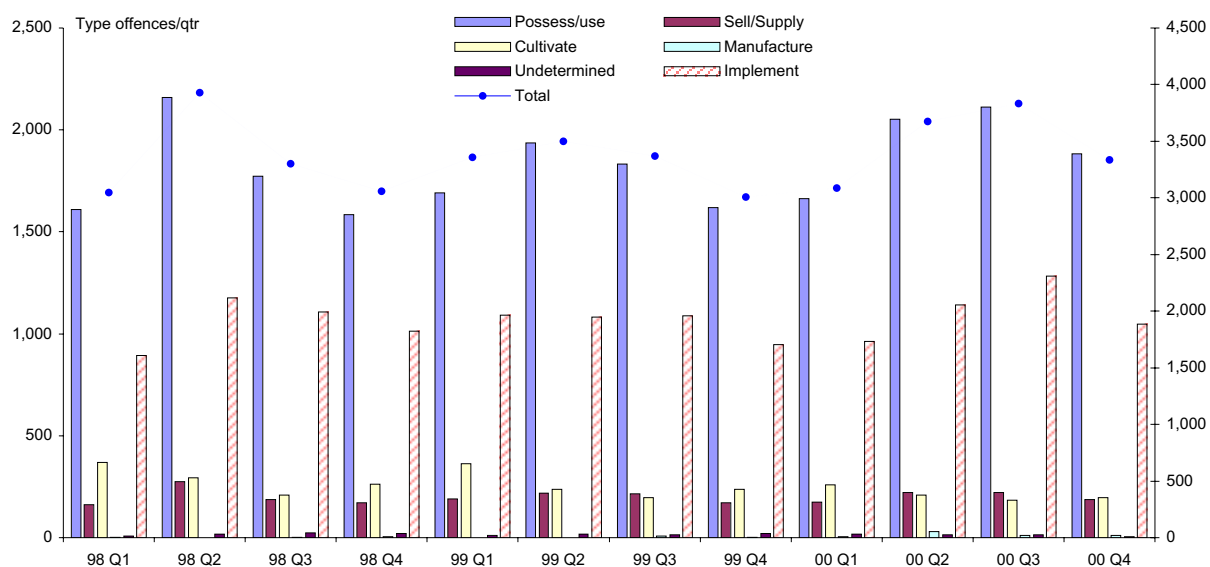


Figure 17:
Quarterly drug offences by type of offences, Western Australia, 1998 - 2000

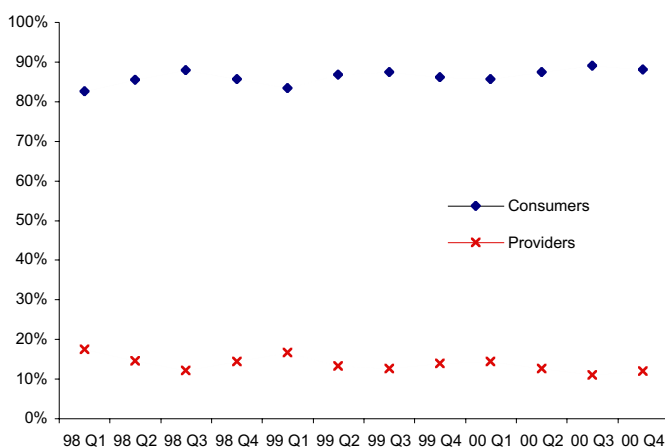


Overall, the annual number of hospital discharges caused by alcohol was 8,722 (1.7%), tobacco was 12,371 (2.5%) and other drugs was 3,679 (0.7%).

2.2.3 Admissions to psychiatric hospitals

An analysis of hospitalisation for the five year period 1995/1996 to 1999/2000 involving drug related psychiatric conditions identified there was just under 12,000 discharges, which represented a total of 129,612 beddays of inpatient treatment (Table 5, page 7).

Figure 18:
Proportion (%) of consumer and provider of all drug offences, Western Australia, 1998 - 2000



Of the 11,984 discharges, 6,456 (54%) were conditions which involved drug dependence and 5,528 (46%) involved non dependent drug abuse. It is to be noted that 2,100 discharges, just under one third of all discharges involving drug dependence were opioid type.

2.2.4 BBV notifications

The annual proportion of new HIV/AIDS notifications in this State which involve injecting drug use as the sole risk factor has fluctuated at around 5% since the late 1980s (Figure 16, page 8).

