

Western Australia Drug Trends 2018

Key findings from the
Illicit Drug Reporting
System (IDRS) Interviews





WESTERN AUSTRALIA DRUG TRENDS 2018: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

James Fetherston, Jodie Grigg and Simon Lenton
National Drug Research Institute, Curtin University



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Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at [Drug Trends](#). Please contact the Drug Trends team with any queries regarding this publication: drugtrends@unsw.edu.au

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2018:

- Dr Rachel Sutherland, Ms Antonia Karlsson, Ms Julia Uporova, Ms Daisy Gibbs, Professor Louisa Degenhardt, Professor Michael Farrell, Professor Alison Ritter and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Ms Amy Kirwan, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute Victoria;
- Ms Ellie Bucher and Associate Professor Raimondo Bruno, School of Medicine, University of Tasmania;
- Mr James Fetherston, Ms Jodie Grigg and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
- Mr Chris Moon, Northern Territory Department of Health; and
- Dr Caroline Salom and Professor Rosa Alati, School of Public Health, The University of Queensland.

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

Abbreviations

ATSI	Aboriginal and/or Torres Strait Islander
EDRS	Ecstasy and Related Drugs Reporting System
HCV	Hepatitis C Virus
IDRS	Illicit Drug Reporting System
N (or n)	Number of participants
N/A	Not applicable
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
OTC	Over-the-counter
PWID	People who inject drugs
WA	Western Australia

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Background and methods

The Illicit Drug Reporting System (IDRS) interviews are conducted annually with sentinel groups of people who regularly inject drugs, recruited from all capital cities of Australia (N=905 in 2018). In 2018, participants (n=100) were recruited from two sites across Perth, forming the focus of this report. The results from the IDRS interviews are not representative of all people who consume drugs, but this is not the aim of the study, instead intended to provide evidence of trends over time and indications of emerging issues that warrant further monitoring. These results should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in WA.

Background

The Illicit Drug Reporting System (IDRS) is an annual study of illicit drug trends, primarily focusing on heroin, methamphetamines, cocaine and cannabis. Each year, the capital city of each Australian jurisdiction attempts to survey 100-150 people who inject illicit drugs on at least a monthly basis. This report presents the findings from participants recruited in Perth, Western Australia (N=100 in 2018). Participants in Perth are generally recruited from needle exchanges and by word of mouth.

Findings are compared with those of previous years and changes tested for statistical significance using t and chi square tests. Where changes have been found to be significant in this report, the p value is included. While this summary deals only with selected findings from the Western Australian survey, the full national report can be downloaded from <https://ndarc.med.unsw.edu.au/resource/australian-drug-trends-2018-key-findings-national-illicit-drug-reporting-system-idrs>

Methods

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 18 years of age (due to ethical requirements); ii) have injected at least monthly during the six months preceding interview; and iii) have been a resident for at least 12 months in the capital city in which they were interviewed. Following provision of informed consent and completion of a structured interview, participants were reimbursed \$40 for their time and expenses incurred. A total of 905 participants nationally were interviewed during May–July 2018 (888 participants in 2017), with 100 participants interviewed in Perth, WA, during June and July 2018. Tests of statistical significance have been conducted between results for 2017 and 2018; values have only been reported where significant ($p < .050$).

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the [methods for the annual interviews](#) but it should be noted that these data are from participants recruited in capital cities, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather intended to provide evidence of trends over time among similarly recruited sentinel samples of people who inject drugs and to provide indications of emerging issues that warrant further monitoring.

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

Additional Outputs

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

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

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Sample characteristics

In most respects, characteristics of the 100 participants recruited in WA in 2018 were similar to those of the previous year with no significant differences found. Average age remained unchanged at 43 (range 17-71) and 60% of the sample were male. There were 13% who identified as ATSI and 78% who identified as heterosexual. Unemployment remained very high at 83% and the mean years of schooling was 11 (range 6-12), with 71% having completed some form of post school qualification. There were 34% of respondents who reported currently being in treatment for their drug use; 74% (n=25) of these were being treated with methadone maintenance. Other forms of treatment were relatively uncommon. The median time spent in the current treatment episode was 48 months. An additional 17% of respondents reported having been in some form of treatment over the previous six months. A history of having been imprisoned at least once was reported by 41%. Weekly income ranged from zero to \$2,250 with a mean of \$459. Four participants reported having received any income from sex work. These data are summarised in Table 1.

