



Government of Western Australia
Mental Health Commission

*We're working for
Western Australia.*

Illicit Drug Trends in Western Australia: Australian School Students Alcohol and Drug Survey

Downward trend in use

In 2017, less than one in five Western Australian school students (18.4%) had ever used at least one illicit drug¹ (Figure 1). This is a significant decrease since 1996 (40.7%).

Between 1996 and 2017, significant decreases also occurred in the proportion who had used illicit drugs in the past year (36.6% to 16.2%), past month (24.2% to 9.6%) and past week (16.5% to 5.6%).

The estimated proportion of students using at least one illicit drug in 2017 was not significantly different to 2014.

As shown in Figure 2, cannabis was the most commonly used illicit drug among all students in the past year (15.4%). Tranquillisers (13.8%) and inhalants (11.3%) were also commonly used.

How are the data collected?

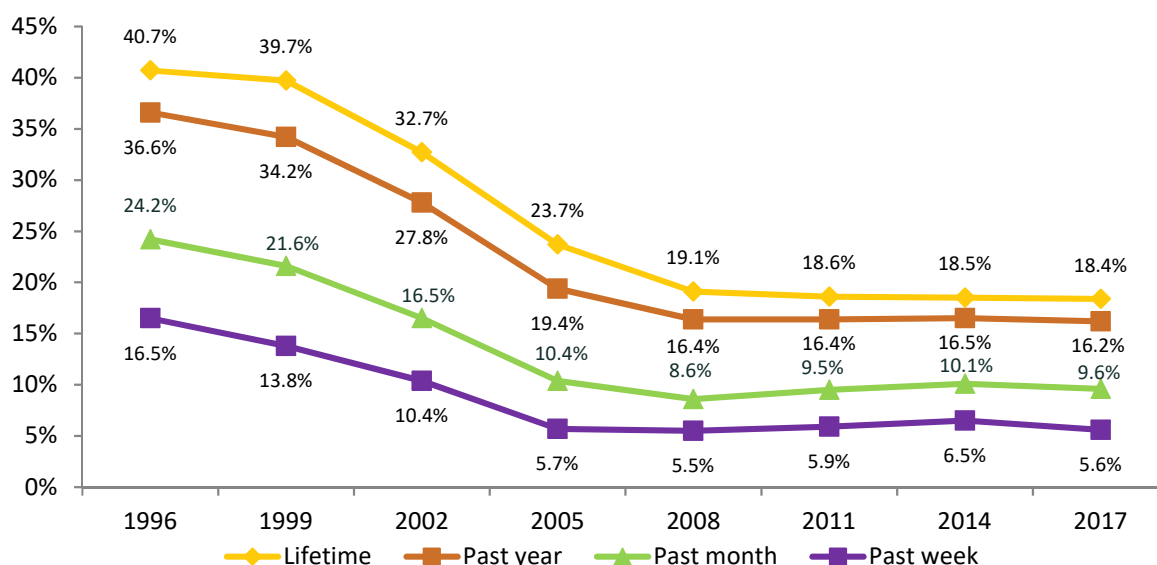
Every three years, school students in Western Australia are surveyed to find out about their drug use in the Australian School Students Alcohol and Drug Survey.

They are asked about alcohol, tobacco, other illicit and licit drug use, how much they use, how they use and their attitudes to alcohol and other drug use.

The survey has been running since 1984, with additional drug-related questions added in 1996.

The most recent survey included 3,361 young people aged from 12 to 17 years from 46 randomly selected government, Catholic and independent schools across the State.