The inclusion of other IDU risk groups (such as male homosexual or bisexual males who are also injecting drug users), is also presented in Figure 16 (page 8). With the addition of multiple risk groups injecting drug use reached 17.8% in 1989, then decreased to 7% of all notifications in 1994. Since 1994 these notifications have increased somewhat and by 2000 represented 15.2% of all notifications in WA. In the United States, nationally about two thirds of new HIV infections each year are attributable to drug use.

Another measure of HIV, based on rates of infection in IDU populations, show Australia's rate of 1.4% is one of the lowest, compared to rates based on IDUs in treatment programs, of 32% in Spain, 16% in Italy and 13% in the Netherlands.

Figure 19:
Quarterly cannabis seizures, Western Australia, 1998 - 2000

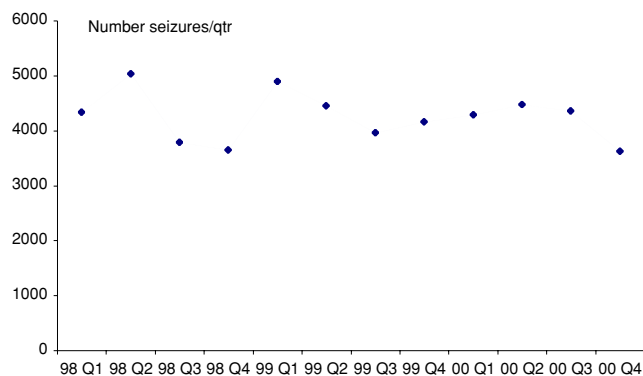


Figure 21:
Quarterly amphetamine seizures, Western Australia, 1998 - 2000

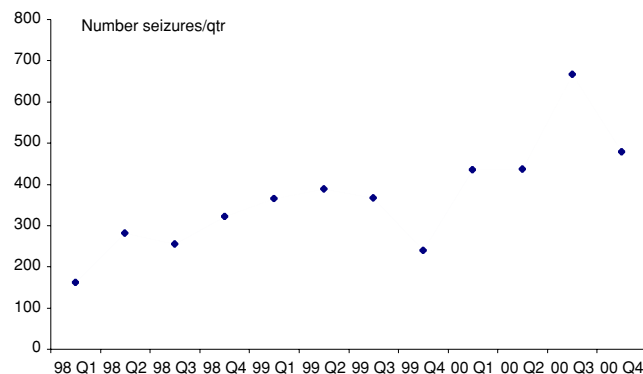


Figure 20:
Quarterly heroin seizures, Western Australia, 1998 - 2000

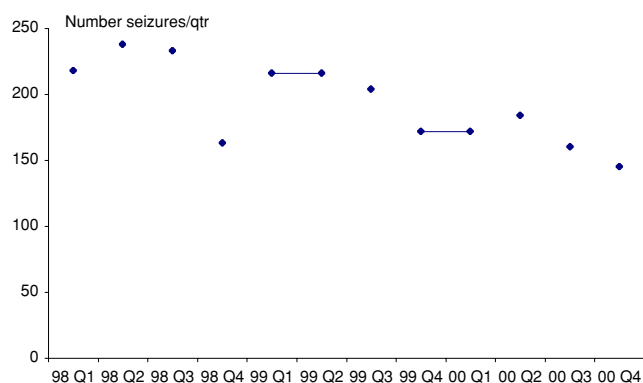


Figure 22:
Quarterly methylamphetamine seizures, Western Australia, 1998 - 2000

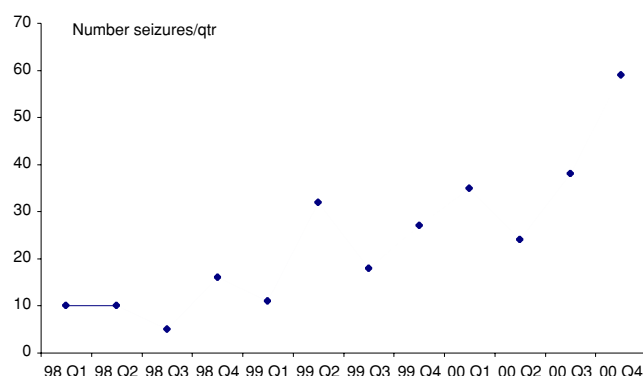


Figure 23:
Arrestees (%) testing positive for opiates, benzodiazepines, cannabis and amphetamines, East Perth lockup, 1999 quarter 1 - 2001 quarter 1