Table 1: Demographic characteristics of the sample, WA, 2013-2018

	2013 N=88	2014 N=98	2015 N=89	2016 N=71	2017 N=73	2018 N=100
Mean age (years; range)	42 (18-66)	43 (19-67)	44 (26-64)	44 (20-62)	43 (19-69)	43 (17-71)
% Male	65	60	63	66	60	60
Employment (%):						
Not employed	77	77	75	72	81	83
Full time	6	9	8	13	4	3
Part time/casual	11	6	12	10	7	10
Home duties	0	1	1	0	7	0
Student	3	7	3	3	0	2
Other	3	0	0	1	1	2
Aboriginal / Torres Strait Islander (%)	7	6	2	9	10	13
Sexual Identity (%):						
Heterosexual	83	85	97	90	90	78
Bisexual	10	7	3	7	3	10
Gay or lesbian	6	3	0	3	7	9
Other	1	5	0	0	0	3
School education mean no. years, (range)	10 (7-12)	10 (6-12)	10 (6-12)	11 (8-12)	10 (6-12)	11 (6-12)
Tertiary education (%):						
None	36	37	26	21	44	30
Trade/technical	52	48	62	54	47	55
University/college	11	15	12	25	8	16
Average weekly income	\$452	\$454	\$460	\$511	\$405	\$459
Currently in drug treatment (%)	59	50	36	42	48	34
Prison history (%)	53	51	44	37	41	41

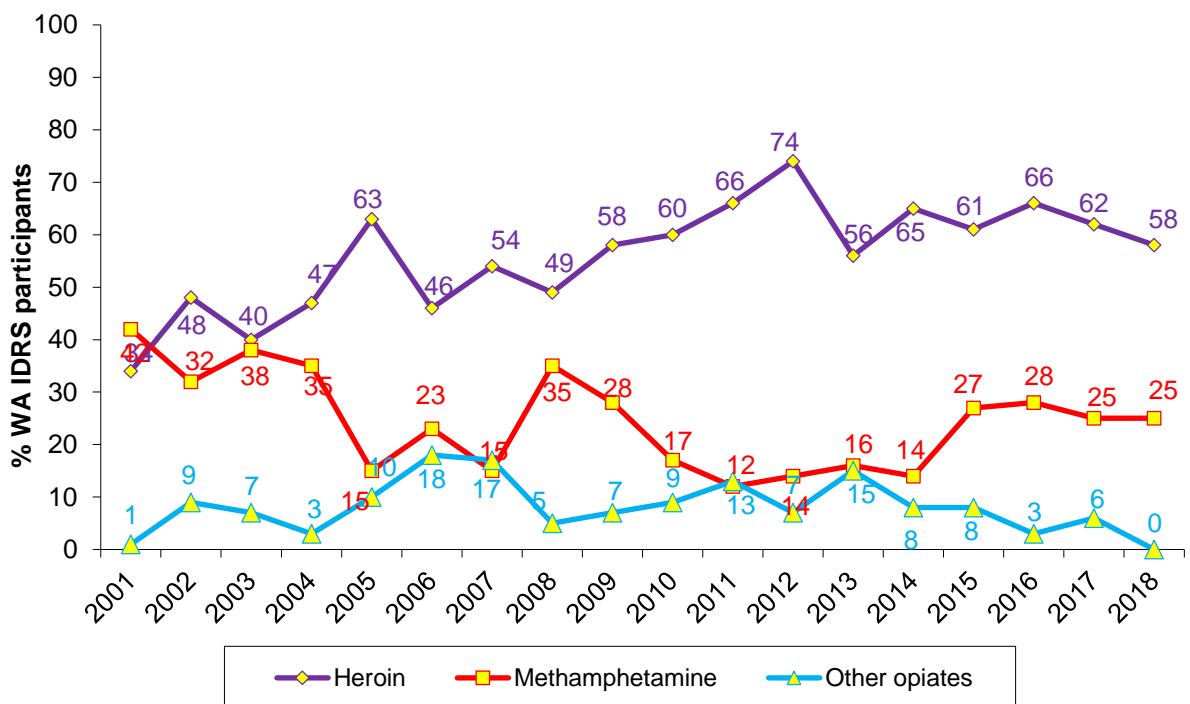
Drug Use History

The mean age of first injection returned to 2015 levels of 20 years, a significant increase from 2017 mean of 19 years ($p=.048$). The most common drug reported as first injected remained (meth)amphetamines at 58% compared with 57% in 2017. As the age of first injection for many respondents frequently lay many years in the past, it is unsurprising that 74% ($n=43$) of these first injections of (meth)amphetamine involved the powder form of the drug rather than the crystal form that has become more predominant in recent years.

The most commonly reported frequency of injection remained ‘*more than weekly but not daily*’ (32%) which was not significantly different from the 29% reporting this in the previous year. Injecting daily or more was reported by 46% which was also not dissimilar to the 48% reporting this in 2017. Injecting ‘*weekly or less*’ was reported by 21%.