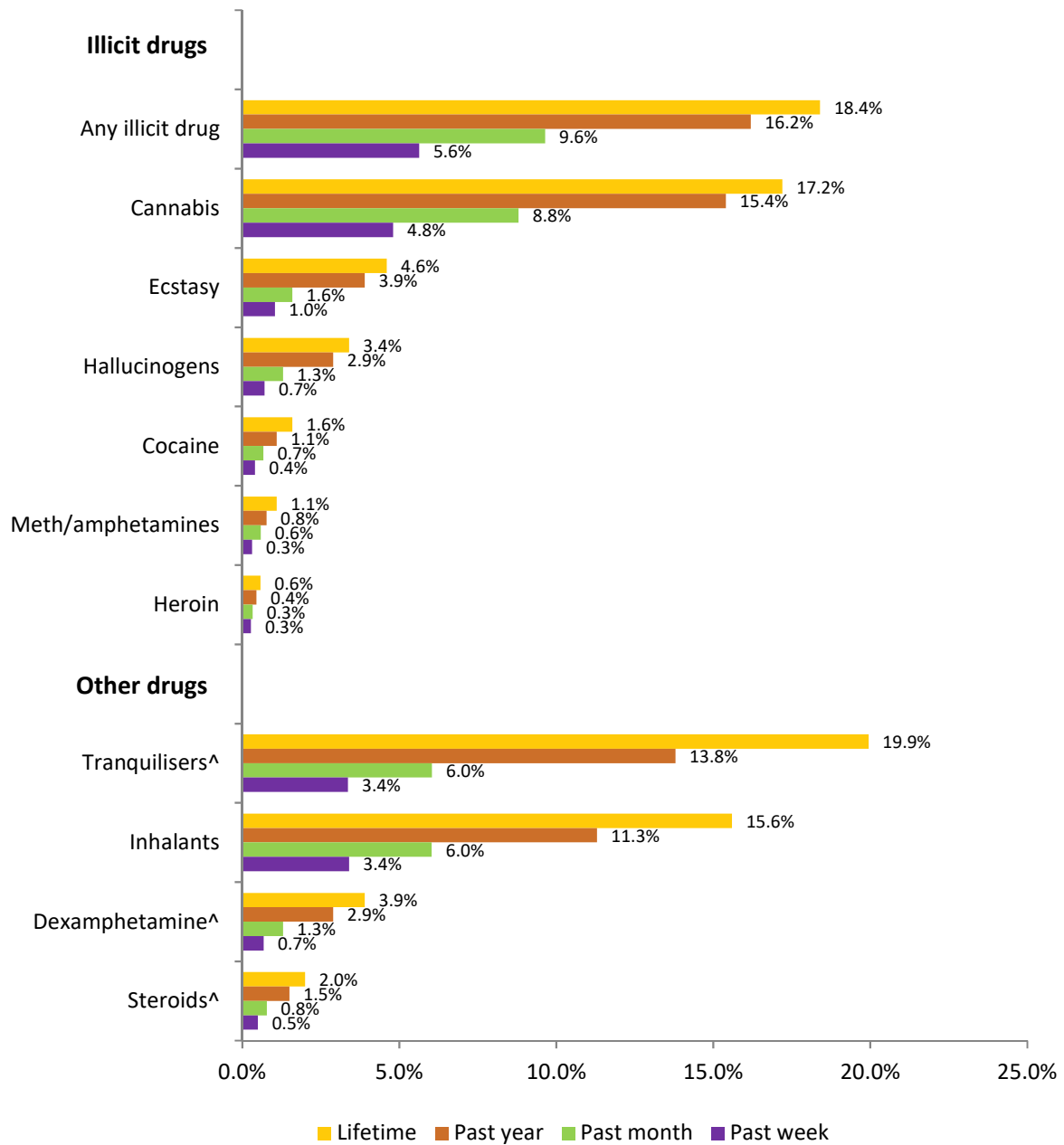
Figure 1. Trends in use of at least one illicit drug, 12 to 17 years, 1996 to 2017.



¹ Any illicit drug includes of illicit drugs such as Cannabis, Ecstasy, Cocaine, Meth/amphetamine, Heroin or Hallucinogens, and illicit use of prescribed drugs such as sedatives, inhalants, and steroids.

* Please note that in 2017, amphetamine use was split into meth/amphetamine use and non-medical use of dexamphetamine. Opioid use was split into heroin use and other opioid use. Estimates for 2017 do not include non-medical use of dexamphetamine or other opioid use. As such, a small reduction in illicit drug use should be expected across all recency of use periods. Also, 2017 figures may be different to previous versions of this bulletin as 2017 data have been re-analysed due to updates in the data cleaning processes undertaken by the National co-ordinating body, Cancer Council Victoria.