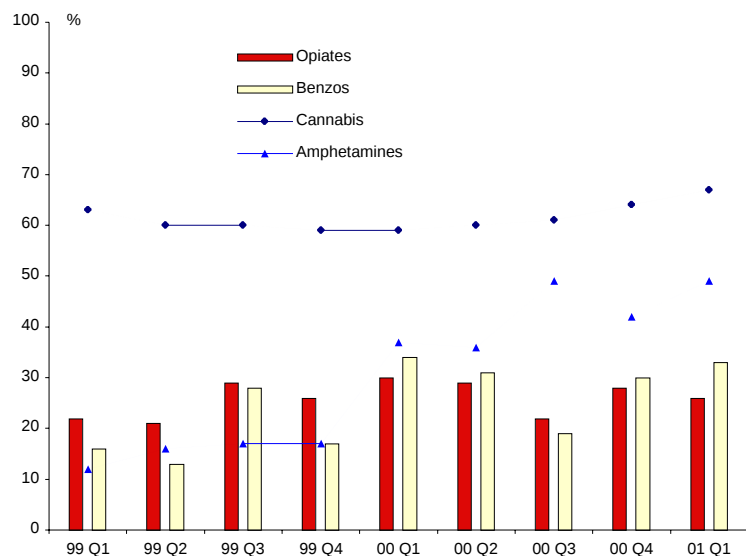


Figure 24:
Census of sentenced prisoners by type of major offence at 30 June 2000, Western Australia

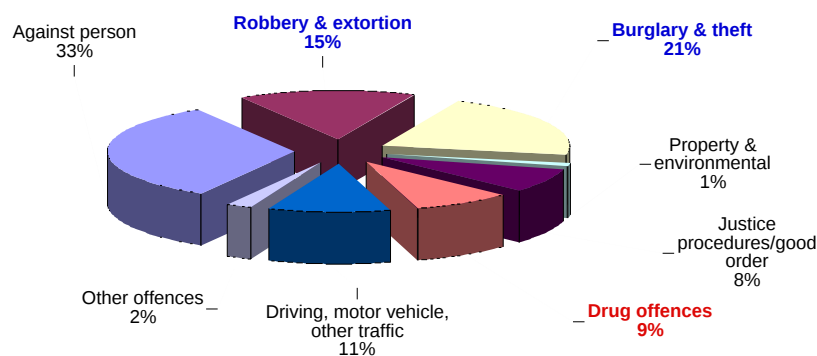
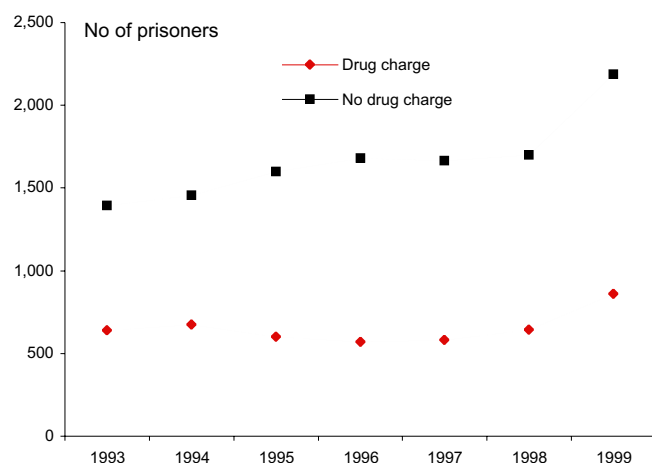


Figure 25:
Number of prisoners who have had a drug charge, Western Australia, 1993 - 1999



3. LAW ENFORCEMENT

3.1 Police activity

From 1998 there have been about 3,000 to 3,500 drug offences per quarter in WA that resulted in charges being laid by the WA Police. Overall, nearly eight out of 10 offences involved persons in the 15 to 34 year age group.