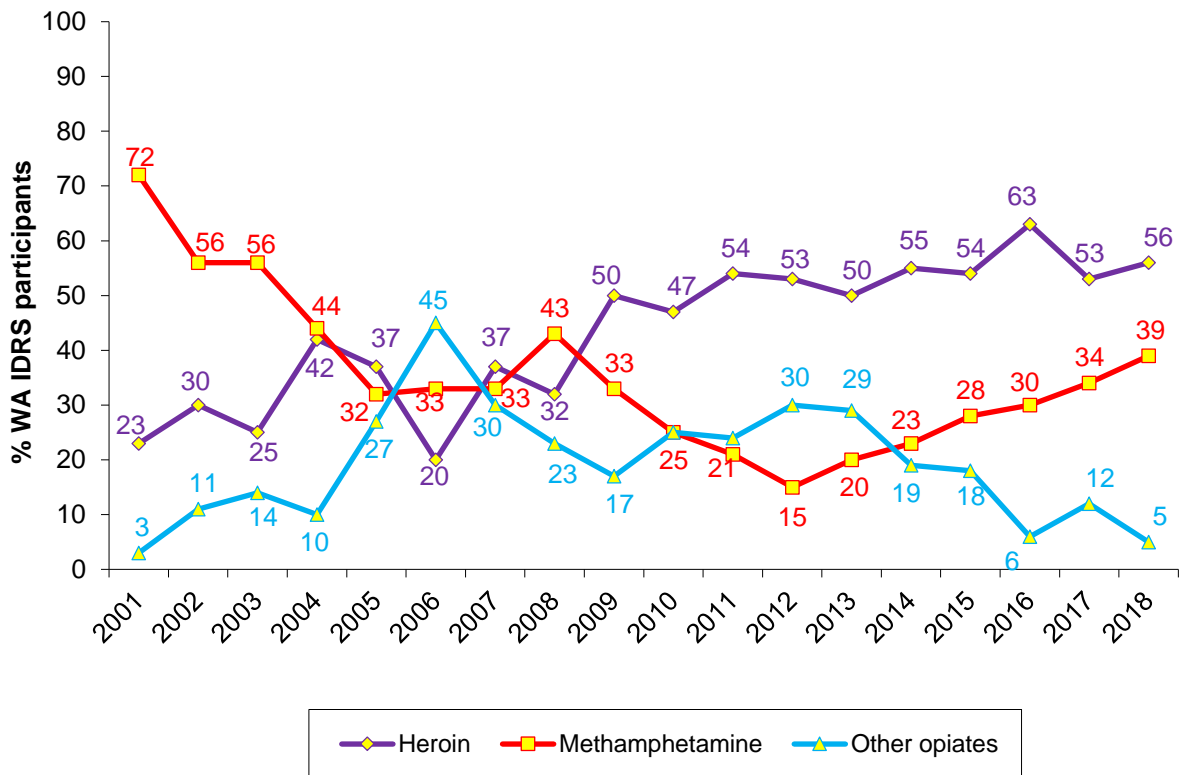
Heroin remained the drug of choice in 2018, nominated by 58% of participants compared with 62% in 2017. Methamphetamine remained stable with 25% of participants nominating it as their drug of choice. No respondents mentioned other opiates in this context. These data are displayed in Figure 1.

Figure 1: Drug of choice, WA, 2001-2018



Heroin remained the drug most injected in the month prior to interview, (56%), and was reasonably stable since 2011 (54%). Methamphetamine in this context however, has risen significantly from 15% in 2012 to 39% in 2018 ($p<0.001$). Use of other opiates has trended downwards from 30% in 2012 to 5% in 2018 ($p<0.001$). These data are displayed in Figure 2.

Figure 2: Drug injected most often in the past month, WA, 2001-2018



Drugs reported to have been used within the last six months by 50% or more of respondents were tobacco (87%), cannabis (77%), any form of methamphetamine (77%), heroin (67%), alcohol (65%), and crystal methamphetamine (64%). The most commonly nominated frequency of injection in the month prior to interview remained unchanged with 32% describing it as *'more than weekly, but less than daily'* compared to 29% in 2017.

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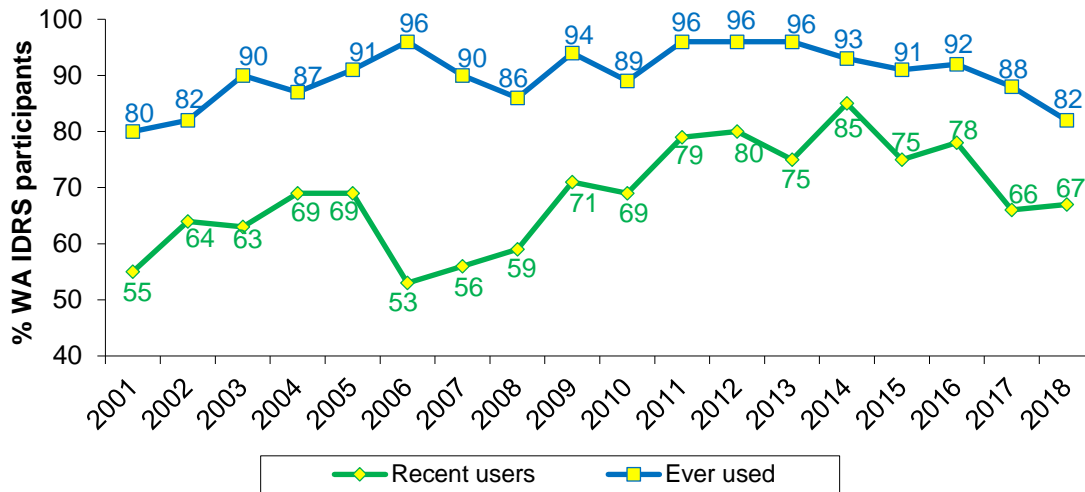
Heroin

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

Lifetime and Recent Use

A lifetime history of having ever used heroin was reported by 82% of the 2018 IDRS sample. Recent use remained stable, reported by 67% compared with 66% in 2017 (Figure 3).