Figure 2. Prevalence and recency of illicit drug use for students, 12 to 17 years, 2017.



[^]Non-medical use

Any illicit drug use includes use of at least one of cannabis, ecstasy, hallucinogens, cocaine, meth/amphetamine or heroin.

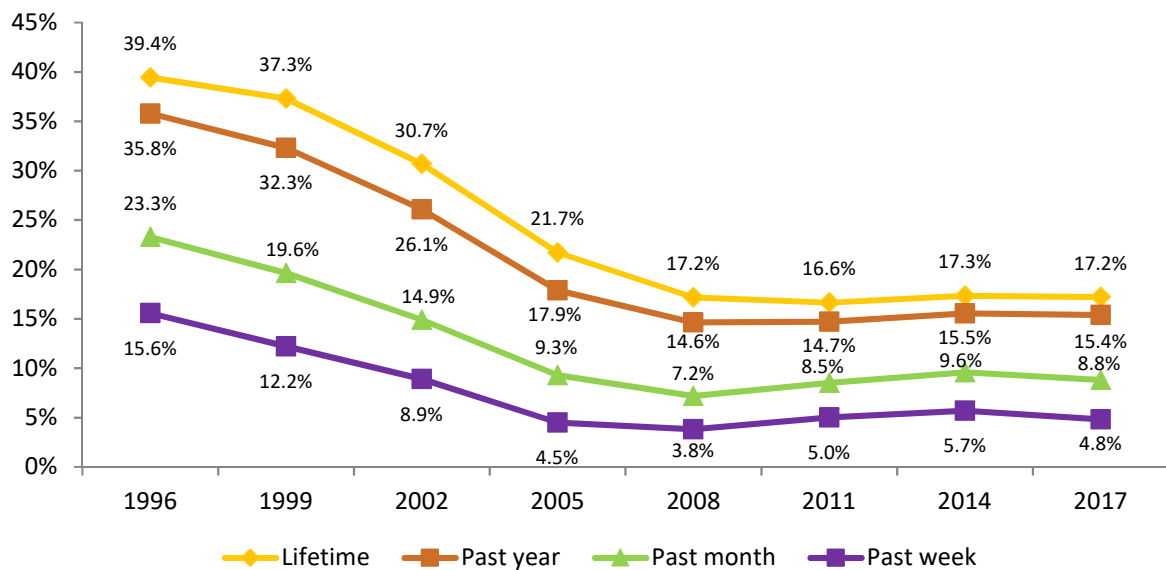
Downward trend in cannabis use

In 2017, an estimated one in six (17.2%) Western Australian school students had ever tried cannabis (as shown in Figure 3). This was a significant decline from 1996, where approximately two in five (39.4%) students were estimated to have used cannabis before.

The proportion of students estimated to have previously used cannabis was not significantly different between 2014 and 2017.

The downward trend in cannabis use since 1996 can also be seen across all other frequencies of use, with significant declines in use in the past year (35.8% to 15.4%), past month (23.3% to 8.8%) and past week (15.6% to 4.8%).

Figure 3. Trends in the prevalence and recency of cannabis use, 12 to 17 years, 2017.



Downward trend in amphetamine use

Prior to 2017, the survey asked students one question about amphetamine use, which included the illicit drugs amphetamines and methamphetamines (e.g. speed, meth, ice) and non-medical use of amphetamines, such as dexamphetamine. In 2017, this question was split into two, one asking about use of the illicit drugs amphetamines and methamphetamines and the other about non-medical use of dexamphetamine. As such, 2017 estimates for amphetamine use are not comparable with estimates from 1996-2014.

In 2017, 1.1% of Western Australian school students reported having ever used meth/amphetamine and 3.9% reported having ever used dexamphetamine for reasons other than medical purposes.

Figure 4 below shows the estimated prevalence of students using any amphetamine (1996-2014 estimates) and the estimated prevalence of students using meth/amphetamine (2017 estimate).

Figure 4. Trends in the prevalence and recency of amphetamine use, 12 to 17 years, 2017.