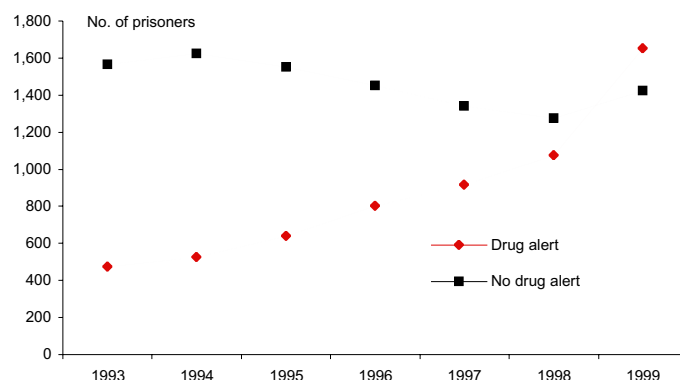
The most frequent charge involved possession and/or use of drugs, with between about 1,600 and 1,800 charges per quarter. The second most frequent charge involved the possession of smoking implements, with about 1,000 charges per quarter (Figure 17, page 8).

When broken into two broad groups of consumers (ie possession, use, possession of smoking implements) and providers (ie sell/supply, cultivation and manufacture), 80% to 90% of charges involved the less serious type of

Table 7:
Value realised (\$) of seizures under WA proceeds of crime legislation, 1988/1989 - 1999/2000

Year	\$
1988/1989	nil
1989/1990	15,916
1990/1991	644,669
1991/1992	303,854
1992/1993	187,611
1993/1994	168,004
1994/1995	427,317
1995/1996	209,914
1996/1997	1,267,723
1997/1998	296,817
1998/1999	1,405,157
1999/2000	415,620
Total	5,342,602

Figure 26:
Number of prisoners with a drug alert recorded, Western Australia, 1993 - 1999



consumer offences (Figure 18, page 9).

Trends in seizures are a useful indicator of shifts in availability of different drug groups and activity by law enforcement bodies. There was an overall decline of 0.3% in cannabis seizures from 1998 to 2000 (Figure 19, page 9). Over the three year period heroin seizures decreased by 22%, from 218 seizures in the March quarter 1998 to 145 seizures in the December quarter 2000 (Figure 20, page 9).

However, there was an increase of 98% in amphetamine seizures (Figure 21, page 9) and 280% in methylamphetamine seizures (Figure 22, page 9). The 1999/2000 Australian Illicit Drug Report published by the Australian Bureau of Criminal Intelligence records record seizures of amphetamines and of a trend towards the production of these type of drugs in smaller laboratories, making this a particularly dangerous form of drug manufacture.

The *Crimes (Confiscation of Profits) Act 1988* and the *Misuse of Drugs Act 1981* provided for the confiscation of property that originated from serious drug related crime. A total of \$5.3 million was realised through the forfeiture and pecuniary penalty provisions of the legislation from 1988/1989 to 1999/2000 (Table 7, page 10).

3.2 Offenders

Recent research by the Australian Institute of Criminology, studied the age of initiation into illicit drug use of three sentinel populations (injecting drug users, detainees and prisoners) compared to a sample of the general population. It was found that initiation by those who are problematic drug users, or who have entered the criminal justice system, occurs in the mid teens compared to the general population who first used illicit drugs in their late teens and early twenties.

3.2.1 Arrestees

The Drug Use Monitoring in Australia (DUMA) project provides regular snapshots of drug usage by people who have been arrested for any type of offence by the police. There are four sites involved in this national project, one of which is the East Perth lockup.

Urinalysis data from the nine quarterly surveys at the East Perth lockup indicate that at least six out of 10 arrestees have used cannabis recently, ie within the last few weeks (as cannabis is retained in the body for a period of time)

Table 8:
Number of persons diverted by type of diversion,
Western Australia, 2000 quarter 1 - 2001 quarter 1

Type of diversion	2000 Qtr 1	2000 Qtr 2	2000 Qtr 3	2000 Qtr 4	2001 Qtr 1
Police diversion					
Cautioning - cannabis	50	178	245	212	209
Diversion - other drugs	-	-	-	-	7
Court diversion					
Brief intervention	-	-	-	-	17
Supervised treatment intervention	-	-	-	-	45
Drug court	-	-	-	-	69
Total	50	178	245	212	347

(Figure 23, page 10).

Between 20% and 30% of arrestees tested positive for opiates over the nine surveys. There was a lower level of arrestees who tested positive for benzodiazepines in the first four surveys (average 18%) compared to the last five surveys (average 29%).