Figure 3: Lifetime and recent use of heroin in WA, 2001-2018



Use of heroin on a daily basis was also relatively stable, reported by 21% of the sample compared to 18% in the previous year. Mean days of use was 103 days (89 days in 2017), though this was not a statistically significant increase. All ($n=67$) respondents who had recently consumed heroin reported having injected it. Other routes of administration were extremely uncommon.

Recent use of homebake heroin was reported by 11% compared to 19% in 2017. Mean days of use of homebake was 29 which was not a significant decline from 32 days during the previous year. All respondents who had recently consumed homebake reported injection as the route of administration.

Price, Perceived Purity and Availability

The average price of a point of heroin had fallen significantly to \$56 (median=\$50) from \$94 in 2017 ($p<0.001$). The average price of a gram of heroin also appeared to have fallen to \$442 (median=525) from \$628, but this did not attain statistical significance ($p>.050$). Consumer reports of perceived heroin purity most commonly (36%) described it as ‘medium’ compared to 2017 (31%) and when the most common response was that purity was ‘high’ (33%). Consumer reports of perceived availability of heroin remained stable with 98% of those responding describing it as ‘easy’ or ‘very easy’ compared with 96% the previous year.

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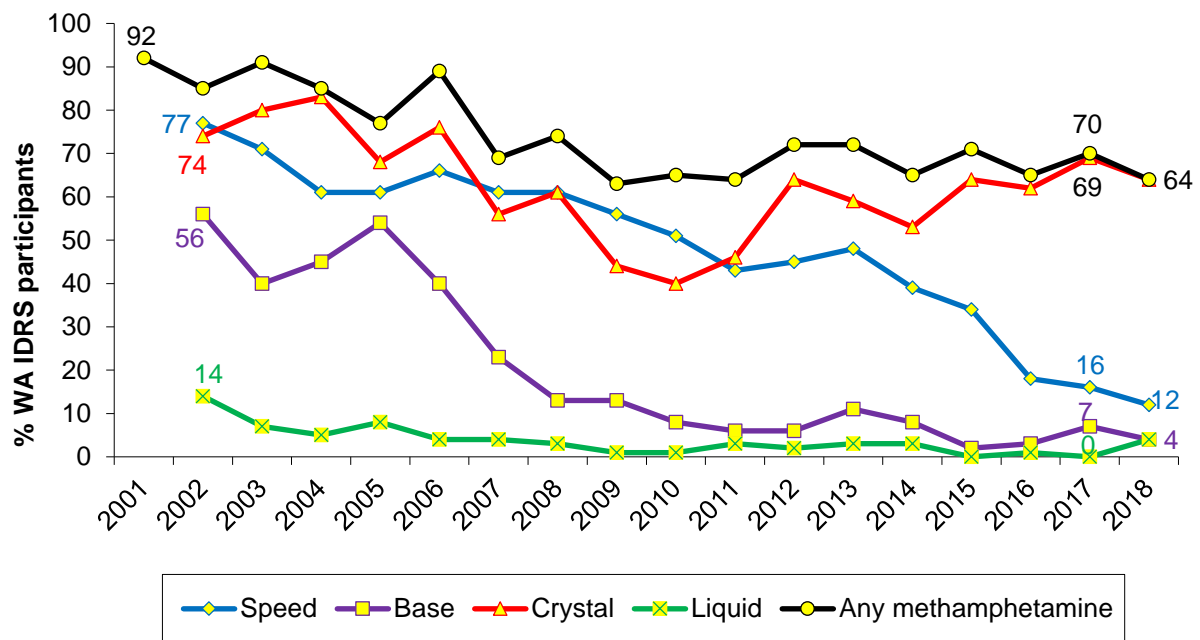
Methamphetamine

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

Lifetime and Recent Use

Methamphetamines was considered by four separate forms; meth powder (speed), base, liquid and crystal. Lifetime history of any form of methamphetamine was reported by 90% of the 2018 sample and recent use of any form was reported by 64% of participants (70% in 2017). Recent use of crystal methamphetamine accounted for almost all recent use of methamphetamines and was reported by 64% of interviewees compared with 69% in 2017. Recent use of other forms of methamphetamine was relatively uncommon. Recent use of methamphetamine powder was reported by 12% compared to 16% in 2017, recent use of methamphetamine base by 4% compared to 7% and recent use of liquid by 4% compared with zero the previous year. These data are presented in Figure 4.

Figure 4: Past six month use of any methamphetamine, powder, base, and crystal, WA, 2001-2018



Median days of use of crystal methamphetamine was 58 days (27 days in 2017). Median days of meth powder use was three days compared to four days in 2017. Median days of base use was 12 compared to two in 2017. The median days of use of any form of methamphetamine was 55 compared with 24 during the previous year. Frequency of use of crystal methamphetamine significantly increased in 2018 to a mean of 73 days (53 days in 2017; $p=0.007$). A significant increase also transpired for ‘any’ methamphetamine, from 53 days in 2017 to 74 days in 2018 ($p=0.015$). Recent injection of crystal methamphetamine was reported by 61% of the 2018 sample, and smoking by 36%. Other routes of administration were uncommon. Recent injection of speed powder was reported by 11% of the sample with other routes of

administration being uncommon. There were insufficient numbers to comment on routes of administration for base or liquid methamphetamine.

Price, Perceived Purity and Availability

Just two respondents were able to comment on the price of methamphetamine; therefore, figures and significance testing will not be presented. Please refer to the [National IDRS Report](#) for further information. No respondents were able to comment on the price of base.

The perceived purity of crystal methamphetamine was reported as '*high*' by 45% (n=24) of those who responded compared to 48% in 2017. Four of six respondents perceived the purity of speed to be '*high*' and just one of the two respondents said this of base. These low numbers naturally require these findings to be interpreted with caution.

With regards to availability of crystal methamphetamine, of those who responded, 67% (n=36) described it as '*easy*' or '*very easy*', significantly less than 98% in 2017 ($p < 0.001$). Numbers reporting on the availability of speed and base were very much lower with just six respondents who all described speed as '*easy*' or '*very easy*' to obtain, and one out of two respondents who reported base to be '*very easy*'. Again, low numbers require these findings to be interpreted with caution.

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Cocaine

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

Lifetime and Recent Use

A lifetime history of cocaine use was reported by 67% of the 2018 Perth sample. Recent use of cocaine, however, remained low and was reported by 12% of participants (10% in 2017). Frequency of use remained unchanged from 2017 at a mean of three days in the past six months.

Price, Perceived Purity and Availability

Only three participants were able to comment on the price, perceived purity and availability of cocaine; therefore, figures and significance testing will not be presented however, disparity of responses regarding price and perceived purity suggests that use of cocaine among PWID in Perth remains relatively uncommon and opportunistic. Please refer to the [National IDRS Report](#) for further information.

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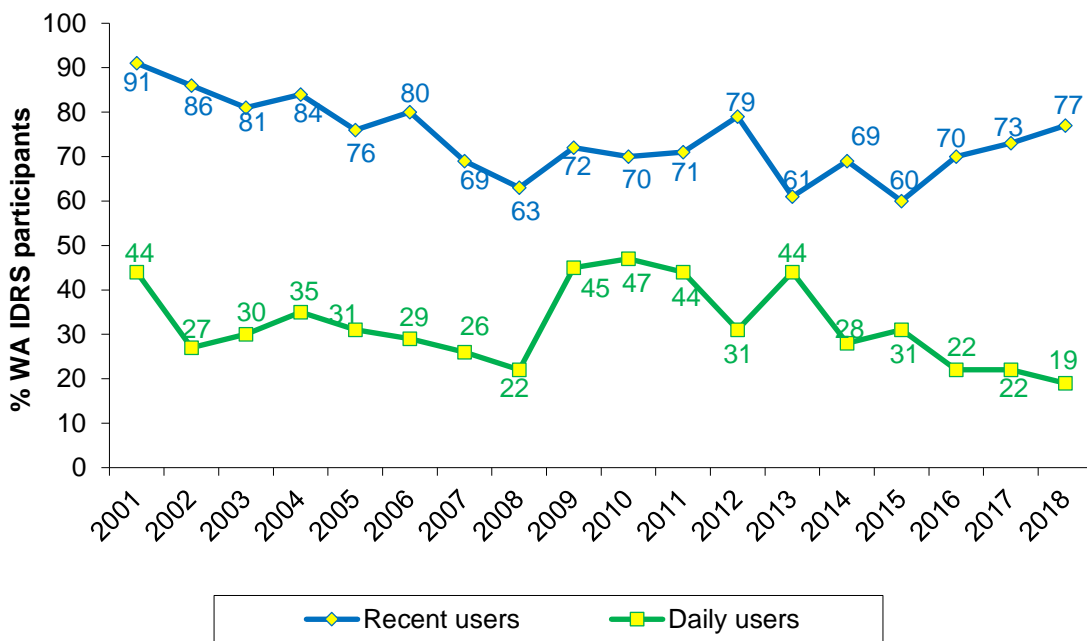
Cannabis

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

Lifetime and Recent Use

Lifetime use of cannabis was reported by 96% of the 2018 sample. Recent use was reported by 77% which was not significantly different compared to the 73% reporting recent use in the previous year. The form most commonly used remained hydroponic cannabis, reported by 67% of respondents. Daily use was reported by 19% of respondents compared to 22% the previous year. These data are displayed in Figure 5.