A striking trend from the survey was the increase in the proportion of arrestees who tested positive for amphetamines, increasing four times from 12% in the first quarter 1999 to 49% in the first quarter 2001.

3.2.2 Prisoners

The national census of sentenced prisoners shows at 30 June 2000, based on the most serious offence, that 9% of all prisoners in this State were incarcerated due to a drug offence (Figure 24, page 10).

A cohort analysis of the custodial population of Western Australian prisons from 1993 to 1999 shows that over the seven year period the number of prisoners who have had a drug charge remains relatively constant at around 30% of the overall prison population (Figure 25, page 10).

This study also considered prisoners who had a “drug alert”, indicative of a drug problem. The June 1999 snapshot indicated a majority of prisoners were subject to that alert (Figure 26, page 10).

A total of 599 random and 3,811 targeted urinalysis tests of prisoners were conducted in 1999/2000. Of the random tests 23.5% were positive for any drug, of which 70% were positive for the cannabis metabolite and 27% were positive for pharmaceutical drugs, mostly benzodiazepines.

3.2.3 Diversion programs

The Statewide cannabis cautioning system commenced in March 2000 following an earlier trial. From the March quarter 2000 to the March quarter 2001 a total of 894 persons were cautioned and diverted by the police to a mandatory cannabis education session (Table 8). With the inclusion of participants in the earlier trial there was a total of 1,055 persons who had been diverted under the cannabis cautioning system in this State.

A police diversion scheme for first time offenders involving drugs other than cannabis effectively commenced in March 2001 and in that month there was a total of seven diversions.

A new pilot system of drug courts replaced the previous court diversion service in 2001. In the March quarter 2001 there was a total of 131 court order diversions for people with a drug offence, 17 of whom participated in a brief intervention regime (repeat cannabis), 45 participated in a supervised treatment intervention regime and 69 were dealt with via the Drug Court itself.

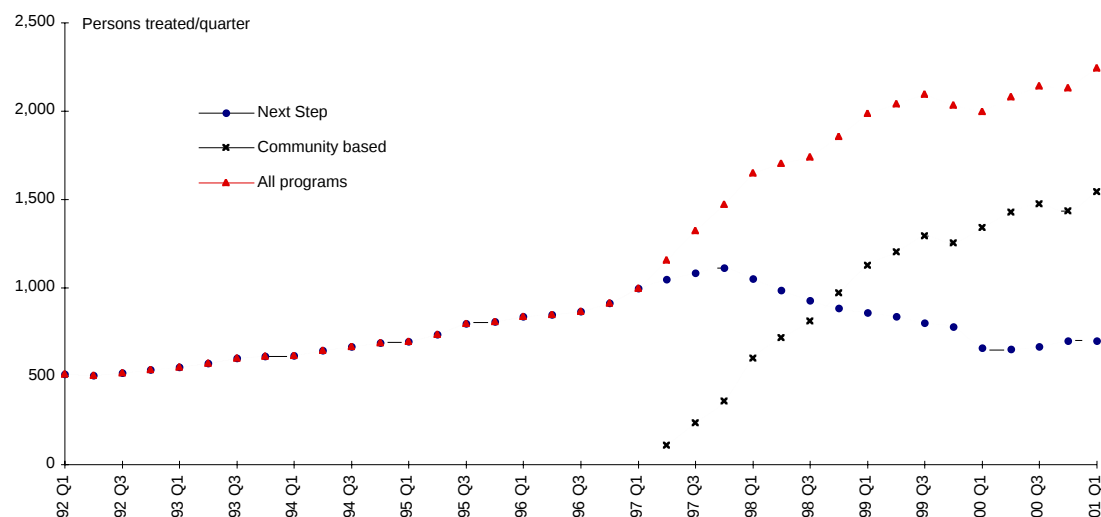
Table 9:
Utilisation of services - CDST/NGO programs, number of admissions by type of service, 1998-2000

Type of service	1998	1999	2000
Metropolitan			
Detoxification (inpatient)	634	692	761
Residential	914	1,372	1,753
Outpatient	3,952	6,092	6,468
Other	335	179	334
Total metropolitan	5,835	8,335	9,316
Country			
Residential	100	105	77
Outpatient	523	2,122	2,250
Total country	623	2,227	2,327
Total admissions	6,458	10,562	11,643

Table 10:
Utilisation of services - CDST/NGO programs, number of episodes by type of service, metropolitan area, 1998-2000

Type of service	1998	1999	2000
Detoxification (inpatient)	1,081	1,252	1,307
Residential	1,142	1,679	2,136
Outpatient	4,458	6,690	7,028
Other	340	181	341
Total episodes	7,021	9,802	10,812

Figure 27:
Number of admissions to methadone programs, Western Australia, March quarter 1992 - March quarter 2001



4. TREATMENT SERVICES

Data on the annual utilisation of services for 1998 to 2000 reflects all Next Step Specialist Drug and Alcohol Services' programs, the main non government pharmacotherapy programs and programs provided by Community Drug Service Teams (CDSTs) and non government organisations (NGOs). This data includes services which address both alcohol and illicit drug problems.

Service information about CDSTs and NGOs was compiled from statistical reports produced by the PICASO data system for metropolitan programs and data manually extracted from six monthly activity reports for non metropolitan programs. Differences occur as metropolitan data had details for type of service and type of drug

Table 11:
Utilisation of services - Next Step Specialist Drug & Alcohol Services, number of admissions by type of service, 1998 - 2000

Type of service	1998	1999	2000
Detoxification (inpatient)	770	767	511
Outpatient	726	1,776	1,291
Pharmacotherapies			
Methadone	1,289	1,078	989
Naltrexone (alcohol)	1	40	112
Naltrexone (opiates)	0	425	969
Other	7	15	41
Total admissions	2,793	4,101	3,913

Table 12:
Utilisation of services - non government pharmacotherapy programs, number of admissions by type of service, 1998 - 2000

Type of service	1998	1999	2000
Community methadone	719	1,203	1,427
Perth naltrexone clinic	624	1,027	1,301
Total admissions	1,343	2,230	2,728

Table 13:
Utilisation of services - Next Step and metropolitan
CDST/NGO programs, number of admissions by type
of drug problem, 1998 - 2000

Type of drug	1998	1999	2000
Next Step			
Licit			
Alcohol	287	323	679
Pharmaceuticals - benzodiazepines	49	39	75
Pharmaceuticals - other	6	46	16
Other licit	0	0	4
Illicit			
Heroin	549	959	1,642
Other opioids	78	82	462
Cannabis	32	44	69
Amphetamines & other stimulants	32	59	215
Cocaine	0	1	1
Hallucinogens/designer drugs	0	4	5
Volatile substances	0	0	6
Poly drugs	0	0	3
Other illicit	0	2	10
Other			
Significant other's AOD use	0	0	0
Not stated/other	1,760	2,542	726
Total Next Step	2,793	4,101	3,913
Metropolitan CDSTs/NGOs			
Licit			
Alcohol	1,469	1,874	1,942
Pharmaceuticals - benzodiazepines	51	57	69
Pharmaceuticals - other	16	16	25
Other licit	16	23	36
Illicit			
Heroin	817	1,175	1,018
Other opioids	5	16	44
Cannabis	676	1,017	1,273
Amphetamines & other stimulants	340	742	1,255
Cocaine	15	17	16
Hallucinogens/designer drugs	21	31	38
Volatile substances	57	75	45
Poly drugs	177	267	130
Other illicit	0	0	2
Other			
Significant other's AOD use	1,051	1,428	842
Not stated/other	155	259	1,011
Total metropolitan CDSTs/NGOs	4,866	6,997	7,746
All programs			
Licit			
Alcohol	1,756	2,197	2,621
Pharmaceuticals - benzodiazepines	100	96	144
Pharmaceuticals - other	22	62	41
Other licit	16	23	40
Illicit			
Heroin	1,366	2,134	2,660
Other opioids	83	98	506
Cannabis	708	1,061	1,342
Amphetamines & other stimulants	372	801	1,470
Cocaine	15	18	17
Hallucinogens/designer drugs	21	35	43
Volatile substances	57	75	51
Poly drugs	177	267	133
Other illicit	0	2	12
Other			
Significant other's AOD use	1,051	1,428	842
Not stated/other	1,915	2,801	1,737
Total all programs	7,659	11,098	11,659

problem, whereas for non-metropolitan programs information was only available for type of service.

Data of the utilisation of metropolitan programs has details for the number of admissions and the number of episodes of treatment, whereas for non-metropolitan programs information was only available for admissions.