Figure 5: Recent and daily use of cannabis, WA, 2001-2018



Price, Perceived Purity and Availability

There was some evidence that the price of cannabis may have fallen with six respondents reporting an ounce of hydro carrying a median price of \$300 compared to \$320 in 2017 and three respondents reporting that an ounce of bush cost \$220 compared to \$250 in the previous year. However, numbers reporting these purchases were too small to allow for significance testing.

Respondent perceptions of the potency of cannabis indicated no significant changes in the case of hydroponic cannabis, with 82% (n=40) of those who responded describing it as 'high' compared with 68% in 2017. Respondent perceptions of the potency of bush cannabis remained similarly unchanged, with 36% (n=8) describing it as 'high' compared with 33% in the previous year.

Availability of hydroponic cannabis remained virtually unchanged, with 88% (n=42) of those who responded describing it as 'easy' or 'very easy' compared to 89% in 2017. Availability of bush had also remained stable, with 67% (n=14) of those who responded describing availability as 'easy' or 'very easy' which was unchanged from 2017.

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Other Drugs

Participants were asked about their recent (past six month) use of various forms of other drugs, including non-prescribed use (i.e., use of a medicine obtained from a prescription in someone else's name) of other pharmaceutical drugs and use of licit substances (e.g., alcohol, tobacco).

Recent Use

Recent use of a large number of other drugs and medications not directly prescribed to the respondent were also asked about. With regards to non-prescribed pharmaceutical opiates there were no significant changes observed from 2017. The most commonly used of these substances were morphine (14%) and various forms of oxycodone (15%), mostly accounted for by OP oxycodone. For the most part, no significant differences with other miscellaneous drugs were observed from 2017. One exception was the recent use of benzodiazepines (other than alprazolam) which had fallen from 30% to 16% ($p=0.040$). Over-the-counter codeine (OTC) superficially appeared to have risen from 16% to 35% ($p=0.030$), but this is likely an artefact of these questions being asked in more detail to explore the effect of government initiatives in early 2018 to require a prescription for these drugs. With the exceptions of morphine (14%), various forms of oxycodone (10%) and buprenorphine tablets (9%), injection of these drugs was generally uncommon and no statistically significant differences were detected between figures from 2017 and 2018. These findings are displayed in Table 2 below. Non-prescribed pregabalin (Lyrica) was asked about for the first time in 2018. Recent use was reported by 15% of the sample.

Table 2: Recent use of other (non-prescribed) drugs, WA, 2017-2018

Substance (%)	Recent use 2017	Recent use 2018	Sig	Recent injection 2017	Recent injection 2018	Sig
Methadone syrup	6	5	-	3	1	-
Physeptone	3	4	-	1	4	-
Buprenorphine	10	9	-	8	9	-
Buprenorphine/naloxone	12	7	-	14	5	-
Morphine	18	14	-	18	14	-
Generic oxycodone	4	5	-	4	4	-
OP oxycodone	7	12	-	1	8	-
Other oxycodone	7	4	-	3	4	-
Any illicit oxycodone	14	15	-	7	10	-
Fentanyl	7	8	-	6	5	-
OTC codeine	16	35	<i>p=0.030</i>	1	1	-
Other opioids	23	20	-	1	1	-
Pharmaceutical stimulants	7	14	-	3	4	-
Hallucinogens	8	11	-	3	2	-
Ecstasy	18	15	-	7	6	-
Alprazolam	10	10	-	0	0	-
Other benzodiazepines	30	16	<i>p=0.040</i>	0	1	-
Seroquel	12	13	-	0	0	-
Alcohol	53	65	-	0	0	-
Synthetic cannabis	12	5	-	N/A	N/A	-
New psychoactive substances*	0	9	-	0	5	-
Inhalants	0	4	-	N/A	N/A	-
Steroids	0	1	-	0	0	-
Tobacco	89	87	-	N/A	N/A	-
E-cigarette	21	32	-	N/A	N/A	-

- Indicates comparison between 2018 and 2017 findings was not statistically significant or numbers too small to permit testing.

* These include “new” drugs that mimic the effects of amphetamine or cocaine (e.g. Mephedrone, MDPV, Methylone), cannabis (e.g. Kronic), opioids (e.g. W-18, carfentanil, U-447700) or mimic the effects of ecstasy or psychedelic drugs.

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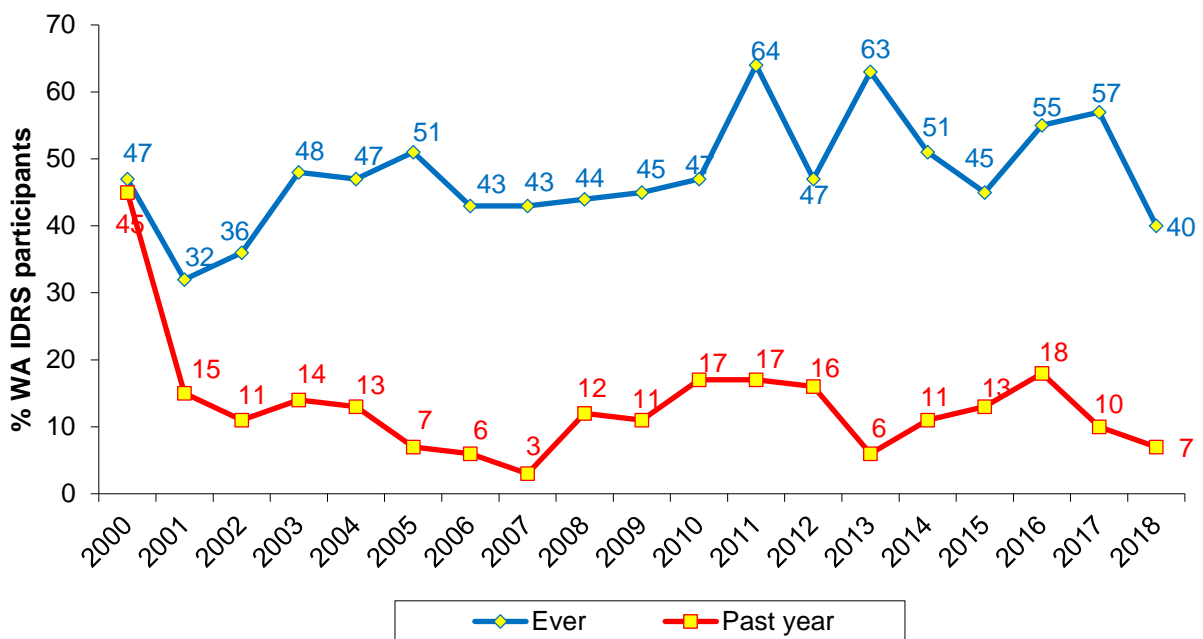
Drug-related harms and other risk factors

Participants were asked about various drug-related harms, including symptoms consistent with a **heroin overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing, and being unable to be roused). Participants were also asked about injecting related harms and risk behaviours.

Overdose

A lifetime history of accidental heroin overdose was reported by 40% of the 2018 sample compared with 57% in 2017 ($p=0.030$). Having experienced such an overdose within the last 12 months was reported by 7% of the 2018 sample compared with 10% in the previous year. Of the seven respondents reporting an overdose in the past 12 months, four of these episodes resulted in ambulance attendance and four reported having been administered naloxone. These data concerning lifetime and recent overdose are displayed in Figure 6 below.

Figure 6: Lifetime and past 12-month heroin overdose, WA, 2000-2018



Injecting Risk Behaviours and Harms

Instances of sharing needles remained relatively uncommon with 15% of the sample reporting having used a needle after someone else in the last month which was not significantly different from 10% the previous year. This sharing generally involved just one other person who was almost invariably a '*regular sex partner*' ($n=8$) or '*close friends*' ($n=6$). Lending needles to someone else after the respondent had used it was reported by 16% of the sample compared to 21% in the previous year. Having used other equipment after someone else was reported by 26% of the sample compared with 15 in 2017. Spoons or mixing containers were the most commonly shared items ($n=17$) followed by filters ($n=10$) and water ($n=10$). Reusing needles was reported by 42% compared with 45% in 2017.

Self-Reported Injection-Related Health Problems

With regards to injection related problems experienced in the previous month, the most common were prominent scarring or bruising (52%) followed by difficulty injecting (40%). A 'dirty hit' was reported by 11% of participants, with the most common drug implicated being heroin. An overdose in the past month was reported by four respondents, three of whom attributed the overdose to heroin use.

Crime

Having been arrested in the previous twelve months was reported by 25% of the 2018 sample compared with 23% in the previous year. The most common reasons for arrest were property crime (14%) and possession or use of drugs (8%).

With regards to criminal activity in the last month, 33% had been involved in some form of property crime, 36% had dealt drugs for profit, 5% reported some form of fraud and 5% reported a crime involving violence. Furthermore, 15% reported having been a victim of violent crime in the last month.