4.1 Type of service

4.1.1 CDSTs and NGOs

From 1998 to 2000 utilisation of programs provided by CDSTs and NGOs increased by 80.2%, from 6,458 admissions in 1998 to 11,643 admissions in 2000 (Table 9, page 12).

In the year 1998 admissions to metropolitan CDSTs/NGOs represented 90.3% of all admissions to all CDSTs/NGOs, decreasing to 80.0% in the year 2000.

CDSTs/NGOs provide two major types of service, outpatient programs and residential programs. In the year 2000 there were 74.9% of admissions to outpatient programs and 15.7% of admissions to residential programs.

Metropolitan services showed a different pattern of utilisation of programs, consistent with availability, with greater utilisation of the more intensive residential and inpatient detoxification programs (Table 10, page 12).

In the year 2000, of the 10,812 episodes of service in the metropolitan area, 12.1% involved inpatient detoxification programs (vs 8.2% of admissions), 19.7% involved residential programs (vs 18.8% of admissions) and 65.0% involved outpatient programs (vs 69.4% of admissions).

The number of admissions included in these tables do not reflect metropolitan outreach services which provided harm reduction education and youth support and referral in Perth and outer metropolitan suburbs. Only one Aboriginal program is included, the Noongar Aboriginal Substance Abuse Service.

4.1.2 Next Step

Utilisation of Next Step programs increased from 2,793 admissions in 1998 to 3,913 admissions in 2000, an increase of 40.1% (Table 11, page 12). The drop in admissions to the inpatient detoxification facility that occurred in the year 2000 was due to closure of the Central Drug Unit (CDU) whilst renovations were carried out.

In the year 2000, of the 3,913 admissions, 1,291 (33.0%) involved outpatient services, 989 (25.3%) involved the methadone program, 969 (24.8%) involved the naltrexone program and 511 (13.1%)

involved the inpatient detoxification program.

The CDU is one of a number of places in the health system where inpatient detoxification can be provided. The total contribution of the health system in detoxifying drug dependent individuals can be more fully understood by analysis of inpatient data based on drug and alcohol

Table 14:
Direct expenditure (\$ budgeted) on drug related activities by State government organisations, Western Australia, 2000/2001

WA Drug Abuse Strategy Office	
Treatment and support	7,296,100
Sobering up centres	3,327,900
Education/prevention	2,197,750
Community action	938,000
Administration, policy, coordination	1,017,000
Sub total	14,776,250
Health Department of WA	
Next Step	10,064,000
Naltrexone Treatment Trust	1,000,000
Mental Health Division	2,680,000
Public Health Division	4,684,000
Office of Aboriginal Health	1,473,000
Sub total	18,901,000
Healthway	5,750,000
Aboriginal Affairs Department	850,000
Office of Racing, Gaming & Liquor	312,000
Ministry of Justice	
Drug Court and Court Assessment & Treatment Service	1,584,000
Substance Use Resource Unit	530,000
Other programs	279,000
Sub total	2,393,000
WA Police Service	
Organised Crime Investigation	3,744,000
Alcohol & Drug Coordination Unit	479,500
District Alcohol & Drug Advisers	1,687,000
Drug & alcohol law enforcement projects	292,000
Random breath testing	500,000
Sub total	6,702,500
Office of Road Safety (Dept of Transport)	500,000
Total	51,185,250

Table 15:
Commonwealth funding for drug related programs, Western Australia, 2000/2001

Program areas	
NIDS non government organisations	1,255,785
Diversion	1,926,472
Family programs	300,000
Schools (COAG)	150,000
Schools (NIDS)	300,000
NSP links to education & treatment	732,821
Indigenous alcohol & other drug intervention (OATSIH, hostels, ATSIC)	2,460,118
Total	7,125,196

specific diagnostic related groups (DRGs).

In the year 2000 there was a total of 4,077 admissions (DRGs numbers 860 to 863), of which 555 admissions (13.6%) involved the CDU with the remaining 3,522 admissions (86.4%) at other hospitals.

4.1.3 Non government pharmacotherapy programs

The recent growth in the number of persons in methadone programs in this State has occurred through the expansion of the community based methadone program, involving trained and accredited general practitioners in the metropolitan area and elsewhere in the State (Figure 27, page 12).

The number of people in community based pharmacotherapies has substantially increased, from the year 1998 to the year 2000, doubling from 719 (in 1998) to 1,427 (in 2000), based on mid year treatment population (Table 12, page 12).