Mental Health

A self-reported mental health issue in the last six months was reported by 47% of the 2018 sample which was significantly higher than the 29% reporting this in 2017 ($p=0.020$), although it must be considered that recruiting directly from NSPs in 2018 rather than via fliers distributed through NSPs as in previous years may have a role to play in this. As in previous years, the most commonly reported issues were Depression (31%) and Anxiety (25%). Of these, 68% ($n=32$) indicated that they had seen a health professional for a mental health problem in the last six months. The most common health professional seen was a general practitioner ($n=20$), followed by a psychiatrist ($n=9$). Other types were relatively uncommon. There were four respondents who reported having been admitted to a hospital or psychiatric unit in the previous 12 months for a methamphetamine-related psychotic episode. There were 89 respondents who completed the Kessler Psychological Distress scale in which higher scores equate to greater levels of psychological distress. The mean score in 2018 was 22, which was significantly less than the 2017 mean of 32

($p < 0.001$). of these respondents, 31 scored in the range of 'low distress' (10-15), 11 in the range of 'moderate distress' (16-21), 27 in the range of 'high distress' (22-29) and 20 in the range of 'very high distress' (30-50).

Polysubstance use

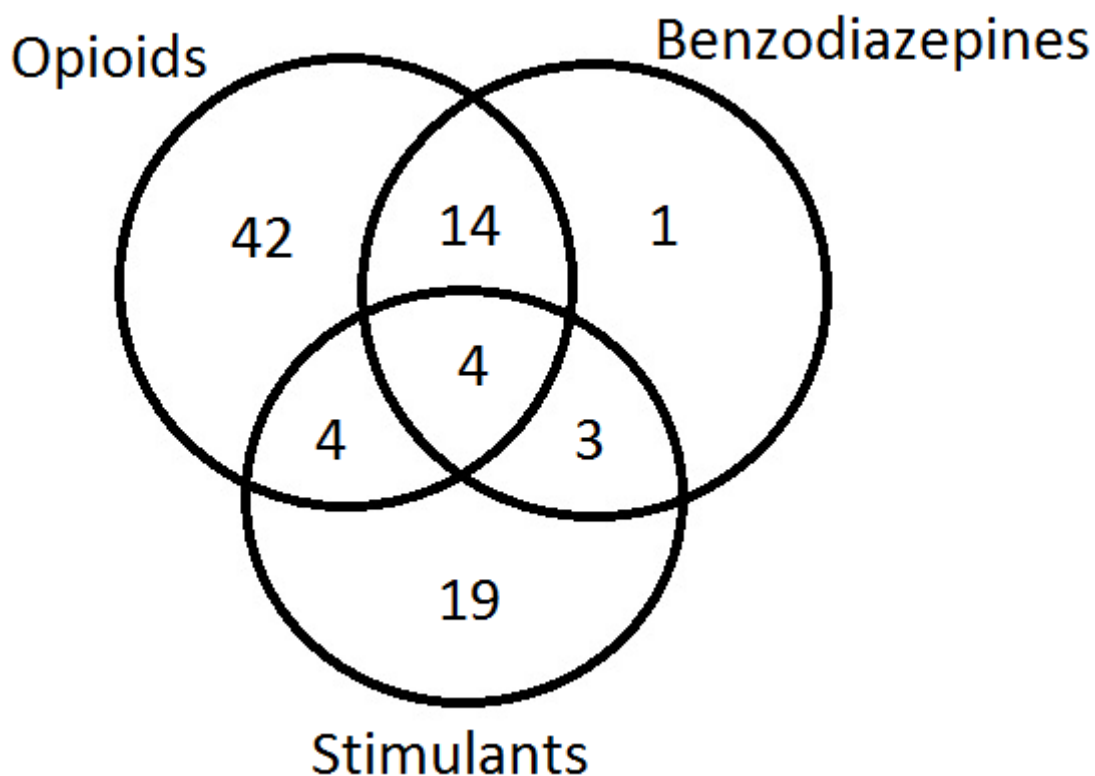
In 2018, the majority (96%) of the sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview.

The most commonly used substances were tobacco (70%), opioids (64%), cannabis (34%), stimulants (31%), alcohol (23%) and benzodiazepines (22%).

Eighty-seven percent of the sample had used an opioid, benzodiazepine, and/or stimulant on the day preceding interview.

Twenty-five per cent of the total sample reported using a combination of opioids, stimulants and/or benzodiazepines on the day preceding interview, with the most common combinations being opioids and benzodiazepines (14%) (Figure 7).

Figure 7: Polysubstance use on the day prior to interview, WA, 2000-2018



Hepatitis C and treatment

Respondents were asked if they had ever been tested for hepatitis C virus (HCV) antibodies. Having been tested within the last year was reported by 47%, more than a year ago by 26% and 14% had never been tested. These tests were most

commonly carried out by a doctor or medical centre (59%, $n=43$) or at a needle and syringe program (16%, $n=12$). Of those who had been tested, 47% ($n=40$) had ever been told they have had an HCV infection. Of the respondents who had had follow-up tests, 41% ($n=16$) revealed that they had a currently active infection, 15% ($n=6$) that they had spontaneously cleared the virus, and 44% ($n=17$) that they had cleared the virus with treatment. Of those who had received treatment, the most common setting, reported by 65% ($n=13$) was from a doctor or medical centre. Of those who had received treatment, 94% ($n=15$) indicated that their treatment for HCV had been successful.