The number of persons treated by the Perth Naltrexone Clinic conducted by Dr George O'Neil increased by 108% from 624 (in 1998) to 1,301 (in 2000).

4.1.4 All services

There was a total of 10,594 admissions to all programs (ie CDST/NGO programs, Next Step programs and non government pharmacotherapies) in WA in the year 1998. Admissions to all programs increased by 72.6%, with a total of 18,284 admissions in the year 2000.

Admissions to NGOs/CDSTs as a proportion of admissions to all programs increased over the three year period, from 61.0% of all admissions in the year 1998 to 63.7% of all admissions in the year 2000.

Admissions to Next Step programs as a proportion of admissions to all programs decreased over the three year period, from 26.4% of all admissions in the year 1998 to 21.4% of all admissions in the year 2000.

Over the three year period admissions to non government pharmacotherapy programs, as a proportion of admissions to all programs, increased from 12.7% of all admissions in the year 1998 to 14.9% of all admissions in the year 2000. The Perth Naltrexone Clinic accounted for 7.1% of all admissions to all programs in the year 2000.

4.2 Type of drug

A breakdown of admissions by type of drug problem is contained in Table 13 (page 13), covering only admissions to Next Step and programs by metropolitan CDSTs/NGOs.

An analysis of admissions to Next Step compared to

admissions to CDSTs/NGOs shows a much greater proportion of the treatment population at Next Step had a primary drug problem involving heroin (42.0% vs 13.1%), a higher proportion of those with a problem involving other opioids (11.8% vs 0.6%), a somewhat lower proportion of those with an alcohol problem (17.3% vs 25.1%), a lower proportion of those with an amphetamines and other stimulants problem (5.5% vs 16.2%) and a much lower proportion of those with a cannabis problem (1.8% vs 16.4%).

The high proportion of heroin related admissions in Next Step admissions reflects their ongoing role in providing methadone and more recently naltrexone as treatments for heroin dependence.

5. EXPENDITURE

This data includes costs and expenditure related to tobacco and alcohol as well as illicit drugs.

In broad terms, the economic cost per year to the West Australian community is around \$1 billion, the costs incurred by the government are close to \$250 million and the government spends some \$50 million directly addressing the issues.

5.1 Economic costs of drug abuse

The study by Collins and Lapsley, *The social costs of drug abuse in Australia in 1988 and 1992*, estimated that the total economic cost of drug abuse to the Australian community in 1992 was \$18.844 billion.

This included both tangible costs (eg hospitalisation, ambulance and emergency services) and intangible costs (eg prevention, treatment of drug related illness, loss of productivity, property crime, theft, accidents and law enforcement).

Of the total cost of \$18.844 billion, it was estimated that \$12.736 billion (67.3%) was due to tobacco smoking, \$4.494 billion (23.8%) was due to alcohol abuse and the remaining \$1.684 billion (8.9%) was due to the abuse of other drugs.

On a pro rata basis the tangible cost of drug abuse to the West Australian community was estimated to be \$1.070 billion (in 1992 dollars). By drug group \$335 million was due to alcohol abuse, \$620 million was due to tobacco smoking and \$118 million was due to the abuse of other drugs.

5.2 Costs incurred by government

An analysis of expenditure by the Task Force on Drug Abuse for the year 1993/1994 estimated that a total of \$240 million was spent by NGOs and government departments on activities related to or affected by drug

abuse in WA.

It was noted that 80% of this expenditure involved two areas, \$71.7 million for inpatient hospital stays for drug related illnesses and conditions and \$116.5 million for justice and law enforcement activities.

5.3 Direct expenditure on drug strategy

A study of direct expenditure on drug strategies to address drug abuse by State government organisations is contained in Table 14 (page 14) which identified expected expenditure based on line items in departmental annual budgets.

This found that total identified State government expenditure increased by 82.0%, from \$28.131 million in 1996/1997 to \$51.185 million in 2000/2001.

Commonwealth funds are also provided for a number of identified programs which are listed in Table 15 (page 14). This expenditure amounted to \$7.125 million in 2000/2001 and is additional to State government funds.

6. FURTHER INFORMATION

The source material for this paper and additional information describing current services and strategies in Western Australia are available:

WA Community Drug Summit
<http://www.drugsummit.health.wa.gov.au>

WA Drug Strategy
<http://www.wa.gov.au/drugwestaus/>

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